BMC : I'm going to ask you some questions. The subject of wellbeing is been in the headlines quite a lot recently and so I just wanted to get your impression of what you understand the subject of wellbeing to be within your sphere of influence.

Interviewee 3 (08:26):

So the first thing to say is it's not a term that I encounter on a frequent basis in the type of work that I'm doing. I'm aware of it that subjected wellbeing, but my understanding is it's really about self reporting, how people are feeling in relation to the experience of the world and the immediate environment that

Interviewee 3 (08:57):

The elements that I understand involved with are first of all that ability to be able to self-assess

Interviewee 3 (09:10):

And self-report of people are feeling and how it's influenced by both their positive affect and their negative affect. So I haven they experienced any kind of enjoyment or happiness in their life, which is influenced by a variety of things, but also how they enjoy the kind of sadness or anger or orchestration in their life as well. All those things together allow them to then be able to self-report on how they feel about the world. I guess the important thing about it, it's contextual to people's lives rather than a measurement which is broadly applicable to society.

BMC (10:07):

I see there's been a couple of different strands research on that. One of which is that you maybe call the objective wellbeing, which we'd go across the whole society about looking at deprivation levels, health, GDP, even personality traits for example. And then you've got the personal stuff.

Interviewee 3 (10:34):

So I guess from my perspective, the problem with those objective measurements of wellbeing, although they're useful, they don't take into account actually how people view their lives or they maybe don't have the granularity or the utility

Interviewee 3 (10:57):

That you need to be able to assess for the particular experience that people have of for instance health or how they value the kind

Interviewee 3 (11:20):

Socioeconomic status that they have, how important that is to them. It's just a kind of blanket interpretation that's applied to society rather than being able to individualise it and personalise it for people's own context. Does that make sense?

BMC (11:39):

It does, it does. And I think that chimes a lot with quite a bit of the research and a bit of feedback I've been getting about that tension about societal wide measurement and the individual, they can be completely different things.

Interviewee 3 (11:56):

So to put it into context, someone might be sensitive, deprived or someone might have a physical disability of some sort and actually the way that some of the measurements of wellbeing or health would view that would be that there's a detriment and there's a deficit there that the person has. But actually if you contextualise that for how the person views their sense of deprivation or views their physical disability, you might actually find that actually the way that they've adapted to life, the way that they view that some positive aspects that they've developed in terms of response to them actually shows that they've got a much higher level of wellbeing or perhaps even a lower level of wellbeing

Interviewee 3 (12:45):

Than if you just applied a and standardised measurement

Interviewee 3 (12:56):

That was more relevant that society at a population level.

BMC (13:02):

There's quite a few different strands of research that have given different measurements subject to wellbeing. There's been sometimes a focus on happiness on how people feel in the moment and certainly if you look at the Office of National Statistics Dashboard, they will ask the question, how did you feel last week? For example? In your experience working in your area, has there been anything else that you would say would be a much better measure of an individual's wellbeing as opposed to all the research is this went so far?

Interviewee 3 (13:45):

Well I think one of the things that we need to understand better and perhaps to be able to discuss better and when we're thinking about wellbeing and health is the concept of sais. So for me that means where does health and wellbeing stem from what influences it particularly at an individual level. So the factors that influence one individual's health and wellbeing might be different from the factors which influence the next individual. So looking at that and looking at how coping mechanisms and external stresses exert affecting that as well. Something that we need to get, as I say, much better, I think applying models from assessing the overall wellbeing, either an individual or a population level. One of the real issues with that is that some of the measurements that we currently have of wellbeing take a snapshot a moment in time and it could be influenced by that individual's ability to either cope or the external stresses that have been applied to them at that moment in time.

(15:04):

So therefore you get a bias that keeps into the measurement solu genesis because it's looking at the salutogenic models because they're looking at the origins or where health and wellbeing comes from, particularly from that individual level. It gives you, for me a much better idea and sense of what are the conditions that need to be created in order to maintain, sustain and nourish any individual's health experience of the world and health and wellbeing both biologically for health, but also an awful lot of it is it's not just the biological nourishment that they see from that. Something that they develop mentally to be able to flourish in the world as well. So when you start to think of the things in that sense, the models of care that you introduce as well begin to change because care is then not about just alleviating the stress or pain or discomfort, but actually care is about providing those sometimes very basic requirements that humans have in order that they both achieve their potential, maintain and sustain that potential and have all the elements and are necessary in order for them to live what they feel is a good and valuable life.

(16:43):

So that concept of wellbeing I think is something that then becomes really important because rather than just thinking about to improve someone's health and wellbeing, you put in a health and care system that's able to repair them when they become ill or at risk of becoming ill. But when you think about salutogenic model, you'd actually ensuring that the basic building blocks of society are there across any number of different facets that allow people to reach them and maintain the potential.

BMC (17:21):

I don't know the genic model very well other than a quick snapshot that I'd seen it's different colours. What I didn't see though is a time element. Do you think there's a time element to agenesis, and by that I mean, and this is I think actually based in Machiavelli , believe it or not, although he didn't talk about wellbeing happiness, if good things in people's lives come too close together, it gets diluted and if bad things come far too close together, they struggle to cope. And the resilience for coping with the bad events is weakened somewhat if they're all too close together. Does that play in that model or is the autogenic model a bit more? It doesn't worry about time or timing or events.

Interviewee 3 (18:21):

Yeah, I wouldn't really be able to give you an answer to that as to how great an influence proximity or that kind of temporal association between events plays into the genic model I have to say. But I mean point you're describing, this certainly makes sense, doesn't it? . When we're faced with stress at time of resilience because of other events in life, then they're more much less likely to experience a sense of wellbeing and it's likely to how much more negative impact on the way that we feel about life. Likewise for medicines running along smoothly, I guess there is the argument that people perhaps become a bit take granted know anything, but there's some quite deep psychological stuff in there that I don't have an individual expertise in relation to, but I could understand why people would propose the theory that some of that sense of enjoyment begins to be diluted or even taken for granted when things continually seem to run in your favour.

BMC (19:38):

So what would? You mentioned that the salutogenic; I think you alluded to that you'd wanted to see it informing policy. Is there anything you think, if I could change within that policy environment, tell us this to happen, do you think there's anything obvious that could be changed or I'm thinking about how things are measured in Scotland and the National performance frameworks, et cetera, all those things tie into that kind of, well we'll use the NPF to develop policy and what are they using to inform the policy development within that? Do you think something like Sally to Genesis would help? And if so, how?

Interviewee 3 (20:31):

So in my view, understanding that Saluto Genesis model is something which becomes really important in the way that it informs policy, partly because I think that there is a greater realisation now than perhaps there has been for really some time that the basic construct of health and wellbeing, which has often been taken for granted and perhaps has for too long in assumed can be fixed by healthcare or health approaches, it needs a close government close societal approach. I think perhaps the best explanation I've seen of this is in the concept of marmit review by Michael Marmit

(21:34):

When he begins to pick apart the relative contribution to health, a variety of different environmental or behavioural factors or intrinsic factors than individual begin to contribute even before you begin to think about traditional healthcare sources. And so much of the contributory factors are actually a societal level and determined by the kind policies that a country adopts to society. So in a country where there is a much we ingredient of socioeconomic status where there is good access to education, to good meaningful employment, to good housing, you're far less likely to see the health inequalities that result from the kind of imbalances in access to those key determinants of health. We call them the fundamental determinants of health. So inclusive socially progressive policy in my view is one of the things which is an absolute fundamental

Interviewee 3 (22:58):

Necessity if you're going to achieve high wellbeing and health right across the society without

Interviewee 3 (23:09):

Leaving communities or people with particular characteristics behind. I think we've yet to establish that in Scotland they didn't because social progressive policy, what I think that we need more of is inserted relentless action to make sure

Interviewee 3 (23:34):

That the access to good employment, the maintenance for people in education, the ability to be able to support those who are unable to work, to either get better access to

Interviewee 3 (23:57):

Work or to get the right type of benefits and support to maintain a good standard of living. I think

(24:05):

These are the type of things and the type of policy that for me are going to make the biggest impact on the health and wellbeing across the country. All things would absolutely contribute, be able to influence people's behaviours, be able to ensure that the healthcare systems strongly result as possible. All these things are also going to have a difference, but that ability to be able to influence those absolutely fundamental determinants of health have got to be the focus of policy. And I'm not sure that that's wholly understood right across the whole of society, but that's the keystone to making sure that we have a much healthier population.

Interviewee 3 (24:49):

Do you think hold, so do you feel

BMC (24:57):

That in Scotland there's a tension between short term in long-term policy development and within that I mean that perhaps there hasn't been a commitment to long-term policy initiatives that get time to play out across five, 10 years?

Interviewee 3 (25:21):

So from my perspective, I think it's almost inevitable that you begin to see that tension keeping in at times. And part of the reason for that is that within the Scottish Parliament I don't see consensus politics being an easy thing to achieve and my observation would be very rare to get agreement across parties on any particular issue. So while that exists, it means that there's a particularly combative atmosphere in the development and the delivery of policy. So inevitably the consequences of that in my view are that there's a retreat towards short-term delivery rather than longer term policy.

(26:17):

Unless that were to change, I think it's difficult to begin to get the necessary focus on longer term policy that's going to make a huge difference. Now that's not to say that it doesn't happen because that it would be wrong to say that it never happens and certainly within the area that I work, what I've seen over particularly recent years is much greater attempts to use medium, longer term modelling to try to predict what the future begins to look like, particularly in terms of when you use specifically the term health here, but also I guess applies to how that broader wellbeing development population health frameworks that will begin to influence that sense of wellbeing that people experience as well. So that modelling beginning to look as far ahead as 20 years begins to inform an approach to policy that what we talk about is a three horizon model. So the personal horizon being rather more short term in its nature, rather more delivery focused, often dealing with problems which are evident in the here and the now and just need some sort of rapid solution. This second horizon would be much similar to medium term planning, the total horizon to longer term planning. The key with the three horizon model is not done sequentially. If you're concentrating and not personalising to try to improve things, you've already started working the second horizon versus you're also planning to not izing as well. And I'm seeing much more focus on that type of construct to develop policy and approaches that will begin to tackle some of the trickier issues in relation to, well be a good example, but might be

Interviewee 3 (28:27):

The approach to, if you like health inequalities through a prism

Interviewee 3 (28:38):

Of where do you start? One of the most important things is to begin to tackle general poverty, some of which really needs to tackle right here and now by specific interventions to try and identify and reduce the level of child poverty and folks that will have an impact on wellbeing for those families. Even greater impact is in that second and the third horizon as people begin to experience much greater health as a consequence of that improvement in the socioeconomic status as well and their access to education,

Interviewee 3 (29:28):

The harmful behaviours that they're likely to become involved in. So there's the ability to, in my mind, to have an approach that needs

Interviewee 3 (29:46):

All, or that begins to reduce the tension between the short termist and the long term approaches. But it still needs courage amongst the politicians to be able to adopt that as an approach because realistically some of the changes that they are agreeing to, that they're resourcing, that they're supporting are not going to take place, they're not going to become evident during the lifetime of the parliament setting is going to be well down the line if people are able to stick with them and stay with them that some of those policy won have the biggest impact.

BMC (30:33):

That's really interesting. That's concludes all my questions. I'd allow you to take the minutes for interview time, so that is the time up. But I would like to thank you very much for taking the time. I know you're very busy. I thank you very much.

Interviewee 3: You're very welcome.