

Whatever our views on the responses to the current pandemic, we are all agreed that there are important lessons for how to respond to future crises. Indeed, there are lessons that come out of Covid-19 for how to make better policy decisions in calmer times, too. Our focus here is on how to better capture the full range of of policy and their effects on the of wellbeing across society. We also consider the by which decisions are made and set out some immediate that will go a long way towards ensuring that future harms are minimised.

1.1. The main aim of government should be to

SWB represents an umbrella term for how people evaluate their lives overall, and/or how they feel about their moment-to-moment or daily experiences.^{iv} SWB allows us to consider how the health, economic, and social effects of policies impact upon people's life experiences.

1.7. For measures of SWB to be used to evaluate policies that impact upon life expectancies and life experiences, we need to calculate a single measure analogous to the QALY.^v Various attempts have been made to estimate wellbeing-adjusted life years, which have been referred to as WELLBYs.^{vi} A single metric allows for the value of all possible uses of scarce resources to be estimated in terms of their relative .vii

2.1. At the societal level, citizens and policymakers care not only about how many WELLBYs are being generated per pound spent but also about how those WELLBYs are distributed across people. Just as we care about national income and about inequalities in income, we care about the size of the wellbeing cake and about how fairly the slices are distributed.

2.2. This is the classic efficiency-equity trade-off: we weigh up generating as much overall wellbeing as possible against ensuring that the gains in wellbeing go to those who are suffering the most. Social welfare will be maximised when a "sweet spot" is found between maximising WELLBYs and reducing inequalities in WELLBYs that are considered to be unfair.^{viii}

2.3. O

perspectives, and experiences. Diversity has been shown to increase performance in organisational settings^{xiv}. Moreover, the decisions we take as public officials can never be completely cleansed of self-interest

relating to the checklist and collect new evidence. In the very least, it will encourage policymakers to think about the wellbeing impacts of interventions that might not typically be thought of as being expressed in wellbeing units (e.g. educational outcomes).

- 4.3. The early work on QALYs in the early 1990s started with many assumptions and models estimating “exchange rates” between disease-specific measures and QALYs.^{xx} In a similar way, we should increase our efforts to across different policy-specific outcomes into WELLBYs.
- 4.4. Against this background, we propose setting up a scientific ^{.xxi} This body will seek to bring together experts from a range of disciplines who have in-depth knowledge of various data sources across policy areas. Their tasks will be to a) synthesise diverse knowledge by mapping available data onto WELLBYs; and b) highlight where the most important data gaps are, thus informing priority areas for future research and data collection.
- 4.5. The foregoing discussion highlighted the importance of processes as well as outcomes, and so a separate should be establishe data

Arriaga et al., (2013). Simulation-Based Trial of Surgical-Crisis Checklists. *N Engl J Med*; vol 368:246-

