

**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 semi-transparent images of people in various poses: some are talking on mobile phones, some are looking at documents or devices, and some are gesturing. The overall effect is one of a connected, active community.

A Conversation with the Public

Local Report: Betsi Cadwaladr University Health Board

January 2024

ACKNOWLEDGEMENT

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

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

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

Executive Summary	4
Conversation with the Public	7
Background:	7
What we know from other similar studies:	8
What we Know from Several Studies About Expectations and Perceptions of the Public:	8
What we know from recent polls across the UK:.....	9
Public perception of health and social care in the UK.....	9
What the Public Think NHS Priorities Should Be:	9
Perceptions about Social Care:	9
What people in Wales think:.....	10
Methodology	11
Ethical Approval:.....	11
Public Involvement:	11
Betsi Cadwaladr University Health Board	15
Findings	17
Prevention, Early Intervention and Lifestyle	18
Lifestyle	19
Solutions – What Would Make a Difference?	20
Shared Responsibility	21
Community and Social Coherence.....	21
Solutions – What Would Make a Difference?	22
Wider Determinants of Health	23
Solutions – What Would Make a Difference?	24
Communication	25
Inclusion and Diversity.....	26
Solutions – What Would Make a Difference?	27
Services and Support	28
Coordination of Services	28
Support.....	29

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

Solutions – What Would Make a Difference?	31
Demographics	32
Solutions – What Would Make a Difference?	32
Workforce	33
Workforce Challenges.....	33
Social Care Issues Affecting Workforce and Service Outcomes	34
Third Sector and Volunteers.....	34
Solutions – What Would Make a Difference?	34
Prioritised Solutions – What Would Make a Difference?	37
Survey Findings	38
Sampling and Data Collection	38
General Insights about Health and Wellbeing	38
Satisfaction with health and care	38
Owning health and wellbeing.....	38
The public should take more responsibility for looking after their own health and wellbeing.....	39
The greatest influence on individual health and wellbeing... ..	39
Local community support	39
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?	39
The public could do more to help health and care services, e.g. by cancelling unnecessary appointments or unneeded prescriptions.....	40
Message to the Minister	40
Conclusions	43
Annex 1.	45
Graphs and Statistics of the National Survey	45
Annex 2.	50

Executive Summary

"We need to act and not first SPEAK"

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.

"Listen to the person"

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Betsi Cadwaladr University Health Board (BCUHB) locality. Conversations at the town hall event demonstrated a strong and common desire for systemic change at local, organisational, and national levels. This was accompanied by a clear recognition of shared responsibility, including citizens' own personal and collective responsibilities to inform and support the changes needed, through individual and community action. To enable this, members of the public expressed a need

for better communication alongside clear direction, guidance, and support from practitioners and policy makers alike.

“Put more responsibility on the public to take responsibility for their own health as far as possible”

Analysis of the key factors affecting the health and wellbeing of people and communities across the Betsi Cadwaladr locality identified the following seven themes:

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

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

<i>Responsibility</i>	<i>Examples drawn from discussion</i>
<i>Individual</i>	<ul style="list-style-type: none"> ○ A change in mindset is required – without good and complete health, life will be challenging
<i>Local</i>	<ul style="list-style-type: none"> ○ Community – more groups to encourage engagement and friendships for the greater benefit of the NHS services ○ Empower the public to manage their health and wellbeing to reduce hospital admissions ○ Investment and support in community preventative services

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

Nationals	<ul style="list-style-type: none">○ Health is a right, so EVERYONE's mindset needs to change. Sufficient funding is required along with a broad service and effective communication
------------------	---

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 just under 100 people across the Betsi Cadwaladr locality included:

- Having an active lifestyle (20%) was reported to have the greatest influence on people's health and wellbeing, alongside access to health and social care services and employment/financial security (both 17%).
- Waste reduction/efficiency improvements (45%) was viewed as the most important methods of managing the challenges in the health and social care sector, with just under one-fifth of the respondents (19%) agreeing that the way forward is to develop and use new technologies and new ways of working.
- Less than half of respondents (46%) 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. Policy makers and those charged with delivering and improving health and social care services, need to be talking and actively listening to citizens more frequently and effectively than they do at present. Consistent dialogue with the public should be seen as a vital part of providing high-quality health and social care services, not as an arduous task, which is often delivered in a tokenistic manner.

People across BCUHB 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. 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 that echo what policy makers have been seeking for some time and now need a real push forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care services face significant challenges. We would encourage that this paper, and its suggestions, are actively used to inform policy and improve practice in health and social care from 2024 onwards.

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*¹'. The *Conversation with the Public* is a nation-wide initiative led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales.

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

To achieve this, we embarked on a series of town hall meetings in each local health board area, drawing upon the insight and understanding of local communities across Wales. This is in light of diminishing public perceptions of health and social care services, alongside the urgent need for change due to *financial, workforce* and other related pressures, such as the changing health and social 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 Wales² which contribute to inequalities. This report provides a systematic analysis of the findings, representing the voices of local people and professionals across Wales as accurately as possible.

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

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

What we know from other similar studies:

- In Great Britain, people perceive the fairness of the healthcare system more positively than in 32 other countries³.
- If people know about the challenges facing healthcare systems, they perceive services more positively⁴.
- Persons with greater health needs, lower incomes, and other social disadvantages tend to report higher levels of support for social provision⁵.
- Cost barriers to use the healthcare system or treatments result in negative perceptions⁶.
- Recent experiences with health and social care services predict how people perceive it⁷.

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

Expectations and perceptions of healthcare services vary by:

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

³ Immergut, E.M., and Schneider, S. M. 2020. [Is it unfair for the affluent to be able to purchase “better” healthcare? Existential standards and institutional norms in healthcare attitudes across 28 countries](#), *Social Science and Medicine*

⁴ *ibidem*

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

⁶ Immergut and Schneider, 2020. *ibidem*

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

What we know from recent polls across the UK:

Public perception of health and social care in the UK⁸:

- 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 Be⁹:

- 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 Care¹⁰:

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

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

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

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

- 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*¹¹:

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

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

People¹² in Wales reported that:

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

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

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

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 method¹³ 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 facilitator¹⁴. 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

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

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

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

- Meso-level: Local/ community
- Macro-level: National and beyond
- **Prioritising Solutions** – Participants asked to rank suggestions on the sticky notes.
- **Poll** – participants were asked three questions:
 - How radical should we be when transforming health and social care services?
 - Are the founding principles of the NHS still relevant and applicable to today?
 - Are we delivering on the founding principles of the NHS?
- **Message to the Health Minister** – a postcard with a key message.

Survey Completion – participants asked to complete the national research survey.

Data Collection:

Where possible, an audio recording from the meeting was captured to provide an accurate representation of 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.

The town hall meeting for the Betsi Cadwaladr University Health Board area was held at Venue Cymru in Llandudno on the 29th of September 2023. This location was selected due to its relatively central position within the health board's footprint, alongside its accessibility and facilities.

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.

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 own journeys through the health and social care system, which would have remained unexplored by the survey, or 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), were integrated to add clarity and richness around the issues identified.

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

Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board¹⁵ (BCUHB) has the largest Welsh speaking population in Wales with 41% of its residents fluent in the language.

The Welsh Index of Multiple Deprivation highlights that North Wales has three communities in the ten most deprived areas in Wales. Rhyl West 2 and Rhyl West 1 are the first and second most deprived respectively and Queensway 1 in Wrexham which is the 9th most deprived ward in Wales. People living in the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of seven years and a general poor health and disability discrepancy of 14 years.

¹⁵ Betsi Cadwaladr University Health Board, 2023, [North Wales Population Needs Assessment 2022 \(northwalescollaborative.wales\)](https://www.northwalescollaborative.wales/)

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

BCUHB has an aging population with one in three people over the age of 65. There are over 10,000 people living with dementia. Over 78,000 people are providing unpaid care.

Out of the nine common long-term health conditions, prevalence across North Wales is higher than the Welsh average in seven of them. One in five people of working age are not in overall good health across the region. Healthy behaviours are a major factor in the overall health profile in North Wales, indicators of good health and wellbeing such as good diet and exercise are low, and in some cases, trends are decreasing. One in four children aged five are not within a healthy weight range, less than half of all adults are a healthy weight, with less than three in ten adults eating five units of fruit and vegetables and one in five adults not doing thirty minutes of physical activity a week.

Key Facts²

Population ¹⁶	700,000
Areas	Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire & Wrexham
Budget	£1.87bn
Members of Staff	19,000
Major Hospitals	Ysbyty Glan Clwyd, Ysbyty Gwynedd & Wrexham Maelor
GP Practices	96
Dental Practices	83
Optometry Practices	69
Community Pharmacies	147

¹⁶ Betsi Cadwaladr University Health Board, 2023, [About Us - Betsi Cadwaladr University Health Board \(nhs.wales\)](https://www.nhs.uk/about-us)

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*.

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 Welsh and UK government*. We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

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

Prevention, Early Intervention and Lifestyle

“Invest more funds to mental health services. As without adequate support face to face; this has an impact on health as a whole”

“Local community preventative services have been cut and I'm now forced to reach crisis”

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

- There were concerns about the **discontinuation of many preventative community services** in North Wales. Participants emphasised:
 - **Adverse effects** that the loss of these services had on their **mental and physical health**.
 - The absence of such services removed a crucial mechanism related to the **prevention of multiple unnecessary hospital admissions**.
 - Following the subsidence of the Covid-19 threat, there has been a noticeable decline in focus and investment in community services, particularly those related to prevention and rehabilitation.
- **Core NHS services** such as community physiotherapy groups, as well as **wider networks of support** including Families First and Sure Start groups, can affect individuals as well as their wider support networks.

Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. A focal topic of the messages covered:

Investment in Prevention

Messages under this theme identified a desire for further investment in health and care services across Wales, both generally and relating to specific areas. Particularly,

messages outlined the need for additional funding and capacity to support ailing mental health services, community services, children's education (including wider topics not embedded within current curriculums), and breastfeeding/infant feeding services.

Full list of Messages in Chapter "Message to the Minister"

Lifestyle

Health behaviours and health outcomes were discussed in relation to social factors and inequalities. Attendees pointed out the need for more prevention, early intervention and education to support people in achieving healthy lifestyles. Lifestyle factors were recognised as being associated with poor conditions and lack of access to opportunities:

- These issues were said to **limit individual's ability to engage in health-promoting activities** such as exercise and healthy diets.

Insight

Attendees of the town hall were asked about the areas where 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.

In relation to this question, responses included access to education around diabetes and healthy diets. Other answers to this question related to improving access to general practice, awareness of support activities, exercise and a lack of prioritisation of under researched conditions.

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.

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none"> ○ A change in mindset is required – without good and complete health, life will be challenging
<i>Local</i>	<ul style="list-style-type: none"> ○ Families to be given the right tools to be signposted to correct support, to support themselves ○ Access to affordable and nutritious food and ensuring people can afford to cook it! ○ Emerging research on Epigenetic – We are what our grandmothers ate and microbiome – We are what we eat!
<i>National</i>	<ul style="list-style-type: none"> ○ Mental health care needs to change. The impact of lack of understanding and no face-to-face appointments. It can impact eating disorders and therefore can also affect so many other areas of health ○ COVID vaccination centres to be local not too far away ○ This is an opportunity to learn lessons from COVID, what worked best? What can we do without? How can we move things forward and invest in a preventative agenda

Shared Responsibility

“Reinvest in communities”

“Community projects – long term, not pilots” 

The erosion of community services, social coherence, 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.

Community and Social Coherence

At the heart of the discussion was the pivotal role that community plays in supporting the health and wellbeing of residents:

- There was consensus on the **importance of investing in the people** who make up these communities, thereby focussing on developing sustainable and self-sufficient communities.
- A clear **disconnect was observed in the planning, design, and delivery of local services**, with participants identifying fragmentation and calling for more holistic approaches that **focus on the community as an integrated whole**, rather than isolated individual elements.
- This was reinforced by identified **variability in the provision of community services across different local authority areas**.
- **The importance of co-locating core services in accessible locations** to provide a single point of access for residents.
- **Debilitating effects of isolation** within communities were highlighted, alongside the wider pressures this can place on health and social care services. Aligning with this, the needs of working age individuals who find it challenging to integrate into their communities and who are often overlooked, with participants suggesting that employers should be addressing this issue.

Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. A key topic of the messages:

Community Services

The need for greater support for preventative community services was a key theme in messages written to the minister. This included reinvesting in communities where services and support had previously been cut, supporting community organisations with longer term funding schemes, co-producing plans and implementing interventions with local communities as key partners throughout the process.

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 these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Level of Responsibility	Solution
Individual/ Family	<ul style="list-style-type: none"> ○ Family and Friends – Talk about what community is and how to be part of it ○ Share information and let others know what we know is available already ○ The public to take responsibility for their own health and others in their family and not expect others to do so ○ Know your neighbour, your community

	<ul style="list-style-type: none"> ○ If possible, join in the community
Local	<ul style="list-style-type: none"> ○ Investment and support in community preventative services! Longer term finds – local to national ○ Empower the public to manage their health and wellbeing to reduce hospital admissions ○ Give life again to town centres. Limit short term lets, provide physical hubs and drop-in services, fund the community (activities, sports, etc) ○ Community – more groups to encourage engagement and friendships for the greater benefit of NHS services ○ Organisations supporting you to get to church ○ Multi-group community hubs! Multi-organisation easily accessible ○ Small community needs groups, you don't need to travel to, or create expenditure, (not just in certain areas – all) ○ Drop-in activities (music, sport, therapy) in all community areas
National	<ul style="list-style-type: none"> ○ Four-day week allowing free time to be involved in the community

Wider Determinants of Health

“Unfortunately, my experiences have not been positive. I am being forced into crisis and poverty on all sides (health and social)”

The wider social determinants of health relate to various external factors, such as employment, housing, deprivation, rurality. Public health outcomes are determined by the quality of services, poor services impact public health. These represent barriers to health and wellbeing that need to be addressed with a cross-sectoral approach:

- Discussion highlighted the significant impact that **social and economic inequalities** has on people's health and wellbeing in the region, with participants suggesting that the **most disadvantaged** in their communities were often the most affected.
- Both **financial poverty and time poverty** were identified as core factors affecting people's health and wellbeing.
- This has been magnified by the current **cost of living crisis**.
- Participants noted that those who could afford to, were driven to accessing private healthcare services such as forms of dentistry due to the lack of accessibility in the NHS, which also widens the inequalities gap.
- National-level key issues, such as **housing, employment and relationship breakdowns**, were also identified as having key roles in shaping people's health and wellbeing.

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.

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none"> ○ Individuals should have the confidence to tell each other about different organisations they know about that could help ○ More listening, prioritise family

<p>Local</p>	<ul style="list-style-type: none"> ○ Community mental health problems are created by community housing. Something needs to be done here to stop the creation of problems ○ Transport in rural / remote areas ○ Reinvesting in public transport to access health and wellbeing services – community transport ○ Transport - getting a free bus pass ○ Reliable public transport so if you have to travel to appointments you don't have to set off earlier than necessary ○ Projects to make themselves known and accessible to all people, including rural areas ○ Access to leisure activities, facilities more affordable and at appropriate times
<p>National</p>	<ul style="list-style-type: none"> ○ Housing – not accessible - physically and financially priced out, struggle with adaptations. There should be a % of dedicated homes with accessible features ○ Minimum income housing ○ Housing costs and impact on other disposable income. More affordable housing is required ○ Talking about why people are “<i>in the river</i>” and what saving is needed to heal them. Must be aligned with also looking ‘upstream’ to see why they fell in, in the first place

Communication

“More funding, less talk, and more action”

The need for transparent and effective communication between health and social care professionals, systems, and patients was central to discussion:

- Communication is a core issue with services.
 - Lack of communication and information around services.
 - **Poor communication around appointments.**
- **Among patient and professionals** - intricate language often employed by healthcare professionals.

- **Lack of easy read communication.**
- **Lack of information** related to how to maintain and promote good health and wellbeing.

Inclusion and Diversity

- **Digital gap**
 - The diminishing number of face-to-face consultations was raised as a concern by those who were less confident in using virtual means, with fears around misdiagnosis as a result of virtual appointments being identified.
- **Language**
 - Issues in regard to Welsh language speakers were also noted as a core topic of concern.

Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. A focal topic of the messages covered:

Communication and Engagement

Messages under this theme focused on the importance of listening to the voices of patients and staff, suggesting a need for more effective communication and engagement with the public around issues affecting their health and wellbeing, whilst also ensuring activity is not solely focused within the South Wales region. To support this, one response suggested reforming the Community Health Councils, with confusion demonstrated related to the role and function of Llais. Positive communication and engagement with the health and social care workforce was also identified as important, to ensure they feel listened to and valued. *“Less consultation more co-production”, “Listen to the staff on the front line.”*

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 these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Level of Responsibility	Solution
Individual/ Family	<ul style="list-style-type: none"> ○ To see a doctor face to face ○ Listening actively to hear cues and follow up and be willing to intervene ○ Awareness of the needs of the deaf in group seminars (use of microphones, face the audience, speak slowly and clearly, avoid moving about too much if possible) ○ Relaxing red tape to allow people with learning disabilities, for example, to take part in activities
Local	<ul style="list-style-type: none"> ○ Being part of the conversation on local level, feeding into higher level decisions ○ Information sharing! Lack of and poor community communication ○ Outside work options for appointments and opportunities ○ Communication between departments/organisations, co-production (better shared resources) ○ Easier access to GP services which includes faster answering of the phone ○ Organisations should come together to link in with each other and help each other out where possible as we all have similar goals ○ Make sessions and appointments available for people in work

	<ul style="list-style-type: none"> ○ Raise awareness of the help available to increase confidence in using the Welsh language – Welsh for work, e.g. <i>“more than words”</i>, better systems in place in the NHS for referrals, so people don’t keep getting missed (especially those who don’t have the ability to keep following up) ○ Communication in language of choice with professionals, easy to read, no jargon, BSL, hard of hearing. This needs to change
National	<ul style="list-style-type: none"> ○ Clear guidance on interpretation of legislation ○ Raise awareness of illnesses such as dementia ○ Change the public mindset. Other staff have sufficient skills – GP is not required but appointments must be face-to-face in the surgery

Services and Support

“Less focus on politics and language right, more focus on access to services irrespective of background”

A primary concern raised by attendees related to the accessibility of health care services in North Wales. The geographical challenges presented by regional rurality were identified as a significant barrier to accessing high-quality health and social care, which resulted in pronounced disparities or inequalities in access to services for segments of the population, leading to collective agreement that this had become *“...a postcode lottery”*.

Coordination of Services

- Where services were being delivered within the community, participants identified **challenges related to the scheduling of delivery:**
 - Sessions were predominantly being delivered **during standard working hours** usually on weekdays, which presents a logistical challenge **for individuals who are employed.**
 - Consequently, many must attend work, thereby **missing out on essential health and care sessions.**

- **Acknowledge the high public expectations** placed upon the healthcare system.
 - There is a pressing need for the system to adeptly **manage these expectations** while striving to **deliver the highest calibre of care to all** individuals, irrespective of their geographical location or socio-economic status.
- **Lack of investment** into services.

Access to services

- Difficulties with **public transport** and challenges in accessing services from more **rural or remote communities**
- **People with disabilities:** identified stigma within communities which makes many public services inaccessible to population segments such as those with disabilities.

Support

The different roles in supporting people were discussed:

- The need to look at changing roles and services
- Identifying the local, rural, needs relevant to their localities for the elderly for example
- Employers and their role in supporting of people

Insight

The attendees of the town hall were asked about 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 to this question were generally mixed, with the health and social care workforce being identified as the key positive factor by participants. Other positive sentiment was expressed about healthcare services being free at the point of access and underpinned by

“strong socialist values”. More specifically, cancer care, access to crisis services and some primary care services were identified as strengths. One response suggested that the performance of the health and care system wasn’t the primary issue causing challenges, but it was the unprecedented demand facing services which was the root cause, *“services are excellent, it is the demand that places pressure on them”*. However, other parties were less positive, with responses suggesting negative experiences with health and social care services and related negative sentiment such as *“very little”*, *“it’s lackluster at best”* and *“it’s difficult to say”*.

Insight – “Message to the Minister”

Attendees completed a postcard a “Message to the Minister” after the discussion. A focal topic of the messages covered:

Restructure and Reform

Messages demonstrated frustrations related to the structures and processes employed across Betsi Cadwaladr University Health Board and identified calls for structural change and reform, including a reorganisation of the health board into *‘two or three new organisations’* with their own local identities. There was a general plea to the minister to ensure that NHS Wales remains a publicly run organisation, to avoid the privatisation of services, and to modernise NHS Wales, ensuring the quality and standard of care matches that of other health and care systems across the UK. Further, the messages revealed suggestions of a need for reform of staff pay, identifying inequities between NHS pay and agency pay. *“Please restructure and break up BCU(HB)... to two or three new organisations with their local identities”* and *“To modernise NHS Wales, we need the quality of services in line with NHS England services/ waiting times/ treatment options.”*

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 these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

Level of Responsibility	Solution
Local	<ul style="list-style-type: none"> ○ Only private nursing homes available and they cannot recruit ○ Not enough social service residential homes. Not enough social workers – recruitment is a problem ○ Organisations and services need to be more proactive – minority communities have ‘request’/complaints fatigue! ○ Better access to NHS dental services and doctors appointments ○ Breast fed children have improved dental health ○ Benefits which are sufficient and make wellbeing possible ○ People I know can’t get dentists – pay for dentists! ○ More funding to be given to the NHS for Mental Health support and access to services ○ Dental care on NHS for people with long term health conditions
National	<ul style="list-style-type: none"> ○ Access to funding for small organisations made easier ○ Make medical marijuana more accessible to help manage long term health issues ○ Stop project funding and stop pilot unless you aim to continue when successful ○ Health is a right, so EVERYONE’s mindset needs to change. Sufficient funding is required along with a broad service and effective communication

	<ul style="list-style-type: none">○ Specialist lactation, infant feeding service was set up in Manchester and made significant savings for “specialist” infant formula, due to GP and hospital appointments and expensive prescriptions○ Projects only funded for three months and then disappear○ Public health in Wales is built on sand. Wales has some of the worst breast-feeding rates in the world. The outcomes of this are profound for women’s health and childcare
--	---

Demographics

Demographic shift towards an ageing population has led to increased demand for services, which the current workforce is ill equipped to meet. Families with small children need support. Infant feeding services and support for breastfeeding is needed.

The role of education at schools was discussed in relation to supporting children in communities, but also as way of preventing longer term complexities.

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.

Level of Responsibility	Solution
Local	<ul style="list-style-type: none"> ○ Day care for the elderly not lunch clubs as before ○ Children should be having better opportunities in the communities. Teach emotional intelligence ○ Re-evaluate what our kids learn in schools, offer 'real life' education – debts, bills, mortgages, pensions because young people often leave home, enter independent living with no skills or knowledge – set to fail = debt, housing or loss of housing/ homelessness and mental health/ poor diet, low income etc. If we invest in these topics at a younger age, if we better educate and expose young people to real life issues and responsibilities, we could reduce issues such as homelessness, mental health, drugs and alcohol issues, debt etc. They all interlink with one another.
National	<ul style="list-style-type: none"> ○ Court procedures. Plans to be put forward so your child is not taken into care. Advocates needed ○ Operationally effective lactation and infant feeding services #breastfeeding

Workforce

“Agency staff are paid double the amount per shift...why? Staff feel undervalued and it shows by how they treat patients”

Workforce Challenges

Challenges related to workforce recruitment and retention were identified as a significant issue to accessing health and social care.

Social Care Issues Affecting Workforce and Service Outcomes

Attendees identified the difficulty in recruiting staff for social care roles:

- Due to higher wages and better working conditions offered by other industries.
- Demographic pressure will lead to further labour shortage, current workforce is ill-equipped.
- Introduction of new roles such as **health visiting positions** for the elderly within GP surgeries.

Third Sector and Volunteers

Services are dependable on the third sector, volunteers and unpaid carers. The critical need for investment in community services was outlined by participants:

- The **inadequacy or often short-term nature of funding** for community initiatives of third-sector organisations in the region.
- Volunteer support is essential, there is a **lack of volunteers** - it is difficult to recruit them.

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.

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

Level of Responsibility	Solution
Individual/ Family	<ul style="list-style-type: none"> ○ Adult respite care for specific learning disability (SLD) and profound multiple learning disability (PMLD) ○ Further education and residential services, 19+ special learning disabilities (SLD) and profound multiple learning disabilities (PMLD)
Local	<ul style="list-style-type: none"> ○ Independently 3rd sector organisations providing support (not inhouse services) ○ There is only one difference in the spelling of carer and career – but there is a world of difference in terms of respect/ costs. This needs to change ○ Better use of community hospitals (travel and time) ○ Communities should have an accessible health hub! With all organisations of support and medical ○ DBS for volunteers is a barrier. Bureaucracy needs to be reduced ○ “<i>Career progression</i>”- vacancies – the cost of living doesn’t attract people to this field – better salaries and required “<i>career progression</i>” ○ Ensure that volunteer provision is adequately funded
National	<ul style="list-style-type: none"> ○ More investment/better investment in care and health staff. Money/ wages – make people feel valued. Opportunities to progress: training, mentoring, make care a viable, long-term career. Opportunity – one that someone of a young age says – ‘yes that’s the career I want’

Insight

Attendees of the town hall were asked how health and social services in Wales could be improved, in their opinion. The answers below were given by the attendees who completed the survey after the discussion.

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

Responses focused on several key areas, including communication, workforce (pay and value), funding, access, equity and prevention, with further detail set out below:

- **Communication:** Responses suggested improvement could be made in terms of listening to the public, communicating better with patients and being transparent with the challenges faced by the system.
- **Staff Pay and Value:** Responses also noted a need to increase staff pay to a fair level for the work they perform, *"increased the salary of grassroot health/ care professionals."* Along with pay, there was also an identified need to demonstrate to staff that they are valued *"value their employees and then they will evolve more in the service they operate, and they will go above and beyond."*
- **Funding:** The need for greater levels of funding was emphasised. This included funding for greater access to health and care services, for professionals to be able to spend more time with patients, and for infrastructure related activities.
- **Access and Equity:** Further need to improve both equity and access to services was also highlighted by participants. This included responses such as *"better access and more time for patients"*, *"have more (or any) specialist services in Wales,"* *"...focus on access to services irrespective of background"* and *"equity of service."*
- **Prevention:** Aligning with previous themes, prevention was also a focus of responses, with one participant noting the importance of *"finding more preventative services that are really rooted in communities."* Importantly, prevention wasn't entirely seen as the responsibility of the health and social care system, with a respondent suggesting to *"put more responsibility on the public to take responsibility for their own health as far as possible."*

Other areas for improvement identified by respondents included actioning policy and strategy, recognising intersectionality, mental health services, and being more ambitious.

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 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.

Prioritised Solutions

<i>Level of Responsibility</i>	<i>Solution</i> Rated as top priority
<i>Individual/ Family</i>	<ul style="list-style-type: none"> ○ Empower public to manage their health and wellbeing to reduce hospital admissions (6 stars)
<i>Local</i>	<ul style="list-style-type: none"> ○ Give life again to town centres. Limit short-term lets, provide physical hubs and drop-in services, fund the community (activities, sports, etc.) (4 stars)
<i>National</i>	<ul style="list-style-type: none"> ○ Access to NHS dental services and doctors appointments. Breast fed children have improved dental health (5 stars) ○ Benefits which are sufficient and make wellbeing possible (5 stars) ○ Mental health care needs to change. The impact of lack of understanding and no face-to-face appointments. It can impact eating disorders and therefore can also affect so many other areas of health (4 stars) ○ Only private nursing homes available and they cannot recruit. There are not enough social service residential homes. Not enough social workers – recruitment is a problem (3 stars)

Survey Findings

Sampling and Data Collection

These survey findings are a combination of local surveys completed at the BCUHB town hall event, and online surveys completed by members of the public living in the Betsi Cadwaladr locality. The total number of respondents was 89. The demographics are as follows:

- The majority were 55-64 years old
- 66% were female
- 92% were of white/Caucasian ethnicity
- 42% currently work in the health sector, with a combined majority of 73% having worked in the health sector at some point (either currently or previously)

Full descriptive statistics can be found in the appendices.

General Insights about Health and Wellbeing

Satisfaction with health and care

Less than half of the respondents (46%) are satisfied with health and social care services, based on their past experiences. 78% 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 (83%) reported to having made an effort to improve their own health and wellbeing in the past six months, and yet 71% agree that they could do more. 4% of respondents believe that it is not up to them to make further improvements to their health and wellbeing.

80% 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. 84% of the respondents believe that the public should take more responsibility. A significant 11% chose to stay neutral on the issue, while 4% disagreed.

The greatest influence on individual health and wellbeing...

The factor that has the greatest influence on respondents' health and wellbeing was found to be having an active lifestyle (20%), followed in joint second place by access to health and social care services (17%) and employment/financial security. Despite health education being discussed at the town hall in the context of wider population health outcomes, only 3% voted for it. Respondents 45 years old and above were more likely to select having an active lifestyle than those respondents under 45, alongside access to services.

Local community support

Just under half of respondents (46%) 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 1% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. 34% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 20% either disagreeing or strongly disagreeing.

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 (45%) was viewed as the most important method of managing the challenges faced in the sector. The second most popular answer was to develop and use new technologies and new ways of working (19%), followed by expecting the public to take more responsibility (16%). 11% would consider raising taxes, and 8% agreed with charging money for some of the services that are currently free. 1% 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 (83%) agreed that the public could do more to help services. 7% remained neutral, and 3% disagreed. Respondents who currently work in the sector were most likely to agree or strongly agree.

Message to the Minister

Sixteen messages to the minister were collected from the attendees at the Townhall Event in North Wales. The messages can be categorised into the following themes, with some messages covering more than one theme. The list is structured in order of prevalence, with communication, community care and prevention all being mentioned five or more times.

1. Restructure and reform
2. Communication and engagement
3. Community services
4. Investment
5. Prevention
6. Third sector
7. Support for carers
8. Access to services
9. Education
10. Transport
11. Other

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

About Me	Message to the Minister
Mum in Conwy, widow, NHS employee	Please restructure and break up BCUHB. It's now a failed toxic brand and we have failed our population. Please restructure to 2 or 3 new organisations with their local identities. Diolch yn fawr iawn am gwranddo.
N. Wales, mum of one	Stop focusing on S. Wales- Listen to what people are really saying. Bring back CHC's - Llais is over - Cardiff based- too many Cardiff managers.
Desperate NHS professional who wants to help mothers and babies- so much more effectively	Please invest funding in breastfeeding/lactation/infant feeding services in Wales so we can help Wales recover from being the 'sick man of Europe'. Investment in breastfeeding pays for itself in public health gains and NHS expenditure on preventative illness.
	To modernise NHS Wales, there needs to be the quality of services in line with NHS England services/waiting times/treatment options.
	Talk to the people directly, don't spend money on other companies doing it for you. This money could be spent on the communities and people.
	Make sure NHS Wales remains public not private. There should be no profit in health.
35 - 44, North Wales- Betsi	Invest more funds in mental health services. Without adequate support face to face, this has an impact on health as a whole. The services currently are failing the patients and in turn, affecting the NHS as a whole.
	Listen to the staff on the front line. Agency staff are paid double the amount per shift...why? Staff feel undervalued and it shows by how they treat patients.
	Housing shortages, transport issues, health, help for parents, mental health.

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

Independent advocate	Dear Minister, Communication is key! Community projects long term not pilots. Keep citizens informed. Advocates on wards to do non-medical/ clinical work.
	Easier access to GP/ health services. Better telephone answering. Quicker appointments. Reliable transport services to get to appointments etc. in a timely manner.
Former NHS Employee	No cuts please.
	Follow through on actions. Be transparent- E&Y report, why has it been decided not to be public. Public money used to pay for it. Effectiveness of high management of Betsi not challenged, not cost effective to just offer 'garden leave'.
Mother, wife, former sibling carer, worked in social housing for many years with vulnerable people, things could be prevented.	Please invest in our future - our children with better access to education around real life issues such as debt awareness, budgeting skills, pensions, homeless prevention, mortgages, employability skills etc.
Young person, full-time employment, no children, no disabilities	Dear Minister, if I'm struggling, how is the vulnerable population coping? Reinvest in communities, reinvest in healthcare, actually do co-production, less consultation more co-production.
Single, disabled, queer, work professionally in third sector, struggling to live, minimal services, VALUABLE	Intersectionality matters. Local community preventative services have been cut and I'm now forced to reach crisis. I'm also forced to remain in poverty. There are more dog hydrotherapy services locally than there are for me.

Conclusions

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

This report provides an insightful overview of the conversations and surveys undertaken with members of the public living in the BCUHB 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.

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

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

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

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, commenting that they were more aware of the challenges facing the health and care system, recognising the complexity of the challenge and the long time frames potentially associated with improvement. There was recognition that transforming health and care services requires a collective effort and that the public should be engaged and communicated with throughout this process. There was a focus on preventative community services and the need to ensure these are maintained or replaced where lost.

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

Annex 1.

Graphs and Statistics of the National Survey

Full Descriptive Statistics

<i>Descriptive Statistics</i>	
Age	
Below 18	0%
18-24	2.25%
25-34	6.74%
35-44	10.11%
45-54	26.97%
55-64	37.08%
Above 65	16.85%
Grand Total	100%
Gender	
Female	66.29%
Male	25.84%
Non-binary	3.37%
Prefer not to say	4.49%
Trans-gender	0%
Other	0%
Grand Total	100%
Ethnic Background	
White/Caucasian	92.31%
Black/African/Caribbean/Black British	0%
Mixed/Multiple ethnic groups	1.12%

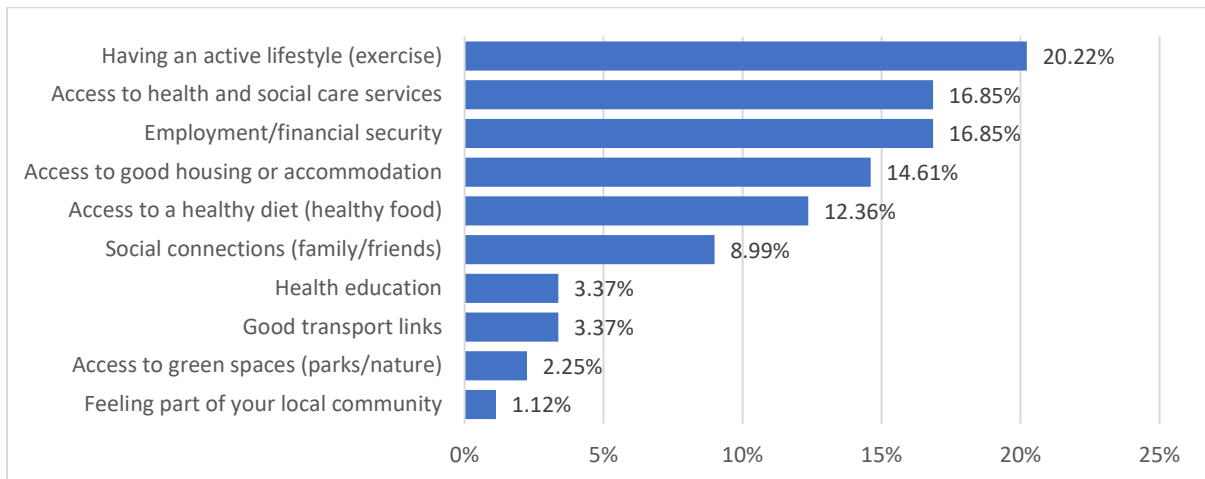
Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

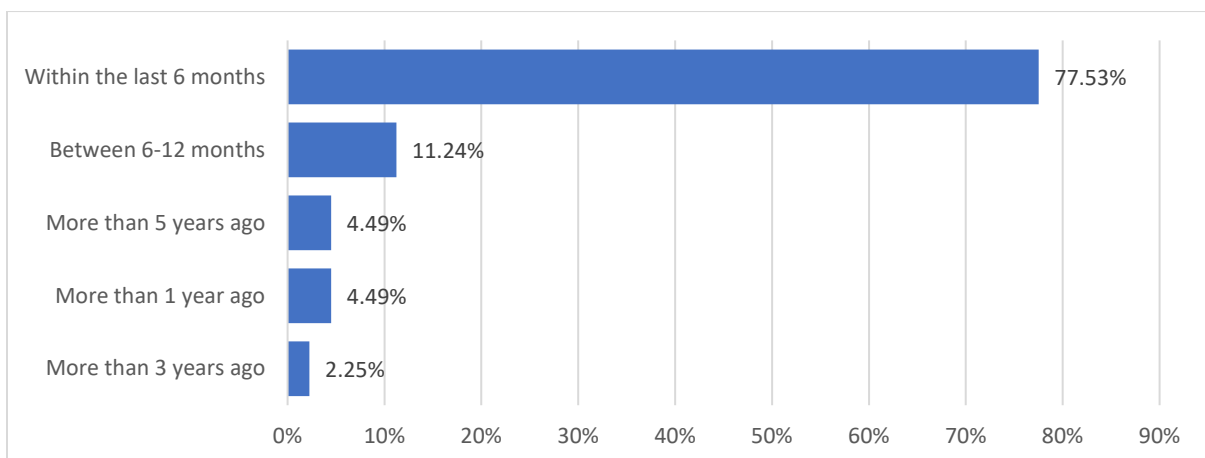
Other ethnic group	1.12%
Prefer not to say	4.49%
Asian/Asian British	1.12%
Grand Total	100%

Survey Results

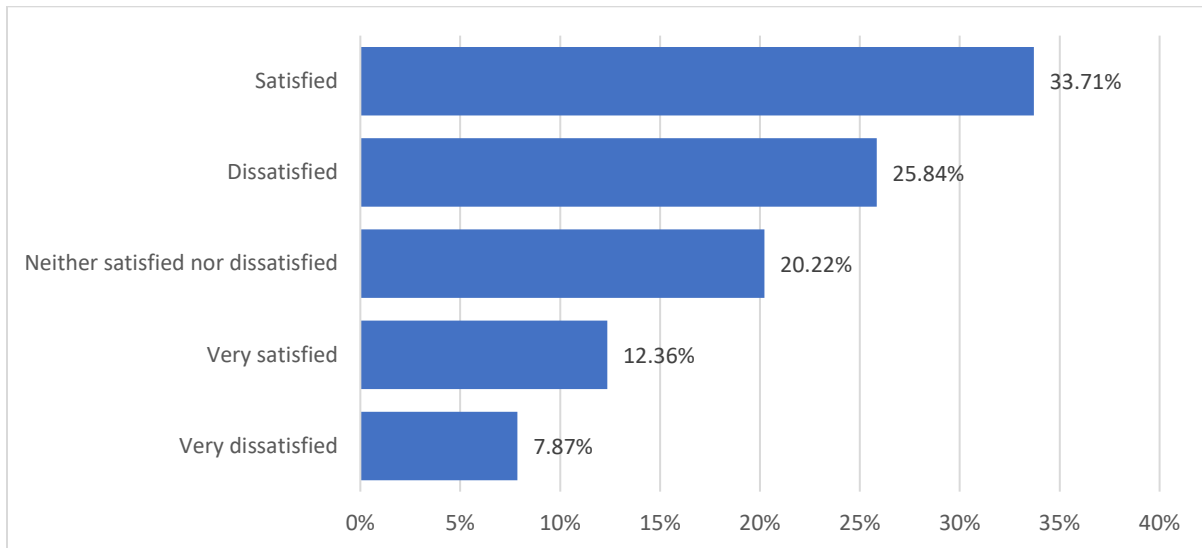
Which of the following would you say have the greatest influence on your health and wellbeing? (select up to 3)



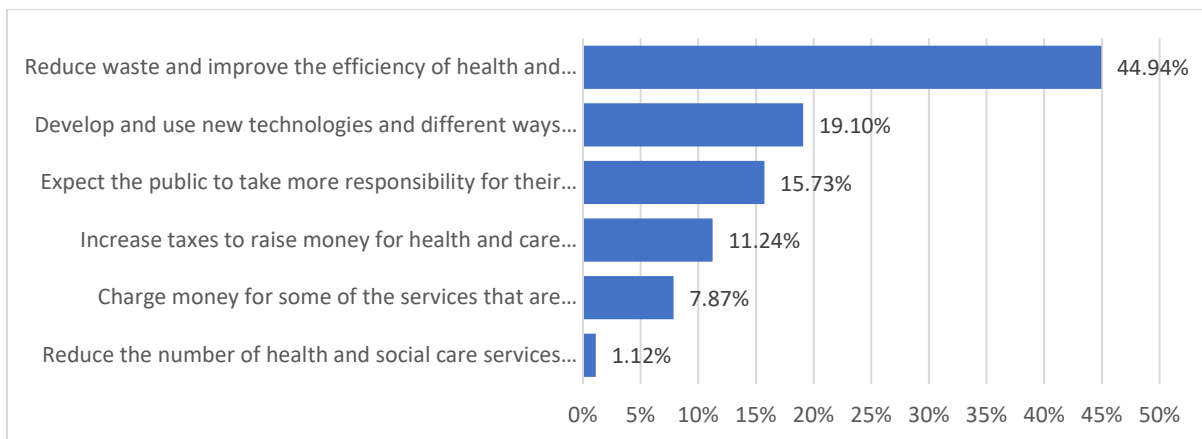
When did you last use any form of health and/or social care services in Wales?



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



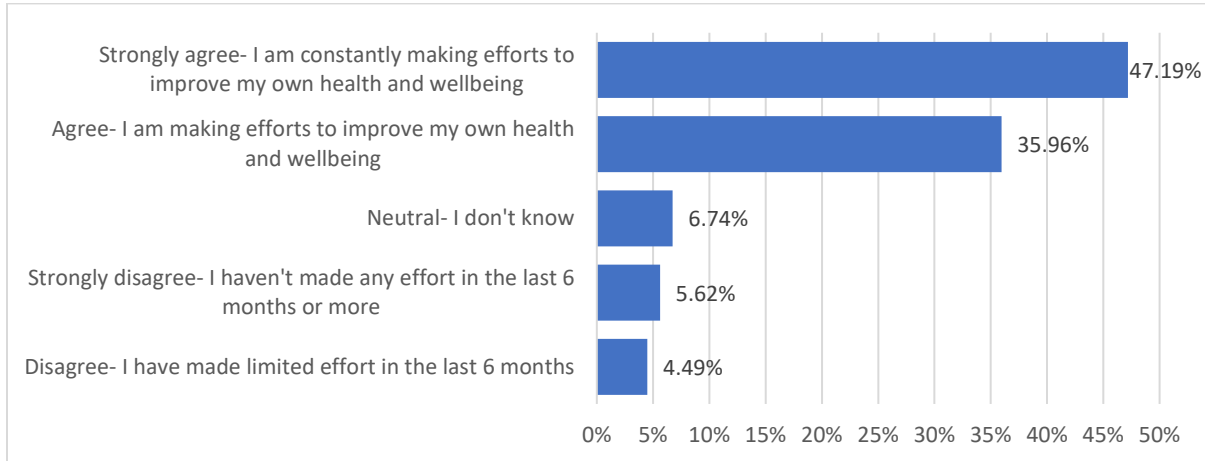
Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



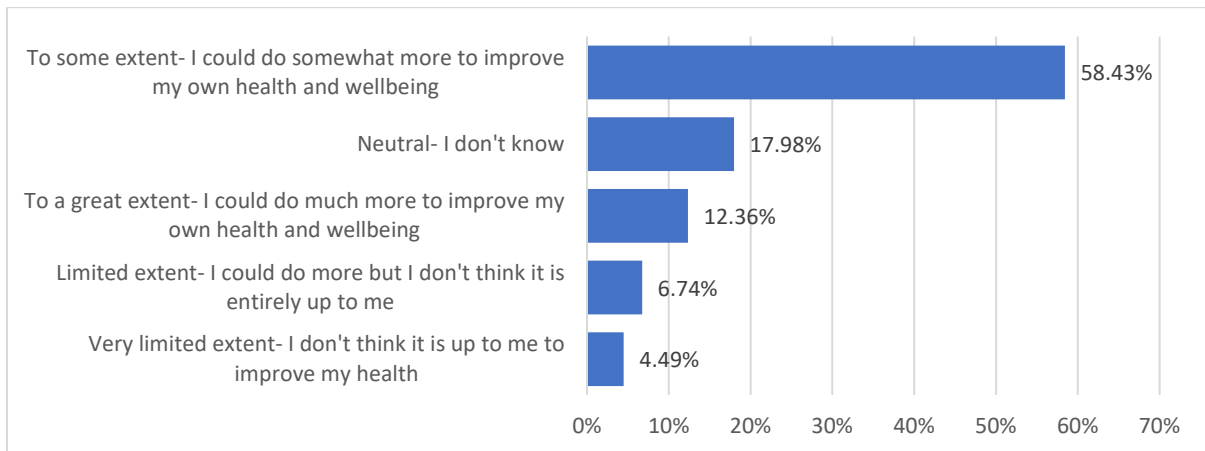
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report



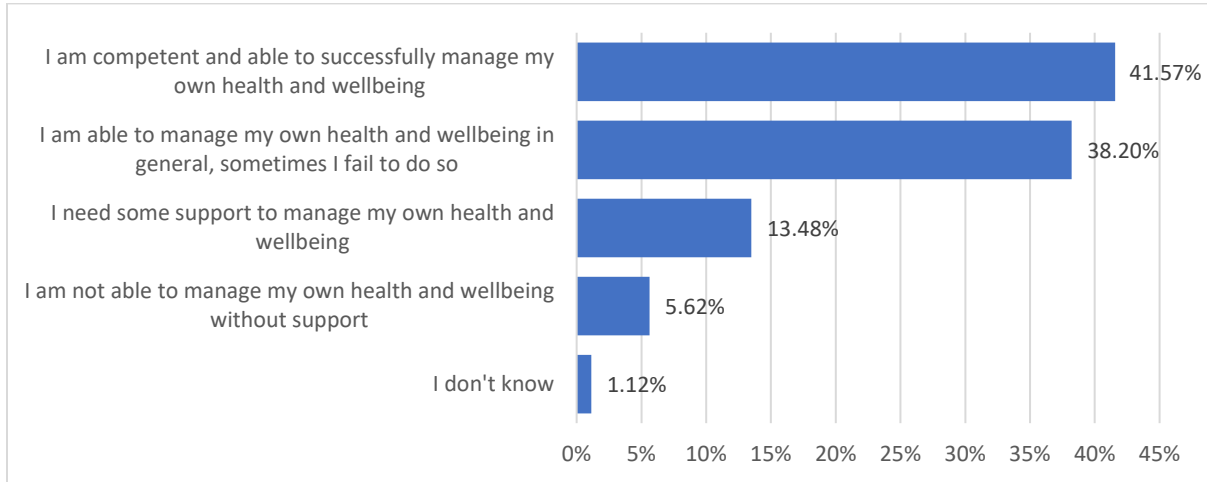
To what extent do you think you could do more to improve your health and wellbeing?



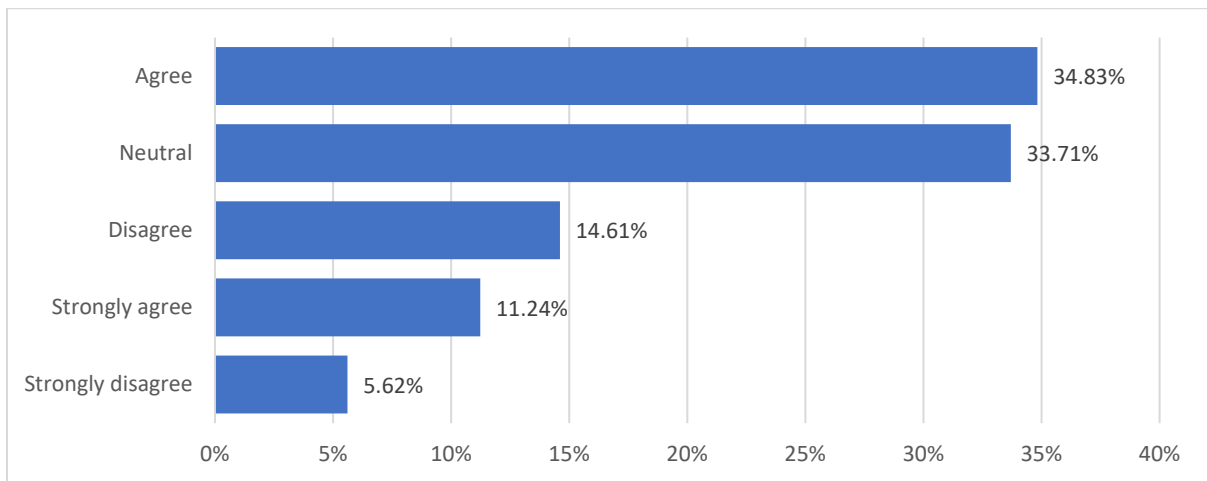
To what extent do you feel able to effectively manage your own health and wellbeing?

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report



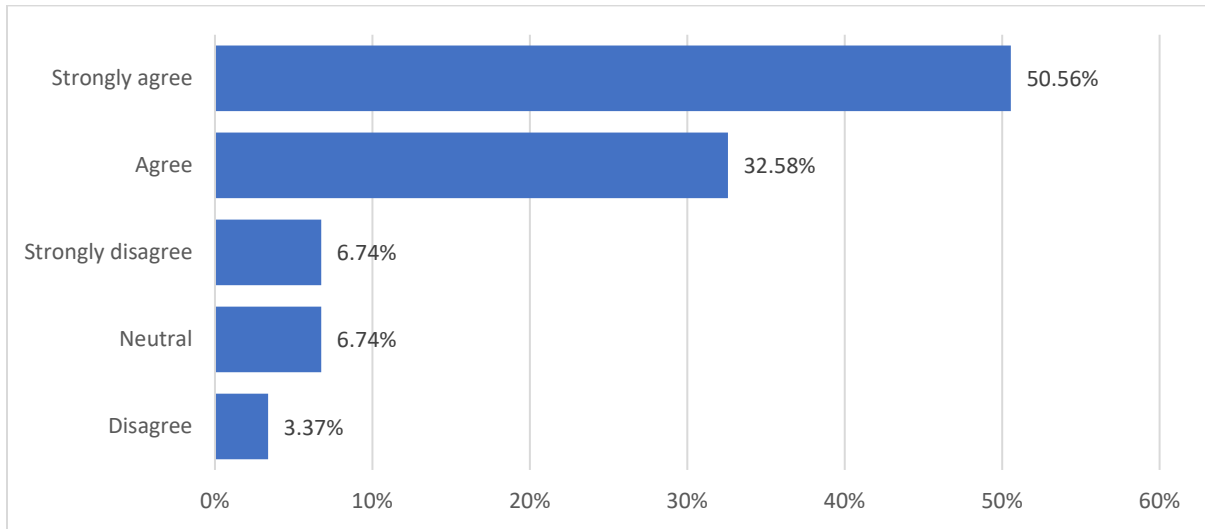
Do you think your local community provides an environment that promotes and supports good health and wellbeing?



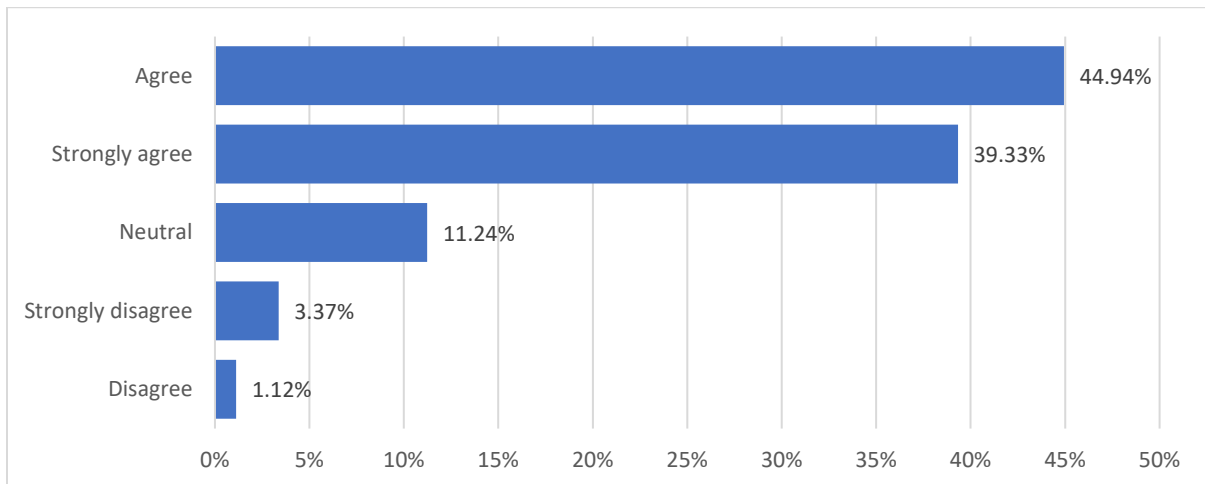
Do you agree or disagree with the following statement: *"The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions"*.

Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report



Do you agree or disagree with the following statement: *"The public should take more responsibility for looking after their own health and wellbeing"*.



Annex 2.

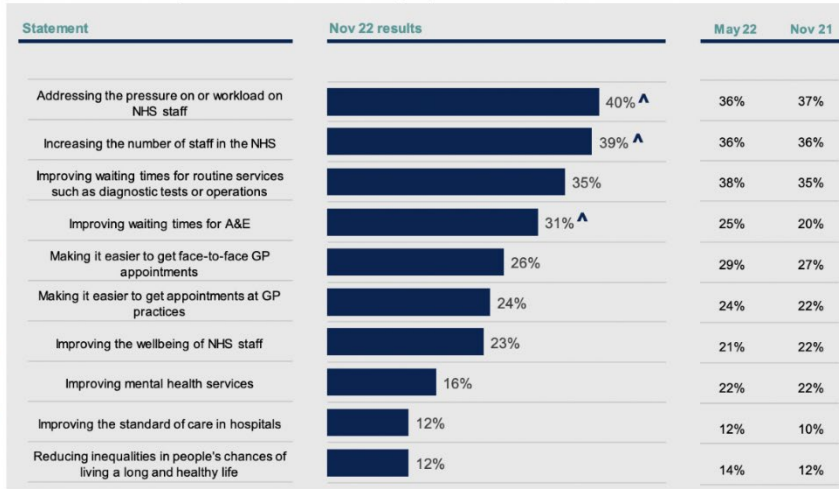
Figure 1. Addressing the pressure on NHS staff and increasing the number of staff are the public's top priorities for the NHS (source: The Health Foundation)

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

When it comes to the NHS, which two or three of the following do you think should be prioritised?



Bases: All participants, Nov 2022 n=2,063 24h – 30h November 2022, May 2022 n=2068 26h May – 1st June 2022, November 2021 n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

37 © Ipsos | Health Foundation – Policy Polling Programme Wave 3 Report | February 2023 | PUBLIC



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)

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

© Ipsos | Health Foundation – Policy Polling Programme Wave 3 Report | February 2023 | PUBLIC



Bevan Commission 2023

Conversation with the Public: Betsi Cadwaladr University Health Board Town Hall Report

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

School of Management,
Swansea University Bay Campus,
Fabian Way, Swansea SA1 8EN

www.bevancommission.org
bevan-commission@swansea.ac.uk
+44 (0)1792 604 630
