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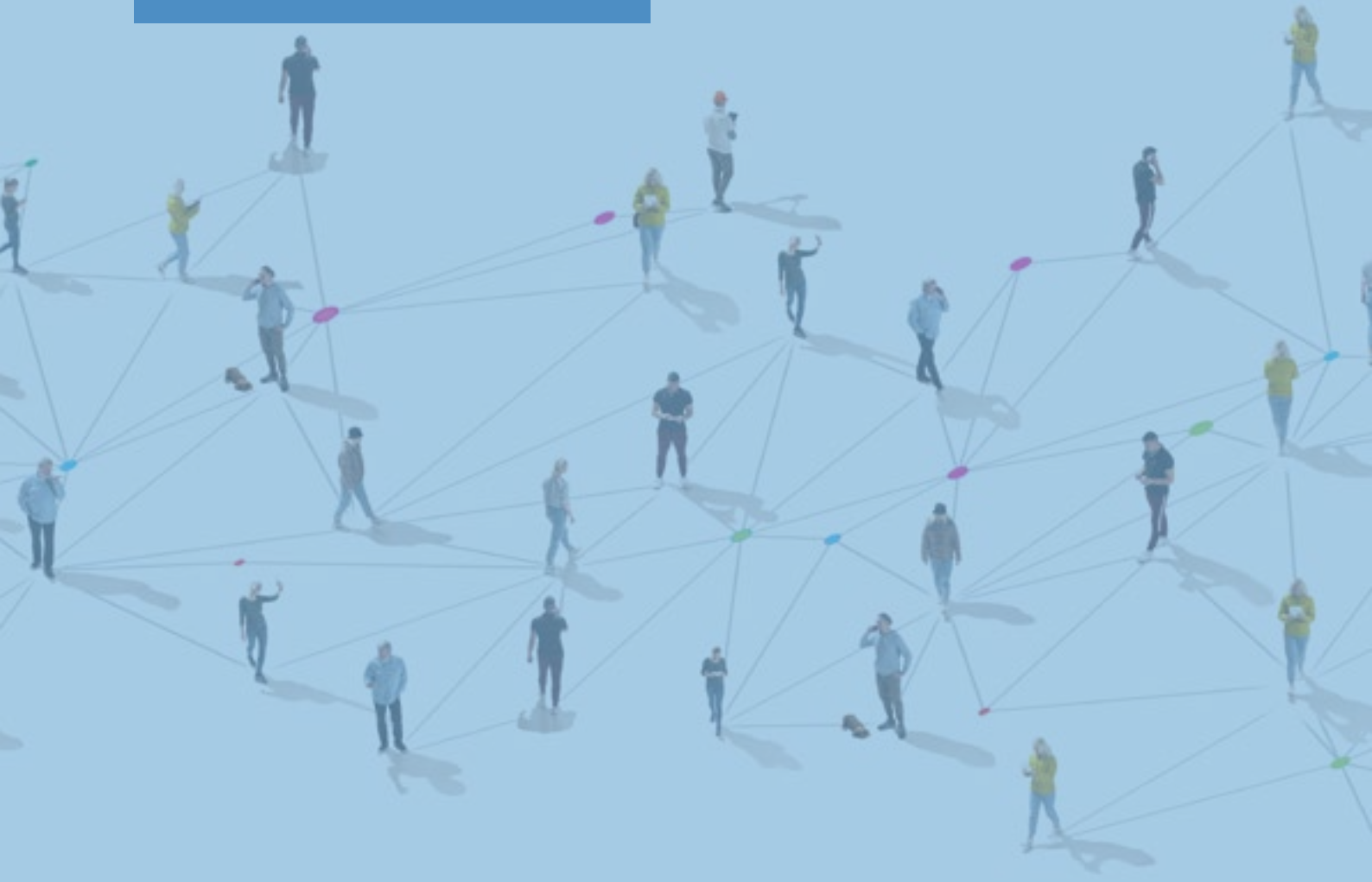

A Conversation with the Public

Challenges and Opportunities for change

January 2024

ACKNOWLEDGEMENT

THE BEVAN COMMISSION WOULD LIKE TO THANK PROFESSOR MARCUS LONGLEY FOR HIS ENORMOUS CONTRIBUTION AND FACILITATION OF THE CONVERSATION WITH THE PUBLIC, AS WELL AS PROFESSOR MARK LLEWELLYN, UNIVERSITY OF SOUTH WALES FOR HIS VALUABLE INPUT AND SUPPORT.

The Bevan Commission would also like to offer our sincere thanks to all the participants for giving their time and insights to inform this work.

This report was written in collaboration with The Welsh Institute of Health and Social Care.

CONTENTS

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EXECUTIVE SUMMARY

The *Conversation with the Public* was led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales, and one event was conducted online. This aimed to engage local people in an open and honest conversation about their health and wellbeing and the future of health and social care services; setting out the current context for health and social care and drawing insight from their experiences, understanding and expectations, to help identify solutions for the future.

To achieve this, a multilayered engagement approach was designed, incorporating both in-person and survey-based data collection techniques, ensuring where possible, both richness and representation in response. Face-to-face town hall style events were conducted locally in each of the seven health board areas across Wales, engaging directly with around two-hundred citizens, whilst national level surveys were disseminated through multiple means, receiving upwards of two-thousand responses.

This report captures the voices and opinions of the people of Wales. It has provided a new level of insight and understanding related to the Welsh public's perspectives on core issues associated with their wellbeing and the provision of health and social care services in Wales. Further ongoing work will be needed to build upon these findings to ensure wider representation of the voices of people across Wales is achieved.

PEOPLE WANT TO BE HEALTHY AND LIVE LONG AND FULFILLED LIVES BUT NEED HELP TO DO THIS. IT NEEDS TO BE SIMPLE, ACCESSIBLE, AND EASY TO ACCESS SERVICES. AT ALL AGES, ABILITIES, AND BACKGROUNDS

Conversations at town hall events demonstrated a strong and common desire for systemic change at local, organisational, and national levels. This was accompanied by a clear recognition of shared responsibility, including citizens' own personal and collective responsibilities to inform and support the changes needed, through individual and community action. To enable this, members of the public expressed a need for better communication alongside clear direction, guidance, and support from practitioners and policy makers alike.

Analysis of the key factors affecting the health and wellbeing of people and communities across Wales identified the following seven consistent themes (alongside examples of sub-themes sitting within each). Despite slight regional variation, as to be expected, there was a strong consensus across all eight events, providing a robust framework and evidence base to support subsequent action.

1. **Prevention, Early Intervention and Lifestyle:** The need for greater investment in preventative services to improve health and reduce demand on primary, secondary and social care settings; the role that people, communities and local organisations can play in supporting health and intervening early to avoid escalation; lifestyle choices and behaviours that impact health and wellbeing, and their causes such as inequalities and social context.
2. **Empowerment and Shared Responsibility:** A power imbalance and a lack of trust between patients and professionals, leading to a feeling of disempowerment; lack of social cohesion and sense of community leading to a perception of low support levels; a need to encourage and support citizens to take shared responsibility for their health and wellbeing.

3. **Integrated Services and Support:** Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations; high levels of waste across health and social care services; lack of access to services and support; over-medicalisation of support; and continued focus on a medical model of care rather than social or other biopsychosocial models of care.

4. **Wider Determinants of Health:** Deprivation as a leading cause of ill health and wellbeing, including economic and time poverty; the cost of living and food insecurity; challenges relating to housing, the local environment and services including housing quality, community services and transport links; work-life balance and social isolation including loneliness, mental health, and disabilities.

5 **Communication:** A lack of communication between people, professionals, systems and services; a lack of inclusivity in care and service design; not being listened to; a lack of access to appropriate information about services, support and managing health and wellbeing; the challenge of digital exclusion.

6. **People across Communities:** The increasingly ageing population and the challenges of increased demand; ageing seen as a burden; the lack of family structures and support around older people unable to look after own health and wellbeing; challenges facing younger people, especially since Covid-19; a lack of health literacy related education in schools; and a lack of green spaces for younger people.

7. **Workforce:** Challenges relating to wages and a lack of parity between health and social care staff; concerns about the future sustainability of the workforce, aligning with workforce recruitment and retention issues; poor working conditions with high stress and staff feeling undervalued; challenges related to the social care workforce; paid and unpaid carers; and a lack of recognition and value of the third sector. The role of the employers in supporting the health and wellbeing of the workforce was also noted.

PLEASE ACT NOW TO HELP ALL OUR FUTURES BE BETTER. OURS AS WE AGE; OUR CHILDREN'S AS THEY GROW; THEIR KIDS AND FAMILIES TO COME

Members of the public were also asked to identify solutions to the challenges they highlighted, structured according to delegated responsibility, including individuals'; local (organisational); and national responsibility (Welsh or UK government). These ranged in terms of their scale, ambition, and practicality, as summarized with examples below.

Responsibility:	Examples drawn from discussion:
Individual	Building good habits at home; taking greater responsibility; developing greater support within families; seeking advice earlier; contributing to communities; volunteering; education/training (tools & support); speaking up and engaging.
Local	Health on the high street; greater joint working across public services; develop community champions; improved access to services; community participatory budgets; 'one-stop-shops' for health and social care; improved guidance.
National	Greater investment in preventive services; restructuring of the health and social care system; longer-term funding for community/third sector projects; reassessing wages; valuing the assets that people bring; delivering on political commitments.

Analysis of data drawn from two research surveys added greater depth to the knowledge accumulated from the local town halls. Although often demonstrating similar trends, some differences across the population were apparent. Key insights from a national survey distributed by the Bevan Commission completed by over 1000 people across Wales included:

- Social connections, such as family, friends and communities (20%), alongside employment and financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%).
- Waste reduction/efficiency improvements (29%) and technology/new ways of working (26%) were viewed as the most important methods of managing the challenges in the health and social care sector.

A representative survey distributed to a sample of 1000 people by Beaufort Research also found that:

- Having an active lifestyle (44%) and access to healthy diet (44%), followed by social connections (38%) were reported to have the greatest influence on people's health and wellbeing.
- Waste reduction/efficiency improvements (64%) and technology/new ways of working (55%) were viewed as the most important methods of managing the challenges in the health and social care sector.

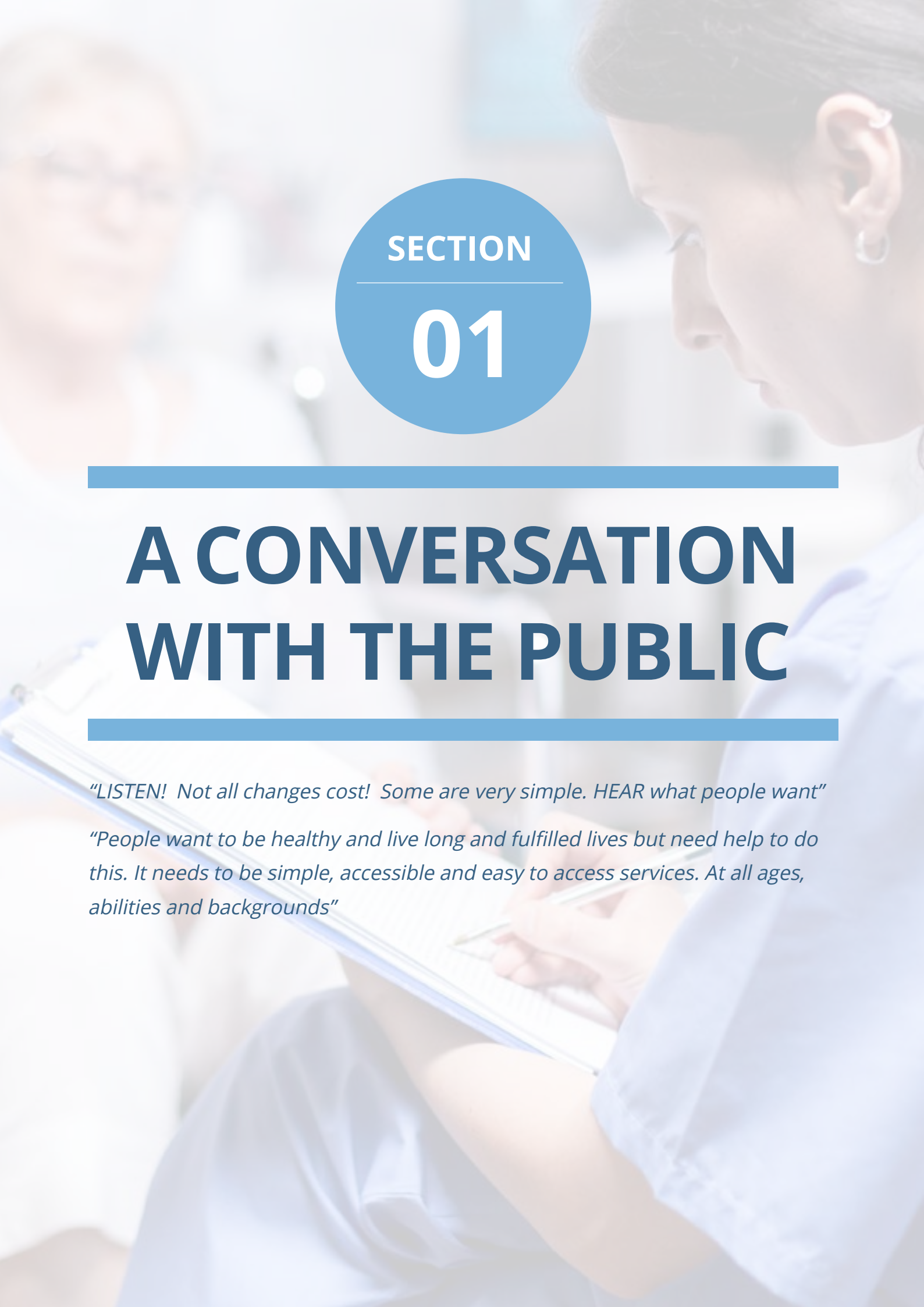
> **I FEEL THAT THE STANDARD OF HEALTHCARE IS VERY GOOD, ONCE YOU CAN GET PASSED THE INITIAL BARRIER OF SEEING A HEALTH PROFESSIONAL**

This Conversation with the Public has developed greater insight and understanding providing a strong basis from which more effective communication with people from across Wales can be continued in future. Policy makers, and those charged with delivering and improving health and social care services, need to be talking and actively listening to citizens more frequently and effectively than they do at present.

‘Consistent dialogue with the public should be seen as a vital part of providing high-quality health and social care services, not as an arduous task, which is often delivered tokenistically.’

People across Wales want to engage more on issues related to their health and social care, where they clearly see the need for change, and are willing to support others to realise this. And they have some interesting views – the appetite for radical change, for example, the willingness to question some of our ‘traditional thinking’, and a frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

There is much in this document that now requires reflection and action. The Bevan Commission will continue to contribute to and support that process, working alongside others in coming years. There are ideas here which echo what policy makers have been seeking for some time, and now need a real push forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care services face significant challenges. We would encourage that this paper, and its suggestions, are actively used to inform policy and improve practice in health and social care from 2024 onwards.



SECTION

01

A CONVERSATION WITH THE PUBLIC

"LISTEN! Not all changes cost! Some are very simple. HEAR what people want"

"People want to be healthy and live long and fulfilled lives but need help to do this. It needs to be simple, accessible and easy to access services. At all ages, abilities and backgrounds"

BACKGROUND:

Public engagement is a crucial tool for realising the ambitions set out in the Welsh Government's long-term strategy for health and social care, *'A Healthier a Wales*[1]*'*. The Conversation *with the Public* is a nation-wide initiative led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales.

The work aimed to engage the Welsh public in a conversation about their health and wellbeing, as well as the future of health and social care service provision. This also set out to capture people's perceptions about factors that both positively and negatively influence health and wellbeing as well as exploring their potential solutions and proposals for change.

To achieve this, we embarked on a series of town hall meetings in each local health board area, drawing upon the insight and understanding of local communities across Wales. This is in light of diminishing public perceptions of health and social care services, alongside the urgent need for change due to *financial, workforce* and other related pressures, such as the changing health and social car needs and expectations of our population.

To complement the town hall approach and address potential gaps in our population sample, two national surveys were also developed and disseminated. All health board areas across Wales were represented to explore regional disparities in perceptions, health outcomes and differences in socio-geographic patterns across Wales[2] which contribute to inequalities. This report provides a systematic analysis of the findings, representing the voices of local people and professionals across Wales as accurately as possible.

1 Wales Centre for Public Policy, 2020. Public Engagement and a 'Healthier Wales'

2 The Future Model for Health and Care in Wales, Bevan Commission, forthcoming in 2024.

What we know from other similar studies:

- In Great Britain, people perceive the fairness of the healthcare system more positively than in 32 other countries[3].
- If people know about the challenges facing healthcare systems, they perceive services more positively[4].
- Persons with greater health needs, lower incomes, and other social disadvantages tend to report higher levels of support for social provision[5].
- Cost barriers to use the healthcare system or treatments result in negative perceptions[6].
- Recent experiences with health and social care services predict how people perceive it[7].

What we Know from Several Studies About Expectations and Perceptions of the Public:

Expectations and perceptions of healthcare services vary by:

- Education.
- Demographics.
- Access to services.
- Voting intention (those who vote Labour, have used NHS services in the last year or work in managerial, administrative, and professional occupations tend to have a more negative outlook) (for further information, see Annex 2).

3 Immergut, E.M., and Schneider, S. M. 2020. Is it unfair for the affluent to be able to purchase "better" healthcare? Existential standards and institutional norms in healthcare attitudes across 28 countries, Social Science and Medicine

4 ibidem

5 M. Blekesaune, J. Quadagno 2003. Public attitudes toward welfare state policies: a comparative analysis of 24 nations, Eur. Soc.Rev. 19/5

6 Immergut and Schneider, 2020. ibidem

7 Bleich et al 2009. How does Satisfaction with the healthcare system related to patient experience?, Bull World Health Organ.; Borisova et al. 2017. Public Evaluation of Health Services across 21 European countries. The Role of Culture, Scandinavian Journal of Public Health

What we know from recent polls across the UK:

Public perception of health and social care in the UK[8]:

- Two thirds of the public think that the standard of NHS care has got worse over the last 12 months, and similarly with social care, whilst over 50% think it will continue to get worse.
- The public are more negative about the standard of NHS services, than the standard of social care services.
- The public continue to hold negative views about the health and wellbeing of the population, especially when looking towards the future.
- Negative views towards local and national NHS services have remained stable and the public continue to prioritise similar issues.
- The majority of the public think the NHS needs an increase in funding, with urgent and emergency care the top priority.
- The public generally do not think that the government has the right policies in place to address public health.

What the Public Think NHS Priorities Should Be[9]:

- Addressing the pressure on/or workload of NHS staff (40%) and increasing the number of staff in the NHS (39%) are the two top priorities.
- This is followed by improving waiting times for routine services such as diagnostic tests or operations (35%).
- Whilst improving waiting times in A&E continue to move up as a priority (up from 25% in May 2022 to 31%).

8 Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

9 Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

Perceptions about Social Care[10]:

- The public are also generally negative about social care services in their local area(s).
- Very few people believe that the government has the right policies in place for social care (7%), whilst those who do not believe the government has the right policies in place has increased from 59% in May 2022 to 65% in November 2022.
- There is strong support for measures to address workforce shortages in social care:
    - Improving training and development opportunities for existing staff (85%).
    - Improving current working conditions in social care, such as paying the costs of travel between people's homes or sick pay (84%).
    - A minimum pay rate for care workers, set above the national living wage (81%).
- Details about prioritization can be found in Annex 2.

10 Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

What people in Wales think:

According to a poll undertaken by *Public Health Wales*[11]:

- Respondents (81%) suggested Individuals should have a 'great deal' of responsibility for their own health.
- Half of respondents think the government, and a little less than half think that the NHS, should take a 'great deal' of responsibility for people's' health (Annex, Fig 3).
- Respondents (43%) think that Local Authorities have a 'fair amount' of responsibility for people's' health (43%).
- Inequalities in income and wealth between the least and most deprived areas of Wales are a significant problem.
- Inequalities in health and life expectancy are viewed as a significant problem by less than two-thirds of the respondents.
- A fair society takes care of those who are poor and in need regardless of what they are able to give back (79%).
- Employers should do more to look after their workers' health (87%).
- The NHS should spend more money on prevention and less on treatment (46%).
- Healthy foods should cost less than unhealthy foods (81%).
- Physical health is of concern for 80%, mental health for 65%, and the cost of living for 87% of respondents.

People[12] in Wales reported that:

- Increased waiting times have had a negative effect on their lives (51%).
- They spend money on their mental well-being in a typical month (59%).
- They would be more likely to use community pharmacy walk-in services if they knew it was taking steps to reduce its impact on the climate (61%).
- They find it important that people take action to protect their mental wellbeing (58%), but only 29% know what actions to take if needed.

11 Public Health Wales, January 2023. 'Time to talk Panel'

12 Public Health Wales, June 2023. 'Time to Talk Public Health' Panel

METHODOLOGY

To ensure a comprehensive examination of citizens perceptions across Wales was achieved, a multilayered mixed-methods engagement approach was designed, incorporating both in-person and survey-based data collection techniques, ensuring where possible, both richness and representation. Face-to-face 'town hall' style events were conducted locally in each of the health board areas across Wales, and one was conducted online, engaging directly with around two-hundred citizens, whilst national level surveys were disseminated through multiple means, receiving upwards of two-thousand responses. Citizens were also invited to send a Message to the Minister.

Ethical Approval:

Both the town hall methodology and the survey align with *UKRI Guidelines* and the *Concordat to Support Research Integrity*. To ensure ethical integrity aligned with local procedures, ethical approval was sought and attained from the Humanities and Social Sciences Research Ethics Committee at Swansea University (*Approval Number: 1 2023 7779 6666*).

Public Involvement:

To overcome the possible barriers to public involvement, for all local and national town halls, accessibility was considered. Welsh language versions of all resources were made available, as well as simultaneous translation, if requested. Visual impairments were considered by providing large print and easy read versions of Bevan Commission communication, as well as resources and surveys. At the request of a participant, resources for our national online event were altered which allowed them to read more easily. BSL translation was sourced and placed on standby for each of the town halls, as well as hearing loop facilities for each of the venues. All venues were also accessible for participants with physical disabilities.

The Town Halls:

The *town hall* is an efficient qualitative method[13] to elicit a broad range of suggestions from citizens regarding how to improve their own and population health, alongside identifying transformation priorities for the health and social care system, and to encourage a shared responsibility for health. A 'town hall' is a hybrid information-consultation session led by a professional facilitator[14]. To ensure the views of those who were unable to attend the local town hall events were captured, an online town hall, and two surveys were also developed.

A series of seven town hall discussions, one in each health board area in Wales, and one online panel discussion were held between 29th September and 7th of November 2023. To keep the discussions open, fair and consistent, an independent facilitator led the events.

To ensure access to a wider public audience and overcome barriers to participation, an online evening event complemented the in-person town halls (same agenda). For the online event, minor modifications were made due to its virtual nature. This involved applying a poll instead of open questions, and breakout rooms instead of round table discussions.

Each of the events lasted two and a half hours. The session began with an introduction to the context of the meeting, outlining the issues currently faced by the health and social care system across Wales. Open discussion with participants around factors affecting the public's health and wellbeing then followed, with

13 Etchegary H., et al. 2017. Engaging Patients in Health Research. Identifying Research Priorities through Community Town halls, BMC Health Service Res. 17/192

14 Etchegary H., et al. 2017. Engaging Patients in Health Research. Identifying Research Priorities through Community Town halls, BMC Health Service Res. 17/192

participants, not the organisers, identifying a range of key challenges. In small group discussions, participants were then asked to identify solutions to the challenges they had highlighted. A prioritisation exercise followed involving participants ranking the solutions developed. Following the discussion, participants were invited to write a *'Message to the Minister'* on a postcard and complete the national survey.

Town Hall Agenda:

- **Introduction and Context Setting**
- **Challenges:** Open discussion with the participants:
  - What are the key factors affecting the public's health and wellbeing?
  - How could these challenges be addressed?
- **Solutions:** Roundtable activity, participants jot down solutions on sticky notes:
  - Micro-level: Individual/family
  - Meso-level: Local/ community
  - Macro-level: National and beyond
- **Prioritising Solutions** – Participants asked to rank suggestions on the sticky notes.
- **Poll** – participants were asked three questions:
  - How radical should we be when transforming health and social care services?
  - Are the founding principles of the NHS still relevant and applicable to today?
  - Are we delivering on the founding principles of the NHS?
- **Message to the Health Minister** – a postcard with a key message.
- **Survey Completion** – participants asked to complete the national research survey.

Data Collection:

Where possible, an audio recording from the meeting was captured to provide an accurate representation of each discussion. To compliment this, detailed notes including quotes were taken by at least two researchers throughout the events. Flip charts were also used to record key ideas highlighted by participants as well as the use of sticky-notes. Debrief meetings were held after each session, where observations and reflections of the evaluating team members and the facilitator were recorded.

Sampling and Recruitment:

Recruitment to the town halls was primarily led by health board public engagement and patient experience teams, as well as the local Llais teams and other local partners. Posters and wider information were widely distributed across organisations and public locations including on social media, and participants were invited to join based on their expression of interest to voluntarily participate. About 170 attendees participated at the town hall events, with an additional 62 joining the online event.

Limitations of the Town Hall Approach:

We acknowledge the limitations of the town halls. The sample was not fully representative of each health boards local population. Although there were at least three members of the evaluation team taking notes, some voices might have been less heard. Additional sessions might capture further views to add to the current analysis. As a strength beyond the limitations, participants often shared their own journeys through the health and social care system, which would have remained unexplored by the survey, or a limited focus on the key themes. We have included these stories in our database.

Research Surveys:

To fully grasp the perceptions and visions of the public, two surveys complemented the town halls. A concise representative online survey which reflected the population patterns of Wales was distributed by Beaufort Research. An extended national online survey invited a wider segment of the public, involving professionals, to engage with the wider thinking about health and wellbeing, and to express their priorities and opinions about the health and social care system in a structured way.

Sampling and Data Collection:

The representative survey was delivered by Beaufort Research[15] on a panel sample. The extended national survey[16] was distributed across social media channels, newsletters, and third parties. The national survey invited a broader public and professional view, responses were collected up to the 10th of November 2023.

Analysis and Presentation of the Findings:

The Bevan Commission used a consistent methodology to systemise the insight gathered about the public's perception, views and suggestions. Data and information collected at the town halls (structured notes, Messages to the Minister and other data including post-its and whiteboard notes), was integrated to add clarity and richness around the issues identified.

All data elements went through an iterative process of thematic coding, including reading, discussion, and

15 Beaufort Omnibus surveys a representative survey of 1000 adults across Wales

16 877 valid responses collected through the national survey

consistent validation of emergent coding categories. Data were compared with the preliminarily identified findings of similar research, and recent UK and Wales-wide polls. To identify the issues and establish the analytical themes, the original data was regrouped and validated by invited independent analysts.

A Message to the Minister:

In order to collate concise key messages and final thoughts from the public, participants at the end of each of the town hall events were also invited to send a message directly to the *Minister for Health and Social Services in Wales* on a postcard. The Bevan Commission provided blank postcards to attendees, who then detailed their thoughts and posted this through a letter box. Data and information collected from the 'Messages to the Minister' were analysed and thematically coded. The Bevan Commission will ensure that each of the Messages to the Minister provided by attendees are directly delivered.

Content of the National Report:

The National report is based on the sum of the findings of the seven health board area local reports, one online report, the analysis of the extended national survey and the representative survey carried out by Beaufort.

FINDINGS

Structure of the findings section:

Analysis of the collective discussion at the eight town hall events (including the online event) identified seven core themes related to factors affecting the public's health and wellbeing. These themes related to 1.) *Prevention, Early Intervention and Lifestyle* 2.) *Empowerment and Shared Responsibility* 3.) *Wider Determinants of Health* 4.) *Communication* 5.) *Services and Support* 6.) *Demographics* 7.) *Workforce*.

The following findings section is structured around the seven core themes that emerged from collective discussion at the town hall events. In each of the seven thematic sections of the findings, a similar structure is followed:

- Quotations from participants relating to each of the seven identified themes are presented, drawn from town hall discussions, surveys and messages to the Minister.
- Factors affecting the publics' health and wellbeing related to each of the seven identified themes are then presented as closely as possible to how they were described at the town hall events.
- Participant derived solutions to the identified challenges are then presented. Attendees prioritized the solutions, based on what they felt as most urgent. They identified responsibilities that relate to *the individual, their family and friends; the local council, health board and community, and Welsh and UK government.* We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Towards the end of the findings section, the results from each of the research surveys are presented. This complements the analysis of collective findings from the town hall events by adding a more representative view on core issues related to health and social care in Wales. Following this, participant's 'Messages to the Minister' are reflected upon.

PREVENTION, EARLY INTERVENTION AND LIFESTYLE

"More prevention, focusing on what we can do to help ourselves, and so reduce our impact on health provision"

"Teach people how to cook proper fresh food, don't increase taxes on sugar, fat, meal deals etc. Teach people to be responsible for their own health. Don't make obesity seem normal"

"If there is a drive to improve health and wellbeing, resources have to be available to all – at a time and place that they are able to access them"

Prevention, early intervention, and lifestyle factors, as well as the challenges and opportunities these pose to population health and wellbeing, were a dominant topic of discussion within all seven of the town hall events across Wales.

Prevention and early intervention activities are crucial for improving future health and related health outcomes. Prevention approaches enable people to become more proactive in looking after their own health, and early intervention approaches prevent problems from escalating by providing physical, behavioural, mental, and social support before reaching crisis point.

Prevention and Early Intervention:

The following challenges and discussion points arose from the town hall conversations relating to prevention and early intervention agendas:

- The challenge around stopping people coming into care settings in the first instance.
- How **community-based services need greater levels of investment.**
- How funding needs to shift from secondary care settings to **community-based prevention** services.
- The role that **social prescribing** can play in stopping problems escalating.
- The important role of the third sector and lifestyle support for people.

Lifestyle factors:

Health behaviours and health outcomes were also a common theme discussed across the town hall events. Lifestyle factors were recognised as being associated with poor conditions, lack of access to opportunities and education for a healthy lifestyle. Attendees identified the need for more targeted prevention, early intervention, and education to support people in achieving healthy lifestyles. The following discussion points arose from the town hall conversations relating to theme of lifestyle factors.

Obesity:

- There is a 2-3rd generation of social deprivation that needs to be considered as a root cause of obesity, poor diet and metabolic dysfunction.
- Obesity is also linked to stress and mental health problems.
- The responsibility of parents as role models for their children.
- Support and education for healthy diets is needed.
- People shouldn't be blamed for obesity or lack of access to healthy food.
- More can and should be done at a national level to provide support for a healthy diet.

Substance and addiction issues:

- Substance misuse, drug, and alcohol issues are being treated first, while addressing the underlying trauma or mental health issues should be prioritised.
- The role of education to break embedded behavioural patterns - children are copying their parents' behaviour (e.g., smoking and drinking) and parents do not have the skills to teach their children to adopt healthy lifestyles.

Lifestyle support:

- **Society** often blames the victim as opposed to recognising societal responsibilities.
- **Public health outcomes** in general are connected to obesity/vaping/drug/alcohol consumption, which are core issues that need to be tackled.
- Lifestyle support, especially for those with learning difficulties, is not available.

Wellbeing:

- We must think more broadly than just health and social care services to tackle the root causes of illness, such as societal inequalities.
- People are being blamed instead of becoming people to solve problems with.
- Wellbeing should be built around all services.

Solutions – What Would Make a Difference?:

The table below represents a number of potential solutions to the challenges that have been identified above, which were proposed by attendees at town hall events. They identified responsibilities that relate to the *individual, their family and friends; the local council, health board and community;* and the *Welsh and UK government.* We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Level of Responsibility	Solution
Individual/ Family	Building good habits at home Take responsibility for lifestyle, diet, health checks – regular vaccinations, blood pressure Persuade others responsible for our children's care to provide healthy food and activities Schools educating children to encourage parents to exercise / look after themselves without creating anxiety / food disorders etc. See your doctor early! Requires messaging from the NHS that early diagnosis Support the NHS – you're not 'protecting the NHS' by not seeking the help you need
Local/ Community	One stop shop for health and wellbeing Health on the high street Social Prescribing – doctors / surgeries, volunteering – reduce current waiting times, signpost, 3rd sector social engagement and cut down on social isolation Increased joint working with other public service areas e.g., housing and education for case work and to promote health and wellbeing campaigns Help build greater resilience Prehab programmes in local communities Addiction – greater overview, see all needs in the community – not just the obvious communication
National	Focus on and invest in prevention Longer term funding, specifically for preventative services/ support/ projects Focus on linked services, i.e., drug / alcohol / mental health Put up business rates for vape shops and other 'bad' health venues Reduce business rates for fresh fruit and veg shops and 'healthy' venues NHS – more targeted funding, older, co-morbid, disabled, addicts - good health leads to a healthy economy

Survey insight:

Overall, 88% of the respondents agreed that they feel that they have the knowledge and support to make healthy choices regarding their health and wellbeing, (lifestyle, food, work-life balance, etc.) in the national survey.

(Bevan Commission, National Survey)

SHARED RESPONSIBILITY

"We've lost the ability of community healing. It is hard to remember how things were before"

"It takes a village to raise a child, we don't have a community anymore"

"As an individual I feel unheard and uncared for"

"Health is in our hands but we need to be given information that we can use to help ourselves - Simply sharing information is not enough."

"People do need to take responsibility for their health and wellbeing, but health information has a bigger role to play than it currently does, and I find it patronising to be told to help myself"

Shared responsibility (or a lack of) for individuals' wellbeing, health and social care, were also topics that were consistently discussed at town hall events across Wales. The following section of this report discusses challenges related to this theme that were identified within the town hall events by people across Wales.

Shared responsibility:

The empowerment of the public on issues related to their own health and social care is essential in order to develop a population who are engaged and active members of their health and wellbeing. The following discussion points arose from the town hall events relating to theme of empowerment. *The erosion of community services; social coherence; issues around a lack of trust leading to the feeling of disempowerment; the sense of a lack of support.*

Community and Social Coherence:

A sense of community and lack of social coherence was a challenge raised by the attendees recurrently. Attendees also pointed out that a *'whole system approach'* where all organisations were working together towards a common goal would be needed to achieve social coherence, instead of siloed specialisms. Further details are provided below.

- **A lack of a sense of community and community cohesion** was noted, due to withdrawal of people from community life since the Covid-19 lockdown, which still has a detrimental impact.
- Attendees discussed **loneliness** in its various dimensions:
  - Loneliness is often forgotten, and **lack of local community** is a big issue often hidden.
  - **Isolation** – people **do not reach out to services** as a consequence.
  - Carers can't get to people who are isolated.
- **Community and town-centres**, meeting with peers; mental health drop-in were available before; further investment into town-centres and wider support initiatives are required.

Relationships and Trust:

Issues around a lack of trust were also often raised as a result of the points set out below:

- Lack of continuity in services (no follow-up) and people falling between gaps.
- General lack of faith in systems and services due to varying factors.
- Distrust of public services from continually poor experiences.
- The medical approach or language used and poor communication with patients.
- Multiculturalism not being considered, creating the sense of disempowerment.

Shared Responsibility:

An empowered public expresses the need to take responsibility for their own health and care. A responsible choice means using services *"thoughtfully and responsibly"*, e.g., visiting a pharmacy before the GP, alongside being realistic about what they can do to support themselves. It was acknowledged that *"a lot of groundwork, education and support"* is needed to enable and facilitate this, as often people do not have the knowledge or skills required to help themselves.

- Generally, across the town hall events, there were a variety of views expressed related to the theme of *shared responsibility*. Many thought that there was a greater need for the population to play a more active role in looking after their own health and wellbeing, others disagreed, and challenges in realising this were also identified:
    - *"People aren't being responsible"*, and that the public have been *"conditioned to do the easy thing"* for example due to fast food marketing.
    - Others felt that people need more support and information on how to live a healthy life, arguing that there is a lack of skills and information for people to access and that we *"need to get more adverts out there"*.
    - Some attendees were concerned that health and social care services do not *"deal with things fairly"* and *"people are blamed for their health problems"*. They commented that not all health problems are the fault of the person, such as Huntington's Disease and Dementia.

Throughout discussions, participants outlined several different mechanisms that would *'support individuals taking ownership over their health'*, which included:

- **Engaging with** wider communities, using all skills and assets available.
- **More self-management programmes** such as the Education Programmes for Patients (EPP Cymru) are needed to reach better outcomes.
- **Other forms of education** related to how to look after your health and wellbeing, such as being able to keep healthy, cook basic, healthy meals.
- **One participant suggested that health literacy** is *"astonishingly poor"* and it was thought that this should play a key role in the ambition to improve health for all.
- It was suggested **more communication and support is needed in general**.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Talk to each other – shared responsibility Contribute and engage in your community Community champions to inspire, listen Recognise our own responsibility Value yourself!
Local/ Community	Funding of more low-level longer-term support services with a focus on empowerment Help people understand what they are entitled to Flexibility in services and service design. Ability to go outside scope to meet individual needs where required Equal access to healthcare for all empowering people to access support needed / resources available Fostering connection, reducing isolation, providing spaces for connectivity, creativity and supporting mental wellbeing
National	Valuing people - we all have our own skill sets Recognise and support the impact on community of aging population Recognise limits to family and connections Services being designed to be appropriate and timely to prevent deterioration Greater empowering community

Survey insight:

The vast majority of respondents (91%) reported making an active effort to improve their own health and wellbeing in the past 6 months, and yet agree (76%) that more could be done. About 10% of the respondents believe that it is beyond their ability to make further improvements to their health.

About 80% of the respondents felt capable of managing their own health and wellbeing, whilst 15% suggested that they needed further support.

How respondents viewed the responsibility of the public and their role in looking after their own health in general, depicts a slightly different picture. 77% of the respondents thought that the public should take greater responsibility of their own health, and a significant 16% chose to stay neutral about the issue, while around 7% disagreed. Those who have worked or work in the sector tended to 'strongly agree' on the need for the public to take greater responsibility, whilst the 'public' tended to remain neutral or chose to 'agree' with the statement.

(Bevan Commission, National Survey)

WIDER DETERMINANTS OF HEALTH

"An integrated view of health and social care is needed as external factors influence health such as housing, finance, education etc."

"Sometimes it is just too hard for individuals and families to pick themselves up"

"Health and social care should work more to reduce health inequalities and ensuring that everyone has equal access to care and support for example working class and non-working class"

"Reducing what is still 'a postcode lottery'. I'm afraid that the inverse care law is still extremely relevant, but health and care services can't be improved in isolation from housing/ unemployment/ poverty/ rurality"

The wider determinants of health relate to various external factors, such as *employment, housing, deprivation,* and *rurality*. Economic disability, unemployment and the cost of living was a recurrent issue identified as a cause of poor health outcomes and the stresses that people are experiencing across Wales. Public health outcomes are related to the quality of the services provided; poor quality services therefore impact public health. These represent barriers to health and wellbeing that need to be addressed with a cross-sectoral approach.

The following issues and discussion points arose from the town hall conversations relating to wider determinants of health:

Deprivation:

- **Poverty and the cost of living** resulting in a lack of confidence in the future.
- **Food insecurity** in deprived areas where there is a lack of access to healthy foods, and where people's ability to buy healthy food is restricted due to financial strain.
- **The impact of stress** was raised as an issue, particularly stress over finances.
- **Mental wellbeing due to poverty** resulting in poor physical wellbeing and health.
- **Deprivation** and a sense that it sits at the heart of a lot of poor health and wellbeing.
- **Economic disadvantage** is often compounded by complex care needs and a lack of easy access to integrated and holistic health and social care services in deprived communities.

Housing, Local Environment and Services:

- **Housing quality** was raised as a challenge in terms of overcrowding, a lack of housing availability, and the effects this has on peoples mental and physical health.
- **Homelessness** was discussed as a political issue, with attendees commenting that *"we know there's a homelessness problem that is politically not favourable".*
- **Having access to open or green spaces** was a concern in some communities.
- **Local community and health and social care services should be linked to jobs** and the local economy to support the local population.
- **Safety and crime issues** in neighbourhood's and local communities.
- **Rural poverty and inequalities** in available services resulting in poor health and reduced access to services.
- **Poor transport links in rural areas** and the stresses of everyday life:
    - **Lack of transport links**, with older people having to get taxis to appointments or rely on family members to take them.
    - **Small settlements are "overlooked"** due to small populations in a large geographical area, and that residents want their localities to thrive, but that currently the services offered in the area are *"insulting to the people"*.
    - **Need to travel outside of Powys** to access a myriad of services, including vaccinations, hospital appointments and A&E departments.
    - **Closure of local services** where previously there were two GP surgeries in their village, both have now closed, leaving them to travel over four miles to the closest one, with no public transport to get there.

Work-Life Balance, Social Isolation and Mental Health:

Employment structures and working conditions impact both the physical and mental health of people, whilst not working also brings other financial related concerns. Loneliness and isolation can also occur as a consequence of work-life imbalance, or as a result of long-term illness, unemployment, disability or other means. Throughout town hall discussions, a number of challenges related to work-life balance and social isolation were identified, which are summarised below.

- **Loneliness, isolation and issues related to mental health** are often treated with medicalisation as a normal response, rather than looking at the root causes.
- **People with disabilities** (e.g., visually impaired), with lack of mobility, mental detriment, and dietary challenges at home need more attention.
- **Work-life balance** is also a cause for concern for some members of the public as they often need to work to earn money to counter the cost of living but this can have a detrimental impact on their ability to attend appointments and exercise.
- **Working from home** also has a detrimental impact on health and wellbeing for some.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Seek advice Creating support within family Relive the pressures on families – working / childcare / parenting / family / relationships / support / role
Local/ Community	Community participatory budgets Multi-agency community hubs also as meeting points One stop shop for housing, finances, health, community groups (including 3rd sector) Access to social and physical activity opportunities i.e. community sports teams, free swimming schemes, opportunities for the elderly Social action mentoring schemes Shared transport cost Community safety (police etc.)
National	Valuing all people not just linking peoples worth to economic output Invest in building thriving communities with access to shops / services / social activities at affordable costs Homelessness, root causes and adequate service provision including mental health Universal basic income /Minimum income, hold DWP to account Politics / Policy / Welsh Gov – psychologically informed approaches to reducing the inequalities of poverty and the stigma and trauma attached to it Consistency in funding for services across the whole of Wales Make working work and pay salaries that meet needs Keep individuals and families out of poverty Get rid of our segregated school system, it drives inequity Address social determinants of health and wellbeing Improve local housing and green play spaces Work opportunities

Survey insight:

Social connections, such as family, friends and local communities (20%), and employment & financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%). Access to green spaces, housing, having healthy diets and active lifestyles was perceived to have a similar level of influence in the respondents' own health and wellbeing. Health literacy was considered to have a much lesser impact on people's health and wellbeing (around 2% of respondents), however despite this, this subject was recurrently discussed at the town halls in the context of wider population health outcomes. This suggests it plays a less prominent role in the individual's perception of their own health outcomes.

(Bevan Commission, National survey 2023)

COMMUNICATION

"LISTEN! Not all changes cost! Some are very simple. HEAR what people want"

"Engaging with people and listening to them would help"

"Better sign posting to support services"

"Not everyone needs to go to a hospital for care - but they need to feel their worries, conditions are being taken seriously and addressed

"If you have a strong voice, are prepared to argue your point, the services are there, but you as an individual often have to be the one to ask or find out"

Strong communication is a critical aspect of providing high quality health and social care services, ensuring patients and family members remain informed about their health and wellbeing as well as included in the planning and delivery of their care. It is also essential in supporting wider prevention and early intervention agendas, ensuring the public are aware of key health messages and understand what services are available and how they can access these.

Poor communication with people; a lack of access to appropriate information; and a lack of coordinated communication within and between the NHS and social care services were recurrent issues highlighted in town hall discussions across Wales as well as in surveys. The following issues and discussion points arose from the town hall conversations relating to communication:

Access to information:

- **A lack of information about what services are available and how to access.**
- **A lack of information** about how the public can support themselves.
- **A lack of communication** about appointments or often this arrives too late.
- **A lack of transparency** e.g. ability to access a record of your consultation discussion.
- **Honest communication** about the system being broken and what can and cannot be provided.

STRONG COMMUNICATION IS A CRITICAL ASPECT OF PROVIDING HIGH QUALITY HEALTH AND SOCIAL CARE SERVICES

Lack of joined up systems:

- It is very difficult to get things done, to find a way around the system and to get information when needed.
- There is a **need for a single/central point of contact**, especially for the frail elderly and people with multiple conditions.
- There is a **need to streamline systems** to reduce waste and provide better access to health and social care records.
- **Communication is very difficult and often inefficient and cumbersome with** many calls around the system needed to reach services.
- **There is a lack of communication between services within organisations** and **well as between organisations** and **people** - disjointed silos.

Inclusion and Diversity:

- **Digital exclusion** is a root cause of poor information flow, and **access to online services:**
  - **Communities** need to know what is available to them and how to access it. Information also needs to be available to those with no digital access.
  - Particularly **the older population**, and in **general people's' skills** and capacity to use smartphones, in relation to increasing digital NHS services, the gap needs to be addressed.
- **People with disabilities** do not have a voice, are not included, and do not receive information that is accessible to them.
- **Diversity** – the population is more multicultural now than it was 75 years ago when the NHS was established, this should be considered:
  - **Language barriers** need to be considered for different cultures/communities
  - **Medical language** used by doctors that is not easy to understand and they only say what should be done instead of listening to patients.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual, Family	Speak up and engage Build care around the individual - what can health care do for you? WhatsApp group for relatives to keep in touch at the hospital Share information and let others know what we know is available already
Local, Community	Improve communication systems and services – get humans to answer the phone on 1st contact Linked up services and easier to access services and support, eg. GP clusters, Penderi cluster[17] – community information, self-referral rather than gatekeepers wellbeing events Communication for specific services such as L.A.C (looked after child), advocates, personal assistants Keep record of what people say – so information and knowledge are not lost when things change Use information from patients to inform service design and improve communication Have one stop shops for information and smaller hospitals with specialisms Raise public awareness of how much things in the NHS and social care sector cost to get people to recognise the value of the NHS Longer contact span and ability to deal with more than one issue at a time Don't assume that writing in a community language means the person now understands
National	National commitment to translation and interpreting service – integrated with all statutory services Make it easy for people to get information or help Improve communication, so everyone has the same awareness and understanding of services Challenge bullying Reduce digital exclusion and waiting lists etc. that are overly complex or digital communication (not digital education) Build an overall picture of what's available – visualisation

17 The Penderi Cluster is one of 8 local Cluster Collaboratives in Swansea Bay University Health Board, and a group of 6 GP surgeries

SERVICES AND SUPPORT

"Integrate health and social care so each stop arguing over who pays for what, when it's us that suffer whilst they play political games"

"It's free at the point of delivery and staff work hard"

"Services are strained to the limit"

"I feel there is not accountability for GPs and Social Care like there is in NHS"

"I feel that the standard of healthcare is very good, once you can get passed the initial barrier of seeing a health professional"

"I think we are so far behind with technology, but systems are available"

There was a general agreement amongst respondents that the way services are organised and delivered needs to change. The lack of joined up or integrated care and person-centric care approaches results in inefficiencies and worse health outcomes. It is widely considered that resources should be better used, coordinated, and monitored in order to reduce waste across the health and social care system. The following issues and discussion points arose from the town hall conversations relating to health and social care services and support:

Coordination of Services:

- **Integration and coordination:**
  - Separate systems for health and social care are a problem.
  - **One combined health and social care system** is needed, which has a patient first focus and limited bureaucracy when accessing support.
  - There is a disconnect between policy-making, stakeholders, carers on the ground.
  - Collaboration is enabled by the lack of competition between services, and more likely to be effective.
  - Since devolution, Wales has too many health boards.
  - Culture change is needed in respect to attitudes towards **death and dying**.
- **Measuring outcomes:**
  - There are gaps in measuring what matters to people e.g., **the impact of delays** which cause deterioration which is frustrating for patients.

- **Waste in the health system:**
  - Further investment and reduction of waste in the system are both necessary.
  - **High levels** of bureaucracy and inefficient NHS structures lead to waste.
- **Local community:**
  - **Diverse communities** mean there is not a *'one size fits all'* solution to solve the challenges facing health and social care.
- **Lack of funding:**
  - A lack of funding is causing challenges for health and social care services.
  - There is an opportunity **to raise additional tax** to support services.
- **Technology:**
  - Wales is behind in the adoption and utilisation of technology, but systems are available to solve many of the issues.
- **Social care services:**
  - The interface between **end of care** and the transition to home is missing, which has traumatic implications for patients.
  - There is no follow-up and a lack of continuity in service provision for example in mental health services.
  - **The high level of complexity** in a number of services in terms of how they are being delivered often confuses people and needs better coordination.

Support:

- Services do not look at patients **holistically**, with the overly specialised and isolated view of individuals causing several issues:
  - The root cause of ill health is often not addressed, and this leads to overmedicalisation; we often address the symptoms of illness, not the cause.
  - Support for people's' **mental health**, and the inter-related nature of mental health and its impacts on physical health.
  - Mental health is not considered holistically and instead people are treated solely with anti-depressants.
- **Over-reliance on the clinician-led treatment to manage their own health:**
  - **Health in communities is managed by clinician led decision making, not that of the patients.**
  - People want to be **involved in and listened to** throughout decision making processes.
  - **Services must be designed and co-ordinated around service users** as *"people get lost within the complexity and then their health deteriorates both physically and mentally"*.
  - Health and social care professionals often try to *"fit people into a diagnostic box and as a result, other issues get side-lined"*.

- **Balance between the Medical vs Social Model of care:**
  - Service delivery approaches are moving increasingly more towards a *'medical model'* and away from person-centred care and other wider 'social models' which is what is needed.
  - The medical model is perceived to have a high level of risk aversion which is detrimental to citizen self-advocacy.
  - **Conditions such as isolation and disabilities** are often treated using the dominant medical model rather than adopting more social approaches.
- **Person-centred planning and services:**
  - Receptionists at GP practices can be a barrier to effective care: All contact should be person-centred.
  - Accessibility to GP appointments is linear and not flexible, there is a need to increase the number of timeslots allowing people to choose when they can attend.
- **Healthy food in hospitals:**
  - The quality of food provided in hospital for those who are ill is substandard and needs to be improved.
- **Access to services and support:**
  - As funding for health and social care services has become less, services and support have also become less accessible.
  - People feel like they have to "fight" **to get on the waiting list**.
  - **Cultural difference** can be a big barrier to accessing services. As a result, some communities don't access care because they don't understand services.
  - Services have become **harder to access since Covid-19**.
  - **Long waits** for services, especially around planned care and surgery. This can lead to conditions *"degenerating faster because the health service can't keep up"*.
  - **People do not know what services to access**, for example GP services versus pharmacists. There is a requirement for further education.
- **Disability/complex conditions:**
  - The system doesn't provide enough support to parents/caregivers with children with severe disabilities. Beyond 18. if the child has a progressive condition, the system disregards that issue.
  - **Services are not accessible for those with additional needs**, such as visual impairments, due to poor communication methods.
  - Where people have multiple conditions, there needs to be greater co-ordination between services and ensure greater efficiency.
  - Wheelchair users are not always able to access services for example **showers** in hospitals.
  - People with visual impairments also have difficulties accessing services.
  - Carers of those with disabilities also require further support.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Stop being "A Case" – recognise the individuals / their NEEDS, VIEW, ASPIRATIONS Use services appropriately Don't abuse or over use the services
Local/ Community	Easy to navigate systems and services – they are IMPOSSIBLE for patients! Stop organising services around medical disciplines but around the needs of people There needs to be far more co-production as at present it is done from top down not talking to the people that need help and support. It should be done with the public and not being done to the public Appointments and waiting times for all services are enormous, we need to find a better way for access, availability and support. If we continue to do the same as we have always done, we will never get a different answer, or improve the situation People also need to understand how to easily cancel appointments (out of hours, if necessary), review their medication and be more in control *Delta wellbeing solutions* to use technology - with the glasses they can actually view the patients at home and make informed decisions from the hospitals, that would help
National	Revise the health care system to include some form of health insurance payment- as most of the world does! With increasing numbers of people paying for treatment due to waiting lists it's a fallacy to keep claiming healthcare is free. Wales is a collection of different communities. Health and social care services have to be adjusted to these, one size doesn't fit all, some things did not work out in the valleys. In North-Wales we have AI systems in operation, you can call up doctor Davinci, but we are so far behind the world, we need time to catch up with technology.

Survey insight:

When asked what would help the health and social care sector in Wales to overcome challenges it currently faces, respondents of the Representative Survey believed that waste reduction/improvements in efficiency (64%) and technology/new ways of doing (55%) were the most important. This was followed by the public taking greater responsibility for their own health (43%), raising taxes (22%) and charging money for services (23%).

To improve services, more than a fifth of respondents (22%) would like to have easier access/better access/better availability of services and overcome difficulties getting an appointment. Shorter waiting times and quicker services were ranked in second place (19%), followed by funding/more investment into the system (16%). People living in rural areas would like to have more and better services (24%).

(Bevan Commission, Beaufort survey 2023)

DEMOGRAPHICS

"Please act now to help all of our futures be better. Ours as we age; our children's as they grow; their kids and families to come"

"Please invest in family and children's health"

Peoples concerns about the nurturing of the younger generations were as much discussed as the complexities of providing effective services for the elderly population. Services as well as the built environment should be designed to meet everyone's needs throughout life. Future demographic trends will however cause long-term challenges in this area.

Ageing Population:

Concerns related to the ageing population and their needs were discussed from various different perspectives across Wales. These points are set out below.

- People who are living longer with multiple chronic conditions often have a **reduced quality of life**.
- **Ageing is often viewed as a burden** rather than being celebrated with an emphasis on aging well.

- Ageing well has become increasingly challenging due to **increasing pressure on services**.
- Older people often do not have a **family unit in place to support** them.
  - People don't live close to their family which means **they need carers**.
- **Older people often lack independence** to maintain their own health and wellbeing.
- **Travelling to services** for older people can be challenging.
- Sight loss, hearing loss, frailty and digital exclusion can make accessing services difficult for the elderly.
- We must avoid hospitals becoming place to die in – death is part of living.

Children and Young People:

There were several issues raised related to the physical and social environment in which children and young people develop that affects long-term mental and physical health outcomes. Cycles of *poverty, lifestyle behaviours*, and *isolation* issues are widespread and need to be tackled. Families need to be supported, and more intergenerational services could be established across Wales. Issues related to children and young people that arose in discussions are set out below.

- **There is a lack of green spaces** for young people to use.
- Parents are increasingly afraid to let children go out by themselves to play.
- **Young people** growing up are facing a number of different issues, and there is a need to provide greater levels of support.
- It is important that we break the cycle for children with adverse experiences (Public Health Wales ACE research – 2016).
- **Educating children in schools:**
  - There is a need to improve health literacy for children in schools.
  - The curriculum in schools needs to be broadened, including learning life skills, financial management, health and wellbeing skills, and there is a need for additional support for schools and teachers to enable this.
  - There is a need for a more holistic approach to educating the whole child, valuing and fostering their creativity, whilst supporting their self-esteem and confidence for mental wellbeing.
  - Lack of support in education for children on the **autistic spectrum/ with a diagnosis**.
- It was also suggested that since Covid-19, children and young people's outreach services have suffered, and that there is a need to provide them with greater guidance related to keeping healthy.

Resilience:

TIssues around community resilience were also identified. Resilience is a core component of building healthy communities and people. In the case of young adults, there was an observed lack of resilience, which might partially be attributed to the impact of the Covid-19 pandemic. Challenges related to mental health and wellbeing were said to be the main cause of a lack of resilience among children and young adults, which requires attention.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Train us in complex disabilities Creating support and developing skills within family Volunteer support in communities
Local/ Community	Intergenerational services – younger people exchange skills and knowledge eg IT / history etc. looking after older people Create oopportunities for older people to help self-worth and feeling of still being engaged and valued in community Trauma recovery service – accessible to all to address intergenerational trauma Lack of older persons' day centres, activities, home help, community centres – early intervention Adopt a grandparent scheme or other options to engage positively with older people Through age 'no wrong door' approach Have experts in fields i.e., children and dementia for region Pivotal for families and children – recognising the needs of women, domestic abuse support Funding for families to access childcare from under one year old. We are working to pay others to look after our own children and struggling with the cost of living
National	Helping children and young people to dream big and have hopes and aspirations for their futures – ending generational cycles of poverty Ensure Create policies to ensure people can live healthier for longer Have to give everything to children especially disabled children and especially those with progressive conditions Increase paid maternity and paternity leave – early relationships are so important Create opportunities in and out of schools to help raise children and young people's aspirations – ending opportunity poverty Our education system - others, children especially disabled children. This perpetuates inequity and discrimination which affects wellbeing and health Rare disease strategy and implementation plan - his doesn't include children properly Key working course for disabled children and families - 'early support Wales' Schools need to have occupational therapists, physios, counsellors, speech and language therapists etc. as school staff Need to review existing pathway. Children and young adults are struggling with mental wellbeing

Survey insight:

Access to health and social care services was seen as the most important for the retired (40%), those who are not working (44%) (which might be due to long-term illness), and people with life limiting illness or disability (45%).

(Bevan Commission, Beaufort survey 2023)

WORKFORCE

"Please make the health and social care sector more desirable and better pay to retain our professionals in the UK. Most of them are choosing to leave"

"Acknowledgement and appreciation go a long way to staff job satisfaction and retention"

"As a carer to an elderly mother I have zero support"

"Overall, there are fantastic people who work in the sector providing 24/ 7 services and often go beyond pay grade and job definition to get the job done"

"I am an unpaid carer, and my health is not 100%, trying to get in touch with Social Services to help me is like talking to a wall. I have lost faith in them, and I definitely do not trust Adult Social Services"

The misalignment between health and social care services reportedly affects performance and creates tensions in the workforce. According to responses from the public, health and social care services were more joined up forty years ago than they are today. There was a general agreement amongst attendees that there are both similarities and differences in terms of the workforce challenges facing the health and social care sectors, which might be addressed with greater coordination. Population demographic trends were perceived as a real risk across both sectors in terms of changing population needs, and the recruitment and retention of staff. Workforce challenges identified by members of the public are set out below.

Workforce Challenges:

- **There is a need to align the wages** of the health and social care workforce.
  - A single budget for health and social care services might better enable the alignment of wages and workforce support.
  - Services should not be joined up until the pay gap of social care workers and healthcare workers is addressed.
- **The declining birth rate in Wales** will affect the capacity of the NHS and social care workforce in the future.
- **Community expectations are increasing** but *"it's hard to pick up momentum"* when staff are tired and there are high levels of burnout.
- The current workforce is not able to deliver both prevention services and secondary care services.
- Current issues with **recruitment in the social care sector** leads to bed-blocking in hospitals.
- Better working conditions, more training, and reasonable working hours for staff are needed to ensure workforce sustainability.

Social Care Issues Affecting Workforce and Service Outcomes:

The following discussion points arose from the town hall conversations relating to the social care workforce and its impact on services:

- **Social care and healthcare services** are not working together as effectively as they could, for example in drug and alcohol services, which is having detrimental impacts on people.
- **There is an inconsistency** in service provision across Wales, leading to the feeling of a *'postcode lottery'*.
- There is not enough **support for carers** from Welsh Government in terms of both navigating the system and providing financial support.
- **There is often a reliance on the care system** (e.g. medical solutions).
- **Paid and unpaid carers:**
  - **The expertise of carers** should be more widely recognised and considered when managing care and other non-medical and mental health issues.
  - **Carers can often become isolated and ill.** This is an issue that can have much wider impacts on those in receipt of care, therefore carers need greater levels of support to mitigate this challenge.
  - The physical and emotional impact of caring also need to be considered and addressed with appropriate support.
  - **Carers' mental health should be made a priority** as they are often *"left alone to work it out for themselves"*.
  - Carers work is often thought to be both undervalued and underpaid, making recruitment into the workforce even more challenging.
  - Carers are often not trained sufficiently, and they are not paid for their travel in between calls and yet they look after the most vulnerable in our society.
  - More carers are needed but there is a lack of **baseline data** related to the number of daytime carers due to complexities associated with the workforce.

Third Sector and Volunteers:

The following discussion points arose from the town hall conversations relating to the third sector and volunteers in Wales:

- **Cultural change at all levels is required** to allow the third sector to deliver services and support health and social care provision where both possible and appropriate.
- **Funding models** for third sector organisations need to be revisited:
  - The **short-term** nature of resources given to third sector organisations causes both **mistrust and inefficiency**.
  - Where third sector interventions have been evidenced as being effective, appropriate longer term financial support should be considered.

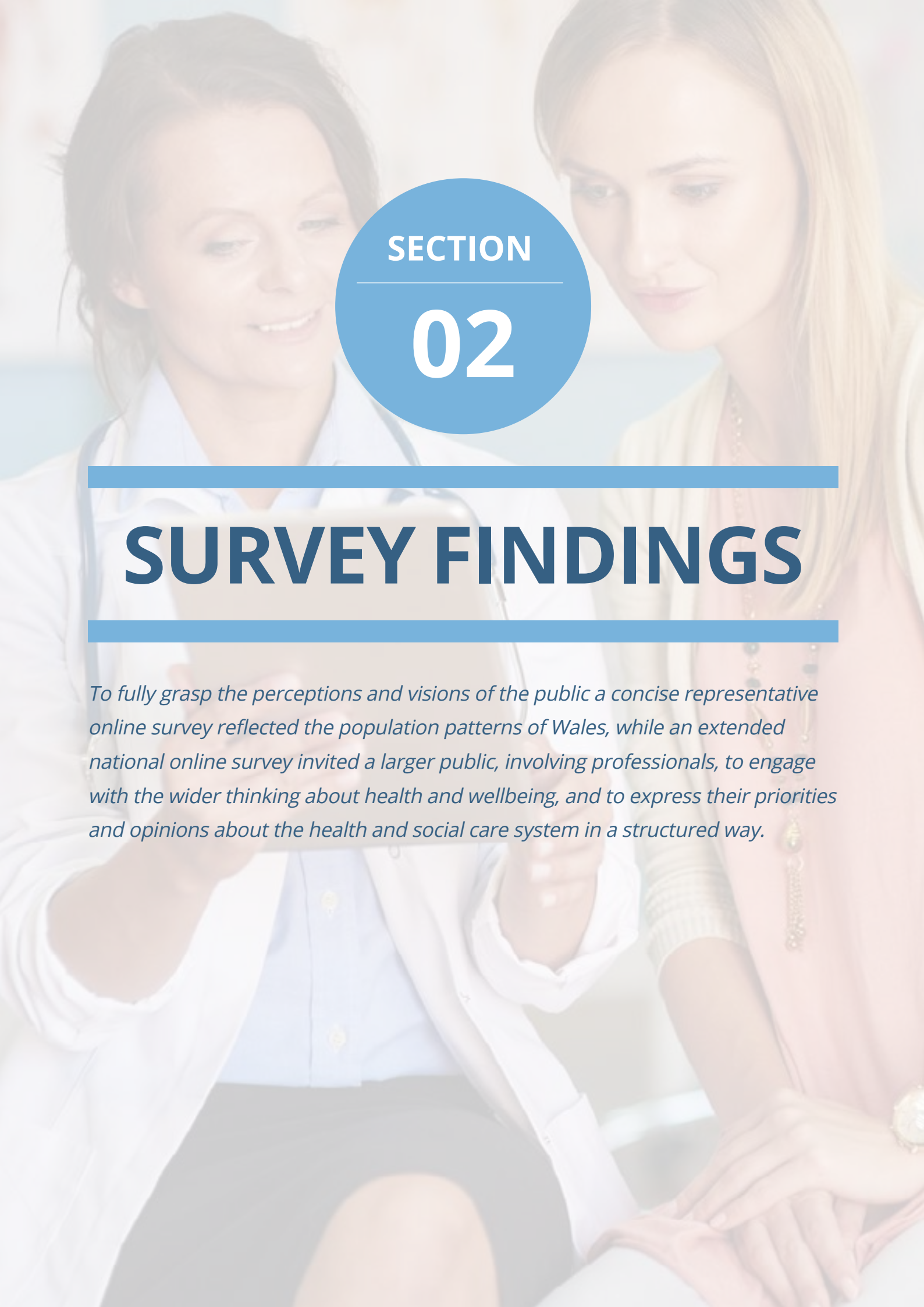
- **Longer-term, realistic budgeting** terms are needed instead of bundled budgets.
- **Competition of third sector for contracts** is a huge barrier, other sources that would 'flip through' would be needed.

- **Volunteering:**
  - Many services are dependent on volunteers, due to lack of funding, which is not considered sustainable in many cases.
  - Now the threat of Covid-19 has rescinded, people who used to do voluntary work are now doing other things, whilst getting them to return is an issue.
  - Volunteers are tired and worn out after their efforts during Covid and need to be *"reinvigorated"* and valued.
  - People are working longer due to increased costs of living, which has led to a decrease in the number of volunteers.
  - Third sector organisations find it hard to recruit volunteers.

- **Shared services:**
  - **Shared community vehicles** would be beneficial and more efficient as this cost places significant strain on financially limited charities.
  - **Funding to enable community led interventions is limited.** The ability of communities to *"do something on the ground"* to encourage better health and wellbeing from within is therefore restricted.
  - Where there is funding, this is often hard to find or blocked by red tape.

Solutions – What Would Make a Difference?

Level of Responsibility	Solution
Individual/ Family	Taking care of vulnerable people in the community Ensure we maximise our tax raising powers Volunteer
Local/ Community	Easy to navigate systems – they are IMPOSSIBLE for patients! Stop organising services around medical disciplines Important not to rely on volunteers to run all community based activities. To keep some of these things running requires investment in paid staff Standardised staffing in organisations (and named roles) Place based services rather than centralisation Employers offering paid time for volunteering and wider volunteer support Consider the community as part of the solution / care package Transform existing buildings to provide services Collaborative working between health care, social care and voluntary organisations
National	Revise health care system to include some form of health insurance payment To deliver care closer to home requires greater financial investment. Preventative health is within 3rd sector UK Government = give out money better Consistency in funding for services across the whole of Wales People feeling valued by systems, community, government, (workplace is a huge issue) Create micro-enterprises of carers in their communities – look at 'The Tribe Project' Value everyone not qualification Treat employees as adults, trust them, flexible time, better 'leave' packages



SECTION

02

SURVEY FINDINGS

To fully grasp the perceptions and visions of the public a concise representative online survey reflected the population patterns of Wales, while an extended national online survey invited a larger public, involving professionals, to engage with the wider thinking about health and wellbeing, and to express their priorities and opinions about the health and social care system in a structured way.

Sampling and Data Collection:

The representative survey was undertaken by Beaufort Research on a panel sample[18]. The extended national survey was distributed across social media channels, newsletters, and third parties. The national survey invited a broader public and professional view, responses were collected up to 10th November 2023.

Key differences of the two surveys:

	National survey	Representative survey
Geographic caption	7 health board areas	5 Region Groups of Unitary Authorities: North Wales, Mid/ West Wales, South West Wales, Valleys: Cardiff & South East Wales.
Gender	Male, female, non-binary, trans-gender, other	Male, female
Age group	Age group – 7 18-24, 25-34, 35-44, 45-54, 55-64, 65+, 18-	Age group – 6 16-34, 25-34, 35-44, 45-54, 55-64, 65+
Sample	877 valid responses	Representative sample, 1000 respondents
Ethnicity	White, Asian, Other, Mixed/Multiple, Black/ African/ Caribbean/ Black British	White, Black, Asian and Minority Ethnic
Other attributes	–	Welsh speaker, Social grade, Children in household, Urban/ rural, Tenure
Work/ Employment	Having been employed, employed, or never been employed in health and social care	Working status

18 Beaufort Omnibus surveys a representative survey of 1000 adults across Wales

NATIONAL SURVEY RESULTS

Descriptive statistics:

Descriptive statistics can be found in Annex 1. Most of the respondents were female (71%), and age groups were relatively evenly distributed. The ethnic background of respondents was predominantly White Caucasian (93%). The most represented area was Swansea Bay University Health Board (25%), and the least represented was Cwm Taf Morgannwg University Health Board (8%).

General Insights about Health and Wellbeing:

Satisfaction with health and social care:

More than a half of the respondents reported being satisfied with health and social care services.

Ownership of health and wellbeing:

The vast majority of the respondents (91%) reported having made an effort to improve their own health and wellbeing over the past 6 months, and yet agree that (76%) more could be done to support this. About 10% of the respondents believe that it is beyond them to make further improvements to their health.

Around 80% of the respondents felt capable of managing their own health and wellbeing, while 15% of respondents suggested that they needed further support to do so.

The public's responsibility for health and wellbeing:

How respondents view the publics role in taking more responsibility for their health and wellbeing depicts a slightly different picture. 77% of the respondents suggest that the public should take more responsibility, and a significant 16% chose to stay neutral about the issue, while 7% disagreed. Those who have previously worked or currently work in the sector tended to take a 'strongly agree' stance on the public's role in looking after their own health and wellbeing, while the general 'public' tends to take a more 'neutral' or *'agree'* position.

The greatest influence on individual health and wellbeing:

Social connections, such as family, friends, and local community (20%), and employment & financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%). Green spaces, housing, a healthy diet, and an active lifestyle were perceived to have a similar level of influence over respondents' own health and wellbeing. Despite health education being recurrently discussed at the town hall events, it was less prominent at the level of individual perceptions expressed through the survey (among 2% of respondents).

Variation across health board areas:

Analysis of variations in response across health board areas suggested that **green spaces** were more important in more urbanized areas, such as Cardiff and Swansea than for residents of Powys, Cwm Taf Morgannwg, and Hywel Dda health board areas. Employment/ financial security and access to services was seen as the most important for maintaining favourable health and wellbeing outcomes.

Access to health and social care services is seen as the most important influence on individual health and wellbeing by respondents that have never worked in health and social care, followed by active lifestyle, employment and diet.

Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and cost?

Waste reduction/improving efficiency (29%) and technology/new ways of working (26%) were viewed as the most important way to manage the challenges currently facing health and social care services. More than one fifth of the respondents thought that the public can be expected to take more responsibility for their own health and wellbeing. One in ten would consider raising taxes, and/or charging money for some of the services that are for free. Just 2% of the respondents would consider reducing the number of available services.

What can the public do to help health and social care services?

Those who currently work or have worked in the sector are more prone to believe the public should take greater responsibility, while respondents not affiliated with health and social care system see improved use of technology and taxes as the most effective part of the solution.

Overall, 83% of respondents agreed that the public could do more to help health and social care services for example cancelling unneeded appointments. Almost 9% remained neutral on this issue, and 8% disagreed.

However, while they agree the public could do more, town hall discussions have pointed to the difficulties of cancelling appointments due to poor communication channels, long waiting lists, and complicated pathways.

REPRESENTATIVE SURVEY – KEY INSIGHTS

In the survey distributed by Beaufort Research, there were differences in the sampling approach when compared with the survey described above. The representative (Beaufort Research) survey included the five Region Groups of Unitary Authorities: *North Wales, Mid/West Wales, South-West Wales, The Valleys, and Cardiff & South-East Wales.* While the National Survey included different options for gender, the Representative Survey relied on a binary gender (male, female), and the age was grouped into six classifications of response. Findings from the representative survey distributed by Beaufort Research are discussed in the section below.

Which of the following would you say has the greatest influence on your health and wellbeing?

- Having an active lifestyle (44%), and access to a healthy diet (44%) ranked highest, followed by Social Connections (38%).
- Employment and financial security as a condition for good health was ranked as important by full-time employees (50%), people of Black, Asian and Minority Ethnic ethnicity (47%) tenure-owners with a mortgage (45%) and people renting from private owners (46%).
- Social connections for good health are considered the most important among the unemployed (60%), students (53%) and people living in rural areas (41%).
- Having an active lifestyle was perceived as most important among the self-employed (53%). Among those who have a limiting illness, health problem or disability, an active lifestyle (36%) is as important as social connections (36%).
- **Access to health and social care services** is most important for the retired (40%), not working 44% (might be due to long-term illness), and people with limiting illness or disability (45%).
- **Access to good housing as a prerequisite for health** is important among people of Black, Asian and Minority Ethnic ethnicity (39%), those who rent from a private landlord (39%) or from a council (36%), as well as others including those not working (35%), or those who have a limiting illness or disability (33%).
- Feeling part of the community was ranked as the least important contributor to health and wellbeing among people living in council-rent tenures (3%), the self-employed (4%), others not working (5%), and urban citizens (6%). Having a sense of community as a prerequisite for health and wellbeing was most important among people of Black, Asian and Minority Ethnic ethnicity (19%), and students (18%).

Satisfaction with services:

Less than half of the respondents are satisfied with the health and social care services (13% very satisfied and 35% satisfied), with 17% suggesting that they are dissatisfied. Over a third of respondents expressed a neutral standpoint. Most dissatisfied were people with limiting illness or disability (23%), retired people (22%), and those living in council-properties. The least dissatisfied respondents were from the Valleys (12%), and young people, 16-34 (11%). This might be associated with less recent or frequent experience with the services, or due to the lack of need to access services. Most satisfied with the services were people in the AB and ABC1 social grade (both 54%), and females of 16-44 (56%) and over 45+ (51%).

In your opinion, how could health and social care services in Wales be improved?

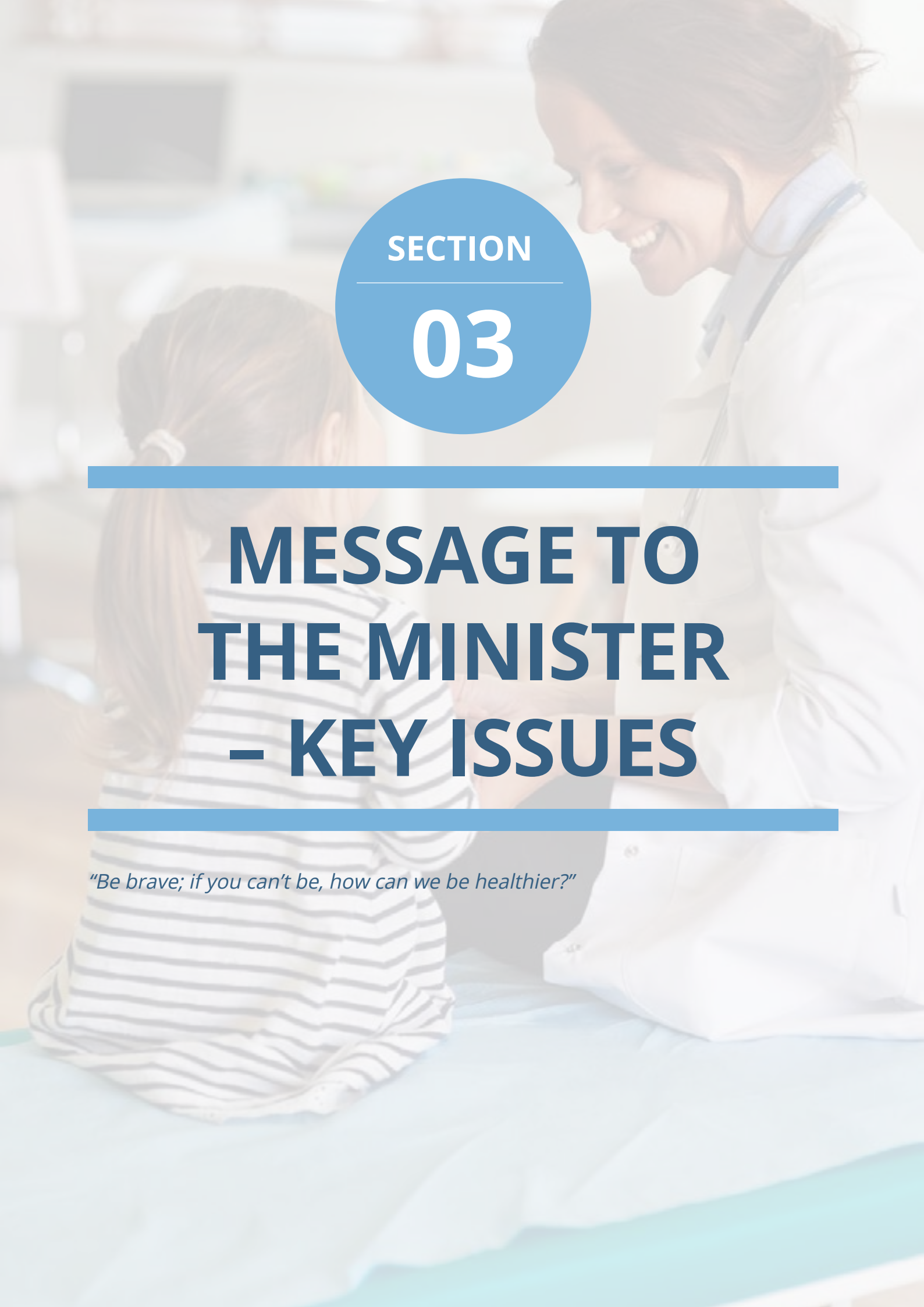
More than a fifth of respondents (22%) would like to have easier access/better access/ better availability of services and overcome difficulties getting an appointment/more accessible/ more appointments. Shorter waiting times and quicker services stand in second place (19%), followed by funding/more investment into the system (16%). People living in rural areas would like to have more and better services (24%).

Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and cost?

Waste reduction/greater efficiency (64%) and technology/new ways of working(55%) ranked first, which were then followed by the expectation for the public to take greater responsibility (43%). Respondents of the Representative Survey were prone to see raising taxes (22%) and charging money for services (23%) as an alternative than in the other sample. No further significant variation was noted in the sample.

'The public should take more responsibility for looking after their own health and wellbeing':

In response to this statement, 75% of respondents agreed, and 18% took a neutral position. Men of an older population segment tended to 'strongly agree' with the statement more than women. 40% of males aged 45+ responded 'strongly agree', while only 18% of younger women (16-44) and 24% of women 45 years or older 'strongly agree'. 74% of males, and 70% of females agree in general. Full and part time employees, home-owners and retired people tended to agree more than people who were unemployed, living in council-owned properties, or students.



SECTION

03

MESSAGE TO THE MINISTER – KEY ISSUES

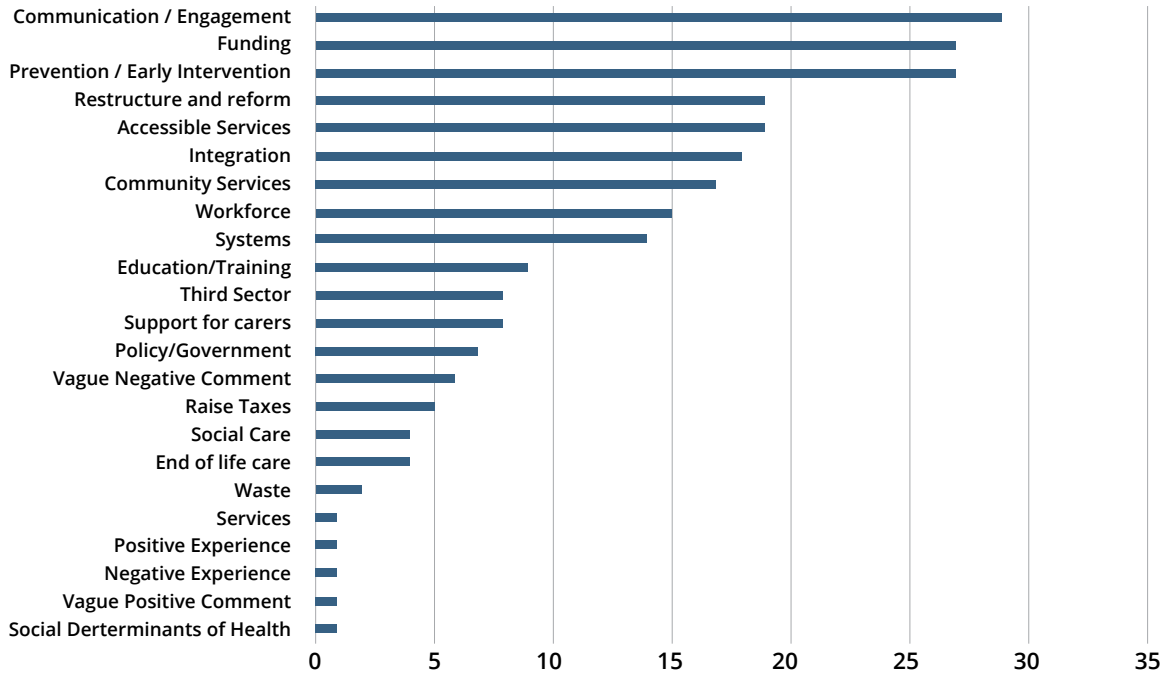
“Be brave; if you can’t be, how can we be healthier?”

Participants at town hall events were also given the opportunity to send a *'Message to the Minister'*. The table below provides a selection of quotes from the postcards written by people at the end of the town hall events. The full list of messages can be found in Annex 3.

Communication Citizen Engagement	"Listen to healthcare and social care professionals. Listen to the clients and service users. Their stories can help you with making the necessary changes to our health and social care services. The system isn't working, it isn't helping those who need it or helping the brave workers of these services" "I understand your role is extremely pressured and so many people have different ideas on what should be done and how it should be done. My only request would be that you would learn and understand the stories behind the statistics. That you would listen to the voices of the people directly affected by your decisions"
Funding	"Can we please have more Transparency around our Wales Funding and where this is spent and how. Is the correct level of Autonomy given to the CEO's / Chairs and Execs of the Wales Trusts and Health Boards in order to provide a successfully run organisation for the Public?" "Do you see that by investing and maintaining funding in provisions will save money elsewhere rather than saving with cuts. Cuts cause more overspend and pressure. False economy"
Prevention & Early Intervention	"The answer to our problems can't be fixed through short-termism and focus on targets. Evidence shows that a radical system shift comes from focusing on community and prevention. We can't effectively drive change if 90% of your priorities focus on acute service provision coupled with lack of funding for integrated care"
Shared Responsibility	"Supporting and empowering individuals and communities to take care and responsibility for their own health and wellbeing is a much more efficient and economical way of dealing with health, which takes into account specific community issues and strengths. Decentralizing health could be a positive solution to the issues faces by the NHS and other services"
Restructuring and Change	"The current structure of the NHS in Wales means health hoards have far too much power. They lack the guidance from a more national body as seen in NHS England to share best practice (not to say that it's perfect there either). We need to create a culture of improvement that benefits all, rather than competition between health boards. If best practice was shared by all, so much more could be achieved' "Delivery of future health needs requires a bold, radical change. Greater investment is needed in preventative health, community, primary care, social prescribing, and the voluntary sector. Bring back day centers, home help that shifts focus from care to 'help' others to help themselves. Integrate health and social care so there is one system wrap around holistic approach. 'Humanity over Bureaucracy"

Access to Services	"There is a need for fair access for all families to healthcare, childcare, reducing pressures on working families, wellbeing" "People with disabilities and their carers need to be consulted and included more in the structure of the service to make it more person centered again. In recent years services have become completely inaccessible for people with support/communication issues"
Communities	"Communities have the ability to look after themselves but to do so, require sustainable and adequate investment in those community-based services"

Occurrence of Themes in Messages to the Minister



SECTION

04

OBSERVATIONS

Discussions at the town halls shed light on the most pertaining issues that people see and experience about health and the health and social care system today, the relevance of which is underpinned by the findings of the two surveys. What is most important, and hidden behind the structured presentation of the insights, are the observations, the experience, the sense of the conversation, the overarching lessons learnt and the knowledge shared during these sessions. Observations give direction and shape our perspective on which avenues to follow.

Lots of the comments pertain to issues which are important and long-standing, and which could be described as 'wicked' system issues. There is less of an emphasis in the conversations on things that are achievable in the short term (although some do exist) for example in improving communication and using existing schemes such as Education for Patient Programmes more so. This, it seems, reflects the scale of the challenge, and the 'amount' and extent of the transformation that people are identifying is needed. The expectations and experiences of people are unaligned, and this is apparent in many of the comments that come through the conversations. In other words, the system is not delivering what people want or need.

There is a sense of powerlessness that comes through the report, with people feeling at a distance from those who make decisions about the health and social care services they need. There is an underlying issue around the agency, or otherwise of people, with a distinct tone in several the comments about awaiting guidance, and permission to be able to act. There are two implications of this, one that the 'system' might need to carefully consider how it could build confidence and enable people's contributions; and two for people not to wait until 'asked' to make a contribution. Being able to challenge clinicians to stop the overmedicalisation of care and the overspecialisation of diagnoses was an interesting example of this issue.

> **OBSERVATIONS GIVE DIRECTION AND SHAPE OUR PERSPECTIVE ON WHICH AVENUES TO FOLLOW**

There is a challenge implicit in these comments around the lack of value placed on the time and energy patients and members of the public spend waiting and, in some cases, fighting the system – there is a plea to recognise the disconnect, and lack of integration both within and across services, which often causes this, which is being reflected in these conversations. We talk about 'spending' time doing things, but what does that mean when it comes to whether we value the time spent by the public waiting, or indeed trying to find their way around the system, especially for those who are working and have to find time to attend appointments, or because they make other important contributions to support the health and social care sector in the form of unpaid caring roles.

'We should value unpaid carers as part of the broader health and social care workforce, and we need to think carefully about how best to support them to help make services and support more available and accessible to them.'

Raising taxes, progressive taxation, and the hypothecation of funding is an important theme throughout the conversations, alongside ensuring value from the resources we already have and some structural change, which is advocated both financially and organisationally. It is interesting to note the call for the depoliticization of the NHS, alongside the suggestion that structural and organisational integration and the development of a national health and social care service as a potential solution. The identified need to connect policy areas and legislation more thoroughly to enable seamless services to happen is interesting. Creative solutions to the challenge of funding were proposed and discussed, including supporting unpaid carers. The means-tested health tax is an interesting thought in this regard as is the comment that supporting unpaid carers supports the whole system and prevents spending. People also described wanting to be able to be more economically active in society but are prevented from doing this because of responsibilities around caring that could be removed (cf. Carenomics).

'Unsurprisingly, the economic circumstances that are besetting people currently are identified as a huge barrier to being/eating/living a healthier life.'

Perennial issues that beset health and social care services of poor communication was a key aspect of all the conversations. This included poor communication with individuals, between professionals, with the 'system' itself, as well as communication that could help individuals support their own health and well-being and that of others. At times this was simply about poor practice such that people felt 'out of the loop' and unable to get straightforward answers to simple questions. At other times it was seen as a fundamental flaw in the system preventing people accessing the information and support they needed. This issue also served to underline the broader point about the powerlessness that people were expressing in the face of large organisations and a complex system. Communication also highlighted the broader health literacy and education context for people of all ages. Opportunities such as the Education for Patients Programmes, the NHS App. Making Every Contact Count, and the new school curriculum in Wales all provide useful opportunities to build upon in the short term. It also raises the potential of technology as a key enabler alongside wider issues relating to data sharing, which would benefit from further conversations.

A key overarching theme is the reprioritization of prevention, early intervention, rehabilitation, and investment in primary and community services closer to home. Linked to this was the need for the statutory sector to validate the important role of the third sector in supporting health and wellbeing providing flexible, responsive and meaningful local support for people. The lack of sustainable long term funding for important third sector services appear as persistent and ongoing challenge as was the difficulty in recruiting volunteers to support local needs especially post-pandemic.

People were given ample opportunity to explore individuals' and families' responsibility for health challenges, and what action they should be expected to take on their own behalf. Generally, several possible actions were identified for this line of our three-part classification (individual-community-national). However, all of the discussions were strongly influenced by an awareness of the power impact of social and economic factors in shaping and constraining those choices and actions, and therefore how it may be unrealistic to expect much change from the most disadvantaged (economically as well as in terms of health expectancy). There was less discussion about cultural factors which may stand outside the socio-economic context – these were occasionally raised, albeit tentatively.

People's sense that many of these problems are almost unsolvable in practice links to several other findings. This is partly based on what people see as the lessons of history – perhaps fueled by a somewhat unreflectively negative perception of change over the past 10-20 years? They often subscribed to the view that there was a gap between what policy and legislation espoused, and the lived experience. This gap was in part explained by lack of resources, lack of real (and sustained) determination to make change happen, and by an opaque set of institutions and processes which often seemed to dance to others' tunes (all rather vague and unspecified). There was therefore some discussion about what other tools might be more effective: if not policy documents and legislation, then what? This touched on mechanisms which might pass more control to individual citizens, such as personalised budgets; greater and easier choice of providers; and actionable rights. None of these were explored in detail, but this is a rich seam which might be explored in subsequent work.

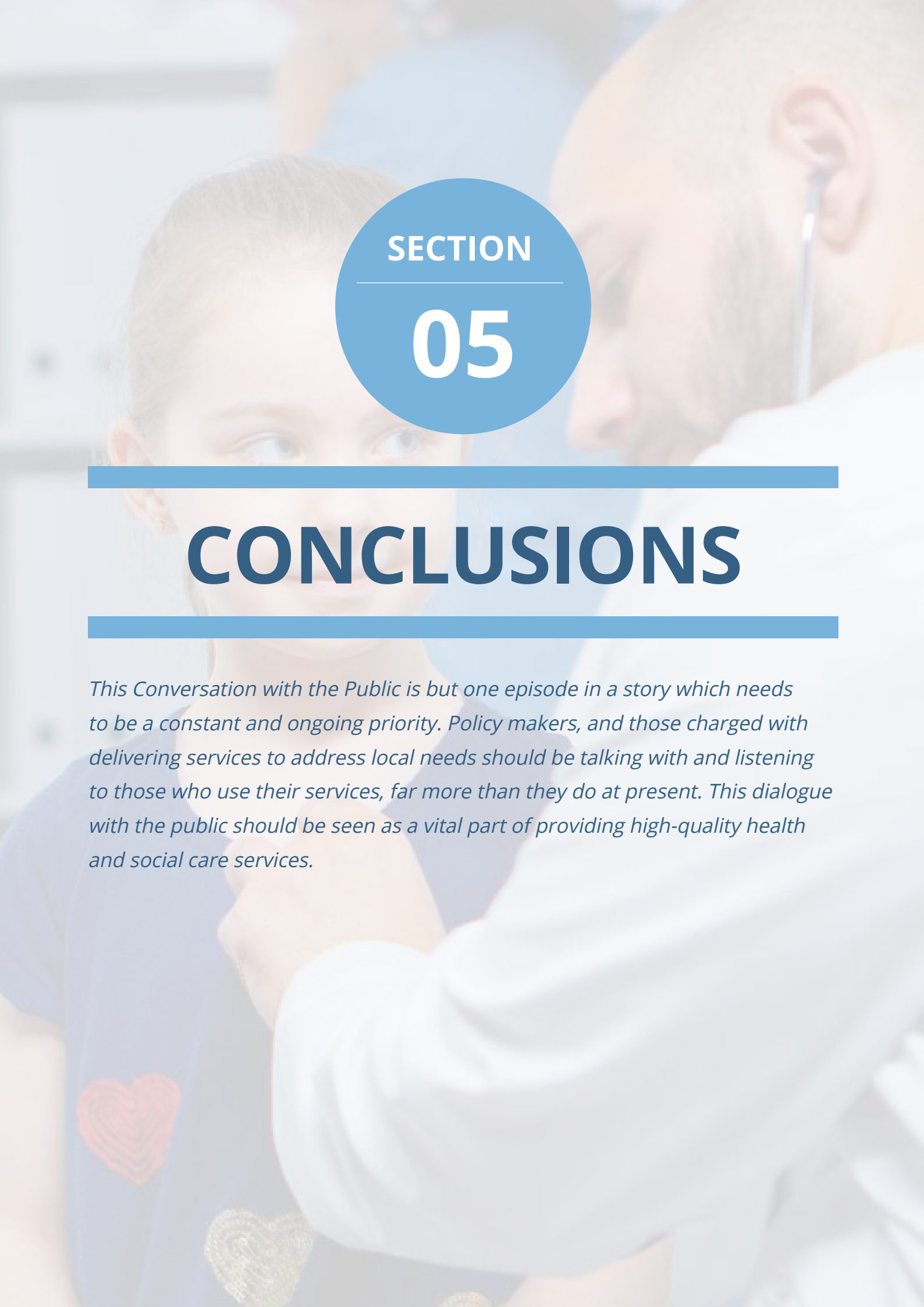
This links most obviously to people's support for relatively radical change, and for their assessment that Bevan's Principles were not being implemented very strongly. Whilst most supported the principles of 'free at the point of delivery, accessible by all and comprehensive', it may also have a bearing on the – albeit minority – view that some of the principles were now ripe for re-evaluation. This latter was not extensively explored, but again might be worthy of future examination.

THERE WAS VERY LITTLE SPONTANEOUS CELEBRATION OF PROGRESS OVER THE PAST 10-20 YEARS

Some topics are interesting for their absence. There was very little discussion about population migration, and the impact of immigration; employers were seldom mentioned (as either causes of resolvers of problems); and – with the exception of the Swansea Bay University Health Board group – little discussion about the different circumstances of different ethnic groups. There was also very little focus on the question of 'who pays', in a country where the challenges to public spending are well-rehearsed, and where the Welsh economy has significant challenges of its own.

What was people's sense of trends and change over time – past, present, and future? We did not ask this specifically, but some underlying assumptions may cautiously be inferred. Looking backwards, there was very little spontaneous celebration of progress over the past 10-20 years. The focus was mainly on current challenges, with recognition of the growing needs and demands on the services.

There was quite a lot of discussion about the impact of the pandemic – that it may have reinforced isolation and reduced community and social capital; but that the full effects are still emerging. As to the future, although many challenges were readily identified, there was little sense of impending catastrophe or existential challenge (the 'collapse of the welfare state'), and perhaps a degree of optimism and self-efficacy: an underlying confidence that a better future could be created, if the changes identified were actually implemented, but that the time for marginal reform was gone.



SECTION

05

CONCLUSIONS

This Conversation with the Public is but one episode in a story which needs to be a constant and ongoing priority. Policy makers, and those charged with delivering services to address local needs should be talking with and listening to those who use their services, far more than they do at present. This dialogue with the public should be seen as a vital part of providing high-quality health and social care services.

This report provides an insightful overview of the conversations and surveys undertaken with the public as part of the Bevan Commissions 'Conversation with the Public'. This took place within a relatively short time frame with the support of local health board engagement teams and local Llais teams leading engagement in their localities. It also provides a useful template and basis for learning to inform subsequent work in further depth.

People across Wales want to engage more on issues related to their health and social care, where they clearly see the need for change, and are willing to support others to realise this. And they have some interesting views – the appetite for radical change, for example, the willingness to question some of our 'traditional thinking', and a frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

The report highlights a number of important and consistent core themes they identified including the need for; more integration, better communication, prevention and early intervention, greater shared responsibility, empowerment and improved access to services and support. Within each of these we have set out their proposed solutions, many of which provide helpful, practical suggestions on how these can be improved and made more effective and efficient.

The people we met spoke from the heart, with a real desire to make things better. Politicians, policy leads and professionals should listen to people who use their services, many of whom have more prudent solutions. The discussions also revealed a recognition of the need for more urgent and radical transformational change, including support to enable people to take greater responsibility for their own health and wellbeing, within their local communities.

THE PEOPLE WE MET SPOKE FROM THE HEART, WITH A REAL DESIRE TO MAKE THINGS BETTER

The Bevan Commission made a commitment to participants to bring their insights and ideas to the attention of key leaders in health and social care. There is much in this document that now requires both reflection and action. Some ideas echo what policy makers have been seeking for some time, and now need a real thrust forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care faces an existential challenge. What is also clear is a recognition that health is everyone's business and we all have a role and responsibility to play a part in securing its future. We would encourage that this paper and its suggestions are actively used to inform policy and improve practice in health and social care from 2024 on.

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