NIHR | School for Public Health Research

Sheffield Health and Wellbeing Board and Public Engagement

FINAL report
July 2021

Summary

Implications and questions to consider

1. **Leadership:** Who is leading and driving public engagement as a means to address inequalities in power, control and voice as a determinant of health across the city?

There is an opportunity for the Health and Wellbeing Board (HWBB) to occupy this strategic leadership role and to drive institutional changes in public engagement within Boards and organisations across the city.

2. **Coordination and joining-up:** How joined-up are spaces for engagement across the city, and how are insights shared and used proactively within decision-making across city partners?

There seems to be an opportunity for the HWBB to take on the role of a listening body and central point of coordination across decision-making relating to inequality, health and wellbeing; and to consider if or how partnerships and joined-up public engagement can be extended at a community-level.

3. **Inclusion:** How inclusive are different spaces for people with differing social and economic perspectives, and how inclusive are they for those who already experience forms of disadvantage and exclusion?

Any engagement strategy going forward needs to consider unequal access to resources, capabilities and respect for individuals and groups across the city; including how, for example, people have been or can be excluded from participating due to age, race, ethnicity, gender, sexuality, disability, class, or a combination of these factors.

4. **Depth of participation:** How do different spaces offer opportunities for meaningful and ongoing engagement within communities for individuals or groups (as opposed to more transactional forms of 'consultation')?

The COVID-19 pandemic has provided an opportunity to learn from, re-commit to and re-examine public engagement to inform the Health and Well-being Board's Strategy going forward. Also, an opportunity to consider ways to create safe spaces for challenging and potentially uncomfortable conversations about inequalities.

Strategic ambition on inequality requires confronting issues of power and voice, and building capabilities, relationships and trust with people. It necessitates taking a long-term approach to:

- Identifying and addressing discrimination and deficits of respect, trust and feeling unheard
- Confronting socio-economic, class-based, gender, racial, ethnic and other inequities
- Tackling disability inclusion
- Confronting issues of power and control, stigma, identity and belonging

5. **Prioritisation and resourcing:** How are resources (people, time, skills, funding) prioritised and strategically coordinated towards engagement across the city?

There seems to be an opportunity for HWBB members to have a leadership role in recognising, and considering how to adequately resource long-term approaches to public engagement that enable and develop individual's and group's capabilities to influence. This includes consideration of the role and sustainable resourcing of the VCS as valued partners in this process.

6. **Governance and accountability:** How are city partners 'held to account' for engaging people in ways that could address inequalities and other determinants of health and wellbeing outcomes across the city?

HWBB members could explore opportunities to establish clear commitments, transparent processes and mechanisms to ensure organisations and leaders are formally accountable for public engagement and for addressing inequalities in power, control and voice as a determinant of health across the city.

Learning from examples of good practice

The following elements seem central in the examples of successful engagement identified in Sheffield:

People who are connectors: Good practice examples identified involved people or organisations who were connectors and could facilitate conversations and dialogue, and/or bring people together (i.e. residents, VCS, statutory partners). This role was, for example, carried out by trusted people within VCS organisations, within the Council, universities or parts of the NHS.

Formal and informal spaces for participation: Good practice examples all involved both formal meetings and informal spaces for participation (e.g. phoning people, informal chats, with food). Facilitation within these spaces helped promote more inclusive forms of dialogue and reshape power dynamics; creating space for listening, demonstrating respect and forms of talking that people could be comfortable with.

Collective learning: Each good practice example created opportunities for those involved - residents, statutory organisations, VCS - to listen, share knowledge and learn together, through dialogue and discussion, and sometimes in creative ways.

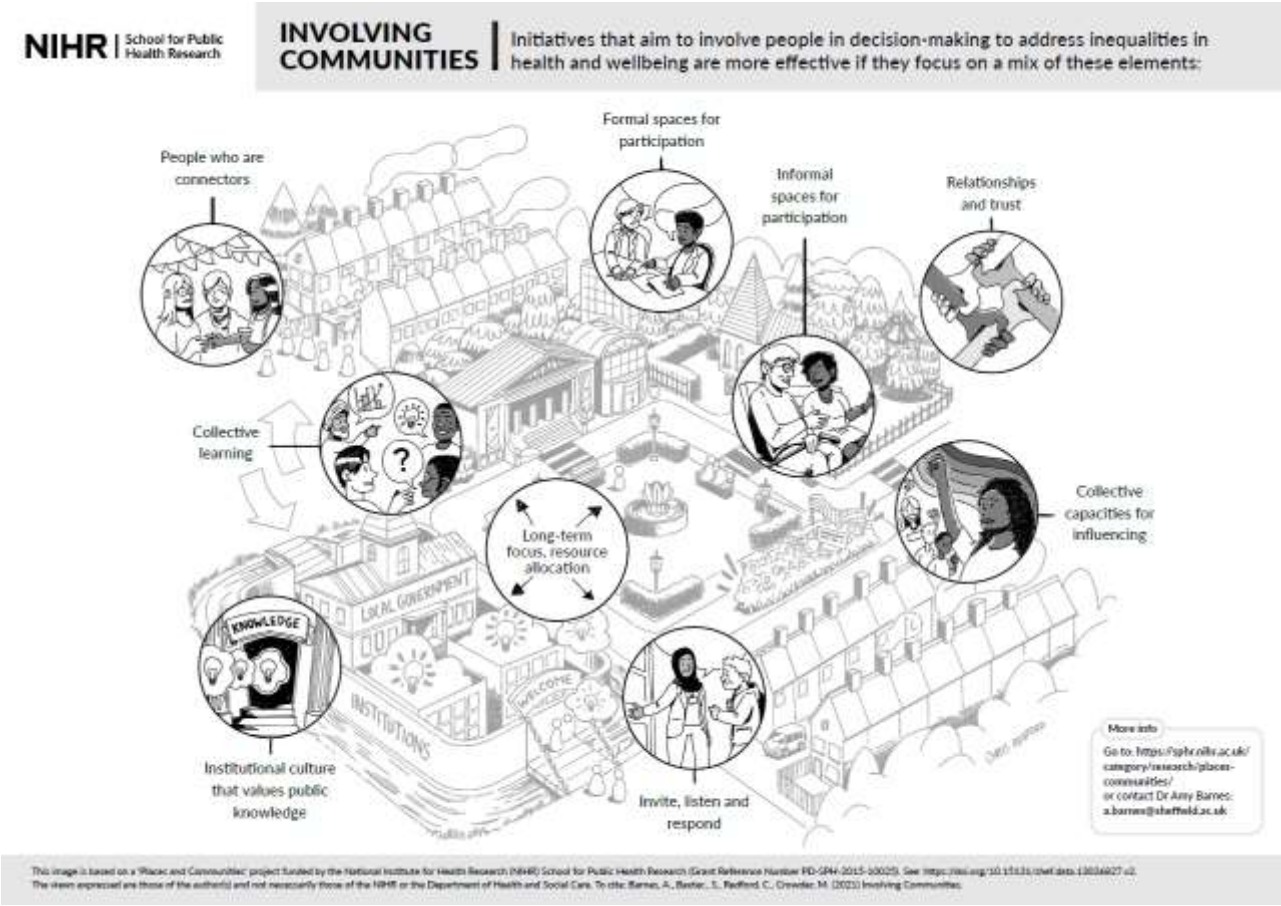
Institutional culture that values public knowledge: All examples were formally-supported by an individual or team within the Council, VCS, universities and/or parts of the NHS who valued the contribution of public knowledge and who were resourced and 'authorised' by more senior leaders to engage with people in the city and/or other partners in 'messy' and collaborative ways; and therefore had some form of internal 'route to influence'.

Invite, listen and respond: Examples involved dialogue, conversations and 'feeding back', which sometimes helped reshape relationships, existing power-dynamics, or build trust.

Relationships and trust: Strengthening relationships and trust were central processes within each example of good engagement and creating routes to influence within decision-making.

Collective capacities for influencing: Examples brought people together, building the individual and/or group capacities needed for influencing (e.g. knowledge and skills, confidence, relationships, mutual support).

Long-term focus, resource allocation: All examples had access to specific funding and involved people who were able to commit time and energy specifically for engaging people and relationship-building. In some cases, COVID-19 appears to have led to renewed resource commitments (perhaps due to the greater visibility and political recognition of inequalities within the city), though sustainability is an issue.



Why was the work needed?

Sheffield's Health and Wellbeing Board (HWBB) has recognised the value of public engagement in order to better understand and work towards its strategic aims of reducing health inequalities and improving healthy life expectancy for everyone. A number of engagement exercises have taken place during the lifespan of the Board. A paper on engagement went to the Board recently for discussion and led to a Working Group being established to draw up a suggested engagement plan for the Board. Discussions regarding public engagement frequently refer to the potential for building on existing engagement work, with a perception that this could be better used. The Board is at a point of taking stock of its activity on public engagement, current learning and future direction.

We have worked to identify examples of existing engagement activity and to map these against the ambitions of the current Sheffield Joint Health and Wellbeing Strategy 2019-2024. This strategy takes a life course approach to consider upstream factors, structures and conditions that influence and shape everybody's opportunities for a healthy life, throughout life. It sets out a series of 9 strategic ambitions relating to Starting Well, Living Well, and Ageing Well in order to improve life chances and reduce inequalities in the city.

What are the questions that needed answering?

- What engagement work has the HWBB carried out in recent years?
- How does this engagement work map against the 9 ambitions of the current health and wellbeing strategy?
- Are there gaps in engagement for particular ambitions and/or for particular demographic groups?
- Are there examples of good practice in the city where engagement has made an impact within the Board or the work of partners of the Board?
- Are there areas where engagement has failed to make an impact, if so why?

What did we do?

We carried out 16 interviews (22 people in total took part) with people who live in Sheffield and people from statutory organisations, the voluntary sector and community groups who have some knowledge of the HWBB, other Partnerships or engagement in local policy-making in Sheffield. The research was carried out between December 2020 and May 2021. The interviews were informed by an analysis of documents relating to the HWBB and public engagement in the city, and a prior systematic review of the research literature carried out by the research team (Baxter et al., 2020).

What did we find out?

The HWBB has supported **three main types** of invited public engagement in the city in the last five years:

1. Large, one-off and often service-focused public events

2. Smaller scale, usually one-off activities in diverse public settings – these have invited public discussion on wider determinants of health and involved some targeted conversations with specific groups locally
3. Creating space for public discussion within planned HWBB work and meetings

Prior to 2017, the HWBB focused on supporting large, **one-off public engagement** spaces that have tended to focus on health or social care services. As one interviewee described them: "*big set piece service-focused engagement events, standard town-hall kind of thing*" *(Int: 9_27-04-2021).*

More recently, the HWBB has supported **more diverse, smaller-scale spaces for engagement.** These have also been short-lived but more oriented towards understanding wider determinants of health and wellbeing for people in the city. These smaller-scale public engagement spaces have largely been facilitated by Healthwatch who were commissioned in 2018 (through a short contract and with limited resource, c. £10,000) to engage people in the city to understand what they thought about the HWBB Strategy and what creates health (see Healthwatch, 2019). This engagement involved using existing **events** and **relationships with community partners** to set up conversations with many different people at, for example, Sheffield by the Sea, stalls on the Peace Gardens and Fargate, and some established forums and social groups in the city (e.g. at Burton Street, Firvale Community Hub, men's group at SOAR).

The HWBB has also tried to **create space for public discussion** within their meetings; for example, providing opportunities for people to ask questions and bring their experiences into discussions at Board level (e.g. in developing the dementia strategy in the city). Following the release of the HWBB Strategy in 2019, the HWBB had planned to extend this type of space for public engagement: creating opportunities for people with differing social and economic experiences to discuss and potentially challenge the nine ambitions of the HWBB Strategy.

As one interviewee explained, the idea was to **co-produce an engagement process** which gathered data and people's views and also created space within the Board to collectively learn and build a picture of how each of the 9 ambitions looked across the city:

> *"…bringing some of the people involved in that into the Board conversations and giving them the authority and permission to contribute and say 'what you are talking about here is not how I recognise it from my perspective', and that really strong role in, showing that voice of the city matters in these conversations: it's not just these leaders that are going to shape it."* (Int:9_27-04-2021)

Some interviewees shared their disappointment that this process had not happened so far, partly due to COVID-19, and hoped the HWBB would **recommit** to **engage the public in meaningful ways** in future and **resource it** appropriately (Int:9_27-04-2021 Int:6_19-04-2021; Int:8_23-04-2021).

How engagement maps to Health and Wellbeing Strategy ambitions

To some extent, it is unclear how the spaces for public engagement described above map to the 9 ambitions of the Joint Health and Wellbeing Strategy 2019-2024 and its 'life course' approach. A number of interviewees indicated that development of the

HWBB strategy itself **had not been informed by much public engagement** and that when efforts were made to do so (for example via Equality Hubs) it had almost been "*signed off, so it was more of an informational thing*" (Int:8_23-04-2021). Two interviewees explained how the **time, funding** and **human resources** for developing the strategy were very limited, and thus there had been extremely limited capacity to advance it in an engaged way.

Interviewees explained that the subsequent spaces for public engagement that Healthwatch were commissioned to create were opportunities to broaden public conversations about wider determinants of health, to find out what people thought key issues were in the city and therefore provide a test of how people felt about their lives and **whether people's experiences actually fitted with the 9 strategic ambitions**. Three interviewees described how some insights **did not fit well** with the ambitions, thus exposing potential gaps that the Board could investigate. A number of interviewees talked about **gaps between the HWBB Strategy and public concerns** on the issue of travel and transport.

For example, while the Strategy frames travel as a strategic ambition ('everyone can safely walk or cycle in their local area regardless of age or ability'), people engaged by Healthwatch tended instead to emphasise the importance of public transport: buses and where they went, the accessibility of the city centre particularly for people with disabilities, and difficulties in accessing taxis to get around (see Healthwatch, 2019). A potential gap was also identified in relation to perspectives on food (Healthwatch, 2019). Interviewees further mentioned that the Strategy separates out ambitions into "**the life course"**, but that this **did not reflect the way people frame everyday discussions** about determinants of their health and wellbeing: because of this it was quite difficult to separate out issues and topics raised by the public in relation to the 9 strategic ambitions (Healthwatch, 2019).

Other spaces for public engagement and the ambitions

We identified many **other spaces for public engagement** across the city within the last 5 years which potentially map to the ambitions of the HWBB Strategy. It has not been possible within the limits of this research to produce an exhaustive list of these spaces, but examples are included in Appendix 1. This shows a breadth of spaces for public engagement that map to the Board's strategic ambitions. Many are spaces in which the public are **'invited-in' by formal organisations** in the city (e.g. strategic Partnerships, Council, parts of the NHS, police). It is important to note that **spaces can also however be initiated by residents** or community groups in order to try and influence decision-making, and these are an important part of 'civic life' and local governance within the city (e.g. resident-led campaigns, local actions to make changes within neighbourhoods, or to change local services).

All interviewees mentioned examples of these **wider forms of public engagement** when talking about the HWBB, health, wellbeing and inequalities. While the breadth of spaces was understood as reflecting a **general level of commitment and willingness** across city partners to engage with people living in the city, and of people wanting to be involved in and have a sense of control where they live, a number of **questions were raised** in the research (see Box 1). These topics are explored in the sections below: we explain what the research found about gaps, good practice and areas where public engagement in the HWBB, or more generally in city decision-making, could have more impact.

Box 1. Six key questions raised about public engagement to address inequalities, health and wellbeing

1. **Leadership:** Who is leading and driving public engagement as a means to address inequalities in power, control and voice as a determinant of health across the city?
2. **Coordination and joining-up:** How joined-up are spaces for engagement across the city, and how are insights shared and used proactively within decision-making across city partners?
3. **Inclusion:** How inclusive are different spaces for people with differing social and economic perspectives, and how inclusive are they for those who already experience forms of disadvantage and exclusion?
4. **Depth of participation:** How do different spaces offer opportunities for meaningful and ongoing engagement within communities for individuals or groups (as opposed to more transactional forms of 'consultation')?
5. **Prioritisation and resourcing:** How are resources (people, time, skills, funding) prioritised and strategically coordinated towards engagement across the city?
6. **Governance and accountability:** How are city partners 'held to account' for engaging people in ways that could address inequalities and other determinants of health and wellbeing outcomes across the city?

Gaps and issues

Clarity of the HWBB's role and purpose

Many interviewees spoke about the role and purpose of the HWWB and how they felt the Board and its members were genuinely **interested in hearing from the public** and **connecting with better dialogue into communities**. Interviewees questioned however, whether the Board's role and purpose affected efforts to do so in practice. While the HWBB brings together "*high-level, powerful people*" from key organisations across public health, and health and social care, a number of interviewees questioned the **purpose** and **power of the Board *collectively*** (Int:6_19-04-2021, Int:8_23-04-2021, Int:9_27-04-2021, Int:1_22-04-2021). Specifically, some questioned the **relative balance** in the Board's role, and collective power and ownership, in promoting action to address wider determinants of health *vis a vis* commissioning of health and social care services and were uncertain about what the Board actively worked on *together.* People spoke about how this undermined public engagement. As one person explained:

> *"There's a slight existential crisis about what the Board can and can't do. So on the one hand they are very high level ...they should be able to make stuff happen, but obviously they are each there as a representative of their own individual organisation, but what is their purpose and power collectively as a Board... So consequently if you are doing engagement… the kind of ownership of that and where it sits to drive change, it just, doesn't really seem very clear. So what the purpose of any of their engagement is, is hard to pin down, because it is quite hard to pin down the purpose of the Board"* (Int:6_19-04-2021)

A lack of clarity in relation to what the Board does means that it is **difficult to have meaningful discussion** with groups in the city and risks "*putting people off*" (Int:6_19-04-2021, Int:8_23-04-2021). Some interviewees spoke about how this lack of role clarity also meant the Board was perhaps sometimes unclear about the **topics it should be listening and responding to**, and about **how to use** public insights to take action or influence decision-making *together:* if an individual or group raised an issue with the HWBB, it was not always clear how the Board could or should act on that together, report back to each other and **be held to account.**

One story recounted was of a Sheffield resident raising an issue with the Board about the rerouting of bus services going to the Northern General Hospital. Rather than **'**taking this issue on'**,** the interviewee discussed the Board's **"*lack of willingness to even engage*** *in it*", despite transport, in their view, being a fundamental determinant of public health and the potential impacts on equitable access to healthcare (Int:6_19-04-2021). Interviewees spoke also about how they felt the Board had not been sure how to collectively respond to "*inconvenient truths*" in Healthwatch's public engagement work about possible gaps in the Board's strategic ambitions to address inequality and other health and wellbeing outcomes (Int:6_19-04-2021, Int:8_23-04-2021, Int:10_10-05-2021).

A number of interviewees indicated that getting action on issues raised through public engagement tended to **depend on individual Board members** 'taking these back' to their own organisations: HWBB members were not currently held formally **accountable** (individually or collectively) for responding to public engagement *within* the Board (Int:1_22-04-2021, Int:5_29-04-2021; Int:6_19-04-2021, Int:8_23-04-2021, Int:9_27-04-2021).

National directives and reforms compound role uncertainty

Importantly, interviewees emphasised that these above issues were partly related to **national statutory directives** and **ongoing reforms** in health and social care. The Board's statutory history is in this field and the Board has a specified role in promoting **integration** across health and social care commissioning. The HWBB has been transitioning to have a greater **strategic focus** on wider determinants of public health and inequality, which is taking time, and achieving a balance in practice is challenging (Int: 8_23-04-2021; Int: 9_27-04-2021). This has been compounded by the relatively constant national changes within health and social care, including recent reforms and legislative proposals on integrated care systems (Int:1_22-04-2021; Int:8_23-04-2021; Int:9_27-04-2021):

> "[the Board is] *in a massive state of flux. I don't think it really knows where it sits in the new system that is being created... It would be great if it ended up being a central point of coordination, to be a listening body* " (Int:8_23-04-2021)

How to have conversations about strategic issues, determinants of health and inequalities?

Challenges for public engagement due to issues with the HWBB's role and purpose were felt to be compounded by more general issues associated with engaging people on ***strategic*** **health and wellbeing topics** and **wider determinants of health and inequalities**. A number of interviewees highlighted perceived difficulties in speaking with people from a public health or determinants perspective, and contrasted this with

more typical narratives and discussions around service delivery. As one interviewee noted, during some of the public engagement work relating to the HWBB strategy they felt that it had been ***"a tricky space"*** to engage people and difficult "*to keep the conversations from getting dragged on to specific issues with services*" (Int:9_27-04-2021). This may have been because some of the people and established groups who were engaged were motivated to take part "*because they want to talk about issues with particular services they have identified*" (Int:9_27-04-2021). It may also be because **'talking about services'** is the more dominant and 'typical' way for people to be engaged in conversations by key organisations in the city (i.e. the Council, NHS organisations).

Some interviewees reflected that "*people tend to think about their GP or, you know, their housing association or whatever*" (Int:8_23-04-2021) or about the places and **everyday experiences** in their lives. Separating issues out, for example, as in the HWBB strategy using a life course approach, **does not match the way that people tend to discuss things**, although: "*...the wider determinants are always part of the conversatio*n" (Int:2_27-04-2021; Int:6_19-04-2021; Int:9_27-04-2021). This highlights the need to **think carefully about the language used** in conversations, and the way in which people are engaged in the work of the HWBB.

Linked to this challenge was a perception that the strategic work of the HWBB - and indeed other city partnerships - could be perceived as "*nebulous*" and "*not relatable*" (Int: 6_19-04-2021). Strategic aspirations are not easy to "*get your head round and pitch to members of the public*" (Int:9_27-04-2021). As one interviewee put it:

> *"...your communities won't understand what the purpose of that partnership is and even when you explain it, it is somewhere up here and local people in communities, it doesn't mean anything to their lives ...don't go and talk to them about infrastructure and housing, don't talk to them about the economy because that means nothing. Talk to them about their experience of the economy, have they got a job, what kind of job, what's good, what's not good*" (Int:10_10-05-2021)

At the same time, a number of interviewees reflected on their experiences of working in particular areas and communities in Sheffield, noting that conversations relating to wider determinants and inequalities (e.g. having a good job, education for your kids, being disrespected, feeling stigmatized, not listened to) may **not always be easy or comfortable conversations** to have.

Yet addressing the HWBB's strategic ambition on inequalities means confronting these issues and engaging with people to:

- Identify and address discrimination and deficits of respect, trust and feeling unheard
- Confront socio-economic, class-based, gender, racial, ethnic and other inequities
- Tackle disability inclusion
- Confront issues of power and control, stigma, identity and belonging.

Power dynamics can be a very real barrier to some people's participation and ability to discuss issues where they live and/or inequitable experiences of services. As one resident we spoke to commented:

> *"People are worried that if they say anything, even if you say it's anonymous, they are really terrified that if they complain that they're going to lose the service…. They say 'well, other people aren't complaining, what are you complaining about?'" (Int:15_18-05.21).*

This means that it can be important for engagement to involve the **creation of safe spaces** that enable inclusive forms of participation; and promote **recognition, listening** and **learning** about how and why some people and groups in the city are underserved and experience exclusion, and about how different social and economic inequities shape people's lives, their health and wellbeing (Int:12_11-05-2021). In this way, terms like public engagement and 'co-production' were described as requiring "*more honesty*" and greater consideration from the HWBB and its partner members, of what they **really mean in practice** (Int:10_10-05-2021; Int:11_10-05-2021). As one interviewee reflected, the only way you can change things is by being honest about the experiences people are having and that is very much about **enabling relationships**: *"If you've got a relationship, you can have those conversations" (Int:11_10-05-2021).*

Enabling and developing people's capabilities to engage and influence, and the role of the VCS

On this topic of enabling forms of engagement, interviewees highlighted the importance of **building individual and/or group capabilities** to engage and influence locally in order to address inequalities and improve health and wellbeing, whether within the scope of the HWBB or more broadly in the city. This means, for example, building trust, improving individual or a group's confidence to participate, strengthening relationships, developing knowledge about who and how decisions are made, developing skills in listening, questioning and more.

Interviewees spoke about how building capabilities could address inequities that exist in how and whether different people across the city can engage due to **unequal access to resources, capabilities** and **respect,** and how this could lead to processes of exclusion for, for example, people who were **younger, had disabilities,** were from **minority ethnic backgrounds,** and/or **working-class backgrounds**. As one interviewee indicated:

> *"I really do think that that voice is being lost in the city… so I think that there is something about class, about working class communities being marginalised" (Int:13_29_04_2021)*

During the interviews it was emphasised how **facilitation** was often important in supporting people to take part effectively in decision-making, with the voluntary and community sector (VCS) having a particularly important role in enabling and developing people's **individual or collective capabilities** to exert an influence. VCS organisations were described as "*having the connections*" - particularly with individuals or groups in the city who experience forms of social and/or economic exclusion. People spoke about how the **VCS has often built trusted relationships** slowly, over a long-time, which enables discussion and engagement. In this way, the VCS was perceived as being able to facilitate trusted 'routes in' for statutory organisations and, for example, for the HWBB to engage with different people.

At the same time, the VCS can **support community development** and civic action that can lead to influence within decision-making; for example, **facilitating residents** to campaign about local issues to improve where they live: "*We didn't do it. We just gave them a room to meet in, the resources, they needed paper and a printer. Off you go, do it*" (Int:13_29-04-21). This could result in **tensions** with other organisations or local Councillors, but be central to residents developing their capabilities to exert an influence together:

> "*They were absolutely furious because we'd actually enabled that to happen…[but] hang on, this is an issue that local people are not happy about, you need to listen*" (Int:13_29_04_2021).

A number of interviewees questioned the extent to which the role of the VCS in supporting public engagement was **recognised, valued** or **adequately resourced** across partner organisations in the HWBB and suggested that this is something the HWBB might consider and seek to address. There were suggestions that this could be changing however, given recognition of the essential linking and coordinating role played by the VCS during the COVID-19 pandemic (Int:12_11-05-21).

Resourcing of the VCS, particularly VCS organisations working with or representing individuals or groups in the city who are younger, have disabilities, are LGBT+, and/or are from minority ethnic backgrounds was emphasised as critical in building the knowledge, confidence, trust and sustainable relationships that enable influence within decision-making. **Resourcing** is not only needed at a practical level (i.e. funding people's time, core infrastructure) but also demonstrates that engagement is **valued** and that the knowledge and experiences of people who take part are **respected** (Int:2_29-04-2021; Int:12_11-05-2021). Interviewees emphasised that **austerity** and the recent **COVID-19 pandemic** had **undermined VCS infrastructures**, risking and limiting the capacity to enable people across the city in these kinds of ways (see also the later section on resourcing).

Some interviewees spoke about the limitations of approaches where engagement is just '**commissioned-out**' to the VCS or in which individuals or groups are only **'invited in'** to attend a meeting, as this does not build trust, relationships or **'**close the feedback loop', which is important if are people **to know if they had an influence** or **'made a difference'.** As different people who live in the city commented:

> *"We're often told that we make good points and they were very glad we attended a meeting, but evidence of any change in policy or the decision-making minds of the decision-makers is very difficult to spot" (Int:15_18-05.21)*

> *"Services come … they either don't listen and we never then hear anything, or they listen but we never then find out what happened with what we'd said" (Int:16_19-05.21).*

This issue with 'closing the loop' was also recognised by those who worked in city organisations:

> "*It's not something you can just do now and then, 'oh I've got that answer' and go away, which I think we do quite a lot, and you go away and you never hear from them again*" (Int:10_10-05-21).

With attending formal meetings in particular, it was highlighted that **power dynamics** between 'professionals' and the public could shape whether public knowledge was valued or not, and could lead people to feel "*patronised, excluded and not get anything out of it*" (Int:5_29-04-21). As one of our public participants commented:

> *"They are patronising. 'Oh I know about that, I don't need you to tell me'" (Int:15_18-05.21).*

It was recommended that spaces for engagement in decision-making should be diversified and **driven down to a local-level,** to the grassroots: engagement needs to be **taken out to people,** to community venues, places or spaces where different people feel comfortable and **made part of people's 'everyday'** (Int:6_19-04-21): "*rather than requiring people to come stand up in a Council Chamber, which is for some people an intimidating thing to do*" (Int:7_8-12-21).

The importance of developing people's capabilities to engage and adopting inclusive approaches to engagement was illustrated by the experiences of some of the members of the public we spoke to. For some people, reliance on fixed events and meetings can present a barrier to engagement. Without attention to how particular spaces work for different people or flexible, creative approaches that fit with the needs and circumstances of those facing most disadvantage, people who are already 'seldom heard' may be further excluded:

> *"if you've got someone who is disabled in the family, the chances of getting there is very remote" (Int:15_18-05.21).*

> *"… and you couldn't really say anything. There were that many people at the meeting it was impossible to actually contribute anything" (Int:16_19-05.21).*

Emphasising this point, for those who are able to attend, the way in which meetings and events are managed can make it difficult to contribute and feel heard:

> *"I felt like every time we tried to contribute we just got spoke over or ignored by the people who were running it" (Int:16_19-05.21).*

The importance of supporting the development of an individual's or group's confidence and other capabilities to engage on issues important to them was also highlighted by the people we spoke to who live in the city (as was the impact that **not** being listened to and respected can have on people's willingness to engage); for example:

> *"[there are people I know who] have some sort of experience at school of mental health services, or ableism at school, or homophobia in the street. And quite a lot of people I know are too scared to talk up about it because when they have for whatever reason, no-one's listened to them. So I take very much a stand point of 'I'm not afraid to talk about it so I'm going to keep talking about it until someone starts to listen', because they can't do it themselves and I can. And at one point I couldn't do it either so other people had to do it when I couldn't" (Int:16_19-05-21)*

Institutional culture, skills for and practices of public engagement

Interviewees questioned the extent to which an approach to public engagement that recognises the importance of 'enabling and developing people's capabilities' was embedded in the institutional culture, skill sets and practices of the HWBB and some of its partners. Many examples of 'good practice' across the city were discussed, with interviewees highlighting how and why particular initiatives had worked well, in the sense that they had strengthened capabilities and created 'routes to influence' (see later section of 'good practices' below). This suggests **depth of knowledge** and **experience** within city partners and residents themselves in terms of enabling forms of engagement.

Yet almost all interviewees spoke about a **dominant tendency** by many of the main partners of the HWBB (e.g. Council, CCG, NHS Trusts, universities) towards **'consultation':** a **"*transactional and top heavy*"** (Int:6_19-04-2021) approach to engaging residents that is more about 'telling', seeking approval or authorisation for plans, with limited space for people, particularly those who have lived experience of marginalisation, to engage collectively, to drive the agenda or "*to have ongoing dialogue*" (Int:6_19-04-2021). As members of the public who we spoke to commented:

> *"[this is] a big failing of all the major institutions in the city and I think that is one that impacts quite significantly on people's feeling and emotion about being part of the solution, because they are not, they are being given the solution" (Int:7_8-12-2021)*
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> *"They'll do a consultation but unfortunately consultations are a complete waste of time … because they'll already have made their minds up. They're only having a consultation because legally they've got to" (Int:15_18-05-21)*
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> *"They basically want to do what they want to do and make it look as though they're not doing and hope people don't notice". (Int:15_18-05-21)*
>
> *"Sometimes they'd come and you could tell they weren't listening to a word we were saying to them. And then they'd go and we'd either hear no follow-up from it, or the follow-up we'd hear would be 'oh, they stuck to their original plan before they even spoke to us" (Int:16_19-05-21)*

Importantly, a number of interviewees emphasised that they were not necessarily questioning the intentions or agenda of city partners, noting that there was often a common aim of "*improving the lives of citizens of Sheffield*" (Int:13_29_04_2021). However, interviewees positioned consultation as different to 'deeper', enabling forms of engagement, which focus on dialogue, developing people, strengthening relationships, learning together and involving residents more directly in decision-making (Int:12_11-05-2021; Int:13_29_04_2021; Int:6_19-04-2021). This alternative approach can result in new or altered understandings of issues and strengths, and lead people to have more direct forms of influence within decision-making, and to feel more empowered and in control.

As interviewees, including people who live in the city that we spoke to, explained, the issue is that consultations happen **too late in decision-making,** and the questions and language within the consultative process can be **overly directive** prompting perceptions of 'already knowing' which is disempowering, or of being meaningless, so

that **people cannot see how proposals, strategies or ambitions would affect their lives** (Int:7_8-12-2021; Int:11_10-05-2021; Int:13_29_04_2021). It may also undermine decision-making by limiting the solutions brought into consideration, when people living in or trying to access services in the city may have valuable contributions to make:

> *"We were given various options to consider, but we couldn't go beyond those options" (Int:15_18-05.21)*

Some interviewees explained how they felt that the **institutional culture** of the Council, for example, lead to the dominance of a 'consultation' approach to engagement, due to prevailing political ideas about who has the legitimacy to make decisions - a situation compounded by limits to local powers and deep austerity-driven funding cuts (see later sections):

> *"There is a lot of, a lot of talk around empowerment and engagement. The reality is, I still think the Council, because its politicians who determine this, is still on the spectrum towards the control side… they want to look after people, but how they do it is very paternalistic. They want to look after their citizens because people have elected them to represent their views. So they see themselves as having that democratic legitimacy. You can question this depending on how many people actually go out and vote… The amount of money that the Council have actually got control over is very limited… they've lost control of housing… of the transport system. So what power they've got I think they hang on to and it is very hard for them to even consider giving up any more than they have already lost" (Int:13_29_04_2021)*

Most interviewees contrasted how deeper, more enabling examples of public engagement tended to **happen in "*pockets*"** across the main partners of the HWBB (e.g. commissioning or engagement teams within the Council, CCG, NHS Trusts, universities), and were often **led by committed people working 'lower-down'**, rather than perhaps by senior or political leaders in the city. Some interviewees, including those members of the public who we spoke to, questioned the extent to which people's lived experiences were valued in senior-level decision-making, and highlighted trust issues that were partly a result of this: *"I think that there is a **huge trust issue***" (Int:8_23-04-2021). Some also questioned whether staff in city organisations or political leaders always had the skills, knowledge or resources to support participation or perhaps even felt "*scared of getting it wrong*" (Int: 6_19-04-2021). As one person explained:

> "*That in itself is a barrier and a blocker. If you don't understand how to do it then you're not going to do it"* (Int:5_29-04-2021).

In this way, deeper, enabling approaches to engagement were **not felt to be uniformly valued** or **embedded** in the **skills**, **knowledge** or **'everyday' working practices** of senior leaders in the city, their organisations (i.e. the Council, NHS Trusts, CCG, Universities), or in the practices of the HWBB and other strategic boards, although that was felt to be changing:

> *"Part of the problem is that it's not culturally embedded. It's not embedded in the processes of how they work, and how they develop these Boards, and how they develop these strategies… It's not on the agenda as a standing item, it's not*

> *reviewed, it's not considered and it's not integral… Tells you all you need to know… It should be the golden thread that runs through all of it" (Int:5_29-04-2021)*

> *"[public engagement] its not embedded in the Council certainly, uniformly, across the organisation, as 'what everybody does'... that is changing though" (Int:8_23-04-2021)*

This issue could be compounded by **personnel changes** within organisations (e.g. commissioning, locality, engagement or partnership teams), on the HWBB or on other strategic boards in the city. Interviewees gave examples of when progress in gaining commitment to and integration of public engagement in strategic activities or commissioning processes was undone when personnel moved on (Int:5_29-04-2021; Int:15_18-05.21). The need for **cultural change and training** so that people felt it was 'everyone's business' to engage was highlighted. As one person explained in relation to engaging younger people in particular:

> *"I think that every single person who has anything to do with a young person, in mental health services, physical health service, schools, social care, needs to be participation-trained and trained in how to talk to YP, if there is training in that" (Int:16_19-05-21).*

In relation to the HWBB specifically, interviewees discussed ways to ensure there was more **diverse** and **inclusive representation** on the HWBB, which better reflected the perspectives and backgrounds of people in Sheffield. A number of people reflected on how the existing routines and practices of Board meetings could also exclude. Meetings were already affected by **power dynamics** and relationships between different partners and it was indicated that **'expected' ways of talking** and language within this formal space could marginalise: "*there is power in language*" (Int:13_29-04-2021).

Interviewees described, for example, how the use of professional language can lead to power imbalances or how ***"language of criticism"*** could lead to "*defensiveness*" (Int:11_10-05-2021; Int:13_29-04-2021). It was suggested that it would be useful to **undo the belief** that the only way to do things is through very formal **structured meetings** (Int:5_29-04-2021; Int:12_11-05-2021): this was perceived as "*never going to work to engage young people"* (Int:5_29-04-2021).

Senior leadership and commitments to drive change across the city

Interviewees emphasised the importance of senior-organisational and political **leadership** and **'buy-in'** to drive institutional changes within the HWBB and within its member organisations, and for leaders to also **resource and 'authorise' people** to try and support participation without fear of reprisals from 'getting it wrong', despite it being ***"so hard to get right"*** *(*Int:*6_19-04-2021):*

> *"Until you've got very senior leadership buy-in for this… it doesn't really happen. It happens very ad hoc or very patchily and is done on a shoestring budget" (Int:8_23-04-2021)*

> *"To make it work all over, you've got to have it from the top" (Int:15_18-05.21).*

Some highlighted that working in this way would mean that senior leaders across health and wellbeing, including political leaders in the city, would need to accept and be ready to engage in this more **open, messy** and potentially **challenging** way (Int:9_27-04-2021; Int:11_10-05-2021; Int:2_29-04-2021).

Some felt the Council could be **moving in the right direction,** with the incoming Chief Executive, for example, emphasising the importance of collaborating across city partners and more deeply connecting within communities, and with potential opportunities to engage better with residents through the Local Area Committees that are to be set up, if these do not become too Council-led: "*There is a strong steer from senior leadership now… to develop better dialogue*" (Int:8_23-04-2021; Int:9_27-04-2021; Int:10_10-05-2021). It was emphasised however, that this type of change (and indeed the new Local Area Committees in the city) needed ideally to focus on giving residents more decision-making power and to **involve *all* key health and wellbeing partners** in the city (e.g. Council, CCG, NHS Trusts, universities, voluntary and community groups, police, transport):

> *"Wouldn't it be great if you could have the city partnerships replicated at a community-level and even if… you'd got limited staff resources, you would have other resources coming in from those organisations that can then be used around the community engagement work" (Int: 13_29_04_2021)*

A number of interviewees indicated that they would like to see HWBB members explicitly **commit to drive institutional changes** within the Board and also in their own organisations: to be 'change-makers' that are **held formally accountable** within the HWBB for **embedding public engagement 'in the everyday'** work of their organisations across Sheffield. For example, within the Board itself, that might involve having a standing item and time for dialogue on this topic in meetings (Int:2_29-04-2021; Int:5_29-04-2021; Int:8_23-04-2021). In other words, some spoke about the HWBB finding ways to **lead and drive public engagement together** across the city. As one interviewee put it simply:

> *"I don't think the city has a strategic approach to engagement… we've no longer got a city approach to engaging communities, and actually I think that is what we need" (Int:13_29_04_2021)*

One interviewee suggested that to achieve this all senior leaders on the HWBB needed to have **mechanisms for listening to voices of "*real people*"** to ensure that they always have "*that voice on [their] shoulder*" in senior-level discussion and meetings about places, neighbourhoods and commissioning, as well as mechanisms to ensure that they are aware of the engagement work and approaches of their respective organisations, which could sometimes 'get lost' within each individual organisation (Int:2_29-04-21).

Prioritisation and resourcing and engagement in a context of austerity

Importantly, interviewees highlighted that driving institutional changes in the ways suggested above will mean **addressing gaps in** the **prioritisation** and **resourcing** of public engagement across HWBB partners, which will likely be challenging due to continued local repercussions from deep **cuts to local resources** from national austerity policies. On this issue, interviewees described how lack of recognition and

organisational commitments (as mentioned above) meant that public engagement was often not prioritised or resourced appropriately within the HWBB, or more broadly across health and wellbeing partners in the city. It was emphasised that enabling and empowering forms of engagement are often: resource-intensive, require considerable time and funding (e.g. for people's time, to cover infrastructure, activities) and need a long-term approach to support respectful dialogue and challenging conversations:

> *"There's something about recognising it takes time. One of the big things at strategic level is that timescales and turnaround are always really short. They also don't recognise that actually there is a need for some resource to enable that to happen, in terms of whether they're doing it themselves or whether they're asking other people to [help]" (Int:11_10-05-2021)*

Time and funding were emphasised as particularly important to reach and build **trust and relationships** with those individuals or groups in the city who are most at a disadvantage, so as to address the inequities already experienced and ensure people are at a point where they feel able and respected to engage (Int:10_10-05-2021).

Yet because **engagement was not felt to be uniformly valued** or **recognised** across organisational partners of the HWBB, nor seen as 'what everyone does', interviewees felt that it was often left to particular people or to engagement teams, which tended to be *"very small" and "very much struggling to find the internal resource to do decent engagement that feeds up into decision-making within an individual organisation" (Int:8_23-04-2021).*

In this way, resources allocated to public engagement were described as **ad hoc** and **funding-led**, rather than built strategically into budgets. Where engagement did take place it was often due to pots of funding unexpectedly being made available or fought for, rather than as part of a planned approach that was integral to *"the way business is done*" (Int:6_19-04-2021; Int:12_11-05-2021; Int:11_10-05-2021). For example, it was highlighted that the HWBB does **not have a dedicated budget** to underpin a long-term strategic approach to engagement and interviewees noted that putting in place a budget to resource the recent Healthwatch engagement work for the Strategy was driven primarily by one partner with funding drawn from existing budgets: *"rather than the Board saying yes we agree that this is something really important to invest in it [collectively]"* (Int:8_23-04-2021). Engagement also tended to happen in relation to specific commissioning decisions or service redesigns, rather than as part of a coherent organisational or joined-up city-wide strategy.

It was indicated that **austerity-driven cuts** had compounded these prioritisation and resourcing issues. On the one hand, it was suggested that a failure to prioritise public engagement had led the Council to make cuts locally in engagement in order to weather extremely challenging austerity budgets, whereas it was perceived that engagementmay have been 'protected' in other local authorities:

> *"...I do think that it has affected engagement. And I think that the resources for the Council to do that engagement were stripped out because it is not statutory, so they've had to make decisions about 'do I put money into social care or do I carry on doing engagement work?' and the engagement work suffered because it does need resourcing…that said it is a matter of priorities and choices… whether it is passive choice or not, it is still a choice" (Int:9_27-04-2021)*

At the same time, there was general agreement that the **capacity of the VCS** has been eroded as a result of austerity and lack of investment, with few organisations having core resources or posts specifically for community engagement and development (Int:8_23-04-2021; Int:5_29-04-2021; Int:12_11-05-2021):

> *"What I've seen over the last 3 or 4 years though is other voluntary organisations… going 'actually we need some community engagement workers' " (Int:13_29_04_2021)*

Others spoke about how **reduced capacity within the VCS** has limited the extent to which VCS organisations could engage with Boards and 'get involved in the conversations': attending Board meetings, identifying opportunities to influence decisions, engaging with services and commissioners all takes a significant amount of VCS staff time that is rarely funded, and if VCS organisations lack the capacity to get involved this means it is difficult to facilitate the involvement of individuals and groups that they work with (Int: 5_29-04-2021). It was indicated that there had been some funding available for engagement activities for some VCS organisations during COVID-19, often coming from regional or national sources (Int:3_28-04-2021). In the VCS it has often been small pots of funding from a variety of sources, but again, **ad hoc** and **fragmented**, and the sheer number of different pots of funding can stretch the financial management capacity of small VCS organisations (Int:11_10-05-2021; Int:12_11-05-2021)

In terms of Healthwatch's role locally, one interviewee reflected on how they felt the small budget allocated to Healthwatch by the Department of Health for engaging the public in their statutory role was *"ludicrous"* when compared to the scale of the health and social care system (Int:13_29-04-2021).

Examples of engagement with routes to influence

Despite the challenges noted above, it is important to highlight that many examples of good public engagement within the city were identified during the research that focused on addressing inequalities, health or wellbeing, whilst also creating some **routes to influence** within decision-making (see illustrative examples below). A rapid analysis of the examples identified suggests that, while these were not without challenges (e.g. power dynamics, issues of trust and resourcing), many had 'common' features that reflect the findings of a recent systematic review completed by the research team on this topic (see Figure 1; Baxter et al., 2020).

The 'good practice' examples were, for example, supported by staff within the Council, VCS, universities and/or NHS who **valued the contribution of public knowledge** and who were **resourced** and **'authorised'** by more senior leaders to engage with residents and/or other partners in more 'messy' and collaborative ways. The examples also appeared to involve a mix of elements that, *together*, supported a process of engagement and routes to influence. They involved: creating both **formal and informal spaces** for people to participate - **equitably and safely**; developing opportunities to **share knowledge** (sometimes in creative ways); collectively **learning together**; and ensuring **dialogue**, **conversations** and **'feeding back'**, which sometimes helped reshape relationships, existing power-dynamics, or build trust.

Examples of good practice in engagement

Example 1.

Understanding inequitable impacts of COVID-19
There has been recent dialogue and action taken to address inequitable impacts of COVID-19 on black and other minority ethnic groups in Sheffield. The process created formal and informal spaces for participation: bringing together VCS organisations working in the city (e.g. Faithstar, SADACCA, Fir Vale Community Hub, Pakistani Muslim Centre), and with statutory organisations. It has involved a process of learning together about issues of racial inequity, trust, respect, resourcing, influence and more. This ongoing process may be creating new capacities within the VCS, routes to listen, learn and respond to people living in the city, and with signs of improvements in trust as well as capacities to influence within the roll-out of the city's COVID-19 vaccination programme, which may be impacting on vaccine access and uptake.

Example 2.

State of Sheffield Summit engagement with residents
The Sheffield City Partnership committed to work alongside community facilitators to connect and engage residents in different local and informal spaces (e.g. group of men from Norfolk Park, young people and youth workers from Upperthorpe and Netherthorpe) about how Sheffield works for different people. Creative methods to engage were used to promote conversations that recognised what is good, people's capabilities, as well as what could be improved. This process influenced the inclusiveness of discussions across residents and senior leaders within the more formal 'State of Sheffield' Summit 2019, contributing to strategic understandings of how the city could better work for everyone (further work has been limited by COVID-19).

Example 3.

Co-development within service transformation
An ethos of co-development in the approach taken in one health service area has been supported by early investment in a communications plan to ensure shared understandings. Parent/carer involvement in regular task and finish group meetings ensures assumptions are challenged by the voice of lived experience. The dual strategic and operational role of the group puts 'real live problems' into the conversation and provides a channel for addressing issues and problems raised by parents/carers; this in turn supports constructive conversations. Early cautiousness/nervousness within the organization about engaging in open, transparent discussions between service staff and parents/carers has rapidly been overcome by recognised benefits for effective decision-making: "*once you start doing it, it's just natural*".

Learning from examples of good practice

The following elements seem central in the examples of successful engagement identified in Sheffield:

People who are connectors: Good practice examples identified involved people or organisations who were connectors and could facilitate conversations and dialogue, and/or bring people together (i.e. residents, VCS, statutory partners). This role was, for example, carried out by trusted people within VCS organisations, within the Council, universities or parts of the NHS.

Formal and informal spaces for participation: Good practice examples all involved both formal meetings and informal spaces for participation (e.g. phoning people, informal chats, with food). Facilitation within these spaces helped promote more inclusive forms of dialogue and reshape power dynamics; creating space for listening, demonstrating respect and forms of talking that people could be comfortable with.

Collective learning: Each good practice example created opportunities for those involved - residents, statutory organisations, VCS - to listen, share knowledge and learn together, through dialogue and discussion, and sometimes in creative ways.

Institutional culture that values public knowledge: All examples were formally-supported by an individual or team within the Council, VCS, universities and/or parts of the NHS who valued the contribution of public knowledge and who were resourced and 'authorised' by more senior leaders to engage with people in the city and/or other partners in 'messy' and collaborative ways; and therefore had some form of internal 'route to influence'.

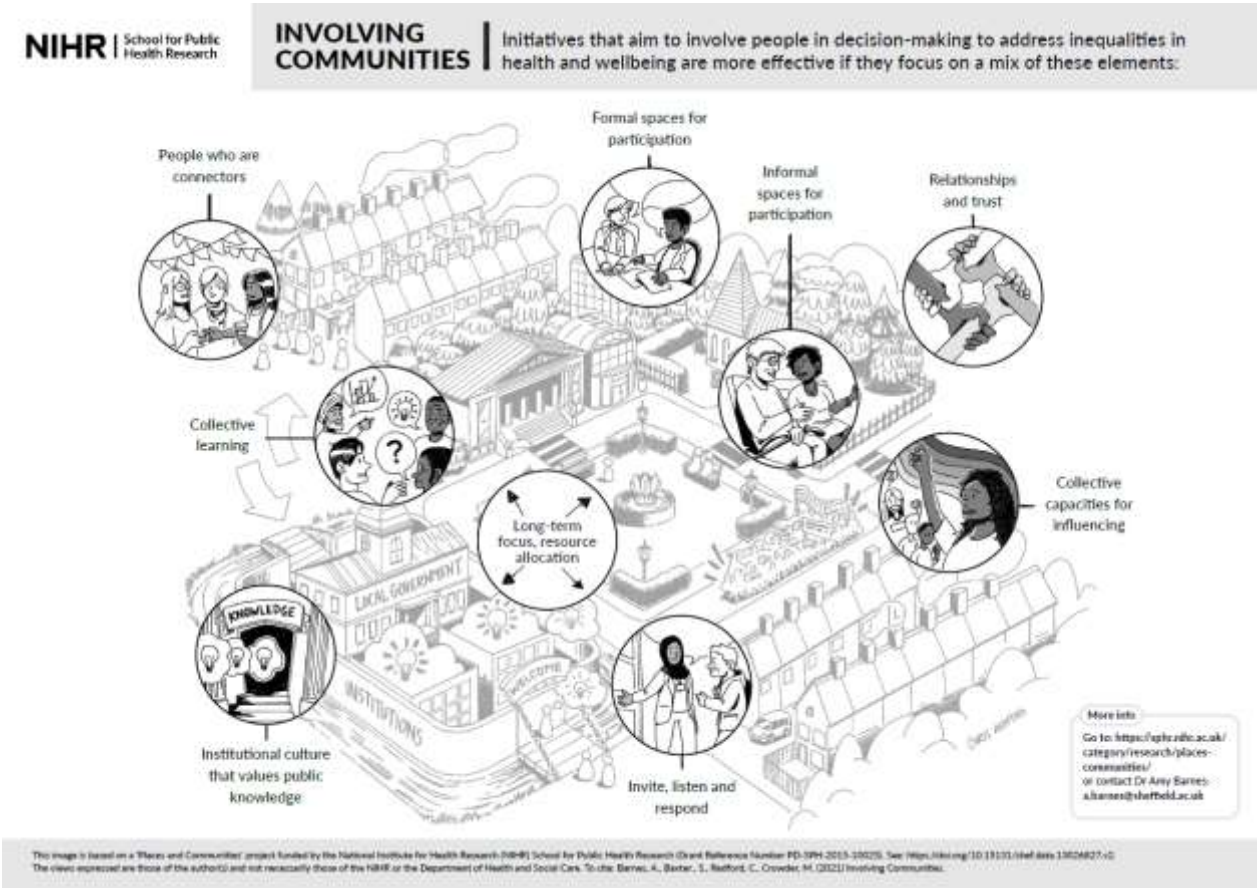
Invite, listen and respond: Examples involved dialogue, conversations and 'feeding back', which sometimes helped reshape relationships, existing power-dynamics, or build trust.

Relationships and trust: Strengthening relationships and trust were central processes within each example of good engagement and creating routes to influence within decision-making.

Collective capacities for influencing: Examples brought people together, building the individual and/or group capacities needed for influencing (e.g. knowledge, confidence, relationships, mutual support).

Long-term focus, resource allocation: All examples had access to specific funding and involved people able to commit time and energy specifically for engaging people and relationship-building. COVID-19 has led to some renewed resource commitments (perhaps due to greater visibility and political recognition of inequalities within the city), though sustainability is an issue.

Figure 1. Key elements of more effective initiatives to involve people in decision-making



Implications and questions to consider

1. **Leadership:** Who is leading and driving public engagement as a means to address inequalities in power, control and voice as a determinant of health across the city?

There is an opportunity for the Health and Wellbeing Board (HWBB) to occupy this strategic leadership role and to drive institutional changes in public engagement within Boards and organisations across the city.

2. **Coordination and joining-up:** How joined-up are spaces for engagement across the city, and how are insights shared and used proactively within decision-making across city partners?

There seems to be an opportunity for the HWBB to take on the role of a listening body and central point of coordination across decision-making relating to inequality, health and wellbeing; and to consider if or how partnerships and joined-up public engagement can be extended at a community-level.

3. **Inclusion:** How inclusive are different spaces for people with differing social and economic perspectives, and how inclusive are they for those who already experience forms of disadvantage and exclusion?

Any engagement strategy going forward needs to consider unequal access to resources, capabilities and respect for individuals and groups across the city; including how, for example, people have been or can be excluded from participating due to age, race, ethnicity, gender, sexuality, disability, class, or a combination of these factors.

4. **Depth of participation:** How do different spaces offer opportunities for meaningful and ongoing engagement within communities for individuals or groups (as opposed to more transactional forms of 'consultation')?

The COVID-19 pandemic has provided an opportunity to learn from, re-commit to and re-examine public engagement to inform the Health and Well-being Board's Strategy going forward. Also, an opportunity to consider ways to create safe spaces for challenging and potentially uncomfortable conversations about inequalities.

Strategic ambition on inequality requires confronting issues of power and voice, and building capabilities, relationships and trust with people. It necessitates taking a long-term approach to:

- Identifying and addressing discrimination and deficits of respect, trust and feeling unheard
- Confronting socio-economic, class-based, gender, racial, ethnic and other inequities
- Tackling disability inclusion
- Confronting issues of power and control, stigma, identity and belonging

5. **Prioritisation and resourcing:** How are resources (people, time, skills, funding) prioritised and strategically coordinated towards engagement across the city?

There seems to be an opportunity for HWBB members to have a leadership role in recognising, and considering how to adequately resource long-term approaches to public engagement that enable and develop individual's and group's capabilities to influence. This includes consideration of the role and sustainable resourcing of the VCS as valued partners in this process.

6. **Governance and accountability:** How are city partners 'held to account' for engaging people in ways that could address inequalities and other determinants of health and wellbeing outcomes across the city?

HWBB members could explore opportunities to establish clear commitments, transparent processes and mechanisms to ensure organisations and leaders are formally accountable for public engagement and for addressing inequalities in power, control and voice as a determinant of health across the city.

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Appendix 1. Mapping of engagement activities to HWBB strategic ambitions

Details of engagment activity		Potential relationships of engagement to HWBB ambitions								
Date(s)	**Type of engagement / brief description**	**Start well: Early years/best start**	**Start well: Education/access local school**	**Start well: Transition to adulthood**	**Live well: Access to healthy home**	**Live well: Good quality work / sufficient resources**	**Live well: Transport/safety**	**Age well: Equitable access to care and support/personalised**	**Age well: Meaningful social contact**	**Age well: End of life with dignity/ choices**
2020-21	COVID-19 Hub Network - Embedded involvement via Covid-19 hub network: Covid-19 hub network formed of 19 geographically-focused community hubs, and 17 specialist hubs. The start of the hub network was in place at the start of lockdown. Linked to emerging informal and neighbourhood groups.							X	X	
Jan-June 2019	Sheffield City Partnership - Partnership Framework for an Inclusive and Sustainable Economy community engagement. Process/series of events and conversations, workshops using community facilitators: Starting at the launch event of the Partnership Framework for an Inclusive and Sustainable Economy, we will build a shared plan with stakeholders and communities to deliver these seven actions and identify priorities (to meet Commitment Working together to build a Sheffield that works for everyone. To deliver this, we will focus on: • Working better together to drive change • Leading by example • Involving and including people in the city). New approach was taken to the State of Sheffield 2019 - using local events working with communities to fill gaps and develop responses and solutions together, focusing on people's real experience of Sheffield's economy by talking to more people about what an inclusive economy would look like for them. Conversations were collected then presented at large event / reflection on key messages. There was a co-produced discussion tool and briefing pack – shaped by community facilitators and 130 people at the event.		X		X	X	X	X		
2019	Big City Conversation - Talking to people in every part of the city about the issues that matter to them. How Sheffielders: − Want get involved in their local community and local issues; − Want to influence decision making - Survey, pop up conversations, organised discussions	X	X	X	X	X	X	X	X	
?	Transport strategy engagement - Online consultation 'citizen space' and on-street surveys: 75% responded via "Citizen Space" site and 25% via on-street surveys (commissioned to get a 'more representative' sample in terms of age and ethnicity, reach people who do not usually engage with consultations). We will develop cycling proposals with local communities to serve not only the city's transport needs, but also the aspirations and needs of the city's people, including its disadvantaged communities. - will help understand where best to provide for cycling that that works for local people, meets objectives and is not unduly led by existing interests and so better supports congestion relief,						X			

	accessibility and health outcomes.									
Nov 2016, March 2018, March 2019	Engaging young people via the Every Child Matters/Our Voice Matters survey and Our Voice Matters Debate. The theme of young people having a 'voice' that is heard by the local authority and schools is part of the work of the Participation Team. In November 2016 - The Great Sheffield Youth Debate for secondary school students in the Town Hall. In March 2018 - The Young People's Debate for primary and secondary schools in the Town Hall. In March 2019, a third debate - marrying it up to the survey (i.e. Our Voice Matters Debate) - listening to young people, via anonymous surveys, opportunity to share views with other young people, Elected Members.	X	X	X						
2018	Gleadless Valley masterplan engagement - Place-based survey and meetings and design for change workshops, events, exhibitions. e.g. residents' survey about what like, don't like about living in Gleadless Valley; design for change workshops to develop options for improving Gleadless Valley. Sharing back options relating to housing, community facilities, parking, open space, play facilities at public exhibition events in October – asked to state if they supported, were neutral or did not support each option.	X			X	X	X		X	
2015	Parkwood Springs Master plan engagement - Community workshop? It is essential that the community is engaged in all the ways Parkwood Springs could change over the next 10 years, and engagement with local groups carried out in preparation of this Plan has been invaluable. In preparation for this Masterplan a community workshop in May 2015 provided an opportunity to discuss the general character of Parkwood Springs and allow a vision to emerge.						X			
2014 - Ongoing	Equalities Hubs - now Equalities Partnership Sheffield's six 'equality hubs' were set up in 2014 to give a voice to particular groups of people in the city.	X	X	X	X	X	X	X	X	X
Ongoing	Local governance mechanisms – seven Local Area Partnerships, now new Local Area Committees? Bodies to join together more locally and seek to engage with people in their neighbourhoods. e.g. has been past focused engagement in communities around integration and social cohesion.						X			
Ongoing (various)	Children's Health and Wellbeing Transformation Board - various engagement activities	X	X	X						
2015-2018?	Tackling Poverty - Strategy Partnership Reference Group was set up to oversee engagement, including with children, young people, families, individuals.	X	X	X						
Ongoing (various)	Approaches to engagement on Council budget: - different approaches to engagement on the budget in recent years, including large scale public events in the Town Hall and neighbourhood-based events for citizens to discuss budget decisions with Cabinet Members and senior officers. Population survey on budget themes and issues using Citizenspace consultation. Engagement and consultation with citizens and service users on specific proposals – services and teams consult service users on specific proposals relating to a particular service.	X	X	X	X	X	X	X	X	

Ongoing (various)	Various engagement activities by South Yorkshire Police (SYP): Both police and the Police and Crime Commissioner engage extensively, both independently and jointly, to understand the public's priorities. This enables their views to become an integral part of the decision making process, which is vital to increasing public trust and confidence in policing. Throughout the year the engagement that takes place provides a dialogue between the OPCC, the Force and the public and stakeholders to create and manage sustained and effective opportunities for the public to learn about, question and shape policing priorities and activities, and ultimately to participate in community safety as an active partner. The PCC has a duty to ensure that South Yorkshire Police is effectively engaging with communities via its Local Policing Teams and other means.				X		X			
Ongoing (various)	Citizen space consultations (various) Examples include: - application by the Broomhill, Broomfield, Endcliffe, Summerfield & Tapton (BBEST) Neighbourhood Forum to renew the designation of the forum for a further 5 years as required by the Neighbourhood Planning (General) Regulations 2012 (as amended). - proposals for new play facilities in Colley Park. - feedback on our draft Equality Objectives for 2019-23. – on proposals for introducing Selective Licensing of private rented properties. - Lower Manor Community Survey - the survey asked a number of questions that relate to local services, including how satisfied they are with these services, and provided some space for additional information about their neighbourhood and what can be done to make it an even better place to live.	X		X	X		X	X	X	

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