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## About this Report

**This report focuses specifically on the health and well-being impact of the loss of European Union (EU) Structural Funds and the risks and opportunities presented by a replacement scheme.**

**It aims to inform national, regional and local decision makers in Wales, particularly those involved in the allocation and management of future regional funding schemes. The report contains key insights on the current importance of the EU Structural Funds for the health and well-being of local areas with a focus on different population groups. It discusses the potential impact on health and well-being once EU funding ceases and identifies priority areas for future regional funding. The report is based on an extensive literature review and input from local government, Non Governmental Organisations (NGOs) and industry representatives in two different local areas of Wales.**

## Disclaimer

The work was mainly carried out prior to the emergence of the COVID-19 pandemic; nonetheless, this report can be used to inform COVID-19 response and recovery, and as such is published with that in mind.

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# Executive Summary

## Research aim

- This project aims to improve understanding of what the ending of access to European Union Structural Funds will mean for the health and well-being of local areas in Wales.

## Background

- EU Structural Funds have formed an important part of Welsh regional investment and have played a key role in shaping the Welsh Government's approach to economic development, infrastructure investment, community regeneration, research and development and increasing skills levels.
- Wales received nearly five times as much EU Structural Funds per person than the UK average. Under the funding round 2014-2020, Wales was eligible for approximately £2.1 billion. This is mainly due to the West Wales and the Valleys region having the lowest Gross Domestic Product (GDP) per head of any part of the UK.
- A successor regional funding programme to EU Structural Funding, wherever overall responsibility for administration lies, presents both opportunities and risks for the health and well-being of disadvantaged areas of Wales.
- A Health Impact Assessment (HIA) of Brexit in Wales found that the end of EU Structural Funding could have potential adverse implications in the medium to long term on community cohesion, regional, economic development and infrastructure investment. In the HIA report, several experts highlighted the potential for deprived communities to be disproportionately disadvantaged by the ending of the EU Structural Funds, which could lead to further inequalities.

## Methodology

- The research study involved seeking the views of participants from community and local governmental organisations from two areas in Wales. One area was in West Wales and the Valleys, which is classified by the European Commission as a 'Less Developed Region' as its GDP per capita is less than 75% of the EU average. The second area was in East Wales, which is classified as a 'More Developed Region' where GDP per capita is more than 90% of the EU average. Interviews with individual participants took place in May – June 2019. These were followed up by two in-depth focus groups in June 2019.

## Study findings: Impact of EU Structural Funding on health and well-being

- Study participants in both areas agreed that, overall, the EU Structural Funds were "fairly successful" in addressing social and economic priorities in their area and had had a positive effect on economic, social and community influences on health, including reducing domestic violence, improving family relationships and addressing adverse childhood experiences.
- Specific groups that had benefitted from EU Structural Funding included children and young people, older people, unemployed groups, and groups at higher risk of discrimination or other social disadvantage, such as minority ethnic groups.

- Study participants viewed the ending of the funds with concern, while also highlighting opportunities for improvement under a new funding scheme. Participants thought that administrative processes of the EU Structural Funds were bureaucratic, inflexible, disconnected from society/local communities and did not always effectively target the areas and communities they were intended to assist.

## Study findings: Health and well-being priorities for future regional funding

- According to the participants, it is important that responsibility for decision-making for regional funding is devolved to the Welsh Government and, thereafter, further devolved to regional and community level in order to identify those most in need, including hard to reach communities, and to provide tailor-made solutions for their health and well-being needs.
- Overall, participants pointed to strong links between the social determinants of health and found it hard to prioritise regional funding for a specific determinant. They felt that an integrated approach to future regional funding was the best way to address the health and well-being needs of disadvantaged communities.
- Participants also found it difficult to prioritise any population group for future regional funding. If participants did refer to one specific group they mostly mentioned children and young people, low income groups and groups at higher risk of discrimination, such as the LGBTQ+ community, people with mental health problems, people with disabilities and minority ethnic groups.
- Even though a number of different methods currently exist to engage with local communities, including focus groups, surveys and consultations, study participants in both areas agreed that more could be done to involve the local community in decision-making around regional investment. Suggested approaches included social media, online surveys and virtual focus groups.
- Participants expressed widespread support for simplifying and streamlining future regional funding processes.

## Priorities for the future

- A greater focus on meaningful partnerships with Welsh stakeholders in regional funding decision-making is needed to ensure projects address economic and social disparities and make a difference to the health and well-being of disadvantaged communities across the whole of Wales.
- Simplified processes will enable better services at the frontline and make funding schemes more accessible for smaller organisations, especially in the third sector. It is important that the necessary scrutiny that should accompany any public funding scheme continues.
- Targeted funding is key to continue to tackle inequality and support marginalised communities. In line with this, the cross-cutting themes of equal opportunities and gender mainstreaming can be maintained. In designing new funds, consideration needs to be given to those with socio-economic disadvantage, in compliance with the Socio-economic Duty.

# 1.

## EU Structural Funds in Wales

### Background

Public Health Wales has undertaken this study in order to better understand what the ending of access to EU Structural Funds will mean for the health and well-being of local areas, and to put forward priorities for future regional funding programmes to better support the health and well-being of people and communities in Wales.

This report will focus on the European Regional Development Fund (ERDF) and the European Social Fund (ESF), which will collectively be referred to throughout this report as the EU Structural Funds or EU Structural Funding. The funds are part of the European Structural and Investment Funds (ESIF), which support economic development across EU countries and their constituent regions<sup>1</sup>. The ERDF and ESF are the largest of the ESIF, between them accounting for over 60% of funding over the 2014-2020 period in Wales and the rest of the UK (UK Parliament, 2020a).

For ERDF and ESF, funding is allocated by investment priorities set by the EU with little leeway for beneficiaries including Wales to deviate. For ERDF the priorities for the period 2014-2020 were research; the digital agenda; support for small and medium-sized enterprises (SMEs); and the low-carbon economy. The four priority investment areas for ESF funding were promoting employment and supporting labour mobility; promoting social inclusion and combating poverty; investing in education, skills and lifelong learning; and enhancing institutional capacity and an efficient public administration (Sheffield Political Economy Research Institute, 2016).

Annex 1 provides a more detailed overview of the functioning of the EU Structural Funds and budget allocation for Wales for the period 2014-2020.

With all the 2014-2020 ERDF and ESF funding already allocated, and as the programmes reach final stages of delivery, there are few opportunities for organisations to apply for funding for new projects that would be able to deliver and complete by December 2023. However, ongoing projects will continue to receive EU funding until the programmes are closed in 2023 (Welsh Government, 2019a). Following the UK's exit from the EU ('Brexit'), the UK will not participate in the EU's successor of the 2014-2020 regional funding programme.

The withdrawal of the EU Structural Funding may lead to significant changes to regional funding in Wales and other parts of the UK. Wales is especially affected due to the large amounts of funding received from the EU (Figure 1), largely due to the West Wales and the Valleys region having the lowest GDP per head of any part of the UK, at 68% of the EU average (Senedd Research, 2018). Per person, Wales received €458 structural funding from the ESF and the ERDF combined for the period 2014-2020. This is over four and a half times as much as the UK average; in comparison funding in England is, on average, €76 per person.

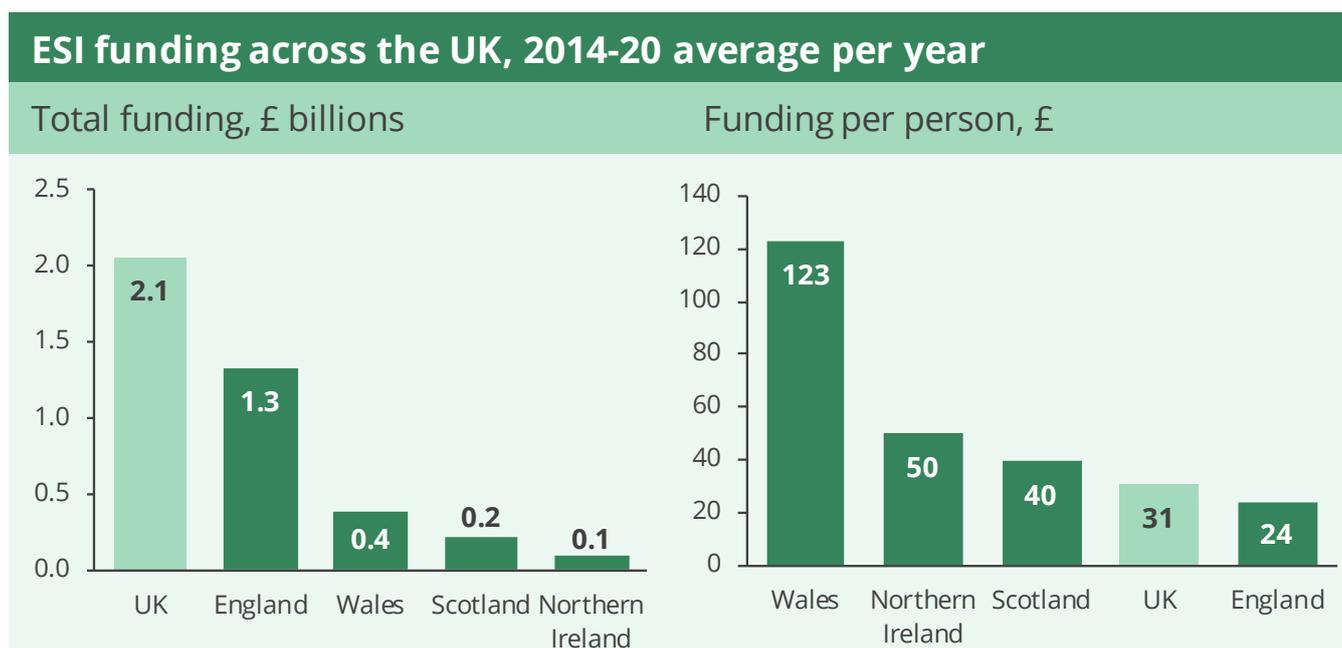
### Impact

The withdrawal of the EU Structural Funding may lead to significant changes to regional funding in Wales and other parts of the UK. Wales is likely to be particularly affected due to the large amounts of funding it has historically received from the EU (Figure 1). Per person, Wales received €458 Structural Funding from the ESF and the ERDF combined for the period 2014-2020. This is nearly five times as much as the UK average - in comparison funding in England is, on average, €76 per person.

<sup>1</sup> Besides the EU Structural Funds, ESIF consists of the European Maritime and Fisheries Fund (EMFF) and the European Agricultural Fund for Rural Development (EAFRD).

This greater share of funding is due to GDP per head in Wales being consistently lower than the EU average. This reflects the fact that Wales has faced some deep-seated economic challenges for a number of decades, predominantly caused by a legacy of industrial decline. This is especially apparent in certain regions of Wales, most notably in West Wales and the Valleys, which has a GDP per head at 68% of the EU average (Senedd Research, 2018), and is among the poorest regions in the UK (UK Parliament, 2020). Rural areas are in general not performing well in Wales from an economic perspective, with earning levels among the lowest across the UK. Wales also faces nationwide challenges, such as the relatively low rate of the working age population qualified with intermediate and high skills (57%.9) in comparison to the rest of the UK (60.3%) (The Productivity Institute, 2021).

Figure 1. ESI funding in the UK



Source: European Commission, ESIF 2014-2020 Finances Planned Details, retrieved 5 May 2020; converted to sterling at May 2020 exchange rates

Since 2000, EU Structural Funding has been used to address many of these regional social and economic issues and support many of the most disadvantaged population groups such as disabled people, older and younger people and minority ethnic groups communities (Broughton et al., 2019).

EU Funding has played a significant role in the Welsh Government’s approach to economic development, underpinning investment in infrastructure, community regeneration, research and development and boosting skills (Tinker, 2018). Projects funded range from the regeneration of town centres; technology transfer and university-enterprise cooperation; support for social enterprises; and mentoring and employment support for the long term unemployed and economically inactive groups.

However, not all local stakeholders agree that EU Structural Funding has achieved what it set out to do when it was introduced in 2000 and often refer to the funds as not providing long-term sustainable solutions for the problems at hand. Many parts of Wales continue to face social and economic challenges that affect the health and well-being of vulnerable populations. According to the Federations of Small Businesses (FSB) Wales, the fact that Wales has continued to qualify for funding after almost 20 years suggests that in terms of its headline rationale, EU funding has been ineffective in helping Wales to ‘converge’ economically with Western Europe to the extent which had been anticipated (FSB Wales cited in UK Parliament, 2020).



There have been changes to EU Structural Funding over time following criticism of early approaches. For example, a recurring criticism of EU Structural Funding was its insufficient ability to prove its effectiveness and value for money (Polverari, 2016), as well as the absence of a more efficient, results-oriented approach (European Commission, 2016). This has led to substantial changes in the programme, with the 2014-2020 programme shifting from evaluating the implementation of a project to measuring its impacts, as well as improved governance processes and an overall more strategic approach (European Commission, 2015).

As stated above, the future relationship between the UK and the EU post-Brexit, as set out in the EU-UK Trade and Cooperation Agreement, does not allow the UK, or Wales, to continue to access successors of the EU Structural Funds. Early in the Brexit process, the UK Government pledged to set up a Shared Prosperity Fund to replace funding from the EU (House of Commons Library, 2021). Further details of how the Fund would be managed or allocated were recently provided alongside the UK Government's Levelling Up White Paper in the form of pre-launch guidance (UK Government, 2022a). According to the Welsh Government, failure to replace this with equivalent funding would have a significant negative impact upon the Welsh economy and the people of Wales (Welsh Government, 2017a).

The impact of reduced EU investment may be aggravated by a less favourable economic climate. Leading economists (Ries et al., 2020) generally agree that Brexit has either already led to an economic downturn, or will do at least in the short-term; and that this will lead to higher unemployment, lower growth, a reduction in business investment and public finances, increased inflation and losses in average national income. The COVID-19 pandemic has put additional pressure on the UK economy overall, as well as on employment, investment and inflation (Office for Budget Responsibility, 2021). The emerging evidence shows that the greatest impact from the pandemic and associated response is on the poorest and those already experiencing inequities (Green et al, 2020; Marmot et al, 2020).

## 2. Research Aims

The primary aim of this project is to:

- understand what the ending of access to EU Structural Funds will mean for the health and well-being of local areas in Wales.

The objectives are to:

- understand community and local governmental organisations' views on how the EU Structural Funds invested in their local areas have affected the social determinants of health, including among vulnerable population groups;
- understand the potential effect(s) on the health and well-being of people and communities once EU Structural Funds cease;
- on the basis of the findings in the two areas involved, discuss the potential implications of the ending of the EU Structural Funds for other areas of Wales;
- obtain insights into how any future funding can be better administered to support health and well-being in local communities;
- identify how local communities can be better involved in the future allocation of funding.

## 3. Research Background

In 2019 Public Health Wales published *The Public Health Implications of Brexit in Wales: A Health Impact Assessment Approach* (Green et al., 2019). This was followed by a rapid review and update later in the year (Petchey et al., 2019). Both reports considered direct and indirect risks to, and opportunities for, the health and well-being of people in Wales in the short, medium and long-term. Topics ranged from access to medicines, social care, employment issues, food, poverty and the loss of EU Funding. The report also presented a list of areas for future action for government and other public services to monitor and address. One of the areas identified was that the anticipated loss of EU funding gave rise to:



*significant potential for reduced access to key funding streams (e.g. structural, research, and agricultural & rural development) for Wales and that active engagement was needed to influence future funding models and rules for access"*

## 4. Research Methodology

### Profile of participating organisations and their representatives

We sought the views of representatives from community organisations and local government organisations in two areas with similar demographics in different parts of Wales. One of the areas was in West Wales and the Valleys (Area A) and the other in East Wales (Area B). Using the mini-Delphi approach, we asked representatives of community and local governmental organisations in both areas about the impact of current funding on their local communities and their hopes and expectations for any future replacement regional funding for their local areas and how this could best be used to benefit health and well-being.

The two areas were chosen on the basis of their different EU classifications and levels of EU Structural Funding. Area A is located in West Wales and the Valleys which was classified by the EU as a 'Less Developed Region' as its GDP per capita was less than 75% of the EU average. Area B is located in East Wales which was classified as a 'More Developed Region' where GDP per capita was more than 90% of the EU average. These differences provided the basis for comparative analysis as Area A receives substantially more EU funding in comparison to area B following the above classification.

Organisations in each area were selected on the basis of their close connections and interaction with their local community as well as their expected ability to provide an informed opinion on the implications of the withdrawal of the EU Structural Funds for health and well-being and/or specific population groups in their local area. Whether the organisation currently or had previously received EU Structural Funds was not taken into account, in order to provide a range of perspectives.

Around 40 organisations (20 in each area) were invited to share their views on the implications of the withdrawal of the EU Structural Funds. In total, 20 representatives from 14 organisations in Area A and 13 participants from 13 organisations in Area B agreed to participate in the study. Annex 2 contains a profile of the participating organisations and the professional role of the participant.

### Mini-Delphi Approach

The participants were invited take part in a participative research study based on the mini-Delphi approach, which is a variation of the more extensive Delphi method. The approach can generate more carefully considered viewpoints than from the use of single round surveys and has often led to new relevant data and/or insights (Pan, 1996). The mini-Delphi method consists of individual interviews, followed by a group-based activity such as a workshop where the participants debate the aggregation of their answers while retaining the anonymity of their original responses.

In this study, a third stage was added in the form of an end of the workshop questionnaire. The questionnaire verified the effect of the interaction between participants of the workshop by enquiring whether their views have changed, to provide participants a last opportunity to share any new thoughts in an anonymous manner and to evaluate the quality of the workshop.

#### I. Telephone questionnaire

The telephone questionnaire consisted of a combination of 29 qualitative and quantitative questions (see Annex 3). The quantitative multi-choice responses were in the form of a 4, 6 or 7 point Likert scale supplemented by further optional qualitative comments. Questions focused on the current

significance of the EU Structural Funds for health and well-being, and the anticipated impact of the ending of these funds on social determinants of health (see Annex 4) and different population groups (see Annex 5). Other questions focused on participants' views on where funding should be focused in the area of health and well-being; how communities could be better involved in the allocation of this funding; and at which administrative level a future replacement scheme should be managed. The responses to the questionnaire informed discussions at two workshops in the second stage of the research.

## II. Participative Workshop

Participants who had responded to the telephone questionnaire were invited to take part in a four-hour professionally facilitated workshop to further explore their views through discussions with other study participants. Where more than one participant from an organisation had taken part in the telephone interview, they were asked to provide one representative to share their collective views at the workshop. In one case, a telephone interview participant was unable to attend the workshop and was represented by a colleague who had not previously been involved in the study.

Five participants attended the workshop in Area A and eight in Area B. A full description of the workshop concept and aims can be found in Annex 6.

## III. End of Workshop Questionnaire

At the end of each workshop session, participants completed a second confidential questionnaire (see Annex 7) thus providing a third round of responses. The questionnaire consisted of seven questions to identify whether the participant's view had changed and to share any additional thoughts following their participation in the workshop. Two of the seven questions provided participants with the opportunity to feedback on the quality of the workshop.

## Literature Review

A rapid literature review was conducted to identify:

- the potential effect of the ending of current significant long-term economic and/or social funding on health and well-being;
- potential socio-economic effects of the withdrawal of EU Structural Funding following the UK's departure from the EU;
- views on a replacement regional funding scheme(s), including its overall objectives, administration, and which specific population groups and social determinants of health it should address.

Annex 8 contains the research protocol detailing what type of publications were reviewed.

## 5. Research Findings (1) – EU Structural Funds

This part of the report sets out the results of the study looking at the perceived impact and functioning of the EU Structural Funds in Wales. Most sections start with the participative research findings followed by a review of the literature relating to the specific topic.

### Participants and organisations

We asked participants about their experiences, as well as those of their organisations in relation to the existing EU Structural Funds and possible future alternative funding streams available in Wales, and the role of health and well-being within the participants' professional role and organisation. Table 1 compares the findings for the two areas.

**Table 1: Overview of participating organisations**

Themes *		Area A – West Wales and the Valleys	Area B – East Wales
Participants	Social and/or economic issues in an important aspect of your job	Important or very important	Important or very important
Organisations	Organisation or any of its activities or projects currently funded by the EU Structural Funds or received EU funding from this scheme in the past	8 out of 14 organisations	6 out of 13 organisations
Participants	Familiarity with the purpose and scope of the EU Structural Funds in general	Fairly familiar	Fairly familiar/ Slightly familiar
Organisations	Focus on health and well-being	Focuses on specific population groups or social determinants of health	Focuses on all social determinants of health and population groups

\*(based on interview questions 3,7,18,20 and 21 – see Annex 3)

All participants indicated that health and well-being are an important or very important aspect of their professional role within the organisation. In addition, a similar proportion of organisations in both areas benefited from EU Structural Funds over the past ten years.

Answers diverged regarding organisational health and well-being focus areas. In Area A, organisational activities were more frequently targeted at specific population groups or particular social determinants of health, whereas in Area B organisational activities were more broadly oriented, aimed at all social determinants of health and/or population groups. In addition, more organisations within area A benefited from EU Structural Funds and were a little more familiar with the EU Structural Funds in comparison to Area B.

For organisations not in receipt of EU Structural Funds, other funding sources included Welsh Government, local authorities or other national, regional or local funding schemes such as the National Lottery Community Fund or different charity foundations.



*Whilst the programmes are up and running ... the impact will have been much greater, but most of these programmes have now drawn to a close and the statistics are, basically, the same as what they were."*

(Participant, Area A)



*It's a massive thing for us. Mental health is such a high percentage of the calls we go to. If you've had a staff member transferred from other areas of Wales up to [...] especially, they can't believe how many mental health category calls we go to."*

(Participant, Area B)

## EU Structural Funding - Social and Economic Impact

The majority of participants in Area A considered that EU Structural Funding had been 'fairly successful' in addressing social and economic priorities in the area. The remaining participants' responses ranged from 'some success' to 'very successful'.

In Area B, the majority of participants said EU Structural Funding had been 'fairly successful' or had achieved 'some success'. Participants in both areas thought that funding could have been coordinated more efficiently.

Tables 2 and 3 provide an overview of the perceived effect of the EU Structural Funds on different population groups and the social determinants of health and well-being.

Several participants in Area A highlighted that certain population groups living in the area did not benefit from the funding streams; that the funds could have been better coordinated; and that there was some duplication in either the application process and/or allocation process of the funds.

Other concerns raised by participants are in line with statements of the Welsh Local Government Association (WLGA), which has been critical of what it sees as the failure to devolve decision making for EU Structural Funding to the 'most appropriate level' (National Assembly for Wales, 2018).

Several participants in area A highlighted that the local population had not recognised the positive impact of the funds.



*we've worked in [...] for a substantial amount of time and you get used to seeing the signs that say, you know, 'funded by Europe' and the logo, but you almost become blind to it."* (Participant, Area A)

### Textbox 1: Socio economic impact of EU Structural Funds

For areas in the UK with the most entrenched economic difficulties, sustained and intensive intervention (such as that provided by the EU Structural Funds) has been shown to be essential to improving their social and economic outlook (Tinker, 2018). However, the previously accepted prediction that economic development would eventually benefit all members of society through a 'trickle-down' effect' has not materialised in many advanced economies (McKnight, Duque and Rucci, 2017).

“

Looking at the projects we're running currently ... they work with female, male, you know, lesbian, gay, transgender. So they, they work in across, across those ... related groups, and they've had a very positive effect.” (Participant Area A)

“

Our unemployment was coming down quicker than the rest of Wales, and that's mainly funded through EU Structural Funds. The regeneration of our town centre in terms of the work that has been done there and bringing some of the older buildings back, it is difficult to see how you could not argue it has had a very positive impact.” (Participant Area A)

Table 2: Summary of perceived impacts of the EU Structural Funds on Population Groups

Population group	Study evidence	Overall effect	
		Area A	Area B
<b>Income related groups</b>	The majority of participants in both areas said that EU Structural Funding had had an overall 'very positive' or 'positive' effect in their area on <b>income related population groups</b> , although issues were complex and required long term funding.		
<b>Geographical groups or settings</b>	For people in <b>key settings</b> including <b>workplaces, schools, hospitals, care homes and prisons</b> ; people living in <b>areas which exhibit poor economic and/or health indicators</b> ; people living in <b>isolated or over-populated areas</b> ; and <b>people unable to access services and facilities</b> , participants were again generally positive overall with no significant differences between the two areas. Some participants in Area B felt that <b>people who were unable to access services and facilities</b> were more than likely to be 'pushed into the background'.		
<b>Sex and gender groups</b>	Participants in both areas had mixed, but overall positive views on the effect of EU Structural Funding.		
<b>Age related groups</b>	Participant responses were generally positive, although a minority said that EU Structural Funding had had no effect or they did not know. For <b>older people</b> , participant responses differed between the two areas with the majority in Area A agreeing that it had been positive overall, whereas in Area B participants' responses varied from very positive to no effect, or no view.		
<b>Groups at higher risk of discrimination or other social disadvantage</b>	For <b>groups at higher risk of discrimination or other social disadvantage</b> such as <b>people with disabilities</b> or those with <b>long-term health conditions</b> , participants mostly did not focus their responses on any particular population groups, but responded in general terms. Participants in both areas were generally unclear about the effect of EU Structural Funding in their area for groups at higher risk of discrimination or other social disadvantage. For <b>minority ethnic groups</b> in Area A almost half of participants felt that EU Structural Funding had been positive although to differing extents.  Views on the benefits of EU Structural Funding for <b>carers</b> were mixed in both areas. Participants in both areas referred to the secondary effects of employment programmes for those with <b>long term health conditions</b> . A participant in Area A had also worked on an EU funded project for veterans which had been positive.		

Very positive effect   Positive effect   Fairly positive effect   Minimal or no effect

Table 3: Summary of the perceived impact of EU Structural Funds on Social determinants of health and well-being

Health and well-being determinant	Study evidence	Overall effect	
		Area A	Area B
<b>Behaviours affecting health</b>	When compared to Area B, participants in Area A were more positive with regard to the benefits of EU Structural Funding on <b>healthy behaviours</b> and provided a number of examples of where EU Structural Funding had contributed to health and well-being including preventing substance misuse, improving diet and nutrition and promoting urban development.	Positive effect	Fairly positive effect
<b>Social and community influences on health</b>	Overall, participants in both areas felt that EU Structural Funding had had a positive effect on <b>social and community influences on health</b> and highlighted the contribution of funding to reducing domestic violence, improving family relationships and addressing adverse childhood experiences. Participants also highlighted the importance of community involvement in regional funding, although they acknowledged the difficulties in doing so - including the importance of asking the right questions to the right people.	Positive effect	Positive effect
<b>Mental Health &amp; Well-being</b>	Most participants in Area A felt that EU Structural Funding had contributed positively to the <b>mental health</b> of people in the area. However, only around half of participants in Area B agreed with this. During the workshop, Area B participants all felt that <b>mental health</b> should be the focus of future funding.	Positive effect	Fairly positive effect
<b>Living &amp; environmental conditions affecting health</b>	The majority of participants in Area A felt that EU Structural Funding had generally had a positive effect on <b>living and environmental conditions affecting health</b> . Although there were some positive responses in Area B, some participants were unclear as to whether these positive impacts were the result of EU Structural Funding, EU legislation or Welsh Government funding.	Positive effect	Fairly positive effect
<b>Access and quality of services</b>	On <b>access and quality of services</b> both areas said that EU Structural Funding had been positive, although, again, some participants in Area B were unsure whether funding had actually been from the EU. Some respondents felt that funders had made assumptions about what the community would want and that there was a lack of community engagement in decision-making.	Positive effect	Positive effect
<b>Macro-economic environmental and sustainability factors</b>	Views on <b>macro-economic, environmental and sustainability factors</b> in both areas were mixed, with few participants able to give concrete examples of impact.	Minimal or no effect	Minimal or no effect

■ Very positive effect   
 ■ Positive effect   
 ■ Fairly positive effect   
 ■ Minimal or no effect

## 6.

## Research Findings (2) - Future regional funding and engagement with local communities

### UK Shared Prosperity Fund: UK Government policy developments

The ending of EU Structural Funding provides an opportunity to redesign regional funding to tackle social and economic challenges and create sustainable and inclusive regional economies. The UK Government first stated its intention to replace the EU funds in the 2017 Conservative manifesto:



*We will use the structural fund money that comes back to the UK following Brexit to create a United Kingdom Shared Prosperity Fund, specifically designed to reduce inequalities between communities across our four nations.'*

(Conservative Party, 2017).

Later, in July 2018, the then UK Secretary of State for Housing, Communities and Local Government shared a written statement to reaffirm this commitment and provide some high-level detail about the proposed UK Shares Prosperity Fund (UKSPF; UK Parliament, 2018a).

Throughout 2018 and 2019, the UK Government continued to state that they were consulting on the detail of the UKSPF and that more information would be forthcoming. During this period, the Welsh Government published their preferences for how the UKSPF could operate and stated their intention to “work constructively with the UK Government”. (Welsh Government, 2017b)

By the summer of 2019, further detail had not emerged from UK Government, prompting the then Welsh Government Minister for Finance in statement to the Senedd to ask the UK Government for more detail on how it would work, and to call on them to “urgently confirm funding and autonomy for the Welsh Government in future arrangements so that the future of our people, businesses, and communities in Wales are not put at risk”. (Welsh Government, 2019b)

In July 2020, the then UK Government Minister of State for Housing, Communities and Local Government, made a written statement confirming that the value of the UKSPF would be “at a minimum matching the size of European structural funds in each nation and ensuring that £500 million of the Fund is used to give disadvantaged people the skills they need to make a success of life”. (UK Parliament, 2020b)

Ahead of the UK Government’s 2020 Spending Review in November, the Welsh Government published their plans for how they would utilise the UKSPF funds (more detail on this in the following section; Welsh Government, 2020a) and issued a joint statement with the Scottish Government calling on the UK Government to “respect devolution and honour its commitment to replacing EU funds in full (Welsh Government, 2020b).” While the Spending Review did contain some more information on the UKSPF, it appeared to emphasis a UK-wide system and did not mention the devolved administrations. Some new details were also included in the subsequent Spending Review in October 2021. (House of Common Library, 2021)

In February of this year (2022), the UK Government published more of the granular detail of the UKSPF in the form of a guidance document ahead of the launch of the UKSPF in Spring 2022 (UK Government, 2022a). The guidance document describes the primary goal of the UKSPF as “to build pride in place and increase life chances across the UK”.

Places across the UK will be able to choose from three investment priorities for their area:

- **Communities and place**
- **Local business**
- **People and skills**

The Fund is worth £2.6 billion over the period of 2024-25 and its implementation will be led by the Department for Levelling Up, Housing and Communities, working in partnership with a range of UK Government departments.

The exact focus of the future funding in Wales will be, according to the paper, informed by engagement with Welsh Government and other stakeholders.

The fund falls under the “Levelling Up” policy of the UK Government and is designed to contribute to a broad range of objectives outlined in the Levelling Up the United Kingdom White Paper (UK Government, 2022b).

In response to the publication of the UKSPF guidance and the White Paper, Welsh Government has expressed disappointment with the proposed fund, stating that “Wales is being left with less say, over less money”. Welsh Government analysis, he said, suggested that Wales will be nearly £1 billion worse off by 2024 than if the UK had remained a member of the European Union (Welsh Government, 2022).

An analysis by the Institute of Welsh Affairs, in response to the Levelling Up White Paper, stated that while “increased regional devolution in England is viewed as a way to inspire growth in a direction that fits residents’ aspirations for their communities... this attitude is not shared in relation to Wales and Scotland”. (Institute of Welsh Affairs, 2022).

## UK Shared Prosperity Fund: Welsh Government policy developments

In parallel to the work of the UK Government around future replacement funding, Welsh Government set up a Regional Investment for Wales Steering Group and has consulted with stakeholders on plans based on proposals put forward by the group (Regional Investment for Wales Steering Group, 2019).

Between 2019 and 2020, Welsh Government also worked in partnership with the Organisation for Economic Co-operation and Development (OECD) on a project to examine productivity and well-being performance in Wales, Welsh fiscal and public investment frameworks, and the Welsh Government’s regional development and public investment governance practices. The report summarising the outcome of this exercise was published in September 2020 (OECD, 2020).

The recommendations from the OECD, in combination with the outcome of different stakeholder consultations, led to the development of Regional Economic Frameworks (REFs) across Wales. The REFs aim for a more regionally focused model of economic development across the four regions of Wales.

In addition to regional funding, the UK Internal Market Act has also addressed subsidy control or state aid in the UK and has reserved all matters to the UK Parliament. This is despite the Welsh Government previously arguing that state aid was devolved as it was not a reserved matter under any heading of the Reserved Matters Schedule in the Government of Wales Act 2006 (Senedd Research, 2021). As a consequence, current funding allocation is under the control of the UK Government with limited opportunities for Welsh Government to exert influence (Welsh Government, 2021c; Institute for Government, 2021).

## Changes to future regional funding schemes that could improve health and well-being

The EU's approach for distributing regional funds within its territory is based on Gross Value Added (GVA) per head. A number of options for structural changes to regional funding schemes, which would be applicable to Wales, have been identified in the literature. Future funding programmes could utilise a variety of economic and well-being indicators in addition to GVA, such as disposable income levels and the Regional Human Poverty Index (used to measure poverty in the regions of the European Union), thereby better reflecting regional inequality (Barnard, Heykoop and Kumar, 2018; Henry and Morris, 2019). In 2019, New Zealand replaced GVA with well-being as a guiding indicator in setting budgets and assessing government policy (Button, 2019).

Referring specifically to the UKSPF, Tinker (Tinker, 2018) has recommended that future regional funding should be flexible, devolved and designed to promote inclusive growth targeted at the places that most need support. Eligibility should be determined on the basis of the employment rate and pay levels of the least well off; and funds should be devolved to the sub-national level. The WLGA has highlighted that successor arrangements for EU funding should address the issues of productivity, trade imbalance, the UK's 'widening' skills gaps and address the imbalance between local area economies via the UK Government's Industrial Strategy (Local Government Association, 2017). The UK 2070 Commission has proposed a UK Renewal Fund to address 'deep-rooted spatial inequalities in the United Kingdom' (UK 2070 Commission, 2019). The Equality and Human Rights Commission has expressed concern that if the UKSPF does not replicate the strengths of the current EU funding regime, then the voluntary sector and vital projects are likely to suffer, with consequences for equality and human rights for some of the UK's most marginalised individuals (Broughton et al., 2019).



*I think it can be better in that the more localised it is, the, the more informed the process can be.” (Participant, Area B)*

## Study Evidence

Participants in Area A expressed concerns regarding future funding, including the impact of reduced funding or no replacement funding at all. They feared that this could lead to the continuation of entrenched worklessness or increased deprivation in general. One participant said:



*If there is no substitution, or a reduction in funding support, gaps are likely to open up which will have an adverse impact on the health and well-being of vulnerable people.”*  
(Participant, Area A)

Participants in both areas also had a broad array of views on the structure of any future replacement scheme. Participants in Area A stressed their concern around future priorities, including: that the UK or Welsh Government might focus on employment and economic outcomes instead of social ones; employment skills being overlooked; infrastructure funding being prioritised over funding for individuals and communities; or the UK Government focusing spend on political or policy priorities other than health and well-being.

Participants in both areas emphasised the importance of devolving responsibility for funding, as

the needs in Wales differ from those of the rest of the UK. Participants in both areas were also in general agreement on the importance of local funding and the need for close coordination in order to avoid duplicating efforts.

The active involvement of the Welsh or UK Government was not always perceived positively. A common theme amongst participants was the importance of effective engagement with local communities. A final point was made by several participants regarding the importance of flexible funding schemes with a reduced administrative burden.



*Rather than sitting in the office and making a bedroom audit, and looking at bits of research and saying, okay this is where the priority is, I think they should come into the communities and actually talk to people about what, what the priorities are.” (Participant, Area B)*

## Future priorities to address social determinants of health

### Background

In Wales, the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015) aims to make long-lasting and positive changes to the social, economic, environmental and cultural well-being of Wales. There continue to be significant differences in health between the different regions of Wales, and even within neighbouring areas. For example, in the Rhiwbina area of North Cardiff, life expectancy in females is nearly 90 years, compared to less than 75 years in Pillgwenlly in central Newport (Public Health Wales Observatory, 2016).

Strategies to support poorer areas can bring about the conditions for economic growth such as business support, development of industrial and commercial properties and new-build housing, which can in turn create good jobs. Well-designed policy interventions can help to boost economic growth and employment (Crisp et al, 2014 cited in Tinker, 2018; Senedd Research, 2019).

UK 2070 Commission has stated that local economies that have been previously excluded from the growth agenda of the UK need to be reinforced, developing their foundations and resilience for example through for health, care, education, access to housing, in order to create ‘great places’ (UK 2070 Commission, 2019).

### Research Findings

Almost all participants pointed out the strong link between the different social determinants of health and found it hard to prioritise one specifically. They were often considered all equally important and were in need of an integrated approach as they all affected each other either positively or negatively. Table 4 provides an overview of the responses participants provided in relation to the different social determinants of health.

**Table 4: Summary of participant responses regarding future priorities for the social determinants of health**

Social determinants of health	Study evidence
<b>Behaviours affecting health</b>	<p><b>Healthy behaviour</b> was highlighted as being especially influenced by <b>social and community influences on health, mental health and well-being</b> and <b>economic conditions affecting health</b>.</p> <p>Both areas identified substance misuse and addiction as a major issue. <b>Obesity</b> was highlighted as an issue by participants in Area B along with <b>social media use</b>.</p>
<b>Social and Community influences on health</b>	<p><b>Social and Community influences on health</b> were considered important by participants in both areas, particularly in relation to other determinants such as <b>healthy behaviour, mental health and living and environmental conditions affecting health</b>.</p> <p>Participants felt that community cohesion or bringing people together should be a clear priority. <b>Adverse childhood experiences</b> were often cited as an influence on this determinant.</p>
<b>Mental Health &amp; Well-being</b>	<p>Participants in area B highlighted a <b>sense of belonging and social isolation</b> within rural areas but also among certain population groups such as <b>elderly people</b>, as key areas of concern.</p> <p>Participants in both areas referred to the importance of <b>mental health</b>. Access to services for patients was a concern as were links to <b>isolation, social cohesion, substance misuse, physical activity, sense of belonging</b> and <b>employment</b>.</p>
<b>Living and environmental conditions affecting health</b>	<p>Participants offered a variety of views on this determinant, ranging from the need to link infrastructure with a strong social component including involving the local community in the decision-making process. The importance of good quality housing was also raised.</p> <p>In Area B, the attractiveness of the town centre was mentioned as an issue which had a negative effect on safety and tourism.</p>
<b>Economic conditions affecting health</b>	<p>Participants in both areas mentioned employment as having a strong impact on overall health and well-being.</p>
<b>Access and quality of services</b>	<p>In both areas, participants especially highlighted the importance of access to mental health services with a specific focus on rural areas. In general, access to services were highlighted as playing an important role in getting people back to improving their life.</p>
<b>Macro-economic, environmental and sustainability</b>	<p>Participants in both areas often referred to the Well-being of Future Generations (Wales) Act 2015 as a key factor in future macroeconomic, environmental and sustainability determinants of health.</p>

“*What is probably common is that most of the social issues that we’re trying to solve involved people having adverse childhood experiences but actually if you can support people earlier, you’ll actually probably solve a lot of social and economic issues for the future.*”  
(Participant, Area A)

“*It’s like everybody thinks [...] they came from nothing so they can take whatever it is that you throw at them and they give them the worst housing with mould.*” (Participant, Area A)

## Future funding priorities for population groups

### Background

Men, in particular those with fewer formal qualifications, are more likely to be employed in industries that may be exposed to unfavourable post-Brexit trading conditions; those employed in process, plant and machinery operative occupations are more vulnerable to job losses (Levell and Norris Keiller, 2018). During the pandemic these were initially among the hardest hit sectors in terms of redundancies, job losses and furlough through the Coronavirus Job Retention Scheme (Winding et al., 2021.). However, with the economy opening up again there are reports of labour/skill shortages in all industry sectors leading to new employment opportunities and more training for existing employees (The Open University, 2021).

In Wales, funding programmes aimed at tackling poverty could disadvantage rural areas if they do not take account of the frequently 'hidden' nature of **rural poverty**, which is not easily captured by geographically-focused programmes, where eligibility is defined by the Welsh Index of Multiple Deprivation (Senedd Research, 2019). The Institute for Public Policy Research (IPPR; Tinker, 2018) points out that with in-work poverty on the rise, it is also important to look at earnings alongside the number of people in work.

### Research Findings

Many participants indicated that all population groups (see Annex III) were equally important and found it difficult to highlight one group that should be targeted by any future funding scheme. Links between the different groups were often identified such as **people living in areas exhibiting poor economic or health indicators** who also tended to be at **high risk of discrimination, economically inactive** and/or **on a lower income**. Table 5 provides an overview of the responses participants provided in relation to the different population groups.

“

*It's very important to give children and young people ...the means to go into the world, the world of work and contribute to society effectively.”* (Participant, Area A)

“

*We're gonna have a group of, of older people who are, you know, being squeezed out of, out of their jobs, but they're, they're not able to retire. They're not able to draw a pension, and we'll probably need a lot of schemes at that end of the market to keep the, economy balanced.”* (Participant, Area B)

Table 5 Population Groups – Future priorities

Population groups	Study evidence
<b>Sex/Gender related groups</b>	No specific comments were made in relation to this population group.
<b>Age related groups</b>	<p>In both areas, <b>early years, children and young people</b>, and <b>income related groups</b> were mostly mentioned as population groups that should benefit from future funding.</p> <p>Participants in both areas generally agreed that the <b>elderly population</b> is the most overlooked by the EU Structural Funds. Participants in Area B in particular considered it important that this group should be helped to sustain their independence and stay in work longer.</p>
<b>Income related groups</b>	Many participants in both areas considered <b>income related groups</b> to be the most important and noted that other population groups often fall within this category such as people with <b>mental health problems, Gypsies and Travellers, people with long-term health conditions</b> and <b>transgender</b> .
<b>Groups at higher risk of discrimination or other social disadvantage</b>	<b>People with mental health problems</b> ; and <b>people with disabilities</b> , minority ethnic groups, <b>Gypsies and Travellers</b> and <b>people with mental health problems</b> were often highlighted in both areas as priority groups.
<b>Geographical groups and/or settings</b>	Participants in Area B considered it important that more money is made available to both prisoners and their families to reintegrate and rehabilitate ex-prisoners into society. The ability of those in <b>isolated areas</b> to <b>access services and facilities</b> was considered important by several participants.

“ I’d also like to see an increase in the in-work support so that people can actually move up that employment world, rather than just going in at the bottom step and, and probably staying there.” (Participant, Area A)

“ Bringing somebody who’s got mental health, for instance, back into society, there is a huge financial cost-benefit as well as a social benefit as a result of doing that.” (Participant, Area B)

“ I think Gypsy and Traveller communities need quite a lot of support because if they’re transient they can’t access GP’s, they can’t access, you know, primary care, so then that impacts on their health. They may become isolated, so there’s a knock-on effect on everything. You know they might become economically inactive or become low on income. It then impacts on their mental health.” (Participant, Area A)

## Future engagement with local communities on regional funding

### Background

The Welsh Government acknowledges that regional economic development is achieved most strongly at community level and has committed to continue working with local communities in the future (Welsh Government, 2017). Stakeholders who responded to research carried out on behalf of the Welsh European Funding Office to identify policy priorities for future regional investment in Wales generally concurred with this approach, including engaging more widely with the third sector (Welsh Government, 2018). Research shows that a place-based approach to community engagement can encompass the diversity of stakeholders and reduce health inequalities (Woods, 2018; Public Health England, 2019).

More widely, the Institute for Public Policy Research and others agree that communities have a key role to play in future regional funding decisions. According to these organisations, there are a range of opportunities for local authorities to connect with, and listen to, local communities more effectively such as 'The Way Ahead' initiative in London, which seeks to join up the resources of civil society organisations, independent funders and the public sector by bringing community voices together to influence local government (Henry and Morris, 2019).

### Research findings

All participants in both areas acknowledged existing processes such as focus groups, surveys and consultation but agreed that more could be done to involve the local community in future decision-making. It was felt that current consultations by local authorities are often not inclusive and too technical and disengaging. In some cases they were felt to be pointless as participants felt feedback was not taken into account. In Area A in particular, participants felt that EU Structural Funds too often target 'easy wins':



*I think the difficulty with any consultation with the wider population is that it focuses on those that are easy to engage but it automatically excludes harder to reach groups who, ironically, are the ones who most need.* (Participant, Area A)

Increased and better use of social media, surveys and the usage of (virtual) focus groups was thought to be a good way of engaging with local communities although there was some doubt whether this would be helpful for those who are less digitally active. Public meetings organised by local community organisations in a workshop format were also thought to be useful, although it was again acknowledged that this excludes seldom heard groups. To overcome this, participants suggested more active engagement with third sector organisations who may be working directly with such groups:



*I think there's something about engaging with – whether that's charities, community groups or whoever it is that are already working with those more disenfranchised individuals because actually, they are the people that will have trusted connections with these people.* (Participant, Area A)

Several participants, mostly in Area B, suggested engagement through Public Services Boards (PSBs), especially as they can include community organisations and councillors who can feed into local and national government policy.

A range of other suggestions were made including improved involvement of organisations eligible for funding in developing the system/engagement process; better education for individuals and the third sector on 'how the system works'; to identify 'movers and shakers' and community champions to gain insights of what is happening on the ground'; to provide support for setting up networks between funded organisations; and projects to encourage exchange of ideas and good practice.

## Future regional funding administrative process

### Background

The way that structural funds were allocated and delivered have been widely described by a range of Welsh and English organisations including charities and local governments as 'bureaucratic' (Local Government Association, 2017). Other stakeholders including the UK Parliament's Communities and Local Government Committee and Work and Pensions Select Committee generally agree and refer to a lack of flexibility and poor targeting of areas and communities the funds were intended to assist (Tinker, 2018).

The Welsh Government acknowledged there are significant opportunities to simplify administrative complexity and rules, and encouraged innovation and more private sector investment (Welsh Government, 2017). It also recognised that not all stakeholders, notably the WLGA (Welsh Local Government Association, 2018), are fully supportive of past processes.

Outside Wales, independent research carried out for the Local Government Association (cited in Local Government Association, 2017) has found that linking post-Brexit funding in a more simple and flexible way to communities to ensure that local priorities are at the forefront of programmes is key. The House of Lords European Committee and the IPPR were amongst other stakeholders who believe that the devolved administrations, local government, community groups and the public should be involved in developing a framework for future regional funding (House of Lords, 2018). Furthermore, the Equality and Human Rights Commission has expressed concern that if the UKSPF does not replicate the strengths of the current EU funding regime then the voluntary sector and vital projects are likely to suffer with consequences for equality and human rights for some of the UK's most marginalised individuals (Broughton et al., 2019).

### Research findings

The administrative processes of the EU Structural Funds were overall perceived negatively by participants in Area A. Several respondents agreed that the bureaucratic burden affected the quality and scope of their services.



*If we didn't have to comply with that level of bureaucracy and still had the same amount of money, we would be able to provide a much better service at the frontline.”* (Participant, Area A)

In Area B attitudes towards the administrative burden of the funding diverged with a small majority of participants describing their experience as 'somewhat', 'fairly' or 'very' positive.

With regards to a future scheme, almost half of the participants in both areas expected the administrative processes to be between 'slightly' or 'much' better. A small number of participants in both areas expected the administrative process would only improve in the longer term after initially staying the same.



*If Welsh Government continues going in the way it's going and seeking more sort of outcomes-based funding approaches, then the amount of monitoring, the amount of paperwork should go down anyway.*" (Participant, Area B)

There was general agreement amongst participants in both areas that future regional funding would be most efficient and effective if it was devolved to Wales with strong involvement of Welsh Government and local authorities and their communities. Flexibility was considered key in order to address specific health and well-being challenges. Participants also thought that practical, decision-making could be suitable to be devolved to the local level with community representatives involved in the process of allocating resources. Finally, participants agreed that there are opportunities to reduce the administrative burden for the application and management of the funds. This will, according to the participants, enable more opportunities for smaller organisations to apply. Currently, smaller organisations were only able to benefit from the funding through subcontracts from often private firms with the necessary capacity to cope with the administrative burden inherent to the EU funding application processes.

The primary purpose of the study was to understand what the ending of access to EU Structural Funds will mean for the health and well-being of communities in Wales.

Study participants were well placed to provide meaningful insights into the implications of the ending of the EU Structural Funds for the health and well-being of people in the communities they serve. Although the study findings were based on interviews with a limited number of individuals and cannot be regarded as a representative sample, the views of participants generally reflected findings from our review of the literature.

Although Area A had received significantly more Structural Funding than Area B, participants' responses from the two areas were broadly similar. The similarity of the answers in both areas also made it difficult to make a comparative analysis between both areas with different levels of funding which was an initial aspiration of the study.

Across both areas, participants felt that the benefits of EU Structural Funding on population groups had been felt most by people in income related population groups. Participants in both areas viewed this positively and highlighted the positive correlation between employment and health, including mental health for people with long term health conditions in particular. In general, participants in Area A (which had received more funding than Area B) were most positive with regard to the effect of EU Structural Funding on health and well-being determinants.

It is notable that participants in both areas felt that people in communities had not recognised the contribution that the EU Structural Funds had made in their area. The reasons for this were unclear, but may have been due to a lack of provision of information which may have created a disconnect between the positive changes people observed in their environment and the role of the EU Structural Funds in driving these changes and a lack of community involvement in the allocation of the funds.

In terms of future priorities, both the literature and study participants put forward a range of views as to how future regional funding should address social and economic challenges in Wales. Both stressed the need for effective engagement with local communities, especially with those detached from current consultation processes. Among population groups, children and young people, income related groups, older people and groups at higher risk of discrimination were highlighted by participants as future funding priorities. For the social determinants of health, study participants found it hard to prioritise one determinant over others and pointed to the need for an integrated approach to future decision making, as set out in the Well-being of Future Generations (Wales) Act 2015.

## 8. Conclusion

EU Structural Funds were perceived by participants in both areas as being broadly successful in improving the social determinants of health and contributing to the health and well-being of population groups in disadvantaged communities.

Participants from both areas, and the literature, identified shortcomings regarding the processes for applying and administering funding under the EU Structural Funds, with many smaller organisations lacking capacity to successfully obtain and administer grants. As a consequence, grants mostly went to larger organisations, often private firms, with the necessary capacity to address the administrative requirements. Smaller organisations often only managed to benefit from the EU Structural Funds indirectly in instances where a larger organisation would involve them in the project. This issue was a concern that was echoed most strongly by participants representing the third sector.

Other key concerns raised by participants was the duplication of effort and the lack of genuine community engagement. The duplication of efforts mostly concerned similar organisations targeting the same easy to reach and “more willing” population groups while those more disconnected from society were often overlooked.

Welsh Government has already acknowledged the concerns raised by the participants of our study and where possible is looking to improve future arrangements, so that third sector organisations receive a fair share of the available funding pot and that future scarce funding resources are streamlined, outcome-focused, more flexible and long-term.

Participants agreed that responsibility for decision-making for future regional funding should be devolved to the Welsh Government and, thereafter, further devolved to regional and community level.

Overall, Wales is in a good position to make sustained and continued improvements in people’s health and well-being through its existing health in all policies legislation including the Public Health (Wales) Act 2017 (Watkins, 2017), the Well-being of Future Generations (Wales) Act 2015, the Programme for Government 2021-2026 (Welsh Government, 2021a) and the Future Wales: The National Plan 2040 (Welsh Government, 2021b). Following the outcome of its regional funding consultation and the findings of its partnership project with the OECD, the Welsh Government is better placed to make informed decisions with regard to the future direction of regional funding in Wales. We hope the insights we have obtained from this study can be used to further inform this process at national, regional and community level and contribute towards improving the health and well-being of people across Wales.

## 9. Priorities for the future

The priorities are based on the evidence available at the time the research was carried out and we acknowledge that the situation may have changed. As highlighted earlier in Chapter 6, the publication of the pre-launch guidance document for the UKSPF and other recently launched future regional funding programmes by the UK Government points towards a more centralised UK scheme with only limited involvement for the devolved nations. Regardless of the outcome of political discussions around how the UKSPF or other funding streams are managed, the principals for what can improve the impact of funding programmes on health and well-being in disadvantaged communities in Wales, as identified through this study, remain valid.

- There are risks if replacement regional funding does not match or exceed current income streams from the EU Structural Funds. The funds play an important role in addressing social and economic determinants of health and well-being, in line with the Well-being of Future Generations (Wales) Act 2015 and other Welsh policies and legislation.
- Key features to be considered for future funding include: evidence of need; long-term; inclusive; outcome-based; focused on prevention; and maintaining the principle of additionality. Where possible, future funding can also be used help to enable innovation and encourage the exchange of ideas and good practice. Communities can be encouraged to experiment with new and innovative approaches to regional funding, such as community wealth building and alternative models of economic governance, such as community-owned businesses and cooperatives. It is important to identify and support those organisations most affected by the withdrawal of the EU Structural Funds, including their ability to continue delivering services to vulnerable population groups.
- Simplified processes will help improve services at the frontline, and make funding schemes more accessible for smaller organisations, especially the third sector, enabling organisations to tailor resources to local needs. It is important that the necessary scrutiny that accompanies any public funding continues.
- A continuous long-term conversation with citizens, local communities, public services, the third sector and other affected organisations may lead to better insight into local health and well-being needs. Consultations are an important part of this long-term conversation and could be improved by being more proactive, accessible, inclusive and 'user-friendly' using social media, surveys and community, regional and national focus groups, as well as more traditional approaches. Special attention is needed to reach out to the currently disconnected groups in society.
- The design of funds can be used to promote non-discrimination and protect equality and the rights of individuals and communities. Priority groups include those that have been overlooked in previous funding schemes, in particular hard to reach groups such as older people, the homeless and people living in isolated areas of Wales, as well as disadvantaged groups sharing protected characteristics.
- To more effectively capture regional inequality within Wales, funding allocation could use a range of economic well-being indicators beyond GVA, such as disposable income levels and the Welsh Index of Multiple Deprivation.
- Due to the overlapping and interlinked nature of the determinants of health and well-being, it would be beneficial for future regional funding to take an integrated approach to addressing issues at a community and individual level. Funding decisions benefit from national co-ordination in Wales, while allowing strong local voices to decide how funds should be allocated. Place based partnerships is a promising model that allows strategic decision making at a local level.

**Annex 1****Functioning of the EU structural funds and budget allocation for Wales**

The EU Structural Funds are allocated across regions using Gross Domestic Product (GDP) or Gross Value Added (GVA) per head and compared to the EU average. To determine the amount funding, EU regions are categorised in three different ways:

- More developed regions where GDP per person is above 90 per cent of the EU average.
- Transition regions where GDP per person is between 75 per cent and 90 per cent of the EU average.
- Less developed regions where GDP per person is less than 75 per cent of the EU average.

EU Structural Funds are match-funded by other public or private sources and, under EU rules are allocated following the principle of “additionally”, that is, they should not be a replacement for existing national funding. This means that the recipient country is able to undertake projects that it could not do if it were relying only on its own resources. The practical effect is that EU Structural Funds do not cover the entire cost of any given project – the proportion that they do cover is related to the level of GDP in the region, with the remainder being made up through match funding (UK Parliament, 2021).

Under the previous funding round 2014-2020 Wales was eligible for around £2.1 billion of EU Structural Funding along with an additional £1.1 billion of ‘match funding’ from the private, voluntary and public sectors. Wales has until 2023 to commit, spend and claim the funding (Auditor General for Wales, 2018). There is around £1.2 billion of ERDF for research and development, for infrastructure projects, such as improving roads, for renewable energy and energy conversation, and for supporting small business. There is approximately £860 million of ESF for supporting the development of skills for youth and adults, both for those seeking work and those in employment (Auditor General for Wales, 2018; see Figure 1).

As the ‘Managing Authority’, the Wales European Funding Office (WEFO) is responsible for delivering the programme (Wales European Funding Office, 2019).

**Figure 2 KEY FACTS ABOUT THE 2014-2020 EU STRUCTURAL FUNDS PROGRAMME**

Source: Managing the impact of Brexit on EU Structural Funds

## EU STRUCTURAL FUNDS



= £2.1 BILLION



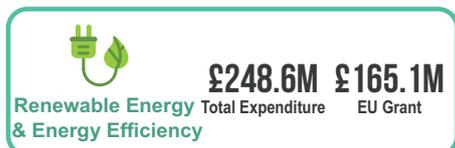
= £1.1 BILLION



		EU grant (£m)	Match funding (£m)	Total (£m)
West Wales and the Valleys	ESF	687.7	236.4	924.1
	ERDF	1,030.9	533.1	1,564.0
East Wales	ESF	173.8	179.1	352.9
	ERDF	173.8	173.7	347.5

### ERDF

### ESF



Figures based on a conversion rate of £1:€1.17

Source: WEFO data

## Annex 2

## Participating organisations and their representatives

	Local Area A		Local Area B	
	Profile organisation	Role participant	Profile organisation	Role participant
NGOs/Charities	NGO providing support to the third sector	Chief Officer	NGO providing support to the third sector	Chief Officer
	Charity targeting homelessness	Operation Director for Young Peoples Services	Charity targeting homelessness	Development Manager
		Head of Fundraising and Communications		
		Head of Learning, Training and Employment		
	Charity working with minority ethnic groups	Head of Services	Charity working with the minority ethnic groups	Regional Services Manager
	Not for Profit organisation delivering leisure and cultural services	CEO	Charity organisation for children, young people and families	Founder and Manager
		Operations Manager		
	Charity supporting disabled people	Employment and Training Manager	Environmental charity	Business Development Manager
Agency working on substance misuse	Recovery Coordinator	NGO providing support to the third sector	Project Officer	
Charity addressing community safety	CEO			
Local Government organisation	Public Services Board	Support Officer	Public Services Board	Development manager
		Support Officer		
	County Borough Council Learning Department	Head of Community Well-being	County Borough Council Regeneration	Strategy and Development Lead
Emergency services	Project Manager			
Other organisations	Trade Union	Branch Official	Trade Union	Branch Official
	Higher education institution	Well-being & Safeguarding Officer	Higher education institution	Head of Corporate Communication, Welsh Language and International
		Head of External Projects		
		Head of Well-being & Learner Support Services		
	Local Health Board	Principal PublicHealth Practitioner	Local Health Board	Assistant Director for Health Strategy
Private sector organisation	Head of Policy and Communications	Health emergency service	Team leader / paramedic	
		Police	Head of Quality and Diversity	

## Introductory Text

***The below text will be read to participants before the start of the 1st questionnaire***

Thank you for agreeing to take part in our research into the anticipated health and well-being effects of Brexit on local communities in Area A/ Area B, and more specifically loss of access to funds supporting local areas, such as EU Structural Funds.

The purpose of our research is threefold. Firstly, we would like to gain a general understanding of people's views on the current or recent role and importance of EU Structural Funds on health and well-being, through regeneration of communities in Wales or by helping people out of poverty. Secondly, we are seeking views on the likely effect(s) on people and communities once the funding ceases. Thirdly, we purport to obtain more insights into how any future funding could support health and well-being in local communities.

Our research will consist of a three rounds of questions. The first part will be a telephone questionnaire, the results of which will be analysed (and anonymised). This will then be used to inform a participatory workshop [venue/date] at which responses to the questionnaire will be explored in more detail. Finally, after the workshop we will ask respondents to complete the original questionnaire again to ascertain whether their views have changed.

- Please let us know if there is any information you do not wish us to use in the workshop or in the final report. Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name.
- If you are unable to answer any of the questions in full or part you may, if you wish, supply further information following the interview.
- Do you understand the general procedures that we will be using to make sure that any information that we as researchers collect about you during this first stage of the research will remain confidential?
- Do you understand that we cannot guarantee complete confidentiality of information that you share with us in the second stage of the research during the group discussion?
- Is it clear to you that you may stop participating in the study at any time that you wish?
- Following the information earlier provided by email on the purpose and method of the study and your positive answers to the previous questions, could you please confirm that you consent voluntarily to be a participant in this study?
- If you do not have any further questions, I suggest we start the interview which will take approximately 30 – 45min.

## ALL PARTICIPANTS: YOU AND YOUR ORGANISATION

1. Can you briefly describe your organisation?
2. What is your role in the organisation?
3. Are the social and/or economic issues in Area A/Area B an important aspect of your job? (briefly elaborate on your answer)

Slightly important	Moderately important	Important	Very important
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4. Looking at the list of population groups we previously sent you could you tell me which your organisation currently addresses?
5. Looking at the Social Determinants of Health we previously sent you could you tell me which your organisation currently addresses? (Please specify)

### (REFER TO ANNEX I FOR POPULATION TABLES/SOCIAL DETERMINANTS OF HEALTH)

6. Could you briefly describe the impact your organisation has or is expected to have on improving the health and well-being of the population(s) you serve in Area A/Area B? (briefly elaborate on your answer)
7. Is your organisation or any of its activities or projects currently funded by the EU Structural Funds or received EU funding from this scheme in the past?

**Yes, go to question 8**

**No, go to question 16**

## FOR ORGANISATIONS CURRENTLY RECEIVING EU STRUCTURAL FUNDS

8. Could you briefly describe the purpose of the funding you received from the EU Structural Funds?
9. Approximately how much was/is the overall funding from the EU Structural Funds?

£0 – £1,000,000	£1,000,000 – £2,000,000	£2,000,000 – £5,000,000	More than £5,000,000
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10. What proportion of the total amount of funding for the organisation's project or general activities was or is match or co-funded by the EU Structural Funds?
11. Which organisation(s) and/or individuals provided the other share of the funding?
12. What is the approximate total amount of the match or co-funding from the EU Structural Funds (in £s)? (if not deductible from previous answers)
13. In general terms, could you describe your organisation's overall experience with the EU Structural Funds in terms of its administration? (briefly elaborate on your answer)

Very negative	Fairly negative	Somewhat negative	Somewhat positive	Fairly positive	Very positive
---------------	-----------------	-------------------	-------------------	-----------------	---------------

- 14. Are you currently, or planning in the near future, to seek alternative funding sources for this or other future projects following the expected ending of the EU Structural Funds? (please elaborate)
- 15. Are you aware of any other funding sources for organisations like yours, or other organisations in Area B/Area A?

**Go to question 18**

**FOR ORGANISATIONS NOT RECEIVING EU FUNDING**

- 16. Is your organisation currently partially or fully grant funded?
- 17. Is this funding local, regional, national or international (or a combination)?

**Go to question 18**

**ALL PARTICIPANTS: EU STRUCTURAL FUNDS – GENERAL**

*The next set of questions are designed to explore your views, in general terms, of how EU Structural Funds have been used in Area A/Area B.*

***NB. Stress change of emphasis from organisational role to personal view.***

- 18. How familiar are you with the purpose and scope of the EU Structural Funds in general? (briefly elaborate on your answer)

Not at all familiar	Slightly familiar	Fairly familiar	Very familiar
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- 19. Do you think that the EU Structural Funds have been successful in addressing social and economic priorities in Area A/Area B, particularly those that may impact on health and well-being such as increasing skills or improving the local economy? (briefly elaborate on your answer, give examples where possible)

Not successful at all	Have achieved some success	Have been fairly successful	Have been very successful
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***NB. For Questions 20 and 21 participants will have received options in advance of the interview so no need to ready all the options in full.***

- 20. In your view, what effect have the EU Structural Funds had on the following population groups in Area A/Area B? (briefly elaborate on your answer).

## Sex/Gender related groups

Female

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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Male

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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Transgender

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Other (*please specify*)

## Age related groups (*Could specify age range for special consideration*)

Children and young people

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Early years (including pregnancy and first year of life)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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General adult population

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Older people

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Other (*please specify*)

## Income related groups

### Economically inactive

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### People on low income

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

### People who are unable to work due to ill health

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

### Unemployed/workless

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Other (*please specify*)

## Groups at higher risk of discrimination or other social disadvantage

### Black and minority ethnic groups (*please specify*)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Carers

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Ex-offenders

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Gypsies and Travellers

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Homeless

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Language/culture (*please specify*)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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### Lesbian, gay and bisexual people

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

### Looked after children

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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People seeking asylum

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

People with long term health conditions

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

People with mental health conditions

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

People with physical, sensory or learning disabilities/difficulties

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Refugee groups

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Religious groups *(please specify)*

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Lone parent families

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Veterans

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Other *(please specify)*

**Geographical groups and/or settings**

People in key settings e.g. workplaces/schools/hospitals/care homes/ prisons *(please specify)*

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

People living in areas which exhibit poor economic and/or health indicators

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
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People living in isolated or over-populated areas

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

People unable to access services and facilities

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

Other *(please specify)*

21. In your view, what effect have the EU Structural Funds had on the following social determinants of health in Area A/Area B? (briefly elaborate on your answer)

a Lifestyles (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

b Social and community influences on health (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

c Mental Health & Well-being (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

d Living & environmental conditions affecting health (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

e Economic condition affecting health (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

f Access and quality of services (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

g Macroeconomic, environmental and sustainability factors (provide definition)

Very negative effect	Negative effect	Slightly negative effect	No effect	Slightly positive effect	Positive effect	Very positive effect	Don't know
----------------------	-----------------	--------------------------	-----------	--------------------------	-----------------	----------------------	------------

**(USE ANNEX II FOR FURTHER INFORMATION ON THE SOCIAL DETERMINANTS OF HEALTH):**

### **PUBLIC FUNDING SCHEMES THAT MAY REPLACE THE EU STRUCTURAL FUND SUCH AS THE UK SHARED PROSPERITY FUND**

The UK Government has guaranteed the EU Structural Funds and other EU funding will be matched until December 2020. After that the UK Shared Prosperity Fund and/or another public funding scheme is expected to replace the role of the EU Structural Funds.

22. Are you aware of the UK Shared Prosperity Fund?

Not at all aware	Slightly aware	Reasonably aware	Very aware
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23. Are you aware of any other public funding scheme that may replace the EU Structural Funds? Please give details where appropriate.

- 24.** Compared to the EU Structural Funds do you think the administrative processes will be better or worse when the UK Shared Prosperity Fund or another public funding scheme replaces it? (briefly elaborate on your answer)

Much worse	Worse	Slightly worse	Stay the same	Slightly better	Better	Much better
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- 25.** Do you think the UK Shared Prosperity Fund and/or another public funding scheme will be better or worse in tackling the most urgent social and economic challenges in Area A/Area B? (briefly elaborate on your answer)

Much worse	Worse	Slightly worse	Stay the same	Slightly better	Better	Much better
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- 26.** What do you expect to happen to the level of public funding for social and economic issues in Area A/Area B? (briefly elaborate on your answer)

Decrease greatly	Decrease	Decrease slightly	Stay the same	Increase slightly	Increase	Increase greatly
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- 27.** What do you think could be done in future to better engage with local communities to ensure their views are taken into account in future decision-making regarding investment in local areas?

- 28.** Looking at the list of population groups we sent you, in general terms, on which of the groups in Area A/Area B do you think the UK Shared Prosperity Fund and/or any other public scheme should focus in the future? (briefly elaborate on your answer).

- 29.** Looking at the list of social determinants of health we sent you, in general terms, on which of the areas in Area A/Area B do you think the UK Shared Prosperity Fund and/or any other public funding scheme should focus in the future? (briefly elaborate on your answer).

## Health and Well-being Determinants Checklist

<b>1. Behaviours affecting health</b>	<ul style="list-style-type: none"> <li>Diet / Nutrition / Breastfeeding</li> <li>Physical activity</li> <li>Risk-taking activity i.e. addictive behaviour, gambling</li> <li>Sexual activity</li> <li>Social media use</li> </ul>	<ul style="list-style-type: none"> <li>Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes),</li> <li>Use of substances, non-prescribed medication, and abuse of prescription medication</li> </ul>	Physical, mental, social, environmental health & well-being
<b>2. Social and community influences on health</b>	<ul style="list-style-type: none"> <li>Adverse childhood experiences i.e. physical, emotional or sexual abuse.</li> <li>Community cohesion, identity, local pride</li> <li>Community resilience</li> <li>Divisions in community</li> <li>Domestic violence</li> <li>Family relationships, organisation and roles</li> <li>Language</li> <li>Cultural and spiritual ethos</li> </ul>	<ul style="list-style-type: none"> <li>Neighbourliness</li> <li>Other social exclusion i.e. homelessness, incarceration</li> <li>Parenting and infant attachment (strong early bond between infant and primary caregiver)</li> <li>Peer pressure</li> <li>Racism</li> <li>Sense of belonging</li> <li>Social isolation/loneliness</li> <li>Social capital, support &amp; networks</li> <li>Third Sector and Volunteering</li> <li>Citizen power and influence</li> </ul>	
<b>3. Mental Health &amp; Well-being</b>	Could there be potential impacts on: <ul style="list-style-type: none"> <li>Emotional well-being, life satisfaction or resilience?</li> <li>Feeling worthwhile, valued or having a sense of purpose?</li> <li>A sense of control?</li> <li>Uncertainty or anxiety?</li> <li>Participation in community and economic life?</li> <li>Feeling safe and secure?</li> </ul>		
<b>4. Living &amp; environmental conditions affecting health</b>	<ul style="list-style-type: none"> <li>Air Quality</li> <li>Attractiveness of area</li> <li>Community safety</li> <li>Access, availability and quality of green and blue natural spaces</li> <li>Housing quality and tenure</li> <li>Indoor environment</li> <li>Health and safety</li> <li>Light pollution</li> </ul>	<ul style="list-style-type: none"> <li>Noise</li> <li>Quality and safety of play areas (formal and informal)</li> <li>Road safety</li> <li>Odours</li> <li>Urban/Rural built and natural environment &amp; neighbourhood design</li> <li>Waste disposal, recycling</li> <li>Water quality i.e. sea water</li> </ul>	
<b>5. Economic conditions affecting health</b>	<ul style="list-style-type: none"> <li>Unemployment</li> <li>Poverty including food and fuel poverty</li> <li>Income</li> <li>Personal and household debt</li> </ul>	<ul style="list-style-type: none"> <li>Economic inactivity</li> <li>Type of employment i.e. permanent/ temporary, full /part time</li> <li>Working conditions i.e., bullying, health and safety, environment</li> </ul>	
<b>6. Access and quality of services</b>	<ul style="list-style-type: none"> <li>Careers advice</li> <li>Education and training</li> <li>Information technology, internet access, digital services</li> <li>Leisure services</li> <li>Medical and health services</li> <li>Welfare and legal advice</li> </ul>	<ul style="list-style-type: none"> <li>Other caring services i.e. social care; Third Sector, youth services, child care</li> <li>Public amenities i.e. village halls, libraries, community hub</li> <li>Shops and commercial services</li> <li>Transport including parking, public transport, active travel</li> </ul>	
<b>7. Macro-economic, environmental and sustainability factors</b>	<ul style="list-style-type: none"> <li>Biodiversity</li> <li>Climate change i.e. flooding, heatwave</li> <li>Cost of living i.e. food, rent, transport and house prices</li> <li>Economic development including trade and trade agreements</li> </ul>	<ul style="list-style-type: none"> <li>Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)</li> <li>Gross Domestic Product</li> <li>Regeneration</li> </ul>	

## Annex 5

## Population Groups Checklist

## Population Groups Checklist

This checklist is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal.

The groups listed below have been identified as more susceptible to poorer health and well-being outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time/publication.

**Sex/Gender related groups**

- Female
- Male
- Transgender
- Other (*please specify*)

**Age related groups** (*Could specify age range for special consideration*)

- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

**Income related groups**

- Economically inactive
- People on low income
- People who are unable to work due to ill health
- Unemployed/workless

**Groups at higher risk of discrimination or other social disadvantage**

- Black and minority ethnic groups (*please specify*)
- Carers
- Ex-offenders
- Gypsies and Travellers
- Homeless
- Language/culture (*please specify*)
- Lesbian, gay and bisexual people
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups
- Religious groups (*please specify*)
- Lone parent families
- Veterans

**Geographical groups and/or settings** (note- can be a combination of factors)

- People in key settings: workplaces/schools/hospitals/care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in rural, isolated or over-populated areas
- People unable to access services and facilities

## Workshops on the impact of the ending of the EU Structural Funds

**Objectives**

To explain why you are being asked for your views (1) and what will happen to what you tell us (2)

To update you on findings so far

To find out what you think are the lessons to be learnt from what has happened with the Structural Funds, good and bad

To identify what you think will be effective future ways of (a) allocating funding and (b) involving communities and different population groups in how that funding is best spent to improve health and wellbeing

To hear your recommendations on what funding to improve health and wellbeing should be spent on in the future

To make sure all voices and views are heard

These are the wording of the objectives that I propose, to try to minimize duplication and overlap between objectives and use Plain English plus short sentences.

**Preparatory work**

Quotes from interviews on walls on A1 sheets with an invitation to add comments

Cabaret seating 3 to a table

One table for Public Health Wales team

(1) i.e. recap on the research project  
(2) Please note there is only one Chatham House Rule. I recommend you use it only if you are happy to keep confidential who the participants are and when and where the meetings happened:

*“When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”.*

If the Rule and your reporting needs do not match then I would recommend you offer a different confidentiality agreement.

Time	Activity	Detail	Notes
30min	<b>Setting up</b>	Furniture arranged, posters displayed, projector/screen tested	
15min	<b>Arrivals</b>	Greeting and refreshments	Refreshments
5min	<b>Welcome</b>	Mischa/Laura welcome and explain background including reference to HIA report (copies available). Explain Tim's role and hand over	Short intro explaining research and rationale for this – and what will happen to their data
10min	<b>Objectives and practical arrangements</b>	Tim (Tim emphasizes that Brexit provides us with the route to understand how to work better with and for communities when it comes to investment in local areas. Restate that the project is a result of the HIA, and the confidentiality agreement we propose)  Tim refers to pre-prepared poster about Fire alarms and exits – timing, toilets, refreshments, phones, smoking	See above re Chatham House

15min	<b>Introductions</b>	<p>Gets everyone to stand up and pair with someone they do not know and find out, name, role(s), if their partner is an owl or a lark.</p> <p>Re-pair and do the same except that this time find out what they would normally be doing at this time of day on a (Tuesday/Thursday). No report-back</p> <p>Maybe re-pair again and go to quotes and discuss the ones that interest them</p>	
15min	<b>Standing circle</b>	<p>Self introductions</p> <p>Name</p> <p>How are you involved in supporting the health and wellbeing of the local community?</p>	
05min	<b>Scene setting</b>	Team – 5 minute scene-setting	This means an explanation of your role and function as it impacts on this exercise and an update on Brexit (if you think this will be helpful) and latest developments around possible future funding and related developments
05min	<b>Question generating</b>	Each table invited to discuss what they've just heard and agree any questions they need to get further clarity	This is designed to enable a direct dialogue between the team and the participants which will be essential to people's confidence to speak with you observing and taking notes
10min	<b>Q&amp;A</b>	Tim facilitates Q&A getting a question from each table in turn but encouraging supplementaries	Record useful quotes
25min	<b>Three-way ideas Part 1</b>	<p>Group divided into three groups and each allocated a flip-chart or wall – each with a heading:</p> <ol style="list-style-type: none"> <li>1. Good things about the ways funding has been allocated and used – that you'd like to see or see more of in the future</li> <li>2. What's been missing from how funds have been allocated and used that need to start happening in future</li> <li>3. What's been happening in allocating or using funds that you do NOT want to see happening in future</li> </ol> <p>Groups rotated around each question, discuss answers, write them on big Post-Its</p>	<p>Output data:</p> <p>Full range of factors considered for the future</p> <p>I'm unclear what this (below) means so cannot respond:</p> <p><i>"We need to refer specifically to SDH and population groups (participants should receive a copy). Where possible we should ask for specific examples."</i></p> <p>I propose that the quotes are entirely separate and placed separately. But I will include a question in the Introductions section where I ask them to read and discuss some of the quotes.</p>
15min	<b>Break</b>	Highlight quotes on wall and invite comments	Refreshments

25min	<b>Three-way ideas Part 2</b>	Go back to your first question, look at the big Post Its and prepare to and then summarise what's up there. Rest of group spots any duplicates, clarifies.	
20min	<b>Soft Shoe Shuffle</b>	Tim invites people to state a view about anything up on the Post-Its one at a time, after each view others who agree shuffle close to her or move away. This continues until it feels like ideas have stopped.	Researchers note what is said and does a quick count of people grouping around each statement. Output: full range of views and how much support they get Silence is an unlikely risk at this point in my experience, and pre-preparation risks being seen as manipulative. Also difficult to do because we have no idea what the Post-Its might say.
15min		Return to the questions. Check to see if anything needs adding. Then people given voting dots to allocate to the the points they think are most important. Top voting priorities highlighted.	Output: group priorities from their ideas of what will be important for the future. The reason for checking for additions is that the contributions from Soft Shoe Shuffle may prompt someone to say there now appears to be something missing from the original Post Its
15min	<b>Checkout from the research conversations</b>	How has the morning been for you in two words? Anything else you want to say to everyone before stopping for lunch	<i>Ideas for future research</i> This is covered I think by the questionnaires and its insertion here risks making what needs to be a short close more lengthy and also introducing potentially new ideas without the opportunity to discuss them
1 hour	<b>Next steps</b>	Explain questionnaire completion followed by lunch Highlight quotes on wall – and invite comments	
	<b>Questionnaire Completion</b>		
	<b>Lunch</b>		Output: data about shifts of views
<b>Meeting ends</b>			
	<b>Reserve activity if time allows</b>	Encourage table groups to identify recommendations (one or maybe more) to manage and/or allocate funding in the future. Then get a simultaneous 3-way vote: Yes/No/ Not bothered either way	The voting process enables everyone to see if this is a consensus recommendation or a recommendation from some people.

**Annex 7****End of the workshop questionnaire**

**1a. Have you heard any viewpoints during the workshop that you had not previously considered?**

YES  NO

**1b. If yes, what were they?**

**2. Have your views on how any potential loss of EU Structural Funding may impact on social determinants of health/population groups (or other topics discussed during the telephone interview) changed following your participation in the workshop today?**

YES  NO

**2a. If yes, please elaborate**

**3. Following today's workshop what are your key concerns (if any) for the health and well-being of vulnerable populations once EU Structural (and other EU funding) ceases? (Please refer to the Populations and Health Determinants checklists)**

**4. Based on your own experience and everything that has been discussed today, what are the key messages you think decision-makers should take away regarding the loss of EU funding streams and your local community**

**4. Based on your professional and personal experience and everything that has been discussed today, what would be your key recommendation(s) for the future management and/or allocation of funding in your local area?**

**5. Do you feel that you were able to air your views during the workshop?**

Not well at all	Not well	Somewhat well	Very well	Extremely well
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**5a. Are there any additional views you would like to share?**

## Annex 8

## Research protocol

Analysis and policy papers from UK Government Departments, UK Parliament, Welsh Government, National Assembly for Wales	Include
Statistical modelling of the impact of a range of Brexit scenarios from respected independent, governmental organisation and peer review articles.	Include
Government agency publications.	Include
Peer review journal articles.	Include Review or primary research Editorials – treat as stakeholder opinion
Analysis by policy organisations e.g. Bevan Foundation	Include
Position statements and reports by professional bodies e.g. BMA, NHS Confederation.	Include as stakeholder opinion
Position statements and analysis from trade and industry bodies and organisations	Include as stakeholder opinion
Newspaper articles	Treat as contextual information
Opinion pieces	Treat as contextual information or as stakeholder opinion

\* *Publications limited to English language.*

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