



Place-based policy in Wales

Introduction

The British Academy

The British Academy is the national body for humanities and social sciences. This is a fellowship of around 1,300 renowned scholars in humanities and social sciences. The Academy's work is very much about championing research and stimulating debate around issues relevant to research, but also about how research can influence and contribute to wider public policy debates. The Academy holds lectures, publications and conferences – videos and summaries of many of these are on the [Academy's website](#).

Where We Live Now

The *Where We Live Now* project is a project of two halves. The first half has been focused on understanding how people relate to places and the different ways in which that happens, particularly the different spatial levels that people feel connected to: their street, their city, their region, their country. The second part of the project is about what that means for policymaking. The project has been looking at the number of different policy areas across a variety of scales of place to develop some policy recommendations around how central and local policies are developed, and the interaction and relationship between the two. The purpose of *Where We Live Now* has been to look at how policymaking can be better aligned to the scale and the level at which people relate and feel they have a connection and an investment.

What we've learnt so far

The discussion in Wales is the latest in a series of workshops around England and Wales to capture ideas about place-based solutions that can promote wellbeing and economic growth hand in hand. Each discussion has looked at these issues through a different lens: in Manchester the focus was on employment and culture, and in Cornwall the focus was environment and sustainability. The discussion in Cardiff, which this paper will summarise, is focused around health and public health, and how that then relates to growth and productivity.

One issue that has emerged so far from these workshops is that, in some ways, devolution is about more than just devolving power down. What more do we need to do beyond devolving power down to get policies to be developed from the bottom-up with a sense of place and how people connect to place?

Lessons from Manchester and Cornwall

The discussion in Manchester raised the issue of where a place-based approach might be most appropriate, and whether it actually goes too far towards weakening already fragmented national institutions, which are vital to many people. In some instances, national standards may be necessary, whilst place-based policies which can improve the quality of life – rather than constitute an excuse for not meeting the original standards – could be helpful in other areas, in order to rethink how key services have previously been configured.

A theme arising strongly in both discussions concerns how we measure success. The project began with a focus on place and productivity, but with healthy criticism of traditional ideas of productivity and the measures of productivity. In the scope of these discussions, we have considered the relationship between place, culture, health and wellbeing, and ultimately how we measure success, and whether those concepts are adequately recognised in measures of success.

An interesting question, which remains to be answered, is the relationship between wellbeing and productivity: is wellbeing something that will make us all more productive and improve national productivity; or is productivity a means to an end, with the ultimate aim of wellbeing?

There is an interesting theme around place being a useful way of thinking about integrated services, something that shall be discussed in the Welsh context. How place can serve to integrate services more effectively, away from crisis-response mode and towards prevention? With this in mind, both discussions touched on the unfashionable, yet vital nature of planning systems, which have so often resisted revitalisation efforts.

In both Manchester and Cornwall, issues were raised around rural areas and the places in-between cities and the big centres of population. This has been of particular concern for this project, in terms of both the relationship between those places and the cities, but also what is particular about those places in terms of isolation and connectivity.

In Cornwall, much of the discussion focused on environmental culture. There was a very strong sense of the specialness of Cornwall and the sense of pride in that, in addition to wanting the future development of Cornwall to be based on the existing assets of Cornwall: things that make it special. There are issues in Cornwall around underemployment, high levels of inactivity, a mismatch between employment and skills, some of which may sound familiar in the Welsh experience. Cornwall's strength is tourism and its international reputation for food and drink, its heritage and natural beauty. Yet, the industries that serve that around tourism and the service sector are still very unstable, very fragile and very low paid.

The converse of bountiful natural assets is rural isolation. Technology and broadband connectivity, both for businesses and to enable connectivity in rural areas, is important to overcome issues around this. Concerning those natural assets, Cornwall has a focus on its coastal and marine assets, which has led to some of its particular industries: hydroelectric energy, aerospace and maritime. Related to this innovation is the question of how we connect regional policy with academic research and industry.

This briefing will cover issues around how far health inequalities impede growth and, on the other side of that, how far public health solutions improve growth and productivity. The briefing will then cover what we have learned around place-based solutions as to how they can support productivity and joined-up services. This briefing focuses on health issues, with the acknowledgement that those issues are paradigms for other broader issues, with lessons, both good and bad, from that relationship between health and productivity. There may well be lessons for other areas of policy as well.

Wales Studies

The Learned Society of Wales conducts important work in the field of Wales or Welsh studies. There is some debate as to what we call it in English. In Welsh, it is easier because there is a different word for 'Welsh' as an adjective or referring to people, and the language. One might be familiar with Irish

studies, Scottish studies or the lack of English studies. However, Welsh or Wales studies is a forgotten branch of this four nations narrative. Welsh studies is the study of every aspect of that which has made and continues to make the Welsh people and the nation what they are; it is 'where we live now'. Spanning sciences as well as arts and humanities, Wales studies provides opportunities to develop the knowledge and understanding of Wales, its people, society, economy, languages, cultures, heritage and natural environments. Although the field is quite well established in the humanities, in both languages, and the creation and development of [WISERD](#) (Wales Institute of Social & Economic Research, Data & Methods) has cemented the concept of Wales-based studies in social sciences, in the sciences it is more of an emergent field.

However, there is at present no obligation on Welsh Higher Education Institutions to deliver or support Wales-specific scholarship, and funding for the field is often precarious. Also, some research in may be deemed 'too Welsh' for publishers based outside Wales. Throughout 2016-17 the Society will work to heighten activity and promote work that is being done in the field, and will seek to try and coordinate some form of support and recognition for what are essentially the stories of Wales today.

Place is very much part of Wales studies, as it is very much part of the Welsh language and the Welsh experience. For example, in Welsh, there are two words for the word 'landscape': there is *tirwedd* and *tirlun*. *Tirwedd* describes the shape of the land and its physicality, whereas *tirlun* reflects the image of landscape and our perception of landscape in social and cultural terms. There is already a split in Wales as to how you fundamentally understand place. This is further emphasised by the Welsh concept of *cynefin*. It is less well known than the Welsh concept of *hiraeth* (a melancholic nostalgia for Wales of days past), but *cynefin* is equally almost unique. It relates specifically to place and the community of that place; it is a form of habitat. It is the place to which you belong and how it is understood as a place in time by the multiplicity of narratives that intersect to create settled place, belonging and identity. As Kyffin Williams explained, it is a place with everything in it. Its significance to *Where We Live Now* and to Wales today is unquestionable.

Public Health in Wales as Compared to England: What Does the Data Say?

This is a brief overview of public health in Wales, using some of the data from ONS and Public Health Wales. The data includes figures from the 2011 Census in Wales.

	Unitary Authority		Life Expectancy (years)	Healthy Life Expectancy (years)	Proportion of Life Spent in "good" health	Healthy Life Expectancy Rank
Top 5	Male	Monmouthshire	80.0	65.0	81.3	1
		Powys	79.8	64.6	80.9	2
		Gwynedd	78.7	64.4	81.8	3
		Flintshire	78.9	63.9	80.9	4
		Vale of Glamorgan	79.5	63.8	80.3	5
	Female	Gwynedd	82.9	66.4	80.1	1
		Powys	83.4	65.9	79.0	2
		Monmouthshire	83.7	65.8	78.6	3
		Ceredigion	83.7	65.4	78.1	4

		Isle of Anglesey	82.9	65.3	78.7	5
Bottom 5	Male	Caerphilly	77.5	57.8	74.6	18
		Neath Port Talbot	76.6	57.8	75.4	19
		Rhondda Cynon Taf	76.3	57.2	75.0	20
		Merthyr Tydfil	77.4	56.3	72.7	21
		Blaenau Gwent	75.7	56.0	74.0	22
	Female	Caerphilly	81.4	58.7	72.1	18
		Neath Port Talbot	81.2	58.5	72.0	19
		Rhondda Cynon Taf	80.9	58.5	72.2	20
		Merthyr Tydfil	81.0	57.3	70.7	21
		Blaenau Gwent	79.9	57.0	71.4	22

The table above shows the best and worst areas in Wales in terms of healthy life expectancy, with Monmouthshire as the place to be for males and Gwynedd for females. This data will feed into the current independent review of the state pension age. It is important to emphasise that it is not where you live; it is how you live that impacts on your health. A person living in Monmouthshire with an unhealthy lifestyle is not going to live as long as the average for that area.

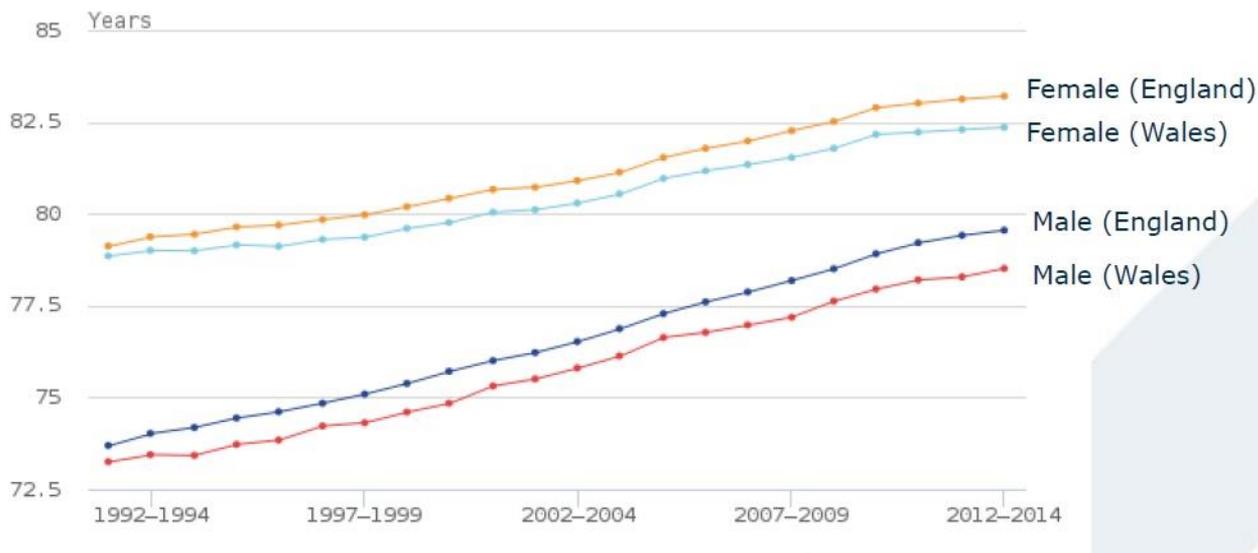
The table shows Monmouthshire, Powys, Gwynedd, Flintshire and the Vale of Glamorgan are the top places, and then Caerphilly, Neath Port Talbot, Rhondda Cynon Taf, Merthyr and Blaenau are the worst – worsening as you travel into the valley areas. Generally, the poorer outcomes are in the Valleys.

Comparing England and Wales

Health inequalities are lower in Wales than they are in England but this is generally because the better areas in England are just far better so the difference is greater. In Monmouthshire, the average male lives nine years longer in *good* health than in Blaenau Gwent (56 years against 65 years), and an average of five years longer as well. 81% of a male's life would be spent in good health in Monmouthshire, so in Blaenau Gwent you die earlier and spend only 74% of your life in good health.

As discussed, there is a nine-year gap between the best and the worst healthy life expectancy in Wales. There is a much bigger gap of 15.5 years in England. Wokingham is at the top, with 70.5 years, whereas in Blackpool it is 55 years. Blackpool is marginally worse than Blaenau Gwent, but Wokingham is far better than Monmouthshire, so that is why, in England, health inequalities generally are worse in relative terms. There is greater inequality in women in England, with a 17.8-year gap whereas in Wales, it is a 9.4-year gap.

According to the maps on the previous page (ONS Health Inequalities in Wales 2016), the more purple the colour indicates reduced life expectancy, which can be mapped side-by-side with the Welsh index of multiple deprivation. There is a range of factors on the index of multiple deprivation, which must be taken into account but it is clear to see from the map that areas with poor life expectancy outcomes have the higher rates of deprivation. That has changed over time as well, so things are improving throughout the UK.



As the table above shows, females in England fare the best, then females in Wales, followed by males in England and males in Wales. Life expectancy has been increasing faster in England than in Wales, but it has increased for everybody across the period by 5.3 years in Wales for men and 3.5 years for females. The gap between men and women has been narrowing, and that is in England, Wales and across the different countries, so inequality between the genders is narrowing. ONS reporting from late 2015 looking at life expectancy in the UK using socioeconomic class demonstrates that the highest social class of men are outliving the lower socioeconomic class of women, so social class in England makes a genuine difference.

State pension age and lifestyle

The ONS has produced some figures for Wales and England for the state pension age review. When the review was announced there were early newspaper headlines indicating that people in Blackpool and Glasgow would be able to get the state pension many years earlier than people in the South East of England, due to reduced life expectancy in those areas. John Cridland, who is leading the review, is keen to emphasise that it is not just a case of where people live; it is how they live their lives. However, related to how people live their lives, there are many factors in terms of the education of their parents, and so on. These are not individual factors, but systemic, and require serious analysis before decisions are made that affect people's lives.

Considering smoking, as with life expectancy Blackpool is the worst and Wokingham the best, so it is clear that smoking must be tackled in order to improve health outcomes. In Wales smoking prevalence is lowest in the Vale of Glamorgan, where the healthy life expectancy is on the higher end, whilst Blaenau Gwent is again on the higher end for smoking. You generally see a picture of the valley areas as having high unemployment and high sickness rates.

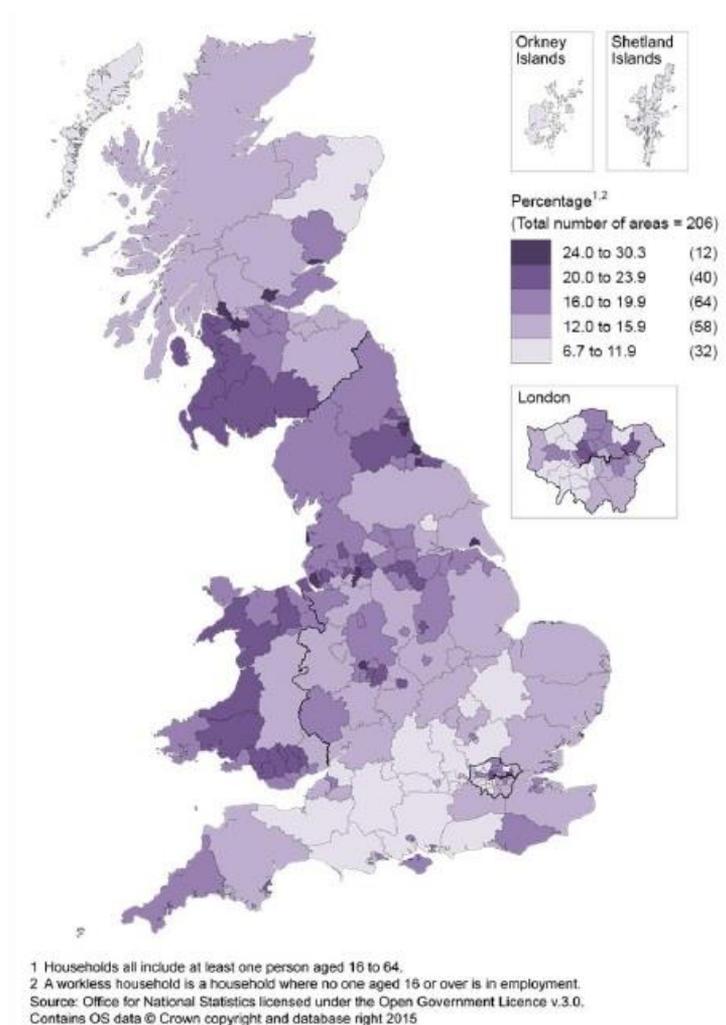
There is also a similar, if imperfect, relationship for exercise. In most of the areas there is no relationship, but generally, as more exercise becomes a factor, healthy life expectancy tends to improve. In England, you see the same picture. This data employs a slightly different metric, which asks simply whether a person, in the average day, does 30 minutes' exercise. The valley areas are the lowest for physical

activity whilst Monmouthshire, where we have good healthy life expectancy outcomes ranks high for physical activity.

Similarly, there is a higher proportion of people eating five-a-day recommendation where you see healthy life expectancy improving, and the Welsh Valleys, again, tend to be quite poor in terms of healthy eating – Neath Port Talbot has the lowest proportion of adults recorded as eating five-a-day at 26.8% compared to the highest - 39.3% in Ceredigion.

The final factor tested looks at people who are classed as obese or overweight. Again the Welsh Valleys areas tend to be higher. There is a stronger relationship between obesity and the previous factors of poor diet, lack of exercise and propensity for smoking. Monmouthshire is the lowest at 50.8% recorded as obese or overweight, compared to 63.9% in the Rhondda Cynon Taf. The average in Wales is 58.1% compared to 64.6% in England.

In term of cost to society, there are a number bodies set up to tackle this but the way the health services are set up increases inequality. With screening programmes, the people that we want to reach, who are most at risk of becoming ill, are the ones who do not come forward. The health system itself needs to do things differently to try to reach these people.



Lastly, considering workless households across the UK as mapped above (ONS Health Inequalities in Wales 2016), the darker areas represent a higher proportion of workless households. Wales, Scotland, in particular around Glasgow, Liverpool and the North East have a higher proportion of workless households than the majority of England. All the areas where workless households abound are the areas where 100 years ago there probably would not have been any at all, because of the mines and heavy industry in South Wales. In Liverpool, there were the docks. In Glasgow, there was shipbuilding.

Looking at the households with one person of working age, and take out all those who are over 65, the most common reason given in all parts of the UK for being out of work is sickness or disability, not unemployment. This figure is 32% in Wales, compared with 16% who give unemployment as the reason. This was highest in Northern Ireland at 39% compared with 14% giving unemployment as the reason. Northern Ireland also had the highest proportion of people not working due to caring for family or the home at 19%. Wales does have the highest percentage of people declared as retired early; but Wales also has an older population. Across all four countries the highest proportion of people declared as unemployed was in Scotland and England.

Cynefin – Social Cohesion and Pride of Place: Place-Based Solutions to Public Health Issues

Complex adaptive systems thinking in the Cynefin Framework, as developed by David Snowden, in addition to smart governance, matter for decision-making and leading change for health and wellbeing, social cohesion and pride of place. In 2013 the Welsh Government launched the Cynefin Place Coordinator programmes. In addition, the arts are extremely important for health and culture in community development and helping to build social capital and community resilience. In addition, there is a need for a culture barometer for the whole of the health system that is both for organisations and the community. Finally, the law matters, in particular for the Well-being of Future Generations (Wales) Act 2015, to safeguard people and place by not mortgaging the future for present gain.

Complex Adaptive Systems

Public health requires systems thinking, as well as health services and social care research predominately focusing on the implementation of the translational pathway, that leads from basic science through clinical and care research to improve health and wellbeing for people living in Wales. The World Health Organisation, in its Europe 2020 health agenda, calls for action across government and society for health and wellbeing to create resilient communities and supportive environments to protect and promote health and a sense of belonging. This is what the Welsh word 'cynefin' actually signals, which is a place we can instinctively belong or feel closely connected.

Social cohesion and private place enable distinct communities to unify around ambitious goals to improve health systems, improve population health and boost economic growth as case studies in other countries have demonstrated. It is also useful to stress a number of things here, such as the importance of good policy and law as an instrument for social change; smart governance of and for health, which has been adopted by WHO as a way of describing major institutional adaptation observed in public and international organisations in the face of increasing interdependence and collaboration; and how it all explicitly linked to the wellbeing agenda.

There are other relevant sources such as the OECD working paper on public governance and national wellbeing, which reported that trust in others has repeatedly been found to be a vital support for happier lives - 'trust in one's local environment of friends, neighbours and workmates matters most of all.'

Smart Governance

As the WHO has recognised, smart governance requires high level systems thinking and recognition that the theories of complexity science are increasingly relevant to public policy. Nigel Crisp in his book on saving the NHS, just after he stood down as NHS Chief Executive, pointed out that there is little research on managing systems and relatively little is taught about it in our universities and institutions. He considers it is a matter of grave importance that we begin to understand systems thinking. Margaret Chan, currently the WHO Director-General, has expressed similar views.

Research on health systems has been badly neglected and underfunded. It is not widely recognised that health systems research is essential for strengthening health systems and achieving better health, locally and around the world. The Welsh Government's Health Protection Committee, when under the

chairmanship of Professor John Wyn Owen, recommended the Cynefin Framework to the Williams Commission, which amongst others had been used by governments for analysis, policy-making, organisational strategy, cultural change, national security and, by the Victoria state health department as part of its public health programme.

Cynefin Framework

The Cynefin Framework explores the relationship between people, experience and context. It draws on research into complex adaptive systems thinking, cognitive science, anthropology, narrative patterns as well as evolutionary psychology to describe problems, situations and systems. It explores the relationship between people, experience and context and proposes new ways for communication, decision-making, and knowledge management in complex social environments. Experts at Bangor University are working with the Wales Audit Office, the Bevan Commission, Public Health Wales and others on the practical application of complexity theory to government and governance in three areas: health, social work and development.

The University of Wales Trinity St Davids, firmly rooted in its local communities, many of which are predominantly rural, is now planning a further investment to contribute to a vision of what health services and wellbeing should look like in rural communities. It is to invest in two fellowships to explore the application of systems thinking, particularly the Cynefin Framework for sustainable health and wellbeing in rural settings. This will also contribute to the recently established new centre of excellence in the Mid Wales Healthcare Collaborative for rural health, and will also contribute to ARCH.

ARCH is an example of regional collaboration, which has recently received funding to work to transform the health and wellbeing of the people in Southwest Wales. The collaboration covers a population of 1 million people in six local authorities. It aims to solve the challenges faced by the NHS in Wales through research, innovation and skills development, working across a regional footprint. The principal collaborators are the two health boards and Swansea University, and the project sits alongside the Swansea city region.

It has three ambitions: health, economic and skills. Firstly, to improve health, reduce inequality, deliver excellence and make transformational change by integrating public, private and third sectors in a world-leading framework. Secondly, to verbalise the NHS to a step change in levels of healthcare innovation, effective translation of ideas for the benefit of the economy and create an exceptionally open, innovative culture, that will retain the best of life science enterprise. Thirdly, to create multi- and inter-professional learning and training.

The Arts

Systems thinking also requires public health leadership, which recognises the contribution which culture, including the arts in health, can make in supporting the ambitions of every health service-related organisation. Cynefin, a place where we feel instinctively we belong or feel connected, is frequently determined by experience both through the direct influence of personal experience and through collective experience such as stories, music or the arts. These can help to build social capital and community resilience.

Arts and health have been used in numerous ways to regenerate, strengthen and enrich some of our poorest communities and improve quality of life for disadvantaged people. An example is the AHRC project led by Professor Gareth Williams, which aims to explore how community representations produced through creative art practices can be used as forms of evidence to inform health-related policy and service development, and ways in which policy-makers can engage more effectively in dialogue with communities.

Cultural Competence

Cultural competence was one of the recommendations in the Mid Staffordshire inquiry. A cultural barometer is a tool or a methodology to measure the cultural health of all parts of the health system. Thus far, the recommendation has been narrowly interpreted and restricted to internal matters of health service authorisations. The arts and health wellbeing community practice – and those focused on place-based solutions – should press for a fully comprehensive cultural barometer, to ensure it measures the whole health system including resilience, individuals and communities, and care organisations as a way to define the way of life of a society, in line with the ONS initiative on measuring what matters and understanding the nation's wellbeing. In addition, there is a need to introduce humanities into health professional education.

By and large, organisational managers and chief executives measure performance but do not look at the culture of their organisation. It would pay them dividends if they actually looked at the culture. Mid Staffordshire is an example of how we ended up in staff culture as such uncaring people, and the subsequent recommendation for a cultural barometer for the whole system to strengthen the cultural aspects of caring. This means both the culture of the community that is being served by these institutions as well as the internal culture of the organisations. The Department of Health only focused on the cultural qualities of a successful organisation.

'Britain, part of Europe as well as the Commonwealth, is a society of many races, cultures, religions, habits, and health professionals must be aware of the need to understand such diversity to learn how to communicate with persons of whatever background and be prepared to initiate, adapt to and comprehend change.' (Windsor Declaration of Arts & Health) A culture barometer would let us know whether we are making progress.

Why law matters

Law matters as an important instrument for social change, as recognised by the WHO Commission on Social Determinants of Health. An example of this is the Well-being of Future Generations (Wales) Act 2015.

Work on new realities for global health conducted by Public Health Wales and the Learned Society of Wales, led to recommendations by the InterAction Council to global leaders that public health has to be seen in the larger context of planetary health. Only through the implementation at the national level of the UN Sustainable Development Goals can public and planetary health be assured.

The Council also recommended to global leaders that communities consider engaging and adopting similar national, regional and local approaches as the 2015 Welsh legislation. Public Health Wales has also published an example of how, incorporating the Bevan principles and sustainable development goals, it is possible to help take the agenda forward, with distinctive Welsh policy. The Bevan Commission principles and Sustainable Development Goals incorporated are: the importance of the long term; integration; collaboration and systems working; involvement and coproduction; minimise and mitigate harms to health and reduce variation; and address the greatest population health needs first ensuring proportionate universalism.

Hon

Hon, meaning 'she', is a poem by Sir Thomas Parry-Williams, a learned poet, writer and university professor and probably one of the greatest Welsh poets of all time. Seamus Heaney also looks at Ireland as a 'she' and contrasts it with England, which is masculine.

*'Beth yw'r ots gennyf i am Gymru? Damwain a hap / Yw fy mod yn ei libart yn byw.
Nid yw hon ar fap [...] yn dipyn o boendod i'r rhai sy'n credu mewn trefn [...] Yn ôl
i'm cynefin gynt, a'm dychymyg yn drên.'*

(translation overleaf)

'What do I care of Wales? It is by accident and chance that I am living here. It is nothing but a piece of land in a hidden creek and a bit of a nuisance for those who believe in order. Anyhow, now that I am here, I go for a walk and am grateful for being lost. But, this is the place of my birth, somewhere between Earth and Heaven, and am starting to become unsteady as I begin to appreciate the importance of my cynefin. All I can say is God save me for I cannot leave this place.'

Culture(s) and wellbeing

Looking holistically at the 'culture' of an organisation in relation to the communities it serves, raises important questions about how culture is understood. Interventions related to diet overlaps onto a central separate part of people's culture, and can appear to be an attack hence the need for cultural competence. We must be careful to avoid bifurcating culture into high and low, or assuming it is one homogeneous thing. The workplace is also important in this regard, and there are questions as to the extent to which culture is a replacement for work, for example, in former mining towns. Cultural organisations have the capacity to fulfil the social support mechanism that workmates used to provide.

Gwenda Thomas used to be the Deputy Minister for Social Services and was vice chair of the Welsh Government's Tackling Poverty Commission. She represented Neath, with some extremely deprived communities, but she argued that a community with a choir was less poor than a community without a choir, because that sense of solidarity and social contact allowed people to thrive, and in areas where not only was there deep poverty but also a serious sense of social isolation, it rendered them in a much more parlous state.

A large portion of the third sector is made up by sports and arts groups, which can benefit wellbeing, including mental health and preventing loneliness. The Well-being of Future Generations (Wales) Act 2015 puts an emphasis on prevention and a new All-party Parliamentary Group for Arts, Health and Wellbeing will hopefully be able to convey this message to the government. An equivalent all-party parliamentary group in the National Assembly would also give legitimacy to the people working in small detached ways across Wales on a range of activities.

Merthyr Tydfil has a very strong sense of culture, context and class. Research conducted almost 20 years ago by the Gellideg Foundation asked what it meant to be living in the Valleys. 'Poor' is not really a word they would associate with themselves. A poor person does not know anyone, does not know their neighbour, has nobody they can turn to. Horizontal networks are very tight and close, breaking out of that is extremely difficult and relates not just to social network, but what you do in your leisure time, employment, what you eat and so on. It is a very strong cultural context but very difficult to change with direct health messages.

Data and spatial scale: professional knowledge

Spatial scale presents a particular issue in the context of data collection. One suggestion would be for the ONS to look at inequalities at a more local, district level to further unpack these factors. For example, Glasgow has a health inequality problem, to which mobility is central. People who have moved out of areas experiencing high inequality do seem to get healthier and people who have stayed become unhealthier. Accounting for people who are unable to move or do not want to move - residual populations - and subsequent generations, the map becomes less static, and starts to show different levels of mobility.

An example is Cwm Taf, where school nurses were amazed at maps showing the greatest obesity prevalence in five-year-olds. They thought it would be in Abercynon, for example, but their surprise indicates that misconceptions amongst the professionals. The people who are working in those communities require more information, otherwise they would have focused their efforts elsewhere without the right data.

Health, Growth and the Use of Evidence in Policy

Concerning health and productivity, there is a bilateral link between health and wellbeing on the one hand and employment on the other. As outlined further above, one of the biggest reasons that people are not in employment, is due to physical and mental ill health. Also, the significance of employment in terms of wellbeing is integral.

Infrastructure and Skills

Looking at productivity in Wales, investment in infrastructure, particularly connectivity, is a key consideration, which is interesting in the context of places, cultures and communities. Perhaps more significant is skills. One of the biggest predictors of one's employment is skill level. There is a dotted line between health and wellbeing, employment, and productivity and skills. The biggest project for a region like Wales to improve economic performance would be to focus on reducing the proportion of people with low skills.

Demographic Change

The other crucial factor between health and productivity is demographic change. The Public Policy Institute for Wales has been working with NHS Wales to address the challenges it faces in terms of the gap between likely resources and likely cost pressures. One of the factors that drives likely cost pressures is demographic change, ageing people and the related cost of services. Considering the workforce draws from the same pool of people, there is a challenge for the NHS, and more generally a challenge to the Welsh Government and Welsh society, to think about how to use an ageing workforce in the most effective way.

Evidence Base

The PPIW has produced a piece of work reviewing the evidence of place-based approaches. There is little high quality evidence on the effect of place-based approaches. There is some evidence around area-based initiatives, but little in relation to initiatives that have been formalised through the Well-being of Future Generations Act in Wales and through City Deals. There is a dearth of good quality evidence about the benefits of that kind of devolutionary, place-based policymaking and place-based service delivery. This does not mean that there is not a strong logic for such thinking, in particularly for tailoring services to local communities, but there is currently no strong evidence base upon which to decide how to do, so or that it will necessarily lead to benefits.

People Not Place

The data on health inequalities by place emphasises that it is about people and not place. The importance of a place-based approach is that you are working with people. The map of areas with concentrations of people with unhealthy lifestyles or low life expectancy actually shows a concentration of behaviours. It is interesting to then consider what the relationship is between place and behaviours. (Discussed in the text box above as one interpretation of the 'culture' of a place.) There is a consistent message across the full range of Welsh Government activity about the importance of local context, of professional judgment by those delivering services and of working with you, rather than for. Considering the best way to achieve change and what the evidence says, the real issue is getting the available evidence to the people who have to make decisions at local level with the population they are trying to affect. Both doing that and giving evidence to inform practice is not well understood.

Disconnect

There is an awareness, as with the referendum result, of a disconnect between the Welsh Government, elected representatives and the public sector agencies; and the populations that they serve. They do not

know why it matters and what to do about it. Related to that, public bodies are putting themselves forward to conduct wellbeing assessments, as part of their duties under the Well-being of Future Generations Act. Part of that process should be engaging their communities and understanding their views on the assessments. Anecdotal evidence suggests this is very difficult: people do not understand, are focusing on hyper-local concerns such as dog fouling rather than the global pressures that will influence Wales in the next few years.

Participation

However, related to those local concerns, having a voice and agency is important for wellbeing - being able to participate meaningfully in shaping decisions that affect you in your local area. There have been attempts to do this through participatory democracy approaches, such as citizens juries. There is no universal level at which you have participative democracy, which level of policy and where it will feel most meaningful so that people want to be engaged and talk about it.

The Interaction between Health Inequalities and Stagnated Growth

Place-based health is part of broader sustainability questions, both relating to ecology and human metabolism. New research methodologies and deep place studies can help us to understand what places are, and how people are redefining their places and their assets in those places in different ways.

Comprehensive Systems

In the wake of 'Brexit' many organisations seem to be carrying on with 'business as usual' (including parts of the Welsh Government), expecting Westminster to provide regional development initiatives and CAP reform policies, and so on. This can be considered as an 'EU-lite' approach to the present circumstances.

However, this is an opportunity to begin again with a blank sheet of paper. It is perhaps time to consider how we would organise more effectively place-based sustainable health initiatives and developmental policies, without having to develop policies in line with pre-existing objectives. We could create more comprehensive systems that are more aligned with the Sustainable Development Goals, COP 21 and a whole range of other initiatives.

Persuasion and reflexive governance

However, a note of caution puts in mind the unpopularity of 'experts' during the referendum. New forms of persuasion in political processes are needed. We have to develop a reflexive type of governance which recognises the knowledges that we have, but ensures that they do not fall on deaf ears. Institutional deafness or blockaging is an active process of government. Organisations and universities are increasingly geared to this process of informing how we impact. We must continually problematise this. We must also recognise that the further up evidence travels, the more nuance seeps out. The present post-referendum UK political landscape, with the devolution settlement we currently have (and will have), is an opportunity to re-influence that process and encourage new thinking.

Resolving Spatial Concentration

As the data further up shows, there are serious issues of inequality in spatial concentration in the UK. The UK is not particularly big and has a massive amount of expertise. Yet, we seem unable to organise an economy which is distributed more socially and spatially. Such an asymmetrical geographical system of concentration makes little sense, but it prevails due to a powerful argument for the politics of agglomeration.

Sharing Infrastructure

Strong city regions, of one form or another, are necessary, however we ought to be able to share infrastructure such that postcodes do not matter so much in a country of this size. The introduction of broadband is a prime example of this spatial inequality, with rural areas still waiting. Other countries much smaller, such as Sweden and Denmark, do not have this issue as the notions of regional balance and distribution are clear to them. These notions are fundamental to sustainable development and the reduction of inequalities, in particular health inequalities. Arguments against a distributed economy – such as it being too localistic or parochial – are no longer good enough. They bring in new forms of interaction and transaction across the globe.

Sustainable Global Capitalism

Long-term sustainable capitalism can only take place by taking serious the Sustainable Development Goals in cooperation with the investment community. Potential tragedy on the horizon, such as the 2007-8 crash, can be avoided. Putting this in the Welsh context, and putting Wales in the global conversation, involves redefining productivity in terms of what is meant by a sustainable economy, within the urban and rural context.

Perhaps all of this boils down to actually moving *away* from purely place-based initiatives. In many respects, we have had community development initiatives for 50 years. *Cynefin* is undoubtedly a significant concept, however there is now a good argument for scaling out ways in which these initiatives multiply, and to do so in ways which devolve control down to our communities. This requires a Government to allow devolution to occur. The ways we govern – not only how we govern and what policies we have – are going to be critical to the progress that we desperately need to make in these areas.

Place-Based Solutions and Tackling Health and Employment Inequality Together

Policy Approaches

The Future Generations Act is an example of visionary policy in Wales. There are also policies for social care and wellbeing in the pipeline. Policy in Wales tends to be people-centred, such as with planning. The issue, referring back to systems thinking, is that we do not yet know how to implement those policies.

As has been discussed, there are place-based, area-based multiple agency group briefings. These incur endless meetings and dialogue and yet, multiple agencies often work in silo. The lack of joined up approach can be a factor in serious failings in the welfare of vulnerable families, who end up with multiple case officers. Delivery of the policies is an issue.

Self-Reporting

The health inequalities data is very useful for identifying health issues but people who we most want (or need) to come forward do not. We must ask who is recognising those issues. People and Work recently looked at speech and language therapy in a Welsh community, and found parents did not recognise that their children had issues. If people are unable to recognise concerns, it becomes difficult to engage with it and to decide that services need to be brought in.

Genuine co-production

Related to this issue is getting communities into a position where they recognise connections between areas of concern, for example, skills and education, and health. This is a slow process and begins with meeting and establishing a partnership in the community. It involves professionals understanding that

from the perspective of the community, for example, a local area may not have the labour market to meet the needs of the school. Statistics may tell us a lot about a place but talking to a community, it becomes possible to gauge the most pressing concerns. A community-based partnership approach can build a bridge between residents and services so that people feel more informed and reassured that somebody is watching out.

Adult learning is an example where the approach of service providers can be reoriented to the needs of the community, rather than offering courses through a seller-based process. This leads to genuine co-production, where everybody involved has the same equality of power, knowledge and understanding. This raises questions for how to bring in research at a community level – communicating relevant research findings such as early learning techniques - in order to empower people.

Feedback

Part of this approach is about having good leadership and, to start with, some engaged and informed community members who can gather people, convene meetings and really question agencies and providers about the kinds of courses and interventions they are pushing. This approach has been implemented successfully by People and Work, and through discussing employment needs, eventually health issues – the most difficult topic to engage with - began to be addressed with positive outcomes. This approach empowers communities to provide feedback on services and providers, either through mediators or directly. Long-term benefits can vary but in the community example discussed, after ten years, people felt their community was safer, friendlier, had more respect and belief in learning, more confidence in the school, and that health issues were no longer insurmountable or inevitable.

The focus should be the quality of the relationship that is developing within the community. In order to have person-centred services and co-production services, the relationship must develop from within the community, whereby people are able to genuinely and effectively involve themselves in those services. The Welsh Government's Communities First programme is a good example of a community driven multi-faceted approach to poverty reduction connecting health, education and employment. However, the strain of austerity measures on resources has affected delivery for very vulnerable communities. The concern at present is how this will affect that vital layer of informed, professional community mediation.

People not Place

As discussed, it is about people, not place - 'place' is simply a useful proxy. Done properly, engagement is a long-term, intensive experience. Too often, policy-making tends to take the standard consultation approach rather than properly engaging with communities who are likely to be hard to reach. It might be expensive for policymakers or governments to go and do that work but it needs to be done and it needs to be done effectively. The fact that 50% turnout in the National Assembly election has never been achieved shows how disengaged communities are in Wales.

Professionals should understand the context (or culture) of a place, and listen to feedback. Partnership working must 'move at the pace of trust'. It takes time before meaningful results in terms of community engagement are achieved and before that can feed back into building the process. In addition, trust and consistency go hand in hand – interventions fail when a community does not know who to turn to – having, for example, numerous community development workers, failing to handover information or consider the facts before implementing ideas, reinforce the notion that services enter a community and do *to* people rather than *with*.

The Office for National Statistics will be conducting reviews about what works in co-production, looking beyond the statistical picture, to understand the 'why' and the 'how'. In order to do that, the ONS will be looking at quality research and the methods of actually engaging with local people to understand what is happening at the local level, in order to find out what really matters to local people. This will employ both qualitative and quantitative evidence and the rest of the What Works network is also moving in that direction.

Preventative actions are good value in the long-term, but questions remain whether we have enough of an evidence base to persuade policymakers that this is the cost-effective way forward. The bottom line is the quality of the relationships between the community and the people who work with them. The difficulty is the data is not being captured in order for decision-makers to recognise the value of it. It is not necessarily expensive to do so, but it is very difficult to measure. This raises the related problem of only doing what can be measured, rather than what we should be doing.

Devolution and the Economy

Places are part of a much bigger system – we cannot solve community issues in their entirety by focusing on one place. This goes some way towards explaining why we have such an imbalanced economy in the UK. City Deals, in a sense, are a way for a place to generate revenue on its own terms: it engages self-decision, and co-production as a way of sorting out budgetary issues or as a way of cutting costs. However, the approach discussed further above is about the importance of actually investing over a sustained period as well as having investment initiatives if the funding dries up.

In Wales there is an unspoken consensus around economic policy-making relating to agglomeration as the only way forward. The proponents of this view do not speak about or with communities. Therefore, there is also disregard for genuine co-production. There has been a lack of reflexive government in terms of economic policymaking in Wales. Devolution in its current form prevents distribution of resources across Wales. The Well-being of Future Generations Act is a step in the right direction, although some argue that it is flawed - its impact upon economic policy-making is highly questionable.

More so than in other European countries, the UK has lost that ethic of trying to enhance the opportunities or standard of opportunities wherever you are. We have lost that despite economic growth in the last 20 years. We are now facing the consequences of it. If we were to go from square one, one suggestion would be to change the Barnett formula, which is still creating, in a sense, this new colonialism. We must consider what sort of fiscal arrangements we will need to create more balanced opportunities.

Some have argued that there is little reliable evidence for place-based solutions, but this is only true in certain quarters because it is not taken seriously. There is a tendency for academics to talk to each other in obscure language without actually looking at the empirical evidence that exists across Wales, locally as well as globally. It is not taken seriously because there is an elite, which is close-minded to alternatives. Alternatives do exist and do work, people are creatively engaging with them. However, so often the reflexive governance that we expect from devolution is instead closed.

It has been very difficult to challenge the Government on its economic policy. In rebalancing the United Kingdom, it is important to understand that Wales is still sometimes seen (and sees itself) as a peripheral, dependent economy. In Scotland, revenues have disappeared and it is now almost entirely dependent on revenue transfers from the Treasury. The regions are so dependent on public funding that is raised in another economic region.

Rhodri Morgan, former First Minister of Wales, once said that the UK Labour Government policy was designed for London; and economic policy for the United Kingdom would have been completely different if they decided to solve Birmingham's problems. Wales's GVA is low in comparison, and is still on a downwards trajectory around economic and wealth creation. The Future Generations Act may allow Wales to hold Government Ministers to account about the economy. That was what devolution was intended to bring: government closer to the people.

The economy is often regarded as static. We concentrate on the supply side of skills and getting people working but where is the demand side? What is the economy going to look like? What sort of economy are we going to have? We still need people to work and provide services, and manufacturing. We need a much more diversified economy and a green, post-Cardiff agenda, we do not have an economic strategy for different regions, let alone Wales as a whole.

Public Services: health and beyond

It is going to be a particularly important time for Public Health Wales, as a national public health body, to determine its role, and how it needs to change how it operates, in order to free up capacity and genuinely engage with people. Public services in Wales have hidden behind the narrative – myth or not – that people are only concerned with hyper-local issues such as dog fouling, rather than the longer-term, broader (and often more abstract) issues, such as employment and health interactions.

Public Health Wales is trying to work with health professionals to spread the understanding that work is good for health. This has involved some practical work with GPs and Jobcentre Plus to help people back into work, as well as looking after the health of people while they are in work.

Good work is advantageous for confidence and mobility, not just any work. Zero hour contracts, unstable employment, having to spend a lot of wages and time to travel to and from work is not good for health. When talking about jobs, employment and communities, the quality of employment and how that affects health must be the primary consideration.

Ill health in Wales is still of a level one would expect from dangerous industries like steel and coal. This relates to the link between ill health and deprivation, and the lack of mobility in some of those communities. Similarly, the Public Health Wales Child Mortality Annual Report proves that there is a concentration of early child deaths linked to poverty. People's horizons have been gradually lowered. An ESF project in Tredegar conducted an exit survey asking: 'How close to your home should a place of employment be?' Results indicate that people feel they ought to live and work in Tredegar, and should not think they can travel the world and get an exciting job. That culture is very much associated with that place and it has to be tackled in that place.

The health data discussed further above show how many people throughout the UK are not in work and the overwhelming reason of sickness/disability – the current benefits system means that a person receives more money for being off sick than unemployed. Regardless of right or wrong, front line clinicians and GPs feel incentivised to complete these forms to give people a better quality of life because income is better this way. The underlying reasons given are mental health and back pain, less provable than cardiac disease, but more prevalent.

Transport and Connectivity

North and south Wales are almost two separate countries. Cardiff is the epicentre of Wales, as London is for England – and there is a strong sense that nobody cares about anything beyond. There are massive transport challenges; it is easier to get to the M25 than it is to get to the middle of Wales. Some organisations must conduct meetings in the middle of Wales so that people from the north and south can attend, but the transport links to those places are so poor.

Similarly, Wales is not a self-contained entity. There are east-west links, Aberystwyth through to Birmingham, and North Wales to Liverpool. Yet, Cardiff is the capital and there are probably more Welsh speakers in Cardiff than there are distributed in the rural communities in North Wales. The language and the culture is identifiable in the city.

North Wales is very different from East and South Wales but just 20 miles up the valley are places like Tredegar which are very different altogether. Trying to find a 'sense of place' involves appreciating that Wales is not a homogenous whole. Grangetown is not a homogenous whole; nor is Merthyr. No community is demonstrative of all of its inhabitants (even though the culture of a place can be strong and containing).

Conclusion

At a time of political devolution, new ways in which we co-produce and use all the sectors of the Welsh society are possible. The evidence for health inequalities, and the underlying causes, shows how we can use health as a paradigm for the way that we do things across services. Revitalising the way that we do policy and deliver services requires the courage to view Brexit as a good chance to start with a blank sheet of paper, re-designing our approach and having a more reflexive government.

Whilst we have focused on place as the delivery mechanism, places which are very close together can actually be very different and yet their work is homogenous so we need a new approach that prioritises people. A person-centred approach is driven by informed professionals, using both the data available, but also good training to build confident relationships with communities. Good data is vital for a

starting point, there will always be an argument for more data, or more joined up data, but this is ineffective without a mechanism to get research findings to front-line service delivery professionals.

Related to the notion that places are very different, there are very different ideas of well-being. In the context of health, this implies short to medium term solutions focused on service delivery, whilst in the long-term, well-being relates to questions of sustainable development. People perceive well-being differently, but places themselves are part of the bigger system. In addition, there are a variety of definitions of 'culture', depending on the context and the person. Places can have very strong cultures around work, social life and lifestyle, which can make it difficult to convey basic health messages, let alone the interconnection between health and work.

A fully comprehensive cultural barometer can measure the whole health system including resilience, individuals and communities, and care organisations, as a way to define the way of life of a society, in line with the ONS initiative on measuring what matters and understanding the nation's wellbeing. In addition, there is a need to introduce humanities into health professional education so that clinical advice is combined with an understanding of that which gives people's lives meaning, their own definition of well-being.

With thanks to the Learned Society of Wales for support in the production of this discussion

The Learned Society of Wales is Wales's first and, currently, only national academy of sciences and letters. The Society was established in 2010 to celebrate scholarship and to serve the nation and, last year, was awarded a Royal Charter. The Society has over 400 distinguished fellows based in Wales, the UK and beyond, who work across all scholarly disciplines, in the professions, industry, commerce, arts and public service. The Society's aims are to celebrate, recognise, preserve, protect and encourage excellence in all scholarly disciplines; to promote the advancement of learning and scholarship; and the establishment and application of the results of academic enquiry and research.

The Society is also an independent source of expert advice and comment on matters affecting research, scholarship and the wellbeing of Wales and its people. The Society helps to advance public discussion and interaction on matters of national and international importance. It does this by organising and supporting projects, lectures, symposia and conferences throughout Wales and beyond.

The Public Policy Institute for Wales

The Public Policy Institute for Wales' strap-line is 'using evidence to improve policy'. The PPIW trades in gathering and drawing on existing evidence, and then working with policymakers, to try to facilitate that being instrumental in informing the policy development. The PPIW is funded by the Welsh Government and by the Economic and Social Research Council, and hosted by Cardiff University.

The biggest strand of the PPIW's work is with the Welsh Government, where they work directly with Ministers to help them understand their evidence needs and then finding ways of meeting those needs. Over the last couple of years, the PPIW has conducted more than 60 pieces of work for the Welsh Government, across different areas within the Welsh Government's responsibility. As part the institute's ESRC funding, they have a connection with the What Works Network.

Some of the institute's current work looks at tackling poverty, and also the powers of policymakers, which looks at how the Welsh Government can use the powers that it has most effectively.

The Sustainable Place Research Institute

The SPRI is an interdisciplinary Institute, bringing together different disciplines around the concept of sustainability science, which is reducing the boundaries between disciplines and looking at ways in which we can progress the necessary transition to sustainability and sustainable development, using

an integrated knowledge base. That knowledge base is both interdisciplinary, across sciences, but also transdisciplinary, bringing together coproducing stakeholders. As well as 30 staff and 130 research affiliates across Cardiff University, The Institute has over 500 stakeholders who are involved in one way or another and can be communicated with on place-based sustainability initiatives.

The institute has a range of themes, including sustainable communities, and health and sustainability. The empirical work is very place-based, in Wales but also across the different parts of the world. SPRI also works on organisational change, helping others revise corporate strategies towards sustainability and health benefits.

SPRI has started a European consortium network, under the Marie Curie network, for four years with 15 different researchers looking at sustainable place-making, called SUSPLACE. This pushes the boundaries of different ways of changing places. The Institute's work is not just about interpreting what is going on, but also about how to make change and what works around places.

People and Work

People and Work is an independent Welsh charity. It was formed over 30 years ago. People and Work conducts evaluations, normally of public policy and research around policy, but also works in partnership with community organisations to try out different approaches and to test out different ways of working.

Statistics in this briefing are drawn from the discussion and presentations at the roundtable so cannot be cited directly. If you have any queries about this briefing, the *Where We Live Now* project or the British Academy's policy activities, please contact:

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