

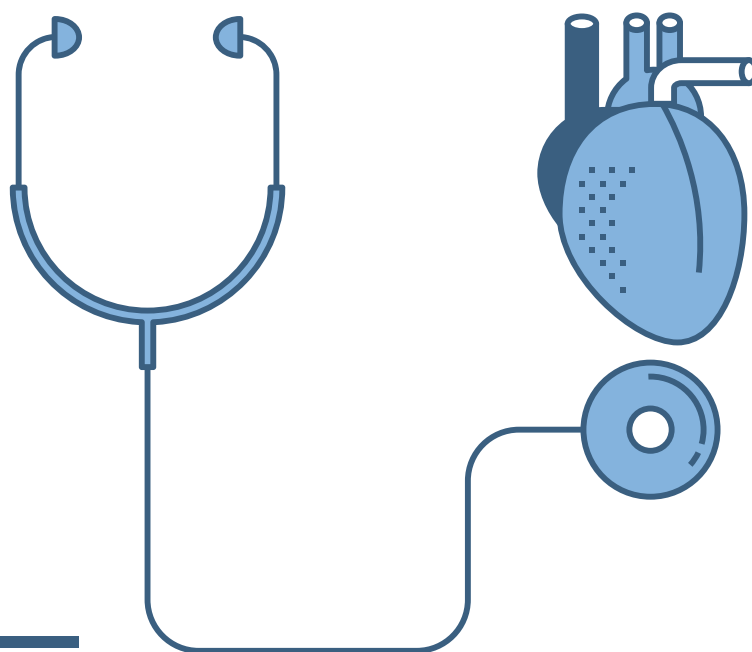
# Comisiwn Bevan Commission

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Exploiting the Welsh  
Health Legacy Series: 2

## “ A New Way of Planning:

Working Towards a Prudent Model of Health & Care



# SUMMARY

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This paper is the second in the series called 'Exploiting the Welsh Health Legacy' which calls for a joined up, prudent and social model of health and care - moving away from the more traditional medical model of care.

**"A New Way of Planning: Working Towards a Prudent Model of Health and Care"** sets out the planning, thinking and approach required to implement this new, social more Prudent model of Health and Care in Wales. In our first paper we set out the case for change and described the new model - a model which best suits the needs of people in Wales. A model which prevents ill health and preserves and supports all aspects of wellbeing, in which everyone has a responsibility.

We have looked at how this could be achieved by looking at health and care through a different lens - a prudent lens. This proposed new model is based on the Bevan Commission's concept of Prudent Healthcare and the application of its principles in practice. It recognises the shared responsibility of society starting with the individual.

## A Prudent Model of Health and Care will:

- Actively encourage everyone to take collective action and responsibility to help us all live the healthiest lives for as long as possible;
- Call upon all agencies to act together and assume joint responsibility in whatever way they can best do this to ensure we make the most of the resources we have to meet individual and population health needs;
- Develop a strong, robust and prudent integrated health and care system to support both our health and care needs;
- Make the most effective use of all skills and resources available including local people, patients and the third sector;
- Ensure that those with greatest needs prioritised and the hard to reach groups are included.

## A Prudent Health and Care System is one:

- In which we all share responsibility for maintaining our health and that of others and that we have a high quality, effective and efficient services which meets the needs of people, as and when needed;
- Where the focus is on the joint ownership of the NHS by all in Wales, through the co-operative concept of 'Our Welsh Health and Care Service', ensuring that this is;

**Welsh** – A shared responsibility belonging to the people of Wales, who use it and pay for it;

**Health** – Focused on preserving and protecting health and wellbeing not just treatment and ill health;

**Care Service** – High quality, integrated prudent health and care services, equally available for all, working with everyone to ensure the most prudent and right care is provided.

## Moving forward and next steps:

This paper represents the first stage in a process of essential and fundamental change and the rebalancing of the NHS in Wales. Further ongoing engagement and consultation is needed to expand upon and test out whether the ideas in this paper fully represents the feedback and views received to date and in determining the next steps.

This model is designed around the needs of people in Wales not the systems the processes or the professionals. It embraces the principles set out by Aneurin Bevan for a National Health Service, namely; comprehensive, free at the point of delivery and accessible by all, alongside the fundamental 4 Prudent Healthcare Principles. It builds upon its origins whereby communities, people, professionals, patients and local employers all played a key part and responsibility in maintaining health and in caring for its communities and the people within it with great pride.

The Bevan Commission proposes to ensure that the people of Wales recognise both their rights and responsibilities and are able to respond by getting involved and find solutions to the challenges that the NHS faces. It will seek to ensure that the our NHS in Wales is co-owned by them, similar to members of a 'unique NHS club' in which we all have our individual club numbers and clear 'rules' by which it operates in response for services and support received.

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## CONTEXT

**The case for a different way of thinking and working and more prudent model of health and wellbeing has been well rehearsed in part 1 of this 'Exploiting the Legacy' series – 'A New Way of Thinking' (Bevan Commission 2017).**

This sets out why the more traditional models of service delivery do not help to alleviate the root causes and the underlying problems of many current day health and care issues. Expectations of public services are higher than ever; in part due to the consumer-based, fast-paced environment in which we live, where people expect to receive services and send information instantly (King's Fund 2014). With the rapid progress of digital and medical technology many expect that solutions are available to fix health problems and that the state (as the NHS) has a responsibility to deliver these.

Such expectations can often be unrealistic and reinforce a medical model of healthcare with the individual as passive receivers of care rather than active participants in their own health and care. Added to this are complex and dynamic governance and accountability structures, where Local Authority, NHS bodies and other regulatory agencies operate alongside each other, but frequently in an unaligned way. (Barnes et al 2008) which can make even simple reform complex and difficult to achieve.

The proposed prudent model for health and care sets out a new way of thinking and working, based upon the 4 prudent health principles. It sets out a different tone and ethos; a co-operative approach based upon joint responsibility and ownership, engagement and partnerships between patients, professionals and the public. A clear and equal responsibility for maintaining and sustaining our both own health and the health of others, and the health and care services will help to support this. Individuals, professionals and the public need to be actively encouraged and supported to be more engaged, to have a greater say, take an active interest and control, particularly over the way that services are designed, developed and delivered.

The Bevan Commission (2016) expanded upon its thinking on this previously in 'Redrawing the Relationship between the Citizen and the State' addressing the need to more effectively engage the public, patients and carers in identifying and owning the problems and helping to find better solutions together. It outlines the need to redistribute the balance of power, sharing and managing the risks to allow the changes we need to happen. The Wellbeing of Future Generations Act (Welsh Government 2015)

also recognises that to give future generations a good quality of life we must all work together now to tackle the challenges to improve the social, economic, environmental and cultural wellbeing of Wales.

To help contribute towards achieving this, the Bevan Commission has set out (Figure 1), where it believes we are now in Wales and where we would want to be in the future to influence the health and wellbeing of future generations.

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## A QUESTION OF PRIORITIES: RESPONDING TO CHANGE

### A Question of Principles:

In response to the challenges and need to change, the Bevan Commission has outlined its approach and thinking through Prudent Healthcare defined as 'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'. This was based upon four prudent healthcare principles, outlined in its Prudent Healthcare Principles paper (Bevan Commission 2015).

Applying the prudent principles in practice will help address the challenges facing health and healthcare in Wales by;

- Focusing upon managing demand;

FIGURE 1

| NOW  | FUTURE   |
|--|--|
| <b>Systems &amp; Services</b>  |  |
| Public and professionals unaware & not responsible for the use of health and care resources                        | Fully aware and jointly responsible for the design and use of health and care resources                                |
| Fragmented and unco-ordinated care   | Integrated health and care that is seamless to the user addressing their needs as the priority                         |
| Health care receivers  | Proactive participants in their own health and care and that of others as equal partners with healthcare professionals |
| Inefficient use of skills and resources  | Prudent use of all skills, assets and resources by the public, professionals and organisations                         |
| <b>Expectations &amp; Behaviours</b>   |  |
| High levels of dependent chronic disease and long term conditions  | Reduced burden of avoidable disease and mortality with proactive and preventive action and active rehabilitation       |
| Passive acceptance of health care services   | Active participation in the design and delivery of health and care services  |
| Deprivation driven variations in health; e.g. life expectancy; obesity; cancer incidence; and emergency admissions | Reduced health variation and elimination of deprivation with greater equity (levelling up, not down)                   |
| Low levels of health literacy  | Improved health literacy for all   |
| <b>Culture &amp; Outlook</b>   |  |
| Risk averse/blame culture  | Jointly embrace managed risk & uncertainty to identify better solutions together                                       |
| Stagnated, disorganised and intractable  | Innovative, creative, flexible and responsive  |
| Defensive, protective and closed environment   | Open, transparent and inclusive  |

# PRUDENT HEALTHCARE PRINCIPLES

## PRINCIPLE 1

Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.

## PRINCIPLE 2

Care for those with the greatest health need first, making the most effective use of all skills and resources.

## PRINCIPLE 3

Do only what is needed, no more, no less; and do no harm.

## PRINCIPLE 4

Reduce inappropriate variation using evidence based practices consistently and transparently.

- Engaging citizen participation and co-production;
- Increasing efficiency of care; and
- Ensuring less inappropriate interventions are used.

To empower people to take greater responsibility for their own health and wellbeing and engage them in the planning and delivery of care, we must move away from the more traditional 'passive acceptance' and top down directed approach, to one of 'proactive participation' where rights and responsibilities are also a key consideration.

Implicit in a prudent approach to health and indeed a moral imperative, is the need to redraw the relationship between citizen and the state, so that professionals and the public can work together as equal partners; co-producing new services that best fit their needs and empowering people to gain greater control over their own lives. Explicit within this is the need to now make this relationship change, happen in reality.

### A Question of Complexity

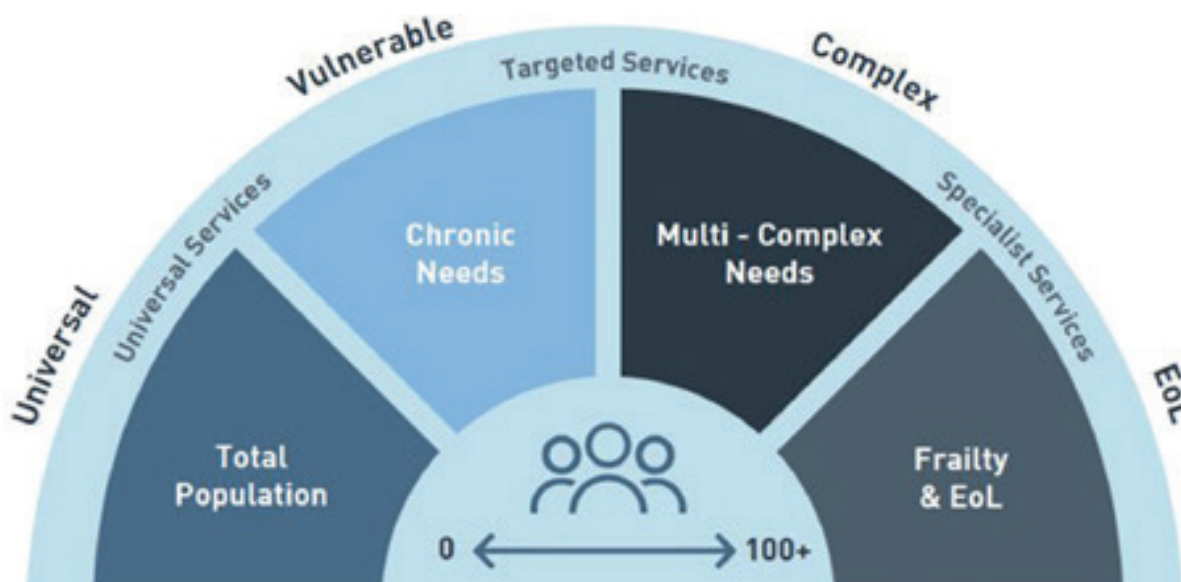
We live in a complex and interconnected global world where many factors are interdependent, influencing and impacting constantly. These interactions are not linear, yet we often try to find linear ways to help deal with them.

Assessing need and service delivery and other less formal mechanisms of support are complex and dynamic. Often solutions cannot be imposed but often arise from the situation and from the people and social circumstances involved. The 'Cnefin framework' set out by David Snowden, recognizes this in trying to make sense of complex interactions such as advanced technology and cultural change (Snowden & Boone 2007).

A prudent model for health and care must find better, less rigid ways of working, using more flexible approaches, and working closely with other key agencies. This should aim to ensure the needs of people is the prime driver, responding to different needs at different stages, whether through the provision of universal services available to all or more specific tailored services to meet increasingly complex needs.

FIGURE 2

Responding to changing needs and complexity:



### A Question of Changing Thinking and Behaviour:

We need to challenge and change the thinking and behaviour of the public, patients, professionals and staff who manage and run the systems that treat and care for us. Traditional thinking and approaches have been based predominantly upon rational and logical planning. They contain transactional levers for change such as targets, performance measures, contracts, inspection and explicit knowledge.

The prudent model proposes more of a 'commitment to a cause' (based upon the 4 principles) and strong relationships and networks, passion and pride. We need to find the balance between this existing more rigid mechanism and a future one which values and recognises the need to increase opportunities to share and adopt new ideas, data, and co-create novel approaches to meet the health needs of the future.

The use of behavioural insights and behaviour change will be important, building upon approaches to date such as personalized text messages, nudges for charity donations and crowd funding. Behavioural change within health improvement could play an important role in addressing obesity, smoking and diabetes and opportunities to explore this further should be supported.

### A Question of Rights and Responsibilities:

We need clearer rights and responsibilities between policies, politicians and the public. With increased involvement and power comes greater accountability and shared responsibility which will need to be fully considered and addressed by all. We can learn from other devolved nations in the UK such as Scotland, where the Scottish Government has explicitly set out notions of mutuality, reinforcing the public ownership of the NHS where 'the people of Scotland (are) not just consumers - with only rights - but as owners with both rights and responsibilities' (Scottish Government 2004).

International examples of shared ownership also exist such as the relationship-based, customer owned Nuka System of Care. Nuka has outperformed many known health care systems and its customer-owners recognize that future generations of their families will continue to own, manage and benefit from these services (Gottlieb 2013). Inherent within this is the recognition that to achieve this has taken

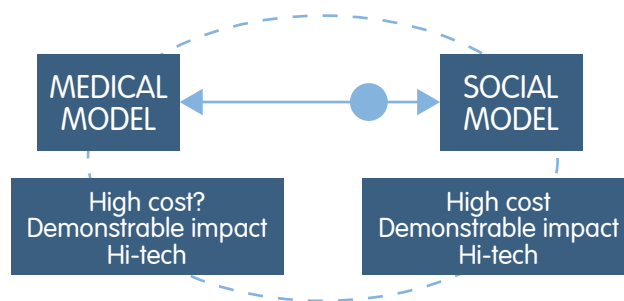
considerable time and effort, however with such ownership, comes a sense of shared responsibility and achievement for the success of a more cooperative and prudent Welsh health and care system, rebalanced to meet people's needs.

### A Question of Balance:

Over time there has been a gradual shift in responsibility where medical care is increasingly seen as the solution, with a growing assumption that the state has all the answers and will fix and make things right. This has led to an imbalance between the responsibility of state and the individual, with increasing emphasis on directing and determining healthcare for others, by those employed within the system. This has resulted in disempowering people, greater dependency and in some cases even causes harm. We must therefore achieve a better balance between the traditional medical approach and the wider social solutions that are held by people and within our communities. This includes the need to rethink and remodel more integrated approaches particularly in the provision of services around rehabilitation, reablement and in addressing frailty and end of life.

## FIGURE 3

### Embracing both elements of medical and social models:



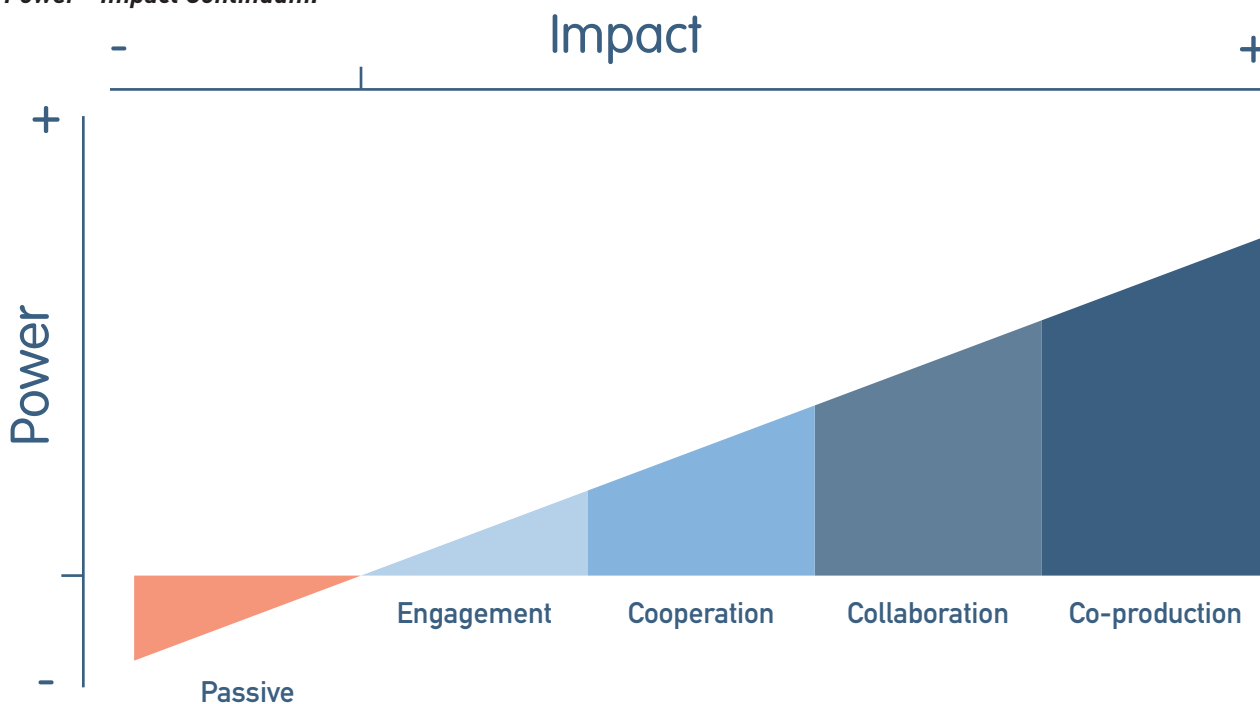
### A Question of Shared Responsibility:

Rather than perpetuating a more passive approach to health where the individual acts only as a receiver in their relationship with the state, increasing engagement and participation acts as a way of empowering the individual (Figure 3).

This moves from passive engagement, cooperation and collaboration to co-production. leading to more equal partnerships and responsibility between the citizen and the state; public, patients and healthcare professionals. It suggests that by encouraging individuals and populations to develop a shared purpose, taking greater responsibility for their own health and that of others, will increased their influence in decisions about service design, lifestyle and treatment options.

FIGURE 4

Power - Impact Continuum:



**A Question of Resilience and Smart Investment:**

Times of economic austerity can provide opportunities for governments to take action that might be otherwise be politically risky. Crisis management, addressing increasing demands, waiting times and A&E admissions has become an everyday phenomenon within the NHS, often at the expense of preventive and early intervention public health strategies.

Building resilience and capacity within communities, alongside tackling the social determinants of health through a 'health in all policies' approach is essential. This along with 'smart investments' in public health and building community capacity and social capital, will create a stronger resilience within people themselves and ultimately for the health and wellbeing of the people. There are good reasons why the concept of resilience is at the centre of the current debates, not least the underlying vulnerabilities that lead to human crisis and make people less able to cope with shocks. Social capital is a goal of the Sweden's Public Health Act (2001) as they recognised that social capital is a powerful influence on health in a variety of ways.

**A PRUDENT FRAMEWORK FOR HEALTH & CARE IN WALES**

People live their lives within wider family, community and work context. They are influenced by the people they come into contact with; their family, friends and workmates and through the wider environments that they are exposed to as they grow from children to adults through schools, universities and into the workplace.

**“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.”**

The Ottawa Charter (1986).

We should encourage and support everyone in Wales to take full responsible to maintain their health and wellbeing and that of others they employ, educate or come into contact with and wherever possible, avoiding unnecessary medical interventions. As and when needed we should ensure that the most prudent, integrated and timely health and care is provided in partnership with the patient, professionals and wider family and friends.

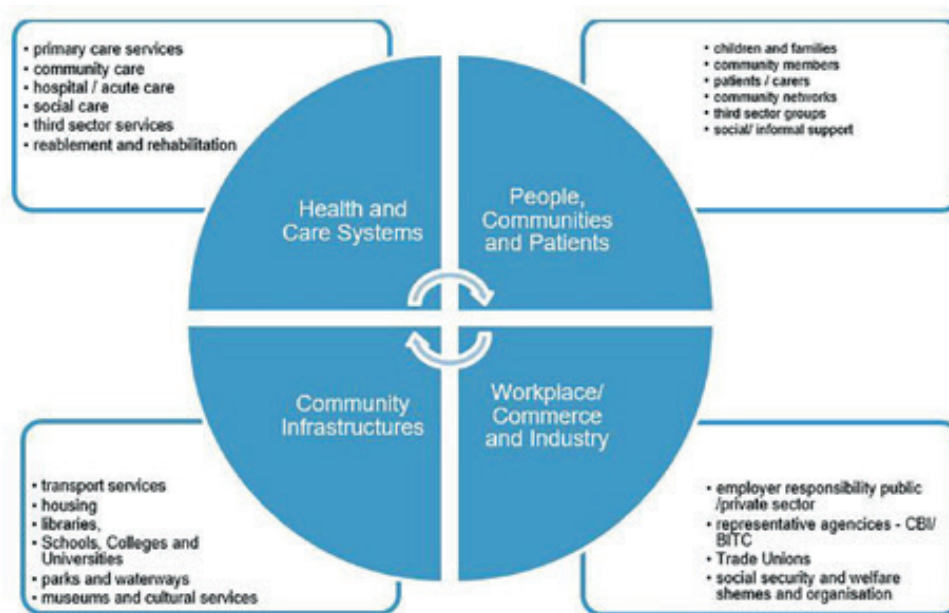
The incentive for the people of Wales will be in the ability to be directly involved in shaping and informing the services that will affect our families, our friends and ourselves into the future.

A prudent model of health and social care will:

- Actively encourage everyone to take collective action and responsibility to help us all live the healthiest lives for as long as possible;
- Call upon all agencies to act together and assume joint responsibility in whatever way they can best do this to ensure we make the most of the resources we have to meet individual and population health needs;
- Develop a strong, robust and prudent integrated health and care system to support both our health and care needs
- Ensure that we make the most effective use of all skills and resources available including local people, patients and the third sector;
- Ensure that those with greatest needs prioritised and the hard to reach groups are included;
- A prudent health and care system is one in which we all share responsibility for maintaining our health and that of others and that we have a high quality, effective and efficient services which meets the needs of people, as and when needed.

## FIGURE 5

### A Prudent Co-operative Health and Care System for Wales:



## RIGHTS & RESPONSIBILITIES – KEY ACTIONS:

### People, Communities and Patients:

- Take action to protect and prevent ill health where possible
- Value our own health and that of others
- Use all available resources wisely to protect and promote health and avoid ill health
- Support and enable others to maximise their health potential within communities
- Get involved in informing and shaping local services and feeding back on care

### Health and care system:

- Actively engage patients and local people
- Use resources prudently to achieve the best care possible
- Provide access to high quality care at all times
- Ensure evidence based treatment and care are used
- Ensure effective and efficient services
- Prioritise those at greatest need



**Community infrastructure:**

- Provide a safe and healthy environment for people to live in
- Establish effective, accessible transport services for all
- Provide active leisure facilities including walking and cycle routes
- Provide high quality education and skills development for everyone
- Engage local people in activities to maintain and support their health and that of others
- Actively engage with the third sector to access support those in greatest need

**Workplace, commerce and industry:**

- Provide good quality work opportunities and pay, for all people
- Take action to protect and promote the health and well being of employees
- Provide facilities and services to maximise the health and well being of employees
- Enable and support rehabilitation and return to work
- Encourage and support staff to take care of their health and their family's health.

## A CO-OPERATION MODEL: OUR WELSH PRUDENT HEALTH & CARE SERVICE

This Welsh model of health and care is designed around the needs of people in Wales not the systems the processes or the professionals. It embraces the principles set out by Aneurin Bevan for a National Health Service, namely; comprehensive, free at the point of delivery and accessible by all, alongside the fundamental 4 Prudent Principles.

It builds upon its origins whereby communities, people, professionals, patients and local employers all played a key part and responsibility in maintaining health and in caring for its communities and the people within it with great pride. This reinforces the point that Bevan made 'there are no insurance qualifications, but it is not a charity. You are all paying for it mainly as taxpayers' (Webster 2001). We propose that this model should focus on the joint ownership of the NHS by all in Wales, through the unique cooperative concept of 'Our Welsh Health and Care Service', ensuring that this is:

- **Welsh** – shared responsibility belonging to the people of Wales, those who use it and pay for it;

- **Health** - Focus on preserving & protecting health and wellbeing not just treatment and ill health
- **Care Service** – High quality, integrated prudent health and care services, equally available for all, working with everyone to ensure the most prudent and right care is provided.

**Members' Prudent Health Charter:**

This proposal aims to ensure that the people of Wales recognise both their rights and responsibilities and are able to respond by getting involved and find solutions to the challenges that the NHS faces. It will seek to ensure that the our NHS in Wales is co-owned by them, similar to members of a 'unique NHS club' in which we all have our individual club numbers (unique identifiers - NHS numbers) and clear 'rules' by which it operates in response for services and support received. All residents in Wales will be automatically signed up to this through a Prudent Health Members Charter. This includes the opportunity to get involved in sharing responsibility for its prudent design, planning, management and use, based upon members needs, their rights and their responsibilities:

**Prudent Health – Members' Charter:****Members Rights:**

Compassionate and professional care;  
Consistent high quality care;  
Timely access;  
Services based on greatest need;  
Good value for money prudent services.

**Members Responsibilities:**

Preserve and maintain their own health and that of others;  
Get involved;  
Contribute to the ongoing development and improvement of the service;  
Inform and act on service misuse or poor care;  
Use services and support prudently.

**Welsh Health and Care Membership:**

Greater representation and engagement is essential to the ongoing sustainability of the service. This paper proposes that this should be assured through locally nominated members of the community within the primary and community health service infrastructure, building upon the local cluster structures or Regional Partnership Boards.

Local Groups should be made up of nominated members of the public. Rather than create another level of bureaucracy members will help determine local needs, priorities and local service provision. Further details will need to be explored as to if or how its governance and operating functions might

link into or build upon existing Health Board and Local Government infrastructures.

The intention will be to feed into regional and national groups of nominated members, taking an active role in informing local, regional and national decisions relating to health and care, including priorities and strategic decision making.

The CHCs may continue to have an important and different role, and in supporting this and in the promotion of more prudent health and care within localities.

## MOVING FORWARD AND NEXT STEPS

This paper represents the first stage in a process of essential and fundamental change and the rebalancing of the NHS in Wales. Further ongoing engagement and consultation is needed to expand upon and test out whether the ideas in this paper fully represents the feedback and views received to date and in determining the next steps.

We will need to explore further how best to ensure that this is ultimately owned and driven by the people who use the system, those employed within the health and care system and others who play a key role in supporting it.

The Bevan Commission, as an authoritative and independent organisation for health and care, is well placed to provide a 'voice to the people of Wales'.

It aims to help facilitate this in the coming months to arrive at a final proposal, with the support and engagement of those whom it represents.

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The Bevan Commission is an independent and authoritative think tank made up of international experts who challenge current practice and work with others to find solutions to create a sustainable health and care system **fit for the future.**

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