



Department  
of Health

# Wellbeing

## Why it matters to health policy

Health is the top thing people say matters to  
their wellbeing

# What difference does it make?

## A fresh and innovative approach to policy making that supports the Whitehall review of the policy profession

The Civil Service Reform Plan made a number of commitments to improve policy making including ensuring Civil Servants working on policy have the necessary skills and expertise, can use up to date tools and techniques and have a clear understanding of what works in practice. Looking at policy through a wellbeing lens offers a fresh perspective .

- Improving subjective wellbeing (SWB) is a worthy goal in its own right and can be instrumental to other outcomes – physical health, getting into work and productivity.
- SWB can be improved through marginal changes to policies and services e.g. increasing compassion and kindness in hospitals. This means we can build wellbeing into a wide range of policies and services.

**A wellbeing perspective facilitates:  
Innovation  
Earlier intervention/prevention  
Joined up policies and services**

For (social) policy makers in Whitehall subjective wellbeing will be most relevant to decision-making and provide the greatest source of policy innovation – along with other relevant objective wellbeing measures

“Eureka moment”... “It makes [wellbeing] more solid, tangible”... “It gave ‘confidence’; ‘credibility’” ... “[helps people] ‘relate to the concept [of mental wellbeing] and address it’”...  
*Feedback from LAs after using a measure of wellbeing*

“...it was really refreshing to look at the policy from the ‘person as a person’ perspective rather than just what the system does and how processes work...”  
*VOPP Policy Lead*

A policy focus on wellbeing can lead to...

Improved wellbeing and improved health outcomes

Which may ultimately reduce the healthcare burden

The **Wellbeing Toolkit** includes a range of exercises developed by the Cabinet Office:

- Stakeholder Wellbeing Analysis
- Time and Adaptation Analysis
- Wellbeing Drivers Analysis
- Policy Stretch Analysis
- Quick Wins Checklist

We have applied the toolkit in a small number of areas so far, including:

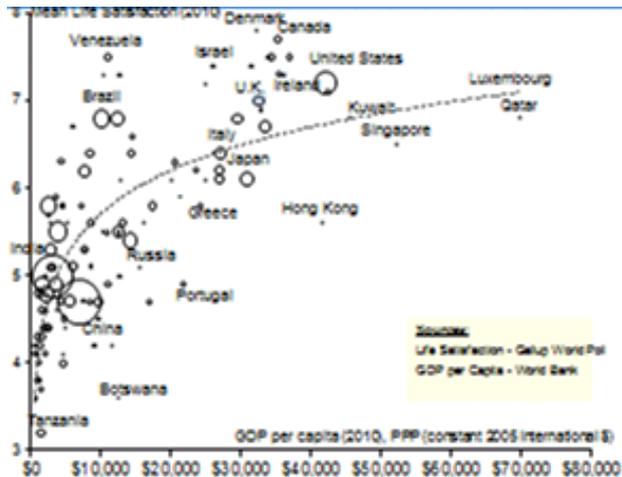
Keogh Review on Cosmetic Surgery	Vulnerable Older People Plan (VOPP)
Cosmetic surgery <i>could</i> be good for wellbeing	Wellbeing issues considered in the Plan but not explicitly communicated
the balance of provision slightly more towards public rather than private sector	Plan is currently system focused; is important to remember what impacts wellbeing of older people
Importance of prevention and challenging social norms; difference between attitudes and behaviours	Exposed risk of initial negative impact of those working in the system, e.g., GPs

# Why wellbeing matters to health

## Wellbeing:

- Adds years to life
- Improves recovery from illness
- Is associated with positive health behaviours in adults and children
- Is associated with broader positive outcomes
- Influences the wellbeing and mental health of those close to us
- Affects how staff and health care providers work
- Has implications for decisions for patient care practises and services
- Has implications for treatment decisions and costs
- Affects decisions about local services
- Has implication for treatment decisions and costs
- May ultimately reduce the healthcare burden

# Many countries now focus on wellbeing



There are diminishing returns to wellbeing from growth

GDP doesn't count everything that's important

Report by the Commission on the Measurement of Economic Performance and Social Progress

Professor Joseph E. Stiglitz, Chair, Columbia University  
 Professor Amartya Sen, Chair Adviser, Harvard University  
 Professor Jean-Paul Fitoussi, Coordinator of the Commission, IEP

www.stiglitz-sen-fitoussi.fr

There has been little change in wellbeing in the UK over 40 years

GDP counts things that are associated with decreases in wellbeing

We need better measures of social progress

<sup>1</sup>Stiglitz, Sen Fitoussi (2009). Report by the Commission on the measurement of economic performance and social progress.

# The National and International Agenda



Cabinet Office



National	International
<ul style="list-style-type: none"><li>• Cross Government Wellbeing Policy Steering Group</li><li>• Cross Government Social Impacts Task Force</li><li>• ONS Measuring National Wellbeing (MNW) programme</li><li>• Legatum Institute Commission</li><li>• 'What Works' Centre on wellbeing</li></ul>	<ul style="list-style-type: none"><li>• UN - 20 March 2013 the first ever International Day of Happiness</li><li>• OECD 'Your Better Life' index</li><li>• WHO 'Health 2020' monitoring framework – expert group on wellbeing</li><li>• Eurostat – EU SILC wellbeing module</li></ul>



# What is wellbeing?

## Definition

**Wellbeing** is about feeling good and functioning well and comprises an individual's experience of their life; and a comparison of life circumstances with social norms and values. Wellbeing exists in two dimensions:

**Subjective wellbeing (or personal wellbeing)** asks people directly how they think and feel about their own wellbeing, and includes aspects such as life satisfaction (evaluation), positive emotions (hedonic), and whether their life is meaningful (eudemonic).

The **'Wheel of Wellbeing'** – 10 domains/41 measures<sup>1</sup>

**Objective wellbeing** is based on assumptions about basic human needs and rights, including aspects such as adequate food, physical health, education, safety etc. Objective wellbeing can be measured through self-report (e.g., asking people whether they have a specific health condition), or through more objective measures (e.g., mortality rates and life expectancy).

## Measurement

### 'The ONS 4'

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel the things you do in your life are worthwhile?
3. Overall, how happy did you feel yesterday?
4. Overall, how anxious did you feel yesterday?



Other aspects of wellbeing alongside personal wellbeing include: relationships; health; what we do; where we live; personal finance; education and skills; the economy; governance; the natural environment

## The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

A validated measure of mental wellbeing that has been used, among other things, to assess the impact of health interventions on individual wellbeing and to track the mental wellbeing of the nation through the ONS 'Wheel of Wellbeing'

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Some of the time	Often	All of the time
I've been feeling optimistic about the future				
I've been feeling useful				
I've been feeling relaxed				
I've been feeling interested in other people				
I've had energy to spare				
I've been dealing with problems well				
I've been thinking clearly				
I've been feeling good about myself				
I've been feeling close to other people				
I've been feeling confident				
I've been able to make up my own mind about things				
I've been feeling loved				
I've been interested in new things				
I've been feeling cheerful				

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)  
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## Healthy life expectancy at birth

### Subjective reports of health

Percentage who report a long term illness or disability

Percentage who were somewhat, mostly or completely satisfied with their health

Percentage with some evidence indicating probable psychological disturbance or mental ill health (GHQ 12)

<sup>1</sup>ONS (2013). Measuring what matters: Understanding the Nation's Wellbeing

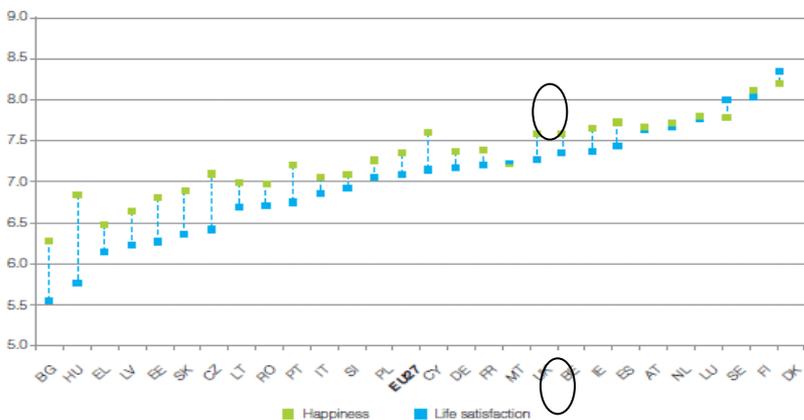
# Where is the UK internationally?

Large-scale surveys collect data from EU and OECD countries on subjective and objective wellbeing

The UK's position in most rankings is stable, but the UK **improved** considerably in **child life satisfaction rankings** between 2007 and 2011<sup>4</sup>

The relationship between self-reported health and subjective wellbeing is smaller in the UK than it is across Europe: people with poor health are not as likely to have poor wellbeing, compared with other European countries<sup>5</sup>

The relationship between age and happiness in the UK is different than the Europe-wide trend: **happiness decreases with age across the EU, but increases in the 65+ age group in the UK. However, it subsequently declines in the oldest old**<sup>2</sup>



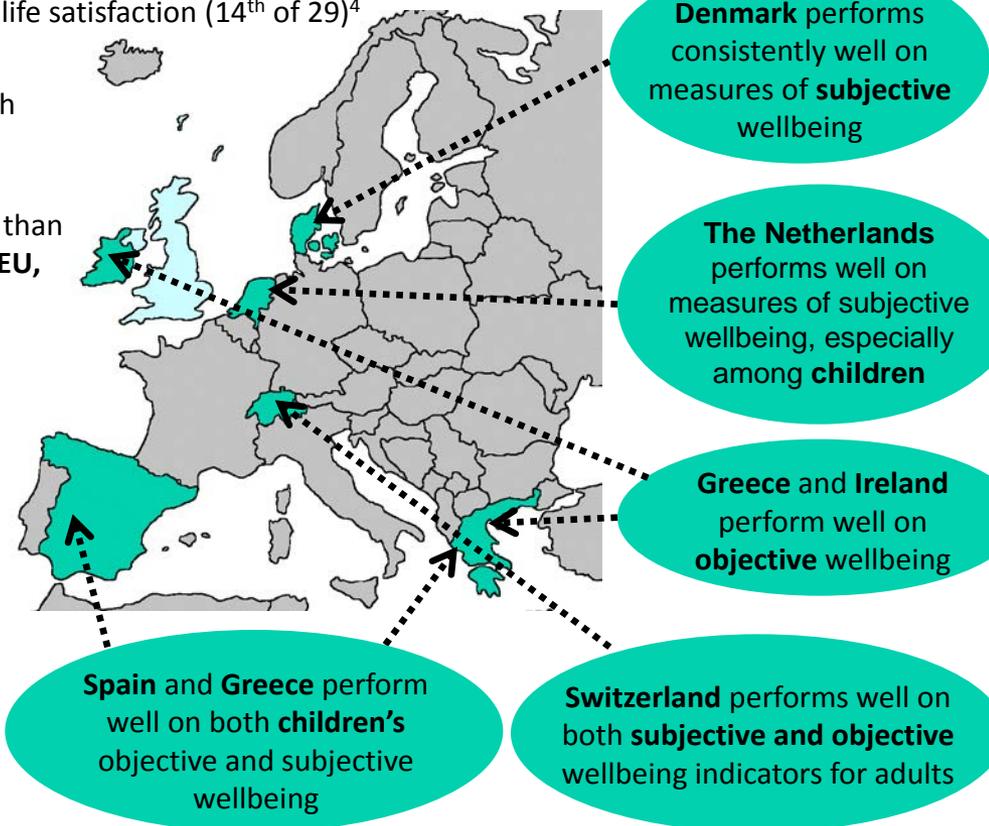
Source: European Quality of Life Survey, 2012

The UK is **above** average for:

- Life satisfaction (18<sup>th</sup> of 36)<sup>1</sup>
- Meaning in life (9<sup>th</sup> of 27)<sup>2</sup>
- Happiness (10<sup>th</sup> of 27)<sup>2</sup>
- Self-reported health (10<sup>th</sup> of 36)<sup>1</sup>
- Child life satisfaction (14<sup>th</sup> of 29)<sup>4</sup>

The UK is **below** average for:

- Mental wellbeing (20<sup>th</sup> of 27)<sup>2</sup>
- Child self-reported health (24<sup>th</sup> of 38)<sup>3</sup>



<sup>1</sup>OECD Your Better Life Index (2013). Data access available online

<sup>2</sup>European Quality of Life Survey (2012). Survey Report

<sup>3</sup>Health Behaviours of School Age Children (2009-2010). World Report

<sup>4</sup>UNICEF Innocenti Report Cards 7 & 11

<sup>5</sup>European Values Survey (2008); European Social Survey (2010), Eurobarometer 66.3 & 74.1 (2006 & 2010)

# What is the UK story?

“Traditional measures of progress such as Gross Domestic Product (GDP) have long been recognised as an incomplete picture of the state of the nation. Other economic, social and environmental measures are needed alongside GDP to provide a complete picture of how society is doing”<sup>1</sup>

## Economic

“The recession in 2008 led to a sharp fall in GDP and impacted on income and debt levels at both the national and household level. Real income has fallen as inflation has grown faster than incomes, and the public sector debt ratio has increased”<sup>1</sup>

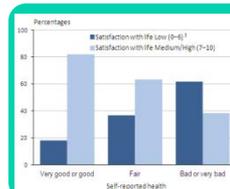
## Social

“In terms of our health, which is one of the most important influences on our wellbeing, our ‘healthy’ life expectancy has increased as has our overall satisfaction with health”<sup>1</sup>

## Environmental

“Nationally, the proportion of protected areas, including land and sea has increased. Globally, emissions and energy consumption have fallen and use of renewable energy has increased during the last decade”<sup>1</sup>

### Analysis from the Annual Population Survey shows that:



**Self-reported health had the strongest association with all the measures of subjective wellbeing.** ‘Life satisfaction’ scores for those who said they were in bad health were lower on average than for people who reported good or very-good health<sup>3</sup>



**The second strongest was employment status** – people who are unemployed have significantly lower levels of ‘life satisfaction’, ‘happy yesterday’ and ‘feeling worthwhile’, and higher ‘anxious yesterday’, than the employed<sup>3</sup>



**The third was relationship status** – people who are married or in a civil-partnership gave higher ratings for ‘life satisfaction’, ‘feeling worthwhile’ and ‘happiness yesterday’ than those in other relationship categories<sup>3</sup>

## Trends

According to the latest findings from the ONS Annual Population Survey, there were small improvements in personal wellbeing in the UK between 2011/12 and 2012/13. The percentage of people reporting higher levels of life satisfaction, feeling that the things they do in life are worthwhile and happiness levels all increased while the percentage reporting higher levels of anxiety declined<sup>2</sup>

Between 2011/12 and 2012/13 there was a small but significant improvement in anxiety levels among those who rated their health as ‘very good’, ‘good’, or ‘fair’. There were no significant changes for any wellbeing measures among those who rated their health negatively<sup>2</sup>

<sup>1</sup>ONS(2012). Measuring National Wellbeing: Life in the UK, 2012.

<sup>2</sup>ONS (2013). Personal Wellbeing in the UK, 2012/13

<sup>3</sup>ONS (2013). Measuring National Wellbeing – What matters most to Personal Well-being?

# Adds years to life

## Increases life expectancy

Life expectancy is a measure of objective wellbeing. Healthy life expectancy is one of the four indicators in the health domain of the ONS wellbeing framework. Life expectancy at birth in England and Wales has increased consistently and steadily over time, from 71.0 years for males and 77.0 years for females in 1980-1982 to 78.7 years for males and 82.6 years for females in 2009-2011<sup>1</sup>.

**Life expectancy in the UK is currently 78.7 years for men and 82.6 years for women**

**Subjective wellbeing can add 4-10 years to life**

**Influences health and longevity in healthy populations**

Subjective wellbeing is predictive of mortality after controlling for initial health. This has been found across a number of health conditions including depression, anxiety, coronary heart disease and cancer. It is estimated that high levels of subjective wellbeing can increase life by 4 to 10 years compared to low levels of subjective wellbeing<sup>2</sup>.

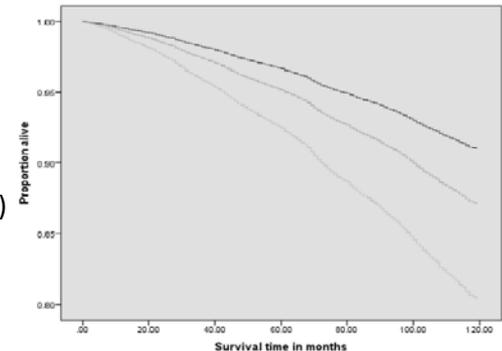
## May be more protective than negative wellbeing is detrimental

**Wellbeing is associated with a 19% reduction in all cause mortality in healthy populations**

Negative emotions predict mortality and positive emotions predict longevity. Wellbeing is associated with reduced mortality in both healthy and diseased populations. This may be mediated by social networks<sup>3</sup>, or self reported health and physical activity<sup>4</sup>. Specifically, high levels of wellbeing are associated with a 19% reduction in all cause mortality and a 29% reduction in cardiovascular mortality in healthy populations, and a 23% reduction in mortality in patients with renal failure<sup>5</sup>.

## Associated with survival in older populations

Survival over an average of more than nine years was associated with greater enjoyment of life. Effects were large, with the risk of dying being around three times greater among individuals in the lowest (compared with the highest) third of enjoyment of life. These effects were independent of age, sex, ethnicity, wealth, education, baseline health and other factors<sup>6</sup>. Similarly, a one unit increase in positive affect was associated with an 18% decrease in mortality risk in those aged 65 and over<sup>4</sup>.



Survival curves showing the proportion of people who were alive in the highest (darkest), medium (middle) and lowest (lightest) tertile of enjoyment of life.

**Survival of more than 9 years was associated with enjoyment of life in older adults.**

<sup>1</sup>ONS Interim Life Tables for England and Wales 2009-2011

<sup>2</sup>Diener & Chan (2011). Happy people live longer: subjective wellbeing contributes to health and longevity

<sup>3</sup>Xu & Roberts (2010). The power of positive emotions: it's a matter of life or death – subjective wellbeing and longevity over 28 years in a general population

<sup>4</sup>Weist & Schuz (2011). Subjective wellbeing and mortality revisited: differential effects of cognitive and emotional facets on well

<sup>5</sup>Chida & Steptoe (2008). Positive psychological wellbeing and mortality: a quantitative review of prospective observational studies.

<sup>6</sup>Steptoe, Demakos & de Oliveira (2012). The psychological wellbeing and health functioning of older people in England.

# Improves recovery from illness

Wellbeing can protect against developing illness

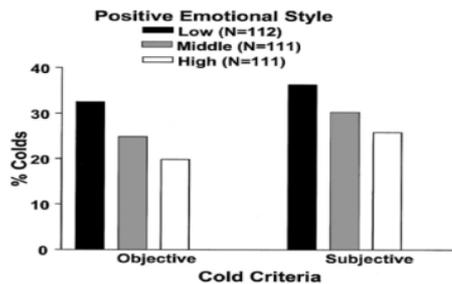


Fig. 1. Positive emotional style (by interviews) and incidence of clinical (infection + illness) colds using objective and subjective criteria for illness.

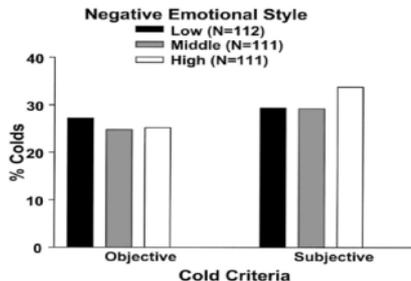


Fig. 2. Negative emotional style (by interviews) and incidence of clinical (infection + illness) colds using objective and subjective criteria for illness.

## Greater resistance to developing illness

Subjective wellbeing can protect against developing illnesses. For example, a tendency to experience positive emotions was associated with greater resistance to developing the common cold. Additionally, people who had a tendency to experience negative emotions reported more unverified health complaints<sup>1</sup>.

Low wellbeing is associated with slower wound healing

## Aids wound healing

Stress (a proxy for wellbeing) can lead to slower wound healing. For example, wound healing can take 24% longer in those who are exposed to stress<sup>3</sup>. Being married or in a relationship is good for people's wellbeing, however couples who experience marital conflict also experience slower wound healing<sup>4</sup>.

High wellbeing can undo harmful physiological effects by speeding up recovery

## Can undo the negative effects of negative emotions

Positive emotions can undo the negative effects of negative emotions on health. Negative emotions generate increased cardiovascular activity, and positive emotions can undo harmful physiological effects by speeding physiological recovery to desirable levels<sup>2</sup>.

Those with high wellbeing are more likely to recover and survive from illness

## An additional protective role in the course of physical illness

Subjective wellbeing can protect people when they have a physical illness. For example, those with a more negative emotional style tend to have a poorer immune system and may be at more risk of illness than those with a positive emotional style<sup>5</sup>. Additionally, patients with high baseline levels of wellbeing were 1.14 times more likely to recover and survive from an illness than those with low baseline levels of wellbeing<sup>6</sup>. Although this effect is small, it can have large impact on the population as diseases are very prevalent in the population.

<sup>1</sup>Cohen, Doyle, Turner, Alper & Skoner (2003). Emotional style and susceptibility to the common cold.

<sup>2</sup>De Neve, Diener, Tay & Xuereb (2013). The objective benefits of Subjective Wellbeing.

<sup>3</sup>Kiecolt-Glaser, Marucha, Malarkey, Mercado & Glaser (1995). Slowing of wound healing by psychological stress.

<sup>4</sup>Kiecolt-Glaser, Loving, Stowell, Malarkey, Lemeshow & Glaser (2005). Hostile marital interactions, proinflammatory cytokine production and wound healing.

<sup>5</sup>Barak (2006). The immune system and happiness.

<sup>6</sup>Lamers, Bolier, Westerhof, Smith & Bohlmeijer (2012). The impact of emotional wellbeing on long-term recovery and survival in physical illness: a meta-analysis.

# Is associated with positive health behaviours in adults

People with high wellbeing are more likely to have a healthy diet, engage in physical activity and less likely to smoke

## Smoking

Smoking is associated with people's levels of wellbeing. Men who do not smoke have been found to have higher levels of wellbeing than men who smoke. Women who have ever smoked in the past have been found to have lower levels of wellbeing than women who have never smoked<sup>1</sup>. There is evidence of a causal link between smoking and wellbeing; quitting smoking tends to reduce anxiety<sup>2</sup>.

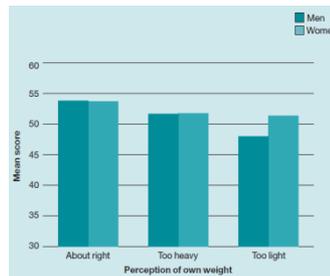
**Smoking is associated with lower levels of wellbeing, with evidence of a causal link.**

## Physical Activity

Physical activity can reduce anxiety and depression and reduces reactivity to psychosocial stressors<sup>3</sup>. Adults who met the guidelines for physical activity reported the highest levels of wellbeing<sup>4</sup>.

## Obesity and Diet

People of normal weight have been found to have highest wellbeing scores compared with those who were overweight or obese. Similarly, those who perceived themselves to be the right weight had highest wellbeing scores<sup>4</sup>. There is a dose relationship between the number of portions of fruit and vegetables consumed per day and levels of wellbeing in adults: an increase in the number of portions consumed corresponded with an increase in wellbeing<sup>1</sup>.



**Moderate levels of alcohol consumption has been associated with higher levels of wellbeing.**

**Being a normal weight and perceiving yourself to be the right weight are both associated with higher levels of wellbeing.**

## Alcohol and Drug Consumption

People's drinking habits are affected by the habits of their friends and family, for example drinking similar amounts to their social contacts<sup>5</sup>.

Alcohol can be causal factor for depression<sup>6</sup>, however moderate levels of consumption have been better cognition, higher levels of wellbeing and fewer depressive symptoms<sup>7</sup>. Additionally, moderate consumption interacts with sociability and can be associated with higher levels of wellbeing.

45% of the drug dependant population were found to have a psychiatric disorder compared to 12% of the non-drug dependant population<sup>6</sup>.

<sup>1</sup>Chanfreau et al (2013). Predicting Wellbeing

<sup>2</sup>McDermott et al (2013). Change in anxiety following successful and unsuccessful quit attempts

<sup>3</sup>Sport England (2013). Sport and Health

<sup>4</sup>Health and Social Care Information Centre (2013). Health Survey for England 2012

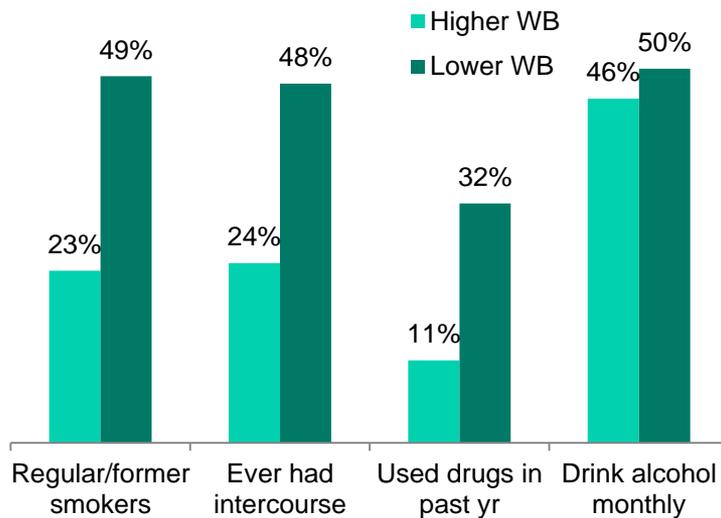
<sup>5</sup>Rosenquist et al (2010). Spread of alcohol use in a large social network.

<sup>6</sup>Jané-Llopis and Matysina (2006). Mental health and alcohol, drugs and tobacco

<sup>7</sup>Lang et al (2006). Moderate alcohol consumption in older adults.

# Is associated with health behaviours among children and young people

High wellbeing is associated with fewer health risk behaviours among 15 to 17 year olds



Source: Lifecourse Tracker, Baseline 2012. 15-17 year olds.

Higher levels of wellbeing was associated with a **lower likelihood of having engaged in health risk behaviours**, such as smoking, intercourse or drug use, among 15 to 17 year olds<sup>1</sup>.

Girls between 11 and 15 who engage in multiple risk behaviours are more likely to have low levels of wellbeing. 11 (but not 13 and 15) year old boys also show this association.<sup>2</sup>

Physical activity is associated with positive wellbeing, especially among younger children

**Sports club participation** is associated with higher emotional wellbeing for five year olds<sup>3</sup>, and lower ratings of child unhappiness from parents of 7 year olds<sup>4</sup>.

In a study of children aged 10-11 years, **objectively measured physical activity** (from accelerometers) was associated with higher levels of wellbeing<sup>5</sup>.

Excessive screentime is linked to lower wellbeing

**Excessive levels of screentime** (four or more hours a day) are associated with lower levels of wellbeing across children aged 5 to 15<sup>3,4,5</sup>

**Some health behaviours appear unrelated to wellbeing among children and young people**, in spite of associations among adults.

Children and young people's **diet** appears to have no association with wellbeing after controlling or other factors<sup>4</sup>.

Young people's **self-reported physical activity** level was not associated with wellbeing after controlling for other factors<sup>4</sup>, although this may be due to the errors inherent in self-report measures: studies using objective measures of activity (accelerometers) have found positive associations<sup>5</sup>.

**Drinking alcohol** among 11-17 year olds does not appear to be associated with wellbeing, after taking into account other factors<sup>2,4</sup>.

<sup>1</sup>Lifecourse Tracker Research, Survey of young people (aged 11-17): Summer 2012 baseline. *Research presentation for the Department of Health*

<sup>2</sup>Brooks et al. (2011). Health Behaviours in School Age Children 2009/2010: England Report

<sup>3</sup>Griffiths et al (2010). Associations between sport and screen-entertainment with mental health problems in 5-year-old children

<sup>4</sup>NatCen (2013). Predicting Wellbeing. *Report commissioned by the Department of Health*

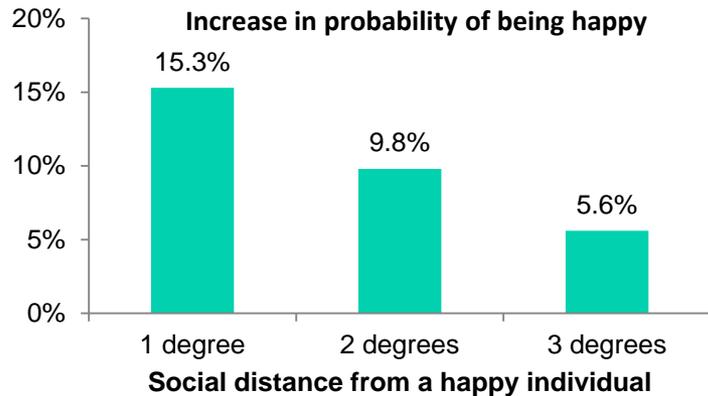
<sup>5</sup>Page et al (2010). Children's screen viewing is related to psychological difficulties irrespective of physical activity

# Influences the wellbeing and mental health of those close to us

## Spreads through social networks

Happiness spreads through social networks: people whose social contacts become happy are more likely to become happy themselves, but even our contacts' contacts, and their contacts, can influence our happiness. This effect is strongest for friendships which are mutually reciprocated.<sup>1</sup>

Even people we are not emotionally close to can affect our happiness: people whose next door neighbours become happy are more likely to become happy themselves.



Source: Framingham Heart Study. Fowler & Christakis (2008).

**A nearby friend who becomes happy increases your probability of becoming happy by 63%**

Researchers theorise that the spread of happiness in social networks may be due to 'emotional contagion', where people 'catch' emotional states from those near to them (both emotionally close and physically close). However, cognitive measures of wellbeing, such as life satisfaction, are linked within families and across distances: parents' life satisfaction is predicted by that of their adult children, even if they live a considerable distance apart.<sup>2</sup>

**Parents' and children's wellbeing and mental health are strongly linked, even after children have left home**

## Increases the wellbeing of our partners

The wellbeing of an individual's partner has implications for their own wellbeing. Having a partner with higher levels of wellbeing is associated with higher levels of personal wellbeing, but having a partner with low levels of wellbeing is worse than having no partner at all.<sup>3</sup>

**Partners who live together have a stronger influence on each others' wellbeing than those who live apart**

## Influences the wellbeing of our children

Parents' mental health and wellbeing are strongly associated with their children's.

Mothers' risk of mental illness predicts the onset and persistence of emotional disorders in children aged 5-16<sup>4</sup>, and maternal mental health difficulties are associated with low levels of wellbeing among children at even younger ages (age 3-5).<sup>5</sup>

Mothers' wellbeing is also associated with children's wellbeing scores between the ages of 11 and 15: increases in mothers' scores were associated with increases in children's.<sup>3</sup>

<sup>1</sup>Fowler & Christakis (2008). Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study.

<sup>2</sup>Schwarze (2004). Living conditions of children and parental well-being – Evidence from German data on life satisfaction.

<sup>3</sup>NatCen (2013). Predicting Wellbeing. *Report commissioned by the Department of Health.*

<sup>4</sup>Clements et al (2008). Three years on: Survey of the development and emotional wellbeing of children and young people.

<sup>5</sup>Kiernan & Huerta (2008). Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood.

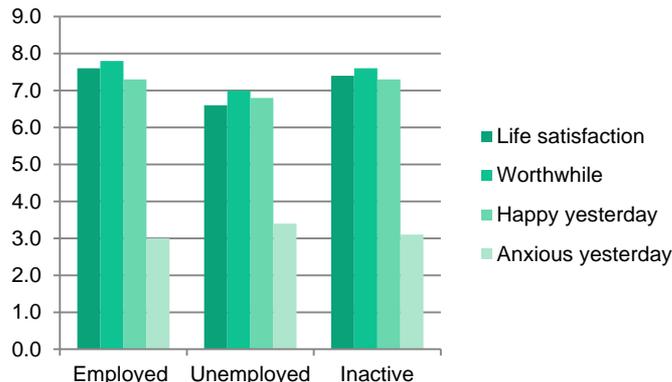
# Is associated with broader positive outcomes

Unemployment is strongly associated with a reduction in life satisfaction

## Employment

The average life satisfaction rating of unemployed people is 6.6 out of 10 compared to 7.6 for employed people (see graph below)<sup>1</sup>.

Unsurprisingly higher income has been related to higher well-being. However it has been found that it is **relative income** is the key factor <sup>2,10</sup>.



## Education

Those who have spent less time in education have been found to have higher levels of depression and anxiety<sup>8</sup>.

Higher levels of qualifications and continued formal and informal learning have been found to be associated with greater individual subjective well-being<sup>9</sup>.

Education has been found to be a virtually universal correlate of wellbeing

## Commuting

Commuting has been linked with a variety of negative effects to well-being and has negative effects on overall life satisfaction<sup>6</sup>.

If the method of commuting is more active however (walking or cycling etc.) this could also affect well-being via positive health effects (physical and mental)<sup>7</sup>.

Marriage has been found to be a strong correlate of happiness. Conversely, social isolation reduces wellbeing

## Relationships

Married people have the highest life satisfaction scores at 7.8/10, compared to 7.6 for cohabiters, 7.2 for singles, 7.3 for widowers and 6.8 for divorcees<sup>1</sup>.

Social isolation reduces wellbeing. People with no friends have 13% lower probability of being very satisfied compared to those who have at least one friend<sup>4</sup>.

## Crime

There is a strong negative relationship between rates of violent crime in an area and the wellbeing of residents<sup>5</sup>.

Individuals living in more disadvantaged neighbourhoods lacked access to parks they considered safe and as a result were less likely to participate in physical activities than those in more affluent neighbourhoods<sup>11</sup>.

<sup>1</sup>ONS (2013). Personal Wellbeing in the UK

<sup>2</sup>Helliwell and Putnam (2004). The Social Context of Wellbeing

<sup>3</sup>Fowler and Christakis (2008). Dynamic Spread of Happiness in a Large Social Network

<sup>4</sup>Leikes (2006). Knowing What is Good for You.

<sup>5</sup>New Economics Foundation (2012). Well-Being Evidence for Policy

<sup>6</sup>Novaco and Gonzales (2009). Commuting and Well-Being.

<sup>7</sup>British Medical Association (2012). Healthy Transport = Healthy Lives

<sup>8</sup>Ross & van Willigen (1997). Education and the subjective quality of life

<sup>9</sup>ONS (2012). Measuring National Well-Being, Education and Skills

<sup>10</sup>ONS (2013). What matters most to personal wellbeing?

<sup>11</sup>Lee and Maheswaran (2011). The health benefits of urban green spaces

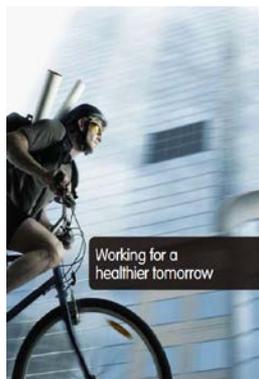
# Affects how health care sector staff and providers work

Staff wellbeing is important in its own right and it can improve the quality of both patient experience and health outcomes.



NHS organisations which have more favourable indicators of staff wellbeing have better attendance, lower staff turnover, less agency spend, higher patient satisfaction and better outcome measures<sup>7</sup>.

The **Education Outcomes Framework** promotes valuing and investing in staff wellbeing. Staff feel valued if they are being invested in, which in turn helps foster higher levels of wellbeing<sup>8</sup>.



The Government's response to Dame Carol Black's 2008 review<sup>1</sup> included a recommendation to review the health and wellbeing of NHS staff<sup>2</sup>.



**Boorman concluded** "...protecting and improving staff health is not a fluffy, cuddly thing to do, but rather a key enabler to support improvements in high quality care, patient satisfaction and improved efficiency"<sup>4</sup>.

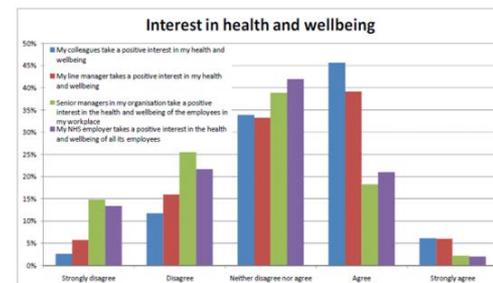
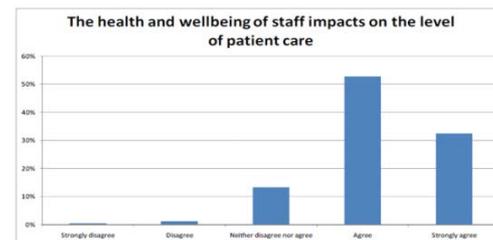


**80% of NHS staff believed that their health impacted on the quality of care that they could deliver<sup>3</sup>**

## Wellbeing affects patient services

Where patients rate their care as 'bad', staff also feel their wellbeing is low, with high job demand and burnout risks. Where patients rate their care as 'good', staff feel much more supported, in a good team and with high job satisfaction<sup>6</sup>.

**40% of NHS staff believed that their employer proactively supported their health and wellbeing<sup>3</sup>**



## Public Health Responsibility Deal

The Public Health Responsibility Deal's Health at Work Network is committed to actively supporting the workforce to lead healthier lives. There is a specific pledge on mental health and wellbeing, which includes providing all staff with the environment, knowledge and tools to develop and maintain emotional resilience and mental wellbeing<sup>5</sup>.

<sup>1</sup>Black (2008). Working for a healthier tomorrow

<sup>2</sup>Department of Health (2009). NHS Health and Wellbeing

<sup>3</sup>Van Stolk et al (2009). NHS staff perception research

<sup>4</sup>Boorman (2010). Health and wellbeing of the NHS workforce

<sup>5</sup>Department of Health (2011). Public Health Responsibility Deal

<sup>6</sup>Maben et al (2012). Exploring the relationship between patients' experiences of care the influence of staff motivation

<sup>7</sup>Raleigh et al (2009). Do associations between staff and patient feedback have the potential for improving patient experience?

<sup>8</sup>RAND Europe (2011). Use of outcomes metrics to measure quality in education and training of health care professionals

# Has implications for patient care practises and services

Patients want prompt, kind and compassionate care and they are aware of the influence of the workplace on staff behaviours wards patients<sup>1</sup>

## Patients' experience of care is an important factor or their health and wellbeing

People are concerned with their health but they also care about their experience of illness and the services they receive.

How patients experience care can be an important factor alongside the actual medical treatment they receive.

Consideration of patient choices and their care environment (e.g., flowers, pictures in hospitals or care homes) can have a positive impact on how quickly someone recovers and can impact on their longevity<sup>4</sup>.

## Factors linked with staff wellbeing, patient satisfaction and patient outcomes include:

- Good local (team)/work-group climate
- High levels of co-worker support
- Good job satisfaction
- Good organisational structure
- Perceived organisational support
- Lower emotional exhaustion
- Supervisor support

"We all have an innate capacity to be compassionate.....it is something that can be cultivated"<sup>2</sup>

## Compassion is important in healthcare

A number of government reviews have reaffirmed the importance of compassion in healthcare:

- Winterbourne View Review (2001)
- Francis Inquiry (2005-9)
- Keogh Review (2013)

There is a (causal) link between staff who have autonomy in their jobs and who work in a supportive environment, and patient satisfaction with the care they receive and patient outcomes<sup>3</sup>.



<sup>1</sup>Raleigh et al (2009). Do associations between staff and patient feedback have the potential for improving patient experience?

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# Affects decisions about the range of local services



Public Health England

The **Public Health Outcomes Framework (PHOF)**<sup>1</sup>, the **NHS Outcomes Framework (NHSOF)**<sup>2</sup> and the **Adult Social Care Outcomes Framework (ASCOF)**<sup>3</sup> all include wellbeing indicators

Many factors influence public health over the course of a lifetime. Public health has been integrated into local government and services will be planned and delivered in the context of the broader social determinants of health. The NHS, social care, the voluntary sector and communities will all work together to make this happen.<sup>1</sup>



**Public Health England (PHE)** is the new national delivery organisation of the public health system. It works with partners across the public health system and in wider society to:

- > deliver support and enable improvements in health and wellbeing in the areas set out in this outcomes framework
- > design and maintain systems to protect the population against existing and future threats to health.<sup>1</sup>

Some local areas already have established wellbeing programmes and services



Local authorities have set up statutory health and wellbeing boards to drive local commissioning and integration of all health services, based upon local needs, giving new opportunities to improve the health and wellbeing of local communities right across the life course.

**Health and wellbeing boards** have strategic influence over commissioning decisions across health, public health and social care. Boards bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They undertake a **Joint Strategic Needs Assessment (JSNA)** and develop a joint strategy for how these needs can be best addressed - including recommendations for joint services across health and care. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.<sup>4</sup>

Local authorities commission public health services on their populations' behalf, resourced by a ring-fenced grant, and put health and wellbeing at the heart of all their activity.<sup>1</sup>



The Big Lottery Fund is funding and evaluating local wellbeing projects.<sup>5</sup>

<sup>1</sup>Department of Health (2012). Public Health Outcomes Framework

<sup>2</sup>Department of Health (2011). NHS Outcomes Framework

<sup>3</sup>Department of Health (2012). Adult Social Care Outcomes Framework

<sup>4</sup>Department of Health (2012). A short guide to Health and Wellbeing Boards

<sup>5</sup>Big Lottery Fund (2013). National Wellbeing Evaluation

# Has implications for treatment decisions and costs

While people with good health tend to have high wellbeing this is not always the case – 38% of people with poor health have high wellbeing and 18% of people with good health have low wellbeing.<sup>1</sup>

A quality adjusted life year (QALY) is a measure of health which includes the quality of life and the quantity of life lived. Quality of life is measured on a scale where zero is dead and 1 is perfect health. Under some methods for calculating quality of life, quality of life can be negative, i.e. worse than being dead. For example, if a policy intervention improves quality of life from 0.25 to 0.75 (i.e., by 0.5) and this effect lasts 5 years, *then this policy has a benefit of 2.5 QALYs.* (0.5 x 5 years)



The QALY has been criticised for not taking better account of wellbeing. Currently QALYs are underpinned by description of health (e.g. mobility, self care, pain, usual activities and depression/anxiety). *How might policies change if wellbeing was used as the outcome rather than just health?*

Weighting of health related quality of life measures would be better if they were based on people's experiences rather than their hypothetical preferences.

The Department has commissioned University of Sheffield to carry out research looking at how subjective wellbeing can be measured, valued and combined with EQ-5D. It will:

- 1) provide a wellbeing index - anchored and unanchored on the zero being equivalent to dead
- 2) use the wellbeing index to weight the EQ-5D measure of health related quality of life which currently underpins QALYs.

The project is also examining basing measures of quality of life based on experience rather than hypothetical preferences. This project has an informal working group and should provide an interim report early next year.

This project is a step towards developing a broader measure of quality of life that can be used in economic evaluation. **This means when QALYs are calculated, e.g., in cost benefit analysis for an impact assessment, the costs and benefits of a policy would take into account wellbeing, and therefore would become more integrated in the policy making process.**

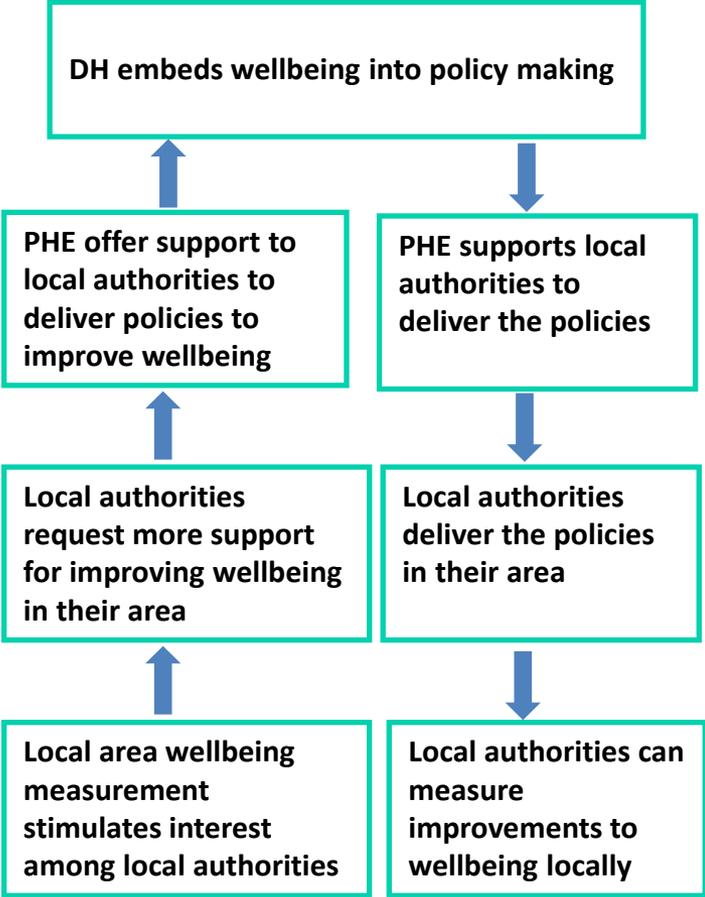
<sup>1</sup>ONS (2012). Measuring National Wellbeing: Health

# May ultimately reduce the healthcare burden

## Delivery route to reduce the healthcare burden

Wellbeing is important to health and health is important to wellbeing. Healthier lifestyles and good health status are both associated with higher levels of wellbeing. Therefore focusing policies on wellbeing could lead to improved wellbeing and also improved health outcomes. This could:

- Reduce the healthcare burden associated with an ageing population
- Improve the UK's position internationally on health outcomes



# What works to improve wellbeing?

Wellbeing demonstrates two way causality with a number of other variables across domains such as health, work and social relationships.<sup>1</sup>

## Social interventions

Effective interventions to improve relationships and reduce social isolation include:

- Timebanking
  - Social prescriptions<sup>4</sup>
- For older people effective policies include:
- Befriending
  - Community navigators
  - Self help groups<sup>2</sup>

## Learning interventions<sup>3</sup>

- Early education programmes are associated with:
  - increased cognitive skills
  - school preparedness
  - better academic achievement
  - positive effect on family outcomes

The Big Lottery Fund National Well-being Evaluation found a number of factors were key in projects aimed at improving wellbeing<sup>5</sup>:

- Identifying local need
- Taking a holistic approach
- Engaging the target group, understanding the barriers to participants involvement.
- Using safe, welcoming and easy to access venues
- Project staff who are empathetic and enthusiastic
- The use of volunteers in projects
- Imparting skills and knowledge to participants

## Health interventions

- Increasing physical activity has been found to improve the wellbeing of older people.
- This can be delivered through community based exercise programmes.<sup>2</sup>

## Parenting and early years interventions<sup>2</sup>

Pre-school interventions have been found to be the most cost effective, followed by school age interventions.

Effective policies include:

- Skin to skin contact; kangaroo care
- Parental programmes
- Intensive family support and family recovery programmes

Policy interventions which can improve wellbeing include health, learning, work, environment, social inclusion, activity and relationships, and parenting and early years interventions

## Work interventions<sup>2</sup>

- Improving employment chances
- Support for those recovering from mental health problems.
- Reducing mental health problems in the workplace.
- Promoting employee mental health in the workplace
- Reducing stigma and discrimination
- Reducing stigma in relation to mental health

Employee mental health in the workplace has been promoted through<sup>2</sup>:

- Early diagnosis and treatment at work
- Psychological interventions linked to causal factors
- Sustained contact between employers and staff when staff are absent, as well as contact between health care providers and employers

<sup>1</sup>De Neve, Diener, Tay and Xuereb (2013) The objective benefits of subjective wellbeing

<sup>2</sup>Public Health England. Mental health and wellbeing: evidence reviews. Forthcoming.

<sup>3</sup>Anderson, et al (2003). The effectiveness of early childhood development programs: A systematic review

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# What can we do about it?

## FIVE WAYS TO WELLBEING<sup>1</sup>

- ✓ Connect
- ✓ Be active
- ✓ Take notice
- ✓ Keep learning
- ✓ Give

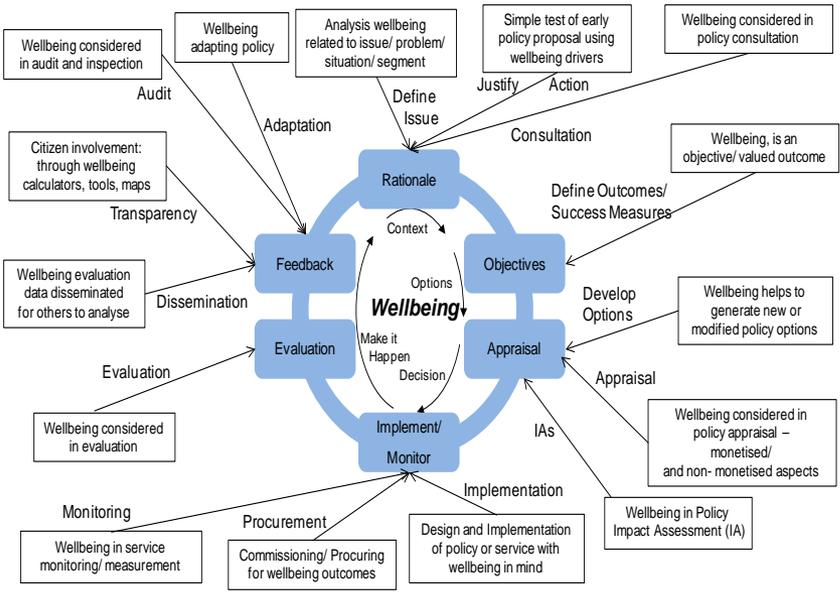


Approach	Rationale
<b>Direct Wellbeing Policies</b>	Do more for people who have low levels of subjective wellbeing, or to tackle issues that cause lower levels of individual subjective wellbeing.
<b>'Stretch' Policy</b>	Stretch other policies/services to 'build in' what drives subjective wellbeing. What marginal changes can we make to policy which have big effects on wellbeing?
<b>Measure:</b> <i>Add questions into Policy Surveys</i>	Create pipeline of data and evidence across policy areas.
<b>Analyse:</b> <i>Data that is already available</i>	Opportunity to provide fresh new insights by policy area, geography, customer segments, frontline workers, patients etc. to support innovation.
<b>Compare/ Appraise:</b> <i>Policy options</i>	Compare the wellbeing impact of options. Use monetary or non-monetary appraisal techniques – which options deliver higher levels of wellbeing?
<b>Evaluate:</b> <i>Add into policy/ service evaluations</i>	SWB can be effective at capturing the social and emotional impact of interventions. Develop pipeline of evidence of 'What Works for Wellbeing'.
<b>Inform:</b> <i>Put wellbeing in hands of individuals</i>	Not just about government decisions – can inform decisions on career, lifestyle (smoking), where to live etc.

Wellbeing should be an outcome alongside other, more objective, outcomes. Evaluation should be conducted quickly after an intervention to avoid the effects of adaptation. If wellbeing is used in interventions and a significant change in reported levels of wellbeing is not reported, this does not necessarily mean the policy or intervention has failed or that it did not really change people's circumstances. **Wellbeing needs a genuine, long lifecourse perspective: just because something does not have an immediate association with wellbeing, it does not mean that it does not have a longer term association.**

**Homeostasis Theory** – in normal populations wellbeing is actively controlled and maintained within a narrow 'set point' range of values. **70 to 80 percentage points is the optimum set-point range.** This means that people revert back to their original level of wellbeing after positive and negative circumstances. Therefore, if someone reports similar levels of wellbeing as previously, this does not mean that their situation has not changed for the better.<sup>3</sup>

About **40% of wellbeing is explained by genetics** and the remainder is explained by environmental factors (e.g., work, relationships, housing, health, income). **However**, while our DNA sequence does not change, the effect our DNA has on our lives can change. This challenges the concept of a 'wellbeing set-point; and means that **wellbeing levels are modifiable.**<sup>2</sup>



<sup>1</sup>nef (2011) Five Ways to Wellbeing  
<sup>2</sup>Howarth et al (forthcoming).  
<sup>3</sup>Davern, Cummins & Stokes (2007). Subjective wellbeing as an affective—cognitive construct.

# What can you do?

Managers can take account of wellbeing in their strategic and day-to-day decision making by...

## Research, Data and Analysis

Add subjective well being questions to surveys and policy evaluations.

Analyse and interpret available research and data.

## Communications

Develop and disseminate a wellbeing narrative to specific policy areas e.g. carers, care and compassion

Provide data to the public to inform their choices e.g. smoking and wellbeing

## Policy

Run short well-being workshops to see how to stretch policy.

Build on what drives our wellbeing to other policies.

Offer an area for an open policy making 'innovation project'

## Examples

Health survey for England  
Local Wellbeing survey of 15 year olds  
Reassessing how QALYs weight wellbeing

## Examples

Publish 'Predicting Wellbeing' report  
PHE's 'Smart Restart' Campaign

## Examples

Policy workshop on 'Keogh' review of cosmetic surgery recommendations, the Vulnerable Older People Plan, and alcohol strategy  
Supported 'loneliness' as an innovation project

# A Compendium of Factsheets

A compendium of wellbeing factsheets are available upon request

1. Overarching messages (the top 5 things to say about wellbeing)
2. Summary of key points
3. Series of short factsheets through the lifecourse:
  - Starting well
  - Developing well (under 11s)
  - Developing well (11-19 years)
  - Living well
  - Working well
  - Ageing well
4. Relationship between health and wellbeing
5. Relationship between lifestyle risk factors and wellbeing
6. Wellbeing and longevity
7. What works
8. International comparisons
9. Staff wellbeing, service delivery and health outcomes
10. Evidence gaps and current/on going research

# Contacts

This narrative is an accurate representation of wellbeing and its relationship to health as of January 2014.

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<sup>1</sup>ONS (2013). Measuring what matters: Understanding the Nation's Wellbeing. Available at: <http://www.ons.gov.uk/ons/interactive/well-being-wheel-of-measures/index.html>

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