

**Comisiwn  
Bevan  
Commission**

A network diagram with people at nodes. The background is a light blue gradient. Overlaid on this is a network of thin grey lines connecting various nodes. Some nodes are represented by small, semi-transparent circles in shades of pink, purple, and green. Superimposed on this network are several people in various poses: some are looking at their phones, some are talking on mobile phones, and some are holding documents. The overall effect is one of a connected, active community.

# A Conversation with the Public

Local Report: Aneurin Bevan University Health Board

January 2024

# ACKNOWLEDGEMENT

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

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## **Executive Summary**

*The Conversation with the Public* was led by the Bevan Commission, Wales's 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 aim was 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 town hall/focus group 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 local and national level surveys were disseminated through multiple means, receiving over one thousand responses.

This 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.

***“Start listening to people, to patient voices and act on them.”***

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Aneurin Bevan University Health Board locality. Conversations at the town hall event demonstrated a strong and common desire for systemic change at local, organizational, 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 policymakers alike.

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#### *“Bottom up’ not ‘top down’ approach.”*

Analysis of the key factors affecting the health and wellbeing of people and communities across the Aneurin Bevan locality are presented under the following themes:

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. People
7. Workforce

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

<b><i>Responsibility</i></b>	<b><i>Examples drawn from discussion</i></b>
<b><i>Individual</i></b>	<ul style="list-style-type: none"><li>○ Take responsibility for lifestyle, diet, health checks, regular vaccinations, blood pressure</li></ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"><li>○ Stop focusing solely on performance measures</li><li>○ Increased funding of child and adult social service and the step-down services that support these</li></ul>
<b><i>National</i></b>	<ul style="list-style-type: none"><li>○ Community mandatory services program (age 11-18)</li></ul>

Analysis of survey data added greater depth to the knowledge accumulated from the town hall event. Key insights from the survey distributed by the Bevan Commission completed by over 100 people across the Aneurin Bevan locality included:

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- Employment/financial security (18%) was reported to have the greatest influence on people's health and wellbeing, alongside access to health and social care services (16%) and access to green spaces and having an active lifestyle (both 14%).
- Waste reduction/efficiency improvements (35%) was viewed as the most important methods of managing the challenges in the health and social care sector, with just under one quarter of respondents (23%) agreeing that the public should be expected to take more responsibility for their own health and wellbeing.
- Less than half of respondents (38%) agreed that their local community provides an environment that promotes and supports good health and wellbeing.

*The 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 the future. Policymakers, 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 in a tokenistic manner.

People across ABUHB and Wales want to engage more in 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 (40% of town hall attendees felt we should be radical in transforming services), for example, the willingness to question some of our 'traditional thinking' (20% felt unsure/certain that we should move away from Aneurin Bevan's founding principles), and a frustration with a system that often seems unnecessarily complex, opaque, and obsessed with its own preoccupations 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 the coming years. There are ideas here which echo what policymakers have been seeking for some time, and now need a real push forward; there are others that 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.

## Conversation with the Public

### 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*<sup>1</sup>'. 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 care 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<sup>2</sup> which contribute to

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<sup>1</sup> Wales Centre for Public Policy, 2020. [Public Engagement and a 'Healthier Wales'](#)

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



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inequalities. This report provides a systematic analysis of the findings, representing the voices of local people and professionals across Wales as accurately as possible.

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

#### 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).

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<sup>3</sup> 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*

<sup>4</sup> ibidem

<sup>5</sup> M. Blekesaune, J. Quadagno 2003. [Public attitudes toward welfare state policies: a comparative analysis of 24 nations](#), *Eur.Soc.Rev.* 19/5

<sup>6</sup> Immergut and Schneider, 2020. ibidem

<sup>7</sup> 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<sup>8</sup>:

- 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<sup>9</sup>:

- 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%).

Perceptions about Social Care<sup>10</sup>:

- The public are also generally negative about social care services in their local area(s).

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<sup>8</sup> [Public perceptions of health and social care](#) (May 2023). The Health Foundation and Ipsos; 2023

<sup>9</sup> [Public perceptions of health and social care](#) (May 2023). The Health Foundation and Ipsos; 2023

<sup>10</sup> [Public perceptions of health and social care](#) (May 2023). The Health Foundation and Ipsos; 2023

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- 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.

### What people in Wales think:

According to a poll undertaken by *Public Health Wales*<sup>11</sup>:

- 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*<sup>12</sup> in Wales reported that:

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<sup>11</sup> Public Health Wales, January 2023. ['Time to talk Panel'](#)

<sup>12</sup> Public Health Wales, June 2023. ['Time to Talk Public Health'](#) Panel

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- 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.

## Methodology

To ensure a comprehensive examination of citizens perceptions 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. A face-to-face 'town hall' style event was conducted locally whilst a survey was disseminated through multiple means. Citizens participating at the town hall event were also invited to give their reflections in a survey after the discussion, and 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<sup>13</sup> 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<sup>14</sup>. To ensure the views of those who were unable to attend the local *town hall* events were captured, an online town hall, and an online survey was also developed.

The event 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 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:

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<sup>13</sup> Etchegary H., et al. 2017. [Engaging Patients in Health Research. Identifying Research Priorities through Community Town halls](#), BMC Health Service Res. 17/192

<sup>14</sup> Etchegary H., et al. 2017. [Engaging Patients in Health Research. Identifying Research Priorities through Community Town halls](#), BMC Health Service Res. 17/192

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- 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 the discussion. To complement 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 the 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.

The Aneurin Bevan University Health Board town hall event was held on Thursday 12<sup>th</sup> October 2023. in the Newbridge Memo, Newbridge. Sixteen people were in attendance, not including Bevan Commission staff. Of the people in attendance, the majority were female, between the ages of 35-44, and of Caucasian ethnicity.

Participants shared their journeys through the health and care system, that would have remained unexplored by the survey, or a limited focus on the key themes. We have included these stories in our database.

## **Limitations of the Town Hall Approach:**

We acknowledge the limitations of the town halls. The sample was not fully representative of each health board's 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 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 Survey:**

To fully grasp the perceptions and visions of the public, 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. We have included the insights collected from the health board area to complement the analysis.

## **Analysis and Presentation of the Findings:**

The Bevan Commission used a consistent methodology to systemise the insight gathered about the public's perceptions, 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), have been integrated to add clarity and richness to the issues identified.

All data elements went through an iterative process of thematic coding, including reading, discussion, and 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 them 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 Local Report:**

The Local report is based on the sum of the findings of the town hall event and the analysis of the responses of the local health board area collected through the extended national survey.

## **Aneurin Bevan University Health Board**

Aneurin Bevan University Health Board<sup>15</sup> (UHB) has a varying landscape including rural countryside areas, urban centres and the most easterly of the South Wales valleys. In 2022, Gwent became the first region in Wales to become a Marmot Region, so actively develops local programmes of work to improve health equity.

Across Gwent 64% of the population are classed as overweight or obese and smoking prevalence is 18.8%. Variation in healthy behavior leads to variation in health outcomes; this is also influenced by levels of deprivation. The difference in health life expectancy between the least and most deprived areas is over 18 years in females and 10% in males.

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<sup>15</sup> Aneurin Bevan University Health Board, 2022, Annual Report and Accounts 2022/2023



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#### Key Facts<sup>16</sup>

<i>Population</i>	589,000
<i>Areas</i>	Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys
<i>Budget</i>	£1.6bn
<i>Members of Staff</i>	14,000
<i>Major Hospitals</i>	The Grange, Royal Gwent, Nevill Hall and Ysbyty Ystrad Fawr
<i>GP Practices</i>	68
<i>Dental Practices</i>	79
<i>Community Pharmacies</i>	131
<i>Dispensing GP Practices</i>	13
<i>Optometry Practices</i>	55

#### Strategic Priorities in Aneurin Bevan University Health Board

1. Every child has the best start in life
2. Getting it right for children and young adults
3. Adults in Gwent live healthily and age well
4. Older adults are supported to live well and independently
5. Dying well as part of life

## Findings

### ***Structure of the findings section:***

This report is based on the analysis of the findings of the local town hall event. The structure of the emerging core themes was identified after the analysis of all eight town hall events across Wales (including the online event), which 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.) *Shared Responsibility* 3.) *Wider Determinants of Health* 4.) *Communication* 5.) *Services and Support* 6.) *Demographics* 7.) *Workforce*.

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<sup>16</sup> Aneurin Bevan University Health Board Website, 2023, [The Health Board - Aneurin Bevan University Health Board \(nhs.wales\)](https://www.nhs.uk/health-board/aneurin-bevan-university-health-board)

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The following findings section is 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 public's 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 prioritised the solutions, based on what they felt was most urgent. 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.

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, participants' 'Messages to the Minister' are reflected upon.

## Prevention, Early Intervention and Lifestyle

***“Funding integration of services across health and social care and more effort and intervention on prevention and long-term wellness”***

Prevention and early intervention activities are crucial for improving future health and related health outcomes. Prevention empowers people to become proactive in their health, and early intervention prevents problems to escalate by providing physical, behavioural, cognitive and social support.

Health behaviours and lifestyle factors were associated with poor conditions, lack of access to opportunities and education for a healthy lifestyle.

### Education

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The role of education in shaping habits, lifestyle choices, and access to services was discussed in the context of deprivation by the attendees:

- Community education – breaking familiar cycles and adverse childhood experiences
- Lack of digital literacy
- Low literacy levels in general
- Lack of community councils to play a role in prevention
- Lack of programmes, such as health on the high street
- Social prescribing would be important

## Lifestyle

Lifestyle habits (diet, smoking, alcohol. etc.) were discussed in the context of social norms:

- A consequence of one's surroundings i.e. it is the norm, thus '*everyone eats rubbish*'.
- If obese and drinks – no one is different so what is the nudge needed to make the change?

### Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. One of the key topics was around:

#### Prevention

Messages to the minister that focused on prevention were concerned with a lack of investment in the prevention agenda, including a lack of third sector investment. The importance of social prescribing was also mentioned. Finally, there was concern that short-termism and a focus on targets were creating barriers to a much-needed radical shift from the prioritization of acute services to a focus on prevention.

*Full list of Messages in Chapter “Message to the Minister”*

#### **Insight**

Attendees of the town hall were asked about the areas they would like to improve their knowledge regarding health and wellbeing. The answers below were given by the attendees who completed the survey after the discussion.

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- ✓ *"Knowledge of specific medical priorities that could affect me."*
- ✓ *"Menopause (plus peri) and correct strength training."*
- ✓ *"I think more statistics on mental health and healthy eating re benefits and consequences of not leading a healthy lifestyle."*
- ✓ *"Risks of long-term conditions access to check-ups."*
- ✓ *"No - but I work in a sector where we do a lot of work in health and well-being."*
- ✓ *"Long covid - a ticking time bomb."*
- ✓ *"Screening and vaccinations as I grow older e.g. why stop screening for breast cancer ever."*
- ✓ *"Nutrition, caring skills."*
- ✓ *"Not really, it's just breaking habits."*
- ✓ *"Always looking to improve mindfulness and self-care."*

### 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 the town hall event. 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.

<b>Level of Responsibility</b>	<b>Solution</b>
<b>Individual/ Family</b>	<ul style="list-style-type: none"><li>○ Take responsibility for lifestyle, diet, health checks, regular vaccinations, blood pressure</li><li>○ Prevention – screening: bowel, breast, prostate, cervical</li><li>○ Stop smoking</li><li>○ Campaign, challenge, change – try to initiate it</li><li>○ Preventative medical examination</li></ul>
<b>Local</b>	<ul style="list-style-type: none"><li>○ Focus on and invest in prevention</li><li>○ Social prescribing in GP surgeries</li></ul>

<b>National</b>	○ Public health (non-clinical) services provided in local community settings
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## Shared Responsibility

*“I think people/public need to be encouraged to take more responsibility; expectations need to be managed, sadly I feel means tested care may have to come in soon”*

The erosion of community services, social coherence and issues around lack of trust lead to the feeling of disempowerment of people, the sense of lack of support. The empowerment of the public on specific issues, such as shared responsibility of health is essential to reach engagement and action.

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. Support is needed to enable and support this, as often people do not have the knowledge or skills to help themselves.

During the discussion there was a **sense of helplessness**:

- Whose responsibility is health – *“nobody cares so why should we.”*
- The **power of people and their stories** – give people support to enable them to take responsibility – i.e. put as a theatre skit in front of the health board.
- The sense of helplessness associated with the **apathy** connected to the neglected physical environment.
- **The balance between apathy and taking responsibility** could be found through social connectiveness.

People expressed the need for empowerment:

- **Education and information** – should be a tool to help empower people.
- Listening is essential – **giving people voices**, more power.

## Community and Social Cohesion

### *“Get communities focused and active”*

The sense of community and lack of social coherence was raised as an important issue, and lack of trust in services as a consequence. Attendees pointed out the importance of community spaces and stakeholders:

- Town and community councils play an important role in strengthening communities.
- Attendees discussed who was responsible for looking after **community spaces** – residents or the council – and that there is an apathy from people to look after communal outdoor spaces. It was suggested that if children see their parents treat their community in a certain way, children will follow suit.
- **A sense of community has eroded**, leading to people not wanting to enjoy outdoor spaces.
- Encouraging people to meet up and solve problems, for example, table 22 (in a local café – anyone can come and join).
- **Distrust of public services** – need to build TRUST – continual poor experience.
- When you help one group you in-turn help others.
- Bottom-up approach is needed.

### 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 the town hall event. 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.

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<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none"><li>○ Contribute and engage in your community e.g., volunteering.</li><li>○ Mental health – volunteer by sharing your experiences and giving back to communities</li><li>○ Raise awareness in our communities</li><li>○ Recognise our own responsibilities</li><li>○ Challenge clinicians – ask to be in control of your care</li><li>○ Hold up a mirror to others by challenging their unhealthy behaviours</li><li>○ Self-supported management programmes</li><li>○ Ask for family support in times of need</li><li>○ Reach out to communities wider than your own</li><li>○ If able, taking ownership of your health</li></ul>

## Wider Determinants of Health

### *“Look at the real causes not just the symptoms”*

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. 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

- Attendees were concerned about **poverty and financial strain**.

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- People's ability to buy healthy food and how it impacts their physical and mental health.
- Associated factors such as a **neglected physical environment/apathy** and sense of hopelessness.

### Housing, Local Environment and Services

The area people lived in was a cause for concern in terms of:

- Living in a deprived area.
  - Having a **lack of green spaces**.
  - Community displacement and postcode lotteries.

### Social Isolation

**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. Attendees mentioned that isolation is affecting all ages, and it is being overlooked as a problem.

### 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 the town hall event. 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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>



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<b>Local</b>	<ul style="list-style-type: none"><li>○ More 'supervised' green play spaces/activities to allay fears of county lines/grooming</li><li>○ Cut down on social isolation</li></ul>
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## Communication

*“I have had to advocate for myself to ensure fair treatment and I am concerned that many others would not be able to do this so might suffer”*

*“More education for the public to know what service they should be accessing”*

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 being included in the planning and delivery of their care. It is also essential in supporting wider prevention and early intervention agendas, ensuring the public is aware of key health messages and understands 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 issues discussed by attendees.

### Access to information

- Communication to support and help people to help themselves — we don't make things easy for people to communicate effectively.
- People don't know what services are available, such as online tools, or where to go for help.
- *“Single point of contact services”* – to help coordinate, link, and promote the services and support e.g. frail elderly.
- Lack of understanding of where to signpost and when you do there is no capacity. Finding the right and available services is a fight for families.

### Lack of joined-up systems

- Fragmentation of services and support – need INTEGRATION and COORDINATION and COMMUNICATION – which is lacking currently.

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- Communications around new schemes should be essential for people to find the services.

#### Inclusion and Diversity

- Sight loss and hearing loss are barriers that cause lack of empowerment, and exclusion.
- There is a lack of understanding of the different needs of different communities and there are language issues.

#### Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. One of the key topics was around:

##### Communication and Engagement

One respondent called for “*communication, transparency, listening, and education*”. Another stressed the importance of valuing communities and the people who live in them, as everyone has different needs, and a “*blanket service*” will not serve everyone. This highlights the significance of listening to people and tailoring services to meet community and individual needs. Another message called for the Minister to “*listen to and act on the voices of people with lived experience of health/mental health, and carers*” and to use their expertise to shape future services.

*Full list of Messages in Chapter “Message to the Minister”*

#### 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 the town hall event. 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

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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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Individual/ Family</i></b>	<ul style="list-style-type: none"> <li>○ Raise my “carers” voice to increase understanding, influencing change</li> <li>○ Talk to each other</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Funding for printed materials (due to digital exclusion)</li> <li>○ Information provided in different languages (large composition of ethnic minorities)</li> <li>○ Create a directory or focused list of what is available locally for people</li> <li>○ Transparency of service parameters and access rules (e.g., missed appointment consequences)</li> <li>○ Clear and accessible information on services available and how to access</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Start listening to people, patient voices and act on them</li> <li>○ Protect whistle blowers in the service</li> <li>○ Seek suggestions from staff – ideas box</li> <li>○ Easier access/information on how to access services</li> <li>○ Create one single database of services</li> <li>○ Use a wide variety of communication techniques, for sensory loss etc</li> <li>○ Increase awareness of sensory loss and the different services and delivery of services required</li> <li>○ Communicate with residents better about accessing A&amp;E at the right place, first time</li> </ul>

## Services and Support

**“Free at the point of need if available”**

**“The health care I have received, when finally, being able to access it, has been very good”**

There was a general agreement among attendees that the way services are delivered and organised needs to change. The lack of joined-up or integrated care and person-centric care approaches results in inefficiencies and worse health outcomes. Resources should be better used, coordinated, and monitored to reduce waste across the health and social care system:

- Too many services for everyone to know about – need to consolidate and have these mapped.
- Public health service **in the community setting**.
- Transparent **integration of services** needed.
- **Health is organised around clinical conditions/diseases**, not patients’ needs – we need generic services and support for example for frail elderly.
- **Discharge issues** cause delays.
- **Access to Services:**
  - Attendees commented that they often had to travel miles to receive services, or indeed pay for them privately.
  - Some people need help navigating services, digital exclusion or disabilities make it difficult for people to access services.

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Attendees of the town hall were asked what they saw as good about health and social care services in Wales. The answers below were given by the attendees who completed the survey after the discussion.

#### **In your opinion, what is good about health and social care services in Wales?**

Responses acknowledged the founding principles of free and accessible health and social care, specifically *"free meds and treatment."* Services were seen as person-centered and very good *when people can access them.*

NHS and social care staff were seen as *"knowledgeable and trustworthy"* and that staff:

- *"Support patients, are caring, and do a good job"*
- *And were "doing an excellent job considering pressures, budgets and social climate".*

#### 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 the town hall event. 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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Local</i></b>	<ul style="list-style-type: none"><li>○ True and transparent integration of Social Services and the NHS</li><li>○ Provide flexibility in services with the ability to go outside scope to meet individual needs where required</li><li>○ Providing health on the high street</li><li>○ Digital/technology/lessons and support, going into people's homes to educate them</li><li>○ Joined up thinking and working, access to all services and communities</li></ul>

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	<ul style="list-style-type: none"><li>○ Signposting to services that '<i>really help</i>' and address multiple issues holistically, not just individual issue</li><li>○ Provide appropriate and timely services to prevent deterioration</li><li>○ Funding for other public sector organisations to run projects to support customers with health and wellbeing. Take advantage of access to customers</li></ul>
<b>National</b>	<ul style="list-style-type: none"><li>○ WG should accept offers of help/support from the UK Government</li><li>○ Carry out an updated mapping exercise of statutory and third sector services</li><li>○ Manage resources and share priorities</li><li>○ A clearer pathway for mental health needs to be developed.</li><li>○ Long term sustainability of the health service needs to be looked at</li><li>○ Person-focused care rather than protocol or '<i>that's the way it's always been done!</i>'</li><li>○ Adopting a '<i>bottom up</i>' not '<i>top down</i>' approach</li><li>○ Stop organising services around medical disciplines</li><li>○ Increase joint working with other public service areas e.g., housing and education for casework and to promote health and wellbeing campaigns</li></ul>

## Demographics

### Ageing Population

An ageing population was raised as a challenge to health and wellbeing due to older people not having independence to maintain their own health and wellbeing.

Attendees also commented that older people often do not have a family unit in place to support them as they get older, which means they need carers.

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## Children and Young People

Adverse childhood experiences were discussed in relation to young people facing a lot of issues and the importance of breaking the cycle. Also, the connection between generations has been lost:

- To break the isolation – young and old – open safe play opportunities to get together.
- Intergenerational activities are lacking.
- Community services – with young people (an alternative to the army – something that gives children a sense of pride in communities) were mentioned.

## 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 the town hall event. 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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Local</i></b>	<ul style="list-style-type: none"><li>○ Increased funding of child and adult social services and the step-down services that support these</li><li>○ More space is needed for children and families with additional learning needs</li><li>○ Support for children on the neurodevelopmental pathway needs to be looked at by the Welsh Government</li><li>○ Schools should not carry the responsibility for children's health, as they are underfunded. GPs should have more input</li></ul>

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	<ul style="list-style-type: none"><li>○ Normal schools do not have enough understanding to deal with children with additional needs. We need more specialist schools with a higher-level support for these families</li><li>○ Increasing intergenerational involvement will build stronger communities</li></ul>
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## Workforce

### Social Care Issues Affecting Workforce and Service Outcomes

Attendees commented on the general lack of social care and the difficulty of accessing social care services. This leads to people being stuck in hospitals and bed-blocking, and staff get confused about who to refer, or discharge. One attendee asked, *“is it a health service or a health and care service?”*

It was a general view, that carers need more support and assessment.

### Third Sector and Volunteers

- It was acknowledged that the third sector requires **increased funding** to continue delivering services in the community.
- It is hard to find volunteers to deliver third sector services.
- Equally, attendees felt that third sector organisations have more contact with people in the community and are better placed to empower and engage communities, alongside signposting to other 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 the town hall event. They



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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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Stop focusing solely on performance measures</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Care coordination: have a single point of contact with end-to-end case management where needed</li> <li>○ Provide key coordinators at the point of discharge with carers in mind (think of the carer)</li> <li>○ Pro-actively offer to support carers and provide carers assessments</li> <li>○ Incentivise agency staff to become paid staff</li> <li>○ Provide longer term funding to third sector services</li> </ul>

**Prioritised Solutions – What Would Make a Difference?**

The table below represents potential solutions to the above challenges provided by the attendees. 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. Attendees were asked to prioritise these solutions. Each attendee was given five stickers to use across all three levels of responsibility.

<b><i>Level of Responsibility</i></b>	<b><i>Solution Rated as top priority</i></b>
<b><i>Individual, Family</i></b>	<ul style="list-style-type: none"> <li>○ Take responsibility for lifestyle, diet, health checks, regular vaccinations, blood pressure (4 stars)</li> </ul>

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<b>Local, Community</b>	<ul style="list-style-type: none"><li>○ Stop focusing solely on performance measures (3 stars)</li><li>○ Increased funding of child and adult social services and the step-down services that support these (3 stars)</li></ul>
<b>National</b>	<ul style="list-style-type: none"><li>○ Community mandatory services program (age 11-18) (3 stars)</li></ul>

## Message to the Minister

Twelve messages to the minister were collected, giving a response rate of 66.6%. The messages can be categorised into the following themes, with some messages covering more than one theme. The list is in order of prevalence, with prevention and communication and engagement both being mentioned three or more times.

1. Communication and engagement
2. Third sector
3. Restructure and reform
4. Policy/government
5. Cross-sector collaboration
6. Integration
7. Community services

We have included all the messages below.

### ***“Message to the Minister” Full responses***

<b><i>About Me</i></b>	<b><i>Message to the Minister</i></b>
Health and Wellbeing Engagement Officer	More funding to support the third sector.
Recent family carer	Please listen to and act on the voices of people with lived experience of health/mental health and carers and use their expertise to help shape future services in health and social care. Focus on prevention also. Thank you.

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Social Care, Torfaen	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.
I am a Family Support Co-ord Worker for Home Start Cymru (third sector)	Please can you re-look at the ALN paper. We are failing our children in primary schools, early years and secondary. The impact on parents' mental health is growing.
ABUHB employee and resident. Passionate about place-based care	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.
Safeguarding Lead, Housing Sector	Non-health organisations such as housing and education have a lot to offer in disseminating information about health and wellbeing campaigns. With a small amount of funding and inclusion in health and social care we can contribute to the success of these initiatives. We just need to be invited.
I am a 57-year-old, live alone. I have 2 jobs to sustain myself. GAVO Volunteering Officer/ Youth Worker	We need to value our communities and people that live in them. All is different, needs and individual. A blanket service created at a national level will not serve us in the valleys.
County Councilor Jan Butler, Llais Volunteer	Consider using the two diagnostic units for their intended purpose (YYM/Grange), move A&E back to Nevill Hall.
Carer, have learning difficulties, have long Covid.	The key points are bottom-up not top-down approach to improving services, valuing and improving funding to third sector, social prescribing not using drugs and using other options.
I live in Newport. I have great experiences with health and social care services, but I am conscious I might be an exception.	There is evidence that prevention works. Please may we revisit the historic work on prevention and public health and invest in prevention and public health. Based on the data and the outcomes that matter most to people.
Work for Llais which really values people's	Communication and transparency, listening and education.

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voice which is imperative to make change and improvement in health and social care services.	
	Please look at joint funding allocations for health and social care rather than as it is.

## Survey Findings

### Sampling and Data Collection

These survey findings are a combination of local surveys completed at the ABUHB town hall event, and online surveys completed by members of the public living in the Aneurin Bevan locality. The total number of respondents was 107. The demographics are as follows:

- The majority were 45-54 years of age
- 70% were female
- 95% were of white/Caucasian ethnicity
- 61% currently work in the sector, with a combined majority of 75% having worked in the sector at some point (either currently or previously)

Full descriptive statistics and all graphs showing detailed survey results can be found in Annex 1.

## General Insights about Health and Wellbeing

### Satisfaction with health and care

Just over half of the respondents (51%) are satisfied with health and social care services, based on their past experiences. 83% of respondents had used some form of health and/or social care services within the last SIX months.

### Owning health and wellbeing

The vast majority of the respondents (93%) reported to have made an effort to improve their own health and wellbeing in the past six months, and yet 77% agree that they could do more. 5% of respondents believe that it is not up to them to make further improvements to their health and wellbeing.

79% of respondents believe they are competent and able to manage their own health and wellbeing, with 19% claiming that they need some level of support.

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

How respondents view the level of responsibility that the public should take in looking after their own health in general, depicts a slightly different picture. 81% of the respondents believe that the public should take more responsibility. A significant 15% chose to stay neutral on the issue, while 4% disagreed. Those who currently work in the sector were more likely to agree or strongly agree that the public should take more responsibility in comparison to those who have never worked in the sector or used to work in the sector.

## The greatest influence on individual health and wellbeing...

The factor that has the greatest influence on respondents' health and wellbeing was found to be employment/financial security (18%), followed in second place by access to health and social care services (16%). In third place were access to green spaces and having an active lifestyle (14%). Despite health education being discussed at the town hall in the context of wider population health outcomes, it came in last place with only 2%. Respondents who were older than 65 years of age were more likely to select access to services as the greatest influence on their health and wellbeing.

## Local community support

Less than half of respondents (38%) either agreed or strongly agreed that their local community provides an environment that promotes and supports good health and wellbeing. This is interesting as only 3% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. 33% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 28% either disagreeing or strongly disagreeing.

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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/efficiency improvements (35%) were viewed as the most important method of managing the challenges faced in the sector. More than one fifth of the respondents (23%) felt that the public should be expected to take more responsibility for their own health and wellbeing. 11% would consider raising taxes, and 9% agreed with charging money for some of the services that are currently free. 2% of the respondents would consider reducing the number of available services.

The public could do more to help health and care services, e.g. by cancelling unnecessary appointments or unneeded prescriptions

The vast majority of respondents (86%) agreed that the public could do more to help services. Almost 8% remained neutral, and 6% disagreed. Respondents who currently work in the sector were most likely to agree or strongly agree. Respondents who have never worked in the sector tend to agree.

## Conclusions

This *Conversation with the Public* is but one episode in a story which needs to be a constant and ongoing priority. Policymakers 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 members of the public living in the ABUHB locality, 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.

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People across ABUHB and Wales want to engage more in 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 (40% of town hall attendees felt we should be radical in transforming services), for example, the willingness to question some of our ‘traditional thinking’ (20% felt unsure/certain that we should move away from Aneurin Bevan’s founding principles), and a frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own preoccupations rather than those of the public – which should perhaps inspire and jolt us all.

The report highlights several important and consistent core themes they identified including the need for more integration, better communication, prevention and early intervention, greater shared responsibility, 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 empower people to take greater responsibility for their own health and wellbeing, within their local communities.

Attendees came away with plenty of learnings from the town hall event, including that there are still “plenty of problems to overcome,” with one respondent using the phrase “dire straits” to describe health and social care. Respondents also commented that there is a need for “people to get together” to solve these problems. Finally, respondents learnt the extent of the problem around “how much of a breakdown there is among all services” and that health and social care “remains disjointed, underfunded, underperforming.”



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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 policymakers have been seeking for some time, and now need a real thrust forward; others 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 this paper and its suggestions to be actively used to inform policy and improve practice in health and social care from 2024 on.

## Annex 1.

### Graphs and Statistics of the National Survey

#### Full Descriptive Statistics

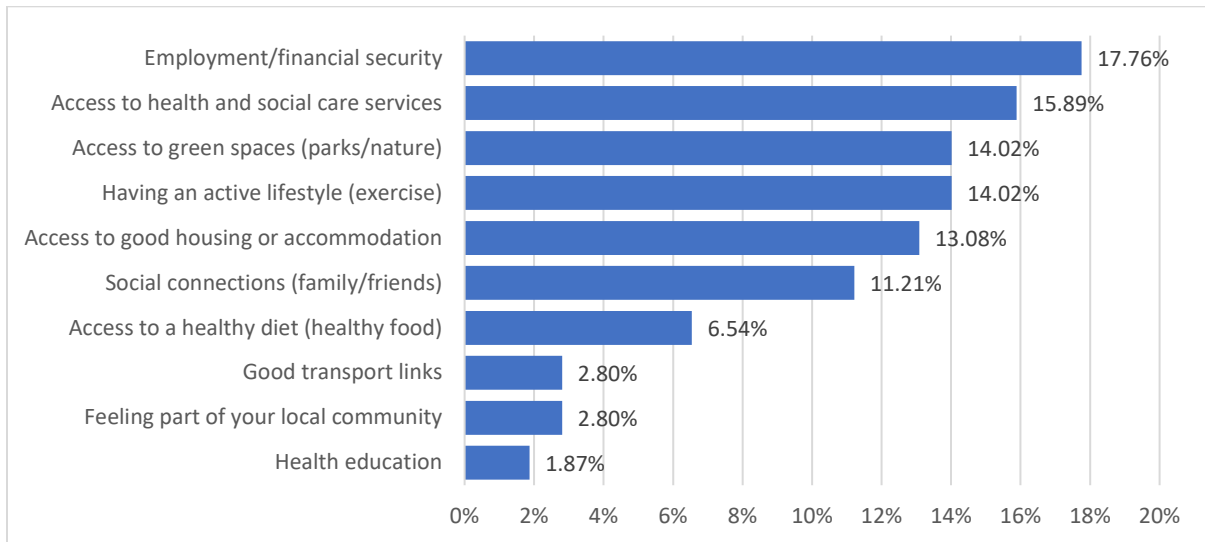
<i>Descriptive Statistics</i>	
<b>Age</b>	
Below 18	0%
18-24	0.93%
25-34	12.15%
35-44	26.17%
45-54	28.04%
55-64	17.76%
Above 65	14.95%
<b>Grand Total</b>	<b>100%</b>
<b>Gender</b>	
Female	70.09%
Male	26.17%
Trans-gender	0.93%
Non-binary	0.93%
Prefer not to say	1.87%
<b>Grand Total</b>	<b>100%</b>
<b>Ethnic Background</b>	
White/Caucasian	95.33%
Black/African/Caribbean/Black British	0.93%
Mixed/Multiple ethnic groups	0.93%
Other ethnic group	0.93%
Prefer not to say	1.87%
<b>Grand Total</b>	<b>100%</b>

#### Survey Results

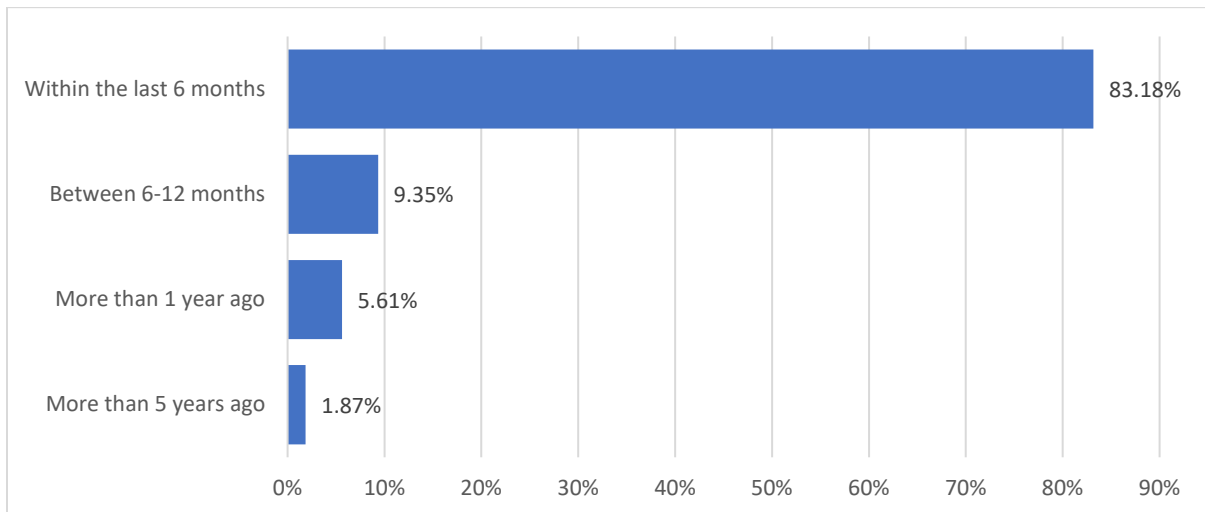
## Bevan Commission 2023

### Conversation with the Public: Aneurin Bevan University Health Board Town Hall Report

#### Which of the following would you say have the greatest influence on your health and wellbeing? (select up to 3)



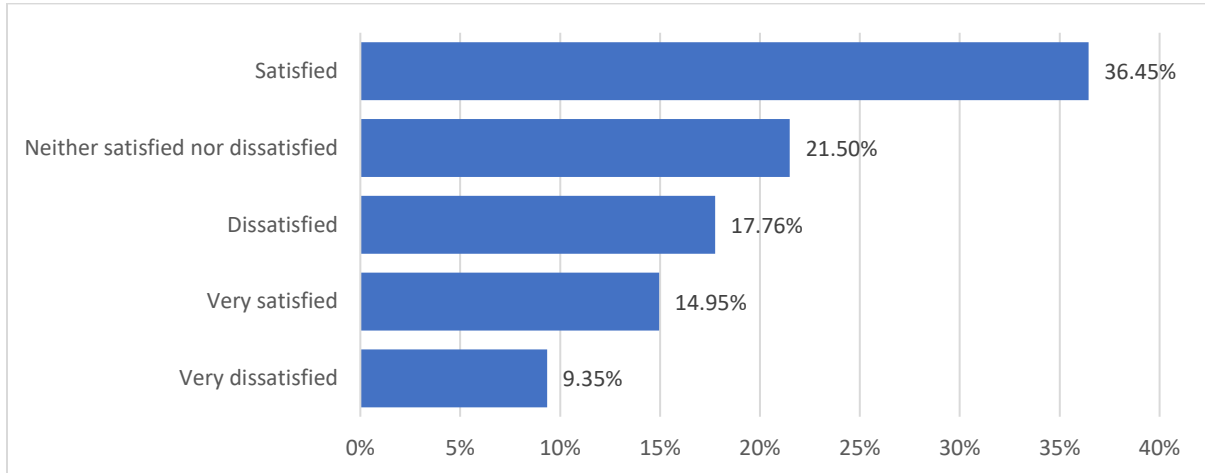
#### When did you last use any form of health and/or social care services in Wales?



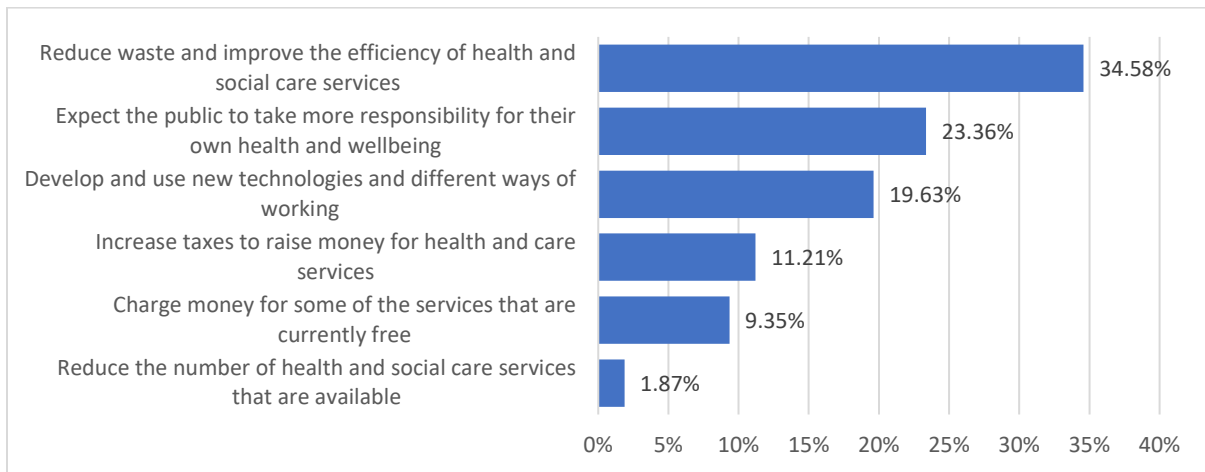
#### How satisfied are you with your part experiences of using health and social care services in Wales?

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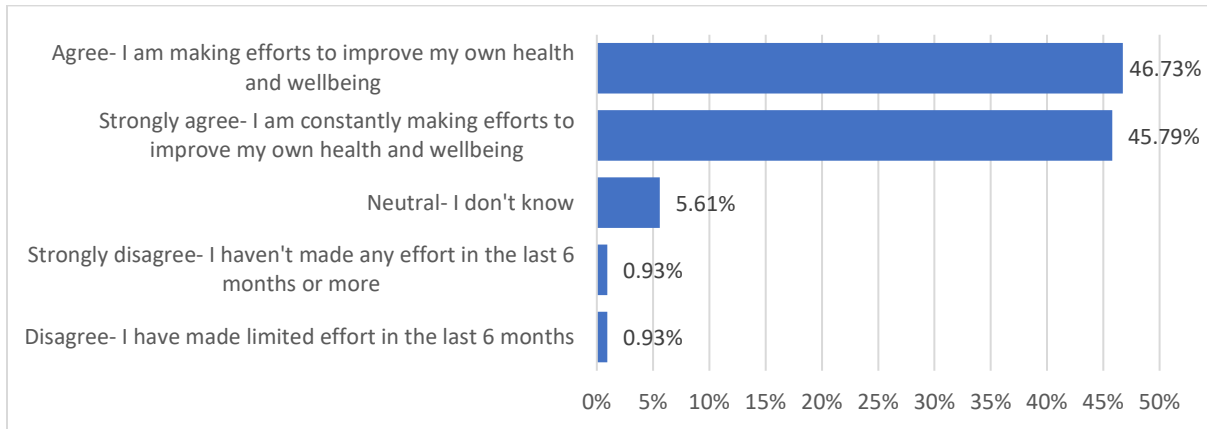
### Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



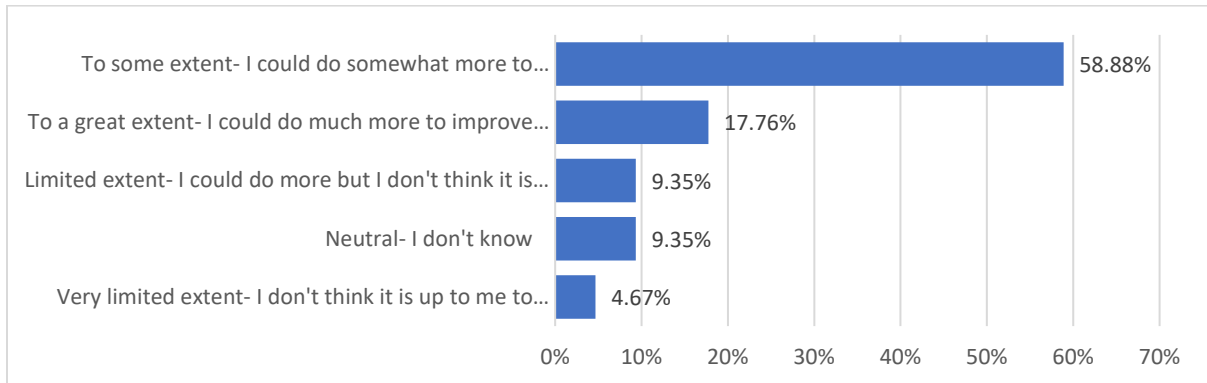
### Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

## Bevan Commission 2023

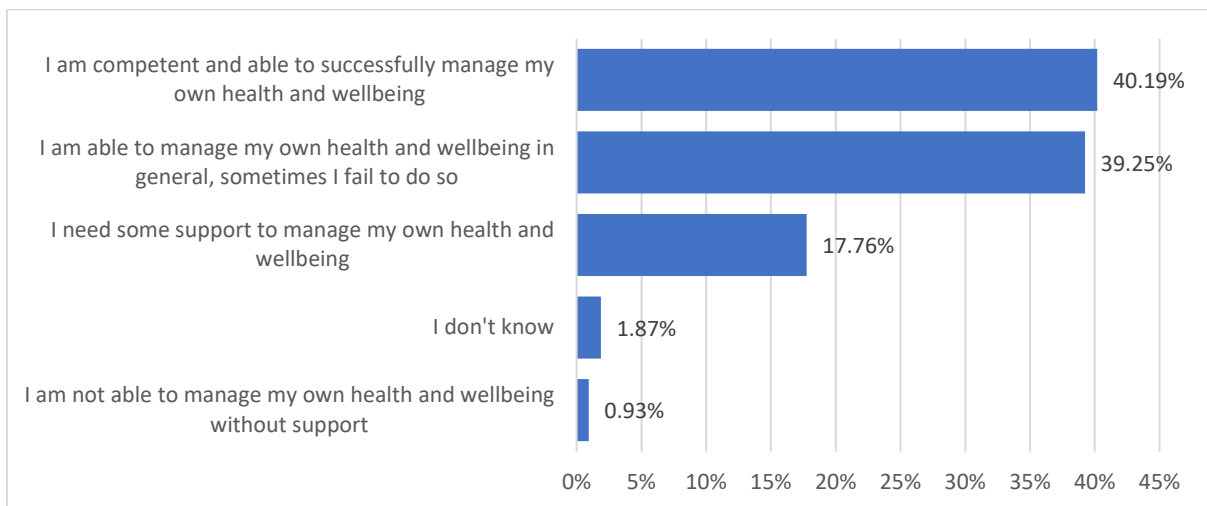
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### To what extent do you think you could do more to improve your health and wellbeing?



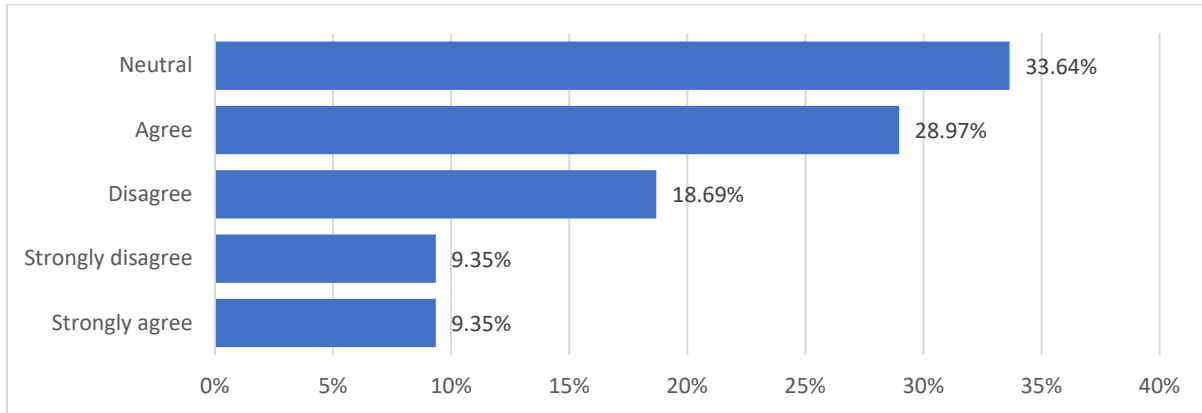
### To what extent do you feel able to effectively manage your own health and wellbeing?



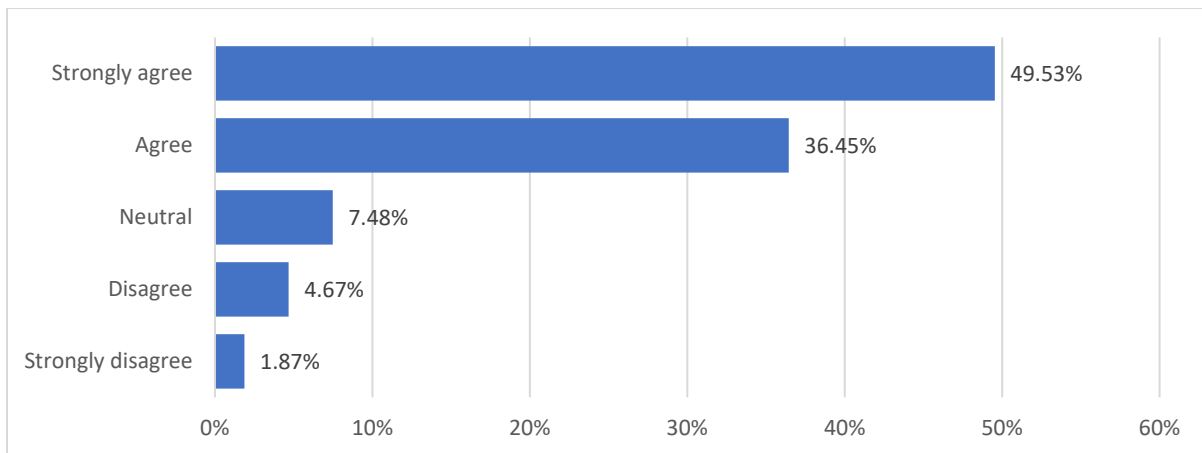
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**Do you think your local community provides an environment that promotes and supports good health and wellbeing?**



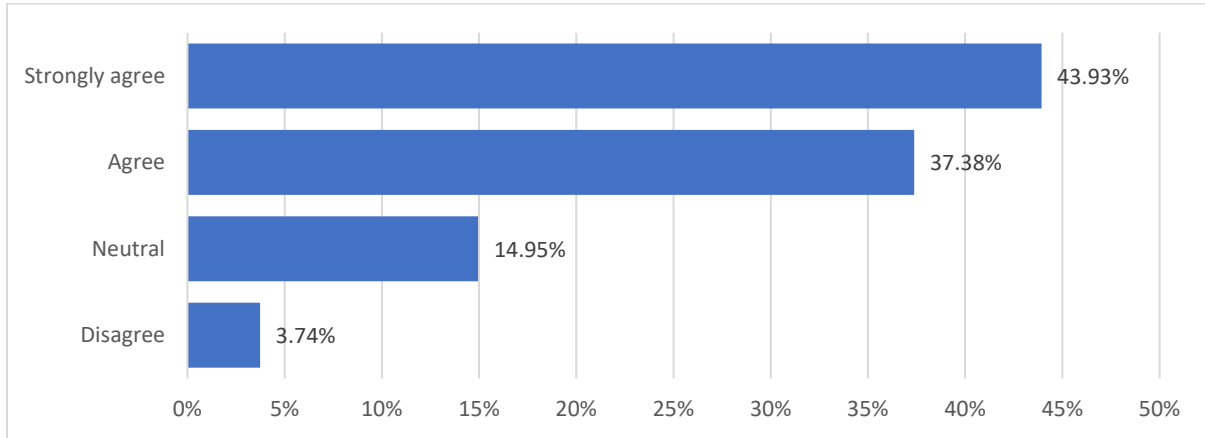
**The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.**



**The public should take more responsibility for looking after their own health and wellbeing.**

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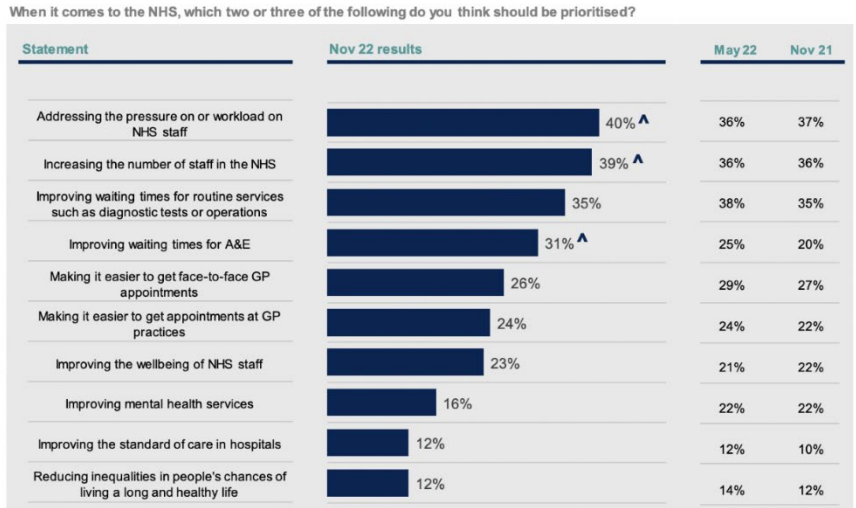
Annex 2.

Figure 1. Addressing the pressure on NHS staff and increasing the number of staff are the public’s top priorities for the NHS (source: The Health Foundation)

**Addressing the pressure on NHS staff and increasing the number of staff are the public’s top priorities for the NHS**

These priorities are also more important for the public than in May 2022, with 40% saying the pressure on NHS staff is a priority (up from 36% in May) and 39% the number of staff (also up from 36% in May). The public are also more likely to prioritise improving waiting times for A&E than they were in May 2022 (up from 25% to 31%).

▲ Sig. difference  
▼ from May 22



Bases: All participants, Nov 2022 n=2,063 24h – 30h November 2022, May 2022 n=2066 26h May – 1st June 2022, November 2021 n=2101 25h November – 1st December 2021. All conducted online via KnowledgePanel UK



Figure 2. There are differences in how groups prioritize ‘waiting times for A&E’, ‘getting face-to-face GP appointments’, and aspects related to NHS staff (source: The Health Foundation)



## Bevan Commission 2023

### Conversation with the Public: Aneurin Bevan University Health Board Town Hall Report

#### There are differences in how groups prioritise ‘waiting times for A&E’, ‘getting face-to-face GP appointments’, and aspects related to NHS staff

Priority	Group differences
Waiting times for A&E	People from ethnic minority backgrounds (42%), those living in the most deprived areas (38%), or working in lower supervisory and technical occupations (42%)* are all more likely to prioritise this than the average (31%).
Getting face-to-face GP appointments	Those aged 55+ (35%), not working full time (28%), non-graduates (30%) or those who intend to vote Conservative (33%), are more likely to prioritise ‘making it easier to get face-to-face GP appointments’ (26%).
Addressing the pressure on or workload of NHS staff Increasing the number of staff in the NHS Improving the wellbeing of NHS staff	Those who intend to vote Labour or who know someone who works in the NHS are more likely to prioritise all three outcomes compared to the average; those aged 16-34 (35%) are more likely to prioritise ‘improving the wellbeing of NHS staff’; and those in the North East (53%) are more likely to prioritise ‘increasing the number of staff in the NHS compared to the average (39%)*’.

\*Please treat with caution as they are based on less than 100 participants

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Figure 3. How much responsibility, if any, do you think the following have for ensuring people generally stay healthy? (source: Public Health Wales, Time to talk, 2023. Jan)

#### How much responsibility, if any, do you think the following have for ensuring people generally stay healthy?\*

	A great deal	Fair amount	Not very much	No responsibility at all
Individuals themselves	81%	16%	2%	0%
Private sector	39%	45%	11%	3%
The Government	49%	36%	11%	2%
NHS	46%	43%	9%	2%
Local Authorities	34%	45%	15%	5%
Employers	29%	47%	18%	4%

\*Prefer not to say, Don't know: ≤1% each for all statements

# Comisiwn Bevan Commission

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