

Wellbeing: Its Influence and Local Impact on Public Health

Vincent La Placa and Anneyce Knight, University of Greenwich

Corresponding author: Dr Vincent La Placa (v.laplaca@greenwich.ac.uk)

**University of Greenwich, Mary Seacole House, Southwood Site, Avery Hill Road,
Greenwich, London, SE9 2UG**

Tel: 020 8331 8721

Fax 020 8331 9160

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Summary

Objectives

To explore the emergence of the concept of wellbeing and examine its influences on the modernization of the public health structure at the local level.

Study Design

The article applies a theoretical and policy orientated approach.

Methods

The article assesses the concept of wellbeing and applies its uses to local policy and practice

Results

The concept of wellbeing has implications for the development of local public health structures, policy making and delivery.

Conclusions

In terms of local policy making, it enables public health professionals to develop locally based concepts and uses of wellbeing, engage communities, make links to social capital and consider wider determinants within them. In terms of delivery, it focuses attention on the need for collaboration between local statutory and voluntary organisations in applying local concepts of wellbeing to public health policy; and engaging with healthcare interventions grounded within local context and needs.

Defining Wellbeing

Debates around concepts of wellbeing were initially precipitated within the philosophy of ethics, particularly around moral ways of conducting oneself and how this might assist in leading a ‘happy’ or ‘satisfying’ means of existence.¹ Later, sociologists approached it from the individual and subjective perspective, where an individual constructs ‘wellness’ and ‘wellbeing’, but within the constraints of wider social structures such as the onset of modern communities and public discourses around, for example, ethics and living. ²

Contemporary debates about wellbeing have also produced an increasing array of literature and research as well as policy discourse. ³⁻⁷ Much of this problematizes concepts of wellbeing since initial references were made to it by the World Health Organization (WHO)⁸ in 1946 as ‘health is not the mere absence of diseases but a state of wellbeing’. Debates have occurred around, for instance, the relations between the concepts of ‘health’ and ‘wellbeing’ and whether it is primarily of an ‘objective’ or ‘subjective’ nature, lending itself to economic and/or psychological assessments.⁴

The debate has assumed contemporary significance in recent coalition government public health policies, documents and initiatives, which place an emphasis on wellbeing as a strategic priority in policy discourse and development and as an outcome tool.^{9, 6} The current UK government has made a commitment to measure and assess ‘individual’ and ‘psychological’ wellbeing, using indicators such as ‘satisfaction’, ‘anxiety’ and ‘happiness’.^{10, 11} The emergence of wellbeing as a concept taken seriously in public health as a multiple and complex phenomenon is linked to a historical and social process that has witnessed it ‘breaking’ in to UK public health policy discourse as a discreet idea in its own right. From the Second World War onwards, wellbeing, if articulated at all, was used largely

within the context of economic growth and enhanced levels of income and Gross Domestic Product (GDP).⁴

Development of the economy and enhanced standards of living were perceived as the defining and most ethical concept in ensuring 'happiness'. Traditionally, it was also subsumed as one domain within a narrow biomedical perspective of physiological health and absence of pain and disease.^{4, 6} However, the transition from traditional culture to modern societies¹²⁻¹⁴ has created space to develop and refine concepts of wellbeing and its place within public health. Whereas in traditional societies, choice and individual action is limited and extensively pre-determined; in modern society, individuals rely less on tradition and previously arranged patterns of thought and have more choice to develop and revise previous actions and local modes of thinking. Individuals become more reflexive and aware of greater choice in seeing to their own and communities' needs. Linked to this is the demise of 'class' and socio-economic status as significant determinants of individuals' identities and life-course as individuals construct their own biographies and lifestyles more fluidly. Greater choice, renewed interest in concepts of 'lifestyle', 'consumerism', 'risk', and developments in global technologies, used to shape and define concepts of the 'personal' and 'individual wellbeing' have enabled lay individuals, healthcare practitioners and public health policy makers to revise previous 'traditional' concepts of wellbeing that narrowed happiness and satisfaction to economics and financial circumstances.

This has enabled space to construct and give meaning to the multiple domains that affect both public health and wellbeing and give consideration to the greater influence and impact of these on policy and practice. The influence of the physical, social and economic environment^{15, 16} and the domains of the individual, community and neighbourhood on the construction of wellbeing have been identified as areas worthy of investigation.^{4, 17} For example, McNaught argues for wellbeing as a broad policy concept that goes beyond

traditional views of health as disease focused, to the wider determinants of, for example, families, communities and societies and how individuals and communities interpret them.⁴ This ensures that wellbeing does not become detached from public health issues and policies and keeps it firmly within the public health agenda. Promotion and enhancement of wellbeing is a collective effort (national and local) and not only a matter of individual psychology.

The emergence of wellbeing in public health policy discourse had also subjected it to multiple definitions throughout policy initiatives under the previous Labour government as well as the current Coalition one. The Department for Environment, Food and Rural Affairs (DEFRA) (2009) defined wellbeing as meeting ‘individual’ need, giving sense of ‘purpose’ in terms of ‘personal relations’, financial reward’ and ‘attractive environments’.¹⁸ The Department of Health’s (DH) (2009) consultation document, ‘New Horizons: Towards a Shared Vision for Mental Health’, defined wellbeing as ‘a positive state of mind and body, feeling safe and able to cope with a sense of connection with people, communities and the wider environment’.¹⁹

Building upon this, Coalition government policy increasingly conceptualises wellbeing, not only in traditional terms of absence of pain and disease, but how it is produced through individual action and its policy impact for wider communities.²⁰⁻²² It often views health and wellbeing as one and the same, produced on the social, physical, psychological and environmental level, suggesting that wellbeing is a multi-levelled definition, even if it is not comprehensively articulated as such. However, undoubtedly, there appears to be a new emphasis upon the individual’s ability to negotiate and articulate what promotes wellbeing in interaction with wider domains, particularly local communities. Clearly, there is much scope for defining and articulating wellbeing in public health.

Wellbeing and Current Public Health Policy

The concept of wellbeing is intrinsic to the current modernization of the public health structure. It is being linked to broader concepts around ‘democratic legitimacy’ and ‘involvement’, as well as stronger participation by individuals and local communities in the very structures that define and implement policies and initiatives around their lives. Whilst there is currently no agreed consensus as to what actually constitutes wellbeing within the public health sphere, current changes to public health structures can be perceived as tangibly illustrating the development and mainstreaming of wellbeing throughout policy discourses; as well as recognition of its increasing importance on the policy agenda and its link to the local community, particularly, the ‘Big Society’. Whilst we believe the concept of the ‘Big Society’ is often used loosely, and not adequately defined, there is agreement that it is about devolving decisions and engagement to the local level and urging a broader range of services to articulate and meet local and community needs and wellbeing.^{23, 24}

The concept of ‘localism’ is also emergent within current reforms to the public health structure. The transfer of health services to local government and communities, and the encouragement of individuals to participate more fully as a result, is an example of this shift (Bowles 2010), as are the establishment of local Health and Wellbeing Boards.^{21, 26} These will join up commissioning of local NHS services, social care and health improvement strategies through consultation and partnership with the local community.²¹ They will also assume responsibility for leading on health and wellbeing improvement and prevention activity. A core function will be to formulate a Joint Strategic Needs Assessment (JSNA) and this will be used to agree combined local action in the form of a Joint Health and Wellbeing Strategy (JHWS). The Health and Social Care Act 2012 has ensured that the JSNAs have authority to inform local commissioning decisions by the Clinical Commissioning Groups, Local Authorities and the NHS Commissioning Board.²⁷

Local Authorities had already been provided with opportunity to improve the wellbeing of their communities in 2000 with the Local Government Act 2000.²⁸ Sections Two and Five of Part One set out the details of the so called ‘Wellbeing Powers’. Section Two of the Act enables an eligible council to use its power to promote the economic, social or environmental wellbeing of their area.²⁸ Local Authorities were further tasked with promoting wellbeing in 2010.²⁹ In order to achieve this, the emphasis was on decentralisation and development of an asset-based approach utilising existing potential to promote wellbeing. The aim is to build the local community and improve the ‘quality of life’ of the population. Included in this is the development of ‘Big Society’ networks, training for staff and development of leadership skills for councillors and local authority employees. Arguably with the transfer of public health to the local authority, ensuring the promotion of local wellbeing should be augmented. Given the importance of localism and local communities to government policies, we now consider the role of wellbeing in local policy making, practice and delivery.

Local Public Health Policy and Wellbeing

Walker argues that historically a major impediment to developing the public health agenda in the UK has been the separation of public health functions from local government and communities.¹⁷ However, we argue that the current transfer of public health policy making and delivery to local government and communities provides opportunities for local communities, public health practitioners and policy makers to define the wellbeing and needs of the local community, enabling communities to decide what is important to them. The contested nature of the concept should enable local communities to develop a plethora of ways of defining and using wellbeing, whilst considering local social determinants such as the physical environment and income and the implications for public health practice. We

believe by developing and practicing locally constructed concepts and policies around wellbeing, it is more likely that communities will engage.

Discussion around, for example, the physical and economic environment, and their impact on individuals, is more likely to engage people, than narrow concepts of health (and wellbeing) as disease focused only. Indeed, it may encourage communities to think more progressively around relations between ‘health’ and ‘wellbeing’, drawing traditional public health roles and functions, for example, Clinical Commissioning Groups, into issues around community development, capacity and social capital. The multidimensional nature of wellbeing⁶ may well be a strength in the development and governance of localities, and for local health providers and professionals, bridging the gap between the traditional main public health services and the community development orientation that is required to affect positive local delivery and deliberation.

The emergence of localism is linked strongly to the concept of ‘social capital’. The Office for National Statistics (ONS) note that where there is a considerable degree of social capital, there are improvements in health, wellbeing and a positive impact on the wider determinants of health with higher educational achievement and increased employment outcomes.³⁰ Individuals, participating within social capital ‘networks’, are perceived to be ‘housed, healthy, hired and happy’.³⁰ By formulating local and area based wellbeing policies, policy makers can unpack the complex relations between individual and community-based social capital.³¹ If the ‘Big Society’, and emphasis on the local, is to matter in public health, the role of community assets and resources must be considered. Communities can provide empowerment but also prove to be a constraint on levels of health and wellbeing in the community.¹⁶ In fact, we argue that the move to developing and implementing public health and wellbeing policy to the local level is a key opportunity to promote community

empowerment and development (be it neighbourhoods or environmental improvement and regeneration), integrated with and aligned to the public health agenda in the local area.

By locating the construction of wellbeing within the local/community context, we believe it can bridge the gap between the ‘objective’ and ‘subjective’ levels of wellbeing, which often characterize traditional debates;³² an assessment of both the wider and local determinants, for example, income, provision of healthcare and distribution of wealth and more subjective assessments of an individual’s circumstances. For example, individuals’ ability to cope, develop resilience and mobilise the economic resources and assets of the community is dependent on the assets and opportunities afforded by the local community.³³

¹⁶ Clearly involving the community in public health decisions around wellbeing and beyond will enable healthcare practitioners and policy makers to develop maximum cost-effective interventions, predicated upon collective resources which contain ability to be self-sustaining within those very local communities. It may also ensure that wellbeing policies and strategies are developed from the ‘bottom up’³⁴ involving professionals and lay representation, rather than relying on an incremental and piecemeal development process. Developing community concepts of wellbeing will enhance local and community strategic management processes^{35, 36} that can determine the types and scope of interventions and strategies required, aligning them to available resources.³⁷

Local Public Health Delivery and Wellbeing

With the development of the Shadow Health and Wellbeing boards (SHWBs) and the approaching statutory roll out in April 2013, the potential influence they will have in promoting and delivering wellbeing is evident from their title (Local Government Association 2013). The Health and Wellbeing Board members, who are identified senior representatives from statutory providers of health and social care, will need to develop

effective collaborative relationships with other external partners from the local community. This includes representation from the local Healthwatch (health and social care service user-representation), who will not only be in a position to influence local commissioning, but also monitor service provision with support centrally from Healthwatch England. This need for local collaboration also provides the non-statutory sector with the opportunity to ensure that their local contribution to JSNA and the JHWS will address the community's public health and wellbeing requirements by providing evidence relating to community assets that facilitate and an assets-based approach to meet public health and wellbeing needs. This will focus both sectors' attention on their contribution to delivery of public health and wellbeing interventions.^{39, 27} For example, the Healthy Foundations Life-stage Segmentation model^{15, 16} refers to the importance of local branding for the representation and delivery of healthcare interventions. Local branding and delivery of healthcare strategies, as opposed to wider population based ones, has the potential to draw people into the local community and make use of its resources, be it local gyms or public parks for leisure.

Local healthcare interventions are environmentally and community based. They are more meaningful to individuals if they are locally grounded and align individual need to what the community can potentially provide. Local delivery can enhance individuals' development of higher levels of self-efficacy and ability to change their lifestyles. The model allocates an important role to local communities in equipping marginalized and low income groups in developing healthier lifestyles and control of their environments to assert resilience and self-efficacy. Local authorities and SHWBs will need to ensure rigorous evaluations of local interventions, as well as various means of delivering them, so as to continue to develop and embed local concepts of wellbeing that can be also be utilized as an outcomes tool in local delivery. This suggests new models for educating public health personnel may be required to assist them in this. For example, the development of local indicators and objectives for

assessing outcomes should originate in and by the communities affected⁴⁰ and involve assessments of, for instance, enhanced local social capital, and greater involvement in the policy processes and decisions that affect local wellbeing and its place on the public health agenda. Whilst this will be undeniably influenced by national priorities and resources, the emphasis needs to be on research to define local concepts of wellbeing and assess outcomes against or around them from a user perspective.

Conclusion

The concept of wellbeing is contested but is assuming an ever increasing role in the development of public health policy. The concept is intrinsic to the modernization of the public health structure and its location within local governance and communities. As a result, public health professionals have the opportunity to develop locally based concepts and uses of wellbeing and consider their implications on local and community decision making, delivery of services, and the influence of wider community determinants. We would hope that this would further open up the community's sphere of influence, as any new initiatives, and their success in improving public health and wellbeing, depend on the participation and partnership of the whole local voluntary and community sector including 'seldom heard groups'.³⁹

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