Making it happen
wellbeing and the role of local government
This report presents the findings of a project commissioned by the Healthy Communities Programme and carried out by nef (the new economics foundation). The project explored the views of senior local government figures about the wellbeing agenda through guided conversation workshops and one-to-one conversations. The report was written by Juliet Michaelson at the Centre for Wellbeing at nef.
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Executive summary

A series of conversations carried out on behalf of the Healthy Communities Programme explored what ‘wellbeing’ means to the work of councils. They showed that wellbeing is a concept with the power to fundamentally re-define the role of local councils. A focus on wellbeing can help councils ask and answer the question: ‘What kind of council do we want to be?’

Senior local government and NHS officers and elected members were invited to give their views in guided conversation workshop sessions and one-to-one conversations. The conversations were facilitated by the new economics foundation (nef) between July and September 2011. The views that emerged have been used to produce recommendations about how councils can best work to promote the wellbeing of their local residents. The report presents findings about:

• understandings of wellbeing within councils
• the action needed across five ‘making it happen’ areas for action
• how the changing policy landscape is affecting the wellbeing agenda
• the support that councils need to take the agenda forward.

Participants expressed a strong desire to continue to address deprivation and inequalities, provide support to vulnerable people and continue to improve conditions for their local population as a whole, despite reductions in funding. The councils that have made most progress in embedding a wellbeing approach throughout their organisations see it as a means to help achieve these goals.

These local areas understand the power of a focus on wellbeing to link disparate agendas across local government, by providing a unifying goal to which different service areas can jointly contribute and work towards collectively. These councils appreciate that a focus on wellbeing can also help to re-imagine the role of local government, moving away from a traditional role as provider of services, and towards a role in facilitating and enabling people to live good lives.

In order to achieve this transformative understanding of the role of wellbeing, councils could consider a number of actions. They could:

• Facilitate conversations among senior colleagues to agree a headline framework of understanding for wellbeing, and language to reflect key wellbeing outcomes, to embed a shared understanding across their organisations.
• Adopt a clear set of cross-cutting outcomes with partners that inform all activities and provide a strategic focus.
• Make robust use of the evidence available on how to improve population wellbeing.
Council leaders could make clear both that they will take ultimate responsibility for the delivery of these cross-cutting outcomes and where this responsibility will be delegated. Leadership is required to bring about a wellbeing-led culture change and to manage the associated risks. Councils should consider how measuring local wellbeing and using the resulting evidence can benefit the achievement of the key cross-cutting outcomes they have identified.

The conversations highlighted a number of wellbeing-led ways of working, including forming partnerships, early intervention, place-based working, improving users’ interactions with services and using co-production approaches. Councils could become familiar with asset-based community development approaches and examine how they could help to strengthen communities locally. Councils should consider making the wellbeing of their staff a priority, especially in the context where many are being made redundant.

Councils feel strongly that their ability to promote wellbeing will be restricted by the massive reductions in funding they are facing. However, the conversations suggested that in order to be most effective, councils will need to set out a positive narrative describing how they will implement a wellbeing approach and use it when allocating increasingly scarce resources.

The conversations also gave rise to the recommendation that councils should consider how to maintain momentum on public health during the structural and organisational changes that are taking place within their organisations. They could use the opportunity of changes to pursue a renewed focus on root causes of health and wellbeing, and avoid just treating symptoms of problems. Each council should ensure that there is clarity about the roles of the new Health and Wellbeing Board and other local government structures in working together to promote wellbeing.

Participants identified a number of areas where external support would be useful in helping them to embed a wellbeing-led approach to their work. This support would provide information, tools, evidence and practical examples as well as facilitation to help councils make key decisions and develop capacities. National bodies and councils should work together to meet the support needs which participants have identified. nef is also developing a structured process which councils can use to help with this.
This report sets out the views of senior local government figures on what a wellbeing approach means for the work of local councils, and how they see the opportunities and the challenges which it presents. Reflections on the reported views have led to recommendations intended to help councils use the wellbeing agenda to improve the lives of their residents.

The views of senior figures were explored in four guided conversation workshop sessions around England and in one-to-one telephone interviews, between July and September 2011. Participants included senior officers, including Directors of Public Health (DPH) and other directors of services, elected members, including leaders and portfolio holders, as well as senior staff from health service bodies and umbrella bodies working with local government. 34 participants took part in total: 27 in the guided conversation sessions and seven in one-to-one conversations.

The Healthy Communities Programme commissioned nef to carry out this work following their previous collaboration (together with the former National Mental Health Development Unit) on the publication ‘The role of local government in promoting wellbeing’. Written by nef, the report was the outcome of a year of work, which drew on input from a number of expert contributors, council officers and elected members. The report aimed to highlight the existing work of local councils on the wellbeing agenda, make the case for a more central role for wellbeing within local government and outline the areas for action needed to achieve this.

A year on from the publication launch in November 2010, and two years from its inception, the policy landscape relating to the work of local government and wellbeing has changed considerably. Councils are currently preparing for the significant changes that will come with the transfer of public health responsibilities to local government, including the absorption of large numbers of new staff into their organisations. They are working towards the establishment of Health and Wellbeing Boards (HWBs), which represent the first statutory body with a formal ‘wellbeing’ remit, and which, for the first time, bring GPs and other external partners into council decision-making structures. And many are working through the consequences of massive reductions in their funding, with very difficult decisions to make about where to prioritise their resources.

The conversations facilitated by nef aimed to understand the views of the people providing leadership within councils about how a wellbeing approach can help their work, what tensions exist in aiming to focus on wellbeing and how wellbeing relates to the significant new policy challenges being faced by local government.

Note that ‘participants’ is used throughout to refer both to those who took part in guided conversation workshops and in one-to-one telephone interviews.
The report presents its findings, based on the views of participants, in the four following sections which focus on:

- understandings of wellbeing within councils
- what changes are needed across five ‘making it happen’ areas for action
- how the changing local policy landscape is affecting the wellbeing agenda
- the support needs which participants identified as enabling them to take the agenda forward.

The final ‘finding out more’ section includes further details of the work of nef and Healthy Communities Programme (HCP) as well as information about the webinar series which HCP ran on issues strongly related to those in this report.
Understanding the role of wellbeing

The question of how wellbeing is understood by individuals and by organisations as a whole led to detailed discussions among participants about what role wellbeing can play in shaping local government activity.

Changing everything or changing nothing

‘What kind of council do we want to be?’

This question, posed by a guided conversation participant, sums up the view that, at best, a focus on wellbeing helps councils think through fundamental issues about how they can work most effectively to improve the lives of their local residents.

‘Why would a council do anything that was not about improving wellbeing?’

This alternative question, posed by another conversation participant, neatly frames the opposing view: that the duties and remit of local government are already entirely geared towards improving people’s wellbeing. This suggests that ‘the wellbeing agenda’ has little to add to the way that things are currently done.

Each of these views was informed by a strong sense that councils need to find a way to continue to address deprivation and inequalities in their local areas, provide support to vulnerable people and continue to improve conditions for their local population as a whole, despite reductions in funding.

Taken together, these two views represent a key tension in the reactions to the idea of taking a wellbeing approach: it is seen both as a concept which brings about fundamental change and one which leaves everything as it is. But in fact, participants did not generally give equal weight to each horn of this dilemma. They largely seemed to share the view that a wellbeing approach does have the power to bring about meaningful change. The remainder of this section will explore how wellbeing can be best understood to bring about such change.

Questions posted by participants included:

“What kind of council do we want to be?”

“Why would a council do anything that was not about improving wellbeing?”

How I see it, how we see it

Participants in the guided conversations were asked to reflect on their understanding of ‘wellbeing’, first, from their point of view as an individual, and second, based on how they felt their organisation understood the concept (see Appendix 1 for the informal definitions offered for each of these by guided conversation participants).
Individuals’ informal definitions used words and phrases including: happy, healthy, secure, financially stable, emotional health, mental health, resilience, control, belonging, inclusion, self esteem, social contact, quality of life, being able to contribute, prosperity, functioning well, Five Ways to Wellbeing, community growth.

Informal definitions from organisations’ perspectives used words and phrases including: happiness, (wider determinants of) health, choice, control and independence, resilience, effective/efficient services, opportunities for most vulnerable, develop potential, improve opportunities, people take responsibilities for their lives, health inequality, mental health, social care, value for money.

Participants observed that the informal definitions offered as individuals often seemed clearer and simpler than those from an organisation’s perspective. It seemed that the individual understandings were better able to acknowledge the feelings component of wellbeing as well as the psycho-social component (for example, good self-esteem, being resilient in facing difficulties, exercising control and having strong relationships) and the material component (for example, people’s material and economic circumstances, including the quality of their local environment). The need to take account of what local government can actually do was seen to make it harder to define wellbeing from an organisational perspective.

Discussing these differences, participants often felt that organisational definitions should better reflect individuals’ understandings. There was acknowledgement that there is often a lack of a unified, clear understanding within councils and that while some people within a council adopt a broad view of wellbeing in their own work, this is often not embedded throughout the organisation. The view that wellbeing is ‘an amorphous topic’ seemed to reflect a common perception that it is very difficult to pin down, and was often seen through the lens of a particular service department. In some cases, the reaction seemed to be to adopt a very simple, narrow understanding, for example, that the agenda boiled down to ‘jobs’ and getting people into work. Participants recognised variations in the extent to which health inequalities and the wider determinants of health were accepted as part of the agenda within and across councils.

The ‘joint agenda’ was seen to help people “understand how the jobs they do link to what other people are doing.”

One participant talked about how the wellbeing framework used in his locality had demonstrated that many different service areas and partners have a role to play in promoting people’s “confidence, connectivity and understanding of the world.”

Some participants critiqued particular elements of their organisation’s understanding. For example, one noted a problematic ‘service focus’ to the exclusion of a broader outlook, another critiqued their organisation’s view of wellbeing as ‘associated with leisure services.’ One said that despite a borough-wide definition, wellbeing was not always ‘distinguished as something separate from health’ in the
council’s work. A clear risk was perceived that wellbeing could get ‘hijacked into’ health and social care. A related issue was the need to balance the ‘short-term and long-term’ when taking a wellbeing approach.

Some of the councils who were most confident in their understanding of wellbeing shared a sense that it helped to demonstrate the ‘joint agenda’ that connected the different activities and service areas within a council. It was seen to help people ‘understand how the jobs they do link to what other people are doing.’ One participant talked about how the wellbeing framework used in his locality had demonstrated that many different service areas and partners have a role to play in promoting people’s ‘confidence, connectivity and understanding of the world.’ Another described the ideal role of wellbeing as being able to ‘take the disparate, frantic activities [of a council] and aggregate [them] into something better that benefits populations.’

Another confident understanding was that wellbeing provided the opportunity to move away from the view of a council as primarily a deliverer of services, towards an understanding that its role could be to help create the ‘environment for wellbeing.’ This was also expressed in terms of ‘reducing dependency’, ‘changing the culture of the public sector’, and abandoning the view that the role of local government is to ‘fix people’ and instead thinking about how to ‘facilitate [and] support asset-based approaches.’ This was sometimes linked to ‘early intervention’. The need for a balance between providing services for vulnerable people and taking a population-level approach was emphasised by a number of participants.

Does the language matter?

Participants were prompted to reflect on whether it was important to use explicitly wellbeing-related language in advancing the agenda with local government staff and local residents. Most participants felt that ‘wellbeing’ as a term was not in itself particularly engaging, and ‘mental wellbeing’ was seen in particular to risk signalling a siloed interest in a way which ‘switches people off’ or leads even senior people to immediately ‘pigeon hole’ the issue. However, one elected member participant was enthusiastic about the idea of addressing mental health as the ‘common factor’ throughout local service delivery – although his colleagues on the council did not necessarily share his views.

The term ‘mental wellbeing’ was seen in particular to risk signalling a siloed interest in a way which “switches people off” or leads even senior people to immediately “pigeon hole” the issue.

For some, a broad understanding of health, informed by the evidence about the wider determinants of health, meant that ‘health’ was used to indicate a concern with a broad range of outcomes for an individual. This led some participants to comment that the terms ‘health’ and ‘wellbeing’ were synonymous. Others felt that the phrase ‘health and wellbeing’ either reduced a useful distinction between these terms or constrained ‘health’ to its traditional, medical-model meanings, rather than allowing it to absorb some of the broader meanings associated with ‘wellbeing’. Many participants felt that establishing ‘common language’ was important to allow people from different service or organisational perspectives to have constructive discussions.

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3 A useful recent assessment of the different future roles which councils are contemplating is set out in Parker, S. (2011). Future Councils: Life after the spending cuts. New Local Government Network.
about wellbeing. Some participants were wary of getting ‘too hung up’ on the language, worrying that it could be ‘a distraction’, but there was an abiding sense among many that language was important, and that engaging in local conversations to reach an agreed understanding could be an important way of achieving this.

For some, this suggested an overarching definition, in colloquial language – one participant thought using a phrase such as ‘healthy, wealthy and wise’ might be useful in this role. (It should be noted, however, that this particular phrase may suggest that wellbeing is most efficiently promoted through maximisation of material wealth, which is not borne out by the evidence). A reflection on the experience in Liverpool, where the Primary Care Trust (PCT) and city council have framed a high profile wellbeing agenda in terms of the Five Ways to Wellbeing messages, was that this had given ‘a shape to the agenda’ and provided ‘something for people to hang it on’.

Others emphasised the importance of using language which reflects the key outcomes identified as part of a wellbeing approach. Phrases that were suggested include ‘healthy communities’, ‘prosperity’, ‘thriving’, ‘flourishing’, ‘citizenship’ and ‘autonomy’.


Understandings of wellbeing: reflections and recommendations

The organisations which seem to have made most progress on embedding a wellbeing approach understand its power to:

• link disparate agendas across local government by providing a unifying goal to which different service areas can jointly contribute, and to

• help re-imagine the role of local government, moving away from a traditional role as provider of services, and towards a role in facilitating and enabling people to live good lives.

In trying to pin down what can seem like a difficult topic, councils should be wary of adopting too simple a local understanding, for example equating it simply with a single concept such as ‘jobs’ or ‘reducing dependency’, without acknowledging the broad range of factors that influence people’s wellbeing. They could consider reflecting participants’ own informal definitions, which highlight the feelings, material, and psycho-social components of wellbeing.

Councillors should think about how they use key terms in relation to the agenda. For example, is ‘health’ used in a broad sense to acknowledge the influence of wider determinants, or is ‘wellbeing’ used for this purpose, with ‘health’ retained for issues relating more closely to the health system? Neither is right or wrong, but clarity is likely to be useful.

Key recommendations:

• Facilitate conversations among senior colleagues and partners to agree a headline framework of understanding for wellbeing and language to reflect key wellbeing outcomes, to embed a shared understanding across organisations and with the community.

• National level guidance should aim to be as clear and consistent as possible in its use of the term ‘wellbeing’.
The ‘making it happen’ areas for action

In ‘The role of local government in promoting wellbeing’ report, five key ‘making it happen’ areas were identified within which local government needed to take action to embed a wellbeing approach. They were:

1. **Strategic leadership.**
2. **Services and commissioning.**
3. **Strengthening communities.**
4. **Using organisational levers (primarily a focus on the wellbeing of council employees).**
5. **Measuring outcomes.**

These were presented to guided conversation participants in summary form and used to structure some of the ensuing discussion. They have also been used here to structure the views participants reported about how local government activity looks different when guided by a wellbeing approach.

### Strategic leadership

How can those responsible for leading and setting the direction of a council ensure that a wellbeing approach becomes embedded throughout its activities? This is the question raised by considering the first area for action, strategic leadership.

One participant commented that while wellbeing was mentioned in all her council’s strategies, it was not clear what changes had occurred as a result. Together, participants’ contributions outlined a fairly clear sense of how to avoid this sort of ‘wellbeing-wash’ scenario, although it was recognized that this was not yet being acted on in many of their organisations.

### Setting outcomes targets and developing strategies

The key mechanism which participants pointed to as part of the strategic role of wellbeing was to use the ultimate aim – to improve people’s wellbeing – to identify clear, tangible outcomes, and associated targets, to guide overall council activity. There was a perceived need for ‘a focus on specific outcomes which make a difference.’ The outcomes also needed to be able to cross-cut different service areas. Three mechanisms for achieving this were described.

First, a number of participants pointed out that currently many councils have a number of parallel high-level strategies, such as those for adults’ services, children’s services, the commissioning strategy, the community strategy, as well as the health and wellbeing strategy for which the Health and Wellbeing Boards (HWBs) will become responsible. By contrast, a single cross-council strategy, informed by an understanding of wellbeing and from which all decision-making and sub-strategies flowed, would prevent ‘parallel conversations’ within a council.

Second, one participant described how it would be possible to develop ‘person-based outcomes across the system’, for example ‘the four readinesses: readiness for school,
work, parenting, retirement’, instead of siloed outcomes such as reducing obesity. This suggestion was readily welcomed by other participants in the guided conversation session as a way of helping people from different service areas understand how their work fits into a wider whole of helping people lead flourishing lives. Participants highlighted the need for a balanced approach between service provision and a population approach – something which such cross-cutting outcomes may help to achieve. One participant described how her council placed ‘wellbeing right at the centre of the commissioning model’ so that all commissioning decisions were made according to whether they would improve topline measures of wellbeing, as well as meeting intermediate outcomes.

One participant described how it would be possible to develop “person-based outcomes across the system”, for example “the four readinesses: readiness for school, work, parenting, retirement”, instead of siloed outcomes such as reducing obesity.

It was also noted that “it is useful to be able to tell people ‘this [promoting wellbeing] is something you are already doing’ – people needed to be facilitated to understand this.”

The third mechanism mentioned provided an alternative way of achieving embedded wellbeing outcomes. It was illustrated by a participant who described how health and wellbeing outcomes had driven the development of different specific strategies in his local area, so that, for example, the transport strategy had been transformed by a wellbeing approach so that it was ‘really a transport and health policy.’

Participants also touched on the leadership role in ensuring that key outcomes are delivered. One described how, in her council, the DPH was responsible to the chief executive ‘for metrics which have to be delivered by the council as a whole.’ Another pointed out that in her council much of the architecture needed to deliver a wellbeing agenda is already in place – with a mental health and wellbeing strategy, shadow HWB, and Joint Strategic Needs Assessment (JSNA) – but ‘the question is, does the leadership sit with the DPH or somewhere else?’ This was an issue which had not yet been resolved.

**Changing the culture**

Participants also recognised a need for strategic leadership to bring about a wellbeing-led culture change within councils. This would ensure that a wellbeing approach runs throughout local government activity, and that improving wellbeing is stated as the fundamental aim of all council initiatives. One participant made a comparison to the use of the term ‘equality’ which, in his largely white, rural area, took a long time to be accepted among councillors as something that was relevant to them. Another said that strategic leadership was needed for health to be seen as ‘above the neck’, so that it includes mental as well as physical health.

There was a clear role for champions for the agenda – senior individuals who are particularly motivated to bring about a culture change within their own organisation as well as among its partners. This was highlighted by participants who described their own involvement in leading both thinking and action on wellbeing in their organisations over a number of years. One participant noted that “it is useful to be able to tell people “this [promoting wellbeing] is something you are already doing” – people needed to be facilitated to understand this.” The table, from ‘The role of local government in promoting
wellbeing’ report, showing how the Five Ways to Wellbeing were being met across different service delivery areas, was felt to be a useful tool for this approach.5

Managing risks
Two key risks posed by the wellbeing agenda were identified that will require strategic attention and management if negative outcomes are to be avoided. First, that a focus on promoting wellbeing could result in exacerbating inequalities across a local area, if those who start with the highest wellbeing are most able to make use of, or otherwise benefit from, the enhanced conditions that are produced. Second, that simply swapping from a medical-model approach towards health improvement which is led by the health sector, to a service-led model of addressing wellbeing led by councils, will fail to make fundamental changes to the relationships between all council departments and the outcomes towards which they are working. This is particularly a risk if the agenda is seen to fall in the remit of health and social care.

Services and commissioning
The second ‘making it happen’ area for action, services and commissioning, was addressed by participants who mentioned a number of examples of how their organisations were currently organising and delivering their services (or considering options for the future), in ways informed by a wellbeing approach. These included:

- Forming partnerships and links between different organisations across the public and voluntary sectors, and different departments

5 This table was included in the short presentation summarising the report which was given during guided conversation sessions and can be found on page 38 of the report (Table 1).
with complex families and vulnerable adults, so that there are ‘fewer people round the table.’ Bringing different delivery areas together under a single budget was also mentioned as a mechanism to streamline working with complex families.

- **Building in evidence about people’s behaviour in response to environments** when services and infrastructure are being designed and implemented was seen as a means of more effectively promoting the wellbeing of those interacting with them. One participant gave the example of highway engineers needing to think about people’s real world responses to road safety initiatives. Another talked about the need to improve local cycle-lanes which ran through wooded areas; against expectations they had not been hugely effective in encouraging cycling because people’s concerns about their personal safety in isolated areas had not been factored in.

Some participants noted that ‘being in work isn’t the only answer’ to promoting wellbeing, especially as workers were seen as often ‘time poor’, restricting their ability to get involved in other activities.

- **Using co-production approaches.** This was seen as a means of promoting wellbeing by creating opportunities for people to exercise their autonomy and competence in their interaction with services. Specific examples cited included finding ways to enable older people to make a contribution to their communities, and upskilling residents to reduce dependency. However, some participants referred to ‘co-production’ as the middle part of a spectrum of services from ‘things which we have to provide’ to ‘things which people have to do for themselves.’ This recalls what has been identified as the ‘intermediate position’ understanding of co-production, which recognises the input of service users in an effort to reduce funding requirements, but does not necessarily embrace the ‘transformative vision’ of a genuine relocation of power and control.⁶

- **Addressing time poverty and the distribution of work.** Participants at one guided conversation noted that, despite a big focus on the importance of employment to wellbeing, ‘being in work isn’t the only answer’ to promoting wellbeing. Workers were seen as often being ‘time poor’ with little time to participate in other activities which promoted their wellbeing. The current distribution of work was seen to result in the situation where ‘some people are working too hard and some are not working at all.’ The suggestion of establishing a new norm of a four-day week was raised in response.

**Strengthening communities and employee wellbeing**

There was not a strong focus on these third and fourth ‘making it happen’ areas for action during the conversations. This suggested that perhaps they are not yet seen as key to a wellbeing approach for many councils. There was enthusiasm for the idea of using asset-based community development, although participants were not all familiar with the details of this approach. One participant reflected on the difficulties of engaging hard to reach communities, with very low levels of trust of anyone perceived as coming in from outside. A number of participants commented on the

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difficulty of ensuring staff wellbeing when funding cuts were forcing councils to make staff redundant. However, on reflection it seems that the context described by participants of uncertainty, loss of colleagues, and likely increase to the workloads of remaining staff make a focus on employee wellbeing even more important in the current context.

Evidence and measuring outcomes

The final ‘making it happen’ area for action, measuring wellbeing outcomes, was mentioned by some participants, but did not emerge as a very strong theme during the conversations.

An under-emphasis on the importance of measurement

Over the last decade there has been a growing recognition that people’s wellbeing is something which is definable and measurable, and therefore that it is possible to collect robust evidence both about levels of wellbeing in the population and about its drivers. One outcome of this burgeoning field is the programme of work started by the Office of National Statistics (ONS) on measuring subjective wellbeing, begun at the request of the Prime Minister in November 2010. This sort of approach is driven by a conception of wellbeing as fundamentally about how people feel and function, with a separation between this concept as an outcome and its material and psycho-social determinants, each of which can be measured separately.

So it was striking to note the lack of emphasis, in many participants’ contributions to the discussions, on measuring wellbeing locally or on using the resulting evidence in policy-making. This seemed partly to be driven by the sense that wellbeing is ‘intangible and hard to quantify’, and a reluctance to identify wellbeing with a definition in terms of how people feel and function, and a focus instead on the material and psycho-social drivers of wellbeing.

Some participants said that their councils were using subjective measures, identified as those which ask about ‘how people feel about where they live’ or about particular council services. But these stop short of being measures which aim to understand how people are experiencing life as a whole, which are the measures on which the field of wellbeing research is based. In fact, the ONS wellbeing measurement programme, which has arisen directly from this field of research, seemed to be viewed with scepticism by many participants. One called it a ‘clapometer’ and when asked about it at one session many suggested that the initiative had passed them by and would not affect their work directly.

There was a recognition of the importance of wellbeing measurement and evidence. One participant talked about the “lack of systematic [wellbeing] measurement” currently in her council, but “an interest in population level measurement.”

How measurement can be useful

Among some participants there was a recognition of the importance of wellbeing measurement and evidence. One talked about the ‘lack of systematic [wellbeing] measurement’ currently in her council, but ‘an interest in population level measurement.’ She felt that working with clinicians in the context of HWBs would help increase the focus on

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measurement because they have a ‘different standard of evidence.’ Another participant talked about her council’s plans to carry out measurement of wellbeing locally using the four subjective measures developed by ONS. A DPH participant described how low male life expectancy statistics in her local area had acted as a ‘call to action’.

One participant pointed out that councils can consider what they should be measuring as useful in guiding their own services, as opposed to ‘what society is interested in’ and felt that these are not necessarily the same thing. This discussion referred to ‘the need to avoid returning to the days’ when performance measurement led to a distortion of spending priorities, with an excessive focus on chlamydia screening given as an example. However, many participants felt that the current lack of a national performance framework made making decisions about measurement more difficult.

### Making it happen: reflections and recommendations

Councils can benefit from a coherent, strategic focus on a clear set of desired outcomes identified from a starting concern for wellbeing, which informs all of their activities. They should consider merging separate strategies into a single and constantly evolving strategy to avoid duplication and parallel conversations. This could help different service areas work together more effectively.

It is likely to help activity across a council if a clear decision is made about where the leadership of the wellbeing agenda sits within a council. Leadership is particularly required to bring about a wellbeing-led culture change and manage the associated risks, particularly from leaders of councils (see also recommendations on HWBs).

Councils could consider how some or all of the wellbeing-led ways of working identified by other councils could help with their own work. Asset-based community development approaches could be examined to see how they could help to strengthen communities locally. Councils should consider making the wellbeing of their staff a priority, especially in the context where many are being made redundant.

Senior council staff could ensure that they understand the value of measuring wellbeing in guiding local policy, including through subjective measures, and should consider how this could become embedded throughout policy-making processes.

**Key recommendations:**

- **Councils could adopt a single strategy which outlines how key outcomes to promote wellbeing can be met through joint working of different departments, service areas and external partners.**

- **Council leaders can make clear that they will take ultimate responsibility for the delivery of the cross-cutting outcomes identified as part of a wellbeing approach, and where this responsibility will be delegated.**

- **Councils can consider how measuring local wellbeing and using the resulting evidence would benefit the achievement of the key cross-cutting outcomes which they have identified.**
The changing policy landscape

Many participants referred to the JSNA as the starting point for identifying population needs and the driver for all subsequent decision-making. At one guided conversation session participants described the JSNA as ‘a key building block’, but with the caution that in the past it has often focussed on health and social care, and would need to become broader to be used as part of a wellbeing-led approach.

Participants talked about the need for a “coherent narrative to articulate the future for elected members” given the “step change” facing councils, so that elected members in particular can see beyond a model of “just providing services.”

Participants discussed three key elements of the changing policy landscape that were highly relevant to councils’ ability to address wellbeing: the huge funding cuts currently being faced, the transfer of public health responsibilities to councils in general, and in particular the establishment of the new partnership HWB structures.

Cuts to council funding

An element of the policy landscape which loomed very large for participants was the massive reductions in funding being experienced. Participants felt fairly unanimously that the current funding cuts being experienced by councils would restrict their ability to promote wellbeing. Some talked about ‘eye-watering gaps in funding’ and said that the cut in funding was ‘so fast and so substantial that no one really understands what its impact will be yet’, especially for smaller councils less able to absorb cuts. Others described the gap between ‘what we need to provide versus what we can provide’, the ‘risk of a spiral of decline’ with the council only able to ‘do so much to mitigate the cuts’ and the ‘sheer financial pressure on what the council is able to do.’ A number of specific issues were mentioned which councils thought they would have a restricted ability to address, including ensuring the welfare of residents, addressing health and geographical inequalities, tackling unemployment and promoting volunteering, given the loss of third sector infrastructure.

Participants talked about the need for a ‘coherent narrative to articulate the future for elected members’ given the ‘step change’ facing councils, so that elected members in particular can see beyond a model of ‘just providing services.’ The key elements of the positive future vision which participants were able to provide in response to the context of cuts focused on: reducing dependency, focusing on early intervention, finding ways to make the business case that investing in wellbeing can save money (although this was seen as difficult), and changing the operation of the front-line so that it is ‘doing more for less.’
New public health responsibilities

Another huge area of change to councils’ policy landscape was the new public health responsibilities which they were due to adopt. Participants felt that the new responsibilities would have an important impact on councils’ ability to address the wellbeing agenda. They seemed generally well-disposed to the changes but were finding it difficult to deal with the current lack of clarity at national policy level, given the delays to the Health and Social Care Bill in parliament. One participant said she felt ‘quite paralysed at the moment’ given the uncertainty at national level; others spoke about ‘a hiatus’ and a ‘no man’s land’ and described their council as ‘feeling the way.’

Participants had a number of specific concerns about:

- the lack of clarity about what resources will be available, and the danger that resources will get ‘sucked in’ to the acute sector
- the ‘much more fragmented’ future of public health given the different bodies who will share responsibility for it, the difficulty of integrating the different ways of working between public health and councils, and the lack of clarity over the role of HealthWatch
- the risk that previous leadership on the wellbeing agenda provided by many PCTs will be lost, the recognition that the DPH will not be able to lead the agenda alone, and the need for commitment to the agenda from GP consortia
- the potential for ‘cracks appearing in previous communication channels’ established between health and local government bodies
- the loss of bodies able to co-ordinate at a regional level on health issues
- not wanting to lose the gains already made on health improvement
- the risk that the national mental health strategy, whose focus on positive mental health was useful for the wellbeing agenda, was ‘getting lost’ and would not be effectively implemented by councils.

Participants also voiced concerns about the current lack of clarity at national level about social care funding.

Some participants also mentioned the positive aspects of the changes, talking about an ‘opportunity’ and gaining the ability to ‘move away from sticking plasters’ – a description for the previous approach which had led to a profusion of overlapping services to deal with symptoms of problems. The new funding environment was seen to require a focus on fundamental causes, although a concern about a lack of funding for early intervention approaches remained.

Health and Wellbeing Boards

The establishment of HWBs was seen as a key structural change being driven by national policy that would have a big impact on the work of local councils and their partners.
Defining a role
Participants’ contributions suggested that setting up structures for the new HWBs was a big focus for councils. The key questions with which councils were grappling was whether the focus of their HWB would be narrow i.e. commissioning-and-health-services-focused, or wide, i.e. strategic, with a broader, wellbeing-focused remit. This was summed up by one participant as the issue of whether the HWB would be ‘co-ordinating commissioning through services or promoting wellbeing through tackling wider determinants.’ Another asked ‘is the HWB meant to cover everything?’ One view was that the HWB should retain a narrow focus and leave other functions to the Local Strategic Partnership (LSP) and Community Safety Partnership, but in some cases HWBs were expected to replace LSPs.

Early implementer participants noted that the HWB was “not yet affecting thinking” throughout the council and had “not yet permeated the organisation.”

The issue of who should chair the HWB was seen as related to its role. The view that ‘the breadth of the determinants of health’ required the council leader to chair the board was shared by many participants and their councils, but one participant commented that where the role of the HWB was seen as narrow, leaders may be reluctant to chair it if they felt a lack of expertise in health issues.

One participant reported that her council’s management board was due to discuss the role of the rest of council towards wellbeing. This is a crucial counterpart to the question of the role of the HWBs, which councils will need to address. A participant noted that it was necessary for the HWB to be seen as part of a council’s priorities if it is to develop ‘authority and capacity’. Early implementer participants noted that the HWB was ‘not yet affecting thinking’ throughout the council and had ‘not yet permeated the organisation.’

Board structures and operation
The membership and size of HWBs had been the focus of discussion in many councils – one participant described these issues as ‘the elephant in the room.’ Many areas seemed to share the desire that the board should not be too big, to ensure that it was an effective decision-making body. This was at least partly motivated by the desire not to repeat many of the perceived flaws of LSPs. However, the desire for a lean membership seemed to create tensions around the adequate representation of GP consortia and, in two-tier areas, of district councils. Participants from district councils said that their districts felt ignored or sidelined in the HWB process so far.
Some participants felt that the composition of the membership of HWBs was likely to push them towards too great a service focus; one participant commented on the ‘need to shift GPs’ thinking about commissioning.’

Participants anticipated needing to deal with the ‘different ways of working around the table’, particularly between those from NHS and council backgrounds. They recognised the need to build the relationship between GPs and councils, with some having concerns that GPs did not currently have a full understanding of the ways in which councils worked. Another issue was the voting rights on the board of those who were not elected members of councils, which was likely to require detailed legal attention. Participants also flagged the risks of a scenario where the HWB’s strategy at least partially depends on the provision of council services, for example leisure services, some of which could be at risk of being cut by separate council decision-making bodies.

For further information on HWBs and the work councils are doing on them please go to the LGA for a recent report: http://www.idea.gov.uk/health-partnerships

The changing policy landscape: reflections and recommendations

There should be recognition at national level that councils’ ability to promote wellbeing is likely to be restricted by the massive reductions in funding which they are facing. At the same time, councils should set out a positive narrative describing how they will implement a wellbeing approach within this funding climate (informed by councils’ understandings of wellbeing and approach to strategic leadership, both discussed earlier).

The conversations gave rise to the recommendation that councils should consider how to maintain momentum on public health during the structural and organisational changes that are taking place, and could use the opportunity of the changes to pursue a renewed focus on root causes of health and wellbeing, and avoid just treating symptoms of problems.

HWBs need to ensure they have a clear understanding of whether their role will be narrow or wide, together with agreement about the role of the council towards the wellbeing agenda, to ensure there is clarity about where leadership of the agenda will sit.

Key recommendations:

• National government should recognise the restrictions created by funding cuts on councils’ ability to promote wellbeing.

• Each council should ensure that there is clarity about the roles of the Health and Wellbeing Board and other local government structures in working together to promote wellbeing.

• Councils should decide how they will address the difficulties and uncertainties in the current policy landscape in order to keep working towards wellbeing outcomes.
Support needs

Participants in the guided conversation sessions were asked to identify what support would help them implement the wellbeing agenda. They identified a number of support needs relating to information and tools, and support and facilitation.

Information and tools

Participants identified the following information and tools as likely to be useful:

- Existing evidence on what promotes wellbeing badged in an accessible format and designed for local government staff – including clear guides to the evidence and briefings. Participants commented that evidence with NHS or Department of Health branding is unlikely to be read within councils.
- Information on measuring wellbeing outcomes and how this links to the national work being undertaken by the ONS.
- A set of the ‘top 10 questions to ask’ to help assess whether a council has fully embedded a wellbeing approach (or about particular aspects of the wellbeing agenda).
- A summarised version of ‘The role of local government in promoting wellbeing’ report which is available for wide dissemination, specifically the ‘making it happen’ areas as a means of brokering action within a council, and the Five Ways to Wellbeing and ‘service areas table’ as a means of demonstrating how councils are already addressing the agenda.
- Practical examples about how taking a wellbeing approach has made a difference within the councils at the forefront of the agenda.
- Case studies which work through ‘how things could be done differently’ using a wellbeing approach applied to a particular service area – with planning cited by a number of participants as a particularly useful area for this.
- A streamlined version of health impact assessment and/or mental wellbeing impact assessment, which avoids creating an assessment ‘industry’, but provides a simple mechanism to consider the impact of any decision on wellbeing outcomes.
- A national mapping of what services councils are implementing through a co-production approach.

Support and facilitation

Participants said that they would welcome support and facilitation to:

- Help make the top line decisions about ‘what kind of council do we want to be?’
- Engage elected members in an understanding of the wider determinants of wellbeing and what can be done to affect it through a clear demonstration of cause and effect, by setting this out in a clear framework.
• Provide local workshop settings to encourage senior officers, elected members, GPs and other HWB members to become engaged in the wellbeing agenda and discuss a council-wide approach, including roles on the HWB.
• Develop elected member champions for the agenda.
• Help make the business case for investment in wellbeing through cost benefit analysis and help to think through spending priorities.
• Streamline disparate strategies and frameworks across a council.
• Develop language around the agenda that can ‘pull everyone in.’
• Develop shared indicators across councils and partners.
• Enable HWB members from health service backgrounds to understand the remit and ways of working of councils.
• Ensure that HealthWatch has the skills to provide a proper scrutiny role.

Support needs: reflections and recommendations

National bodies in the public and voluntary sectors, including the Local Government Association, should consider how they can help to meet the support needs which participants have identified. nef is also developing a structured process which councils can use to help with this. Councils should ensure that they are able to engage with processes designed to help develop their capacity.

Key recommendation:
• National bodies and councils should work together to meet the support needs which participants have identified.
Finding out more

About The Healthy Communities Programme

The Healthy Communities programme, created in 2006 and funded by the Department of Health, works to support local government in improving health and tackling health inequalities. The programme is hosted by the Local Government Association and will be coming to a close in its current form in December 2011. The Local Government Association will be continuing this work from January onwards, helping to support the role of local government with specific regards to the work of HWBs and the health reforms.

About Local Government Association

The Local Government Association (LGA) is here to support, promote and improve local government.

We will fight local government’s corner and support councils through challenging times by focusing on our top two priorities:

• representing and advocating for local government and making the case for greater devolution
• helping councils tackle their challenges and take advantage of new opportunities to deliver better value for money services.

The LGA is an organisation that is run by its members. We are a political organisation because it is our elected representatives from all different political parties that direct the organisation through our boards and panels. However, we always strive to agree a common cross-party position on issues and to speak with one voice on behalf of local government.

We aim to set the political agenda and speak in the national media on the issues that matter to council members.

The LGA covers every part of England and Wales and includes county and district councils, metropolitan and unitary councils, London boroughs, Welsh unitary councils, fire, police, national park and passenger transport authorities.

We work with the individual political parties through the Political Group Offices.

Visit www.local.gov.uk

About nef

nef (the new economics foundation) is an independent think-and-do tank that inspires and demonstrates real economic wellbeing. We aim to improve quality of life by promoting innovative solutions that challenge mainstream thinking on economic, environment and social issues. We work in partnership and put people and the planet first.

We combine rigorous analysis and policy debate with practical solutions on the ground, often run and designed with the help of local people. We also create new ways of measuring progress towards increased wellbeing and environmental sustainability.
nef works with all sections of society in the UK and internationally - civil society, government, individuals, businesses and academia - to create more understanding and strategies for change.

The award-winning Centre for Wellbeing at nef seeks to understand, measure and influence wellbeing. In particular we ask the question what would policy-making and the economy look like if their main aim were to promote wellbeing?

For more information visit www.neweconomics.org

Wellbeing webinars

As part of ongoing work on wellbeing, the Healthy Communities programme, in partnership with NHS Confederation, held a series of three webinars with Dr Lynne Friedli (Independent Mental Health and Wellbeing Specialist who has written for the World Health Organisation) and Jude Stansfield (Independent Wellbeing and Public Mental Health Specialist) in September 2011. The webinars were aimed at members of Health and Wellbeing Boards, those working in local government, NHS, public health, health improvement, social care, voluntary and community sectors, and generally anyone working on the new health and public health reforms and those interested in wellbeing who wished to gain a further understanding.

Each webinar covered a different aspect of wellbeing. The themes of the three sessions were:

- Why bother? The benefits of a strong strategic focus on wellbeing
- What works? Key themes in evidence based practice
- Has it worked? Measuring outcomes and indicators of success.

All of these webinars had a strong emphasis on the work of HWBs and the role of members of the boards. They aimed to reinforce the message that wellbeing can be measured and to share information about the tools available to do this. Furthermore a need to use a wellbeing ‘lens’ was encouraged to ensure that wellbeing is kept on the agenda of HWBs and understood throughout different work areas. It was noted that the challenge of adopting a wellbeing approach, particularly defining it and linking it across work areas can mean that some may wish to avoid it and therefore a clear understanding and sensitivity is needed when using the wellbeing lens to ensure it is accessible and not avoided or underestimated.

The webinars, including the slides and audio used are available online to members of the Communities of Practice (CoP).
To join the CoP:

1. Go to http://www.communities.idea.gov.uk and under ‘Register and become a member today’ select ‘Register’.

2. Enter your details as requested and select ‘confirm and complete’.

3. You will receive a confirmation email. Click the link to activate your account and search for ‘Happiness, wellbeing and emotional resilience Communities of Practice’ to locate the CoP.

4. Once you have joined you can view the spreadsheet here: http://www.communities.idea.gov.uk/c/1575377/forum/thread.do?id=11917999
Appendix 1: Participants’ understandings of wellbeing from their own and their organisation’s perspective

These informal definitions were collected from participants during the guided conversation sessions. Each participant was asked to capture their own understanding of wellbeing, as well as the understanding of their organisation. Definitions from the same participant are shown on the same row of the following table.

<table>
<thead>
<tr>
<th>How do I understand wellbeing?</th>
<th>How does my organisation understand wellbeing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family to be happy, well and financially stable</td>
<td>Improving people’s lot / condition by action on the wider determinants of health – physical, mental and social condition</td>
</tr>
<tr>
<td>Good health, prosperity, happiness</td>
<td>Personalised services giving more choice, control and independence</td>
</tr>
<tr>
<td>How do we as imperfect people live well in an increasingly imperfect world; well, ‘happy’, mental wellbeing, Marmot</td>
<td>NHS organisation: increasing quality years of life past 65; improved experience; value for money. Council: manage budget well, improve resilience, improve democratic engagement</td>
</tr>
<tr>
<td>Being healthy, happy and financially solvent – able to contribute to society</td>
<td>Individual and community happiness, healthiness, and where needs are addressed, and opportunities maximised</td>
</tr>
<tr>
<td>Safe, secure, healthy, happy, meaningful and quality</td>
<td>Provide/supply appropriate and relevant services</td>
</tr>
<tr>
<td>Ensuring people’s health and welfare is available through services provided at local and national level</td>
<td>To have appropriate services to ensure wellbeing within the local area</td>
</tr>
<tr>
<td>An ability to cope with change, building resilience, thinking about personal lifestyle, exercise, healthy food, participation in what goes on</td>
<td>Improve opportunities for most vulnerable in society. Help people make right choices about health etc, good start for children most important</td>
</tr>
<tr>
<td>Challenged but not overly so, contented but having aspiration. Having social contact and feeling supported</td>
<td>Build an individual’s relationships. Would aspire to support staff wellbeing but difficult to do in machinery of an organisation</td>
</tr>
<tr>
<td>Better quality of life</td>
<td>Improved and informed choice with realistic options for improvement</td>
</tr>
<tr>
<td>Sense of control and resilience</td>
<td>Develop potential, contentment, satisfaction, in touch with self and communities</td>
</tr>
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<td>--------------------------------</td>
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</tr>
<tr>
<td>Being well and happy and engaged in the world and society</td>
<td>Five Ways to Wellbeing: control, active, take notice, keep learning, give (but not embedded, seen as woolly)</td>
</tr>
<tr>
<td>Totality of influences on people’s lives and progression</td>
<td>Is a corporate priority but associated with leisure services</td>
</tr>
<tr>
<td>Thriving communities with control over their own destinies</td>
<td>Providing effective and efficient public services</td>
</tr>
<tr>
<td>Economic prosperity – having a job</td>
<td>Health</td>
</tr>
<tr>
<td>Individuals’ level of ability to cope with life, stress, resilience, self-esteem, feeling of control over life</td>
<td>Levels of happiness that mean that people take responsibilities for their lives and want the best for themselves and their families.</td>
</tr>
<tr>
<td>Better emotional and mental health and living in communities that can demonstrate participation and Five Ways to Wellbeing</td>
<td>Linked to social care, giving good quality services to vulnerable people</td>
</tr>
<tr>
<td>A sense of belonging and inclusion linked to good physical and mental health</td>
<td>A community at ease with itself where health inequality is narrowing</td>
</tr>
<tr>
<td>Wellbeing=Five Ways to Wellbeing. Key is mental health, physical health and ability to help others to improve theirs</td>
<td>Wellbeing=health but also: social marketing for all-round community health; engaged, empowered and enabled citizens realising their greatest individual and collective potential</td>
</tr>
<tr>
<td>About the individual person from mental and lifestyle – ‘happy’</td>
<td>Depending on where you sit in the organisation: inequality, healthy living, mental health</td>
</tr>
<tr>
<td>When a person can live a healthy life as part of a community without economic stress</td>
<td>The council works seamlessly to ensure the physical and economic health of all its residents</td>
</tr>
<tr>
<td>Feeling good and functioning well</td>
<td>Council wellbeing is not necessarily distinguished as something more than ‘health’ although there is a borough-wide definition</td>
</tr>
<tr>
<td>Providing an environment for promoting individual and community growth and development</td>
<td>Meeting residents’ expectations about well-provided and cost effective services and support to local communities within parishes</td>
</tr>
<tr>
<td>Hedonic: happiness; Eudaimonic: functioning/personal efficacy</td>
<td>GP commissioners’ view: spectrum from none to all of symptoms – depression, anxiety, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder</td>
</tr>
</tbody>
</table>