Wellbeing: the central goal of policy

- The evidence base of what constitutes an effective strategy to *improve population health* and reduce health inequality is well developed (The Health Foundation, 2019)

- Knowledge of *how* to implement interventions for health improvement and reduction in health inequalities has been demonstrated by the network of 'Marmot Cities'.

- In contrast, the evidence base for the wellbeing counterpart is much less developed, Carnegie UK & OECD

How do we start to fill this evidence & implementation gap?

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Local government policy making to maximise wellbeing

Project aim: gather evidence and build understanding of effective wellbeing policy making in practice

Three research questions:

1. Is it possible to identify core elements of Health and Wellbeing Strategies that provide a coherent strategic approach?
(**Document Analysis**)
2. What are policy professionals' experiences of successfully developing a wellbeing approach in local government?
(**Interviews**)
3. What does wellbeing policy making look like in action?
(**Peer learning cohort** of wellbeing policy makers)

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Research Methodology

Qualitative Mixed methods

Document analysis of a random, stratified sample of Health & Wellbeing Strategies (n=26; 1 in 6)

Interviews with policy makers who had successfully implemented a wellbeing approach in local government

Using Appreciative Inquiry: identifying and valuing what is best in a system, uncovers more, and more that is good, which can then be used to shape collaboration and learning opportunities, where the best becomes more common
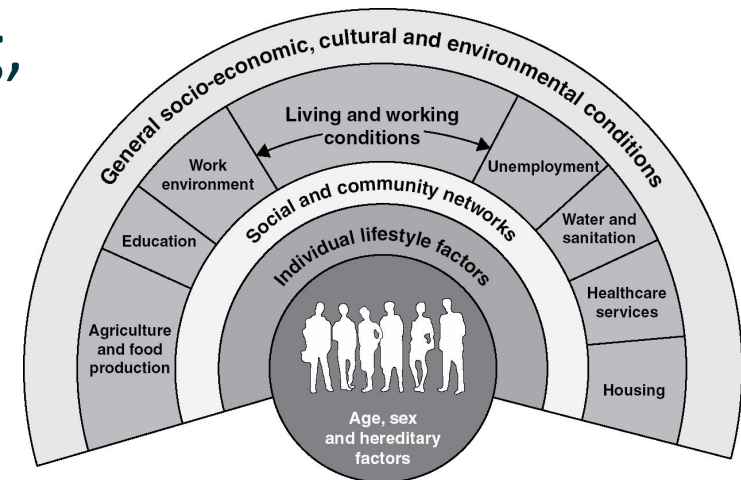
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Part 1
Documentary Analysis

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Findings: Document analysis

- Strategies varied in **timespan**: the shortest was 2 years (n=1); the longest 10 (n=1).
  The most frequent timescale was 5 years (n=10).

- Strategies also varied in **length**, from 9 to 114 pages, with an average length of 26 pages.

- **Only 2 of the strategies defined wellbeing**, yet 10 had the D&W Rainbow model of health.

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Six hallmarks of coherent wellbeing policy

1. Inclusive understanding and definition of wellbeing
2. Improving wellbeing and reducing inequity are policy goals
3. Powered by evidence: of wellbeing need and 'what works'
4. Priorities address wellbeing factors that matter
5. Comprehensive performance measures
6. Implemented to maximise wellbeing

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Hallmark 1: Inclusive understanding and definition of wellbeing

Assuring wellbeing

Wellbeing defined as distinct from health.

The difference between wellbeing and mental ill health is also set out. Wellbeing is framed as more than, and distinct from, the absence of poor mental health.

Optimising wellbeing

The strategy describes wellbeing at an individual and community/area level.

Maximising wellbeing

Different dimensions of wellbeing are described: evaluative, affect, pleasure, purpose & meaning, thrive & flourish.

The differences in wellbeing between groups and/or across the life course is described.

Hallmark 2: Improving wellbeing and reducing inequity are policy goals

Assuring

Broad commitment to improving wellbeing and reducing inequalities.

Policy goal to improve healthy life expectancy.

Optimising

Improving wellbeing policy goals clearly articulated for individuals and communities.

Policy objectives set out that seek to reduce wellbeing inequalities, for example across the life course; and avoidable inequities that affect the wellbeing of individuals and groups.

Maximising

Commitment to reducing wellbeing inequalities, tailored to local context.

Themes of social justice and fairness are explored.

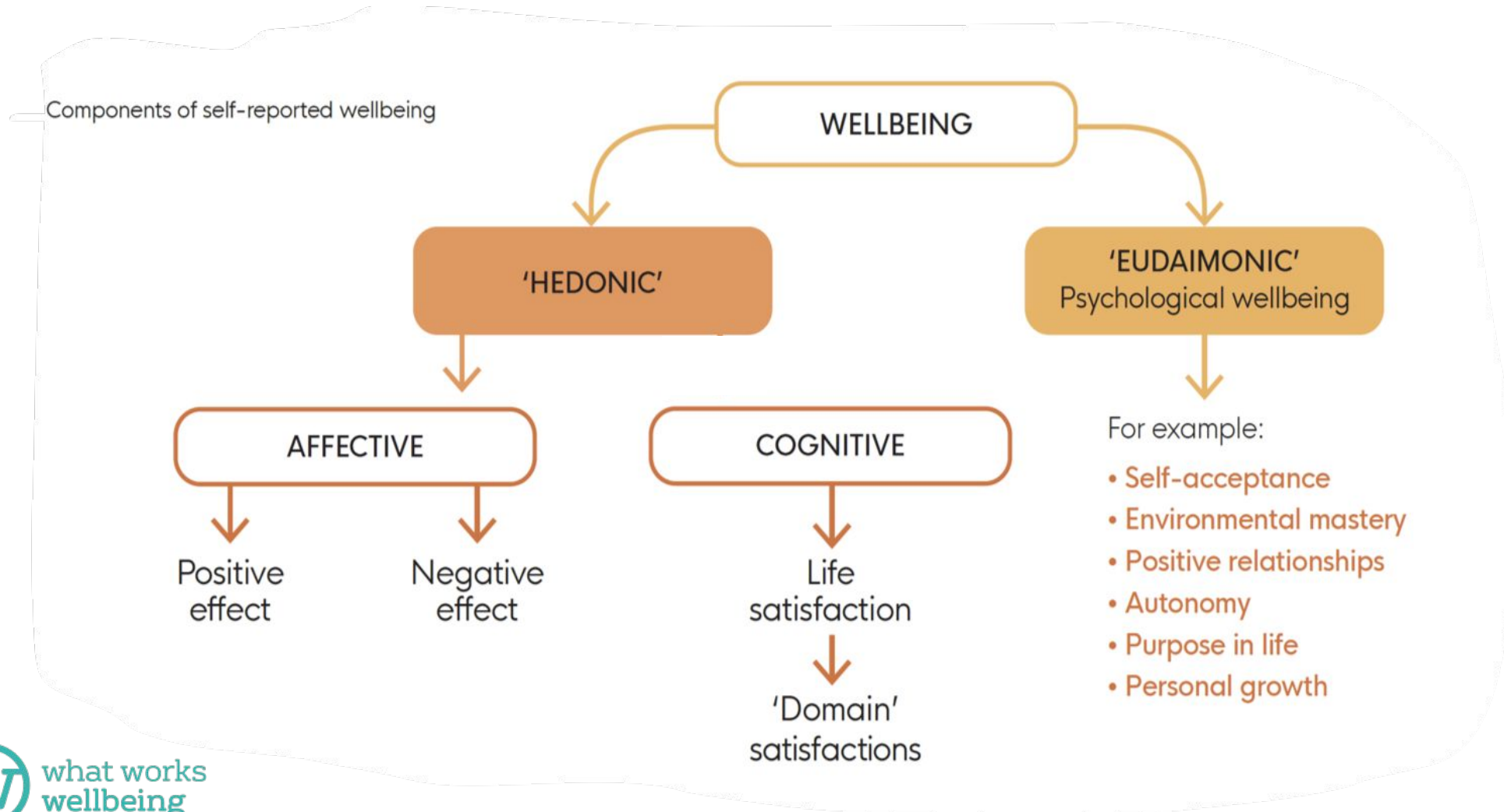Strong collaborative approach to goal setting.

1

Inclusive, coherent framing of wellbeing

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How is wellbeing conceptualised in the strategy?

Defining wellbeing:
Manchester Health & Wellbeing Strategy

"Wellbeing is about lives going well, the combination of feeling good and functioning effectively. It includes the positive emotions of happiness and contentment, but also such emotions as interest, engagement,
confidence, empathy and affection, the development of one's potential, having some control over one's life, having a sense of purpose
(e.g. working towards valued goals), and
experiencing positive relationships."

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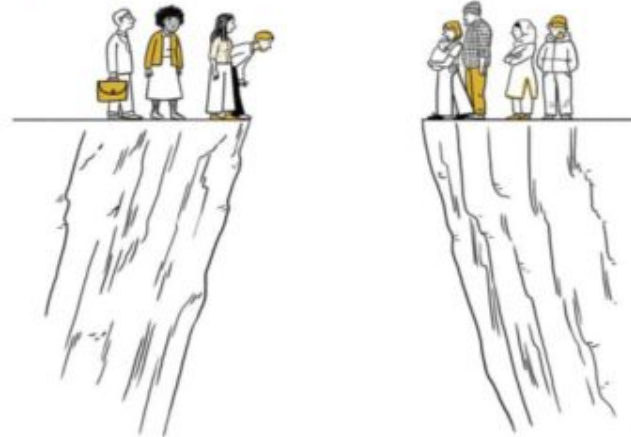# A framework for measuring inequalities in well-being

1) Dispersion ("vertical inequalities")
(i.e. total size of gap between people at the top and people at the bottom)

2) Gaps between groups ("horizontal inequalities")
(e.g. by age, gender, education, migrant status, where people live...)

3) Deprivations
(share of people falling below a given standard of living)

Source: OECD (2017) *How's Life? 2017*

2

Improving wellbeing and reducing inequity are policy goals

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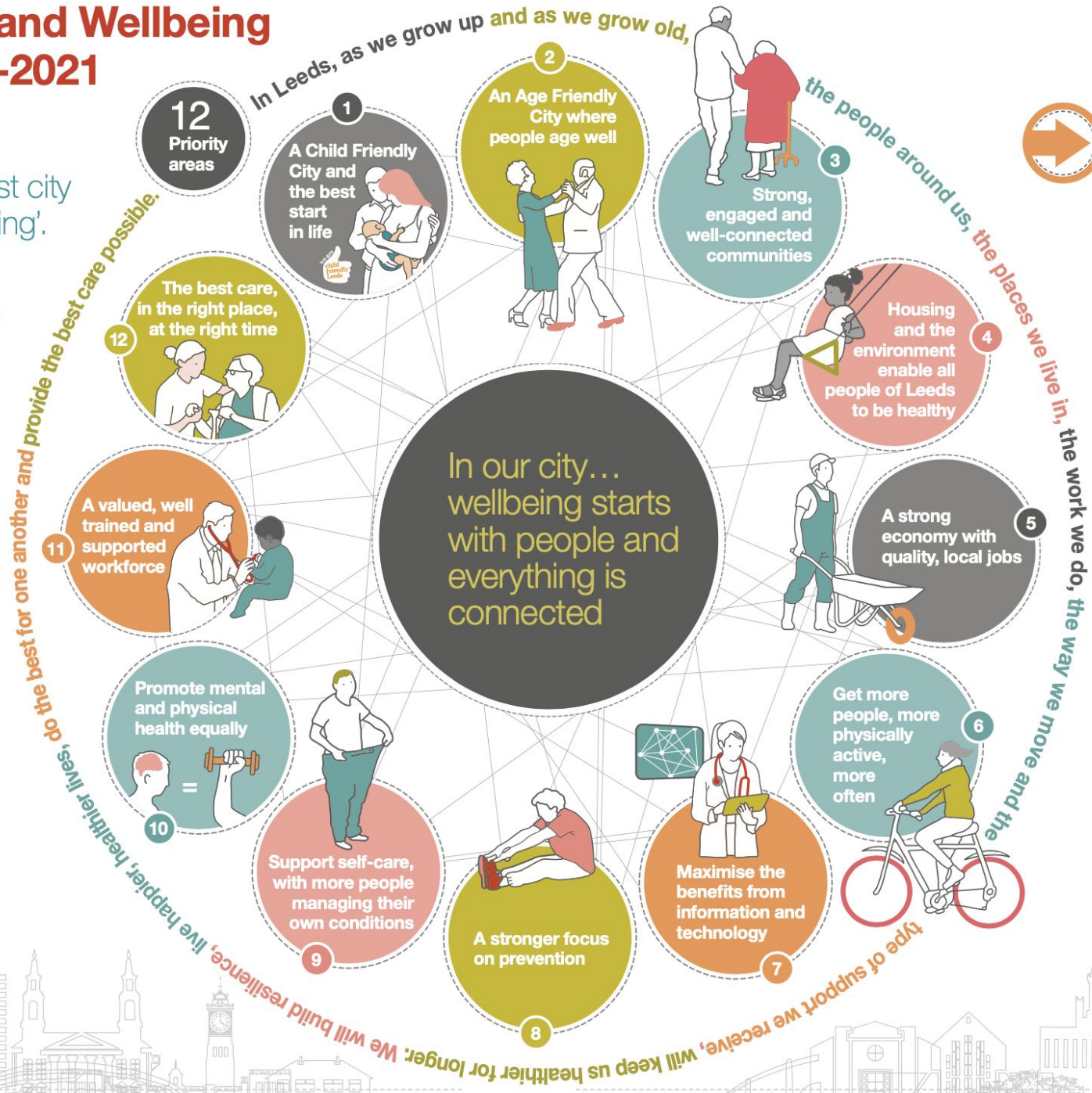# Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities

12 Priority areas

In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will keep us healthier for longer. We will build resilience, live happier, healthier lives, do the best for one another and provide the best care possible.

1. A Child Friendly City and the best start in life
2. An Age Friendly City where people age well
3. Strong, engaged and well-connected communities
4. Housing and the environment enable all people of Leeds to be healthy
5. A strong economy with quality, local jobs
6. Get more people, more physically active, more often
7. Maximise the benefits from information and technology
8. A stronger focus on prevention
9. Support self-care, with more people managing their own conditions
10. Promote mental and physical health equally
11. A valued, well trained and supported workforce
12. The best care, in the right place, at the right time

In our city… wellbeing starts with people and everything is connected

Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported

Starting Well

Improved mother and baby health and wellbeing, especially for those in most need

Good mental health for all children

Children growing in a safe & healthy home environment with supporting and nurturing parents and carers

Children and young people leaving care are healthy and independent

Living and Working Well

Individuals, families, friends and communities are connected

People are able to look after their own health

People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living

People live, work & play in environments that promote health and wellbeing

Ageing Well

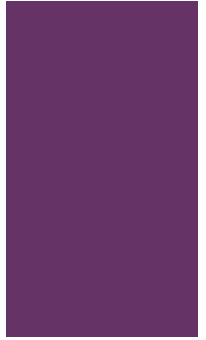Fewer older people feel lonely or socially isolated

Older adults stay healthier, happier and independent for longer

There is a reduction in the number of older people having falls

People receive good quality end of life care and have a good death

19, CC., p. 5

3 Powered by evidence…

a) ..of wellbeing need

b) … of 'what works' to improve wellbeing

W what works wellbeing

How is 'evidence' used?

Evidence used in two ways:

- evidence of **need** (most common)

- evidence of '**what works**'
  (occasional and poor; evidence literacy)

"Implement: Unite partners to deliver a robust service model (based on local evidence and best practice) which promotes independence" (10, MB, p.16)

"We rely heavily on evidence of what works, carefully prioritising available resources to ensure the most vulnerable in our communities are supported, that our children have the best start in life."
(12, CC. p.4)

If York was a village of 100 people
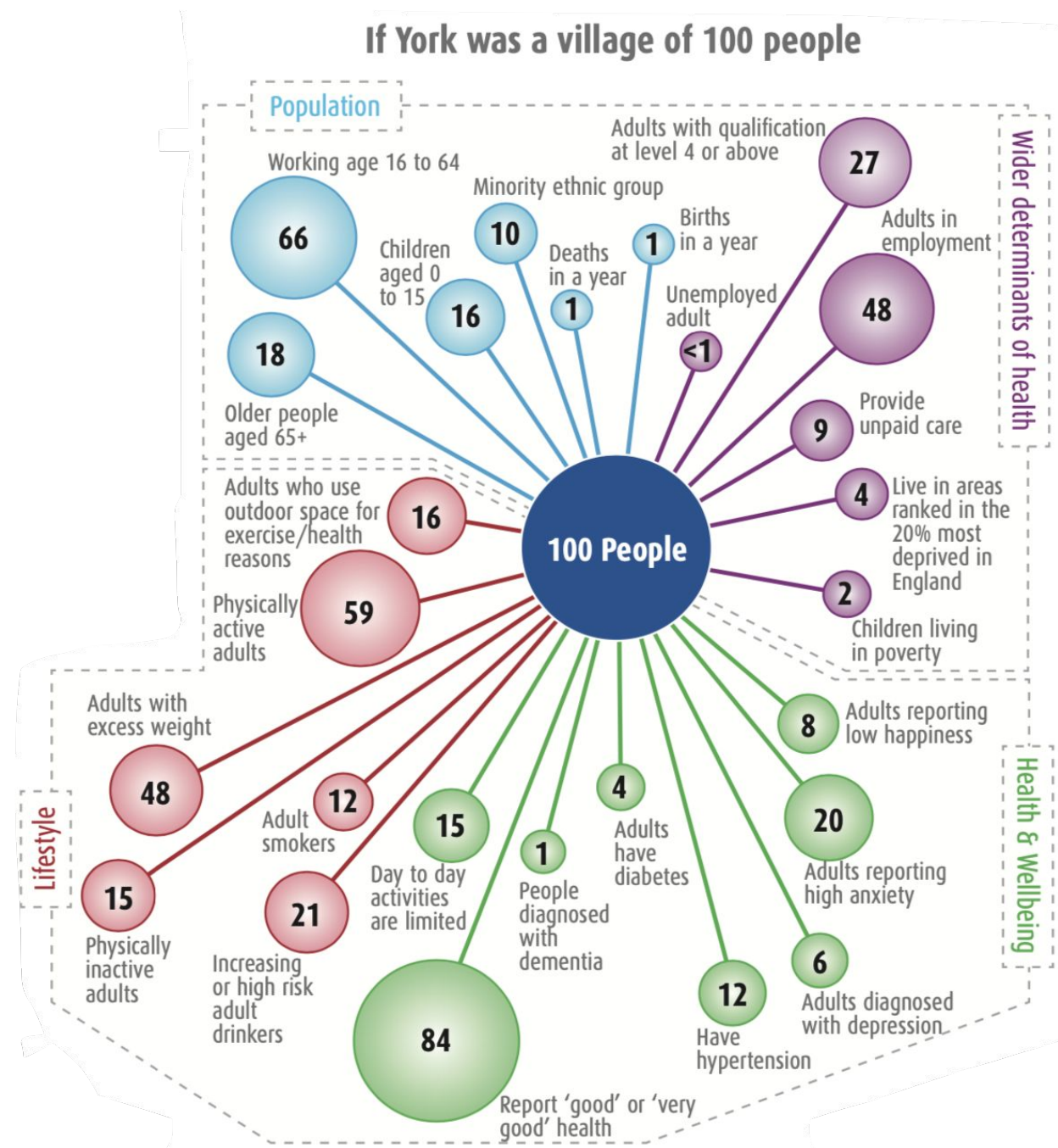
Our 'what works' evidence includes ...

- **Effects of community infrastructure** on community wellbeing (places and spaces)
- What drives **wellbeing inequalities** in a place
- What do we mean by **loneliness**, and what works to reduce loneliness?
- **Volunteer wellbeing**: what works and who benefits?
- **Activities**: music & singing; sport & dance; visual arts for wellbeing
- **Wellbeing at Work**: guidance for better workplace wellbeing and measuring wellbeing at work

4

Wellbeing Factors
that matter

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WISER Policies when wellbeing is the goal

The WISER wellbeing priority areas

Work

- Aim for stable employment and low unemployment.

- Good Work: Create jobs with purpose; challenge; decent income and good social connections; clear expectations; reasonable freedom, control and agency; consultation, support, recognition and opportunity; reasonable work-life balance to allow time with friends, family and for leisure.

Income

- Promote balanced, stable economic growth

- Look at effects of expenditure, debt and insecurity

- Invest in health an welfare systems to protect us, give us choice and free time for leisure, arts and education.

Society and governance

- Power and responsibility – treat citizens with respect and encourage citizen-led action and participation to happen in a meaningful way.

- Devolve power and control; carry out more meaningful consultation; increase trust in our collective institutions; reduce corruption; acknowledge our dignity, agency and control; reduce the hassle of bureaucracy; better feedback loops for services; faster less contracted legal process especially for children and families.
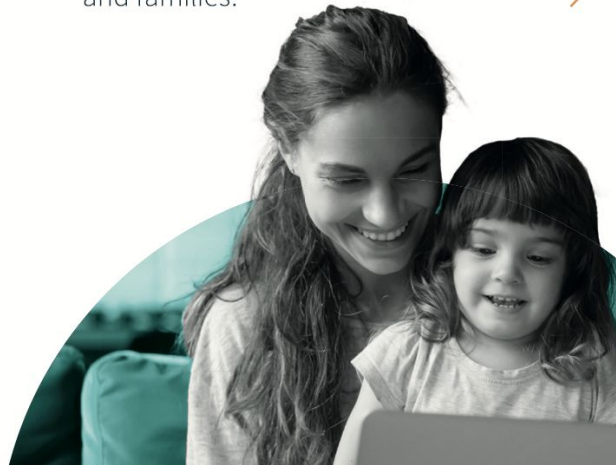
Measure wellbeing as a policy goal

- Use approaches like behavioural insights and design thinking to base understanding and action on how people actually behave rather than how we think they should

- Give citizens the wellbeing data they need.

Emotional-mental health

- Treat mental ill-health as professionally as physical ill-health.

- Support parents in their parenting, their relationships and mother's mental health.

- Build social and emotional skills in schools; life and work skills such as: character, resilience, empathy, self-control, perseverance, gratitude & savouring, cope with shocks.

Relationships and communities

- Promote volunteering, giving, and culture.

- Connections – develop opportunities for building social connections, which will also help to address loneliness.

- Livability – create a built environment that is sociable and green that allows for shorter, better commutes, and connection to the natural world, with reduced environmental stressors like noise and air pollution. Create opportunities for us to know neighbors, but give us a choice about the amount of contact.

A whole system approach

Place level solutions

Provide the opportunity for people to make healthier choices

e.g. environmental solutions to make the healthier choice the easier choice, for example, good pavements to encourage walking

e.g. Workplace health strategies/ community led support

Community level solutions

Solutions centred on how we see what others are doing, how we compare (developing social norms), & those centred on culture and connections between people, to foster a sense of belonging, cohesion and support.

e.g. one-to-one support to stop smoking

Individual level solutions

Solutions provided on a one-to-one basis, including support to diet or give up smoking. This may also include solutions that support self-care of health and long term conditions.

19, CC., p. 10

FACTORS THAT AFFECT WELLBEING

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If we are able to influence the things that matter to us

The environment around us

Relationships: friends, family and people to rely on

The things we do: exercise, art, learning

Our sense of belonging

Physical and mental health

How we feel about our lives overall

Work and finances

Trust in others

5

Comprehensive Performance measures

Performance measures: objective & subjective

Only half of the strategies had performance measures….
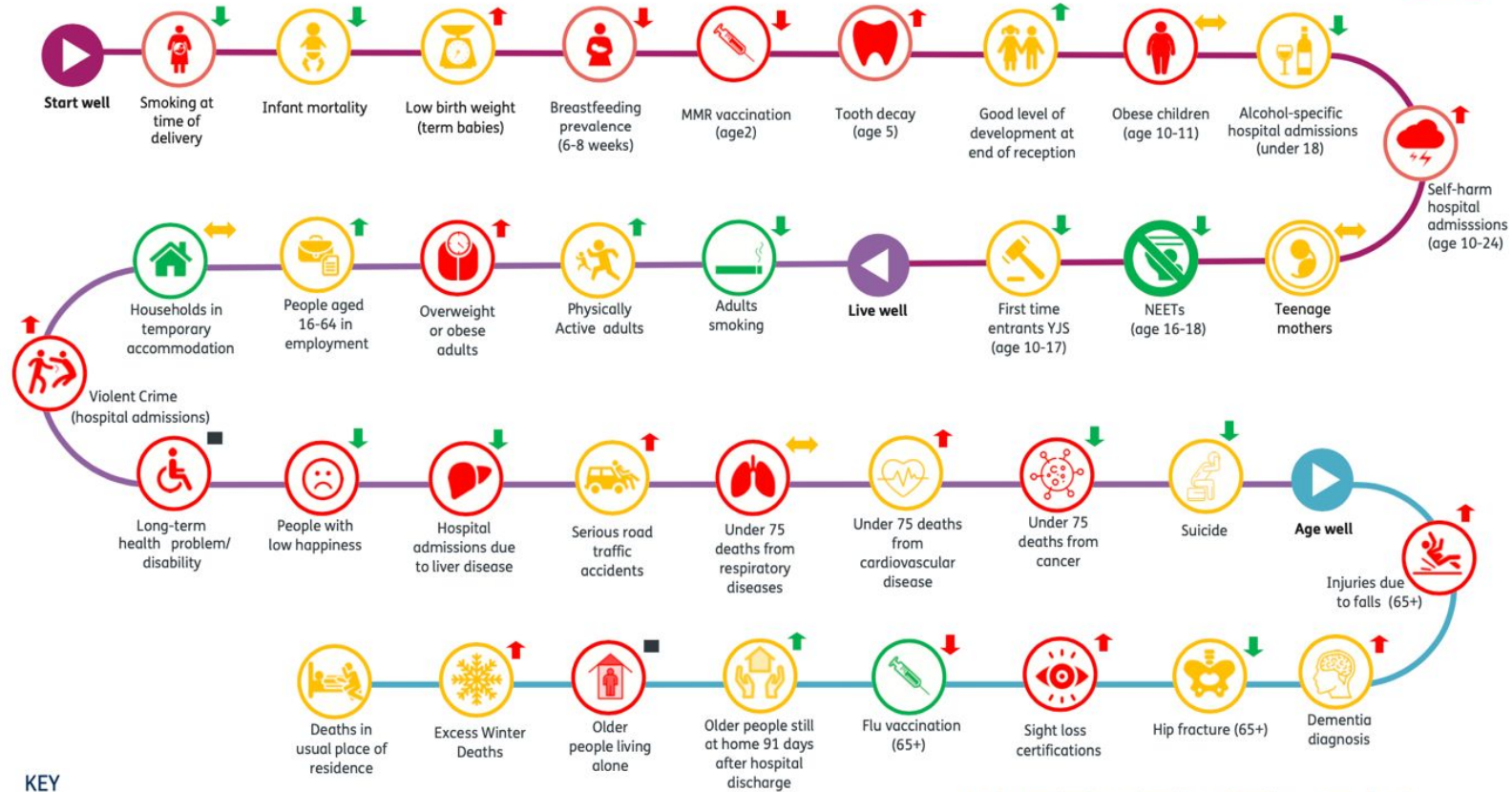
5, MB., p. 6

Wellbeing Measures Bank
Searchable database of measures and tools

- Tested and widely used measures
- Advice on choosing the right measure
- Information on implementation and benchmarking
- A growing bank of measures

Search | General measures

Recommended

Free

Licensed

Personal Well-being ONS4 measures
Life Satisfaction (ONS)
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
Shorter Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
Satisfaction With Life Scale (SWLS)
World Health Organisation Five Well-Being Index (WHO-5)

How we feel	What we do	Personal circumstances
Happiness (ONS)	Worthwhile (ONS)	Satisfaction with health
Anxiety (ONS)	Neighbourliness	Job satisfaction
National Loneliness Measures	The Brief Resilience Scale	Managing financially
The De Jong Gierveld	General Self Efficacy Scale (GSE)	The Financial Self-Efficacy Scale (FSEF)
Loneliness Scale		Satisfaction with local area
Campaign to End Loneliness Measurement Tool		People to call on
Neighbourhood belonging		Satisfaction with accommodation
Social trust		Personal support

6

Implemented to maximise wellbeing impact

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ISLAGIATT

The unreflected approach to implementation

TRAIN & PRAY

The simplistic approach to implementation

THE MORE THE BETTER

The overambitious approach to implementation

Centre for Evidence and Implementation

Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

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Your approach to implementation: the **how**

Implementation strategies are the specific means or methods used to adopt, monitor and sustain interventions - in our case a wellbeing strategy or policy

Describe your 'how' for example:

- Engage colleagues
- Use evaluative & iterative strategies
- Adapt and tailor to context
- Develop stakeholder relationships
- Utilize financial strategies
- Support colleagues working with you
- Build capability
- Change the infrastructure
- Build trust

A key ingredient: trust

- Trust in the people around us affects how we feel about ourselves and **our place in our community**

- **Trust in government and institutions** explains variations in wellbeing between countries

- It affects **how we behave** and **who we listen to**

- Living in a high-trust environment makes people **more resilient to adversity** (including effects of **discrimination**, **ill-health** or **unemployment**

- It helps those with **low wellbeing** most

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Part 2: Interviews with Policy Professionals

W what works wellbeing

What are policy professionals' experiences of successfully developing a wellbeing approach in local government?

- To understand how policy makers in local government understand and conceptualise wellbeing in their work.
- To codify the tactics, skills and behaviours successful wellbeing policy makers deploy.
- To identify barriers and enablers policy professionals encounter when seeking to maximise local government's wellbeing impact.

1. An agile policy professional

Aware, Articulate, Adaptive. An ability to manoeuvre, see around the next corner, to move nimbly and avoid pitfalls, to lead and inspire others

Diverse professional experience	Worked in a range of policy areas/organisations
Approach	The way in which the policy professional carries out their job – traits and personal qualities including tenacity, altruism, pragmatism, flexibility/adaptability, empathy
Horizon scanning	Spotting the next opportunity to maximise wellbeing impact, assessing opportunities for adding value with a wellbeing lens

An agile policy professional
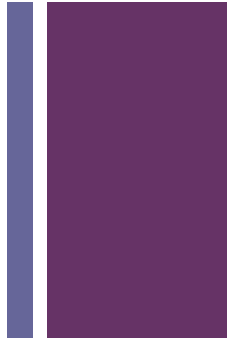
- **Approach/altruism**: "Sometimes the person above you will say something, and it was your idea and they've got to the point where they think it was their idea but you've got to sort of think '*I'm winning here, I'm not getting the recognition, and that's fine, because the good things are finally happening now*'. And that seems to be happening here a lot" (1)

- **Horizon scanning:** "So we knew that if we could tie in wellbeing to inclusive growth that that would start to open the door to that conversation. And actually, what we found was, by aligning the publication of the Director of Public Health annual report with the consultation period of the Local Industrial Strategy we were almost able to kind of answer that question for the Local Economic Partnership. So when they were scratching their heads and thinking '*right, how do we build inclusive growth into this?*' we were writing a report about inclusive growth" (5)

2. A fluent interpreter

Framing and communicating wellbeing effectively,
across a range of settings

Contextualising wellbeing	Describing what high and low wellbeing means in "this context" for "this group"
Framing across professions	Translate wellbeing benefits across professions – how can planning deliver high wellbeing, how can the economy be configured to maximise wellbeing Awareness of others' professional languages
Wellbeing as lived experience	Promoting subjective personal wellbeing using lived experience – it's how we are doing; this is how it feels to me. Use of feedback and stories to understand how wellbeing is being improved
Wellbeing as a change mechanism	Framing wellbeing as an opportunity to do something different, with mutual/aligned benefits

Wellbeing as a change mechanism
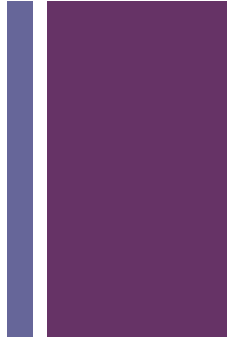
"What we're actually asking for is that the whole *economy* is run different, for the benefit of people's health and wellbeing, not just that the NHS contributes to the running of the economy as it currently is; because that will just maintain the inequalities that exist through (normal) functioning. We are actually asking you to turn the whole economy on its head and start looking to deliver health and wellbeing outcomes through the way the economy functions" (2)

3. An enabling environment

An operating environment that is open/supportive/
not hostile to a wellbeing approach

Building system knowledge	Building the understanding of what wellbeing is and how it can be improved
Building alliances	People, networks, communities, organisations, influencers and leaders who can support a wellbeing approach in policy
Identifying Levers	Using powers and policy levers e.g. The Care Act, Health & Wellbeing Board, Director of Public Health annual report, Social Value Act.
Navigating Roadblocks	Working round barriers to implementing a wellbeing approach, for example funding cuts, challenges in data availability/measuring wellbeing impact

An enabling environment

- **Identifying Levers** "I think it was a few things, I think it was the national loneliness strategy and the work done by the Jo Cox Commission on Loneliness. And it was also a report from the […] Director of Public Health about growing old in XXX, and loneliness was a key aspect of that" (6)

- **Navigating Roadblocks** "And I actually managed to blag a free version of that [the happiness pulse] but my bosses wouldn't let me go ahead with it. I don't know why, which is frustrating as hell, but at some point, I'm going to try and persuade someone to do it and I think that's the kind of data that would be really useful wouldn't it?" (1)
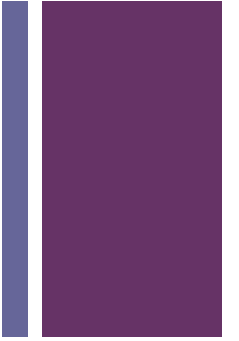
Where next?

- **Hallmarks** and maturity model – feedback. Test and learn.
  Is it an effective framing to strengthen wellbeing policy making?
  Research – do areas that use this approach improve wellbeing?
- **Skills** – work with professions, leadership cohort

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Thank you!

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Average Life Satisfaction, 2012-2015, UK
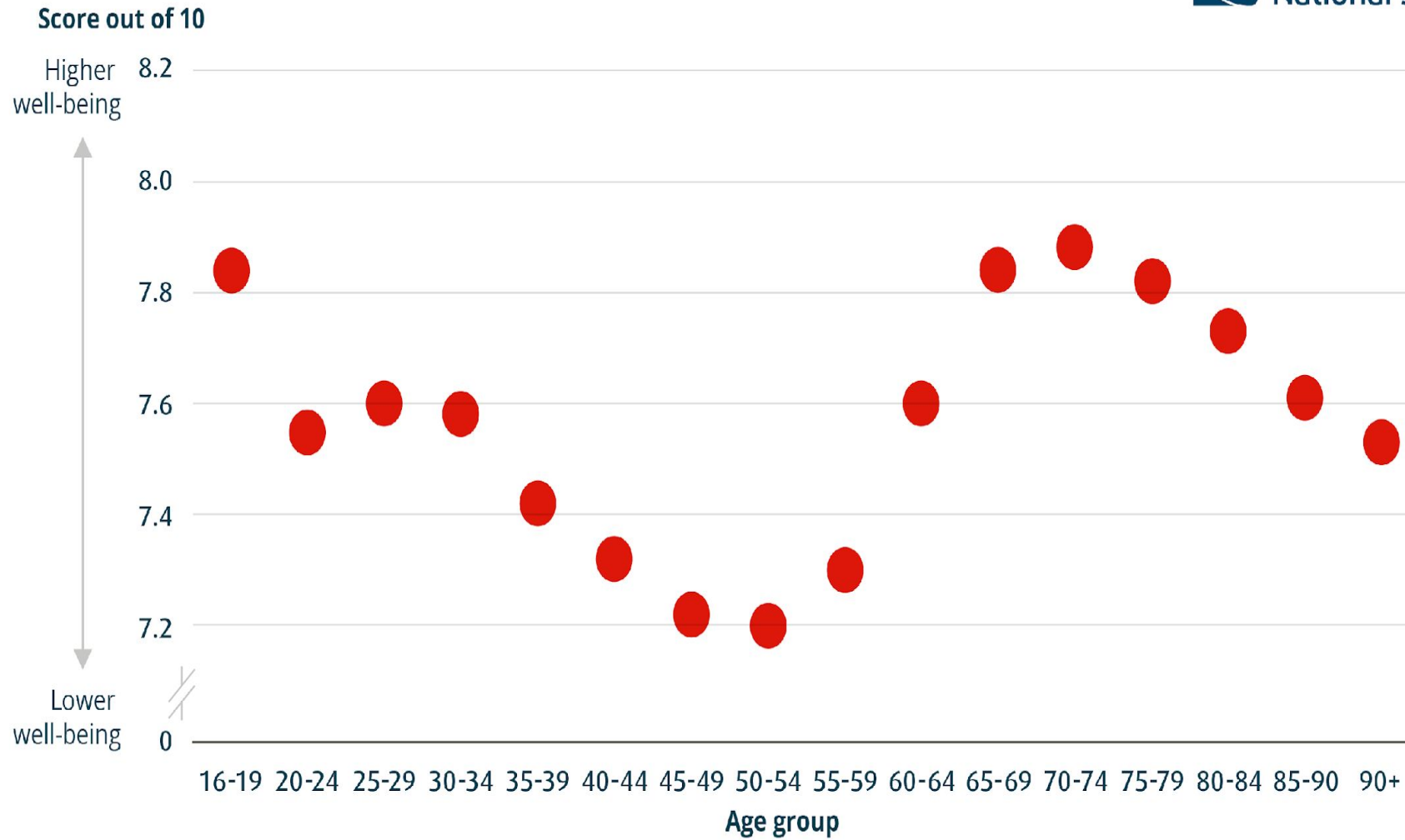
Origins of Happiness – importance of emotional health

Family and schooling	Child outcomes	Adult outcomes	Adult life satisfaction
• Income • Parenting • Family break up • Mother's mental health • Schooling	• Intellectual • Behavioural • Emotional	• Income • Education • Employment • Family • Crime • Physical health • Mental health	ADULT LIFE SATISFACTION

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The effect of life events on life satisfaction

In each individual plot, the red line marks the estimated effect of the corresponding event at a given point in time.
'Whiskers' denote the range of confidence around estimates.
Time is labeled so that 0 marks the point when the event took place. Negative and positive values denote years before and after the event.
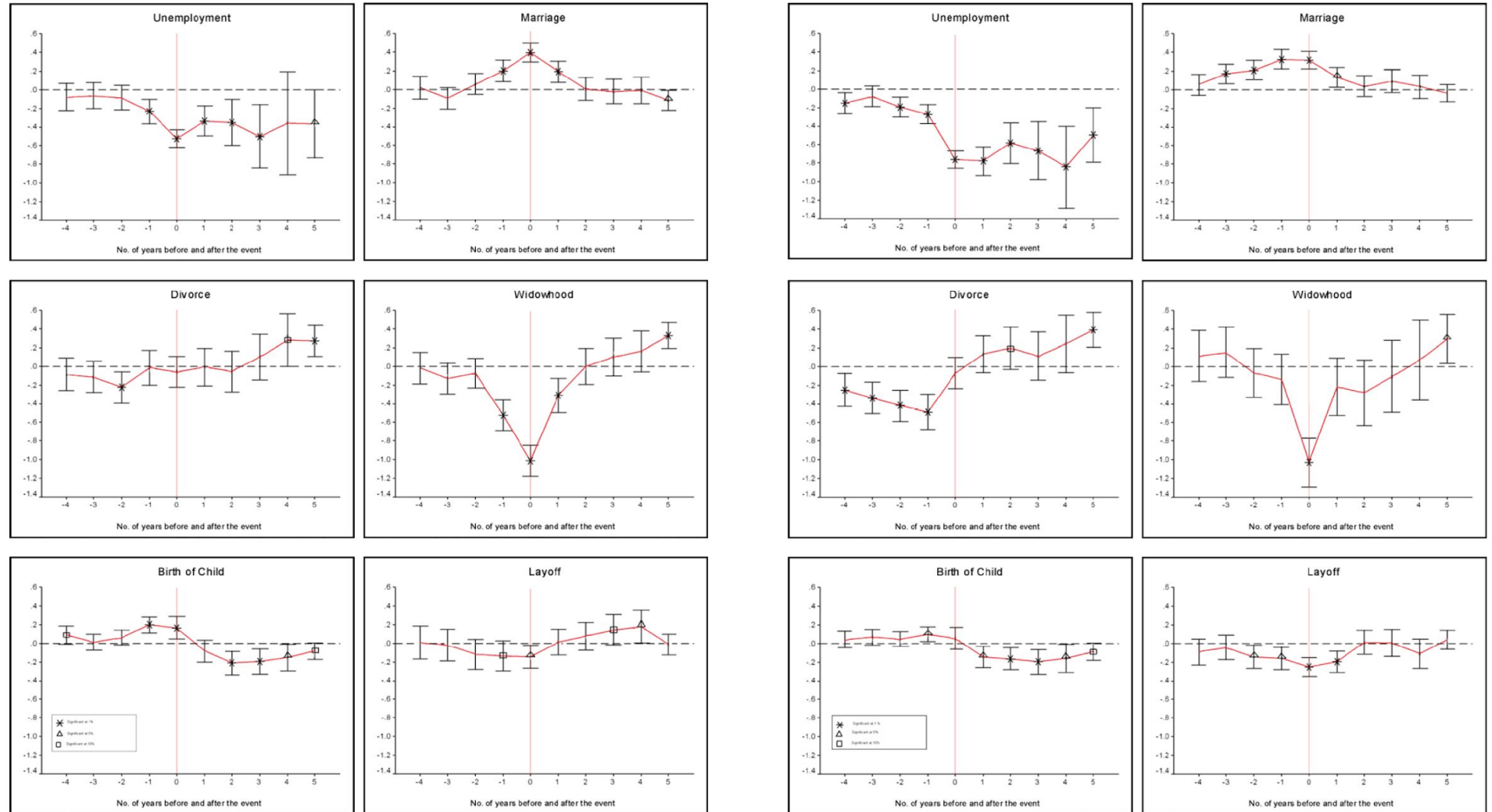All estimates control for individual characteristics, so the figures show the effect of the event after controlling for other factors, such as changes in income etc.

on women   on men

Life events matter:
Unemployment,
Marriage, Divorce,
Widowhood, Birth
of child, layoff

- Some things hurt more than others
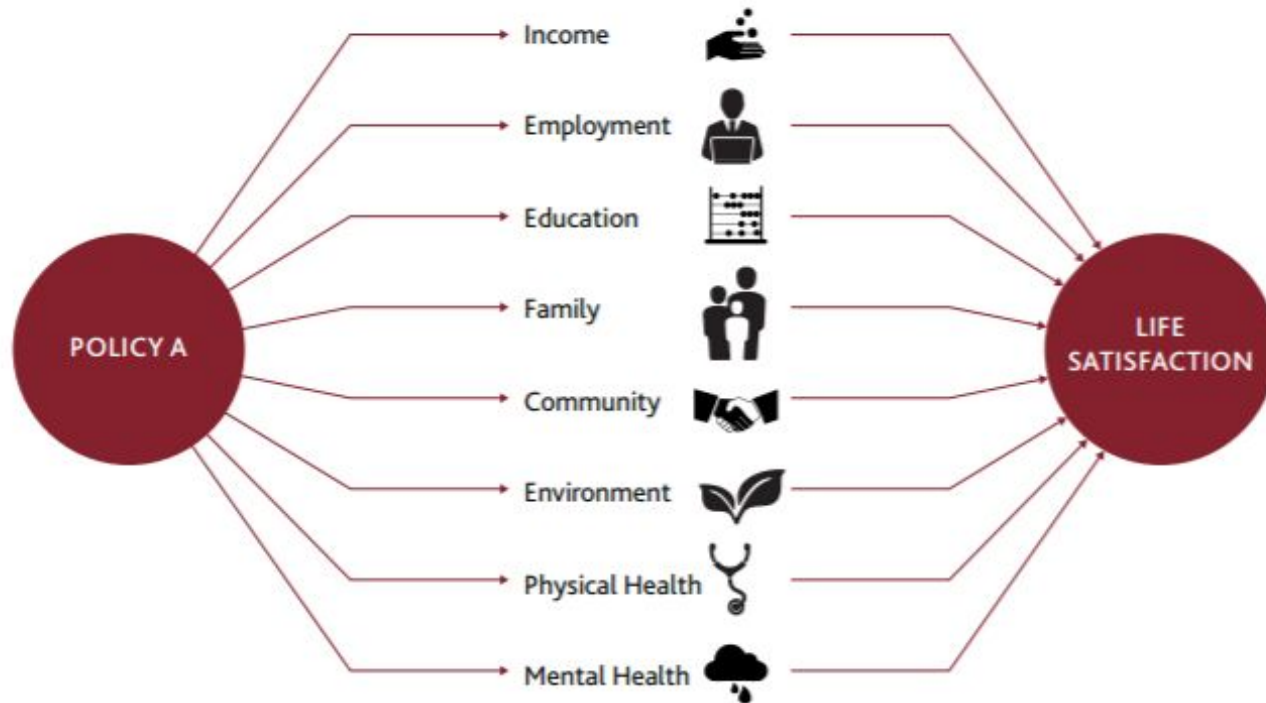
- Some we recover from

- Some we don't

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Policy for the outcomes that matter

IMPACT OF POLICY A UPON LIFE SATISFACTION

POLICY A → Income, Employment, Education, Family, Community, Environment, Physical Health, Mental Health → LIFE SATISFACTION

We can divide the main factors influencing life satisfaction as follows:

- Economic: income; education; work
- Social: family life; community life and values; environment
- Personal: physical health; mental health

Feeling safe

financially comfortable, having good physical and mental health, good food, job, housing, access to natural environment and transport

Feeling loved

respected and appreciated, belonging, having positive connections, time alone, appreciation of difference and feeling part of something bigger

Feeling fulfilled

a sense of achievement, inspiration, feeling valued, fun, learning, opportunities, control, agency and choice

Public Dialogues into Policy Structures

Wellbeing as the primary goal: prioritising

1. Where there are few **comparison** affects

2. Where there is little **adaptation**

3. Stability and welfare **safety net**