

LIVING WELL

ACROSS LOCAL COMMUNITIES

prioritising wellbeing to reduce inequalities





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Where did Living Well come from?

Living Well, developed through a process of engagement and consultation across the North West, describes a way of working to remove entrenched inequalities.

The opportunity to shift the focus in the direction of Living Well stems from a unique context – the recommendations of the Strategic Review of Health Inequalities in England led by Professor Sir Michael Marmot¹ and the growing evidence-base which provides the business case for investing in health and well being for a range of organisations, beyond the NHS.

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LIVING WELL: A call to action

There will be no lasting reduction in inequalities unless we create the conditions across local communities that support wellbeing and enable people to live well.

A new approach is needed because despite massive investment and enormous effort by dedicated people and organisations, patterns of inequality in health, income and aspiration persist across local areas and blight many lives. Living Well calls on all those with leadership responsibility in public, private and in voluntary and social organisations to use their energy and experience to build on what they do well but be radical where improvement is needed. The active involvement of citizens also needs to be encouraged. Individuals and communities need to be empowered to influence policies and practices to tackle the barriers to wellbeing and health and to reduce health inequalities.

Living Well calls for a cultural change to bring about improvements in health and wellbeing. Living Well describes an approach and is a call to action. It is not a framework with solutions as these are for local partners and communities to work through and embed within their policies and practices.

Although there is no single approach to Living Well, the evidence points to the need to build on strengths, assets and resilience of individuals and communities to bring about change. Leaders need to start new conversations about the delivery of Living Well across sectors advocating and promoting those interventions for which the evidence-base shows that they are effective¹. Below are some key actions that all leaders, organisations and local bodies such as health and wellbeing boards can take to begin to deliver Living Well.

- Sign up to the Living Well approach
- Model the Living Well approach in decision-making
- Promote understanding of Living Well and the concepts of investing for health and delivering social value among staff and with partners
- Use existing powers to the full for the Living Well agenda
- Assess and build on community assets
- Adopt area-based approaches to deliver improvements
- Communicate the 5 ways to wellbeing² to staff and the public and engage people in taking action

5 WAYS TO WELLBEING

CONNECT ...

BE ACTIVE...

TAKE NOTICE...

KEEP LEARNING...

GIVE...

Further examples of action are set out in Appendix 1 as signs of progress.

1. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England post-2010. <http://www.marmotreview.org/>

2. www.neweconomics.org/publications/five-ways-well-being-evidence

Why Living Well matters

The Living Well framework is a long term approach that describes a way of working locally to remove entrenched inequalities; it makes clear the link between the wellbeing of an individual and that of the community and the place.

It therefore offers an important connecting idea to support local partnership working, and community development and empowerment that truly devolves power down to neighbourhoods of local people. It also emphasises the need to get smarter about how to balance health, the economy and environment so people can truly live well.

A compelling case has emerged that a resilient and productive society can not be sustained without more attention and action to improve wellbeing. This requires a greater focus on the social determinants of health and on fairness and social justice³.

Wellbeing is commonly defined as 'feeling good' (a range of positive emotions) and 'functioning effectively' (the ability to function and interact). These are both influenced by the interplay of our individual resources and our wider environment.

Wellbeing is fundamental to achieving healthy, happy and thriving communities for all citizens; it gives us the capacity to learn, work and play; to interact with others and have meaningful relationships; to be resilient through adversities; to aspire to a positive future; and to make everyday decisions about health, leisure, education, employment, housing and other choices that impact on our quality of life.

There is a substantial body of evidence which suggests that people with a good level of wellbeing underpins their ability to make healthy lifestyle choices, to manage their illness when they become ill, to recover from illness better and to seek help and use services effectively when needed. Wellbeing also determines the ability of communities to be supportive and inclusive, resilient and resourceful, liveable and safe, and productive and thriving.

A focus on wellbeing gives an opportunity to take a new and different approach to improving health and reducing health inequalities:

1. It gives a greater focus on the wider, social determinants of health as wellbeing is largely socially determined.
2. It recognises the social nature of health and the value of collective action for improving health, rather than reliance on individual change.
3. It focuses on health as a positive outcome of wellness, not just the absence of mortality, disease or health-damaging behaviour.
4. It recognises the causal factors of why individuals make certain lifestyle choices & changes - shifting the focus from what people are doing (e.g. drinking, smoking) to why they are doing it (e.g. lack of control, self esteem, optimism, self determination, contentment, fulfilment).
5. Thus, it allows intervening more effectively to tackle the root causes and conditions of health. This necessitates a holistic approach, as the presence or absence of good mental wellbeing underpins all lifestyle change.



IMPORTANT CONCEPTS THAT support local delivery of Living Well

BETTER DECISIONS ON INVESTMENT/DISINVESTMENT: INVESTMENT FOR HEALTH

Investment for Health (i4h)⁴ aims to help decision makers create more health and wellbeing from their decisions. Focused initially across the public sector (excluding NHS) and voluntary/ community/faith organisations, but also relevant to business, the i4h framework offers practical tools to develop and assess the goal of 'sweating assets' to achieve more health and wellbeing alongside the organisation's core goals.

For example, Merseylearn, an employee skills development initiative established by a partnership of Merseyside transport and learning organisations and Trades Unions⁵, has created real benefits for employees' wellbeing, with accelerated opportunities for promotion and so increased income.

BETTER USE OF PUBLIC RESOURCES: SOCIAL VALUE FRAMEWORK

The Social Value framework⁶ links to the i4h programme and is designed to maximise the value of the money spent during commissioning. This is achieved by considering the wider benefits of spending, for the customer, community and general public. Social value asks the question: 'If £1 is spent on the delivery of goods, services and outcomes, can that same £1 also be used, at the same time, to also produce a wider benefit to the community?'

An example where Social Value is used is in a mental health service which employs people with a history of mental health problems to help deliver the service. The social value of this commissioning activity is improved wellbeing through increased job control, decreased social isolation and employment.



4. www.nwph.net/nwcthw

5. <http://www.wea.org.uk/conference2007/pdfs/Merseylearn%202pp.pdf>

6. www.northwest.nhs.uk/whatwedo/socialvalueproject/social_value_project.html

How outcomes might be measured

To measure the cumulative and combined impact of the Living Well work at individual, group, neighbourhood and community levels, indicators are needed that can easily be collected regularly and reported to the public and to partner agencies.

The desire is to move away from process targets and focus on outcome measures. The Government has indicated that it wishes to consult the public on which outcome measures should be prioritised. Locally too there is the opportunity for selecting outcomes that matter to the community.

A number of key dimensions, for example, asset and deficit indicators, and performance and vigilance indicators need to be considered when designing outcome measures. A 'top ten' set of indicators for the Living Well approach might include the following:

DEFICIT INDICATORS:

1. Healthy Life Expectancy men
2. Healthy Life Expectancy women
3. Adult smoking prevalence
4. Child obesity in year 6

ASSET INDICATORS:

5. % Redundant in past year who found a new job or entered education or training or took up regular volunteering work
6. % reporting coping on current income/confident in ability to receive financial help in a crisis
7. % reporting recommended levels of recreational exercise
8. % reporting participation in local groups and/or frequency of meeting people outside own household
9. % reporting positive mental wellbeing (WEMWBS⁷ or equivalent measure of life satisfaction)
10. % reporting positive evaluation of functioning in local area (i.e. ability to influence local decisions, sense of belonging in local area, feeling safe at home at night)



LIVING WELL: A New Direction

Fundamentally, Living Well requires the active support of people, local communities, and organisations so that they add more Living Well value to what they are doing in ways that are appropriate and feasible for them – but challenge ‘business as usual’ to turn Living Well into everyone’s business.

STATEMENTS OF DIRECTION

The following six statements of direction (Figure 1) form the heart of the Living Well approach and describe overriding goals that can be used to judge the potential impact of

current and future policy, practice and investment decisions. These statements are meant to last for at least 5 years; they describe the end point, not the journey, and define characteristics of the future in which people live well.



FIGURE 1: LIVING WELL: THE STATEMENTS OF DIRECTION

1. EVERYONE SEES THE LIVING WELL AGENDA AS THEIR BUSINESS

- This is an over-arching statement that gives rise to the others
- This statement means people will feel that all organisations in their area support them to live well and achieve not only longer but healthy, enjoyable and fulfilling lives
- This statement requires leadership and willingness to work in radical and transformative new ways beyond organisational, sectoral, geographic and professional boundaries, to achieve co-production, resource sharing, realignment, gain-sharing, new forms of organisation and governance and to do this in direct partnership with local people
- The statement applies to all sectors and communities of interest; public, private and community, voluntary & faith sectors at all levels; and in localities, cities and neighbourhoods
- Local health and wellbeing boards can use this statement and the other 5 directional statements to influence local health improvement and reducing inequalities commissioning decisions, including GP consortia commissioning

2. PUBLIC INVESTMENT IN LOCAL COMMUNITIES BUILDS ON LOCAL STRENGTHS/ASSETS TO RAISE ASPIRATION, BUILD RESILIENCE AND RELEASE POTENTIAL

This statement:

- involves a focus on assets not only 'needs'; it encourages the finding of sustainable and creative ways to live well not just 'services'
- requires definition at a local level of what an asset is and the need to build on existing assets
- requires organisations to interact genuinely with local people so that they have a real say in what happens locally
- requires developing and empowering community leaders and community organisers

3. CHILDREN IN ALL COMMUNITIES GET THE BEST START IN LIFE AND YOUNG PEOPLE ARE SUPPORTED TO BECOME SUCCESSFUL ADULTS

- This statement reflects the importance of early years and the transition to adulthood in achieving lifelong health and wellbeing (the Marmot Review⁸ concludes this is the first national priority). The importance of strong intervention on early years at school, at home and in the community is echoed in other evidence too⁹
- It responds to the need to combat the cultural, social and environmental obstacles to health and wellbeing that particularly affect young people, including commercialism, peer pressure, poor transport systems, discrimination and exclusion, unemployment, low educational attainment, low self esteem, high crime, lack of access to lifelong learning and development, family breakdown, unsafe environments. It also responds to the need to create intergenerational trust and reciprocal relationships
- This statement also recognises the need to integrate strategic work affecting children and young people in broader policies affecting the whole of society by including them explicitly

4. ALL ORGANISATIONS ARE TACKLING DISCRIMINATION, POVERTY AND SOCIAL INJUSTICE

- This is about recognising and acting on the economic, social, cultural and political divisions which prevent individuals, groups and whole communities living well
- Achieving this means people show respect to each other whatever their background and live together in positive neighbourhoods; people get help to gain a fair income; they don't suffer discrimination or injustice at work or in the community
- It challenges the patronising and judgmental approach that can arise when focusing on lifestyle issues in isolation from their broader social context and connects to the public service agenda for dignity and respect
- This statement also challenges the current false divisions between frameworks for addressing health inequalities and those addressing other social inequalities such as gender, ethnicity, age, disability, sexual orientation and other identities. It demands an integrated approach that recognises the complexity and diversity of communities and supports combined action, especially at local level
- It may challenge/develop processes and methodologies e.g. impact assessments, deprivation measures, rights based approaches

5. ENVIRONMENTS AND COMMUNITIES MAKE IT EASY FOR PEOPLE TO LIVE WELL

- This means that people feel they have attractive and safe streets, high quality homes and lively and attractive public and green spaces that make it easy to participate in community life, as well as to be active and to live sustainably. It also means that the local economy works well and is strong long term to provide people's living and protect their environment. It requires cohesive communities
- This statement aims to promote the development of a new economy, including stimulating & supporting micro-economies. It requires tackling climate change issues and shifting to lower carbon lifestyles and technologies; these can also help people live well through active travel, a healthier food supply, and removing fuel poverty. It requires balancing the needs of local people to live well with the interests of business, industry, visitors etc
- It is about comprehensive access to communications technologies which is a key aim of sector-wide work on Information and Communication Technologies

8. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England post-2010. <http://www.marmotreview.org/>

9. Enabling Effective Delivery of Health and Wellbeing: An independent report February 2010 by Sir Howard Bernstein, Dr Paul Cosford, Alwen Williams CBE. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111692

6. ALL ORGANISATIONS INVEST IN EXTENDING YEARS OF HEALTHY AND ACTIVE LIFE LIVED

- This means all organisations strengthening the role and impact of prevention in their work and with their partners to extend healthy life expectancy or 'health expectancy'¹⁰ so that people live not only longer but healthier, more enjoyable and fulfilled lives
- It recognises the important role of preventing avoidable conditions within an overall approach focused on the broader social determinants of health. It embraces tackling the 4 major lifestyle factors of smoking, alcohol, low physical activity and poor diet, alongside psycho-social wellbeing, that cause ill health and prevent people from living well
- It means prioritising investment in prevention and health promotion through an evidence-based programme of actions that are effective across the social gradient
- It includes the contribution of the public health workforce, but also of those who work in housing, environment, human resources and health and safety

SIGNS OF PROGRESS:

Some examples of high level signs of progress are suggested for each of the statements of direction in Appendix 1. These and others like them agreed locally can provide the means for reviewing progress in reaching the statements of direction.



Statements of direction and examples of signs of progress



EXAMPLES OF SIGNS OF PROGRESS

STATEMENTS OF DIRECTION	SHORT TERM – 1 YEAR	MEDIUM TERM - 2-3 YEARS	LONGER TERM – 4-5 YEARS
4. All organisations are tackling discrimination, poverty and social injustice	Commitment to the development of an integrated Living Well approach to addressing health and broader inequalities	Engagement of diverse communities, including communities of interest, in defining what Living Well means for them	Living Well viewed as a legitimate agenda across all sectors
5. Environments and communities make it easy for people to live well	All public bodies make explicit their understanding of the relationship between health, inequality and a low carbon sustainable future, and set out actions to achieve sustainability alongside living well	Local planning, housing and transport decisions systematically seek lower carbon solutions and environmental improvements that enable Living Well	Local people are involved directly in the planning and management of open spaces and the built environment and champion the positive effect of a transition to lower carbon lifestyles on their health
6. All organisations invest in extending years of healthy and active life lived	Commitment by health providers and local government in particular to explore how health promotion and disease prevention programmes might be refocused to address social and economic factors as well as lifestyle choices and individual health awareness	Transformation of health promotion and disease prevention work to a Living Well and resilience model	Resources profile reflects focus on the Living Well model of prevention as a priority

