

WELLNESS

**Why can't we stop
people getting sick in the
first place?**

The Elephant in the Room

A collection of essays, ideas,
questions and research from
around the world, creating a debate
to reshape the public's health
into
population wellness.

Roy Lilley & Ed Smith

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The Authors

Ed Smith...

... is the former chair of NHS Improvement and a business man who has worked across the public and private sectors and now helps people and organisations in our health economy.

Roy Lilley...

... is a former businessman, local authority Councillor, Mayor and NHS Trust Chairman, who now writes and broadcasts about health and social care.

Dedication

The Myth of Sisyphus is a 1942 [philosophical essay](#) by Albert Camus. He introduces his philosophy of the absurd. The absurd, he argues, lies in the juxtaposition between the fundamental human need to attribute meaning to life and the 'unreasonable silence' of the universe in response.

Camus compares the absurdity of man's life with the situation of Sisyphus, a figure of Greek mythology who was condemned to repeat forever the same meaningless task of pushing a boulder up a mountain, only to see it roll down again just as it nears the top. The essay concludes;

"The struggle itself towards the heights is enough to fill a man's heart. One must imagine Sisyphus to be happy."

If there is a modern parallel to be found it has to be in health and social care where men and women, every day, push the boulder of demand for care up a never-ending hill, only for it to overwhelm them and the cycle starts again and again.

We are not sure it would be right to say, like Camus; 'they are happy' but the unreasonable silence of successive governments is deafening!

Making the boulder smaller and the slope less steep would seem to be logical and sensible. In our context, stop people getting sick in the first place.

This work is about that and it is dedicated to the men and women on the slope.

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this book

First things first, this is not a book. Sorry to disappoint you!

Yes, it has a cover and a contents page but it is not intended to be a book in the conventional sense.

Not a text-book. Read it from page one, to the end. This is a ‘collection of stuff’ to dip into, refer to and to get some thinking going.

Pages of stories, reference and opinion, perhaps. That’s all.

What you are reading is a collection of essays, ideas from around the globe and thoughts gathered together in an attempt to move-on the debate about the publics’ health.

We think there is a difference between the publics’ health, public health and the nation’s wellness.

We think wellness with all its nuances and complexities is the way forward to addressing the inevitable question; what happens when governments have emptied the public purse into the coffers of the NHS and the service still runs out of money.

Eventually we have to ask the question, how do we stop people getting sick in the first place!

[According to WHO](#), 60% of related factors to individual health and quality of life are correlated to lifestyle.

That means six out of ten visits to the GP have their genesis in life-style and by extension six out of ten people in hospital may very well not need to be there.

Millions of people follow an unhealthy lifestyle. Hence, they encounter illness, disability and even death.

Problems like metabolic diseases, joint and skeletal problems, cardio-vascular diseases, hypertension, overweight, violence and so on, can be caused by an unhealthy lifestyle and the environment in which people live.

Coaxing, changing, helping people to live differently is very difficult and could entangle with all sorts of moral and ethical barriers that make it impossible.

However, the concept of wellness and the approach we suggest, may be a way forward.



You be the judge.

Paradigm Shift

Usually the first problems you solve with the new paradigm are the ones that were unsolvable with the old paradigm - Joel A. Barker

Public Wellness or Public Health?

In recent years, the global community has witnessed a growing emphasis on public health initiatives, driven by the need to combat infectious diseases, address healthcare disparities and promote overall well-being.

Much of this thinking has been driven by a realisation that the cost of healthcare will outstrip governments' ability, or willingness to pay for an expansion of services to meet population need.

Stopping people getting sick in the first place is overwhelmingly sensible but excruciatingly difficult to achieve... requiring a huge effort and coordination across government departments.

While the pursuit of public health is undeniably crucial, we argue governments should consider a paradigm shift towards concentrating on public wellness as a primary focus in policy-making.

Public wellness, a broader and more holistic concept, encompasses not only physical health but also mental, social, and emotional well-being.

By redirecting attention and resources towards public wellness, governments can create more resilient and thriving communities that are better equipped to face the complex challenges of an uncertain future.

We start with a definition of Public Health and Public Wellness.

What's the difference?

Public health traditionally refers to the science and practice of preventing disease and promoting health within communities through organised efforts.

This often usually entails interventions such as vaccination campaigns, disease surveillance, and health education programmes. While important, this approach tends to focus primarily on the absence of disease rather than the presence of holistic well-being.

On the other hand...

...public wellness is a more encompassing concept that considers the overall quality of life for individuals and communities.

It recognises that well-being extends beyond the absence of illness and includes factors such as mental health, social connectedness, and a sense of purpose.

Public wellness emphasises proactive measures to enhance the overall quality of life, encompassing physical, mental, and social dimensions.

This is a much bigger task but we contend is worth the effort.

Public wellness takes a holistic approach, recognising that individuals are complex, with interconnected physical, mental, and social aspects. By concentrating on public wellness, governments create the opportunity to address the root causes of health issues, considering the intricate

interplay between physical health, mental well-being, and social determinants.

The aim is to promote a more comprehensive understanding of health and well-being, leading to more effective and sustainable interventions.

It's a trope, an old adage; prevention is better than cure.

A phrase that has stood the test of time because it is correct. It is better to stop people getting sick... it saves suffering and a huge amount of public cost.

It is a longitudinal policy, meaning it works over time, the results are not instant and for governments with a limited term of office, anxious for results, often not popular.

Because of the complexity of 'wellness', the multifactorial indicators and the number of government departments that are inevitably drawn in, wellness gets pushed off the agenda.

Public wellness emphasises preventative measures over reactive treatments. By proactively addressing factors that contribute to poor health, such as unhealthy lifestyles, social isolation, and mental health challenges, governments can reduce the burden on healthcare systems.

A shift towards prevention can lead to cost savings in the long-run and contribute to the sustainability of healthcare infrastructure.

Fostering public wellness contributes to building resilient communities capable of withstanding and recovering from various challenges, including public health crises.

A resilient community is one that not only possesses robust healthcare systems but also has strong social networks, mental health support, and community

engagement. Investing in these aspects enhances the overall ability of communities to adapt and thrive in the face of adversity.

Public wellness has positive implications for economic productivity. Healthy and engaged individuals are more likely to contribute effectively to the workforce and the economy, leading to increased productivity.

Moreover, by addressing mental health challenges and promoting work-life balance, governments can create environments conducive to innovation, creativity, and sustained economic growth.

While public health interventions aim to address health disparities, public wellness goes a step further by acknowledging the social determinants of health.

By addressing issues such as income inequality, access to education, and social justice, governments can create a more equitable foundation for well-being. This approach not only improves health outcomes but also contributes to a fair and just society.



How do we shift the focus

While the benefits of prioritising public wellness are self-evident, it is crucial to acknowledge the challenges associated with shifting the focus from public health to public wellness.

Implementing a public wellness approach requires a fundamental shift in policy priorities.

Governments need to integrate wellness considerations into various sectors, including education, urban planning, and social services.

Achieving this level of policy-coherence demands collaboration across government departments and stakeholders, presenting a considerable administrative challenge, not to mention political leadership, so often occupied by the short-term.

Unlike more tangible health indicators, measuring wellness is inherently challenging. Wellness is a subjective and multifaceted concept, making it difficult to develop standardised metrics.

There are indicators, for instance [Cantrils' Self-Anchoring Ladder](#) and Diener's [Satisfaction with Life Scale](#) for individuals and more recent developments such as [Mappines](#), part of a research project at the London School of Economics.

At government level there are the [OECD guidelines](#).

Being able to measure people's quality of life is fundamental when assessing the progress of societies and the performance of government.

There is now widespread acknowledgement that measuring subjective well-being is an essential part of measuring quality of life alongside other social and economic dimensions.

Shifting the focus to public wellness requires a significant effort in public awareness and engagement. Governments, not always good at 'messaging' must find better ways to communicate the importance of holistic well-being and encourage individuals to actively participate in their own wellness. Overcoming ingrained perceptions, lifestyle and habits related to health and well-being is a big challenge.

Transitioning towards public wellness will need a reallocation of resources. While this shift may lead to long-term cost savings, governments might face resistance

due to the immediate costs associated with restructuring priorities and programs.

Convincing policymakers and the public of the long-term benefits requires careful planning and communication.

The argument for governments to concentrate on public wellness rather than public health is rooted in the recognition of the interconnectedness of physical, mental, and social well-being.

Prioritising public wellness offers an holistic approach to addressing the root causes of health issues, fostering community resilience, and promoting overall societal well-being.

While challenges exist in making this paradigm shift, the potential benefits, including improved economic productivity, reduced healthcare disparities, and enhanced community resilience, underscore the importance of considering wellness as a central focus in public policy.

Governments play a pivotal role in shaping the well-being of their populations. By embracing a more comprehensive understanding of health and wellness, policymakers can create environments that empower individuals to lead fulfilling lives.

As we navigate the complexities of the 21st century, a shift towards public wellness represents a forward-thinking approach that aligns with the evolving needs and aspirations of diverse and dynamic communities.



In the following pages, we ask questions, invite answers and lay out what a future could look like.

A tuff-nut to crack

We cannot solve our problems with the same thinking we used when we created them - Albert Einstein

The controversy over the definition of population health revolves around differing perspectives on what constitutes the focus and scope of population health initiatives.

I bet you didn't know there was a controversy!

There is and it is an important element in bringing together local organisations, under the purview of Integrated Care Boards. Principally the NHS and public health, now part of local government.

At its core, population health aims to improve the health outcomes of a group of individuals within a specific geographic area or demographic.

However, there are varying interpretations and approaches to achieving this goal, leading to the debate and controversy.

One aspect of the controversy stems from whether population health should primarily focus on improving health outcomes at the individual level or whether it should emphasise broader determinants of health, such as social, economic, and environmental factors.

Some argue that population health interventions should target individual behaviour and medical-care to address specific health issues, while others advocate for a more holistic approach that considers the social and environmental contexts influencing health outcomes.

Another point of contention is the role of healthcare systems versus other sectors, such as public health, social services, education, and urban planning, in promoting population health.

Some argue that healthcare systems should take the lead in population health efforts, while others advocate for greater collaboration and integration across multiple sectors to address the root causes of health disparities.

Additionally, there is debate over how to measure and evaluate the effectiveness of population health interventions.

Critics argue that traditional metrics, such as mortality rates or healthcare utilisation, may not capture the full impact of interventions targeting social determinants of health.

This is an argument that has the added weight of the number of people of working age, in the population, who are not working. Some have obvious medical reasons that can be tracked back to Covid, whereas many have a general poor quality of health.

There is a push for more comprehensive measures that account for factors like quality of life, equity, and community well-being.

Overall, the controversy over the definition of population health reflects differing priorities, perspectives, and approaches within the field, highlighting the complex nature of addressing health disparities and improving health outcomes at the population level.

It is this controversy that will impact on the progress of ‘the nation’s health’ and the ability, somehow, for governments to deal with what looks to be an ageing population and a population with accelerating poor health.

The traditional health and public health systems look far from prepared to be able to make inroads into the nation's wellness...

... which is why the argument for 'wellness' and for a different approach would seem timely and well founded.

Wellness through the lens of John Venn.

A visit to Wiki tells us...

John Venn (1834–1923) was a British mathematician and philosopher best known for inventing the Venn diagram, a graphical representation of sets and their relationships.

Born in Hull, Venn attended Gonville and Caius College, Cambridge, where he excelled academically, eventually becoming a fellow of the college.

Venn's interest in logic and probability led him to develop the diagram that bears his name.

He introduced the concept in his [1880 work](#) "On the Diagrammatic and Mechanical Representation of Propositions and Reasonings," where he outlined its application in illustrating logical relationships and set theory.

Venn's legacy endures through his innovative diagram, which continues to be a fundamental tool in fields ranging from mathematics and computer science to linguistics and business analysis.

His work exemplifies the intersection of rigorous logic with practical application, earning him a place among the most influential thinkers of his time.

We think of wellness at the ‘the intersection of rigorous logic with practical application.’

The Venn diagram’s elegance lies in its simplicity. If you are not familiar with it, it consists of overlapping circles

representing different sets or thoughts, with the overlapping regions indicating intersections between those, in this case ideas and thoughts.

Originality in the context of a Venn diagram, makes it versatile.

Its intuitive representation creates a clarity and insight, making it easy for newcomers to an idea or theory to grasp the often complex, relationships.

Perhaps more usually associated with mathematics and education, Venn diagrams make complex ideas easy to understand by highlighting similarities and differences between subjects.

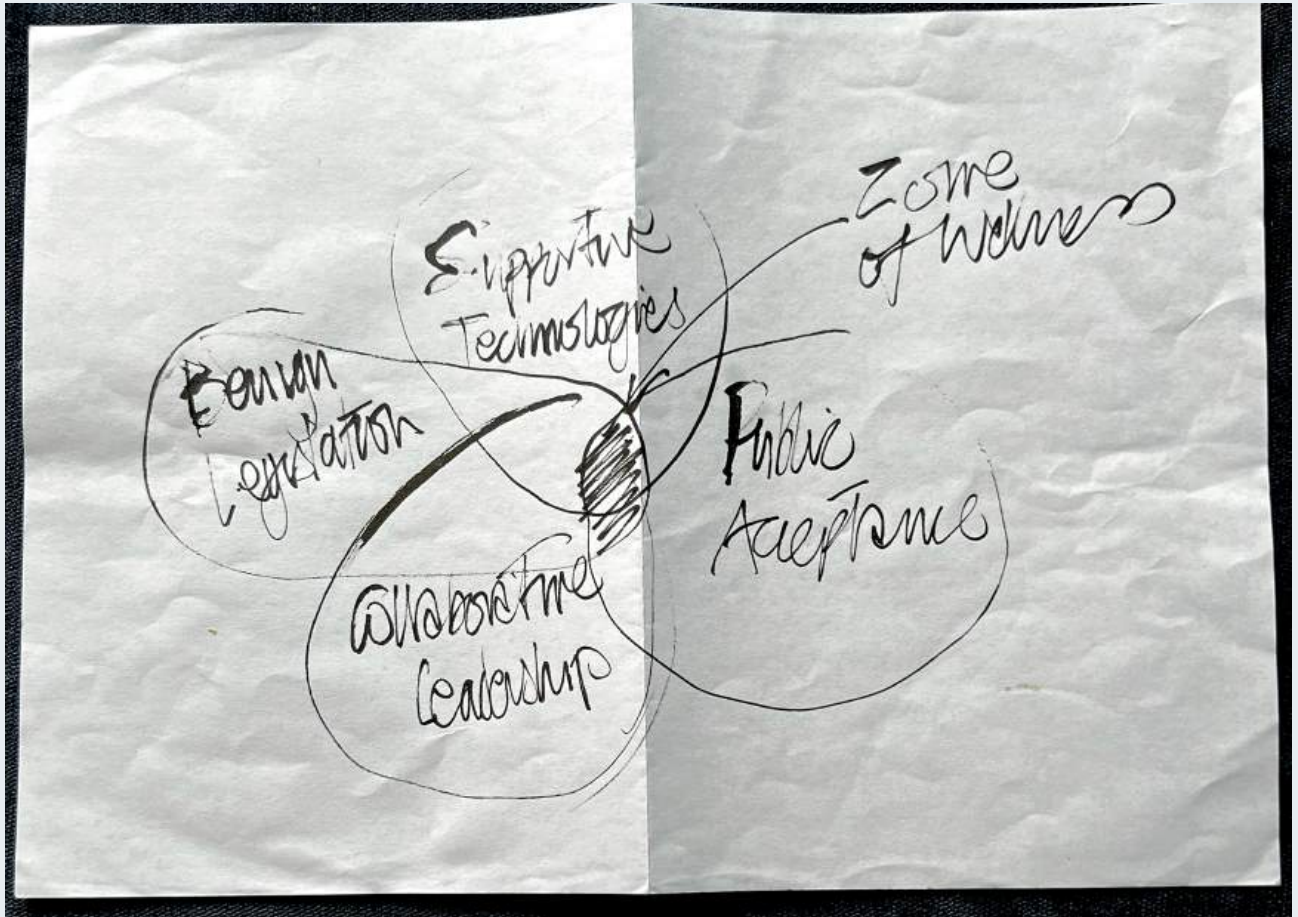
They also help to streamline decision-making processes by mapping out segments or identifying overlaps in thinking.

Venn diagrams have the ability to distil complexity into simplicity and we've used it as a valuable tool to bring together the connections that we think are necessary to create, where the circles of Venn overlap to create a new zone-of-peak-performance in public policy.

[The Zone of Wellness.](#)

Our Venn diagram has four overlapping circles.....

This is the original drawing we did when we first started to discuss the prospect of the book! Scribbled on a sheet of A4 we used Venn to bring together disparate ideas and merge them to create a new concept of wellness.



Trying to express the complex interplay between...

Supportive technologies

Public Acceptance

Collaborative Leadership

Benign Legislation

Let's begin with some of the stories of people, their lives and experiences, that started our thinking.

Public Acceptance

For Tom, a chat with the girl on the checkout at Tesco was likely to be the top and the bottom of his conversations for the day.

Since his wife died, three years ago, all the days merged into one. There are still times when he reached his arm across the bed and expected to touch her hand.

Loneliness is such a sad affair. One day he told the girl on the checkout he was waiting to join his wife. She thought he meant at the bus-stop. Each day Tom left his flat in the East End of London,

locked the door and made his way to the high street. He went out every day. Always around the same time. Same routine.

As he walked he tapped his pockets. The mobile phone his daughter had given him. In the flat-fold wallet, his credit card, bus-pass and a picture of his wife...
... on Southend sea front, laughing into the wind. They were happy that day. In fact, they'd been happy for over forty years.

And... his plastic bag. Neatly folded, ready to be used again today, as he'd used it every day

since his wife had bought it at the supermarket.

‘A bag for life’ she said. It had cost 20p.

Tom said he didn’t think he’d live long enough to get his money’s worth. They laughed... they were always laughing.

‘We’re saving the planet for Molly and Jason...’ she said. Their grandkids. Tom knew, everything revolved around them. No point in arguing.

So, today, as every day, Tom would pop-in to the shop. Buy something for his tea, read the headlines on the newsstand, talk to the ladies on the tills, walk home, past the

empty shops, the charity shops and the betting shops, left across the strip of threadbare green and back to his flat.

When he got indoors he always put the kettle on. Whilst it boiled, he took the sausages out of the bag, folded it, neatly, like he always did, ready for tomorrow.

Origami, edge-to-edge and tucked into itself. Neat and tidy.

The way he liked things. If the bag could talk it would tell the story of his daily solitude, regular as Big Ben and waiting to join his wife.

The bag for life, or what’s left of it... life, that is.

We have Gini Ekstein, from British Polythene industries to thank for the phrase ‘bag-for-life’. Ekstein with Paul Oustedal and Nick Jones, of Waitrose, launched ‘Bag-For-Life’ in 1998. The first closed-loop recycling initiative.

Returned and broken bags are made into the black benches you can see outside some Waitrose stores.

‘Bags for life’. Not quite for ‘life’.

Statistics only account for sales of single-use carrier bags and make no mention of the huge increase in ‘Bag for Life’ sales since 2015. One major supermarket saw an almost ten-fold increase in Bag-For-Life sales from 2018 to 2019 from 3.5 million to 34 million.

The average UK household brought home fifty-seven, Bags-for-Life in 2019 alone.

Here’s a point very few people are aware of; Bags-for-Life can contain three times as much plastic as the single-use version, yet are still marketed as an eco-friendly option to customers.

The current legislation allows supermarkets to profit from the sales of ‘Bags for Life’. Most of us think the proceeds are donated to charitable causes.

Maybe... maybe not.

Retailers are obliged to report the sale of plastic bags, they are not obliged to report donations to charities.

Our willingness to buy a bag-for-life demonstrates something called, ‘public acceptance’. We really do think we are ‘doing our bit’. The bags might be orange but the sentiment is green. Makes us feel a bit better.

Somehow, planted in our head; ‘bags-for-life’ are a good idea.

Plastic bags are one example of public acceptance and acceptance is very important. We are policed by ‘consent’, in other words, acceptance. When a

government introduces new policies or regulations, the public generally supports and complies with them.

When a new technology is introduced, people are keen to embrace it.

When compact disks (CDs) arrived, they were shiny and new and the kit to play them was slim and sexy. No one really knew what we would do with them but the public jumped on the idea.

The music industry seized the concept. No hiss and click like vinyl. Encyclopaedia Britannica condensed all of its volumes onto CDs. Movies were shrunk onto CDs. It turns out it was only an interim technology. A stepping stone to something much more radical. CDs were soon eclipsed by Spotify, Netflix and Google.

Smartphones and social media platforms demonstrate public acceptance of technologies. When they were launched, none of us really understood them. Now they are part of the bread-n-butter of life.

Changes in societal norms and values are also an indicator of public acceptance. For instance, increased acceptance and support for LGBTQ+ rights reflect evolving and maturing attitudes.

Public acceptance is a very important part of consumer behaviour. When consumers consistently choose products or services that align with certain values or principles, it reflects public acceptance.

The rise in demand for organic, sustainably sourced products demonstrates growing public acceptance of environmentally friendly practices.

Public acceptance comes with the obverse of public rejection. Public demonstrations or protests, for example. The public mood, played out on our streets.

Large turnouts at rallies advocating for specific causes indicate widespread support, while protests against unpopular policies demonstrate public resistance.

Election results can be seen as a form of public acceptance or rejection of political leaders and their agendas.

Landslide victories might indicate strong public support, while narrow margins or defeats suggest dissatisfaction or disagreement with policies or candidates or both.

Community engagement, public participation in community events, town hall meetings, or public forums shows public interest and acceptance of local initiatives or projects... or not.

Public acceptance is fickle, transient, permanent and fixed. All of these contradictions is the cocktail of public mood. Where does it come from?

There are a dozen principal factors;

Perceived Benefit: If the public perceives that the idea, product, or policy will bring tangible benefits to their lives or society as a whole, they are more likely to accept it... hence a bag-for-life.

Trustworthiness: Trust in the source of the idea, product, or policy is crucial. People are more likely to accept something if they trust the individuals or institutions promoting it. David Attenborough talking about the environment is admired and trusted.

Social Proof: People tend to follow the actions of others, especially those similar to them or those they perceive as authorities. If others are accepting something, individuals are more likely to follow suit. This is where fads come from, fashion is born and places like social media are at their best or worse.

Emotional Appeal: Emotional resonance can significantly influence acceptance. Messages that evoke strong emotions, such as empathy, hope, or fear, are often more persuasive. Adverts on TV asking for donations for refugees, animal cruelty are all couched in emotion.

Clarity and Simplicity: Complex ideas or policies are often met with resistance. Clear and simple communication helps people understand and accept the proposal. The 'five-a-day' message is a simple diet advice from government. Although it is often mocked and used to include the lemon in a gin-and-tonic, it is a message that has stuck.

Transparency: Openness about intentions, processes, and potential outcomes builds trust and fosters acceptance.

Timing: Introducing ideas, products, or policies at the right time can significantly impact acceptance. This could involve capitalising on current events, societal trends, or even seasonal factors.

Credible Information: Providing credible data, research, or testimonials can sway public opinion in favour of acceptance.

Alignment with Values: When an idea, product, or policy aligns with the values and beliefs of the target audience, it is more likely to be accepted.

Incentives and Disincentives: Offering rewards or incentives for acceptance, or highlighting the potential negative consequences of rejection, can influence public opinion. There is the case of a bottle-bank campaign running into the ground. In conjunction with the education authorities they tried a bottle-bin in an infant school playground! The children were give stars and points and certificates when their mums and dads turned

up and dumped their gin and Chardonnay bottles!
Recycling took off!

Inclusivity and Participation: Involving the public in the decision-making process can increase acceptance by fostering a sense of ownership and legitimacy.

Effective Communication Channels: Utilising appropriate communication channels to reach the target audience can improve acceptance. This might include social media, traditional media, community events, or direct engagement.

Tom's bag-for-life and 'saving the planet' for his grandchildren is an example of public acceptance. The culmination of these twelve components. Being prepared to do something for a higher purpose... even if bags-for-life are not going to save the planet, have turned into a money making racket and are probably doing more harm than good.

It's what we believe that is important and a vital component in changing public behaviour... for good or bad.

Leadership, re-expressed?

A leader is one who knows the way, goes the way, and shows the way - John C. Maxwell

The little card, next to the vase of flowers said it all.
 ‘Good lucky, Daddy’.

Nichole was too young to have written the card and not old enough to be in the auditorium.

That meant mummy Sofia, had written the card and wouldn’t be there either. She was home, doing what new mums always want to do. Doting on her 3 month old daughter.

After three months, nearly four, still she crept into the nursery, just to look at her pride and joy, softly breathing.

Dimitri pulled nervously at his bow tie.

The gentle tap on the door told him it was time.

He touched the card for luck, took a nervous glance at the dressing room mirror and stepped into the quiet light of the corridor. In silence he followed the stage manager to the steps. From there he was on his own. Up and onto the concert platform.

The wave of applause hushed as the lights dimmed. All eyes on him.

He raised his handcrafted Mollard baton, a present from his father when he left the Manhattan School of Music.

*Shostakovich
Symphony No.12
In D Minor*

*Op.112 III.
Aurora.*

The Aurora was the battle-cruiser that launched the Russian, October Revolution by shelling the Winter Palace.

Shostakovich recreates the action with a martial scherzo. Dimitri Sidorov was at the height of his powers and fame. He led the orchestra with kindness, humour and a relentless pursuit of detail. He welcomed newcomers and found a way to get even better from the seasoned, best musicians in London.

The music was as complex as Sidorov's relationship with this motherland Russia, his alma-mater in the US, his home in Highgate, England. Wrapped in the intricacy of his

marriage to the beautiful Ukrainian.

Two simple tunes at the very beginning recur through the whole piece. Transformed into a lavish sound by the complex orchestration. A profusion of solo opportunities that not only challenged the players but also the conductor. Dimitri Sidorov was good. Very good. People wanted to play in his orchestras because they knew he would bring out the best in them. Concert promoters loved his flamboyance and an adoring public bought his recordings.

A star but never lofty. A giant but never so grand that he forgot names or birthdays or tales of the families of his players.

At breaks in rehearsals he stood

in line, at the tea trolley, like everyone else. He talked about kids and football and what was on the telly.

Leadership, re-expressed.

Half a world away, Sofia's brother, Pavlo, was stuck in the mud of the trenches somewhere in the Donbas. He volunteered in February '22 the day after Russia launched their military invasion.

He never expected to serve in the armed forces. He was a journalist. In 2014 he was living in the Crimea when Russia annexed it. He moved to Kyiv.

He thought the invasion needed explaining. People didn't seem to know what was going on.

He thought, if I do my job as a journalist I can explain. He wrote and broadcast. Set up a Podcast.

By the 24th February '22, it was clear. No shades of grey. Nothing needed explaining.

Along with ordinary tradesmen and workers, company directors, university graduates, he joined the queue at the recruitment office. Including one man who was number 88 on the Forbes list of the 100 richest Ukrainians.

Their common purpose. Freedom.

Unlike most armies where they teach the skills they need, the Ukrainian army learns from the skills the people bring.

Even with all that diversity of knowledge and the training, some from

UK troops, Pavlo knows, survival in the trenches is largely a matter of luck.

Random mines, enemy shells, friendly fire and really common ricochets. Experience helps and morale is vital. It's easy to give up hope in the freezing trenches. The thud of the mortar shells. The eerie silence.

Pavlo had a way with people. Like when he was a journalist, he could always get people talking. '*People buy people first*' he says and the recruits around him bought him, right from the first day.

It wasn't long before he was promoted. He didn't see himself as a Holovnyi mstr-serz, master sergeant. Neither did his chain of command. Soon he was Kapitan. Promotion accelerated by charm, skill and the work of the Grim Reaper, creating gaps.

Pavlo was a one off. Popular, listened, understood people and how to get the best out of them. Helped to write letters home and deal with broken relationships,

hardships, shortages and death.

[Leadership re-expressed.](#)

In the concert hall Dimitri Sidorov brought the orchestra to Aurora. The third movement. He looked the orchestra in the eye, and with his whole body said, we can do this, each one stiffened, refocussed and he brought them to an electric crescendo... the best they've ever played.

It was a moonless night in Ukraine. Freezing in a trench. An eerie silence, a low hum and from nowhere, an ear-splitting, body-shaking blast from a mortar. A newly arrived young conscript burst into tears. Pavlo grabbed him. Held him in a crushing, bear hug and whispered... it's OK we're safe.

The tale of two men, brothers in law and war. Sharing a gift. The gift of leadership.

Each of them demonstrating, once again, that there is so much more to leadership than just being the boss.

Management schools will tell you there are seven types of leaders;

- Servant Leadership.
- Democratic Leadership.
- Autocratic Leadership.
- Transformational Leadership.
- Transactional Leadership.
- Laissez-Faire Leadership.
- Charismatic Leadership.

... but we're not sure we believe it. Not sure that it is as clear cut as that.

The kind of leaders you've just been reading about, two men who might be described as charismatic leaders...

... are a complex mix of human beings that can get the best out of fellow human beings not just by telling them what to do. They have the knack of working for and with people. Make the trade-offs that all life needs to function.

[They ask and then they listen.](#)

Leadership is complex and as the challenges of business and commerce and services become more complex, more pressing, require faster decisions, so too, leadership and how we define it, has to change.

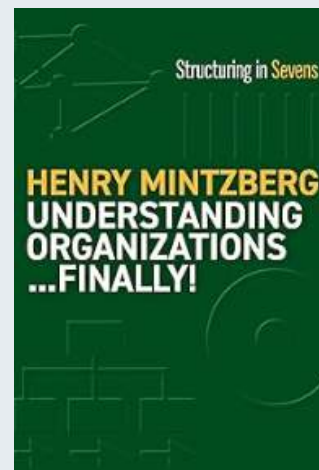
The complexity of public services, each one of them a component in national wellness have to come together to do new work, in new ways, under new leadership to create wellness.

We describe it as collaborative leadership. Can leaders collaborate?

In his new book ; [Understanding Organisations...Finally, Henry Mintzberg](#) also talks of a new kind of leadership.

He writes;

'For the sake of the necessary collaboration, effective organisations in healthcare will have to foster communityship, beyond leadership.'



'I coined the word communityship in 2006 to draw a contrast with leadership, especially of the heroic kind, also ownership, of the investor kind.'

Surely, looking at our goal of wellness and the interlocking parts, each with its own hierarchy and leadership, Mintzberg tells us what we are looking for... communityship.

A way of bringing organisations together, to work together, unimpeded by heroic leadership, autocratic or transformational leadership.

Organisations that, as Mintzberg observes;

‘... can be closely associated with their local communities... many at the centre of it.’

We are so used to discussing leadership in ‘heroic’ terms. As we promote our leaders we demote everyone around them. Our leaders, as managers become beholden to those above them and forget those whose shoulders they have risen on.

Back in 2015 the US business world stood back and scratched its collective head when it learned about a company called [SumAll](#). The reason for their puzzlement was, they had discovered employees of the company elected their managers.

The boss of the company said;

‘... the elections [are] the “antidote” to “spiteful bosses, petty politicking and bureaucratic inertia that scare way talent and strangle innovation.”

Employees better appreciated the challenges of being a manager and those he never thought would be good managers often end up thriving in the role.

That’s democratic leadership at its best but even that leading edge approach won’t help us with the style of leadership we need to make ‘wellness’ work.

The task is to find a way of working with organisations that have their own timescales, internal processes, budgets and business plans.

Is it a task too difficult?

Mintzberg gives us a clue and points our direction.

If we are able to fathom the benefits of wellness not only for our communities but for our organisations... for what are our organisations if they are not made up of the communities they serve, then we start to understand the role of community in a leadership context.

Redefining collaboration, the first step in the pursuit of wellness.

Leadership, collaborative leadership.

The whole point of collaboration is that you give and take from each other, and that's how you create things that are totally new - Virgil Abloh

The incessant reforms to healthcare have seldom made any discernible difference other than to the finance departments, who have never had enough money, and to the benefit of the company that prints the labels on the office doors.



However, this time it might be, could be, should be different?

The latest kids on the block are Integrated Care Boards. As NHSEngland [optimistically put it](#), their job is;

'... Joining up care [leading] to better outcomes for people. When local partners – the NHS, councils, voluntary sector and others – work together, they can create better services based on local need.'

The foundations have been laid for us.

These embryo organisations aren't without their problems. Fifteen ICBs showed the extent of their financial problems when they submitted plans for 2023/24 that would result in a £750m deficit.

This is very important to the wellness agenda.

ICBs are the meeting point for local services and service providers. The big beasts, the NHS and local government but the voluntary sector and other public services. The places where they can come together to plan their services and share their issues.

They will come together for all of that, as NHSE put it; ‘...create better services based on local need’, to try and make changes in the delivery of health and care...

... but, if they could refocus and they came together in pursuit of wellness, think what a difference they could begin to make.

Enabling technology

The real problem is not whether machines think but whether men do - B. F. Skinner

It was only a few yards from the back door of the offices into the car park but for Jayne, with her laptop bag, shopping bag and hand-bag, in the dark, it felt like an assault course...

It didn't help that the skies had opened with biblical intent.

If there was one thing to thank technology for it was the proximity-key in her pocket. The car knew she was coming, the door clicked open and the internal lights glowed.

She bundled her bags into the seat well, clipped on the seat belt, pressed the button and she was on the way home.

Jayne loved her new car. It had come with her promotion to regional director. Leather seats, metallic paint and the stereo... oh, the stereo. It was like

sitting in a concert hall.

Through the town the shop lights blazed, late night shoppers dodged the rain and the cars, as they scurried across the road heading for home.

She swung left onto the ring road... home in forty minutes. Forty minutes of peace. Her music, in her space. The windscreen wipers swept gallons of water off the screen and even at their syncopated best, were only just coping.

Her junction came up. She gave herself plenty of time,

glanced in the mirror, indicated she was leaving the motor way and made her way up the exit road, leaving a plume of spray behind her.

From there the street lights petered out and the road became narrower.

She'd bought the cottage with her long-term boyfriend three years ago. They'd 'done it up'. Trips to Ikea, weekends with paint brushes and rollers. It was just the way they wanted it. Marriage was never mentioned but now she was pregnant... probably.

She'd have the place to herself tonight. He was away at a conference and there was a rom-com on Prime.

The route was familiar. Turn right off the main road into a twisting lane.

Visibility was really bad. The rain even more intense. Nothing used the lane. The cottage was the only reason to be here. The occasional post van.

There was a long left-hand bend just before the turn-off to the dirt road to 'Taigh'... Scottish Gaelic for house... James was a Glaswegian.

Jayne never did know what happened. Maybe, mud washed down the track onto the road? The car slipped from under her. She wrestled with the steering wheel... the trees jumped out, the ditch opened up, her world turned upside down. There was a terrifying bang and then silence...

Jayne hung, unconscious. Upside down, smothered in the airbag dust... nothing moved.

On any normal Thursday night Jane wouldn't have been found until... who knows when. The next morning, maybe. Lunchtime. Doesn't bear thinking about...

In fact, the ambulance service was on the scene in eighteen minutes.

After a night in the local hospital Jane and her unborn baby were fine... but the wonderful new car was a write-off.

No one had seen the accident. No witnesses. Who called the emergency services?

Jayne's iPhone.

iPhones can detect a severe car crash. It displays an alert and will automatically initiate an emergency phone call after 20 seconds unless it is cancel.

If the driver is unresponsive, the iPhone will play an audio message for the emergency services and it will tell them you've been in a severe crash and give them your latitudinal and longitudinal coordinates with an approximate search radius.

If you're in a severe car crash and unresponsive in a location without a cellular or Wi-Fi connection, iPhone will attempt to contact emergency services using Emergency SOS via satellite, where available.

In the world of IT and gismos it's called 'enabling technology...'

Is it the future. No, it's now. The iPhone 14 Apple release introduced [Crash Detection](#), it's also comes with the Series 8 watch.

This is not a story from the future.

Just as when Jayne's baby is born she can use a [Philips baby tracker](#), like 50 million mums do, world wide, to track progress and look for support.

It's now.

When we hear stories of how people will be able to use the NHS App, (with, already 3 million downloads) to contact a clinical professional or even an avatar, supported by machine learning and soon artificial intelligence, to diagnose our simple aches and pains and create, where it is needed, a prescription, delivered to your door, or desk, Amazon style, by lunch time...

... it is true it is achievable and doable now. These advances are in our grasp and mostly on the shelf.

There is more to Jayne's story...

When the baby came along she and James decided to move. They found a bigger place and then came all the aggro that comes with moving.

The interesting bit is the removal company.

They don't come and give you a quote anymore. Oh no... they send you an App, that links to your phone's video. You talk, live, to a 'removal consultant', waltz them around your place, open the cupboards, tell them what you want removed and any special fragile heirlooms you have and, boom... they send you an email quote.

[Think about hospital discharge and assessment...](#)

... you could give a relative access, via the NHS App, to a removal-company-style system, connected to an occupational therapist who could be shown around yer-granny's home, make an assessment of the aids and

adaptations needed to make sure she's safe... trip hazards, raised loo seat, perching stool, handi-bars in the bed room, grab rails and a seat in the shower.

Technologies, available right now to enable people to live safer lives, inform them, useful and practical. Guide them to a wellness beyond lecturing them on diet and smoking...

... as important as these messages might be, they come with the hint of the 'school teacher', intrusive and lecturing. Advertising agencies seldom find the sweet-spot between the futility of coaxing and the imposition of a lecture.

The technologies that are entwined with our lives are the technologies we should be developing to move into the parts of our lives that are the personal corners where we make decisions and choices about what we do and how we behave.

Technology enabling wellness.

Benign Legislation

A good compromise, a good piece of legislation, is like a good sentence; or a good piece of music. Everybody can recognise it. They say, 'Huh. It works. It makes sense' - Barack Obama

The fluorescent lights spilled out onto the wet streets. It was a cold Wednesday night. There was a queue of people huddled against the rain.

In the shop the lights blazed, regulars joked with Big Jim as his wife shovelled chips into grease-proof bags with a shake of vinegar and a liberal dusting of salt.

It was the chippy, once again doing a mid-week roaring trade. Big Jim and his wife were grafters. Up early, work late. Seven days a week. It was good money and mostly cash.

Not many credit cards in this neck of the woods.

They kept quiet about the villa they bought in Estepona. Jim's daughter takes the grandkids and his

wife's brother takes their mum. They all get together for Christmas. They were back to open for New Year.

Around £1.2bn worth of fish and chips sold in Britain each year and the average cost of a plate (or a cardboard box) is £9. In terms of calories, fish and chips have 595 in an average portion.

It might be regarded as better than an average pizza at 871, chicken korma 910 and a donner kebab 924.

An estimated 229 million portions of fried fish are sold every year. More

than 277 million portions of chips.

More than half the UK adult population visits a fish and chip shop at least once a

month. They are a staple of the nations diet. Is it a good thing? Well, if you're Big Jim, undoubtedly, but for the rest of us...

... the Health Survey for England 2021 estimates that 25.9% of adults in England are obese and a further 37.9% are overweight.

Is it because we eat chips? No, but it doesn't help.

A lot of thin people eat chips. Particularly hard pressed mums with youngsters. If money's tight, a trip to the chippy provides a bag of hot chips, carbohydrates... that fill up an empty tummy before bed-time.

In the UK 4 million children struggle to get enough to eat, as do 9 million adults...

... 49% of young people go to bed hungry. A bag of chips does the trick.

And then, there's a the sprinkling of salt that makes them tasty.

There's a lot of research about what we eat and when we eat it and there is some very interesting research that illustrates one of the key components of wellness.

[Benign legislation...](#)

There's research into salt on chips!

Did you know... in trials, the 17 holed salt shaker delivered a mean of 7.86g of

salt, whilst the five holed shaker delivered only 2.65g.

The five holed shaker delivered a mean of 33.7% of the salt of the 17 holed shaker...

... no, of course you didn't! 'Not a lot of people know that' but, you do now!

It's fair to assume that human behaviour needs a bit of a nudge, or a push to get us going in the right direction. What nudge or or push could there be to stop obese people going to the chippy?



We could pass a law; no chip-shop front-door can be wider than 18 inches... making it impossible for overweight people to get into the shop. The trouble with that is that it is easily circumvented... thin friends would be sent on an errand.

We could ration chips, limit the portion sizes and the number of times a week they could be bought.

Better still we might pass a salt shaker law. Ban the sale of the 17 holed shaker? Subtle. Would it work? Wouldn't people just spend longer shaking the shaker?

Who knows?

But, it leaves us with an interesting discussion about the impact of the more subtle ways we could use the law and regulation to help people lead healthier and longer lives.

Benign Legislation in action

June and July 2007 were both exceptionally wet months in the UK, with large areas of England and Wales and eastern parts of Northern Ireland having over twice the average rainfall for these two months, and locally three times the average over Gloucestershire, Herefordshire, Nottinghamshire, Worcestershire, Lincolnshire, Yorkshire and the Humber.

Miserable.

We cheered ourselves up when our pockets and handbags were changed forever with the launch of the iPhone.

The rain didn't seem to discourage the forlorn gaggle of the determined that huddled in doorways and fire escapes in offices and factories all over the UK.

A new law had defined a new feature of the workplace, 'the fag-break' ... for it was in June 2007 that the Blair's government had managed to pass the legislation to ban smoking in public places and the work place.

[The starting point had been in 1998.](#)

The Labour government [published](#) the first ever white paper dedicated to tobacco. Nothing very new was proposed as it continued the tradition of relying on a voluntary approach to control smoking in public places.

By the early 2000s, it was clear that levels of compliance with the voluntary ban were low and there was increasing pressure inside government and outside to move to a statutory ban.

It was not without opposition. The pro-tobacco lobby was wealthy, articulate and persuasive. They attempted and assent and to place a flag on the moral high ground of ‘choice’.

The health implications of smoking had been the subject of study as far back as 1950. Richard Doll and Austin Bradford Hill conducted the first [large-scale study](#) into the link between smoking and lung cancer.

The preliminary findings looked at patients with lung cancer, in 20 of London’s hospitals. They confirmed a link. The findings were published in the British Medical Journal in 1952.

From that point on the medical profession pressed government to act. With an eye on the revenues from the taxation on tobacco, governments were torn between the health service and the Treasury.

The Treasury won, and in 1993 the government introduced the smoking taxation escalator. Smokers were able to argue... smoking may damage our health, it’s our choice and we are contributing a huge amount of money to pay the NHS to treat use for the damage it does to us.

New Labour got itself into a row, and lost, when it tried to [ban F1 motor racing](#) from advertising cigarettes.

Reports were written and the evidence mounted and a new phenomenon emerged. Passive smoking.

In June 2003 the government’s Chief Medical Officer was Dr. Liam Donaldson. He was determined to use his position to make the case for action on smoking.

Voluntary agreements were not producing the change in behaviour that was needed to reduce the risks and deaths from smoking. His annual report for 2002 contained a

recommendation that the UK should move to a mandatory ban on smoking in public places.

Donaldson describes the timing of his report as ‘terrible’. On the eve of publication, the Secretary of State for Health, Alan Milburn resigned from government.

There was a short delay whilst the new Secretary, John Reid, was appointed however, its impact arrived, just in time for Labour’s 2005 election manifesto.

[Media reaction was hostile.](#)

The data was overwhelming and the usual suspects made their usual arguments. It didn’t help that John Reid had been a heavy smoker, only quitting 18 months before becoming, unexpectedly, the focus of the rows.

March 2004, in what *Taoiseach* Bertie Ahern described as ‘landmark legislation’, the Republic of Ireland introduced the toughest anti-smoking laws in Europe with a complete ban in workplaces.

By May public opinion was running ahead of the politicians.

The question was; would a government be willing to regulate private behaviour.

Labour won the election, Reid was replaced by Patricia Hewitt and despite the Cabinet being split, with the help of Kevin Barron (a convinced anti-tobacco, Labour member), chair of the health select committee, a short inquiry was held, to consider the matter.

At the beginning of the hearings eleven committee members opposed the ban. By the time it finished, Northern Ireland announced it was going for a complete ban and opinion switched.

Significantly the narrative was changed from ‘a smoke ban’ to ‘smoke free’. An important lesson for the future... the narrative matters.

The Conservative opposition gave its members a free vote on the issue. Labour followed... the rest is history.

And, what is the lesson of history? Narrative matters, evidence and data is important, the public can be much more sensible than politicians and lobby groups have to be seen for what they are.

In the year following the introduction of smoke-free laws there was a 2.4% reduction in hospital admissions for heart attacks in England. This resulted in 12,000 fewer admissions to hospitals and saved the NHS £8.4 million in the first year alone...

There are fewer souls huddled in draughty doorways and the iPhone app store has thousands of Apps to support people to end their smoking habit. The weather is no better...

.. and so begins the concept of ‘benign legislation’.

[What does it mean? Is there a definition?](#)

Benign legislation refers to laws or regulations that are enacted with the intention of promoting the public good or welfare without causing harm or undue burden to individuals or in other parts of society.

Typically they are designed to address specific issues or concerns in a fair and equitable manner, aiming to enhance the overall well-being of the population.

As with the smoking example, they are not without controversy or opposition but ‘benign’ suggests that the legislation is non-threatening or gentle in its approach,

focusing on positive outcomes rather than punitive measures.

This type of legislation involves measures such as consumer protection laws, environmental regulations, public health initiatives, and social welfare programmes.

Opposition from vested interests can still be expected but often the public will see it for what it is.

Key characteristics include:

Protective Measures... aimed to protect the rights, safety, and interests of individuals or groups within society, often by setting standards or guidelines for behaviour and activities.

Promotion of Common Good... benign legislation seeks to advance the common good or public interest by addressing issues that impact society as a whole, particularly healthcare, education, or clean air and water.

Balanced Approach... must strike a balance between regulating certain behaviours or industries to prevent harm while also respecting individual freedoms and rights.... People can still smoke but not where it impacts others.

Evidence-Based... overwhelmingly the case in smoking. Decisions must be based on research, data, and expert analysis to ensure that the measures implemented are effective and justified.

Adaptability... legislation may evolve over time to respond to changing circumstances, emerging challenges, or new information, ensuring that it remains relevant and effective... smoking bans have been extended to car users.

Overall, benign legislation aims to create a framework for a just, equitable, and thriving society by addressing societal needs and concerns in a manner that is fair, reasonable, and respectful of individual rights and freedoms... smoke if you must but not at work or public places.

As worthy as all this is, of itself and on its own it is not enough to turn public health into public wellness...

... and that is why there are three other vital segments in the Venn diagram to produce the holly grail of public health... the zone of peak wellness.

Collaborative leadership that works

As you navigate through the rest of your life, be open to collaboration. Other people and other people's ideas are often better than your own. Find a group of people who challenge and inspire you, spend a lot of time with them, and it will change your life - Amy Poehler

Less than an hour's drive north from the glitz and disco-beat of Marbella with its luxury yachts and night clubs, clinging to the southern face of La Serrania de Ronda, you will find one of Spain's best kept secrets...

... the beautiful town of Benahavis.

Just under eight thousand people live here. One of the most mountainous villages on the western Costa-del-Sol.

In the summer the baking sun sees residents and visitors alike, take refuge under the parasols and awnings of the restaurants and bars that line the main street. Or, take pictures of each other, sitting, in the shade beneath the orange trees.

On all sides the view is spectacular, crisscrossed by the Guadalmina, Guadaiza and Guadalmanza Rivers. Visitors are rewarded with places of great natural and historic interest; El Cerro del Duque, Daidin and the Montemayor Castle.

During the late 1990s, the Junta de Andalucia constructed a dam on the site of the nearby old marble quarry, and now for much of the year the once ever-flowing

Río Guadalmina is a dried-up riverbed, giving way to a seasonal flourish of determined vegetation, brushwood and tiny flowers.

In the early morning light the mountains look to be draped in deep purple velvet. Later in the day the light brings into focus the weathered crags and scars that tell us nature has done its work for centuries.

Benahavis owes its 11th century roots to the Arabs. A presence still witnessed by the palm trees that line the streets and to be found in the architecture of some of the buildings, tight against each other, in the steep narrow streets off of the main road.

Benahavis under Andalusian law, is an autonomous community. It

shows. The pride is palpable. The buildings and shops are neat and maintained to picture postcard standards. Walls are decorated with blue terracotta pots of seasonal flowers... not a dead-head to be found. You would be pressed to find a piece of litter. The plain painted walls have no hint of graffiti.

There is a leisure centre and a church, with a clock that still chimes, in the same way it has for centuries, reminding citizens, before wrist-watches, to scurry to work or to prayer or better still, go home, the day's work is done...

... and there is a school.

Spread across several buildings arranged around a sports field. It is at lunch time all the pupils, seniors,

middle school and juniors are brought together into the man building. The students walk from where ever they have been. Always on the high, tiled pavements. Never stepping into the road... it's a school rule.

When they come to the main crossing in front of the school, at each end of the short road a barrier is brought down. Traffic comes to a standstill. There is no revving of engines or tooting or horns. Motorists sit and wait as the youngsters snake their way into the building.

For ten minutes the barriers are down. When the huge figure of the caretaker is satisfied the stragglers have caught up and everyone is safe inside, he presses the remote control,

hanging on a chord around his neck. The barriers go up and the town goes about its business.

Across the European Union, last year 20,640 people died in a road crashes. In May last year four people were injured in road traffic accidents on the twisting, hairpin roads into Benahavis. In January, a young man died after crashing down an embankment, following motorbike accident in the municipality of Benahavis. Another victim of snake-roads, but...

... the children in the heart of town, a town with busy streets and tourist drivers, not used 'to the wrong side of the road', are safe.

They are safe because the city fathers, the municipal leaders,

the community decided, they would be safe. They built two barriers and bought a remote control.

Guessing at how the Benahavis bureaucracy works, in the sovereign state of Spain, in the autonomous community of Andalusia, in the province of

Málaga... it took the Council, the Mayor, the education authorities, the highway section, the legal department and the treasury to make it happen and build the barriers...

... and that is where our story starts, the concept of collaborative leadership.

The concept of wellness arises from knowing where ‘wellness’ cannot exist.

It cannot exist where there is poor diet, choking environments, workless-ness, poor education, crime, crumbling housing. We know all this. We also know one cannot work without the other. It is bringing them together that is the great trick to pull off.

That is where wellness lies.

In Benahavis it took the Council, the Mayor, the education authorities, the highway section, the legal department and the treasury to make it safe for the school kids to cross a busy road.

Six departments with six leaders, six budgets, six policies and who knows six hundred reasons why collaborating would be bureaucratic, time consuming and end up in the usual game of cost shifting.

Well, it did happen because they wanted to make the town safe for their kids. As well as the ‘vision thing’... wouldn’t it be good if we could find a way of making the dinner time rush at the school incident free... there were the skills of a collaborative leader that made it happen.

Collaborative leadership is a management skill that in these times of heroic leaders and presidential style politics, has been over looked, for the power it has to bring people together.

Bring managers, executives and staff out of the departments they work in, their silos, to work together. Creating collaborative workplaces.

Places where information is shared organically and everyone takes responsibility for the whole. It is the antithesis of traditional top-down organisational models where a small group of bosses control the flow of information.

How does collaborative leadership work?

There are five simple components;

Being clear about what there is to be achieved

‘If we work together we can be sure the street outside the school, that has the potential to be an accident black-spot, is safe.’

Moving on from that, the job is to show everyone sitting around the table how their contribution creates the steps to achieving the goal.

In our example;

The school would have to agree to time-table changes and to make the caretaker available from other duties to safely operate the barriers. He would want reassurance and training to deal with the irate motorists, in the early days of implementation, caught-out by the barrier.

The highway section would have to budget and provide the warning signs and road makings.

The legal department would have to provide the highway orders to stop the traffic, the Council would need to pass the legislation and the Mayor would have to lead the public relations push and get the parents onside and handle the inevitable push-back from traders and business people.

Communication

In our road closure example communication with the town's people and business stake holders is obvious but communication between the departments and players is easy to neglect. Showing progress is a good way to stimulate progress across the whole group.

Partnerships

The highways department may well be used to dealing with the legal department but dealing with the treasury is a different matter. Most treasuries, or finance departments see it as their job to say 'no'!

Fostering teamwork often fails where there are a lack of skills to invoke a sense of partnership. We are all in this together. It is more difficult if the partners are geographically spread. Creating a sense of togetherness is vital. Keep eyes-on-the-prize... a safer town.

Partnerships can't be created by power... only by the power of persuasion.

Time Lines

It is easy for complex projects to slip and slide across timelines.

It maybe about priority, it might be about pressure of other work. What ever the reason, the trick is not to let projects get 'messy'.

If a project is seen as 'on-top-of-the-day-job' it will get parked and overtaken by other priorities. The Benahavis project was the-day-job and it got done.

Be honest about progress and buy-in

Where teams, trying to work together are honest about their vulnerabilities, their weak points and likely ‘fail-threshold’, the evidence is teams are more willing to go the extra mile, give an extra push, make an extra effort to move towards success.

As we move through this book and share ideas and examples of how communities can reach a Zone of Wellness, we will return to the topic of collaborative leadership time and again because that is how important it is in bringing people, who don’t normally work together, to do just that... and achieve extraordinary results.

What is wellness?

- Education
- Environment
- Housing
- Food
- Workplace
- Communities and family
- Sport and Recreation
- Cultural Diversity...

... all have a role to play in creating wellness for communities. They are interrelated and often interdependent.

[Let's have a look](#)

Education's Far-Reaching Influence on Wellness

Education is the most powerful weapon which you can use to change the world - Nelson Mandela

Education is a cornerstone of individual and societal development, shaping minds, fostering skills, and influencing perspectives. Beyond its primary goal of imparting knowledge, education plays a pivotal role in shaping overall wellness.

The intricate relationship between education and wellness encompasses physical health, mental well-being, social interactions, and even economic stability. There are multifaceted ways in which education impacts wellness, highlighting the various dimensions through which learning and personal growth contribute to a healthier and more fulfilling life.

Physical health is a fundamental component of overall wellness, and education acts as a key determinant in this domain. Educational institutions are critical in promoting health literacy, teaching individuals about the importance of nutrition, exercise, and preventive healthcare measures.

Health education programs in schools not only equip students with essential knowledge but also instill habits that can have lifelong implications for their physical well-being.

Furthermore, the school environment itself plays a role in promoting physical health. Schools that prioritise physical education, sports, and outdoor activities contribute to the development of a healthy lifestyle.

Regular exercise has been linked to improved cardiovascular health, enhanced mood, and better stress

management, all of which are vital aspects of physical wellness.

In the broader context, education also influences access to healthcare.

Individuals with higher levels of education are more likely to be aware of healthcare resources, engage in preventive measures, and seek timely medical attention. This awareness and proactive approach to health contribute to better overall physical wellness and a reduced risk of chronic illnesses.

Mental Well-being

Education has a profound impact on mental health, influencing cognitive development, emotional resilience, and the ability to navigate life's challenges.

In the early years of education, cognitive development is a focal point, laying the foundation for critical thinking, problem-solving, and emotional regulation. The acquisition of these skills is essential for managing stress, making informed decisions, and maintaining positive mental well-being throughout life.

Moreover, education can play a crucial role in de-stigmatising mental health issues. Schools that integrate mental health education into their curriculum help reduce the stigma surrounding mental illnesses, fostering a more supportive and empathetic community. This, in turn, encourages early intervention and promotes mental wellness by addressing issues before they escalate.

The social aspect of education also contributes significantly to mental well-being. Positive social interactions with peers, teachers, and mentors create a sense of belonging and emotional support. Educational environments that prioritise inclusivity and diversity contribute to a more accepting and understanding society,

which can positively impact the mental health of individuals.

Social Interactions and Relationships

'Education serves as a socialising agent, shaping individuals' ability to form and maintain relationships.'

... so said Émile Durkheim, a French sociologist who lived in the late 19th and early 20th centuries. He argued;

'... education plays a crucial role in transmitting the values, norms, and cultural practices of society to new generations.'

In his most famous work "Education and Sociology" (1922), Durkheim made the point that schools are not only institutions for imparting knowledge but also serve as agencies for socialisation.

He believed that education instills a sense of collective conscience and shared values, contributing to the cohesion and stability of a society.

From early childhood interactions in pre-school care to collaborative projects in higher education, the social aspect of learning is integral to personal development. Positive social interactions contribute to emotional well-being, providing a support system that plays a crucial role in times of stress or adversity.

Friendships formed during the educational journey can have lasting effects on mental and emotional wellness. For instance the number of members of government with an Eton, OxBridge background.

The social skills developed through educational experiences, such as teamwork, communication, and

conflict resolution, are transferable to various aspects of life.

These skills not only enhance personal relationships but also contribute to a more harmonious and connected society.

Furthermore, education can play a role in fostering empathy and understanding. Exposure to diverse perspectives, cultures, and backgrounds through education promotes tolerance and reduces prejudice, contributing to a more inclusive and socially healthy community.

Individuals with a broad understanding of the world are better equipped to navigate complex social landscapes and build meaningful connections.

[Economic Stability and Wellness](#)

Education is a key determinant of economic stability, and financial well-being is intricately linked to overall wellness. Individuals with higher levels of education tend to have better job prospects, higher earning potential, and increased financial security. Economic stability, in turn, influences access to healthcare, housing, and other resources that contribute to overall well-being.

Educational attainment opens doors to a variety of career paths and opportunities for personal growth. This sense of purpose and achievement is closely tied to mental well-being, providing individuals with a sense of fulfilment and accomplishment.

Moreover, the skills acquired through education contribute to adaptability in the rapidly evolving job market, reducing the stress associated with economic uncertainty.

Conversely, limited access to quality education can contribute to economic disparities and perpetuate cycles of poverty. Individuals facing educational barriers may

experience higher levels of stress and reduced access to essential resources, impacting both their physical and mental well-being.

Recognising education as a tool for economic empowerment is essential for addressing systemic issues that contribute to wellness disparities.

Lifelong Learning and Continued Wellness

The impact of education on wellness extends beyond formal schooling. The concept of lifelong learning emphasises the importance of ongoing personal and professional development throughout life.

Engaging in continuous learning activities, whether through formal education, workshops, or self-directed exploration, contributes to thinking, vitality and a sense of purpose.

Lifelong learning is associated with improved cognitive function in older adults, reducing the risk of cognitive decline and age-related mental health issues. It fosters a proactive approach to personal growth and resilience, enabling individuals to adapt to life's challenges and maintain a positive outlook as they age.

Moreover, the pursuit of knowledge and personal development contributes to a sense of fulfilment and life satisfaction. Individuals who prioritise lifelong learning tend to experience higher levels of well-being, as they actively seek opportunities for growth and self-improvement.



Governments are not blind to this. In December 2020, the House of Commons Education Committee produced an

[excellent report](#); ‘A plan for an adult skills and lifelong learning revolution’, that ended with doing nothing more than collecting dust on a shelf.

Governments are notoriously poor at implementation of anything beyond the life of a parliament.

Continuous engagement with learning reinforces the notion that education is not confined to a specific phase of life but is a lifelong journey with profound implications for wellness.

Challenges and Opportunities in Educational Wellness

While education holds immense potential to positively impact wellness, various challenges must be addressed to maximise its benefits. Disparities in educational access and quality, both within and between countries, contribute to health and wellness inequities.

Addressing these disparities requires a multifaceted approach that includes policy interventions, resource allocation, and community engagement.

Mental health challenges within educational settings, such as academic pressure, bullying, and social isolation, create negative environments. Comprehensive mental health support systems within educational institutions can create a more conducive environment for learning and personal growth.

The increasing use of ‘digital learning’, the integration of technology in education presents both challenges and opportunities. While technology can enhance access to educational resources, it also brings concerns related to screen time, online harassment, and the digital divide.

Striking a balance that leverages technology for educational benefits while addressing its potential drawbacks is crucial for promoting holistic wellness.

Education, in its various forms, is a transformative force with far-reaching implications for wellness. From physical health and mental well-being to social interactions, economic stability, and lifelong learning, education shapes the fabric of our lives. Recognising the interconnectedness of education and wellness is essential for designing effective policies, fostering inclusive educational environments, and addressing systemic issues that impact individual and community health.

As societies continue to evolve, the role of education in promoting wellness becomes increasingly critical. Nurturing a holistic approach to education; one that values not only academic achievement but also the development of essential life skills, emotional intelligence, and a sense of social responsibility... that holds the key to creating healthier, more resilient individuals and communities.

Through intentional efforts to prioritise education as a fundamental determinant of wellness, the way is open for a brighter and more equitable future.

[Then we need to change the narrative.](#)

The Impact of Housing on Wellness

Housing is stability. Housing is dignity. Housing is absolutely necessary, critical infrastructure - Raphael Warnock

Housing is a fundamental aspect of human life, providing shelter, safety, and a sense of belonging and often community.

It's widely researched and acknowledged, the type and quality of housing can significantly impact an individual's overall wellness.

There is an intricate relationship between housing and wellness. Challenges that are exposed by inadequate housing and the difficulty is finding potential solutions.

Inadequate housing conditions, such as poor ventilation, mould, and structural issues are frequently featured in news items as a failure in social housing and inadequate landlords. The detrimental effects on physical health are well known.

Respiratory problems, allergies, and exposure to toxins are often associated with substandard housing, creating a direct link between the quality of living spaces and overall physical well-being.

Beyond physical health, housing plays a crucial role in mental well-being. Overcrowded or noisy living conditions, lack of privacy, and insecurity related to housing stability can contribute to stress, anxiety, and other mental health issues.

The psychological impact of housing extends beyond the walls of a home, influencing rest, relaxation, and finding solace.

The affordability and accessibility of housing are critical factors that affect wellness. Rising housing costs, particularly in urban areas, can lead to financial strain, forcing individuals or families into inadequate living conditions.

Limited access to affordable housing exacerbates inequalities and contributes to disparities in health outcomes.

Planning permissions often come with an agreement to include a percentage of social housing as part of a development but it is common to see the numbers rolled back in variations to the original consent, as developers make claims that ‘such a high percentage’ impacts the viability of the build.

For those without stable housing, homelessness poses a severe threat to wellness. The lack of a secure and consistent living space hinders access to healthcare, nutrition, and social support systems, amplifying the vulnerability and safety of individuals experiencing homelessness.

The rapid pace of urbanisation has resulted in environmental challenges that affect both physical and mental health. Pollution, noise, and a lack of green spaces contribute to a less-than-optimal living environment, impacting residents' wellness and quality of life.

Addressing housing affordability requires a multi-faceted approach. Governments, NGOs, and private enterprises can collaborate to develop affordable housing initiatives, providing subsidies, tax incentives, and other measures to make housing more accessible for a broader population.

Incorporating principles of sustainability into architecture and urban planning can mitigate the environmental impact of housing. Green building practices, energy-efficient designs, and the creation of green spaces within urban areas contribute to a healthier and more sustainable living environment.

Supportive housing programmes offer a comprehensive approach to wellness by addressing not only housing needs but also providing social services and healthcare support. These programs are particularly beneficial for individuals experiencing homelessness or those with specific health challenges.

Empowering communities to advocate for better housing conditions is essential for creating lasting change. Community engagement initiatives can raise awareness, promote dialogue, and drive policy changes that prioritise housing as a crucial determinant of wellness.

From physical health to mental well-being, the quality of housing significantly influences our overall state of wellness. Addressing the challenges posed by inadequate housing requires a collective effort involving policymakers, urban planners, architects, and communities.

By implementing affordable housing initiatives, sustainable design practices, supportive programmes, and fostering community engagement, helps towards creating living environments that promote the well-being of individuals and communities alike.

It is easy to see how, through these efforts, we can envision a future where housing becomes a cornerstone for a healthier, more equitable society. It is not rocket science

but it is a social science that has defeated successive governments.

[Key to wellness in relation to housing is security of tenure.](#)

Leasehold reform. This has been a policy for the present government and broadly it was welcomed. However, since the appearance of the Leasehold Reform Bill there has been a mixed reception.

Buy-to-rent mortgages have encouraged the emergence of amateur landlords who are unwilling to enter into long term leasehold agreements. In most European countries tenure is much longer than in the UK. This gives greater stability for renters.

Wellness and food

Let food be thy medicine and medicine be thy food - Hippocrates

Food is more than mere sustenance; it is the cornerstone of our well-being, intricately woven into the fabric of our lives.

Beyond its basic function of providing energy, food nourishes our bodies, minds, and souls, playing a pivotal role in our overall wellness. Food has a multifaceted significance fostering holistic health and well-being, exploring its physiological, psychological, social, and cultural dimensions.

The Physiological Impact:

At its core, food serves as fuel for our bodies, the nutrients necessary for growth, repair, and maintenance. Macro and micronutrients found in a balanced diet are indispensable for optimal physiological functioning.

It's well recognised, proteins rebuild tissues, carbohydrates provide energy, fats support cell structure, while vitamins and minerals regulate various biochemical processes.

But there is more; the quality of food directly influences physical health outcomes.

Consuming nutrient-dense, whole foods promotes cardiovascular health, strengthens the immune system, and reduces the risk of chronic diseases such as diabetes, obesity, and certain cancers.

Conversely, diets high in processed foods, saturated fats, and refined sugars contribute to inflammation, metabolic disorders, and compromised immune function.

A paper published in *Frontier in Public Health*, ‘The Intertwined Relationship Between Malnutrition and Poverty makes the point;

‘Poverty leads to financial constraints that in turn lead to the consumption of cheap, high-energy staple foods, primarily carbohydrates, and fats rather than nutritionally dense food. Through the consumption of carbohydrates and fats, energy levels spike; but nutritional quality becomes compromised.

The Psychological Connection:

Beyond its physiological effects, food profoundly impacts our psychological well-being.

The act of eating triggers complex neural pathways, influencing mood, cognition, and behaviour.

Certain foods, such as dark chocolate and berries, contain bioactive compounds that enhance cognitive function and alleviate stress... the comfort of a bar of chocolate!

Conversely, a diet lacking in essential nutrients can impair mental clarity, increase susceptibility to mood disorders, and exacerbate symptoms of anxiety and depression.

Moreover, food holds profound emotional significance, evoking nostalgia, comfort, and pleasure.

Shared meals foster social bonds, creating opportunities for connection and camaraderie. Comfort foods, often associated with childhood memories or cultural traditions,

offer solace during times of distress, serving as a source of emotional support and stability.

The Social and Cultural Dimension:

Food is deeply intertwined with social rituals, customs, and traditions, serving as a medium for cultural expression and identity. Communal meals bring families and communities together, facilitating communication, storytelling, and the transmission of cultural heritage.

Recent research from [YouGov's Children's Omnibus](#) that surveyed 1,789 children, found that;

'... one in three (34%) eat their evening meal in front of the TV, whilst around three in ten (29%) do the same for breakfast. Although the research found that eight in ten (82%) do eat dinner at the table, it also discovered that youngsters become less sociable with their meals as they get older by eating in their bedroom.'

Traditional cuisines reflect geographical landscapes, historical influences, and agricultural practices, embodying the rich tapestry of human diversity.

Dietary patterns are shaped by socioeconomic factors, access to resources, and food environments.

Food insecurity, characterised by inadequate access to nutritious food, disproportionately affects marginalised communities, exacerbating health disparities and perpetuating cycles of poverty and malnutrition.

A House of Commons report, [Who is experiencing food insecurity in the UK?](#) Tells us;

The number of people in 'food insecure' households rose to 7.2 million in 2022/23, an

*increase of 2.5 million people since 2021/22,
according to data on households that have
below average incomes from the Department
for Work and Pensions (DWP)*

The Environmental Imperative:

In an era of unprecedented ecological challenges, the food system plays a central role in shaping environmental sustainability.

Industrial agriculture, characterised by monoculture farming, intensive resource use, and chemical inputs, exacts a heavy toll on ecosystems, depleting soil fertility, polluting waterways, and contributing to greenhouse gas emissions.

The Soil and Water Management Centre [warn](#);

‘The trigger was the step change in agricultural mechanisation about 20 years ago. You just have to look at tractors and machinery, they have greatly increased in size and we now we have “super tractors” and “super combines”.’

‘They are not just heavier, these machines have “bigger boots”. Manufacturers and farmers believed they could go anywhere with the modern flotation tyres, but this is simply not true and soils were being damaged.’

Transitioning towards sustainable food practices, such as organic farming, regenerative agriculture, and plant-based diets, will be essential for mitigating climate change, conserving biodiversity, and safeguarding natural resources for future generations.

Adopting a more plant-centric diet not only reduces the environmental footprint but also confers numerous health benefits, lowering the incidence of chronic diseases and promoting longevity.

Food is a fundamental pillar of wellness, exerting a profound influence on our physical, mental, social, and environmental well-being.

Recognising the intricate interplay between diet, health, and sustainability is imperative for promoting holistic wellness and fostering a healthier, more resilient society.

It is likely generations to come will be obliged to adopt mindful eating practices, cultivating food literacy, and advocating for equitable access to nutritious food.

Food has a transformative power but we may have to transform our attitude towards it.

Cultivating Wellness in the Workplace:

Far and away the best prize that life has to offer is the chance to work hard at work worth doing - Theodore Roosevelt

The workplace is more than just a venue for professional pursuits; it is a space where individuals spend a significant portion of their waking hours, shaping not only their careers but also their overall well-being.

In 2022, the usual working week for people aged 20-64 in the EU averaged 37.5 hours. Significant differences among EU countries are visible. The longest working weeks were recorded in Greece (41.0 hours), Poland (40.4), Romania and Bulgaria (40.2 both).

By contrast, the Netherlands had the shortest working week (33.2 hours), followed by Germany (35.3) and Denmark (35.4).

By the way; as of January 2024, the average weekly number of hours worked by full-time workers in the United Kingdom was 36.7 hours!

There is a multifaceted significance of the workplace in fostering holistic health and wellness, examining its impact on physical, mental, social, and emotional dimensions.

A healthy workplace promotes physical well-being by providing a conducive environment that supports healthy lifestyle choices and mitigates occupational hazards. Ergonomic workstations, adequate lighting, and proper

ventilation reduce the risk of musculoskeletal disorders, eye strain, and respiratory ailments.

Access to nutritious food options, hydration stations, and wellness amenities encourage employees to adopt healthier dietary habits and stay hydrated throughout the workday.

Inconceivably, Nurses have been [banned](#) from drinking on the ward – even in a heatwave!

Workplace wellness initiatives, such as fitness programs, onsite gyms, and walking meetings, promote physical activity and combat sedentary behaviour.

Regular exercise not only improves cardiovascular health and muscular strength but also enhances mood, cognitive function, and productivity. By prioritising employee health and safety, organisations demonstrate their commitment to creating a culture of well-being and fostering a healthier workforce.

The workplace significantly influences mental and emotional health, shaping individuals' sense of purpose, fulfilment, and belonging. A positive work environment characterised by clear communication, mutual respect, and supportive relationships fosters psychological safety and enhances employee morale and engagement.

Conversely, toxic work cultures marked by stress, burnout, and interpersonal conflicts can have detrimental effects on mental health, leading to anxiety, depression, and emotional exhaustion.

The NHS has an employee rating of 3.7 out of 5 stars, based on 11,322 company reviews on [Glassdoor](#) which indicates that most employees have a good working experience there. The NHS employee rating is in line with the average (within 1 standard deviation) for employers within the Healthcare industry (3.4 stars).

This would appear to contradict the NHS' own [staff survey results](#) which paint a less favourable picture.

Moreover, job design and workload management play crucial roles in mitigating stress and promoting work-life balance.

Flexible work arrangements, telecommuting options, and paid time off empower employees to prioritise self-care and address personal commitments, reducing work-related stressors and enhancing overall well-being.

Access to mental health resources, such as counselling services, employee assistance programs, and mindfulness workshops, de-stigmatises mental illness and encourages help-seeking behaviours. By fostering a culture of openness and support, organisations empower employees to prioritise their mental health and seek the assistance they need to thrive both professionally and personally.

Workplaces serve as social hubs where individuals interact, collaborate, and form meaningful relationships with colleagues. Social connections in the workplace not only enhance job satisfaction and morale but also contribute to overall well-being by providing emotional support, camaraderie, and a sense of belonging.

Team-building activities, networking events, and mentorship programs foster interpersonal connections and strengthen organisational cohesion.

Diverse and inclusive workplaces celebrate individual differences, perspectives, and contributions, fostering a sense of belonging among employees from all backgrounds.

By cultivating a culture of diversity and inclusion, organisations create environments where employees feel

valued, respected, and empowered to bring their authentic selves to work.

The workplace plays a pivotal role in facilitating professional growth, skill development, and career advancement.

Opportunities for learning, training, and career development empower employees to expand their knowledge, acquire new skills, and pursue meaningful career pathways.

Supportive leadership, constructive feedback, and recognition programs contribute to employee engagement, motivation, and job satisfaction.

A sense of purpose and fulfilment derived from meaningful work enhances overall well-being and job satisfaction.

In their [publication](#) 'Rules of the Game' the United Nations tell us;

'... work is crucial to a person's dignity, well-being, and development as a human being.'

Aligning personal values with organisational mission and goals fosters a sense of meaning and fulfilment, promoting psychological well-being and resilience in the face of challenges.

The workplace is a cornerstone of holistic wellness, exerting a profound influence on physical, mental, social, and emotional dimensions of well-being.

By creating healthy work environments that prioritise employee health, safety, and satisfaction, organisations can enhance productivity, morale, and retention while fostering a culture of well-being and resilience.

Investing in workplace wellness initiatives, fostering supportive relationships, and promoting a culture of inclusivity and growth are essential steps towards creating workplaces where employees thrive and flourish, both personally and professionally.

Fostering Wellness for Communities and Families

It takes a village to raise a child - African proverb

Communities and families serve as the bedrock of support and connection, shaping individuals' health, happiness, and overall well-being.

The [Colorado Sate University](#) recognises Eight Dimension of Wellbeing.

They say of the emotional dimension;

'Emotional wellness encompasses the knowledge and skills to identify personal feelings and the ability to handle those emotions. National Institutes of Health describe emotional wellness as "the ability to successfully handle life's stresses and adapt to change and difficult times.'

There is a profound significance for communities and families in promoting holistic wellness, their impact on physical, mental, social, and critically the emotional dimensions of health.

Communities encompass diverse networks of individuals bound by shared values, interests, and experiences. From neighbourhoods and schools to workplaces and cultural organisations, communities provide a sense of belonging, identity, and social cohesion.

The NHS Trusts trade body the Confederation have launched [interesting work](#);

‘New partnership for community-led approaches to health and wellbeing in neighbourhoods.’

In which they describe ‘Big Local’ where communities have been given £1m, with no strings attached... to see what happens. Wow!

Strong community ties facilitate mutual support, collaboration, and collective action, enhancing resilience and fostering a sense of solidarity in times of adversity.

Big Local will be worth keeping an eye on. Social support networks within communities play a crucial role in promoting health and well-being.

Emotional support from friends, neighbours, and community organisations buffers against stress, loneliness, and isolation, reducing the risk of mental health disorders and enhancing overall resilience.

Practical support, such as childcare assistance, transportation services, and meal sharing, fosters interdependence and strengthens social bonds within communities.

Moreover, communities serve as platforms for civic engagement, advocacy, and social change, empowering individuals to address shared challenges and promote equitable access to resources and opportunities.

Community-led initiatives, such as neighbourhood gardens, mutual aid networks, and grassroots organisations, empower residents to take ownership of their health and environment, fostering a sense of agency and collective efficacy.

Families constitute the cornerstone of support and nurturing, providing a safe and nurturing environment for individuals to grow, learn, and thrive.

However the Families Commissioner [Reports](#);

‘... 44% of children born at the start of the century, were not in a nuclear family for their full childhood, compared to 21% of children born in 1970.’



Family dynamics, communication patterns, and caregiving practices profoundly influence children's physical, emotional, and cognitive development, laying the foundation for lifelong health and well-being.

Positive family relationships characterised by warmth, trust, and open communication contribute to emotional security, self-esteem, and resilience in children. Strong parent-child bonds foster a sense of belonging and unconditional love, providing a buffer against stress, adversity, and mental health challenges.

Supportive family environments promote healthy lifestyle habits, such as regular exercise, nutritious eating, and adequate sleep, reducing the risk of chronic diseases and promoting overall well-being.

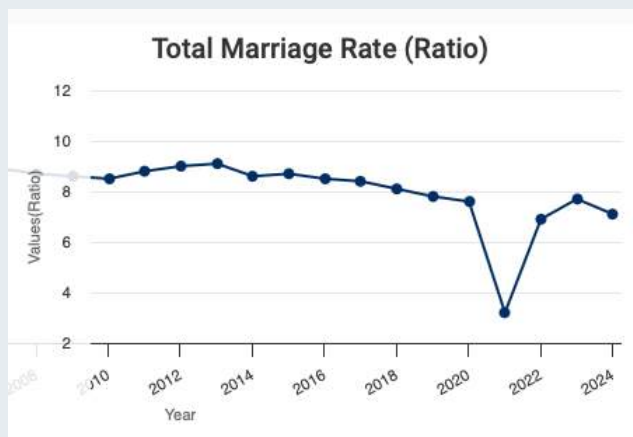
Families also play a crucial role in transmitting cultural traditions, values, and beliefs, preserving heritage and fostering a sense of identity and belonging across generations. Family rituals, celebrations, and storytelling traditions strengthen family cohesion and create lasting memories, reinforcing a sense of continuity and connection.

Communities and families are interconnected systems that mutually influence and support one another in promoting wellness. Strong community ties provide families with access to social support networks, resources, and opportunities for engagement, enhancing their ability to meet the diverse needs of family members.

Conversely, supportive family environments contribute to the social capital and resilience of communities, fostering a sense of belonging and collective identity. Families engaged in community activities, volunteerism, and civic participation model pro-social behaviours and instil values of empathy, compassion, and social responsibility in their children, contributing to the fabric of community life.

Furthermore, communities provide families with access to essential services and resources, such as healthcare, education, and social services, bolstering their capacity to provide for the well-being of their members.

Business analysts [IBIS](#) estimate that the marriage rate will decline at a compound annual rate of 3.6% over the five years through 2022-23, to 7.7 persons marrying per 1,000 people.



Is 'marriage' a key marker?

Probably not.

The Office of National Statistics tell us;

- In 2022, there were 19.4 million families in the UK, an increase of just over 1 million families (5.7%) in the decade since 2012.
- In 2022, 43% of families (8.3 million) had no children living within them, 42% had one or more dependent

children (8.2 million) and 15% had only non-dependent children (2.9 million).

- Married or civil-partnered couple families accounted for the majority of families in 2022 (66%), while cohabiting-couple families accounted for almost 1 in 5 families (19%) and lone-parent families accounted for the remaining 15%.
- The majority of the 2.9 million lone-parent families in 2022 were headed by a lone mother (2.5 million, 84%), with lone fathers now accounting for 16% (457,000) of lone-parent families.

Collaborative efforts between families, schools, healthcare providers, and community organisations facilitate comprehensive support systems that address the multifaceted needs of individuals and families.

It's a mixed picture but communities and families will always play integral roles in promoting holistic wellness, shaping individuals' physical, mental, social, and emotional well-being.

By fostering strong social connections, supportive relationships, and collaborative networks, communities and families create environments where individuals thrive and flourish.

Recognising the interdependence between communities and families is essential for building resilient, inclusive communities that prioritise the health, happiness, and prosperity of all members.

Embracing a strengths-based approach that harnesses the collective resources and capacities of communities and families is essential for fostering a culture of wellness and resilience across the lifespan.

The Impact of Sport and Recreation on Wellness

The ideal attitude is to be physically loose and mentally tight - Arthur Ashe

Sport and recreation represent more than mere physical activities; they embody a holistic approach to wellness, encompassing physical fitness, mental well-being, social connection, and personal fulfilment.

The multifaceted significance of sport and recreation in fostering holistic wellness, their impact on physical health, mental resilience, social integration, and overall quality of life, cannot be underestimated.

Engaging in sport and recreation is essential for maintaining optimal physical health and fitness.

Regular physical activity strengthens muscles, improves cardiovascular function, and enhances flexibility and coordination.

Whether it's jogging in the park, swimming laps in the pool, or playing a game of football in the park, movement stimulates circulation, boosts metabolism, and strengthens the immune system, reducing the risk of chronic diseases such as obesity, diabetes, and cardiovascular disorders.

Sport and recreational activities promote bone health and prevent osteoporosis, especially important as individuals age. Weight-bearing exercises, such as running, dancing, and weightlifting, stimulate bone formation, increase bone density, and reduce the risk of fractures and osteoporotic fractures in later life.

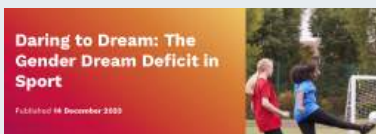
Activity levels for adults in England increased in 2022 and have bounced back to where they were before the coronavirus pandemic.

Compared to when [Sport England](#) first conducted their survey between November 2015 and November 2016, there are now 1.5m more active adults.



However, ahead of international women's day, 2022, a [Women in Sport Survey](#) found a sorry tale;

- more than one million teenage girls (43%) who once considered themselves ‘sporty’, disengage from sport following primary school.
 - A fear of feeling judged by others (68%),
 - lack of confidence (61%),
 - pressures of schoolwork (47%) and
 - not feeling safe outside (43%)



... were some of the reasons given for not wanting to participate in sport.

Participating in sports and recreational activities fosters motor skills development, proprioception, and spatial awareness in children and adolescents, laying the foundation for lifelong physical literacy and enjoyment of movement.

Early exposure to diverse physical activities cultivates a positive attitude towards exercise, instilling healthy habits that carry into adulthood.

‘Sporty parents’ have ‘sporty children’. A [Canadian study](#) found ‘athletes get much more than genes from athletic parents’;

'It's easy to credit genetics when multiple family members find success on the ice, field, court, track or pool. But as important as it is to have parents with a strong athletic gene pool, it's also important to have parents who expose young athletes to the type of winning conditions that put them on the podium.'

Sport and recreation have profound effects on mental health and emotional well-being, providing opportunities for stress reduction, relaxation, and self-expression.

Physical activity stimulates the release of endorphins, neurotransmitters that promote feelings of happiness, euphoria, and well-being, alleviating symptoms of anxiety, depression, and mood disorders.

Taking part in team sports fosters camaraderie, cooperation, and social connection, reducing feelings of loneliness and isolation. Teammates provide emotional support, encouragement, and camaraderie, creating a sense of belonging and shared purpose.

Individual sports, such as yoga, tai chi, and martial arts, promote mindfulness, self-awareness, and emotional regulation, enhancing resilience and coping skills in the face of adversity.

Sport and recreation provide opportunities for personal challenge and growth, goal-setting, and achievement, boosting self-esteem, confidence, and self-efficacy. Overcoming challenges, mastering new skills, and achieving personal bests instill a sense of accomplishment and empowerment, reinforcing a positive self-image and sense of agency.

Guardian analysis of data collected by [Sport England found](#) a net decline of 382 swimming pools across the country since 2010.

Freedom of Information inquiries reveal some depressing facts. A total of 793 playgrounds have been closed in the UK over the last ten years. It also revealed that there have been 28,734 reports of vandalism.

As well as its impact on society, there is an individual dimension. Sport and recreation serve as platforms for social interaction, community engagement, and cultural exchange, fostering social integration, diversity, and inclusion. Participating in sports teams, clubs, and leagues facilitates the formation of friendships, social networks, and support systems, transcending barriers of age, ethnicity, and socioeconomic status.

Sport and recreation promote teamwork, leadership, and communication skills, essential for success in personal and professional life. Collaborating towards common goals, resolving conflicts, and celebrating achievements cultivate interpersonal skills and emotional intelligence, enhancing relationships and social competence.

Sport and recreation offer opportunities for intergenerational bonding, family cohesion, and shared experiences. Family outings to the park, weekend walks, and garden games strengthen family bonds, create lasting memories, and promote healthy lifestyles across generations.

Sport and recreation embody a holistic approach to wellness, addressing the interconnectedness of physical, mental, social, and emotional dimensions of health. By nurturing mind-body integration, promoting social connections, and fostering personal growth, sport and recreation contribute to a sense of wholeness, vitality, and fulfilment.

As the Australian government [puts it](#);

‘Sport and recreation is not about winning, it's about helping build stronger, healthier, happier, and safer communities.’

Access to facilities is a major factor. Schools in communities usually have excellent sports facilities and more can be done to open access for locals. Schools own 35% of the facilities across England.

Adaptive sports programs, recreational therapy, and community-based initiatives can ensure that everyone has the opportunity to participate and reap the benefits of physical activity and recreation.

Sport and recreation are integral components of holistic wellness, enriching individuals' physical health, mental resilience, social connections, and overall quality of life.

By embracing a balanced approach to movement, play, and leisure, we can cultivate a culture of well-being that honours the inherent joy of physical activity and fosters a sense of vitality, purpose, and belonging for all.

Investing in sport and recreation programs, infrastructure, and policies is essential for promoting individual and community health, resilience, and flourishing across the lifespan.

The Local Government Association [warn us](#);

‘£875m investment is needed in public sports and leisure facilities to tackle health inequalities.’

The Impact of Inequalities on Wellness.

We live increasingly in a world of haves and have-nots, of gated communities next to ghettos, of extreme poverty and unbelievable riches... the world's poorest, despite all the advances of globalisation, may even be getting poorer - Noreena Hertz

Inequalities, whether economic, social, or structural, exert profound effects on individuals' health and well-being, shaping access to resources, opportunities, and outcomes.

The multifaceted impact of inequalities on wellness, disparities in income, education, healthcare, and social determinants contribute to health inequities and undermine overall public health.

The Socioeconomic Gradient of Health

The King's Fund [spell it out](#); inequities in income and wealth are closely linked to disparities in health outcomes, with individuals from lower socioeconomic backgrounds experiencing higher rates of morbidity and mortality.

Socioeconomic status influences access to nutritious food, safe housing, quality education, and healthcare services, creating barriers to health promotion and disease prevention.

Individuals living in poverty face greater exposure to environmental hazards, such as air and water pollution, inadequate housing, and unsafe working conditions, increasing the risk of respiratory diseases, injuries, and chronic health conditions.

Limited access to nutritious food, known as food insecurity, contributes to malnutrition, obesity, and diet-related diseases among low-income populations.

Socioeconomic disparities intersect with other forms of inequality, such as race, ethnicity, gender, and geography, amplifying health inequities and exacerbating social injustices.

Marginalised communities, including racial and ethnic minorities, indigenous populations, and immigrants, face systemic barriers to healthcare access, economic opportunities, and social inclusion, perpetuating cycles of poverty and ill-health.

The Education-Health Nexus

Education plays a [critical role](#) in shaping health outcomes, with higher levels of education associated with better health behaviours, outcomes, and life expectancy.

Education empowers individuals to make informed decisions about their health, adopt healthier lifestyles, and access preventive healthcare services.

Educational attainment influences socioeconomic status, employment opportunities, and social networks, which in turn impact health and wellness.

Individuals with higher levels of education are more likely to secure stable employment, earn higher incomes, and access employer-sponsored health insurance, reducing financial barriers to healthcare access.

Moreover, education promotes health literacy, critical thinking, and problem-solving skills, empowering individuals to navigate complex healthcare systems, advocate for their health needs, and engage in preventive care.

Educational interventions targeting underserved communities have shown promising results in improving health outcomes, reducing disparities, and promoting health equity.

The Healthcare Divide

Access to healthcare is a fundamental determinant of health and wellness, yet inequalities in healthcare access, quality, and outcomes persist across populations.

In the US, individuals lacking health insurance coverage, especially in low-income and marginalised communities, face significant barriers to accessing timely and affordable healthcare services, leading to delayed diagnoses, untreated conditions, and preventable complications.

Whilst this is not an issue for the UK there are other factors impacting access.

Rural communities, in particular, face challenges in accessing healthcare services due to provider shortages, limited infrastructure, and geographic isolation, leading to disparities in health outcomes and preventable mortality.

Implicit biases, discrimination, and systemic racism within healthcare systems [contribute to disparities](#) in healthcare delivery and outcomes, disproportionately affecting marginalised populations.

Racial and ethnic minorities, LGBTQ+ individuals, and people with disabilities often face discrimination, stigma, and mistreatment in healthcare settings, leading to disparities in access, quality, and patient outcomes.

The Social Determinants of Health

Social determinants of health, including socioeconomic status, education, housing, employment, and social support networks, exert significant influences on health and

wellness outcomes. Disparities in social determinants contribute to health inequities by shaping access to resources, opportunities, and conditions that influence health behaviours and outcomes.

For example, individuals living in disadvantaged neighbourhoods may lack access to safe parks, recreational facilities, and green spaces, limiting opportunities for physical activity and outdoor recreation.

Similarly, inadequate housing conditions, such as overcrowding, substandard housing, and lack of access to clean water and sanitation, increase the risk of infectious diseases, respiratory illnesses, and mental health disorders.

Moreover, employment instability, job insecurity, and low-wage work contribute to chronic stress, anxiety, and poor mental health outcomes among workers, particularly in precarious industries such as gig economy, hospitality, and retail.

Lack of access to paid sick leave, healthcare benefits, and workplace accommodations further exacerbate disparities in health and well-being among low-income and marginalised workers.

Inequalities have far-reaching impacts on health and wellness, shaping access to resources, opportunities, and outcomes across populations.

Addressing disparities in income, education, healthcare, and social determinants is essential for promoting health equity, improving population health, and building more resilient, inclusive communities.

By addressing the root causes of inequalities and implementing evidence-based interventions that target underserved populations, we can reduce health disparities, enhance access to healthcare, and promote wellness for all.

Embracing wellness, an holistic approach to public health that addresses the social, economic, and environmental determinants of health is essential for creating a future where everyone has the opportunity to thrive and achieve their full potential.

The Impact and Influence of Cultural Diversity on Wellness

What we have to do is to find a way to celebrate our diversity and debate our differences, without fracturing our communities - Hilary Clinton

Diversity encompasses the rich tapestry of human experiences, traditions, beliefs, and values that shape individuals' identities and worldviews.

As of the year ending June 2022, [there were an estimated 10,388,000 people in England and Wales who were not born in the UK](#). This accounts for approximately 14.8% of the total UK population.

Of this number, 3,545,000 were nationals born in European Union countries, while 6,854,000 were born outside the EU.

In the NHS there are sixteen nations represented. Around 265,000 out of 1.5 million staff reported a non-British nationality in June 2023, up from 220,000 a year earlier.

Most common nationalities of NHS staff, June 2023

	British/UK	1,151,394		Pakistani	7,082
	Indian	60,533		Ghanaian	6,134
	Filipino	34,652		Romanian	6,018
	Nigerian	22,851		Zimbabwean	5,917
	Irish	13,711		Spanish	5,114
	Polish	11,606		Egyptian	4,148
	Portuguese	8,339		Nepalese	3,562
	Italian	7,302		Greek	3,469

Source: NHS Digital, [NHS Workforce Statistics June 2023](#), HCWS staff in post summary tables

known nationality.

Make no mistake, we are a multi-cultural nation and as far as the NHS is concerned, dependent on people from around the world, making their home here.

This book is about wellness and the new definition we are seeking. To explore the profound impact of cultural diversity on wellness, examining how diverse cultural perspectives, practices, and traditions contribute to

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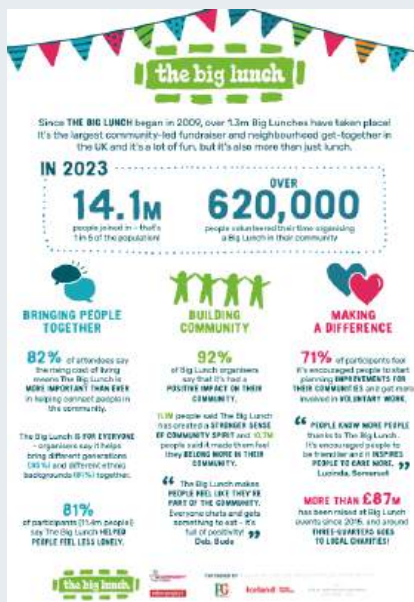
physical, mental, social, and emotional well-being, is a good place to start.

Cultural diversity influences health behaviours, dietary patterns, and healthcare practices, shaping individuals' physical health and well-being.

Traditional healing practices, herbal remedies, and holistic approaches to healthcare, rooted in diverse cultural traditions, offer alternative pathways to wellness and complement biomedical interventions.

Moreover, cultural dietary practices, such as the well know Mediterranean diet, Asian, and Latin American diets, emphasise fresh fruits and vegetables, whole grains, lean proteins, and healthy fats, contributing to lower rates of chronic diseases and longer life expectancy among certain populations.

Since the last 90's attention has turned to Japan and the far eastern diets. When you compare the two (Mediterranean and Far Eastern) diets, there appears to be a clear winner in terms of life expectancy.



According to worldometers.info, four of the top five nations in terms of longevity are in the far east.

Traditional cooking methods, flavour profiles, and very significantly communal eating practices promote enjoyment of food, social connection, and overall satisfaction with meals.

The Big Lunch research, performed with the University of Oxford and published in a paper titled "[Breaking Bread: The Functions of Social Eating](#)," shows that communal eating increases well-being, whether it's a feast or a snack.

Cultural diversity in healthcare settings enhances patient-provider communication, trust, and satisfaction, leading to better health outcomes and adherence to treatment plans.

Culturally competent healthcare providers who respect patients' cultural beliefs, preferences, and values foster a sense of dignity, autonomy, and empowerment, facilitating effective collaboration and shared decision-making.

Cultural diversity plays a crucial role in shaping individuals' mental and emotional well-being, providing diverse perspectives, coping mechanisms, and social support networks.

Cultural norms, values, and rituals surrounding mental health and illness influence help-seeking behaviours, stigma, and treatment preferences across different cultural groups.

Moreover, cultural identity and 'belongingness' promote resilience, self-esteem, and psychological well-being, buffering against stress, discrimination, and social exclusion. Pride in cultural heritage, language, and traditions fosters a sense of identity continuity and connection to community, enhancing overall life satisfaction and emotional resilience.

Exposure to diverse cultural perspectives, worldviews, and narratives fosters empathy, tolerance, and intercultural competence, reducing prejudice, bias, and discrimination.

Cross-cultural interactions, multicultural education, and diversity training programs promote understanding, respect, and appreciation for diverse backgrounds and experiences, contributing to a more inclusive and harmonious society.

In a social dimension cultural diversity enriches social interactions, relationships, and community cohesion,

fostering a sense of belonging and solidarity among individuals from different cultural backgrounds. Multicultural communities provide opportunities for cross-cultural exchange, collaboration, and celebration of diversity, strengthening social ties and fostering mutual respect and understanding.

[Cultural diversity in workplaces](#), such as the NHS, schools, and neighbourhoods promotes creativity, innovation, and problem-solving, as diverse perspectives and experiences bring new insights and approaches to complex challenges.

Inclusive organisational cultures that value diversity and promote equity create environments where individuals feel valued, respected, and empowered to contribute their unique talents and perspectives.

At [Barts Health](#), part of one of the biggest London hospitals, senior leaders regularly participate in the career development workshops to share their experiences and have continued to champion the equality and diversity programme.

Cultural diversity enhances social capital, trust, and civic engagement, as individuals from diverse backgrounds come together to address common challenges, advocate for social justice, and build resilient communities.

Civic participation, [volunteerism](#) (with a fascinating history going back to the 19th century), and community activism bridge cultural divides, promote social cohesion, and create opportunities for collective action and positive social change.

The emotional connection to cultural roots is a very important factor. Cultural diversity fosters those connections to ancestral roots, heritage, and traditions, providing a sense of continuity, belonging, and identity.

Celebrations of cultural festivals, holidays, and rituals offer opportunities for families and communities to come together, strengthen bonds, and pass down cultural knowledge and traditions to future generations...

... helping to create a social cohesiveness which in times of trouble is a valuable fall-back asset for community leaders.

Multicultural experiences, such as travel, language learning, and cultural exchange programs, broaden individuals' perspectives, enhance cultural competence, and promote a sense of global citizenship.

Exposure to diverse cultures fosters curiosity, openness, and appreciation for the richness and complexity of human experiences, promoting cross-cultural understanding and empathy.

It is hard to see how cultural diversity cannot do anything but enrich wellness by offering diverse perspectives, practices, and traditions that enhance physical, mental, social, and emotional well-being.

As the self confessed philomath, [Adeola Odubajo](#) wrote in her Facebook pages;

'... in today's ever-evolving world, the concept of embracing diversity and inclusion has become increasingly significant. It goes beyond mere tolerance and seeks to create a culture of acceptance, respect, and appreciation for the unique qualities and perspectives each individual brings to the table.'

She is right; embracing cultural diversity fosters inclusivity, empathy, and appreciation for the richness of human experiences, contributing to a more equitable, harmonious, and resilient society.

By promoting cultural competence, intercultural dialogue, and inclusive policies and practices, we can harness the transformative power of cultural diversity to promote wellness, foster social cohesion, and build healthier, more vibrant communities for all.

Embracing diversity as a source of strength and resilience is essential for creating a future where everyone has the



opportunity to thrive and flourish, regardless of their cultural background or identity.

As the UN forward thinking 2030 Agenda puts it;

‘... no one left behind.’

Wellness is where the money is... or isn't.

Governments may well recognise the benefits of promoting the well-being of their citizens and all societies face evolving challenges related to physical and mental health, governments and are exploring innovative solutions to health and treatment but wellness has failed to emerge as the pivotal policy it deserves to be recognised as.

Wellness programmes aim to enhance the overall health and productivity of the population, thereby contributing to economic growth and societal well-being.

If there is to be investment, government will want a payback. Is there one and if there is what is it?

Wellness programmes encompass a variety of initiatives designed to improve individuals' physical and mental health. These programmes often include health screenings, fitness activities, mental health support, nutritional education, and stress management as well as changes to the built environment.

When implemented on a large scale, they can contribute to reducing the burden on healthcare systems, increasing workforce productivity, and fostering a healthier and happier populace.

Introducing a government-backed wellness programme involves significant initial setup costs. These may include developing programme infrastructure, hiring qualified personnel, and investing in technology and resources for programme administration. While these upfront costs can be substantial, they are essential for ensuring the programme's effectiveness and sustainability.

Wellness programmes also incur ongoing operational expenses. They need people. Think salaries for programme coordinators, healthcare professionals, and support staff. Additionally, costs associated with organising events, providing resources, and maintaining technology platforms must be considered.

Governments must allocate budgets to cover these recurring expenses and decide whose role it is. Where does a wellness programme fit into the health landscape? Maybe it resides outside conventional health infrastructure... perhaps with local authorities and somehow engages with the new Integrated Care Boards.

Certainly it cannot be achieved, ‘on-top-of-the-day-job’, for hard pressed managers.

One of the primary benefits of wellness programmes is the potential reduction in healthcare costs. By proactively addressing health issues and promoting preventive measures, these programmes can help mitigate the need for expensive medical treatments.

Individuals engaged in wellness activities may experience fewer chronic illnesses, leading to decreased healthcare utilisation and associated costs.

A healthier population is a more productive workforce. At the time of writing the UK government is struggling with over a million people in receipt of benefit and not working when there are over a million vacancies in the workforce.

How to get them safely back to work is a political hot-potato.

Wellness programmes that focus on physical fitness, mental health, and stress management contribute to higher levels of employee satisfaction and engagement. Perhaps

this indicates a role for employers, encourage by tax breaks.

Reduced absenteeism and increased presenteeism (employees working at full capacity while present) translate into improved productivity, benefiting both employers and the overall economy.

Investing in wellness programmes has long-term implications for the quality of life of citizens. Individuals who participate in these programmes may experience improved physical fitness, better mental health, and a higher overall sense of well-being. This, in turn, leads to a more vibrant and engaged community, fostering social cohesion and resilience.

[Return on Investment \(ROI\) Analysis:](#)

The most direct and measurable Return On Investment of government-sponsored wellness programmes comes from reduced healthcare expenditures.

As participants in these programmes adopt healthier lifestyles, the demand for medical interventions decreases, resulting in substantial savings for both individuals and the government healthcare system. At least that is the theory. The payback time may not be immediate and maybe not in the life of a parliament.

The enhanced productivity of a healthier workforce contributes significantly to the overall economic growth of a nation. This observation is made at a time when the UK government is anxious to shift the dial of poor forecasts of increases in productivity.

A reduction in absenteeism and an increase in presenteeism translate into higher output per capita, positively impacting industries and economic sectors. Governments can quantify these gains, visibly, in terms of GDP growth and increased tax revenues.

Beyond economic considerations, the ROI of wellness programmes extends to social and environmental spheres. Healthier individuals are more likely to engage in community activities, volunteerism, and sustainable practices.

These social and environmental benefits, we've seen, for example in Finland, may be challenging to quantify in monetary terms but are integral to the holistic impact of wellness programmes.

Realising the full benefits of wellness programmes often requires a long-term perspective. Positive health outcomes and economic gains may not be immediately apparent, making it essential for governments to commit to sustained investment and programme evolution over several years... perhaps beyond the life of a parliament. This might mean a cross-party agreement on some policies. Something which, in the UK at least, is a big ask.

Designing effective wellness programmes necessitates an understanding of the diverse health needs within the population. Tailoring initiatives to address specific demographic groups, such as age, socio-economic status, and cultural considerations, ensures that the programmes are inclusive and relevant.

To demonstrate success and keep the principal investor, HMG interested and committed accurate measurement of the impact of wellness programmes requires robust data collection and evaluation mechanisms. Something which does not exist in the public health sphere.

Governments need to invest in data analytics and monitoring systems to track participant outcomes, assess programme effectiveness, and make data-driven adjustments for continuous improvement.

The introduction of government-backed wellness programmes represents a multifaceted approach to addressing contemporary health challenges. While the upfront costs of implementing such programmes may seem substantial, the potential benefits far outweigh them in the long run.

The ROI, measured in terms of healthcare savings, increased economic productivity, and improved societal well-being, positions wellness programmes as strategic investments for governments looking to foster healthier, more resilient, and prosperous societies.

For example;

It is estimated that smoking has cost the NHS in England £2.6 billion per year. If smoking rates dropped to 5% in the UK by 2035, the NHS could save £67million in just one year.

If today's trends continue, around 15% of people from the most deprived groups are predicted to smoke in 2035, compared to just 2.5% from the wealthiest.

From this simple example it is clear that smoking cessation might be in the purview of the NHS but the roots are in health inequality and wellness.

As we navigate the complexities of public health and societal development, wellness programmes emerge as a crucial component of a forward-thinking and proactive government strategy.

Wellness and Global-ness

Wellness is a lonely place.

... well, it is for policy makers.

If governments are going to recognise the benefits of wellness threading through their policy making they might want some assurance that ‘it works’.

Do policies based on wellness make a difference to population health and can they ease the pressures and costs of healthcare systems.

Whilst the concept of wellness, replacing public health is new, there are examples, around the world, where pioneering policy makers have made a demonstrable difference.

New Zealand: Whānau Ora

New Zealand stands out as a trailblazer in adopting a wellness approach through its Whānau Ora program.

Whānau, is a Māori term meaning ‘extended family’ and is central to the policy philosophy.

Whānau Ora emphasises a holistic view of health, considering not just individual well-being but also the health of families and communities. This approach builds on the interconnectedness of physical, mental, and social health.

One key aspect of Whānau Ora is the integration of social services, healthcare, and community engagement. Families are

encouraged to actively participate in their own health and well-being, working collaboratively with healthcare providers and social services to address underlying determinants of health.

Finland: Education and Work-Life Balance

Finland consistently ranks high in global happiness and well-being indices, and a significant contributor to this success is the country's emphasis on education and work-life balance. Finland recognises that well-being starts early in life, and its education system reflects this understanding. The Finnish education system places a strong emphasis on holistic development, focusing not only on academic achievement but also on fostering creativity, critical thinking, and social skills.

Additionally, Finland's approach to work-life balance is crucial in promoting wellness. With shorter work hours, generous parental leave policies, and a culture that values leisure time, Finland prioritises the overall quality of life for its citizens. This commitment to holistic well-being contributes to lower stress levels, higher job satisfaction, and a healthier population.

Bhutan: Gross National Happiness

Bhutan, a small Himalayan kingdom, has gained international attention for its unique approach to measuring progress and well-being: Gross National Happiness (GNH). In contrast to the traditional Gross Domestic Product (GDP) measurement, GNH considers not only economic factors but also

social, cultural, environmental, and spiritual dimensions.

Bhutan's commitment to GNH is reflected in its policies, which prioritise sustainable development, environmental conservation, and cultural preservation. The country's emphasis on community and spiritual well-being has led to the integration of traditional Bhutanese values into governance and decision-making processes.

Bhutan's holistic approach to well-being challenges the conventional metrics of success, promoting a more balanced and sustainable model for societal progress.

[Australia: Beyond Healthcare to Health](#)

Australia has been at the forefront of adopting a wellness approach that extends beyond the confines of the healthcare system. The country recognises the social determinants of health and has implemented policies aimed at addressing these factors to improve overall well-being. Initiatives include efforts to reduce income inequality, improve education, and enhance social cohesion.

Australia's focus on preventative health measures is another key aspect of its wellness approach. The country invests in public health campaigns, promoting physical activity, healthy eating, and mental health awareness.

By emphasising prevention and addressing the root causes of health

issues, Australia seeks to create a healthier and more resilient population.

Singapore: Holistic Health Policies

Singapore, known for its efficient healthcare system, has also embraced a holistic approach to health policies. The country recognises the importance of mental health and has implemented initiatives to reduce the stigma surrounding mental health issues. Singapore's mental health policies include community-based programs, counselling services, and workplace mental health initiatives.

Moreover, Singapore places a strong emphasis on creating a built environment that supports physical activity. Urban planning incorporates green spaces, pedestrian-friendly areas, and recreational facilities, promoting an active and healthy lifestyle. By intertwining healthcare policies with urban planning and mental health initiatives, Singapore exemplifies a comprehensive wellness approach to population health.

What is there to learn from other countries.

Finding overseas sources of approaches to wellness isn't easy, few governments really commit themselves to this emphasis.

While these countries have made significant strides in adopting a wellness approach to population health, what are the challenges and lessons learned.

Nations implementing wellness-oriented policies must be aware of cultural diversity. New Zealand's Whānau Ora

success is rooted in its cultural sensitivity, acknowledging the significance of Māori values in shaping health outcomes.

Achieving wellness requires policies that resonate with the cultural context of diverse populations and age groups.

Integration of wellness policies across sectors is a common challenge and probably why, despite the advantages, are not commonly adopted.

Countries like Australia and Singapore highlight the importance of aligning health policies with education, employment, and urban planning. It's probably worth noting the processes of government are more robust than we might find elsewhere and the Australian position has not been without its critics.

Achieving seamless integration requires a coordinated effort among various government departments and leadership with a will to make it a reality.

Shifting towards a wellness-oriented paradigm requires active public participation. The conventional approach to public health has not been very successful in changing behaviour.

It is the law that changes behaviour. In the UK, seatbelts in cars, crash-helmets on motorcycle, bans on smoking in the workplace and health and safety legislation.

This is made clear by Finland's success in education and work-life balance is rooted in a cultural understanding and appreciation for the value of well-being. Public awareness campaigns are crucial in fostering a collective commitment to holistic health.

For governments to take wellness seriously and implement policies and invest they must have some assurance of a return on their investment.

Accurately measuring wellness outcomes poses a significant challenge. Bhutan's GNH index is an innovative attempt to move beyond traditional economic indicators, but the development of standardised metrics for wellness remains a complex task.

Governments need robust data collection methodologies to assess the impact of wellness initiatives effectively.

The experiences of New Zealand, Finland, Bhutan, Australia, and Singapore provide valuable insights into the transformative power of a wellness-oriented approach to population health. These nations have demonstrated that prioritising holistic well-being yields benefits not only in terms of improved health outcomes but also in creating resilient, happy, and thriving societies.

This collection of essays, comments,
facts, ideas and thoughts is
fundamentally about change.

How do we do that?

What tools do we need.....

Change

... probably the most challenging and difficult part of leader's and manager's jobs.

Is it? Everyone say it is... but is it?

Is it really difficult? None of us like change 'being done to us' but probably, most of us will go along with change if it's done 'with us' and we understand why.

The secret to change... a topic which people spend a lifetime studying and writing about, lecturing and sweating the whole nine-yards of a Phd... is simple. Ten words is all you need to know about change;

People love change
if they feel
they are in charge.



cut this out and stick it on the fridge door!

How difficult is that? Actually, very... or it can be.

Shifting the paradigm of how we think about public health to thinking about community wellness is a massive change. It's a change in mindset, attitude and outlook.

Figuring out how change works and why it so often fails is a very important step in inviting people to undertake a journey of radical change.

Why does change fail?



Here are 13 ideas, thoughts and reasons why change may not go so well. Thirteen? Yes. In Egypt, Italy, India, Japan and others, 13 is actually considered a very fortuitous, auspicious omen.

Let's start by changing what we think about **13!**

1. Change is not an improvement

Seems a bit basic doesn't it but if people can't 'see the change', the benefit of change, they can't be 'part of the change'... why should they put effort into making changes if they can't see how things can be better. That is why an important part of change is the narrative. How change is presented. What it will mean to the people impacted by it.

2. We do things the way we always do them

This is called changing cultural norms. The way things are done, the way things have happened for years. No one has had the inclination, the innovation or perhaps the permission to make changes.

3. We know there is a problem but no one is sure what the problem is.

It's very important if you are going to change something, you change the right 'something'. It starts with understanding the issues. There root cause.

4. I don't see what the problem is.

Creating the vision. Communication... remember, if they haven't heard it, you haven't said it.

5. If you think this is a problem - go and fix it...

We all know the type. Best avoided. However, make data your friend and ally, show people the numbers and they will speak for themselves. People will realise, change has to happen.

6. There's nothing I can do about it.

True, very rarely can change be instigated and implemented by one person. Modern workplaces are team games. Together people can be very powerful change agents.

7. Somebody else's job.

In a disempowered workplace that is probably true. Where people are involved and empowered... it's a different story.

8. 'I think this has to be changed'...

... no, no, no. What we want to hear is... 'what do you think should be changed'.

9. We all know what we're doing isn't working...

... but no one asks why. Curiosity is like the sparks that create a fire. Without curiosity there is no innovation and no change. Curiosity is the more valuable of all attitudes to care about and encourage.

10. It's complicated.

Yes, it probably is... so simplify it.

11. We aren't making progress.

You probably are making small tiny steps of progress. Celebrate them, big-them-up and watch the small steps become the giant leaps.

12. We fix the problems as they arise.

That's called firefighting... and managers and leaders who are firefighters, love fires. If you've got someone who is good in a crisis, avoid them, or there'll always be a crisis! Changing systems how things are done, stops the fire and gives everyone the opportunity to get on and do the job without the panics and upsets.

13. No one's ever asked.

Certainly one of the biggest blockers to change. Encouraging others to contribute to change is a certain way of involving people and making them feel part of the process.

In the context of what we are trying to do, change people's thinking about public health, to the public's wellness, you can see how all these 13 might come into play... and you can probably think of another thirteen!

“*We've always approached public health in this time honoured way. Public health professionals are trained to approach their work in a particular way. No-one has ever wanted to change they way we do things.*

There are from-time-to-time public health issues that arise but we step-up and dealt

with them. It's our job to do the job not to change the way we do the job.

And there you have a thoroughly professional group who are skilled and focussed on their time honoured approach to managing the public's health.

In the meantime the public are getting fatter, life expectancy is falling and the complexity of modern life means we are not going to solve any of this with something as simple as a sewer or moving a water fountain.

Public health specialist David Hunter [writes](#);

'Policy incoherence, and an absence of joined-up thinking. Tackling problems such as the obesogenic environment demands a whole-systems approach that cuts across government, as well as requiring action by industry, communities, families and society as a whole.'

He is right and that is why we need to change and why, to change, we must understand the mechanics of change.



We hear what you say...

‘It’s all very well, but how?’

Here’s how...

Doing it.

Nothing happens until somebody does something - Anon

Recognising that change is needed is one thing. In many cases it's obvious, in others some vision might be required but generally 'change' identifies itself.

This bit is the hard bit... the how.

In healthcare, trends are on a trajectory towards automation, remote monitoring, robotics, predictive technologies and decision support.

If you were investing in the future of healthcare, oncology technology seems to be creating a bushfire of change in how we identify cancers and treatment, with pinpoint accuracy, individually and with precision.

Artificial intelligence (although at this stage it is closer to machine learning and advances in linguistic computing) will account for step changes in making decisions right first time.

Synthetic biology, gene therapy and DNA manipulation are all within our reach. Each of them will take on a life of their own and their very usefulness and the overwhelming improvements they bring will create their own space, demand their own investment and the public will, naturally, gyrate to their usefulness.

In a sense, all of this takes care of itself. Three steps; recognition, demand, utility. Recognising something is good increases demand to the point where it becomes a utility.

When organisations realise the power of prediction that ‘AI’ is capable of, how it can help to target resources and when prediction becomes prevention, a lot will change... infrastructure, governance and risk management for starters!

In the meantime...

... system change. How to orchestrate change internally, we know the rules.

People like change when they feel they are in charge. Understanding that is chapter one, page one, paragraph one of a manager’s handbook.



The more complex and difficult change, which is central to organising wellness, is the change needed to alter the working relationships outside, with other organisations and bureaucracies... each of whom travel at their own speed, with their own rules and their own view of the world.

All the rules of internal change apply and all the rules of internal change will govern the way relationships within the ecosystem of organisations are managed.

Wellness needs more. It needs buy-in.

‘Buy-in from a variety of stakeholders’

Management jargon for the common sense it takes to recognise that wellness is impacted by health, local government, the environment, education, finance, roads, policing and just about everything else we brush against in our daily comings and goings.

How do we get these organisations to march in step?

Organisations are no different to an army of soldiers. They can't march in step if they can't hear the voice of the sergeant major; 'by the left, quick-march!' And...

... they will march better and stay instep for longer if they can all hear the sound of the band.

That's the job of the wellness-meister. The sergeant major, the conductor, the coach.



It starts with a shared vision.

People travel more quickly, more safely and more willingly if they know where they're going and they actually want to go there.

However, disparate organisations may be, they will all be beset by much the same problems. They will have budget difficulties, they will have demand issues and very likely workforce recruitment and retention issues.

Ideas, joint-working and innovation that addresses any of that is very likely to get a hearing. That's the place to start.

'We all have problems with this-or-that, by working together, differently, there might be a way to reduce the demand, the pressures and make the money go further... let's try'.

Leaders are visible, have a vision and share it often. This is the time for leadership... collaborative leadership.

Make organisations feel they are heroic and not victims. Tell a story, chart the way.

Money is always a good place to start.

In an [interesting article](#), about the rising costs of healthcare in the US, by Dr Steve Aldana; ‘Do wellness programmes save money’, he makes the point;

‘... worksite wellness programs are effective at reducing the demand for health care which lowers cost and helps employers save money.’

Wellness programs make sense and they have been shown to work, yet they are rarely included in any discussions about future healthcare costs or budgeting. This oversight can usually be explained by one reason: a lack of appreciation for the strength of the business case for wellness.

Who will make the case and write the plan?

The [Workplace Wellness Programmes Study](#), again from the US, published in May 30, 2013, makes an overwhelming case.

Closer to home, [a study](#) by insurer Zurich UK and the Centre for Economics and Business Research found that the number of UK workers with long-term health conditions has increased by 27% in the last six years to a record high of 10.3 million. These workers took a total of 112.5m sick days in 2023, an increase of nearly 70% over the same period.

In 2023, this cost the UK economy £32.7bn in lost productivity. This marks the third consecutive yearly increase in lost productivity, from an estimated £24.6bn in 2021 and £30.7bn in 2022.

If current trends continue, work absences due to long-term sickness will cost the economy £66.3bn a year by 2030 in lost productivity.

It is inconceivable that that many people are ‘off-sick’ for purely clinical reasons, alone. There are bound to be contributory factors, environmental, family, skills, motivation, education, a raft of confounding factors that can contribute to circumstances.



If we were born where they were born, we would know what the reasons are. For us to discover what they are, is easy, ask them.

In a very [small](#) study, the influence of lifestyle factors on long-term sickness absence among female healthcare workers the conclusions were unequivocal;

‘In female healthcare workers, an unhealthy lifestyle (too high/ too low body mass index, smoking, and low physical activity) is associated with higher risk of Long Term Sickness Absence.’

There you have it. One sentence pointing us in a direction a long way from the NHS. Exercise, stress, environment, workplace issues, time, pressures of family life. They take us directly to the wellness agenda.

Multi agency, interoperable working... everyone in step.

The case is made, the issues are clear and the need overwhelming.



The way forward?

There was the merest movement...

... the still air stirred.

It was enough for Jill to think about making a slight adjustment... or should she wait for the air to return to calm. Clean air.

She pulled back the bow string, all thirty three pounds of draw, until it touched her lips and focussed down the sight line. She had fine-tuned the stabilisers; a 1 to -2, to 4 ratio of front-weight to rear-weight.

Her olympic recurve bow felt comfortable in her hands. All-up her equipment had cost nearly two thousand pounds. Thank goodness for the bank of Mum and Dad.

She'd breathed deeply as she pulled her arrows and nocked her bow. Jill lined up on the gold. Thought again about the wind. No. Another deep breath and draw... exhale slowly, let

the body settle and half way through there's a natural sweet-moment... release the arrow.

Seventy meters away with a thud, the arrow found its mark. It had drifted to the left, red ring, score 9. No!

Over seventy meters the drift can be the difference between winning and losing. Jill hated to lose. Not good enough. It was her own fault. She should have thought more about the wind.

Hitting the target... over seventy meters, a lot can go wrong. It's not just the wind that can blow you off course.

It's the same, isn't it, with managing a programme, delivering a plan, trying something new.

Here's a lot that can blow the best of us, off course. The tiniest of things. The details. It's the details that are the difference between winning and losing. Detailed planning, the difference between success and failure.

[No one plans to fail, we just fail to plan.](#)

Planning work in our own organisations is easy. We know the people, their strengths and weaknesses. Smart managers play to them, involve people, excite them, challenge them. Managing, despite all the problems can be fun and highly satisfying.

[Starting a wellness programme. This is at the Olympic end of management. This takes real skill and talent because...](#)

...it's likely you will be working with people with whom you have never worked before. Why should they work with you? What's in it for them?

Everything starts when someone says 'what if'.

What if, we really could make the big leap into stopping people getting sick in the first place. What if, together we really could make the change. Take wellness seriously.

This starts with complex team building. Assembling experts, senior decision makers prepared to share their knowledge, open their minds to learning from each other, step in to fix problems, shift resources, be flexible. Aligning money and success criteria.

In other words, being collaborative.

Collaborating across organisations that will have different objectives, different time lines, different funding streams, different governance and a different outlook on the world.

Research for the [Harvard Business Review](#) (here but is likely to be paywalled) tells us;

‘... team members collaborate more easily and naturally if they perceive themselves as being alike. The differences that inhibit collaboration include not only nationality but also age, educational level, and experience.

Greater diversity also often means that team members are working with people that they know only superficially or have never met before—colleagues drawn from other divisions of the company, perhaps, or even from outside it.

We have found that the higher the proportion of strangers on the team and the greater the diversity of background and experience, the less likely the team members are to share knowledge or exhibit other collaborative behaviours.’

That’s worth knowing isn't it?

How do we do it?

We must start with the answer to two questions. Two questions that may not be asked out loud but they will be there. Lurking somewhere!

The two questions...

What is the point of this and what’s in it for me?

Trying to galvanise organisations, departments, work systems and other leaders, needs a strong vision and an understanding... cooperation comes with compromise and often a price.

Wellness takes a horizontal slice across public, private and voluntary services. They all have skin in the game... in their own game. How do we make them want to have skin in a bigger game? Raise their game.

First the team needs to be familiar with each other. Introduce themselves, talk about their successes and what they struggle with. Start a conversation. When people are talking to each other they are learning about each others. Sizing each other up.

You know what they say; leaders are visible, have a vision and share it often. You must have a crystal clear vision of what you want to achieve, why and who benefits...

... tell people, then tell them what you told them and tell 'em again.

So, be clear of what the target looks like. Describe it. Tell everyone what success looks like and show them how we, us, can deliver it. Spell out what's in it for them.

By working together we we can do this... improve how we do things.

Clarify the purpose. Find examples of how other organisations have done similar things. There are a number of examples dotted through the book. Sell optimism and don't be downhearted if some of your people are less than enthusiastic.

Be prepared to adjust your aim. The management equivalent of Jill's 70 meters. A micro move at the bow can translate into inches at the target.

Be willing to be flexible adjust, keep your eye on the target, your vision.

Wellness is not easy to deliver. That's why few people have really tried... but it is worth it.

It is worth it for the lives that people lead. It's worth it for organisations to be part of success. It's worth it to try to use precious resources in new and innovative way.

Someone has to go first. This quote from Kathy Brunner's book '[Finding your Fire](#)', just about sums it up;

*'Someone has to pick first,
fight first,
forgive first,
leave first
and change first.'*

WHY?

*Because sometimes we want to be first for
all the wrong reasons and choose not to be
first when it could make a huge
difference...*

*... maybe it's time for you to know the
difference.'*

Thinking of planning a wellness programme... why not?

Here are 55 things for you to think about...
actually there are 56!

Think of them as prompts, pointers, things to think about, headline issues to delve into and give some thought to

Good luck !

Programme Objectives and Goals

1. What are the primary objectives of the population wellness programme?
2. What specific wellness outcomes are we aiming to achieve?
3. Who are the other organisations we want to work with... the stakeholders
4. How will the programme align with key stakeholders overall mission and values?
5. What key performance indicators (KPIs) will be used to measure success?
6. Will other public and private sector organisations join the programme?
7. Who do we need to influence and who will do it?

Needs Assessment

8. What are the current wellness and associated health issues and concerns within the target population?
9. What demographic data do we have on the target population?
10. How will we gather feedback from our population to understand their needs and preferences?
11. What are the most common barriers to wellness faced by our population?

Programme Design

12. What types of wellness activities and services will be offered?
13. How will the programme be structured... community events, online resources, health screenings?
14. How will the programme include mental health support and resources?
15. How will we ensure the programme is inclusive and accessible to all segments of our population?

Budget and Resources

16. What is the budget for the programme?
17. What resources... people, facilities, equipment are needed?
18. How will funding sources be secured across participants and partners to support the programme?

Implementation

19. What is the timeline and first steps. Reality check to see they are realistic?
20. Who will be responsible for overseeing and managing the programme of activities?
21. How will the programme be communicated to our target population?
22. What strategies will be used to encourage engagement and participation?

Participation and Engagement

23. How will we address potential barriers to participation?
24. What incentives, if any, will be offered to encourage engagement?
25. How will we track and monitor participation rates?
26. How will we gather ongoing feedback from participants?

Evaluation and Improvement

27. How will the success of the programme be measured?
28. What methods will be used to collect data on wellness and health outcomes?
29. What are the way-markers? How often will the programme be reviewed and evaluated?
30. What mechanisms will be in place for making continuous improvements?

Legal and Ethical Considerations

31. How will we ensure the privacy and confidentiality of participants?
32. What are the legal requirements or regulations we need to comply with?
33. How will we check for and address ethical concerns related to the programme?
34. Is data being shared across organisations... legal and security issues?

Technology and Tools

35. What technology platforms will be used to deliver the programme? Are they interoperable?
36. How will we ensure the technology is user-friendly and accessible?
37. What tools or apps will be available to support population wellness?

Integration with Existing Programmes

38. How will the wellness programme integrate with the existing programmes of the participating organisation?
39. Are there opportunities to collaborate with external wellness programmes or organisations?
40. Is their data accessible?
41. What were the indicators of their success or failure?

Support and Training

42. What additional training will be provided to health and social care providers and other providers to support the programme?
43. How will community leaders and volunteers be involved in promoting, supporting and delivering the programme?
44. Statutory training and formal clearances? Check what's required.

Cultural Considerations

45. How will the programme address the diverse cultural backgrounds of our population?
46. What steps will be taken to ensure the programme is culturally sensitive and inclusive?

Sustainability

47. How will we embed wellness... ensure the long-term sustainability of the outcomes?
48. What strategies will be used to maintain population engagement over time?
49. How will we adapt the programme and make it flexible to the changing population health needs and priorities?

Communication Strategy

50. How will we communicate the benefits and importance of the wellness to our population?
51. What channels will be used to promote the programme and share updates?
52. How will we ensure clear and consistent messaging about the programme?

Stakeholder Involvement

53. Back the beginning (question 3) who are the key stakeholders that need to be involved in planning and implementing the programme?
54. How will we engage stakeholders in the decision-making processes?
55. What role will community organisations play in supporting the wellness programme?
56. What are the reporting mechanisms across organisations, keeping people up to date?

And finally, what will success look like!

Reflections

“We do not learn from experience...we learn from reflecting on experience.” – John Dewey, How We Think (1933)

We set out to write a book, exploring what might have to happen to answer a simple question. The elephant in the room question; what have we got to do to stop people getting sick in the first place?

[We now know the answer.](#)

The answer is... everything!

The public's wellness is the result of what the public eats, where the public work, where they live, what they know and what they do. Wellness is the sum total of everything.

But it is not simply the challenge of the state involving itself in people's lives, shaping the way we live and what we can and cannot do. It's more about changing attitudes and the way we think and act ourselves.

Is it too difficult? Is wellness as a society ambition too high? A moonshot ?

Well, let's be honest, it's complex. If the solution is to be found at least on part within government itself then it will require a cross government effort.

It starts with the office of the Prime Minister taking a lead, working across government departments with very clear terms of reference.

There would be a need for an independent advisory group, something like the Bank of England's monetary policy advisory group, to critique and challenge progress, with the economic case for change made independently of

government especially as the benefits flow long-term and across Government lifecycles

Goals, timelines and commitments have to be spelled out and a way found to cascade the policy into every corner of government, central and local engaging fully the communities where people live.

Technology, enabling mapping research and forecasting using data and media as the mechanisms for innovation cascade and spread.

This is a hugely different approach to government. Every department asking the question, how does this, or that, policy impact on people's wellbeing?

Is it too ambitious. Is it unachievable?

It is only too ambitious if collectively, we aren't ambitious and it is only unachievable if collectively, we don't want to achieve it.

[Perhaps there might be another way to get going on this journey.](#)

A way that is in the hands of communities. The way we started our wellness journey and the Venn diagram where all this began.

Taking what we know now. The tools and techniques we have now. The four enablers that are in our gift;

Benign legislation
Collaborative leadership
Public acceptance
Supportive technologies...

... all available to us, today. Little by way of new policy required.

Bringing the four enablers together creates a zone of wellness where policies can interlink, thinking can be joined-up and communities with a clear vision, can achieve things together.

Writing this book has been a journey of discovery. We didn't set out with the answers. We set out to find the answers to that one simple question; how do we stop people getting sick in the first place.

Now we know a lot more. Many of the answers are already here and they are certainly to be found around the world where all governments are struggling with the rising costs of healthcare and looking to wellness as a solution.

As is very common with policy conundrums, the answers aren't to be found in one place. There is no blue print to copy and paste but there are ideas that we can take and assemble and build the answers for ourselves.

We show there are examples of benign legislation that are working. We know how to create public acceptance. Supportive technologies are a growth industry and collaborative leaders are showing us what can be achieved.

At the end of our journey we are convinced a wellness agenda is within our reach if we have the ambition.

Thanks for reading our book and our journey starts here.

Good luck... keep well!

Further reading

“A reader lives a thousand lives before he dies . . . The man who never reads lives only one.”
George R.R. Martin

Here is a collection of some of the material we read whilst we were compiling this book. Some of it is interesting, some of it is annoying and some downright worrying. Enjoy!

Community cafe sees huge increase in demand...

A group of volunteers that offer free hot meals to people who are struggling say they are regularly serving up to 40 breakfasts and 70 lunches a day. [More here](#)

How influential is public health within local health systems?
Research from the King's Fund [More here](#)

Football coaching boosts wellbeing of troubled pupils: study finds a project involving more than 2,000 pupils in dozens of secondary schools in Greater Manchester showed that instead of wellbeing declining among pupils at risk of exclusion who had behavioural issues and special educational needs, their happiness scores increased. [More here](#)

NHS and the whole of society must act on social determinants of health for a healthier future. Analysis from the BJM. [More here](#)

Alcohol-related hospital admissions in Bradford are costing the NHS £19.7 million a year. Local newspaper story, how many towns are like Bradford! [More here](#)

Health and wellbeing the biggest concern for young people. Interesting survey from the broadcast Sky news. [More here](#)

A Revolving Loan Fund Could Unleash The Power Of Community-Based Organisations To Support Medicaid Beneficiaries. This is a story from the US where health care providers are looking for innovative ways to address the social determinants of health. [More here](#)

Four Tips To Achieve Healthier Cities. By 2050, around 70% of the global population is projected to reside in urban areas. While cities provide numerous advantages, they can also pose health risks to people and the environment. Fascinating story from Health Policy Watch, global reporting. [More here](#)

Nourishing Norfolk provides healthy, affordable food for those who are struggling to afford it and offers them support to discover pathways out of food poverty for good, creating a network of food hubs across the county. [More here](#)

Scaling up a population health management approach using digital technology, a blog from NHSE's Dr Dan Bunstone. [More here](#)

As ICSs bed in, how are public health and population health leadership collaborating? Analysis from Cheryl Gower, at the King's Fund. [More here](#)

Ministers have "effectively dismantled" England's national public health unit less than three years after creating it, sparking criticism from a former Tory health minister and sector leaders... an HSJ exclusive. [More here](#)

Prevention in health and social care: healthy places. Report from the House of commons Health Select committee. [More here](#)

The Ban on Smoking in Public Places. An interesting history showing the role of legislation in public health. [More here](#)

The NHS founding principles are still appropriate today and provide a strong foundation for the future. Lord Crisp, the former chief executive at what, in his day, was the department of health, writing in the BMJ. [More here](#)

NHS App 'could resolve' 20% of calls to GP practices. We are probably in the foothills of what technology will eventually do for the NHS. The App is starting to make a big difference for some users. [More here](#)

Britons increasingly turning to food black market. Article in the Guardian newspaper with some shocking revelations.

[More here](#)

UK ministers ‘misled public’ when scrapping air quality regulations. Ouch! [More here](#)

Prioritising health. A prescription for prosperity from the McKinsey Global Institute. [More here](#)

Potentially preventable emergency admissions. The Nuffield use Hospital Episode Statistics data to look at potentially preventable emergency admissions to hospital. [More here](#)

The Life in the UK index is a three-year demonstrator project designed to measure the collective wellbeing of the people of the UK, looking at social, economic, environmental, and democratic aspects of life. This landmark research, conducted in partnership with Ipsos, is based on a survey of more than 6900 people. [More here](#)

Addressing the leading risk factors for ill health – a framework for local government action. Research from the Health Foundation. [More here](#)

The Work and Health Lancet Series starts to explore the complex relationship between what we do for work and how we do that work and its impact on our health. It highlights that the health community has been too focused on narrow occupational hazards and safety rather than work and working conditions as a social determinant of health. [More here](#)

Securing our healthy future: Prevention is better than cure. Report from the academy of Royal Colleges. [More here](#)

Kevin Fenton: “Racism is a major public health challenge”. The president of the Faculty of Public Health on the legacies of Covid-19, structural discrimination, and why well-being goes beyond the NHS. [More here](#)

Social partnership, civil society, and health care. [More here](#)

Carrots and sticks: Can governments do without public health regulation? A briefing paper from the Social Market Foundation. [More here](#)

Anchor institutions are large, usually public sector organisations rooted in and connected to their local communities. They can impact on health and wellbeing, health inequalities and local social, economic and environmental conditions through the way they employ people, purchase goods and services, use buildings and spaces, enhance positive environmental impacts, and through their leadership approaches and partnership working. [More here](#)

Treating causes not symptoms: Basic Income as a public health measure. [More here](#)

A Covenant for Health: Policies and partnerships to improve our national health in 5 to 10 years. [More here](#)

UK health indicators: 2019 to 2020, Office of National Statistics. [More here](#)

Directors of public health in local government: roles, responsibilities and context: Department of Health+ publication. [More here](#)

An Evaluation of ‘Healthy Weight Tayside, a whole system approach to healthy weight in Dundee City. [More here](#)

The Association of Directors of Public Health Policy Position: Health Inequalities. [More here](#)

After the pandemic: is the new public health system in England fit for purpose? The perspective of England’s Directors of Public Health.
[More here](#)

Face-to-face health checks more than double in one year.
[More here](#)

Health & Wellness: Quick Reference Guide. [More here](#)

Seven Dimensions of Wellness. [More here](#)

Public perceptions of health and social care: what the new government should know. [More here](#)

Fire crews in England deal with obesity callouts every four hours. [More here](#)

New research finds that obesity is not a priority for over 85% of NHS systems [More here](#)

Some doctors want tobacco-style health warning labels slapped on ultra-processed food (UPF) but others say the evidence is not yet strong enough that it is uniquely harmful [More here](#)

European support for improving global health systems and policies [More here](#)

How can the next government take prevention from rhetoric to reality? [More here](#)

Evidence hub: What drives health inequalities? [More here](#)

Prioritising health. A prescription for prosperity [More here](#)

Avoidable deaths have increased in the UK: the damning data political parties aren't discussing. [More here](#)

Children's sugar consumption halved since tax announcement. [More here](#)

LIFTING UP THE UK: State of the Nation 2024. [More here](#)

Prevention, inequalities and public health

Conservatives

- Bring forward the Tobacco and Vapes Bill.
- Publish and implement a major conditions strategy.
- Legislate to restrict the advertising of food products high in fat, salt and sugar.
- Gather new evidence on the impact of ultra-processed foods.
- Roll out new digital health checks to 250,000 more people every year.
- Expand HIV opt-out testing in emergency departments in England as part of the HIV Action Plan.

TheKingsFund>

Prevention, inequalities and public health

Labour

- Ensure the next generation can never legally buy cigarettes.
- Ensure all hospitals integrate 'opt-out' smoking cessation interventions into routine care.
- Ban vapes from being branded and advertised to appeal to children.
- Ban sale of high-caffeine energy drinks to under-16s.
- Ban on junk food ads on television before 9pm.
- Introduce a supervised tooth-brushing scheme for three to five-year-olds, targeting the areas of highest need.
- Halve the gap in healthy life expectancy between the richest and poorest regions in England.
- Commission a new HIV action plan in England, in pursuit of ending HIV cases by 2030.

TheKingsFund>

Prevention, inequalities and public health

Liberal Democrats

- Introduce regulations to halt the use of vapes by children and ban the use of single-use vapes.
- Introduce a new levy on tobacco company profits to help fund health care and smoking cessation services.
- Improve access to blood pressure tests in community spaces.
- Expand social prescribing and investment in community projects.
- Protect children from exposure to junk food by restricting outdoor advertising and restricting TV advertising to after 9pm.
- Extend the soft drinks levy to juice-based and milk-based drinks that are high in added sugar.
- Tackle air pollution and poor air quality in public buildings with a clean air Act.
- Prevent tooth decay by providing supervised toothbrushing training for children in nurseries and schools, and scrapping VAT on children's toothbrushes and toothpaste.
- Establish a 'health creation unit' in the Cabinet Office to lead work across government to improve the nation's health and tackle health inequalities.
- Increase the Public Health Grant (paid to local authorities to provide preventive services to improve health) by £1 billion per year, with a proportion of extra funding set aside for those experiencing the worst health inequalities.

TheKingsFund>

Now it's all about you

We very much hope that somewhere in these pages you will find inspiration, a strand of thought, the ember of an idea... something to whisper to you... 'give it a go'.

Nothing happens until someone does something. What are you going to do?

If wellness is something that interests you. Something you think you could try, adapt to your way of working and could help you make progress, we don't want you to think you are alone. There will be a lot of people who are probably thinking just as you are.

To help we have partnered with the Academy of Fabulous Stuff, the biggest, free repository of best practice across health and care, to create a place where you can share your experiences and ideas, look for help and solutions and be in touch with like minded people.

You can upload pdfs of your work, read and share in the work and thoughts of others, contact each other and create the go-to place to find innovation, examples and inspiration.

Simply click on the share button, register with your name and email address and upload your pdf.

Show people what your good looks like.

To share your thoughts, projects and ideas, or to see what other people are up-to, click the Big-Red-Button, to register (for site security) and enjoy!
Thank you!



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