Wellbeing
Why it matters to health policy

Health is the top thing people say matters to their wellbeing
What difference does it make?

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.

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:

<table>
<thead>
<tr>
<th>Keogh Review on Cosmetic Surgery</th>
<th>Vulnerable Older People Plan (VOPP)</th>
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<tbody>
<tr>
<td>Cosmetic surgery <em>could</em> be good for wellbeing</td>
<td>Wellbeing issues considered in the Plan but not explicitly communicated</td>
</tr>
<tr>
<td>the balance of provision slightly more towards public rather than private sector</td>
<td>Plan is currently system focused; is important to remember what impacts wellbeing of older people</td>
</tr>
<tr>
<td>Importance of prevention and challenging social norms; difference between attitudes and behaviours</td>
<td>Exposed risk of initial negative impact of those working in the system, e.g., GPs</td>
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Which may ultimately reduce the healthcare burden.
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 has been little change in wellbeing in the UK over 40 years

There are diminishing returns to wellbeing from growth

GDP doesn’t count everything that’s important

We need better measures of social progress

GDP counts things that are associated with decreases in wellbeing

## The National and International Agenda

<table>
<thead>
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<th>National</th>
<th>International</th>
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<td>• Cross Government Wellbeing Policy Steering Group</td>
<td>• UN - 20 March 2013 the first ever International Day of Happiness</td>
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<tr>
<td>• Cross Government Social Impacts Task Force</td>
<td>• OECD ‘Your Better Life’ index</td>
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<td>• ONS Measuring National Wellbeing (MNW) programme</td>
<td>• WHO ‘Health 2020’ monitoring framework – expert group on wellbeing</td>
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<td>• Legatum Institute Commission</td>
<td>• Eurostat – EU SILC wellbeing module</td>
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<td>• ‘What Works’ Centre on wellbeing</td>
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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).

**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’.

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)

\(^1\)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.

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.

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.

The UK is above average for:
- Life satisfaction (18th of 36)
- Meaning in life (9th of 27)
- Happiness (10th of 27)
- Self-reported health (10th of 36)
- Child life satisfaction (14th of 29)

The UK is below average for:
- Mental wellbeing (20th of 27)
- Child self-reported health (24th of 38)

Denmark performs consistently well on measures of subjective wellbeing

The Netherlands performs well on measures of subjective wellbeing, especially among children

Spain and Greece perform well on both children’s objective and subjective wellbeing

Switzerland performs well on both subjective and objective wellbeing indicators for adults

Greece and Ireland perform well on both children’s objective and subjective wellbeing

Source: European Quality of Life Survey, 2012

1OECD Your Better Life Index (2013). Data access available online
2European Quality of Life Survey (2012). Survey Report
3Health Behaviours of School Age Children (2009-2010). World Report
4UNICEF Innocenti Report Cards 7 & 11
5European 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”

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”

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”

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”

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

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

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.

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

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.

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.

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.

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.

Similarly, a one unit increase in positive affect was associated with an 18% decrease in mortality risk in those aged 65 and over.

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, or self reported health and physical activity. 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.

May be more protective than negative wellbeing is detrimental

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

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.

1 ONS Interim Life Tables for England and Wales 2009-2011
2 Diener & Chan (2011). Happy people live longer: subjective wellbeing contributes to health and longevity
3 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
4 West & Schuz (2011). Subjective wellbeing and mortality revisited: differential effects of cognitive and emotional facets on well
Improves recovery from 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.

Low wellbeing is associated with slower 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.

Aids wound healing
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.

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.

Those with high wellbeing are more likely to recover and survive from illness
High wellbeing can undo harmful physiological effects by speeding up recovery.

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. 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.

Although this effect is small, it can have large impact on the population as diseases are very prevalent in the population.

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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. There is evidence of a causal link between smoking and wellbeing; quitting smoking tends to reduce anxiety.

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. 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.

Physical Activity
Physical activity can reduce anxiety and depression and reduces reactivity to psychosocial stressors. Adults who met the guidelines for physical activity reported the highest 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.

Alcohol can be a causal factor for depression, however moderate levels of consumption have been better cognition, higher levels of wellbeing and fewer depressive symptoms. 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.

1Chanfreau et al (2013). Predicting Wellbeing
2McDermott et al (2013). Change in anxiety following successful and unsuccessful quit attempts
3Sport England (2013). Sport and Health
4Health and Social Care Information Centre (2013). Health Survey for England 2012
5Rosenquist et al (2010). Spread of alcohol use in a large social network
6Jané-Llopis and Matysina (2006). Mental health and alcohol, drugs and tobacco
Is associated with health behaviours among children and young people

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. 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.

Children and young people’s diet appears to have no association with wellbeing after controlling or other factors. Young people’s self-reported physical activity level was not associated with wellbeing after controlling for other factors, although this may be due to the errors inherent in self-report measures: studies using objective measures of activity (accelerometers) have found positive associations.

Drinking alcohol among 11-17 year olds does not appear to be associated with wellbeing, after taking into account other factors.

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.

Sports club participation is associated with higher emotional wellbeing for five year olds, and lower ratings of child unhappiness from parents of 7 year olds.

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

Excessive levels of screentime (four or more hours a day) are associated with lower levels of wellbeing across children aged 5 to 15.

Drinking alcohol among 11-17 year olds does not appear to be associated with wellbeing, after taking into account other factors.
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.¹

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.

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.²

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.³

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 5-16⁴, and maternal mental health difficulties are associated with low levels of wellbeing among children at even younger ages (age 3-5).⁵

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.³

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


Increase in probability of being happy

<table>
<thead>
<tr>
<th>Social distance from a happy individual</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 degree</td>
<td>15.3%</td>
<td>9.8%</td>
<td>5.6%</td>
<td></td>
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<tr>
<td>2 degrees</td>
<td></td>
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<tr>
<td>3 degrees</td>
<td></td>
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</table>

Is associated with broader positive outcomes

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). Unsurprisingly, higher income has been related to higher well-being. However, it has been found that it is relative income that is the key factor.

Education
Those who have spent less time in education have been found to have higher levels of depression and anxiety. Higher levels of qualifications and continued formal and informal learning have been found to be associated with greater individual subjective well-being.

Commuting
Commuting has been linked with a variety of negative effects to well-being and has negative effects on overall life satisfaction. 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).

Crime
There is a strong negative relationship between rates of violent crime in an area and the well-being of residents. 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.

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. 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.

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

1ONS (2013). Personal Wellbeing in the UK
5New Economics Foundation (2012). Well-Being Evidence for Policy
7British Medical Association (2012). Healthy Transport = Healthy Lives
8Ross & van Willigen (1997). Education and the subjective quality of life
10ONS (2013). What matters most to personal wellbeing?
11Lee 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.

The Government's response to Dame Carol Black’s 2008 review included a recommendation to review the health and wellbeing of NHS staff.

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.

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.

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”.

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.

Key points:
- 80% of NHS staff believed that their health impacted on the quality of care that they could deliver.
- 40% of NHS staff believed that their employer proactively supported their health and wellbeing.
- 80% of NHS staff believed that their health impacted on the quality of care that they could deliver.
- 40% of NHS staff believed that their employer proactively supported their health and wellbeing.

References:
7. Rand Europe (2011). Use of outcomes metrics to measure quality in education and training of health care professionals
8. Raleigh et al (2009). Do associations between staff and patient feedback have the potential for improving patient experience?
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 towards patients.

“We all have an innate capacity to be compassionate…..it is something that can be cultivated”

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.

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

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.

1Raleigh et al (2009). Do associations between staff and patient feedback have the potential for improving patient experience?
2Wasner et al (2005). Effects of spiritual care training for palliative care professionals
3Maben et al (2012). Exploring the relationship between patients’ experiences of care the influence of staff motivation
4Thin (2010). Social happiness – Theory into policy and practice
Affects decisions about the range of local services

The Public Health Outcomes Framework (PHOF)\(^1\), the NHS Outcomes Framework (NHSOF)\(^2\) and the Adult Social Care Outcomes Framework (ASCOF)\(^3\) 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.\(^1\)

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.\(^1\)

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.

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.\(^1\)

Some local areas already have established wellbeing programmes and services.

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.\(^4\)

The Big Lottery Fund is funding and evaluating local wellbeing projects.\(^5\)
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.


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.1
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

**Delivery route to reduce the healthcare burden**

- **DH embeds wellbeing into policy making**
- **PHE offer support to local authorities to deliver policies to improve wellbeing**
- **Local authorities request more support for improving wellbeing in their area**
- **Local authorities deliver the policies in their area**
- **Local area wellbeing measurement stimulates interest among local authorities**
- **Local authorities can measure improvements to wellbeing locally**
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.¹

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

Social interventions
Effective interventions to improve relationships and reduce social isolation include:
- Timebanking
- Social prescriptions⁴

For older people effective policies include:
- Befriending
- Community navigators
- Self help groups²

Work interventions²
- 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

The Big Lottery Fund National Well-being Evaluation found a number of factors were key in projects aimed at improving wellbeing⁵:
- 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.²

Learning interventions³
- Early education programmes are associated with:
  - increased cognitive skills
  - school preparedness
  - better academic achievement
  - positive effect on family outcomes

Parenting and early years interventions²
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

Employee mental health in the workplace has been promoted through²:
- 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

¹De Neve, Diener, Tay and Xuereb (2013) The objective benefits of subjective wellbeing
⁴Cooke et al (2011) Mental Wellbeing Impact Assessment
What can we do about it?

<table>
<thead>
<tr>
<th>Approach</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>Direct Wellbeing Policies</td>
<td>Do more for people who have low levels of subjective wellbeing, or to tackle issues that cause lower levels of individual subjective wellbeing.</td>
</tr>
<tr>
<td>‘Stretch’ Policy</td>
<td>Stretch other policies/services to build what drives subjective wellbeing. What marginal changes can we make to policy which have big effects on wellbeing?</td>
</tr>
</tbody>
</table>

**Measure:** Add questions into Policy Surveys. Create pipeline of data and evidence across policy areas.

**Analyse:** Data that is already available. Opportunity to provide fresh new insights by policy area, geography, customer segments, frontline workers, patients etc. to support innovation.

**Compare/ Appraise:** Policy options. Compare the wellbeing impact of options. Use monetary or non-monetary appraisal techniques – which notions deliver higher levels of wellbeing?

**Evaluate:** Appraisal. Evaluation. Implementation/ Monitoring. SWB can be effective at capturing the social and emotional impact of interventions. Develop pipeline of evidence of ‘What Works for Wellbeing’.

**Inform:** Put wellbeing in hands of individuals. 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 life course 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.

**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.

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1 nef (2011) Five Ways to Wellbeing
3 Howarth et al (forthcoming).
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

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/ongoing research
Contacts

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

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References

- Many countries now focus on wellbeing

- What is wellbeing?

- Where is the UK internationally?

- What is the UK story?

Wellbeing: Why it matters to health policy
References

**Add years to life**

1. ONS Interim Life Tables for England and Wales 2009-2011
3. Xu and 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. *Health Psychology, 29 (1), 9-19*

**Improves recovery from illness**

2. De Neve, Diener, Tay & Xuereb (2013). The objective benefits of Subjective Wellbeing. *LSE Subjective Wellbeing Through the Life-course Project*

**Is associated with positive health behaviours in adults**

References

- **Is associated with health behaviours in children and young people**

- **Influences the wellbeing and mental health of those close to us**

- **Is associated with broader positive outcomes**
References

Affects how staff and health care providers work

5 https://responsibilitydeal.dh.gov.uk/category/healthatwork-network/

Has implications for patient care practices and service

1 Raleigh VS, Hussey, D, Seccombe, I, Qi, R (2009) ‘Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England’ in Quality and Safety in Health Care, 18, 5 p347-354

Affects decisions about the range of local services

References

• Has implications for treatment decisions and costs
  

• What can we do about it?
  
  1New Economics Foundation (nef) (2011). Five Ways to Wellbeing. [Website URL]
  


• What works to improve wellbeing
  
  1De Neve, Diener, Tay and Xuereb (2013) The objective benefits of subjective wellbeing
  
  
  
  