

# Wellbeing & Inequalities

Cheshire & Warrington Health & Wellbeing Commission

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leading improvements  
in health and wellbeing across  
cheshire and merseyside

## Key messages

- Wellbeing is central to a healthy, resilient and thriving family, community and economy;
- Wellbeing is specific, measurable and achievable;

## Context

- Foresight Report, GOS 2008
- Public (social & economic) policy
- Economic downturn

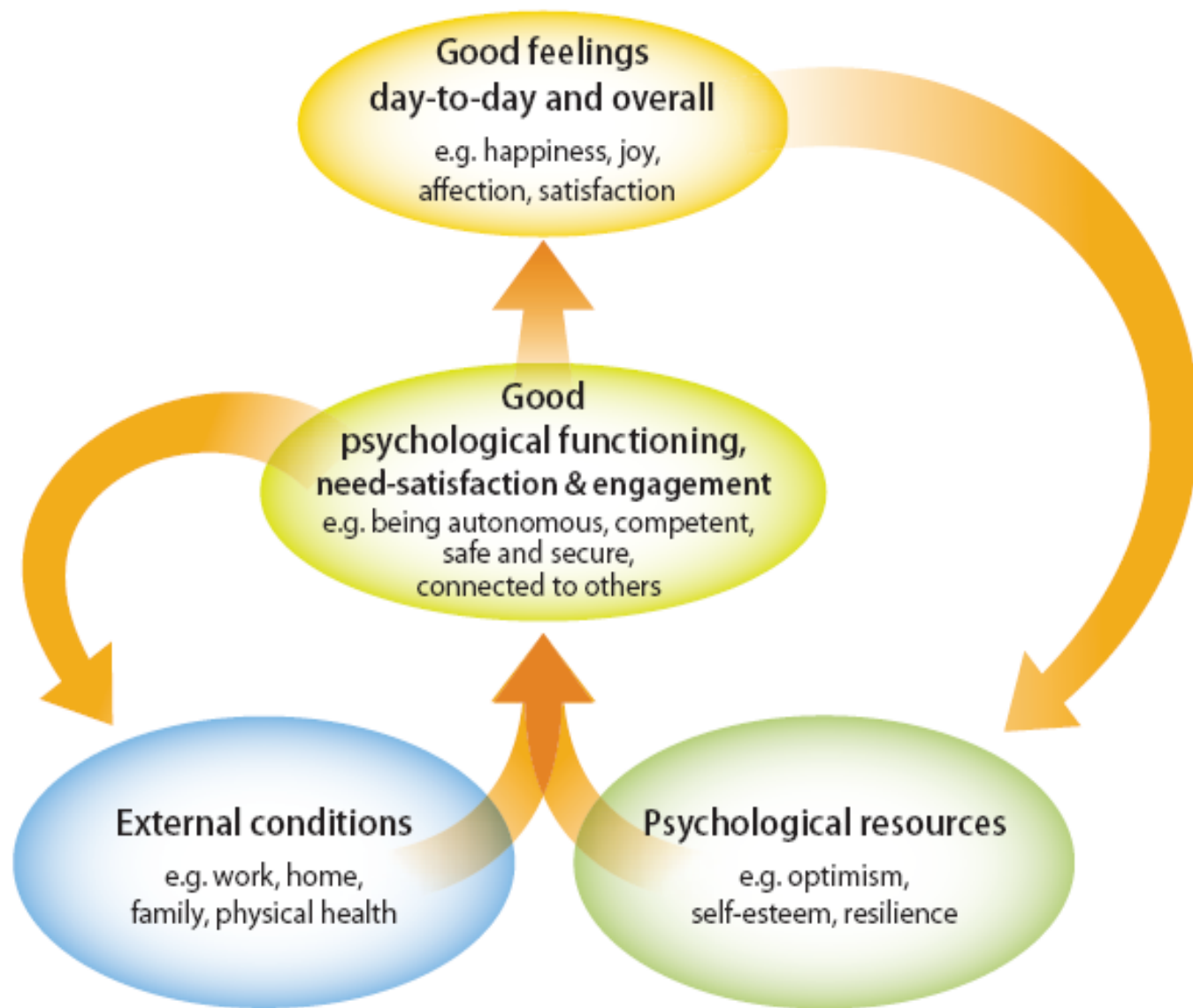
## Wellbeing as an outcome

- **“feeling good and functioning well”**
  - a fair share of material resources
  - influence and control
  - a sense of belonging and connection with people and place
  - a sense of meaning and purpose
  - the capability to manage problems and change
  
- Who doesn't feel good and function well in Cheshire?

# Well-being as a determinant

- Wellbeing underpins the achievement of:
  - Health, healthy behaviours and life expectancy
  - Employment and productivity
  - Educational attainment
  - Stronger and safer communities
  - Individual and family quality of life
- Wellbeing adds 7.5 years to life.
- Poor social connections are as much a risk factor to mortality as smoking

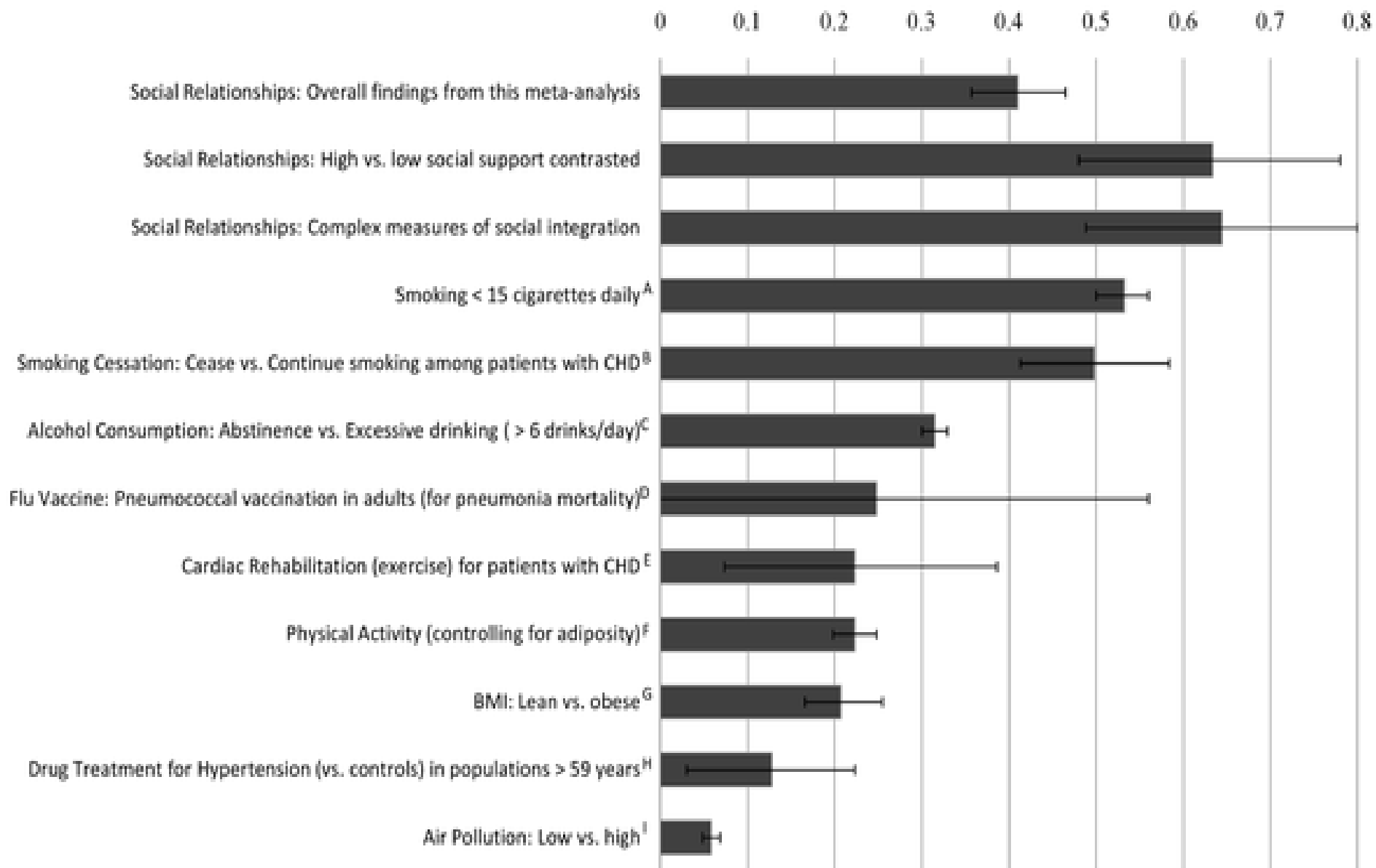
**Figure 2.3: Wellbeing is a dynamic process that can be fed by virtuous circles of feedback between its component parts**



Based on a figure in nef (2008)<sup>71</sup>.

# Social relationships and mortality risk

## Odds of decreased mortality (Holt Lunstad, 2010)



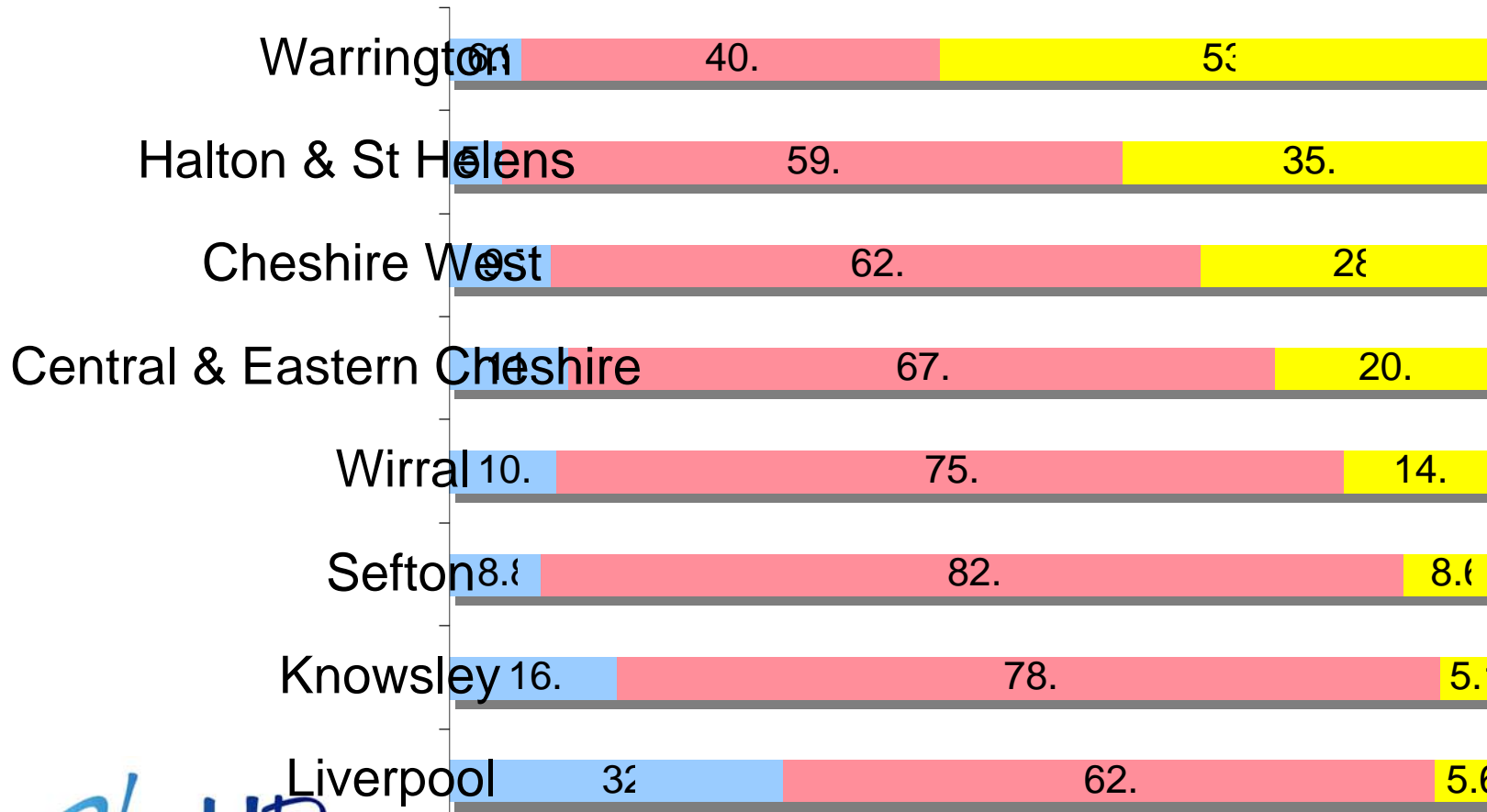
# Marmot - reducing inequalities

- GOAL: “To create an enabling society that maximises individual and community potential”
  - Early emotional development, cognitive and social skills
  - Build the resilience and wellbeing of young children
  - Enable all to maximise capabilities and control over lives
  - Good work, healthy standard of living
  - Improve community capital and reduce social isolation
  - Prevention services
- “Wellbeing should be a more important societal goal than simply more economic growth.”
- Differences in the distribution of wellbeing



# Proportion of respondents with low, moderate, or high wellbeing,

low moderate high





# What influences wellbeing? (NWRPHPO 2011)

## 1. Having enough money to live on and financial control

- Nearly 1 in 5 adults were finding it difficult on their present income. Over 3 in 10 adults had worried about money quite often or almost all the time in the previous few weeks.

## 2. Having strong personal relationships and financially supportive relationships;

- Around 3% of adults had not spoken to anyone outside their household in the previous week.
- Just over 50% said they spoke with neighbours on most days but 3% never speak to them at all.
- Most people meet friends or relatives each week but 1% never have any contact with friends or relatives.
- Most people had someone to rely on in times of need but 25% didn't have anyone if they needed financial help.

### **3. Household economic status, rather than individual unemployment;**

- 11% of working-age households were economically inactive and 60% of people lived in households where at least one person was employed.

### **4. Being active and having time to do the things you enjoy;**

- 25% of people participated in group activities on a regular basis
- Most people had the time to do the things they enjoyed but 20% of adults felt they didn't.
- Around 1 in 10 adults care for somebody else.
- Adults with low wellbeing were 4 times more likely to be sedentary for more than 8 hours a day.
- 30% of adults were meeting the government physical activity target and 70% were not.

### **5. Being satisfied with the area you live in;**

- Most people were satisfied with their area as a place to live but 1 in 20 were dissatisfied;
- Most people felt a sense of belonging to their neighbourhood but 1 in 5 people didn't;
- Over 50% felt they couldn't influence decisions in their local area;

## People with poor wellbeing are more likely to:

- Be ill
- Recover from illness slower
- Be sedentary, exercising less, smoking more
- Have poorer mobility, self-care and self-management
- Have higher service utilisation (as frequent attendees with medically unexplained symptoms and poor attendance rates)
- Be isolated

□ (NWPHO 2010, Hennell 2011)

QuickTime™ and a  
decompressor  
are needed to see this picture.

Reynolds C, 2009, Joint Strategic Framework for Public Mental Health 2009 - 2012, Liverpool PCT

# Living Well NW Framework - prioritising well-being to reduce inequalities (NHS NW 2010)

## A Call to Action:

- Shifting from illness to wellness.
- Creating the conditions that support well-being and enable people to live well.
- Actively involving and empowering citizens and communities.
- Focusing on assets of people to bring about change.
- Balancing health, economy and environment.
- A cultural change, requiring leadership, energy and a radical shift in focus.

# ChaMPs programme

- Supporting commissioning for wellbeing
- 'Wellbeing services' - *brief Intervention, social prescribing, Integrated Wellness Services*
- Understanding & measuring population wellbeing - *survey, webtool, outcome framework*
- Community conversations on wellbeing - *Fair Deal for Wellbeing Discussion Kit*
- Asset based approaches - *learning programme*
- Parenting
- Green infrastructure

# What's needed

- Championing wellbeing as a specific goal and action, essential to a healthy, resilient and thriving family, community and economy;
- Wellbeing in all policy - addressing people's wellbeing in services;
- Public conversation and action on wellbeing;
- Measuring and reducing avoidable differences in wellbeing;
- Commission cost-effective interventions;
- Empowering communities through **asset based approaches**;
- **Resilient relationships/ social networks** as a determinant;

# Thank you

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