

# Learning from research and practice

Local government policy making  
to maximise wellbeing

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## About the What Works Centre for Wellbeing

We are an independent collaborating centre and the aim of our work is to improve wellbeing and reduce misery in the UK. Simply put, it's about 'how we're doing' as individuals, communities and as a nation, and how sustainable that is for the future. We believe that this is the ultimate goal of effective policy and community action.

By accelerating research and democratising access to wellbeing evidence, we develop and share robust evidence for governments, businesses, communities and people to improve wellbeing across the UK.

We work with individuals, communities, businesses and government, to enable them to use this evidence to make decisions and take action to improve wellbeing.

This project was designed and delivered by Joanne Smithson, the Local Government and Health Sector Lead at the What Works Centre for Wellbeing. The post of Local Government and Health Sector Lead is supported by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

[www.whatworkswellbeing.org](http://www.whatworkswellbeing.org)

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# Summary

## Introduction

Wellbeing is the idea that we can judge a society by the extent to which its people are thriving. It's the ultimate goal of policy: it brings together the social, economic and environmental.

At the start of 2020, before the global pandemic had taken hold and current cost of living pressures threatened to put core tenets of wellbeing: food and water, housing, safety and security, out of reach for an ever-increasing number of individuals, Professor Sir Michael Marmot issued a challenge to UK policy makers calling for:

“...a reordering of national priorities. Making wellbeing rather than straightforward economic performance the central goal of policy will create a better society with better health and greater health equity.”

(Marmot et. al. 2020. The Marmot Review ten years on, p.150)

To do this, we need to know how to do this in practice at individual, local and national levels. Local government is responsible for a range of vital services for people, communities, organisations and businesses. Their role in place-making touches the lives of everybody, every day. This is why we designed and delivered a programme of work to strengthen the wellbeing impact of local government policy making in the UK.

## The project

This work set out to gather evidence and build understanding of effective wellbeing policy making in practice. Three research questions were identified:

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

To explore what makes a coherent policy, and how it can be developed, we conducted a qualitative thematic content analysis of a random sample of 26 upper tier English Local Authority health and wellbeing strategies.

We also interviewed seven policy professionals who have successfully developed a wellbeing approach in local government in England.

To gain a better understanding of wellbeing policy making in action, we designed and facilitated a nine-month peer-learning programme for 10 Local Authority policy makers from across the UK.

## Achievements and impacts

### *Hallmarks of coherent wellbeing policy making*

Documentary analysis revealed that Health and Wellbeing Strategies frame and prioritise policy to maximise wellbeing in very different ways. The strongest framing is evident where intersectionality is explored between policy areas and across the life course.

From this analysis, six hallmarks were identified that provide a sophisticated and coherent account of wellbeing for a place.

1. **Inclusive** understanding and definition of wellbeing
2. **Improving** wellbeing and reducing inequity are policy goals
3. **Powered by evidence** of wellbeing need and of 'what works'
4. **Priorities address wellbeing factors:** WISER (Work, Income, Society and governance, Emotional-mental health, Relationships and communities)
5. **Comprehensive** performance measures
6. **Implemented to maximise wellbeing**

Building on this, a maturity model for wellbeing policy making has also been prepared.

For each of the six hallmarks detailed above, three increasingly mature levels of policy making are described: assuring, optimising and maximising wellbeing.

## Core skills of wellbeing policy practice

Where the document analysis sought to describe the 'what' of effective policy making, elements of research captured examples of 'how' successful wellbeing policy makers operated. In contrast to the document analysis where individual strategies presented a myriad of conceptual approaches to wellbeing with varying degrees of success, here individual policy makers deployed three common tactics, personal qualities, and mechanisms to great effect:

- An agile policy professional
- A fluent interpreter

- Creating an enabling environment

The starting point for each individual was being able to articulate what high wellbeing looked like in their area, and the differential wellbeing experienced by different groups and communities in their areas. The ability to communicate this effectively and with influence, in a range of different styles depending on their audience was at the heart of their wellbeing policy making. This agile approach saw policy makers manoeuvring to avoid pitfall and displaying tenacity, pragmatism and altruism to 'get the job done'.

Policy professionals deployed a range of levers including building alliances and using statutory instruments, including the Director of Public Health (DPH) Annual Report. COVID-19 was found to have moderated both the way in which policy professionals seek to implement a wellbeing approach and their perceived success.

## Local authority wellbeing policy making cohort

Using insight and evidence of knowledge use, learning communities and implementation science, the following fully funded offer was made to UK local authority policy makers:

- A peer-learning cohort of local authority policy makers.
- Three half-day workshops over a six-month period.
- Provision of a facilitated learning community.
- Additional bespoke support, in between workshops, from the What Works Centre for Wellbeing Local Authority Lead.

Ten participants were recruited covering a wide range of geographic areas and policy topics:

### Local authority

Southampton City Council  
Blackburn with Darwen Borough Council  
East Devon County Council  
Walsall Council  
Sutton Council  
Babergh and Mid Suffolk District Councils  
The City of Edinburgh Council  
Westminster City Council  
Redcar and Cleveland Council  
Kirklees Council

### Area of focus

Employee wellbeing  
Mental wellbeing and inequalities  
Recovery and resilience  
Wellbeing in all policies  
Helping Early Strategy  
Wellbeing strategy  
Wellbeing programme  
Employee wellbeing framework  
Wellbeing strategy  
Inclusion Commission

At the end of the nine month programme, participants had developed strategies, frameworks, decision aids, data dashboards and learning programmes. Areas illustrate how local insight can complement nationally collected data, adding richness, below local authority level data and contextual analysis reflecting the differing wellbeing experience of individuals, groups and populations in their areas. Evaluation showed participants increased both their broad knowledge of wellbeing and of more specific areas for example learning how to measure wellbeing. Participants agreed strongly that the programme had met its core objectives, and provided an engaging learning experience. The peer-support the programme provided, and the space for reflection and personal development was repeatedly highlighted in the evaluation as equally valuable to the knowledge of wellbeing and policy making that was acquired.

## Conclusions

COVID-19 and the current cost of living pressures together reinforce how public mental health and wellbeing is an urgent policy challenge requiring action globally, nationally and locally; engaging all sectors of society. Although the whole of the UK is feeling these social and economic pressures, it is clear that the impact has been and continues to be different for different people. It is vital our policy responses reflect not only the objective conditions in which people are born, grow, live, work and age but the subjective ways in which we experience our lives.

This project has identified six hallmarks of coherent wellbeing policy making, and developed a maturity model tool to support policy-makers in their work. Longer term, there is a role for future research to evaluate the impact of applying the hallmarks approach in policy development: does it provide more coherent wellbeing policy making, in what contexts, and to what extent does this translate to improved wellbeing? Although more exploratory, core skills for wellbeing policy making have been identified, and here partnerships with professions are sought to continue to iterate and develop this work. The Local Authority Wellbeing Policy Making Cohort programme was highly regarded by all participants, and provided much needed support, development and expertise. An opportunity to provide a learning community for a new cohort of policy makers either with a single focus, for example Levelling Up, mental wellbeing or workplace wellbeing, might give participants the opportunity for more meaningful collaboration and a 'deeper-dive' into a particular focus area.

# 1. Introduction

## Wellbeing policy making in practice

Local authorities in England are required to publish a Health and Wellbeing Strategy (HWS) to address the health and wellbeing needs of an area, and reduce inequalities. HWSs provide strategic direction, prioritisation, and inform local commissioning arrangements.<sup>1</sup> In this way, HWSs can be considered wellbeing frameworks for local areas, the place where evidence of wellbeing need comes together with evidence of effective interventions to maximise population wellbeing.

The evidence base of what constitutes an effective strategy to improve population health and reduce health inequality is well developed<sup>2</sup>. Knowledge of 'what works' to improve the public's health is also highly researched, most notably through the Office for Health Improvement and Disparities (OHID). All our Health framework of evidence<sup>3</sup>, and the guidance, advice and quality standards produced by the National Institute for Health and Care Excellence (NICE). Understanding of how to bring about improvements in population health; how to effectively navigate the complex thinking and system change required has been explored by The Health Foundation<sup>4</sup> and The King's Fund<sup>5</sup> and researched in practice through the network of 'Marmot Cities'<sup>6</sup>. In contrast, the evidence base for its wellbeing counterpart is much less developed. Knowledge of what constitutes good wellbeing policy, what does a good strategy to reduce wellbeing inequality look like, and importantly, how can you deliver these improvements in is notable in the literature by its absence<sup>7</sup>.

This two-year project set out to gather evidence and build understanding of effective wellbeing policy making in practice.

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<sup>1</sup> Department of Health, 2013. Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies.

<sup>2</sup> The Health Foundation, 2019. *Creating Healthier Lives*. London: The Health Foundation.

<sup>3</sup> Office for Health Improvement and Disparities, 2022. All our Health: personalised care and population health. Available at

<https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

<sup>4</sup> The Health Foundation, 2022. Local government's role in building a healthy society

<https://www.health.org.uk/local-government-s-role-in-building-a-healthy-society>

<sup>5</sup> The King's Fund, 2013. Improving the Public's Health: a resource for Local Authorities. Available at

<https://www.kingsfund.org.uk/projects/improving-publics-health>

<sup>6</sup> Institute of Health Equity, 2022. Building Networks: Marmot Cities. Available at

<https://www.instituteoftheequity.org/about-our-work/building-networks>

<sup>7</sup> What Works Centre for Wellbeing, 2020a. *Wellbeing evidence at the heart of policy*. London: What Works Centre for Wellbeing.

## Defining wellbeing

Wellbeing is the concept we use to judge how society is doing; by how much people are thriving. Wellbeing brings together everything that is important to us and our communities. It takes account of the resources that underpin future wellbeing: economic, natural, human and social capital, and considers how sustainable this is for the future<sup>8</sup>. Wellbeing provides a lens to understand how we are experiencing our lives, measures to assess our needs, and a framework to collaboratively improve our lives in an increasingly complex and interconnected world.

The concept of wellbeing became enshrined in global social and political discourse in the 1940s as a result of the development of the World Health Organization (WHO) definition of health: “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 2006, p. 1). This landmark definition broadened the scope and conceptions of public health to include a subjective element and encompass social factors. Furthermore, it countered the prevailing definition of health as absence of disease and included physical, mental and social domains. Importantly, it positioned wellbeing as distinct from the absence of mental ill health.

As part of the UK Government Foresight Mental Capital and Wellbeing Project in 2008, the New Economics Foundation developed this dynamic model of wellbeing to help understand the competing definitions and theories in the field<sup>9</sup>. The model brings together individual wellbeing: feeling good, functioning well and community wellbeing: being well together.

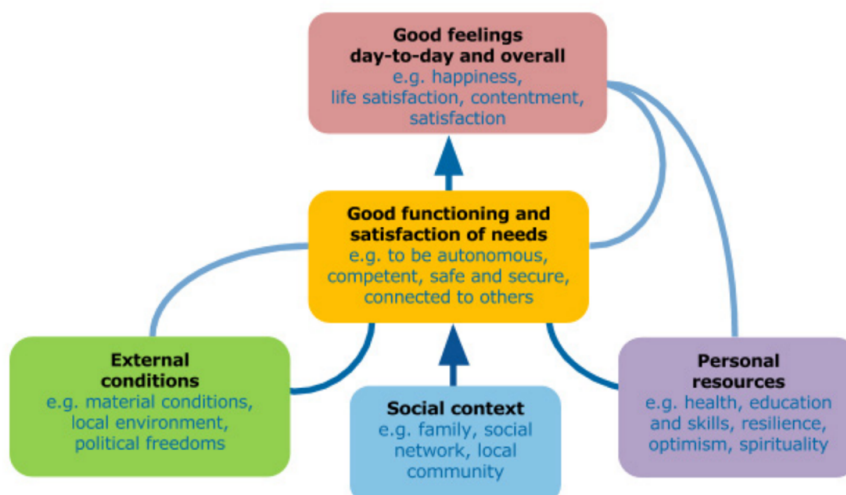


Figure 1. Dynamic model of wellbeing. NEF, 2008.

<sup>8</sup> OECD, 2020. Measuring well-being and progress. Available at: <https://www.oecd.org/sdd/OECD-Better-Life-Initiative.pdf>

<sup>9</sup> Thompson S and Marks N, 2008. Measuring well-being in policy: Issues and applications London: nef.

The Office of National Statistics (ONS), and the What Works Centre for Wellbeing have a shared definition of wellbeing:

**Wellbeing is how we are doing, as individuals, as communities and as a nation, and how sustainable this is for the future.**

There are four agreed national measures of personal subjective wellbeing: life satisfaction, happiness, anxiety and the sense that the things we do in life are worthwhile<sup>10</sup>.

## Defining wellbeing inequality

Wellbeing inequality can be understood as the extent to which peoples' experiences of life vary within a population, or between different groups<sup>11</sup>. In the context of local government, wellbeing inequality can be viewed as a measure of how much wellbeing varies across the whole population or between groups, for example demographic or socio-economic groups<sup>12</sup>. In the context of 'Levelling Up', it is also helpful to think about wellbeing inequality as the share of people falling below a given standard, for example levelling up wellbeing, would reduce the number of people with very high levels of misery, and very low levels of life satisfaction.

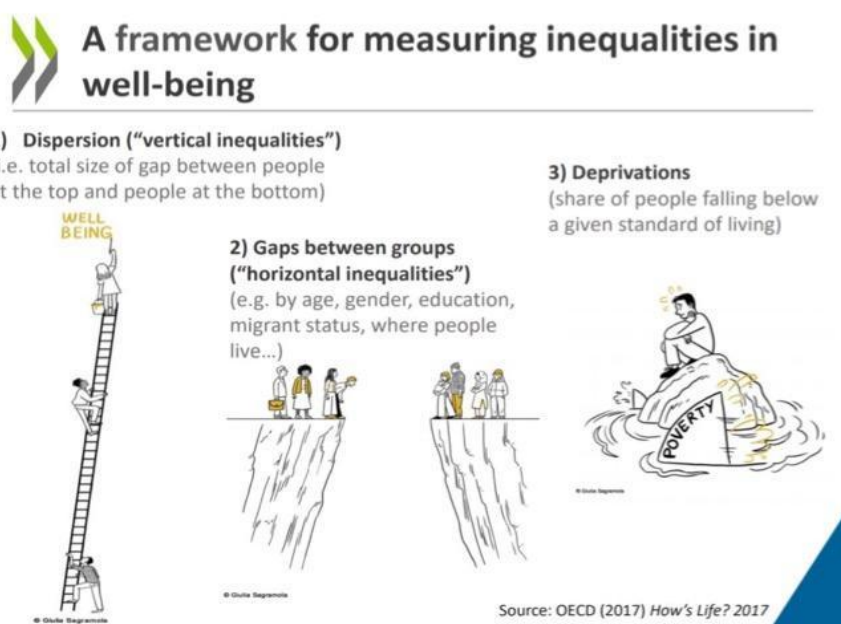


Figure 2. Measuring wellbeing inequalities. OECD, 2017.

<sup>10</sup> ONS4 Available at: <https://measure.whatworkswellbeing.org/measures-bank/ons4/>

<sup>11</sup> OECD, 2017. *How's Life? 2017: Measuring Well-being*, OECD Publishing, Paris.  
[https://doi.org/10.1787/how\\_life-2017-5-en](https://doi.org/10.1787/how_life-2017-5-en).

<sup>12</sup> What Works Centre for Wellbeing, 2017. *Measuring Wellbeing Inequality in Britain*. Available at: [https://whatworkswellbeing.org/wp-content/uploads/2020/02/measuring-wellbeing-inequalities-in-britain-march2017\\_0243450800.pdf](https://whatworkswellbeing.org/wp-content/uploads/2020/02/measuring-wellbeing-inequalities-in-britain-march2017_0243450800.pdf)



## A quiet revolution bringing wellbeing to the heart of policy

An evidence-informed movement spanning at least 50 years has brought clarity to wellbeing concepts, measures, and importantly 'what works'. Wellbeing has entered the policy landscape as a relevant, credible and measurable way to connect policy goals with policy outcomes in a way that matters to people's lives<sup>13</sup>. From central and local government and businesses of all sizes, to the smallest community organisations, improving wellbeing is now widely recognised as a goal of policy and practice.

The Measuring National Wellbeing Programme at the UK Office for National Statistics has been in place for over ten years, proving a dashboard of measures that inform understanding of our social progress more broadly than can be captured in traditional measures of the size of the UK economy in Gross Domestic Product (GDP)<sup>14</sup>. These measures are updated quarterly and cover ten dimensions of national wellbeing: personal wellbeing, relationships, health, what we do, where we live, personal finance, economy, education and skills, governance, and environment.

The 2020 report 'Health Equity in England: The Marmot Review 10 years on' provided compelling evidence that life expectancy was stalling, health inequalities were widening and the amount of time people spend in poor health has increased in the last 10 years<sup>15</sup>. The report was launched with a clear call to place wellbeing at the heart of policy making:

*"This report is calling for a reordering of national priorities. Making wellbeing rather than straightforward economic performance the central goal of policy will create a better society with better health and greater health equity."*

Marmot et al., 2020, p. 150.

At the start of 2022 improving wellbeing was established as an overarching mission of the UK Government's Levelling Up White Paper<sup>16</sup>. Later this year improving wellbeing and narrowing wellbeing inequality is expected to become, by law, a metric of Government success:

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<sup>13</sup> What Works Centre for Wellbeing, 2020. *Wellbeing evidence at the heart of policy*. Available at: [https://whatworkswellbeing.org/wp-content/uploads/2020/02/WEHP-full-report-Feb2020\\_.pdf](https://whatworkswellbeing.org/wp-content/uploads/2020/02/WEHP-full-report-Feb2020_.pdf)

<sup>14</sup> ONS, 2022. Quality of Life in the UK. Available at: <https://www.ons.gov.uk/releases/qualityoflifeintheukaugust2022>

<sup>15</sup> Institute of Health Equity 2020. Health Equity in England: The Marmot Review 10 Years On. Available at: <http://www.instituteoftheequity.org/about-us/the-institute-of-health-equity/our-current-work/collaborating-with-the-health-foundation->

<sup>16</sup> HM government, 2022. Levelling Up the UK. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1052708/Levelling\\_up\\_the\\_UK\\_white\\_paper.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052708/Levelling_up_the_UK_white_paper.pdf)



*“By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing. Well-being captures the extent to which people across the UK lead happy and fulfilling lives – the very essence of levelling up.”*

HM Government, 2022, p.186.

## Policy making to improve wellbeing and reduce inequity

A wellbeing focus in policy making, has strong parallels with salutogenic and asset-based approaches in public health that facilitate the prerequisites for a good life. In the UK, a wellbeing focus in policy shifts priorities towards:

- **Employment and job quality** - employment has a relatively big and long-lasting impact on wellbeing;
- **Mental health** - emotional health is the top driver of individual wellbeing from childhood through to adulthood;
- **Relationships and connections** - having someone to rely on in times of trouble is the top driver of difference between high and low wellbeing countries.

The Office for National Statistics analysed the characteristics and circumstances associated with the poorest life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety in the UK <sup>17</sup>. People with the poorest personal well-being were most likely to have at least one of the following characteristics or circumstances:

- self-report very bad or bad health
- be economically inactive with long-term illness or disability
- be middle-aged
- be single, separated, widowed or divorced
- be renters
- have no or basic education

Three groups of people at particular risk of having the poorest personal well-being, were identified as a priority for policy making and targeted service delivery:

- unemployed or inactive renters with self-reported health problems or disability;
- employed renters with self-reported health problems or disability;
- retired homeowners with self-reported health problems or disability.

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<sup>17</sup> Office for National Statistics, 2018. Understanding wellbeing inequalities: who has the poorest wellbeing. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/understandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11>

## Wellbeing and COVID-19

Although the whole of the UK has been affected by COVID-19 and its social and economic consequences, the impact has been different for different people. Work by the Health Foundation<sup>18</sup> identified four groups whose health was disproportionately affected by the pandemic: care home residents, disabled people, ethnic minority communities and young people.

Research published in late 2020 suggested that poor mental health outcomes following pandemic-induced lockdowns were most strongly predicted by a worsening of finances and not having access to basic supplies<sup>19</sup>. Access to social support was identified as an important mitigating factor.

The What Works Centre for Wellbeing explored the impact of the pandemic on the subjective wellbeing of different populations and its six drivers: health, what we do, relationships, money, where we live and education<sup>20</sup>. The societal groups whose wellbeing was hardest hit were women, older people (at the start), younger people (later on), some ethnic minorities, those with higher education and renters.

## Project scope

This two-year project responds to Marmot's challenge to make wellbeing the central goal of policy, and explores mechanisms to strengthen the wellbeing impact of local government policy making. It had three phases, delivered across two years.

Year 1 - 2020:

- **Document analysis of health and wellbeing strategies** using Appreciative Inquiry to identify hallmarks of coherent wellbeing policy: '**the what**' (Section 2). The aim of this piece of work was to explore if it was possible to identify core elements of health and wellbeing strategies that provide a coherent strategic approach.
- **Interviews with policy professionals** who have themselves successfully developed a wellbeing approach in local government in England to understand '**the how**' (Section 3). The aim of this piece of work was to explore policy professionals' experiences of successfully developing a wellbeing approach in local government.

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<sup>18</sup> Suleman, M., Sonthalia, S., Webb, C., Tinson, A., Kane, M., Bunbury, S., Finch, D. and Bibby, J., 2021. Unequal pandemic, fairer recovery. *The Health Foundation*.

<sup>19</sup> Gloster, A.T., Lamnisos, D., Lubenko, J., Presti, G., Squatrito, V., Constantinou, M., Nicolaou, C., Papacostas, S., Aydın, G., Chong, Y.Y. and Chien, W.T., 2020. Impact of COVID-19 pandemic on mental health: An international study. *PloS one*, 15(12), p.e0244809.

<sup>20</sup> The What Works Centre for Wellbeing, 2021. Covid: WIRED. Available at <https://whatworkswellbeing.org/projects/covidwired/>

Year 2 - 2021:

- **Local Authority wellbeing policy making cohort**, a nine-month peer-learning programme: '**applying knowledge and insight in practice**' (Section 4). The aim of this piece of work was to gain a better understanding of wellbeing policy making in action, across different focus areas and local needs.

## 2. Document analysis

*“Documentary analysis is a systematic procedure for reviewing or evaluating documents (...) in order to elicit meaning, gain understanding and develop empirical knowledge”*

Bowen, 2009, p.27<sup>21</sup>

**Research question:** Is it possible to identify core elements of health and wellbeing strategies that provide a coherent strategic approach?

### Objectives

- To discover how wellbeing is conceptualised and defined;
- To review if/how wellbeing inequalities are conceptualised and discussed;
- To compare the extent to which wellbeing is included in strategy vision and priorities;
- To investigate how evidence of wellbeing need and evidence of effectiveness of wellbeing interventions is used;
- To review the use of wellbeing indicators/measures of performance; and
- To generate practice examples to share with wellbeing policy makers.

## Methodology

### Sample frame and sampling strategy

An initial sample frame of upper tier local authorities in England, (n=151) was established. A random, stratified sample of councils per English region was drawn using methodology Beenstock *et al.*<sup>22</sup>. A pragmatic sample size of 26, representing one in six councils, was drawn with the aim of balancing rigour, enhancing representativeness and minimising selection bias.

As shown in Table 1 below, sampling was designed to take account of English regions and proportions of population, using subnational population projections for regions in England (ONS, 2018).

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<sup>21</sup> Bowen, G.A., 2009. Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), p.27.

<sup>22</sup> Beenstock, J., Sowden, S., Hunter, D.J. and White, M., 2015. Are health and well-being strategies in England fit for purpose? A thematic content analysis. *Journal of Public Health*, 37(3), pp.461-469.

	Population by region	% of English population in region	Number of LA in region	Number sampled
North East	2,657,909	4.7%	12	1
North West	7,292,093	13.0%	23	3
Yorkshire and Humber	5,479,615	9.8%	15	3
East Midlands	4,804,149	8.6%	9	2
West Midlands	5,900,757	10.5%	14	3
East	6,201,214	11.1%	12	3
London	8,908,081	15.9%	33	4
South East	9,133,625	16.3%	18	4
South West	5,599,735	10.0%	15	3
England	55,977,178	100.0%	151	26

Table 1. Population size per region (ONS, 2018b) and numbers of strategies sampled.

Once the number of strategies to be sampled per region was identified, the strategy was chosen using an online random number generator (randomizer.org). Sampling in the North West region was tailored to reflect the fact that from April 2016, the ten boroughs in the Greater Manchester City Region established a devolution deal with central government which also transferred responsibility for health and social care from each borough to the Greater Manchester Combined Authority.

As part of the deal, responsibility for the production of a health and wellbeing strategy also transferred from individual councils to the Greater Manchester Combined Authority. As a result, the Greater Manchester Mental Health and Wellbeing Strategy was sampled to cover this geographic location and one strategy was sampled from the north of the region, and one from the south.

The final sample of 26 health and wellbeing Strategies was not only representative of regions and populations, but also covered the range of Local Authority types: unitary (U) (11), county (CC) (6), Metropolitan Borough (MB) (4), Combined Authority (CA) (1), and London Borough (LB) (4) and subsequently a mix of urban and rural areas.

## Data collection and extraction

Published health and wellbeing strategies were obtained by searching Local Authority websites. All strategies were able to be sourced for each area sampled. A data extraction form was compiled, see completed example at Appendix 1. Once data extraction forms had been completed for all 26 strategies, and examples of good wellbeing practice identified, the researcher reviewed this qualitative data to

identify meaningful points of interest and/or difference between strategies. Analysis identifies strategies from 1-26 accompanied with a code indicating the local authority type as described above, for example 1U is the first strategy analysed and it is a unitary authority.

## Analysis

### Structure and content

26 strategies obtained during July to October 2020 were included in the analysis. Table 2 below summarises sample characteristics. Strategies varied in timespan: the shortest was two years (n=1); the longest 10 (n=1). The most frequent timescale was five years (n=10). Strategies also varied in length, from nine to 114 pages, with an average length of 26 pages.

Ref	Type*	Local authority	Area	Timescale**	No. of years	Length (pages)
1	U	North Tyneside	North East	2013 - 2023	10	37
2	U	York	Yorkshire and Humber	2017 - 2022	5	20
3	U	Leeds	Yorkshire and Humber	2016 - 2021	5	8
4	MB	Kirklees	Yorkshire and Humber	2014 - 2020	6	16
5	MB	Sefton	North West	2020 - 2025	5	16
6	CA	Greater Manchester	North West	2017 - 2021	4	114
7	U	Cheshire East	North West	2018 - 2021	3	12
8	U	Walsall	West Midlands	2019 - 2021	2	18
9	MB	Sandwell	West Midlands	2016 - 2020	4	19
10	MB	Solihull	West Midlands	2019 - 2022	3	20
11	CC	Rutland	East Midlands	2016 - 2020	4	9
12	CC	Northamptonshire	East Midlands	2016 - 2020	4	24
13	U	Peterborough	East of England	2016 - 2019*	3	28
14	CC	Suffolk	East of England	2019 - 2022	3	16
15	U	Bedford	East of England	2018 - 2023	5	12
16	U	Buckinghamshire	South East	2016 - 2021	5	17
17	U	Reading	South East	2017 - 2020	3	24
18	CC	Hampshire	South East	2019 - 2024	5	18
19	CC	West Sussex	South East	2019 - 2024	5	34
20	U	South Gloucestershire	South West	2017 - 2021	4	29
21	U	Wiltshire	South West	2019 - 2022	3	24
22	CC	Somerset	South West	2019 - 2028	9	17

23	LB	Barnet	London	2015 - 2020	5	40
24	LB	Waltham Forest	London	2016 – 2020	4	32
25	LB	Richmond upon Thames	London	2016 - 2021	5	32
26	LB	Southwark	London	2015 – 2020	5	37

Table 2. Analysis of health and wellbeing strategies

\* Local authority type: unitary (U) (11), county (CC) (6), Metropolitan Borough (MB) (4), Combined Authority (CA) (1), and London Borough (LB) (4).

\*\* 2020 – 2024 Strategy is currently being prepared, but work on this has paused due to COVID-19. The 2016-19 strategy remains current and was included in the analysis.

## Conceptualisation of wellbeing

Two of the 26 strategies contained definitions of wellbeing. One strategy drew on the World Health Organisation definitions:

*“Health and wellbeing are fundamental to both individuals and families throughout their lives; and are the building blocks of prosperous societies. The World Health Organisation defines them as follows:*

**Health:** *a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity<sup>23</sup>.*

**Wellbeing:** *a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community<sup>24</sup>.*”

(14. CC., p.3)

The second provided their own definition, bringing together many of the different wellbeing concepts from the literature:

*“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.”*

(6.CA., p. 11).

<sup>23</sup> Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p 100) and entered into force on 7 April 1948

<sup>24</sup> [www.who.int/features/factfiles/mental\\_health/en](http://www.who.int/features/factfiles/mental_health/en)

In contrast to the paucity of wellbeing definitions, many strategies (n=10) provided definitions of health, frequently accompanied by a narrative on its social determinants and accompanied by the Dahlgren-Whitehead rainbow model<sup>25</sup>. The Health Foundation's 'What makes us healthy?' infographic<sup>26</sup> was used in two of the strategies in the sample. A smaller number of strategies developed this further, exploring the relative contribution of different determinants of health, as figure 3 illustrates.

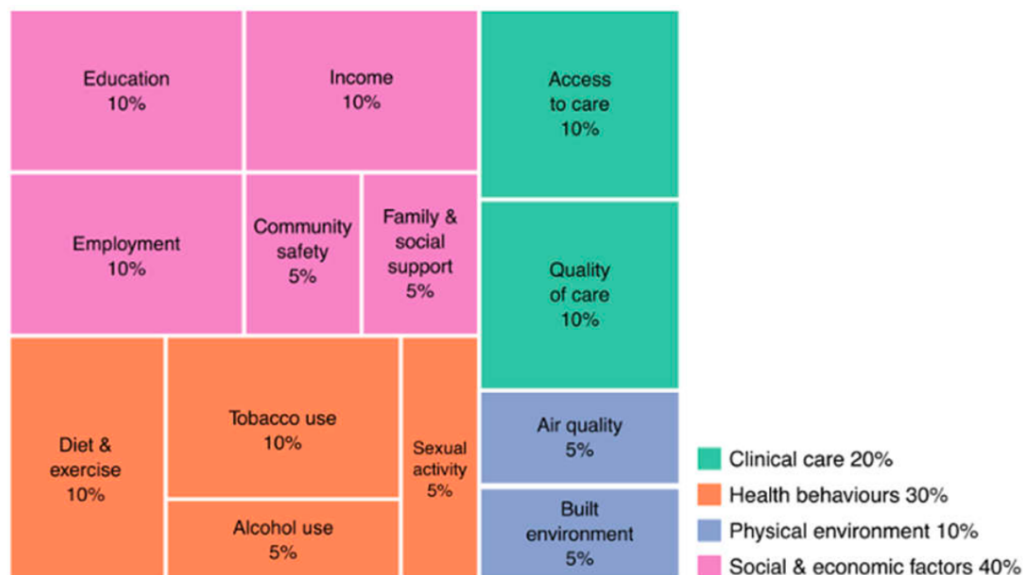


Figure 3. Analysis of US County Health Rankings data, 20, U, p.13.

Some strategies sought to describe the links between health and wellbeing. The example below situates wellbeing as a subset of health:

*"Health and wellbeing are concepts which are often defined in different ways by individuals themselves, by groups or by policy and decision makers when assessing local health needs. "Health" as a term includes physical, mental and social health and well-being or quality of life. Promoting health and wellbeing and improving health is about enabling individuals and communities to reach their full potential – ideally through their own actions and collective activity."*

(1.U., p.13)

<sup>25</sup> Dahlgren, G. and Whitehead, M., 2006. European strategies for tackling social inequities in health: Levelling up Part 2. Available at [http://www.euro.who.int/\\_data/assets/pdf\\_file/0018/103824/E89384.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf?ua=1).

<sup>26</sup> The Health Foundation 2017. What makes us healthy Infographic. Available at <https://www.health.org.uk/infographic-what-makes-us-healthy>



Other areas chose to present a definition of health and wellbeing aligned to the strategy's priorities:

*"Health and wellbeing is about the whole person – giving physical, emotional and social aspects equal attention. It is about improving the way people feel and function today and increasing their chances of longer and healthier lives. People need to feel safe to enjoy full wellbeing, which is why safeguarding vulnerable adults and children is one of the building blocks of this Strategy. Preventable ill health represents human misery which could be avoided, and a demand on care services which could be reduced."*

(17.U., p. 7)

Wellbeing concepts including Seligman's 'flourish'<sup>27</sup> and Layard's 'thrive'<sup>28</sup> were used extensively by areas to provide a wellbeing framing for their strategy, with increasing levels of sophistication. Some strategies, typically those that followed a life course approach, used terms discretely, for example using 'thrive' solely in an early years' framing:

*"We aim to improve outcomes for our children and young people through developing a supportive environment, so children can thrive in their early years."*

(23.LB., p.13)

Others successfully weaved their chosen framing across the life course and across different areas of life, for example at home, in communities and at work. One strategy appeared to reflect the changing importance of pleasure and purpose in later life:

*"We want residents to be able to live their later years in a way that helps them to feel healthy, connected and purposeful."*

(18.CC., p.12)

There did not appear to be a link between the length of strategy and the extent or sophistication of its wellbeing framing. The example below, the second shortest in the sample at 12 pages, brings together a wellbeing vision, priorities and performance measures onto one page in a way that is engaging and accessible.

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<sup>27</sup> Seligman, M.E., 2011. *Flourish: A visionary new understanding of happiness and well-being*. London: Nicholas Brealey Publishing.

<sup>28</sup> Layard, R. and Clark, D.M., 2014. *Thrive: The power of evidence-based psychological therapies*. Penguin UK.



Figure 4. Wellbeing Framing (3.U., p.3)

## Wellbeing as an overarching goal of policy

All but one strategy had a vision or top-level mission statement<sup>29</sup>. One strategy had two different visions on separate pages, in this case they were combined as one for analysis. Visions were interrogated to establish the extent to which they set a specific commitment to 'improving wellbeing'. Less than half of the strategies (n=11) included this exact form of words or a combination of this, for example 'improving health and wellbeing' in their vision.

Wellbeing was framed in the vision of health and wellbeing strategies in a myriad of different ways. Half of the strategies (n=13) presented a vision that encompassed a simple commitment to strengthening wellbeing: "our ambition is for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life" (2.U., p.6). Others went further (n=6), emphasising elements of wellbeing: "Waltham Forest healthy, happy and thriving together" (24.LB., p.2) and tackling inequalities:

*"Every child, family and adult has improved health and wellbeing and has access to high quality local services that meet their needs [...] Working*

<sup>29</sup> Carnegie UK Trust, 2016. Sharpening our Focus: Guidance on wellbeing frameworks for cities and regions.

*together to build a healthier future, we will tackle the root causes of ill health and inequality."*

(26. LB., p.4)

The strongest examples of wellbeing framing in goals (n=6) combined seeking gains in subjective healthy life expectancy and clearly articulated wellbeing benefits sought:

*"People in Suffolk live healthier, happier lives. We also want to narrow the difference in healthy life expectancy between those living in our most deprived communities and who are more affluent through greater improvements in more disadvantaged communities."*

(14.CC., p.3)

## Evidence use

In line with previous research findings strategies used the word 'evidence' in many different ways<sup>30 31</sup>. Evidence was most often used in the context of 'evidence of need', reflecting the strategy's link with Joint Strategic Needs Assessments: *"This strategy has been developed based upon the evidence of need identified within the Health and Wellbeing JSNA"* (21.U., p.5). Some strategies presented evidence of need visually as shown in Figure 5, where two of the ONS4 national personal subjective wellbeing measures (happiness and anxiety) are used:

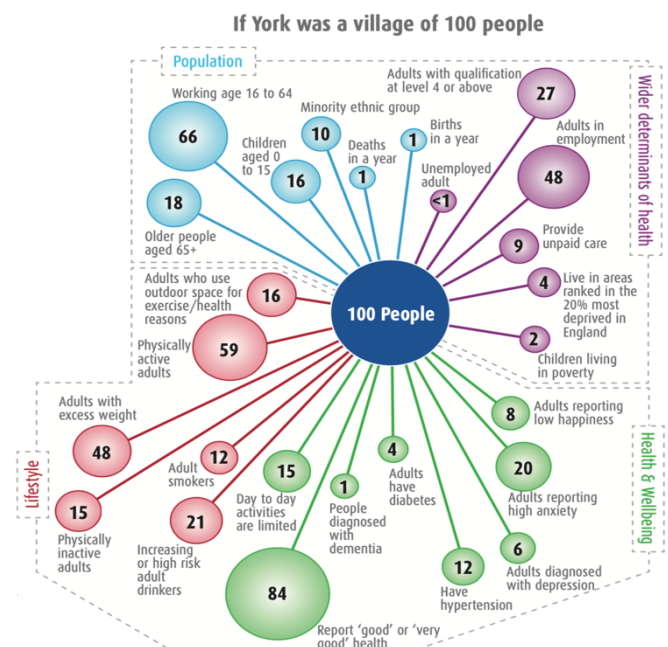


Figure 5. A visual representation of wellbeing need (2.U., p.5).

Evidence of effectiveness was present in a number of strategies, but less frequently than evidence of need: *"Our strategy acknowledges that we must target resources where the evidence tells us action will make the greatest improvements to people's health and wellbeing"* (21.U., p.3). Sources of intervention effectiveness cited

<sup>30</sup> Kneale, D., Rojas-García, A. and Thomas, J., 2018. Exploring the importance of evidence in local health and wellbeing strategies. *Journal of Public Health*, 40(suppl\_1), pp.i13-i23.

<sup>31</sup> Kneale, D., Rojas-García, A. and Thomas, J., 2019. Obstacles and opportunities to using research evidence in local public health decision-making in England. *Health research policy and systems*, 17(1), pp.1-11.

included The Health Foundation and Centre for Ageing Better (10.MB); The King's Fund, the National Institute for Health and Care Excellence (NICE) and Marmot's 2010 report (26.LB); and Public Health England (20.U). A number of strategies brought together a range of evidence sources, including lived experience from residents: "There is an accompanying document to the JSNA 'Southwark Lives' where this data is curated and analysed" (26.LB., p.11). The strongest examples of evidence literacy were demonstrated in strategies that gave a clear description of the type and strength of evidence on which prioritisation of intervention was based:

*"We use a Joint Strategic Needs Assessment to bring together the best available data and community and stakeholder views to help us to plan current and future interventions and services to meet local needs and address key health problems and social care issues."*

(1.U., p. 8)

One particularly strong evidence-informed strategy recognised the importance of acknowledging when interventions were new, and the evidence base was minimal. Here an approach was taken: "utilising innovation to test new approaches to service delivery" that in turn added insight and strengthened the evidence base (6.CA., p.19).

## Wellbeing factors that matter

The core content of each health and wellbeing Strategy was reviewed against the What Works Centre for Wellbeing's five 'WISER' (Work, Income, Society and governance, Emotional-mental health, Relationships and communities) priority areas for creating evidence-informed wellbeing policy:

### 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 and 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.

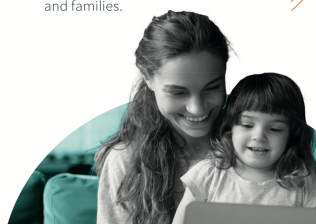


Figure 6. WISER priority areas, Wellbeing Evidence at the Heart of Policy, WWCW, 2020.

## Work

Many strategies clearly described the links between employment, health and wellbeing, typified by the example below:

*"Being in good work is good for health. Good work means having a safe work environment, but also having a sense of security, autonomy, good line management and communication within an organisation [We will] work with local employers to promote workplace wellbeing and support employees to look after their physical and mental wellbeing."*

(15.U., p.7)

Areas also used this policy section of their strategies to address inclusive employment, for example removing barriers to the employment of vulnerable groups (2.U., p. 12). Of particular note was that two strategies shared the aims of their health and wellbeing strategy with aims of local economic strategies *"intimately bound together"*:

*"Kirklees is a District combining great quality of life and a strong and sustainable economy – leading to thriving communities, growing businesses, high prosperity and low inequality and where people enjoy better health throughout their lives."*

(4.MB., p. 4)

Some strategies built on the workplace as a location to deliver health and wellbeing interventions through 'Mid-Life Well Checks' (25.LB., p.20) and the promotion of workplace wellbeing charters (2.U., p. 13).

## Income

Income was the least developed of the WISER priority areas, with the topics of individual and household income, expenditure, debt, savings and insecurity not meaningfully considered in a third of strategies in our sample. Many strategies presented data on levels of deprivation, and the number of children living in poverty, but few progressed this articulation of wellbeing need into a policy response. The elements of the income priority that were most frequently considered were job quality and quantity, and more developed strategies made links to precarity and affordability:

*"More people will be in good quality, secure jobs which pay enough for a healthy living, debt will be reduced, income inequalities will decrease."*

(24.LB., p. 27)

In one HWBS that adopted a life course approach with three themes of starting well, living and working well and ageing well, the result was a clear focus on the health and wellbeing of working age people. This is the point in our lives where life satisfaction is at its lowest, and issues including housing affordability, foodbank use, debt advice and benefit take up were all identified (19,CC).

### *Society and governance*

Themes of agency and control were most developed in relation to giving people control of their health and care. Themes of promoting self-care and shared-care planning, alongside supporting people to manage their own health and promoting personal independence were frequently observed. More developed strategies recognised the role equity of access to data and challenging information asymmetry play in creating wellbeing:

*"We want patients to have access to and control over their personal health records. Linked to this, for planning and decision making, we need to make better use of the data which is held by organisations [...]. This will support people to more effectively manage their own conditions in ways which suit them."*

(3.U., pp. 8-9)

One strategy in the sample chose to dedicate a section solely to engagement, highlighting the importance of maintaining shared understanding of patient and public views and taking these views into account in the commissioning process (1, U). Others identified 'engagement' as one of the Strategy's core principles (2, U). Many strategies described person and community-centred approaches and/or asset approaches to improve community health and wellbeing<sup>32</sup>

*"Our starting point is that health and care services need to work alongside individuals, carers, families, social networks and thriving communities. This means working in ways that are 'person and community-centred' – in other words, approaches that put people and communities at the heart of their health and wellbeing."*

(6.CA., p. 20)

Many strategies had policy priorities relating to empowered individuals and communities:

*"Individuals will be enabled to live healthier and happier lives in their communities with minimal support. This will result from a service approach that focuses on people's capabilities rather than deficits; a joint approach to*

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<sup>32</sup> Foot, J. and Hopkins, T., 2010. *A glass half-full: how an asset approach can improve community health and well-being*. Great Britain improvement and development agency.



*community capacity building that tackles social isolation; the extension of personalisation and assistive technology; and a public health approach that addresses the root causes of disadvantage."*

(7.U., p. 10)

Discussions of devolving power and control also occurred in this space, frequently with reference to partnerships with civil society:

*"Enabling communities to be stronger and more resilient, solving problems for themselves, working together with partner agencies and the voluntary sector to meet their health and wellbeing needs."*

(21.U., p. 14)

Themes of autonomy were most frequently observed in 'ageing well' sections of strategies.

*"The Health and Wellbeing Board aims to promote independence in later life. They will support the journey from 'good to great' in this sphere of work, building on the well-established work to strengthen the early intervention offer, supporting people to live at home safely and independently and where possible remain at home through periods of illness."*

(10.MB., p. 15)

### *Emotional-mental health*

A number of strategies committed to "parity of esteem between mental and physical health and to bringing an increased focus on mental wellbeing" (24. LB., p.7). The diversity of framing of wellbeing was replicated in strategies' framing of mental health. In the strongest examples, the dual continuum of wellbeing (Keyes and Lopez, 2002) was clearly articulated:

*"Aside from mental illness, it is also essential to increase our focus on promoting good mental health and wellbeing, so that people are supported to lead happy and fulfilling lives."*

(24. LB., p.7)

The most comprehensive framing was evident where strategies had a dedicated aim/priority for mental health and wellbeing. Here narratives worked across both the life course and core policy areas of early years, employment and communities to highlighted the causes and risk factors of mental health problems for specific groups exploring intersectionality and compounding factors:

“Having good mental health is fundamental to our physical health and overall wellbeing and pivotal to relationships, successful employment and realising our full potential.” (16.U., p.11).

An aim/priority focused on mental health also appeared to be associated with a comprehensive range of performance measures balancing subjective measures, for example loneliness and self-reported anxiety with objective measures of social isolation and employment rate for those in contact with secondary mental health services, illustrated by the example below. Measures that crossed traditional policy areas were also observed: *“increase the number of community growing spaces to improve wellbeing and social inclusion”* and *“work to connect people with local activities to reduce loneliness and isolation”* (1.U., p.28).



## Outcome two: Improving the mental health and wellbeing of people living and working in Cheshire East

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. We want to ensure that:

- Our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support
- People do not feel lonely or isolated



### Indicators for Success

#### We want to:

- Increase the numbers of adults who report good wellbeing
- Reduce the levels of depression in adults
- Increase the numbers of children and young people who report good wellbeing
- Increase the proportion of adult social care users who have as much social contact as they would like\*
- Increase the proportion of adult social carers who have as much social contact as they would like\*
- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the proportion of adults in contact with secondary mental health services in employment
- Reduce the suicide rate

\*While the other indicators are available through the Public Health Outcomes Framework, these indicators are gathered through biannual surveys.

### Key Deliverables

- Deliver our responsibilities in ensuring that Cheshire and Merseyside achieve Suicide Safer Status – demonstrating work to reduce rates of suicide.
- Assess the levels of isolation across the borough

Figure 7. Improving mental health and wellbeing (7, U., p. 8).

## Relationships and communications

Policies to strengthen relationships were typically found in two policy areas: the start well areas of maternal health and early childhood; and ageing well. Framing in both of these areas was notably stronger than other policy areas discussed. The example below shows the evidence base informing the policy decision. The accompanying policy narrative describes the: "Five to Thrive" project approach across the Early Years system (Talk; Play; Relax; Cuddle; Respond).

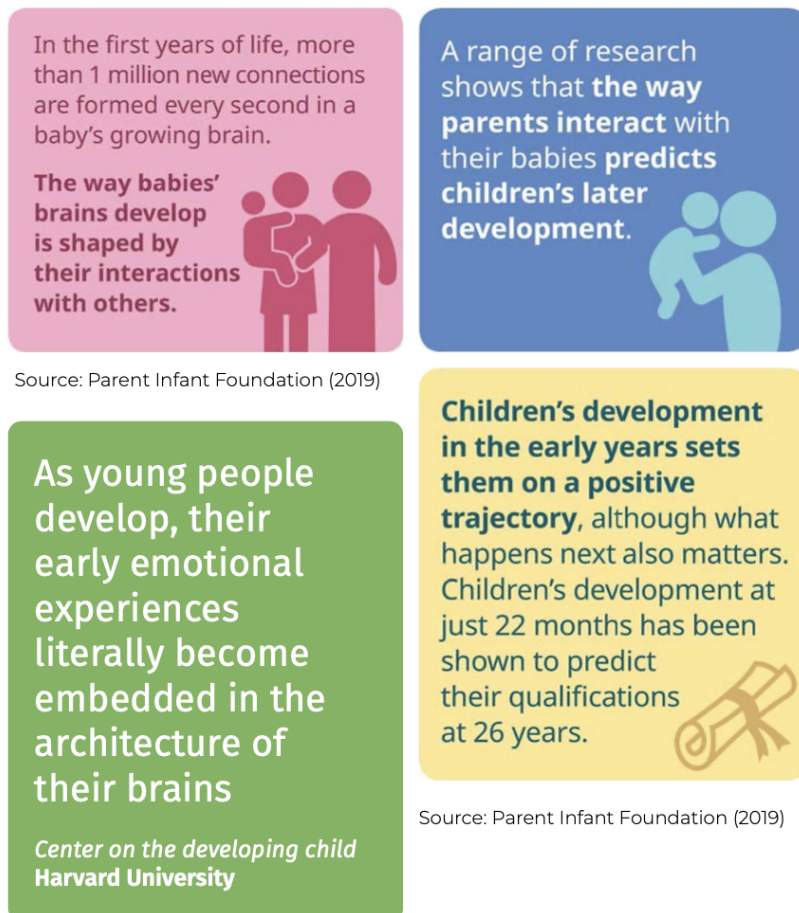


Figure 8. Relationship framing in the early years section of HWBs (10.MB., p. 12).

Priorities of tackling loneliness and social isolation were in evidence in almost all of the strategies with an 'ageing well' priority:

*"Helping older people to stay in touch with family and friends through the use of new technologies such as FaceTime and Skype and other appropriate social media."*

(16.U., p.10).

Relationships and connection were also picked up in priorities relating to improving mental health and emotional mental wellbeing:

*"We will work to connect people with local activities to reduce loneliness and isolation."*

(1.U., p.27).

Despite the strong influence that special planning can have on wellbeing, there were very few strategies that prioritised strengthening community infrastructure to boost social relations and wellbeing in an area. Links were made between neighbourhood design, physical activity and commuter patterns, but links to public spaces and bumping places where people meet and social capital can be built, were, with these two exceptions, notable by their absence:

*"We also know that the physical environment, where we live, our communities and social networks have a strong influence on our overall health and wellbeing. As our population ages we want to ensure that homes and neighbourhoods are designed to support people to lead fulfilling lives and stay independent for longer."*

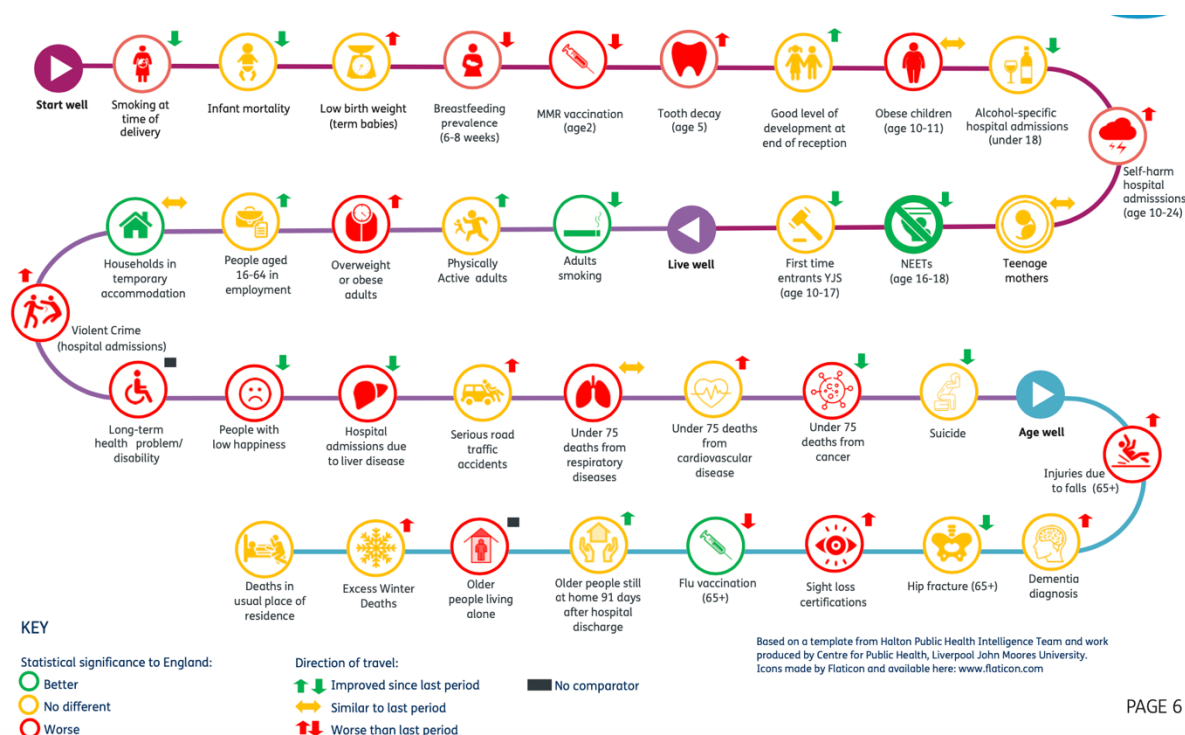
(16.U., p.15)

*"We will increase the number of community growing spaces to improve wellbeing and social inclusion."*

(1.U., p.27)

### Performance measures

Just under half of the strategies in the sample (n=11) did not contain performance measures. Where a reason for their absence was given, this was because they were in the process of being developed or contained in a separate document, outside the scope of this analysis. More developed strategies presented a balance of subjective and objective measures using visualisation, as shown in the example below.



PAGE 6

Figure 9. Performance across the life course (5.MB., p.6)

## Implemented to maximise wellbeing

Finally in this section, a number of strategies described implementation approaches. Some strategies clearly articulated the different spatial approaches and geographies they were looking to influence.

### A whole system approach



Figure 10. A whole system approach (19, CC., p. 5)

Mechanisms identified to deliver the strategy in a way that maximised wellbeing impact included co-production, asset-based approaches, social value, and a clear role for the community and voluntary sector:

*"There is a strong moral and ethical case for person and community-centred approaches for health and wellbeing: put simply, it is the right thing to do. It enables people to have a voice, to be heard, to be connected and to have the opportunity to choose how best to live their lives, and gives them the support to do so. The other key rationale for these approaches is that they 'work'."*

(6.CA., p.22)

## Discussion

All of the strategies in the sample worked to the same national statutory guidance, yet, as research published by Beenstock et al. in 2015 similarly observed, the diversity in structure, use of evidence, prioritisation and measures of performance across the sample was extensive<sup>33</sup>. Disappointingly Beenstock et al. also observed limited use of evidence underpinning health and wellbeing Strategies and set out clear recommendations to improve the way in which evidence of need and effectiveness was presented. Disappointingly, this research found very little evidence of improvement. In one of the strategies reviewed, there was no mention of either concept. A recognised limitation of this study is that the companion Joint Strategic Needs Assessments were out of scope. However, using evidence and analysis is a core element of effective policy making<sup>34</sup> and its continued underdevelopment is a cause for concern.

One of the objectives of this research was to review how wellbeing inequalities and wellbeing indicators were presented in strategies. Here the sample was more homogeneous, but disappointingly so: the analysis found no examples of wellbeing inequalities as a concept, and subjective wellbeing indicators were sparingly used. To meet Marmot's challenge of making wellbeing the central goal of policy, it is vital areas measure individual subjective wellbeing both at a Local Authority level and for smaller areas and groups. Although work by the OECD emphasised that data alone is not enough to improve population wellbeing (Durand and Exton, 2019); without it areas are unlikely to be measuring what shapes the wellbeing of people today and

<sup>33</sup> Beenstock, J., Sowden, S., Hunter, D.J. and White, M., 2015. Are health and well-being strategies in England fit for purpose? A thematic content analysis. *Journal of Public Health*, 37(3), pp.461-469.

<sup>34</sup> Policy Profession, 2021. Policy Profession Standards. Available at <https://www.gov.uk/government/publications/policy-profession-standards>

that of future generations: “*what you measure affects what you do*” (Stiglitz, 2019, p. 7)<sup>35</sup>.

## Tools for practice

### Hallmarks

This analysis has identified six hallmarks that, when used strategically, can provide a sophisticated and coherent account of wellbeing for a place. Building on this, a maturity model for wellbeing policy making has also been prepared, shown below. This self-assessment tool assesses coherence in wellbeing policy making. Each of the six hallmarks has descriptions illustrating three levels: assuring, enhancing and optimising wellbeing.

#### 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



Figure 11. Six hallmarks of coherent wellbeing policy

## Summary

The purpose of this work package was to identify examples of wellbeing policy making, that could ultimately be shared with wellbeing policy makers, to build motivation and improve capability of the profession. This documentary analysis has shown that Health and Wellbeing Strategies frame and prioritise policy to maximise wellbeing in very different ways. The strongest framing is evident with intersectionality across policy areas and the life course. The analysis suggests that six hallmarks can be identified to explore the extent to which a Health and Wellbeing Strategy maximises its wellbeing impact, ‘the what’ of policy making.

While there is no single right way to develop a health and wellbeing strategy to maximise population wellbeing, there is a way that is right for each local area and its partners. This should reflect a vision of: what ‘wellbeing done well’ looks like in each area; the operating context; and meeting the identified, differential needs of the range of individuals, groups and communities it serves in a way that is evidence informed.

<sup>35</sup> Stiglitz, J Fitoussi, J and Durand M 2018. Beyond GDP: Measuring What Counts for Economic and Social Performance, OECD Publishing, Paris.

[> Download the maturity model](#)



## THE SIX HALLMARKS OF COHERENT WELLBEING POLICY

### 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.





## THE SIX HALLMARKS OF COHERENT WELLBEING POLICY

### Hallmark 3a: Powered by evidence of wellbeing need

#### Assuring

Wellbeing data from JSNA summarised.  
Local Authority level analysis of ONS 4 self-reported wellbeing measures: life satisfaction, anxiety, happiness and worthwhile.  
Qualitative insight provides additional local context.

#### Optimising

National measures supplemented by local wellbeing data collection.  
Distribution of wellbeing across groups and geographies is discussed.  
Social capital and community connectedness data and insight analysed.  
An asset-based approach is taken to collaboratively identify the social, cultural and material resources that are wellbeing enhancing.  
This data and insight is publicly available, and presented in a form that enables all groups and organisations in the area to use this to inform their planning and service delivery.

#### Maximising

The quality of the evidence that informs the policy is discussed.  
Trends in data are presented and benchmarking takes place. Gaps in data are highlighted, and plans are set out to fill these gaps.  
Data on wellbeing need is comprehensive: economy, education & childhood, equality, health, place and social relationships.  
(For more information see [WWCW publication](#)).

### Hallmark 3b: Powered by evidence of 'what works' to improve wellbeing

#### Assuring

Evidence of 'what works' to improve wellbeing is presented in response to the wellbeing needs identified.  
Principles of evidence-informed policy making established.  
Evidence is drawn from national research and local insight.

#### Optimising

Evidence clearly informs the development of tailored policies reflecting local context.  
A range of different types of evidence is presented.  
Gaps in knowledge are identified, and testing/trials proposed to fill these gaps.

#### Maximising

The quality of the evidence presented is assessed and considered 'good enough' for this purpose.  
A 'prove and improve' approach is adopted: understand, demonstrate, reflect and review.  
Evidence of 'what works' is compared to the local context.

## THE SIX HALLMARKS OF COHERENT WELLBEING POLICY

### Hallmark 4: Priorities address wellbeing factors that matter

**WISER:** Work, Income, Society & governance, Emotional mental-health, Relationships & Communities<sup>2</sup>

#### Assuring

Wellbeing priorities established for WISER areas.

Policies to reduce inequalities in a way that can improve overall levels of wellbeing are sought.

#### Optimising

Wellbeing priorities are presented across policy themes, reflecting different groups and needs e.g. emotional wellbeing priorities set out for maternal health, parents, children & young people, working age and older people.

Policies that address differentiated wellbeing needs are described, for example urban/rural, economic sectors, lifecourse.

#### Maximising

Trade-offs in policy making are transparent, for example investing in one person's wellbeing may be more important than another's based on their starting level of wellbeing.

Wellbeing economics, and wellbeing cost-effectiveness analysis is presented alongside health economic data.

Key policies are appraised in line with [HM Treasury Wellbeing Guidance](#).

### Hallmark 5: Comprehensive performance measures

#### Assuring

Validated measures of personal subjective wellbeing (ONS4).

A mix of subjective and objective measures that reflect the core drivers wellbeing.

#### Optimising

Measures that drill down below averages and show how life is being experienced by different groups and in communities.

Measures of wellbeing inequality and inequity are presented e.g. dispersion and deprivation.

#### Maximising

Data on 'how we are doing' is presented in an open, accessible form that gives partners, communities and citizens the wellbeing data they need.

Measures are frequently updated and reflect a 'full set' of accounts taking into consideration investment in our future through human, economic, social and natural 'capitals'.

<sup>2</sup> WWCW, 2020 [Wellbeing evidence at the heart of policy](#). pp.72-73.

## THE SIX HALLMARKS OF COHERENT WELLBEING POLICY

### Hallmark 6: Implemented to maximise wellbeing

#### Assuring

Deploy approaches that build trust in our collective institutions.  
Clear where attention should be focused.  
Work with the wider system in place, devolving power and control.  
Engage citizens and civil society in a meaningful way.

#### Optimising

Explore the complex and multi-faceted nature of policy implementation in your context.  
Build and harness the system resources required to support the policy implementation process.  
Identify and engage system leaders. Use a range of leaders and leadership styles to drive implementation

#### Maximising

Work with Anchor Institutions and seek to lever assets to deliver policy objectives e.g. through procurement, training, employment, professional development, buildings and land use.  
Deploy behavioural insight and design thinking approaches  
Consider longevity - work to ensure wellbeing policy-making transcends political cycles.  
Develop a learning system for wellbeing.



**Suggested citation:** Smithson, J. (2022) Maturity Model for Wellbeing Policy Making [PDF] What Works Centre for Wellbeing, available at: <https://whatworkswellbeing.org/resources/maturity-model-for-wellbeing-policy-making>



Maturity model for wellbeing policy making  
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### 3. Identifying core skills of wellbeing policy practice

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

#### Objectives

- 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.
- To explore if and in what ways the COVID-19 pandemic has modified opportunities to deliver a wellbeing policy approach in local government.

#### Methodology

Semi-structured qualitative interviews were chosen with the aim of gaining a rich understanding of wellbeing policy makers' experiences and perspectives. Research from the What Works Centre for Wellbeing on using qualitative methods to understand wellbeing impacts, suggests this approach can be extremely powerful for understanding the complexities, sequencing and the unexpected activities that might be important factors<sup>36</sup>. Ethical approval was sought and secured from the School of Health and Life Sciences, Teesside University. An interview guide was developed, tested and refined. This is shown at Appendix 2.

#### Participant group

Eligible participants were policy makers/policy professionals >18 years old, working with local government in the UK with experience of successfully implementing a wellbeing approach to policy.

For the purpose of this work, the term 'local government' was used to include a wide range of council organisations including county/district/parish councils, metropolitan authorities, unitary authorities, London Boroughs, combined authorities and city regions.

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<sup>36</sup> Jonathan Breckon and Ruth Puttick (2021). Quality in Qual: A proposed framework to commission, judge and generate good qualitative evaluation in wellbeing impacts. What Works Centre for Wellbeing.

The phrase 'successfully implementing a wellbeing approach to policy' was interpreted as people who have experience of one or more of the following areas:

- developing and introducing a wellbeing performance framework for all or part of a council;
- developing and securing adoption of a policy/strategy to promote wellbeing for all or part of a council;
- measuring the wellbeing of individuals and/or communities;
- generating evidence of what work works to improve wellbeing;
- using evidence of what works to improve wellbeing to shape council policy;
- carrying out wellbeing needs and/or wellbeing impact assessments;
- assessing wellbeing cost benefit and/or cost-effectiveness.

Participants were recruited using a voluntary strategy. The study was promoted via a range of online platforms including the What Works Centre for Wellbeing website, the Local Government Association Wellbeing Knowledge Hub group, the Health Foundation Quality Improvement Network, and through the Centre's Twitter and LinkedIn accounts. Potential participants responded to the adverts by emailing the Centre and were encouraged to discuss participation and ask any questions they had before making a decision on whether to take part in the research.

Taking into account the breadth and focus of the research questions and the desired diversity of participants, it was estimated that recruiting six to 10 participants would provide an adequate dataset to describe the rich, complex and multi-faceted experience of policy making to maximise wellbeing. Expressions of interest from potential participants were mapped against the desired areas of policy experience detailed above. In addition, where possible, participants were drawn from councils reflecting a range of local areas, different levels of deprivation, a wide geographical spread (regions, urban/rural/coastal), differences in political control and local authority type (unitary, metropolitan, county, London Borough, Combined Authority).

### Data collection, analysis and quality

Individual semi-structured interviews took place via online platforms including Zoom and MS Teams. The primary researcher for this study was working full time for the What Works Centre for Wellbeing during this time, and this presented both advantages and challenges to delivering ethical and authentic research. On the one hand, it is highly likely that this facilitated participant recruitment through access to professional networks and thought leaders. On the other hand, it was important for the researcher to avoid, as Braun and Clarke caution<sup>37</sup>, "doing expert". In an

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<sup>37</sup> Braun, V. and Clarke, V., 2013. Successful qualitative research: A practical guide for beginners. London: Sage.

attempt to mitigate this, a reflexive approach was adopted throughout the study. This approach was applied through the process of inductive thematic analysis seeking to build knowledge and understanding from practitioners' experiences. To ensure high quality research, attention given to four aspects: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance<sup>38</sup>.

## Analysis

### Participants

Seven participants were recruited to take part in the research. Their characteristics are shown in Table 3. Immediately after interviews took place, audio recordings were transcribed verbatim by a professional transcription service. Returned transcripts were read, and then re-read with codes and emergent themes noted in the margin. Following the completion of seven interviews, and preliminary analysis of these transcripts, it was evident that data saturation had not occurred: the variety of experiences described continued to bring new insight and revisions to emerging themes. In line with findings of Braun and Clarke<sup>39</sup>, a decision to reject data saturation as an end point for participant recruitment was taken, recognising that the quality of data collected in seven interviews, enabled the researcher to adequately present an exploratory narrative of policy professionals' experience of successfully implementing a wellbeing approach. Appendix 3 shows identified themes with definitions. Appendix 4 provides illustrative examples.

Ref	Participant policy role	Local authority type	Gender
1	A Public Health Registrar on placement with a City Region	City Region	Male
2	A senior Public Health Professional employed by Public Health England seconded to work with a City Region	City Region	Male
3	A Chief Officer in Local Government leading the Partnerships Team within Public Health	Unitary	Male
4	A Senior Manager working in a Corporate Policy role	County Council	Female
5	A Lead Commissioner in Public Health	County Council	Female
6	A VCSE lead working in partnership with a Local Authority Community Development Team	County Council	Female
7	A Strategy and Performance Manager working in a Corporate Team	Unitary Council	Female

Table 3. Policy professional interview sample.

<sup>38</sup> Yardley, L., 2000. Dilemmas in qualitative health research. *Psychology and health*, 15(2), pp.215-228.

<sup>39</sup> Braun, V. and Clarke, V., 2019. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, pp.1-16.

## An agile policy professional

The seven policy professionals in the sample came from a wide range of professional backgrounds and had a diversity of policy experience. Two were senior public health professionals; one had training in planning and worked in community service and economic development; others had worked in regeneration, commissioning, corporate policy, the community and voluntary sector, and social care. This diversity in background and professional knowledge enabled many to work with authority and authenticity across portfolios:

*"The real irony of it is my equivalent Chief Officer of Economic Development has actually got an NHS background, whereas I've previously got regeneration experience as well! So, our starting point is a really strong understanding, I think, of each other's areas, which is absolutely key."*

(ref. 3)

Policy professionals shared many examples of using their broad professional knowledge to 'horizon scan' and spot opportunities to bring a wellbeing lens and influence activity outside their direct area of responsibility. Some used skills learnt in one discipline to devise a range of tailored approaches for new audiences. One participant drew on their previous work in the arts, to build momentum for work on wellbeing economies:

*"I was able to say, let's look at a social movement approach (...) something that would fire people up, engage passions and then we would see what comes of it."*

(ref. 2)

This flexibility and adaptability typified an agile approach, where tenacity and pragmatism were all required in equal measures to successfully implement wellbeing policy. When describing the challenge of agreeing metrics for a wellbeing performance framework one commented that they could spend "hours, weeks or months", and possibly never find the ideal indicator set, but leading with pragmatism secured the framework's adoption:

*"There's at least 30 [performance measures] available but choosing half a dozen that work for us and if a couple of them don't work after six months, if they're not measuring the right thing for us, then ditch them and come up with others."*

(ref. 2)

## A fluent interpreter

Participants described strategies they deployed to successfully 'bridge' wellbeing into a myriad of policy arenas as and when the opportunities arose:

*"We focussed specifically on inclusive growth and started talking openly about it for the first time [...] and then talking quite a different language to the one we'd normally talk. So, a deliberate effort to learn and talk a different language [...] a language we knew Local Economic Partnerships used."*

(ref. 5)

Others reflected how policy making with a wellbeing lens facilitated discussions across traditional policy silos:

*"We have probably a broader sense of wellbeing in [our area] than a number of authorities which comes from where we strongly embed the Strategy. Which is that wellbeing isn't just about individuals and how they interact with their families and communities - it covers community wellbeing, it covers economic wellbeing. So, you'll see in the strategy there's a really strong focus on workplace health and inclusive growth."*

(ref. 3)

An ability to contextualise wellbeing, to be able to articulate what high or low wellbeing meant for a particular group was a successful strategy deployed by a number of policy professionals. One participant described how being able to talk about the long-term impact of youth unemployment with a wellbeing lens was more powerful and persuasive than a 'social determinants of health' framing more typically used in public health. Policy professionals recognised how 'stakeholder engagement' was a successful vehicle to bring individual subjective wellbeing to the table:

*"I think the best and strongest measure of individual wellbeing is to ask people 'how are you feeling? [...] So, if you invest £10 billion in the local economy, come and have a chat to these people and see if it's made any difference at all."*

(ref. 1)

Others used 'lived experience' to highlight wellbeing impact and secure action:

*"We really wanted [the loneliness strategy] to be based on lived experience in order for it to have resonance [...] you're more likely to engage with it, a service provider might be able to help."*

(ref. 6)



Another way in which policy makers conceptualised wellbeing was as a mechanism for change:

*"What we're actually asking for is that the whole economy is run differently, 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."*

(ref. 2)

### Creating an enabling environment

Although persuasive, purposeful communication was emphasised by policy makers as a valued approach to strengthening the wellbeing impact of policy, the operating environment and local context within which they were working was also considered crucial. Many described doing extensive 'ground work', laying foundations before having 'the wellbeing conversation'. Building system knowledge through informal and formal networks was an approach favoured by many:

*"I've been sharing blogs that I wrote with them and moaning over a pint. So, everybody at my level agrees and then I plan to do the same with my managers and eventually, just from a lot of chipping away, I got to chat with the Mayor and the Directors."*

(ref. 1)

*"I think we just called it Wellbeing Programmes and committed to six workshops, one in each borough every other month. Each one then had a different theme around an aspect of wealth and wellbeing [...] And that worked very well. It wasn't world-changing by any means, we probably engaged with 200-250 people during that time so not vast, but it was different to the way that [my organisation] would normally have approached it."*

(ref. 2)

Building alliances ensured policy professionals were not the only wellbeing voice in the room: *"we needed to collectively build the strategy with all parties involved"* (ref. 6). Others used strategies of identifying common agendas:

*"We were able to talk about the kind of cycle and the symbiotic relationship between economic prosperity and wellbeing. So we were able to show that we could achieve both of our agendas by working together."*

(ref. 5)

In fact, for one of the policy professionals who shared their experience, building networks that collectively work to maximise wellbeing was the core tenet of the role:

*"Someone who can think on their feet, see an opportunity and develop that opportunity and use your networks to link it up to other people so it grows. That, that's, that's what this job is. It needs someone like that"*

(ref. 4)

Interestingly, three policy professionals identified the DPH Annual Report as a lever to drive forward wellbeing policy:

*"There are some very straightforward Director of Public Health reports that are a summary of every health outcome for the population and an overarching 'this is the state of the nation' or 'state of the county/borough'. But actually, what we've found in the last few years is that we can really use it as an influencing tool. We can use it to kind of 'hold a mirror up' to what's happening locally and to do a bit of a call for action."*

(ref. 5)

In another context, the DPH Annual Report was combined with national policy and research: a national loneliness strategy and work from the Jo Cox Foundation to effectively make the case to develop a local approach and secure funding from the National Lottery. Policy makers identified a number of challenges to navigate when implementing a wellbeing approach. Those working in public health roles described how much of their time was taken managing commissioned services with ever reducing budgets, leaving little time for their valuable work influencing broader policy agenda. Others highlighted the national context of stalling life expectancy and ten years of austerity which made it difficult to set traditional health policy objectives. Here opportunities for new measures were being introduced:

*"So, what we can do is measure how people tend to feel, so we do a number of surveys, particularly in the schools because children's mental health is a particular issue."*

(ref. 1)

## Covid-19

Covid-19 presented challenges and opportunities for sustaining and developing a wellbeing approach in policy. Some policy professionals were left exasperated as relationships and partnerships forged pre-Covide disappeared overnight. Pressures

to work quickly and secure funding took precedence over a partnership approach and more integrated policy making:

*"We were right in the mix of things in February, we're now on the outside and they're looking at economic renewal plans which are being written in order to target government funding."*

(ref. 2)

Policy makers not only witnessed the loss of hard-won relationships, but also a perceived reduction in the quality of policy making:

*"It's the stuff that's always in there, about productivity and gross value-added (...) maybe it is because they are under pressure, but they revert to what they know."*

(ref. 2)

*"It was all very, very much, immediate fire-fighting type activity [...]. A suite of recovery groups were set up, but they were all very operational and looking at 'how do we get back to normal?'. How do we get people back to offices, how do we get the town centre back up-and-running, how do we get the town hall back open... how do we get the kids back to school. And it felt like that broader borough level, population and place thinking wasn't really happening anywhere. So, I, with the Director of [the area's] Partnership, we were talking about it and realised that we would just have to do it ourselves really."*

(ref. 7)

Policy professionals expressed personal frustrations at an inability to engage, reflecting on the change from working face to face to online, and the new technology of virtual meetings, that made collaborating across organisations, in the first six months of the pandemic, more problematic. For others, relationships established pre-COVID were called upon as partners worked quickly in a pressured environment to put recovery plans in place:

*"[The DPH] had been to the Local Economic Partnership Board again this week to talk to them about COVID recovery and how we might work together to prevent increasing cases in [our area], by working with business. And actually, they knew who she was because she'd previously been to talk about inclusive growth and so she sort of had a trusted relationship with them and has been invited back"*

(ref. 5)

Although Covid-19 brought new challenges for public sector partners, it also provided new opportunities for enhanced partnership working. One policy maker highlighted how employee wellbeing, and maximising the organisation's wider social value, was a topic that partners could explore together:

*"What role does the organisation have to play in creating [a partnership] that is inclusive, that values wellbeing and that tries to achieve its longer term shared goals through its employment opportunities, through its supply chains, through its local economic leadership?"*

(ref. 5)

Policy professionals working on the loneliness agenda, reflected how Covid had brought wellbeing into the mainstream; it was a topic everyone was talking about and it was more widely understood:

*"Most people who are reading the strategy can probably now say, I know what that feels like, or I'm aware what loneliness is, you know because most people have gone through it to some extent."*

(ref. 6)

## Discussion

Complementing the document analysis, that sought to describe the 'what' of effective policy making, this research captured examples of 'how' successful wellbeing policy makers operate. In contrast to the document analysis where individual strategies presented a myriad of conceptual approaches to wellbeing with varying degrees of success, here individual policy makers deployed common tactics, personal qualities, and mechanisms to great effect. The starting point for each was being able to articulate what high wellbeing looked like in their area, and the differential wellbeing experienced by different groups and communities in their areas. The ability to communicate this effectively and with influence in a range of different styles, depending on their audience, was at the heart of their wellbeing policy making. This agile approach saw policy makers manoeuvring to avoid pitfall and displaying tenacity, pragmatism and altruism to 'get the job done'.

Of particular note, was the different levers policy makers used to advance their agenda. The DPH's annual report was used successfully by three of the participants in the study. There is very little in the literature on the role and effectiveness of these statutory reports, and none published since the transfer of the function from the NHS to local government. One paper, published in 1996 concluded reports had a tension in audience: health care commissioners or local residents and this compromised

their effectiveness<sup>40</sup>. It will be interesting to see if the new operating environment that public health professionals find themselves in, with redefined power balances and direct relationships between elected members and officers<sup>41</sup>, will result in Annual Reports that provide policy direction across a local area, and, as our small research sample suggests, a welcome opportunity to bring wellbeing evidence to the fore in local policy making.

## Summary

Policy making at a local and national level is informed by a complex and diverse range of factors, from deeply held beliefs and ideology to pragmatism, logic and budgets. These interviews have shown that to successfully implement a wellbeing approach, policy professionals require a broad skill base, enhanced communication skills, and a flexibility to work across a wide range of policy areas, building system knowledge and cultivating networks. A range of levers can be deployed including building alliances and using statutory instruments, including the DPH Annual Report. Covid-19 has moderated both the way in which policy professionals seek to implement a wellbeing approach and their perceived success.

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<sup>40</sup> Fulop, N. and McKee, M., 1996. What impact do annual public health reports have? *Public Health*, 110(5), pp.307-311.

<sup>41</sup> Jehu, L.M., Visram, S., Marks, L., Hunter, D.J., Davis, H., Mason, A., Liu, D. and Smithson, J., 2018. Directors of public health as 'a protected species': qualitative study of the changing role of public health professionals in England following the 2013 reforms. *Journal of Public Health*, 40(3), pp.e203-e210.

## Phase 3: Local Authority wellbeing policy making cohort

### Designing the practice offer

The third phase of this local government wellbeing policy making project took a 'test and learn' approach: translating research and insight gained in the first year into practice.

Three aims were identified:

- To build understanding of applying the hallmarks of coherent wellbeing policy making in a range of local government settings.
- To learn how to develop core skills of wellbeing policy practice in a wide range of policy makers.
- To increase the Centre's capacity to support wellbeing policy making across a range of different policy areas, so knowledge of what works and how to implement it reaches people who can and want to use it.

Insight from knowledge use and implementation science research was used to shape the practice offer.

### Mechanisms to support knowledge use

In 2016 the What Works Centre for Wellbeing partnered with the Wellcome Trust, the Alliance for Useful Evidence, and the EPPI-Centre at UCL to understand [how research evidence can best be used in decision making](#) and published [Science of Using Science](#). This review:

- identified six mechanisms that support knowledge use (see Figure 12 below);
- rated the quality of the evidence supporting interventions under each mechanism and combination of mechanisms;
- identified behavioural insights useful to understanding the role of each mechanism using the Capability, Opportunity, Motivation – Behaviour (COM-B) model. The [EAST](#) models of behavioural insight was also applied in the communications mechanism<sup>42</sup>.

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<sup>42</sup> The EAST framework developed by the UK Behavioural Insight Team describes four principles to encourage behaviour change: make it Easy, Attractive, Social and Timely (BIT, 2014).

Evidence-use mechanisms	
1	<b>Awareness</b> – Building awareness and positive attitudes towards evidence use
2	<b>Agree</b> – Building mutual understanding and agreement on policy-relevant questions and the kind of evidence needed to answer them
3	<b>Access and Communication</b> – Providing communication of, and access to, evidence
4	<b>Interact</b> – Facilitating interactions between decision-makers and researchers
5	<b>Skills</b> – Supporting decision-makers to develop skills accessing and making sense of evidence
6	<b>Structure and Process</b> – Influencing decision-making structures and processes

Figure 12. Evidence-use mechanisms, (Breckon and Dodson, 2016, p. 6)

The What Works Centre for Wellbeing uses this insight as the basis of its Theory of Change to describe the mechanisms, pathways and activities to achieve its goals:

- Grow and accelerate the global wellbeing evidence base.
- Provide evidence and knowledge to people who can and do use it.
- Generate wellbeing evidence by identifying gaps and create collaborations to fill them.

Mechanism	Evidence	Pathway	Activity	Priority
1. <b>Champion</b> evidence informed decision making	No/Low	Motivation Opportunity	Use in combination Approach: Be curious with rigour Case studies, partners, norms	Low
2. <b>Define</b> good evidence with community	No/Low	Motivation Opportunity	Use in combination GRADE & SERQUAL, DELPHI, Evidence journey, Evaluation guidance, methods series	Medium (important for sector)
3. <b>Visible</b> evidence through access and communications	Reliable	Motivation Opportunity combined	Synthesis, design, UX, index/tools, (digital), comms channels, networks, A-I-A, Tailor & Target, Responsive, Frame, Brand, Social media, case studies	High
4. <b>Interaction</b> between decision makers & researchers	Cautious	Ineffective for Capability Motivation Opportunity	Forums, Networks & Super Users, Sector perspectives, Academic perspectives	Medium
5. <b>Learning</b> building evidence skills & make sense of evidence	Reliable	Motivation <b>Capability</b>	e-learning, workshops, cohort, conferences	Medium (where resources available)
6. <b>Adoption</b> through decision making structures & processes	Reliable	Motivation Opportunity	Green Book, Advisory groups, reviews, commissions, measures, Innovation funds/labs, template for commissioners, business case content, evidence maps/strategies, What Works Centres/intermediary bodies	High

Figure 13. The What Works Centre for Wellbeing Theory of Change.

Considering the aim of this phase of the project, to further the Centre's knowledge and develop an applied understanding of wellbeing policy making, three mechanisms were prioritised to shape the practice offer:

- (3) Visible** evidence through access and communications
- (5) Learning** through building evidence skills and making sense of evidence
- (6) Adoption** through decision making structures and processes

### Implementation insight

Implementation Science can be defined as how best to help people and places 'do the thing'<sup>43</sup>. The consolidated framework for implementation research<sup>44</sup>, Figure 14, suggests the practice offer should encourage policy makers to explore how the process of wellbeing policy-making itself (the intervention), the individuals seeking to put it into practice and the inner and outer contexts interact. The National Implementation Research Network identifies effective practices, effective implementation, and enabling context as three factors that lead to improved outcomes<sup>45</sup>.

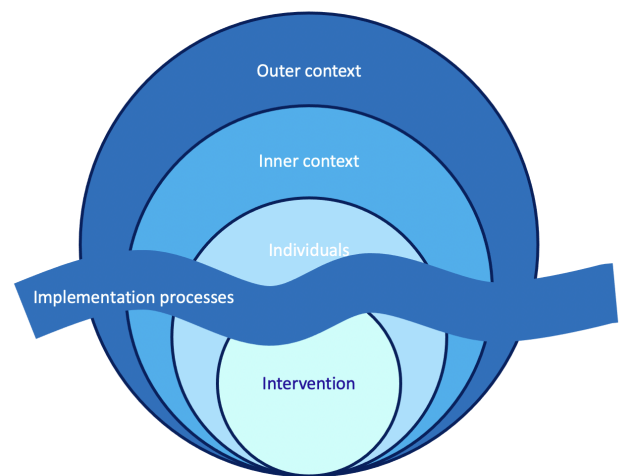


Figure 14. Framework of Implementation Determinants., Damschroder *et al.*, 2009.

Taken together, these two models highlight the importance of the offer providing an applied learning environment that builds skills and which participants can tailor to their context. In scoping the offer, insight was also sought from other What Works Centres and wellbeing organisations centres who had recently delivered programmes with similar aims i.e. provided opportunities for policy makers in local government to come together to review their local system, identify areas for development, and create a plan for transformation. Two approaches were considered in detail: EIF's [Early Years Transformation Academy](#) and Carnegie UK's work [Embedding a Wellbeing Framework in Northern Ireland](#). Both organisations chose a cohort format, with an emphasis on developing a learning community. Both

<sup>43</sup> Curran, G.M., 2020. Implementation science made too simple: a teaching tool. *Implementation Science Communications*, 1 (1), pp.1-3.

<sup>44</sup> Damschroder, L.J., Aron, D.C., Keith, R.E., Kirsh, S.R., Alexander, J.A. and Lowery, J.C., 2009. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4(1), pp.1-15.

<sup>45</sup> Fixsen, D. and Blase, K., 2013. *Overcoming barriers to implementation*. In IOM workshop, National Implementation Research Network.



approaches had promising evaluations and received excellent feedback from participants, who valued the rich learning opportunity, and the relationships and partnerships they developed.

## Learning communities

The learning community element of the wellbeing policy practice offer was informed by The Learning Communities Handbook (Wilson and Lowe, 2019)<sup>46</sup>. The approach enables participants to apply their knowledge, and practice being practitioners. Importantly, it also recognises that there is often no single right answer, because the answer will be different for different areas and policy makers, at different times.

**A Learning Community is a group of peers who come together in a safe space to reflect and share their judgements and uncertainties about their practice and to share ideas or experiences to collectively improve.**

The offer was designed to reflect the four phases of learning communities.

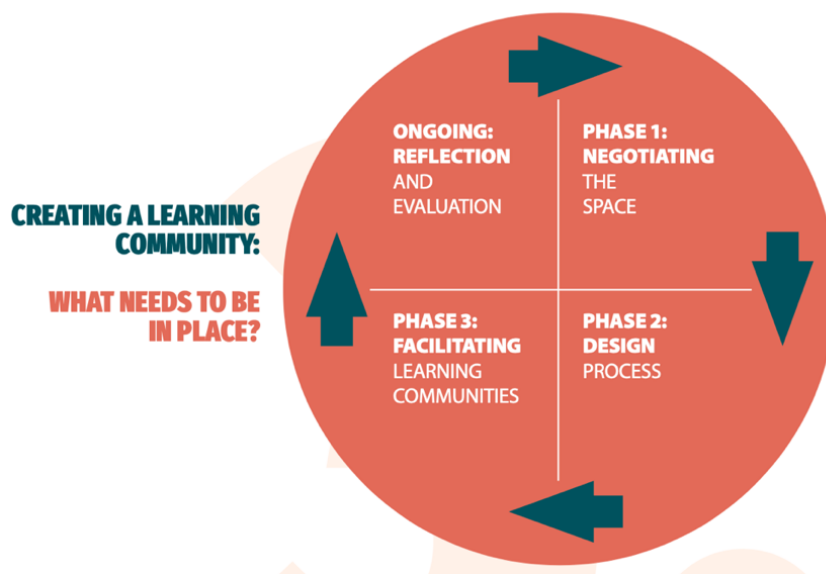


Figure 15. Creating a learning community.

As this offer was being shaped and delivered, the What Works Centre for Wellbeing was participating in the What Works Network Implementation Project<sup>47</sup>. This provided opportunities to explore implementation theory and concepts, and participate in

<sup>46</sup> Wilson, L and Lowe, T., 2019. The Learning Communities Handbook: collective improvement in complex environments. Available at <https://learning-communities.org.uk/wp-content/uploads/2019/03/LCH-Final-2019.pdf>

<sup>47</sup> What Works Network 2022. Implementation Project. Available at <https://www.wcpp.org.uk/publication/what-works-network-implementation-project/>

practical discussions with What Works Centre colleagues. Learning from this project informed the later stages of this practice offer.

## Cohort recruitment and programme development

Reflecting on mechanisms for knowledge use, learning communities and implementation insight, the following fully funded offer was made to UK Local Authority policy makers:

- A cohort of up to 12 Local Authority policy makers.
- Three half-day workshops over a six-month period.
- Provision of a facilitated learning community.
- Additional bespoke support, in between workshops, from the What Works Centre for Wellbeing local authority lead.

### Recruitment

The offer was designed to enable participants to build knowledge and skills, and use tools and techniques to bring a wellbeing focus to their policy making [*Capability/Motivation pathways*], specifically:

- Understand what is meant by wellbeing, and how it can be defined.
- Identify key factors that influence wellbeing, across the life course and within groups.
- Understand how wellbeing can be measured.
- Building knowledge in placing wellbeing evidence at the heart of policy making.
- Familiarisation with evidence of 'what works' to improve wellbeing for individuals, communities and places.

Parameters for participation:

- Focused on the individual (rather than a Local Authority), recruiting individuals with a keen interest in applying a wellbeing lens to their policy making practice [*Motivation pathway*].
- The policy maker had a strategy to prepare or refresh as part of their agreed work programme for 2021/22 [*Opportunity pathway*].

This offer was made to Local Authorities [in January 2021](#), through a range of channels including website, newsletter, social media campaigns and partner promotion (Local Government Association, Association of Directors of Public Health, SOLACE and the Local Government Knowledge Hub). The aim was to recruit a cohort with a mix of policy topics, special levels, political context and scale.

## Participants

Ten participants were recruited covering a wide range of geographic areas and policy topics.

### Local authority

Southampton City Council  
 Blackburn with Darwen Borough Council  
 East Devon County Council  
 Walsall Council  
 Sutton Council  
 Babergh and Mid Suffolk District Councils  
 The City of Edinburgh Council  
 Westminster City Council  
 Redcar and Cleveland Council  
 Kirklees Council

### Area of focus

Employee wellbeing  
 Mental wellbeing and inequalities  
 Recovery and resilience  
 Wellbeing in all policies  
 Helping Early Strategy  
 Wellbeing strategy  
 Wellbeing programme  
 Employee wellbeing framework  
 Wellbeing strategy  
 Inclusion Commission

Participants came from a range of professional backgrounds:

- A new Head of Service working in the Corporate Centre.
- A Public Health Development Manager.
- A Human Resources Business Partner leading on employee wellbeing.
- A Mental Health Development lead.
- A Wellbeing and Reward Specialist - employee wellbeing.
- A Community Development Worker in a Tenants and Communities team.
- A Senior Change and Delivery Officer, working in a central Strategic Change team.
- A newly qualified Consultant in Public Health.
- A mid-career Strategist working in a Public Health team.
- A strategic Health and Wellbeing officer in a Communities team.

## Program development

Discussion with participants highlighted that some pre-workshop learning would be helpful, and two introductory sessions on Strategic Space/policy making and an introduction Wellbeing were added to the offer:

- Introduction to Strategic Space and Policy Skills (16 March)
- Introduction to Wellbeing/Wellbeing 101 (18 March)
- Workshop 1 (13 April)
- Workshop 2 (23 June)
- Workshop 3 (23 September)

After the second workshop, a smaller group of participants expressed an interest in a 'deep dive' on wellbeing inequalities, so an additional workshop was added to the programme.

All workshops and training sessions were delivered online.

Topics and learning objectives for each workshop are detailed in Table 4 below.

Workshop	Core learning topics	Learning objectives
<b>Introduction to Strategic Space and Policy Skills</b> 16 March 2021 (1.5hrs)	<ul style="list-style-type: none"> <li>Introducing Strategic Space</li> <li>Good strategic thinking and overcoming obstacles</li> <li>Mapping wellbeing policy making and personal action plannings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Describe a public sector model for strategic thinking</li> <li>✓ Take action and apply learning to own policy making</li> </ul>
<b>Introduction to Wellbeing</b> (Wellbeing 101) 18 March 2021 (1.5hrs)	<ul style="list-style-type: none"> <li>What is wellbeing, how is it defined and measured</li> <li>Key factors that influence individual wellbeing and community wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>✓ Explain what wellbeing is and how is can be measured</li> <li>✓ Describe the drivers of individual personal subjective wellbeing and community wellbeing</li> </ul>
<b>Workshop 1</b> 13 April 2021 (2.5hrs)	<ul style="list-style-type: none"> <li>Introduce cohort approach and agree 'ground rules'</li> <li>Get to know each other, and the topics we are working on</li> <li>Recap of policy making and introduction to wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>✓ Clear on 'ask' of being part of cohort</li> <li>✓ Meet other participants</li> <li>✓ Identify opportunities for collaboration</li> </ul>
<b>Workshop 2</b> 23 June 2021 2.5hrs)	2 learning sessions: <ul style="list-style-type: none"> <li>Introducing the six hallmarks of coherent wellbeing policy making</li> <li>Wellbeing Inequalities: concepts and approaches to measuring</li> </ul>	<ul style="list-style-type: none"> <li>✓ Explain what makes coherent wellbeing policy and why it matters</li> <li>✓ Describe approaches to wellbeing inequality and inequity</li> <li>✓ Understand how to measure different aspects of wellbeing</li> <li>✓ Take action and apply wellbeing findings and tools to your wellbeing policy making</li> </ul>
<b>Exploring Wellbeing Inequality</b> 6 July 2021	WWCW <a href="#">report</a> and <a href="#">How-to guide</a> <ul style="list-style-type: none"> <li>what is wellbeing inequality?</li> <li>why does wellbeing inequality matter</li> <li>how we measured wellbeing inequality</li> <li>wellbeing inequality across Britain</li> <li>wellbeing inequality between groups</li> </ul>	<ul style="list-style-type: none"> <li>✓ Explain what wellbeing inequality is and how is can be measured</li> <li>✓ Identify which groups are most at risk of low wellbeing</li> <li>✓ Describe how to compare wellbeing inequality between groups and over time</li> <li>✓ Apply insight to own policy making</li> </ul>
<b>Workshop 3</b> 23 September 2021 (2.5hrs)	2 learning sessions: <ul style="list-style-type: none"> <li>Deep Dive - The Implementation hallmark (of coherent wellbeing policy making)</li> <li>Wellbeing and Levelling up</li> </ul>	<ul style="list-style-type: none"> <li>✓ Explain the role of implementation in wellbeing policy and why it matters</li> <li>✓ Describe key features of a wellbeing approach to levelling up</li> <li>✓ Take action and apply wellbeing findings and tools across the local authority and wider partnership</li> <li>✓ Clear about what's required for reporting: action plans, blog and optional practice example</li> </ul>

Table 4. Topics and learning objectives for each workshop.

## Delivering the programme

The Introduction to Strategic Space and Policy Skills workshop was delivered by Clair Fisher, an associate at the What Works Centre for Wellbeing. Clair is a senior policy professional who specialises in helping public sector organisations develop their strategic capacity. In contrast to the other sessions, the second introductory workshop, 'Wellbeing 101', was open to participants and their colleagues. The aim of this was to support participants to create an enabling environment for wellbeing policy making in their local authorities – with more of their colleagues sighted on the value of placing wellbeing evidence at the heart of policy.

During the first workshop participants spent time together and in small groups on the 'Negotiating the Space' activity of the Learning Community Development toolkit. Core themes of building trust, action focused and pragmatic were agreed. Participants expressed a desire for the cohort to act as a 'safe space': somewhere to explore the sometimes-challenging political climate policy makers were operating in.

### Our learning community

- **Focus:** What does good practice in wellbeing policy making look like?
- **Ground rules:** trust, safe space free from judgement, action-focused, pragmatic (experience, practice, data and evidence of what works), listen, 'no wrong answer approach' in discussions.
- **Activities:** Share learning from formal training, learning from each other, learning together, Book/pod/resource review club? Speaker sessions?
- **Outcomes:** collective sense-making, reassurance, personal development, improved personal wellbeing.
- **How will we work together?** Knowledge hub group? Linked In Professional Group? E-mail?
- **Review and reflect** – diary, notes, CPD reflexive practice, blog.



Figure 16. Discussion prompts for shaping the learning community.

The learning community was also to act as a place for participants to share not finished/not perfect work at a formative stage, facilitating sense-making conversations, giving and receiving feedback. A secure group was set up on the public sector knowledge hub (Khub) to enable presentations to be shared, a library of resources to be curated, and to provide a secure discussion forum for participants. During this first workshop, time was also set aside for participants to discuss with the facilitator, how best to reflect and learn, individually and collectively through the 6 months.

At the end of the programme, participants' progress reflected two approaches: those taking action and developing wellbeing policy, and those actively exploring opportunities and laying the foundations for future work.

## Action: policy making taking place

### *Babergh and Mid Suffolk District Councils*

The Councils' overarching vision is to build 'great communities with bright and healthy futures that everyone is proud to call home.'

Wellbeing is one of the Councils' priorities to deliver that vision, and participants used the programme to develop a [Wellbeing Strategy](#).

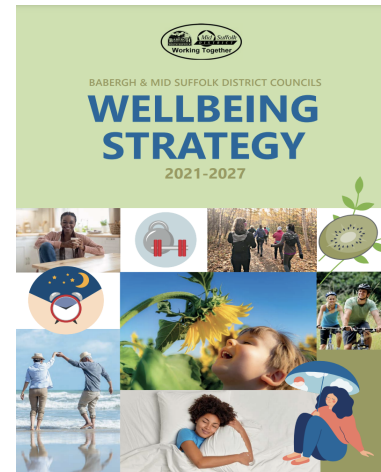


Figure 17. Babergh & Mid Suffolk District Councils Wellbeing Strategy 2021-2027.

Drawing on the Centre's Hallmarks of coherent wellbeing policy, and the Measuring National Wellbeing Programme from the UK Office for National Statistics, the strategy:

- Sets out a vision for the wellbeing of communities;
- Identifies factors that affect wellbeing, and assesses wellbeing need;
- Defines the required strategic long and short term outcomes for the wellbeing of communities;
- Sets out a mix of objective and subjective performance measures; and
- Describes the implementation approaches to be adopted.

### Defining Wellbeing

Wellbeing, put simply, is about 'how we are doing' as individuals, within communities, in our local areas and society and how sustainable that is for the future. This is a holistic view of peoples' lives, taking into account not just health, but our opportunities, engagement and success in other areas of life including social, civic, economic and the built and natural environment.



Figure 18. Defining wellbeing and the factors that affect it. Babergh and Mid Suffolk District Councils Wellbeing Strategy 2021-2027, p. 5.



### *Blackburn with Darwen Borough Council*

Blackburn with Darwen unitary authority used their time on the programme to develop a Mental Wellbeing and Inequalities Framework. Led by the Council's Public Health team and working collaboratively with partners across the public and voluntary and community frontline sector (VCFS), the aim of their framework is to raise the profile of mental wellbeing, as an important indicator of how people in Blackburn with Darwen are doing. The framework is designed for council departments and partner organisations to use to explore how a policy or service influences the mental wellbeing of residents and identify opportunities to maximise its positive impact. The tool encourages users to look closest at the people with the lowest levels of mental wellbeing and address inequalities, to ensure equity of services and resources. The team used the Centre's Covid:WIRED interactive database<sup>48</sup> and groups at risk of low wellbeing resources<sup>49</sup>. They also took inspiration from the ACT Wellbeing Framework developed by the Canberra Government in Australia<sup>50</sup>.

### *Kirklees Council*

Kirklees' entry to the What Works Centre for Wellbeing cohort was guided by a focus on inclusion, and by a question: what happens if you look at inclusion through a wellbeing lens? The team looked at the stark differences between experiences of wellbeing within and between communities, and got acquainted with their data on wellbeing inequalities. The pandemic has changed the scale and the urgency of the challenges Kirklees faces to improve opportunities for everyone in the borough, and although some nationally collected wellbeing data was available at a borough level, for example through the OHID Fingertips self-reported wellbeing metrics, there was a collective desire to understand how different people and different communities were doing.

The team strengthened their Kirklees (CLiK) household survey and included a range of wellbeing metrics:

- How often do you feel lonely?
- To what extent do you agree or disagree that you personally can influence decisions affecting your local area?
- To what extent do you agree or disagree that your local area is a place where people trust each other?

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<sup>48</sup> The What Works Centre for Wellbeing, 2021. Covid: WIRED An interactive database mapping wellbeing inequalities. Available at <https://whatworkswellbeing.org/projects/covidwired/>

<sup>49</sup> The What Works Centre for Wellbeing and ONS, 2018. Who is at risk of low wellbeing. Available at <https://whatworkswellbeing.org/resources/who-is-at-risk-of-low-wellbeing/>

<sup>50</sup> ACT Government, Chief Minister, Treasury and Economic Development Directorate, 2020. ACT Wellbeing Framework. Available at <https://www.act.gov.au/wellbeing/wellbeing-framework>

- How satisfied are you with your life nowadays?
- To what extent do you feel the things you do in your life are worthwhile?
- How happy did you feel yesterday?
- How anxious did you feel yesterday?

One of the standout moments in the cohort conversations for Kirklees, was understanding that parental mental health drives adult life satisfaction<sup>51</sup>, and emotional health at 16 is the biggest driver of how well people do as adults. These were considered incredibly important in terms of driving their approaches, recognising the importance of a life course lens<sup>52</sup>, and emphasising the importance of tackling early years and educational inequalities.

### *Redcar and Cleveland Borough Council*

Redcar and Cleveland Council use a holistic, asset-based approach to improve community health and wellbeing and reduce inequalities. The focus of their policy making was to maximise the wellbeing impact of their existing programmes. The team set about embedding a new, 'data and evidence'-informed way of working using evidence of 'what works' to improve wellbeing alongside wellbeing measures to monitor and target interventions. Through discussions with peers, the team explored not only establishing the wellbeing need of an area, but also identifying a community's social, cultural and material assets that could be exploited to maximise wellbeing. As a coastal community, the role of the marine and coastal margins, heritage, arts and culture were a particular focus for the team's work. The ONS4 measures of personal subjective wellbeing were added to the borough household survey, providing below-local authority level wellbeing data, for the first time. With support from the Centre, the team created a bespoke community wellbeing dashboard, drawing on the Centre's Local Needs for Wellbeing Data framework<sup>53</sup>.



Figure 19. Framework for local wellbeing data.

<sup>51</sup> The What Works Centre for Wellbeing and LSE, 2018. Origins of Happiness briefing. Available at: <https://whatworkswellbeing.org/resources/origins-of-happiness-briefing/>

<sup>52</sup> Director of Public Health Annual Report Kirklees 2020-2021. Health Inequalities across the life course. Available at: <https://www.kirklees.gov.uk/beta/delivering-services/pdf/public-health-report-2021.pdf>

<sup>53</sup> The What Works Centre for Wellbeing, 2017. Understanding local needs for wellbeing data. Measures and Indicators. Available at [https://whatworkswellbeing.org/wp-content/uploads/2020/02/understanding-wellbeing-locally-Nov-2017-links\\_0216388900.pdf](https://whatworkswellbeing.org/wp-content/uploads/2020/02/understanding-wellbeing-locally-Nov-2017-links_0216388900.pdf)

## Sutton Council

Sutton Council applied their learning and understanding of wellbeing policy making to the development of a Shared Children's Plan for the borough. This is a plan for the Council's work with children and families aged 0-25. There is a clear priority to take a systems approach and work collaboratively with partners including Health, Voluntary Sector, Children's Social Care, mental health services.

In addition to working with the Local Government and Health lead at the What Works Centre for Wellbeing, support was also provided by colleagues in the Children's Society and National Academy for Social Prescribing. The Children's Society shared their work on the Good Childhood Index<sup>54</sup> and research on conceptualising and measuring children and young people's subjective wellbeing<sup>55</sup>. The National Academy of Social Prescribing helped facilitate an in-person workshop for young people's social prescribing in Sutton.

The team designed a survey for 16-18 year olds that it's hoped will be undertaken on an annual basis. For the shared Children's Plan, measures were developed within a framework that placed the experiences of children and young people at its heart:

- Myself
- My family
- Online
- My community
- My relationships
- My safety



Figure 20. Children's Plan 2021-2023, Sutton Council.

<sup>54</sup> The Children's Society, 2010. The Good Childhood Index. Available at

<https://www.childrenssociety.org.uk/information/professionals/good-childhood-index>

<sup>55</sup> The What Works Centre for Wellbeing and The Children's Society. Measuring Children and Young People's Subjective Wellbeing. Available at

<https://whatworkswellbeing.org/resources/measuring-children-and-young-peoples-subjective-wellbeing/>

### Westminster City Council

The team joined the programme with the aim of updating their staff wellbeing policy. Although the existing strategy identified enablers of wellbeing at work, there were no clear priorities for action, or performance measures to quantify impact. The Centre delivered a bespoke workplace wellbeing learning session for the two teams working on this topic. Westminster brought together evidence on the drivers of workplace wellbeing<sup>56</sup>, job quality factors<sup>57</sup> and developed a model of three pillars of wellbeing.



Figure 21. Westminster Council Wellbeing Strategy 2022-24.

The strategy embraces promotion and prevention: providing good-quality jobs in safe environments that enable staff to thrive, and restitution: supporting people when they are unwell and unable to work.

### Interest - learning and actively exploring opportunities

Four Local Authorities used the programme to build skills and knowledge individually, and with peers and leaders, laying the foundations for future wellbeing policy making.

### The City of Edinburgh Council

The city's wellbeing has been a longstanding priority for Edinburgh Council. In response to the pandemic, a Wellbeing Programme was established to both respond to the immediate challenges the city faced, and to consider longer-term priorities for the city. The Wellbeing Programme is underpinned by a new Business Plan which brings together key strategies and projects that will drive this work

<sup>56</sup> The What Works Centre for Wellbeing, 2018. Drivers of workplace wellbeing. Available at <https://whatworkswellbeing.org/blog/developing-an-evidence-informed-workplace-wellbeing-index/>

<sup>57</sup> The What Works Centre for Wellbeing, 2017. Job quality and wellbeing. Available at <https://whatworkswellbeing.org/resources/job-quality-and-wellbeing/>

forward. In joining the programme, the team was keen to focus on a core group of services identified as key to delivering wellbeing outcomes: Culture, Sport and Leisure, Libraries and Adult Education. Their aim was to join-up their service offer across these key services and work collaboratively with partners, maximising the wellbeing impact of the money, time and resources invested.

Although there was clarity within each service as to its role in supporting the city's wellbeing, the challenge the team faced was defining what wellbeing means collectively and how to measure and prioritise initiatives and projects to maximise impact. The team used the six hallmarks of coherent wellbeing policy as a starting point for discussions. Reflecting on their participation in the programme, participants identified four top tips:

- It is easy to get lost in the definition of wellbeing and what it means for different people. Use the evidence base as a starting point early on to help bring a collective understanding across stakeholder groups;
- Use local data and national measures to challenge assumptions around wellbeing needs in your local area;
- The definition of measures can be challenging, for us it proved useful to define themes and refine measures as our policy or programme developed. The What Works Centre for Wellbeing Measures Bank is a great resource for specific measures and inspiration<sup>58</sup>.
- Prioritise wellbeing outcomes and measures based on your key objectives. For our programme Pleasure and Purpose came out as a strong theme based on the services within scope.

### *East Devon District Council*

When the East Devon District Council (EDDC) joined the programme, their initial plan was to prepare a wellbeing strategy. However, having completed an activity reviewing how the District Council Housing service currently contributes to improving wellbeing, and mapping their spheres of influence, it quickly became clear that there were existing priorities to work with:

- The EDDC Cabinet had recently agreed to promote community wellbeing and seek continuous improvement as specific goals.
- EDDC Housing had already been exploring tenant wellbeing, with a colleague co-authoring the Your Home Your Wellbeing report with Live West and the University of Birmingham<sup>59</sup>. This recommended “ongoing efforts to

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<sup>58</sup> The What Works Centre for Wellbeing, 2019. Wellbeing Measures Bank. Available at <https://measure.whatworkswellbeing.org/measures-bank/>

<sup>59</sup> University of Birmingham, 2019. Your Home, Your Wellbeing. Available at: <https://www.birmingham.ac.uk/news/2019/your-home-your-wellbeing-an-insight-into-experiences-of-social-housing-tenants-shared-owners-and-those-on-the-social-housing-waiting-list>

understand individual needs and neighbourhood dynamics combining newer wellbeing approaches with more established social and economic metrics."

- EDDC Housing Service Plan objective to implement work with health and wellbeing priorities.
- Public Health Strategy goal "to reduce inequalities and achieve greater health and wellbeing".

Through the workshops, the team's focus shifted to policy implementation: how to deliver existing policy commitments in a way that maximised wellbeing impact. The team has plans to deliver a presentation to senior leaders at EDDC Housing proposing:

- Tenant wellbeing as the overarching goal for all activities in EDDC Housing;
- Collection of consenting tenants' subjective wellbeing scores, using the ONS4 harmonised measures;
- Sharing data on tenant wellbeing in next year's annual report;
- Considering how to improve tenant wellbeing every time the service has contact with the household.

### *Southampton City Council*

The Southampton team joined the programme to review and update their internal employee wellbeing strategy: 'The Way We Work' that was first published in 2019 to reflect the new operating context that the global pandemic had brought. April – September 2021 proved to be a difficult time for the Council's HR team with significant pressures arising from supporting their workforce through the ongoing pandemic, and changes in personnel within the HR division. The team focused the small amount of time they were able to carve out to support their network of staff wellbeing champions and Mental Health First Aiders. Working with the Centre, the team delivered lunch and learn sessions on employee wellbeing and sharing evidence-informed action for supporting personal mental wellbeing including the Five Ways to Wellbeing<sup>60</sup>, and Action for Happiness Ten Keys to Happier Living<sup>61</sup>.

### *Walsall Council*

The Walsall team joined the programme with the aim of embedding wellbeing as one of the building blocks of an exciting new Policy and Strategy Unit. The Unit's role is to deliver evidence-based thought leadership and influence across all directorates and partnerships for the benefit of Walsall and wider Black Country communities. The team took content from the programme and applied this to a new policy writer's toolkit.

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<sup>60</sup> The What Works Centre for Wellbeing, 2017. The five ways to wellbeing in the UK. Blog. N Hey. Available at <https://whatworkswellbeing.org/blog/five-ways-to-wellbeing-in-the-uk/>

<sup>61</sup> Action for Happiness. Ten Keys to Happier Living. Available at <https://actionforhappiness.org/10-keys>



## Programme evaluation

Evaluation of the cohort programme took place during November/December 2021. Cohort participants were invited to complete an online survey. All ten cohort participants responded. The cohort evaluated strongly with particular support for the structure and range of approaches to delivery:

*"The fact that the cohort sessions were delivered virtually offered flexibility which was great."*

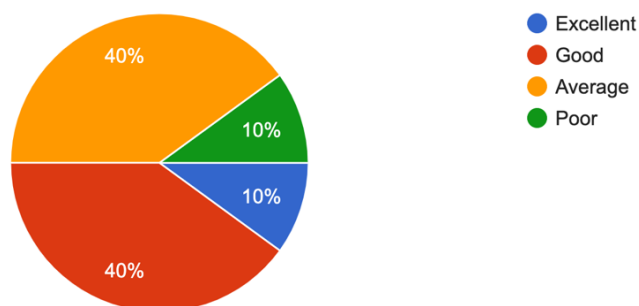
*"I enjoyed the mix of listening to evidence, and then some discussion in the sessions. In particular the chance for a phone call with [the What Works Centre for Wellbeing] as well to then follow up and reflect."*

*"The extra support from [the What Works Centre for Wellbeing] in between sessions. This enabled me to work through any stumbling blocks and to have someone to clarify the work I was undertaking."*

As shown in the two diagrams below, participants increased their broad knowledge of wellbeing and of the more specific areas of drivers of wellbeing and measures.

How would you rate your knowledge of wellbeing at the start - before any workshops

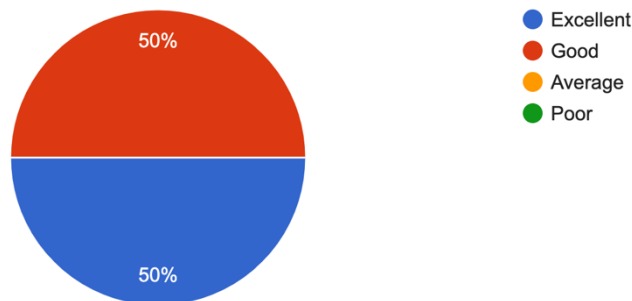
10 responses





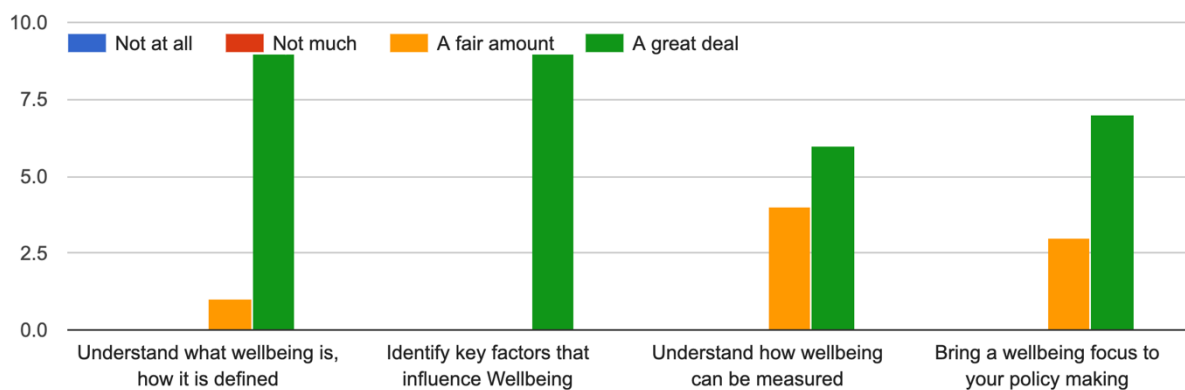
How would you rate your knowledge of wellbeing at the end of our time working together as a cohort - October 21

10 responses



The cohort programme met its core objectives:

To what extent do you think being part of the cohort has helped you to:

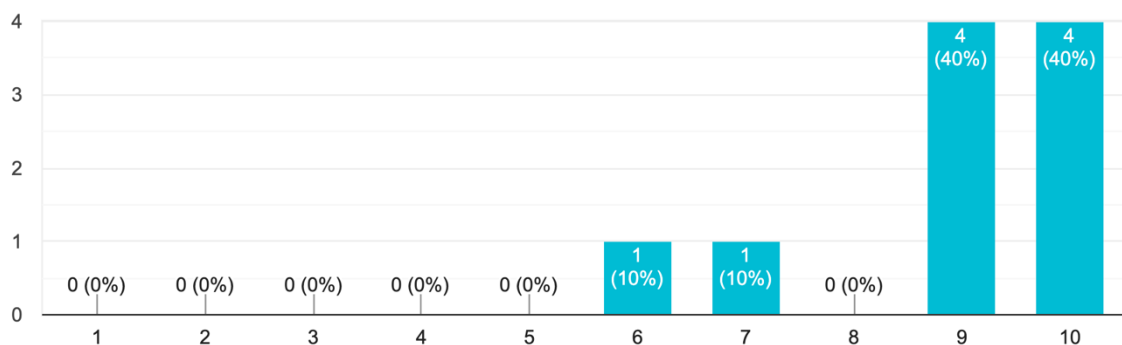


Participants agreed the cohort provided an engaging learning experience and the format chosen was appropriate.

Overall, how would you rate your experience of being part of the cohort? (1= very poor,

10=excellent)

10 responses



Participants described a range of impacts attributed to their participation:

*"We are now working on development sessions for our staff to embed a wellbeing lens in their work."*

*"Links to [household] survey, informing health and wellbeing strategy review."*

*"We have progressed our Mental Wellbeing and Inequalities framework and hope to have it finished and signed off in the new year. We also have a new and engaged Mental Wellbeing Strategy Group, and have secured a development session with the Health and Wellbeing Board to showcase and embed the work in the health and wellbeing Strategy."*

*"Influenced our Children's Plan measures. And has gone on to influence the way we shape our service mapping across the borough."*

*"Making senior management listen! Lends weight to arguments for working in new ways with service users."*

The area that participants felt could be strengthened for any future cohort programme was the ability to meaningfully connect with others - although 70% of participants agreed or strongly agreed they were able to connect; 30% neither agreed nor disagreed. Reflecting on this, participants cited the limited time they spent together (three half day workshops, plus three one and a half hour sessions across the six months):

*"Perhaps not much time to connect, build relationships. So, it was hard to remember people's context and what they were working on etc."*

Other participants reflected on the time pressures they were under themselves during this period which made this activity difficult to prioritise:

*"Time, it has been tricky through the pandemic to focus on extra work"*

*"Time pressures and other work priorities. I was unable to participate in the Knowledge Hub or networking outside of the sessions, which would have enhanced learning and sharing from other LAs."*

Finally, participants were asked how they would describe their experience to a future participant, and a series of excellent recommendations were received:

- It's worthwhile for the inputs - benefits are proportionate to the time commitment - easy to get something out of it!
- It was a positive experience. It is a commitment, but you get lots from it. Personally, and in terms of your work.
- I would describe the experience as very positive - that it will hugely assist them with understanding the drivers of well-being, knowing where your organisation

is at, how you can improve well-being and measure the impact of initiatives etc., as well as write an effective strategy

- It is a great learning experience. It allows you the time to explore a new way of working and challenges some of our current ways of working. Once you start using a wellbeing lens you will wonder why you have not done this before.
- It is brilliant, insightful and opening. If you are wanting to see the bigger picture and create policy that offers something different and outside of a restricted perspective, then you have to be part of this.
- Clear time in your schedule to do the work and protect it!
- I would highly recommend that they take part in any future cohort. I would assure them that it is not a significant time commitment (as I know this can sometimes be a challenge) and that it was very beneficial for our programme. I would also say it was a very enjoyable experience on a personal level.
- Do it, you won't regret it! High quality support and responsive tailored support to help you achieve your objectives. Excellent CPD, highly recommended.
- I would say it's a great chance to connect with others on a human level, looking at a specific piece of work. It isn't too time intensive but good if you can invest the time to make the most out of it.
- Great experience with like-minded partners from other LAs, very informative and shared resources.

# Achievements and impacts

## Strengths

The three years in which this two-year programme was conceived, delivered and evaluated has been one of considerable challenge. The primary audience for this work, wellbeing policy makers in local government and their colleagues, found themselves at the forefront of local place-based responses to the Covid-19 pandemic: making local services safe and protecting those with lowest wellbeing<sup>62</sup>. The Document Analysis conducted in 2020 was designed to deliver a practical, useful body of knowledge, while creating limited demand on public health professionals. In this regard it was highly successful.

The resulting hallmarks of effective wellbeing policy making, and the accompanying maturity model, provide practical tools for policy makers. When tested in a real-world setting, these were used in a variety of ways. For some policy makers, they provided a focal point for discussions on wellbeing with peers, senior leaders and partner organisations. Others, including the project lead, used them as a scaffold for wellbeing training and development. The hallmarks have been shared, discussed and debated with a range of audiences in the UK and globally including Canberra, Victoria, Vancouver, the OECD, pan-Canadian policy makers and the City of Stockholm. In the UK, cities including London, Manchester and the North of Tyne Combined Authority engaged with the hallmarks when preparing place-based wellbeing frameworks. Professions, including land-use planners, developers, economic development and regeneration leads, public health, mental health and housing professionals, hosted seminars to explore maximising wellbeing from their own unique standpoints. Organisations including NHS England, NHS Leadership Academies, Public Health England/the Office for Health Improvement and Disparities, the National Institute for Health and Care Research, the Local Government Association, and Universities UK sought to build this insight into their core wellbeing offers and programmes of work and/or research.

The phase of this project to identify core skills of wellbeing policy practice is, in contrast, less developed and less debated. Opportunities to address this are discussed below. In the small number of cases where skills, attitudes and behaviours were debated, there was strong support for the factors identified, and the illustrative examples highlighted were resonant and well received.

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<sup>62</sup> The Kings Fund, 2021. Directors of public health and the Covid-19 pandemic: A year like no other. Available at <https://www.kingsfund.org.uk/publications/directors-public-health-covid-19-pandemic>

The Local Authority Wellbeing Policy Making Cohort project provided a unique opportunity to bring research into practice and explore implementation approaches. Participants developed strategies, frameworks, decision aids, data dashboards and learning programmes across a wide range of focus areas including: workplace wellbeing, community wellbeing, mental wellbeing and inequalities, inclusion and children and young people's wellbeing. Areas illustrated how local insight can complement nationally collected data, adding richness, below Local Authority level data and contextual analysis reflecting the differing wellbeing experience of individuals, groups and populations in their areas. The peer-support the programme provided, and the space for reflection and personal development was repeatedly highlighted in the evaluation as equally valuable to the knowledge of wellbeing and policy making that was acquired.

## Limitations

This project is limited by several important factors. For the document analysis, operating as a lone researcher and as the project lead for the majority of the time, it was difficult to ensure personal preferences of language, style and wellbeing framing did not introduce bias. The use of a peer reviewer at the start of the study to shape the data extraction template, and review data collection, was an attempt to address this. The project lead invited a colleague at the What Works Centre for Wellbeing to join the early stages of the document analysis, with a view to understanding the extent to which using a single researcher may introduce bias. Working alone, both individuals used the data extraction form to carry out a review of sample strategy 1, using an agreed approach of skimming, reading and interpreting. The results obtained from both parties were reviewed and the usefulness of the data extraction form discussed. There was broad agreement on the practice examples extracted for inclusion in the analysis, and both project lead and peer reviewer had similar understanding of all sections of the form. As a result of these discussions, a couple of sections in the data extraction form were modified, guiding explanatory text was introduced as prompts and the order of a couple of sections were changed to aid flow. The project lead used reflective practices throughout, mindful of this concern examining personal, interpersonal, methodological and contextual factors that may influence how the project develops and how learning is captured.

Documentary analysis is frequently used alongside other qualitative research methods to triangulate and corroborate findings. However, this approach was not possible within the scope of this project due to resource restrictions. Although the document sample was randomly generated and stratified, in representing only one in six health and wellbeing strategies produced it is highly possible that it failed to

represent the range of environments within which wellbeing policy makers operate and the diversity of plans are prepared.

Sampling for qualitative interviews with wellbeing policy makers was voluntary, and with this comes an approach not to produce generalisability or representativeness, but to hear experience. It is important that any knowledge translation that occurs from this element of the project makes this explicit. In using Appreciative Inquiry as a framing for the interviews, it is also important to note that this itself brings limitations, particularly in exploring barriers to successful implementation.

Finally, reflecting on the limitations of the Local Authority Wellbeing Policy Making Cohort programme, of note was the high turnover of programme participants. At the end of the programme, six months after its commencement, only three of the original practitioners were in post. For the majority it was a good news story: promotion to more senior roles in neighbouring authorities. Others left local government and secured employment in different sectors and industries. Although difficult at the time, this change did bring a number of unanticipated benefits. Many areas chose to bring colleagues along to the session, and built a 'team' ensuring knowledge, insight and policy making continued beyond their involvement. Others took their newly gained wellbeing insight to their new roles, and have continued their personal development, albeit in a different context, and in some cases in a different focus area.

## Implications for practice and future research

These limitations notwithstanding, this is the first research to explore wellbeing policy making by Local Authorities in the UK, and in this regard the project provides a much-needed starting point and benchmark for future activity. The project has highlighted a wide variety of approaches to wellbeing policy making in local authorities in England and a marked diversity in the way in which the wellbeing elements of Health and Wellbeing Strategies are conceptualised, prioritised and actioned. This is accompanied by a paucity of research as to 'what works' in this specific context.

This exploratory research to practice project provides valuable insight, but there is an important role within the wellbeing policy community to test, learn and develop this approach. One way that this could be achieved is with a group of local authority policy makers reviewing and testing the study's maturity model, and shaping a more detailed guidance document illustrating how the tool can be used in practice to improve wellbeing outcomes. Longer term, there is a role for research to evaluate the impact of applying the hallmarks approach in policy development: does it

provide more coherent wellbeing policy making, in what contexts, and to what extent does this translate to improved wellbeing?

The skills for wellbeing policy making is at an earlier, more exploratory phase than the hallmarks policy elements described above. Here partnerships with professions would be welcomed to continue to iterate and develop the findings. Many professions have bespoke workforce competency frameworks, for example the Public Health Skills and Knowledge Framework that is a tool to develop public health professionals' skills needed in the future. Another example is the Civil Service Policy Professional Development Framework that describes the journey from basic knowledge, to adept leader. One approach could be to explore what a wellbeing lens applied in these profession specific contexts could yield.

The Local Authority Wellbeing Policy Making Cohort programme was highly regarded by all participants, and provided much needed support, development and expertise. An opportunity to provide a learning community for a new cohort of policy makers either with a single focus, for example Levelling Up, mental wellbeing or workplace wellbeing, might give participants the opportunity for more meaningful collaboration and a 'deeper-dive' into a particular focus area.

Finally in this section, it is important to reiterate the comments of the Chief Medical Officer for England: much more research into public mental health and wellbeing is required. This is not only to not only bring parity of esteem with its physical health counterpart, but also to ensure we place wellbeing at the heart of policy making in an evidence informed way.<sup>63</sup>

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<sup>63</sup> Whitty, C., 2020. Mental Health Research Goals. Available at <https://www.nihr.ac.uk/blog/mental-health-research-goals/25856>

## Conclusion

*“Mental health and wellbeing is recognised by local people as fundamental to all our lives and to the communities where we live. It underpins everything we do, how we think, feel, act and behave. It is an essential and precious individual, family, community and business resource that needs to be protected and enhanced.”*

(6, CA, p. 11)

COVID-19 and the current cost of living pressures together reinforce how public mental health and wellbeing is an urgent policy challenge requiring action globally, nationally and locally; engaging all sectors of society. Although the whole of the UK is feeling these social and economic pressures, it is clear that the impact has been and continues to be different for different people. Core tenets of wellbeing, food and water, housing, safety and security, continue to be out of reach to an increasing number of individuals, and the precarity felt by those living in misery cannot be underestimated. It is vital our policy response reflects not only the objective conditions in which people are born, grow, live, work and age but the subjective ways in which they experience their lives.

This project sought to identify mechanisms to strengthen the wellbeing impact of local government policy making. The literature review established the strength and depth of the wellbeing evidence base, ready to take its place at the heart of policy making. Documentary analysis of health and wellbeing strategies, the primary policy driver in this regard in upper tier local authorities, revealed a mixed picture in both the conceptualisation of wellbeing and the articulation of the policy imperative. The extent to which these policies were evidence-informed, either by evidence of wellbeing need or evidence of effectiveness of proposed interventions was unclear.

Interviews with policy professionals who had successfully developed a wellbeing approach were insightful. Individuals had highly developed communication skills and were able to influence with purpose. To secure their policy's implementation they drew on statutory and informal levers to influence leaders and build networks. They used a wellbeing lens to deliver change, gave voice to lived experience and addressed the social determinants of health.

A learning cohort, bringing together local authority officers, accelerated the pace at which policy making took place, increased the extent to which evidence informed prioritisation, and developed practitioners' wellbeing skills and knowledge. Before COVID-19 there were an estimated four million people in the UK experiencing low wellbeing. Given the insight this project provides on wellbeing inequity, and the opportunities coherent wellbeing policy making provides, it is imperative we act now, and place wellbeing evidence at the heart of policy.



# Appendices

## Appendix 1 Example of completed data extraction form

XXX Council

### 1. Basic information

<b>Sample Ref:</b> 02	<b>Type:</b> Unitary
<b>Strategy Title:</b> XX Joint Health & Wellbeing Strategy 2017-2022	
<b>Time frame:</b> 2017-2022	
<b>Number of years:</b> 5	<b>Number of pages:</b> 20

### 2. Overview

<p><b>2a What is the broad structure of the Strategy?</b> An Ambition and four Themes, each with a priority. The Themes are Mental Health &amp; Wellbeing plus three 'life stages':</p> <ol style="list-style-type: none"><li>1. <b>Mental Health &amp; Wellbeing:</b> Get better at spotting the early signs of mental ill health and intervening early</li><li>2. <b>Starting and Growing Well:</b> Support for the first 1001 days, especially for vulnerable communities</li><li>3. <b>Living and Working Well:</b> Promote workplace health and remove barriers to employment</li><li>4. <b>Ageing Well:</b> Reduce loneliness and isolation for older people</li></ol> <p><b>Does the strategy include a version of Dahlgren-Whitehead 'rainbow model'?</b> Yes</p> <p><b>Is there a definition of wellbeing/is there a clearly understood meaning of wellbeing?</b> No</p>
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<p><b>2b. Framing of wellbeing in the Health &amp; Wellbeing Strategy</b></p> <p><b>Any discussion of life satisfaction?</b> The concept of self-reported life satisfaction not explicitly discussed in the strategy.</p> <p>Pg. 12. In the Living and Working Well Theme: "We want to see everyone in XX having the maximum opportunity to live their lives to the full, including employment for everyone capable of it, with employers taking seriously the health and wellbeing of their staff".</p> <p><b>Any discussion of happiness?</b></p> <p>Happiness mentioned in the foreword, but no further mentions/discussion/exploration in the strategy.</p> <p>Measure of Adults reporting low happiness used in infographic to describe characteristics of XX population [PE]</p>
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**Any discussion of meaning/purpose?**

No

**Any discussion of anxiety/anxious/anxiousness?**

Yes, pg. 5, Inclusion of metric 'Adults reporting high anxiety'

3 Appreciative Inquiry – What's good?

**3a. From a wellbeing policy perspective: what's good in this strategy?**

*Good wellbeing framing*

Foreword Pg. 3. "On almost every indicator, health, wellbeing and happiness in XX is well above the national average. We must make sure we keep it that way" And the Strategy's first theme is Mental Health & Wellbeing.

*Asking people what matters to them*

Pg. 4. In putting the Strategy together, consultation established that "the wider things - beyond the state of someone's physical health - which can affect a person's wellbeing. You told us this was particularly important"

*Assessment of current wellbeing in population*

Measure of Adults reporting low happiness used in infographic to describe characteristics of XX population

*Emphasis on importance of relationships to wellbeing*

Parenting support, support for mothers  
Older people, isolation & loneliness

**3b Notable practice examples**

Pg. 5 Measure of Adults reporting low happiness and high anxiety used in infographic to describe characteristics of XX population

Pg. 12 Priority given to workplace wellbeing "Our top priority is to work with XX employers to promote health and wellbeing in the workplace, and to help remove any barriers to the employment of vulnerable groups".

#### 4. Wellbeing framing in Vision, Aims/Objectives & Priorities

##### 4a Wellbeing in Vision?

Does that Strategy have improving wellbeing as an overarching goal? Yes/No

Yes – “Our ambition is for every single resident of XX to enjoy the best possible health and wellbeing throughout the course of their life”

##### 4b Wellbeing articulated in aims & objectives

**From a wellbeing policy perspective: what’s good in this strategy in the way aims/objectives are framed?**

The four priorities together, have a strong wellbeing framing:

Get better at spotting the early signs of mental ill health and intervening early

Support for the first 1001 days, especially for vulnerable communities

Promote workplace health and remove barriers to employment

Reduce loneliness and isolation for older people

##### 4c Is improving wellbeing an established priority of the strategy?

Not explicitly, though core elements are as detailed above.

#### 5. The context when ‘wellbeing’ occurs when not preceded by ‘health and’

Page(s)	Description
2, 13	Workplace Wellbeing Charter “Promote the Workplace Wellbeing Charter amongst the city’s employers, ensuring board members lead by example”
3	“On almost every indicator, health, wellbeing and happiness in XX is well above the national average. We must make sure we keep it that way”
4	“In putting this Strategy together, we have taken account of the wider things - beyond the state of someone’s physical health - which can affect a person’s wellbeing. You told us this was particularly important”.
8	In the Mental Health & Wellbeing Theme: “We want to see people in XX enjoying good mental health throughout their lives, with the confidence to promote their own wellbeing, supported by excellent, integrated services should they need it”
9	“Promote the five steps to wellbeing approach to help people to improve their own mental health”

## 6. Use of 'evidence'

### 6a Evidence of health & wellbeing need

#### Any mentions?

Pg. 4. In putting this Strategy together we have taken account of the latest evidence about what is needed in XX, drawing on information from a wide range of sources. You can see the most recent analysis in our Joint Strategic Needs Assessment, which is available at [www.XXX](http://www.XXX). There are key facts and figures in the individual chapters of this Strategy

In the 'How do we measure outcomes section on pg. 17 "The board will monitor a range of indicators, some of which were set out in the previous chapters, to ensure that the Strategy is on track and - if not - to make adjustments based on clear evidence.

Pg. 18, in the section on wider determinants: "Some of the groups in XX where there is evidence of poorer outcomes". And then later on the same page: "those from the LGBT community, where there is evidence of poorer health outcomes".

#### Any wellbeing mentions?

See above. Also, may be additional information in Health & Wellbeing JSNA, but haven't reviewed – out of scope of research.

### 6b Evidence of effective interventions to improve health & wellbeing

#### Any mentions?

No

#### Any wellbeing mentions?

No



## 7. WISER Creating evidence-informed wellbeing policy

**Work:** *stable employment, low unemployment, good work, job quality, work life balance*

The consultation that informed the Strategy's development identified "You wanted us to promote the importance of a good work/life balance"

Pg. 12. "Our top priority is to work with XX employers to promote health and wellbeing in the workplace, and to help remove any barriers to the employment of vulnerable groups"

**Income:** *balanced, stable economic growth, effects of expenditure, debt and insecurity, choice and free time for leisure, arts and education*

Pg. 16 "The board recognises that economic growth is not always inclusive and some people can get left behind. The board endorses the use of tools such as the Joseph Rowntree Foundation's Inclusive Growth monitor, which assesses inclusivity within regions"

**Society & governance:** *encourage citizen led action, devolve power and control, increase trust in collective institutions, give citizens the wellbeing data they need, measure wellbeing*

Pg. 6. Approach – build up community-based support

Pg.16. How the strategy will be delivered emphasises resilient communities, and the importance of community-based solutions

Pg. 19. Principles – Involve highlights importance of citizen engagement.

**Emotional mental-health:** *parity for mental health, healthy life expectancy, support for parents and mother's mental health, build social and emotional skills for school and work*

Leading Theme – Mental Health & Wellbeing

Pg. 10 "We want to see every young resident of XX getting the best possible start in life, with excellent opportunities to grow up healthy and happy"

**Relationships and communities:** *promote volunteering, giving and culture, develop opportunities for social connections, liveability – built environment connected to natural world, better commutes, reduced environmental stressors, e.g. noise and air pollution, know neighbours and choice about the amount of contact*

In the Ageing Well theme: "Our top priority is to reduce loneliness and isolation for older people"

## 8. Wellbeing Inequalities

Wellbeing inequality can be understood as the extent to which peoples' experiences of life vary within a population or between different groups. (WWCW, Measuring wellbeing inequality in Britain, pg. 3 2017 definition)

### **Does the strategy have any discussion of wellbeing inequalities as distinct from health inequalities?**

Pg.13 Living and Working Well progress measures

"XX being nationally recognised as a more equal city, with a measurable reduction in the gap in outcomes between different wards"

"More people, particularly from vulnerable groups, telling us they are happy with their health and wellbeing"

"More young people in XX telling us they feel safe, happy and able to cope with things"

## 9. Wellbeing Indicators

### **Does the strategy have any performance measures?**

Yes, measures of progress outlined for each of the four themes.

### **How is wellbeing reflected in these?**

Pg. 11 "More young people in XX telling us they feel safe, happy and able to cope with things"

Pg. 13 "The number of major employers signed up to the Workplace Wellbeing Charter"

Pg. 15 "More older people telling us they have as much social contact as they would like"

Pg. 15 "More volunteering opportunities for older people"

## 10. Notes/follow up/reflective practice

### **Contact on the strategy**

Tel: XXXXXX E-mail: XXXXX

### **Possible limitation of AI approach**

*Mental Health & Wellbeing first theme*

Really clear, from the top articulation of importance of wellbeing...however, it immediately goes into a deficit model. "What this covers: anyone who experiences mental ill health or who is affected by its impact on others. Over the course of a lifetime, this is pretty much everyone" – and all of the bullets below relate to poor mental wellbeing.

Does the Strategy go beyond wellbeing as being the absence of poor mental health? Are there enough elements of things that wellbeing enhancing? – yes, workplace, relationships

Pg. 9 "The Board will promote the five steps to wellbeing approach to help people to improve their own mental health" Is this the most effective wellbeing enhancing actions the Board could take? What about committing to measuring wellbeing in communities, understanding wellbeing inequality etc. How does AI help me? How does this link with the WWCW Centre's Theory of Change?

## Appendix 2. Interview Guide

### 1. Opening the interview

- Information about researcher, study design, ethical issues, review consent and sign.
- Please could you describe your current role?

### 2. Framing wellbeing

- What do you understand by the term 'wellbeing'?
- How does your council/organisation frame wellbeing in its policy work?
- Could you describe how you first became aware of wellbeing as a policy approach – how did you learn about applying a wellbeing lens in policy making?

#### *Supplementary options/prompts*

- o What is it about wellbeing (as a concept/approach) that excites you?
- o External or internal drivers? Elected member, corporate policy, peer, training, professional development, funder/grant requirement

### 3. Discovery – a wellbeing approach

- What is good about what you are currently doing around wellbeing?
- What does applying a wellbeing lens to policy mean in practice? What does it look like? What do you do differently? Can you give examples?
- What has been your best wellbeing achievement?

#### *Supplementary options/prompts*

- o Does your council/organisation have any specific wellbeing goals or targets?
- o Uses of wellbeing evidence in policy development?
- o Organisational culture, one team or cross council?
- o Types of evidence used? Tailored to context? Wellbeing in strategies – JSNA?  
Health and wellbeing Strategy?
- o Public engagement?
- o Do you see different parts of the council using wellbeing evidence in different ways?
- o What about different people? Elected members, senior leaders, policy officers, analysts, performance management, departments, public health

### 4. What might be – a wellbeing approach

- Imagine it's three years later, and everything you hoped for wellbeing had been achieved. What's going on? How have things changed?

- What would it look like if the council was designing in wellbeing all of the time/at every opportunity?
- What might the situation look like for the social determinants of health and health inequalities?

*Supplementary options/prompts*

- o How does this play out in policy across the life course?

## **5. Designing a wellbeing approach**

- What needs to be done differently to achieve this approach?
- What resources are required? How could the What Works Centre for Wellbeing help?

*Supplementary options/prompts*

- o What strategies would you deploy to secure buy in?
- o Localise/contextualise evidence

- What needs to be done differently so local authorities can maximise the wellbeing benefits of its statutory functions?

*Prompts*

- o Statutory duties: education services; children's safeguarding and social care; adult social care; waste collection; planning and housing services; road maintenance; and library services
- What needs to be done differently so local authorities can maximise the wellbeing benefits of other discretionary services it provides?

*Prompts*

- o non-statutory services: culture, leisure, heritage, regeneration, community development, VCSE support

## **6. Impact of COVID-19**

- How has the COVID-19 pandemic changed the way in which wellbeing is framed/understood/conceptualised?
- Has the COVID-19 pandemic presented any new opportunities to build wellbeing into policy?

## **7. Closing the interview**

- Any questions? Is there anything you thought I would have asked about wellbeing and policy that I haven't covered? Anything you wanted to share with me, but didn't get a chance?
- Confirm they are happy to end the interview. Thank the participant.



- Confirm that they are happy for the data collected during this interview, to be included in the study.
- Would they like a copy of the interview transcript and/or summary of results?

### Appendix 3. Themes and Codes with definitions

Theme/Code	Description
<b>An agile policy professional</b>	Agile, Aware, Articulate, Adaptive. An ability to manoeuvre, see around the next corner, to move nimbly and avoid pitfalls, to lead and inspire others (Gorman, T., 2019).
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
<b>A fluent interpreter</b>	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

Theme/Code	Description
<b>An enabling environment</b>	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 and 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
<b>COVID-19</b>	What has been the impact of COVID-19 on the delivery of a wellbeing approach in local government
Opportunities	New ways of working, new partnerships, new policy development
Threats	Retrenching to 'how we usually do things', breakdown in relationships, speed of working, availability

## Appendix 4. Codes with illustrative extracts

Theme/Code	Illustrative extract(s)
<b>An agile policy professional</b>	
Diverse professional experience	"Well the real irony of it is, so my equivalent chief officer of economic development has actually got an NHS background, whereas I've previously got regeneration experience as well! So our starting point is a really strong understanding, I think, of each other's areas, which is absolutely key" (3)
Approach	Example of 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 DPH annual report with the consultation period of the Local Industrial Strategy we were almost able to kind of answer that question for the LEP. 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)
<b>A fluent interpreter</b>	
Contextualising wellbeing	Example of wellbeing and economics "On the back of that recovery plan we've got to look into measuring wellbeing. And in terms of evaluating the policy I think what that means really is measuring a lot of different things that aren't GDP. Because I think the best and strongest measure of individual wellbeing is to ask people 'how are you feeling?' So, this is subjective wellbeing" (1)
Framing across professions	"So one that comes to mind was with environmental health, we said 'is it possible to plan for a good quality environment for everyone as well as a job for everyone?' and that kind of challenge is how we framed it" (2)
Wellbeing as lived experience	"Right from the start we wanted the strategy to be based on lived experience, and real stories in order for it to have resonance" (6)

Theme/Code	Illustrative extract(s)
<b>A fluent interpreter (cont.)</b>	
Wellbeing as a change mechanism	"What we're actually asking for is that the whole <i>economy</i> 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)
<b>An enabling environment</b>	
Building system knowledge	"So I've been sharing blogs that I wrote with them and moaning over a pint. So, everybody at my level agrees and then I plan to do the same with my managers and eventually, just from a lot of chipping away, I got to chat with the Mayor and the Directors" (1)
Building alliances	"It is someone who can think on their feet, see an opportunity and develop that opportunity and use your networks to link it up to other people so it grows. That's what this job is. It needs someone like that. But XXX is the type of employer who gives people space to do things" (4)
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)
<b>COVID-19</b>	
Opportunities	"And they [employees] invariably are in lower paid roles, may be experiencing health inequalities and of course, as we know, from the BAME reports, have been at higher risk of catching COVID and suffering complications. So the health and wellbeing board in XXX also is looking at that and how we can ensure that if we do commit to acting as anchor institutions to lead the local economic recovery - or help lead the local economic recovery - that we're also thinking about how we tackle some of those really entrenched inequalities amongst our own employees as well and how we make sure we keep people safe and well, from that perspective" (5)
Threats	"COVID arrived and cleared all that agenda off the table but we will bring it back" (3)