

**Comisiwn
Bevan
Commission**



A Conversation with the Public

Local Report: Cardiff and the Vale University Health Board

January 2024

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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.

“People know what they need and want, they just want to be heard”

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Cardiff and Vale University Health Board (CAVUHB) 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.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Cardiff and Vale locality presented under 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 individuals', 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.

Responsibility	<i>Examples drawn from discussion</i>
<i>Individual</i>	<ul style="list-style-type: none"> • Challenge clinicians – ask to be in control of your care • Hold up a mirror – challenge unhealthy behaviours • Self-supported management programmes
<i>Local</i>	<ul style="list-style-type: none"> • Build in emergency and contingency plans in advance of a CRISIS
<i>Nationals</i>	<ul style="list-style-type: none"> • Put social services and health into one organisation • Stop over-medicalising, community packages – impact of risk aversion • Invoking rights, candour, redress – national, community and individual levels included • Better understanding and emphasis on co-production (national and community)

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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 just under 200 people across the Cardiff and Vale locality included:

- Employment/ financial security (18%) was reported to have the greatest influence on people's health and wellbeing, alongside having an active lifestyle (17%) and social connections (14%).
- Waste reduction/ efficiency improvements (44%) were viewed as the most important methods of managing the challenges in the health and social care sector, with developing and using new technologies and ways of working in joint second place alongside expecting the public to take more responsibility (both 19%).
- Less than half of respondents (45%) 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 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 CAVUHB 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. They have some interesting views – the appetite for radical change, for example, the willingness to question some of our 'traditional thinking' and 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 that 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*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

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.

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 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%).

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

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

Perceptions about Social Care¹⁰:

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

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%).

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

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

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- Physical health is of concern for 80%, mental health for 65%, and the cost of living for 87% of respondents.

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*).

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

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 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.

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

Town Hall Agenda:

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

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

Data Collection:

Where possible, an audio recording from the meeting was captured to provide an accurate representation of 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 Cardiff and Vale Health Board town hall event was held on the 19th October 2023 in Barry. Thirty-nine people were in attendance, not including Bevan Commission staff. Of the people in attendance, the majority were male (26), age between 25-65+.

Participants often 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 Cardiff and Vale 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 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.

Cardiff and Vale University Health Board

Cardiff and Vale University Health Board¹⁵ (CVUHB) has an aging population with a projected increase in people aged 85 and over to double that of what it is now. This will mean a rise to 4.2% of the population by 2023. Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. ‘White other’ and Indian ethnicities are the second and third most common ethnic groups after White British.

There is considerable variation in health behaviours and health outcomes within the area- for example, smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet, and rates of overweight and obesity. The uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy, the gap is more than double this. Deprivation is higher in neighborhoods in South Cardiff and central Vale.

Key facts¹⁶

Population	500,000
Areas	Cardiff and Vale of Glamorgan
Budget	£1.86bn
Members of Staff	17,200
Major Hospitals	The Heath and Llandough
GP Practices	57
Dental Practices	70
Optometry Practices	66
Community Pharmacies	106

¹⁵ Cardiff and Vale University Health Board, 2022, cavuhb.nhs.wales/files/population-needs-assessment-2022-27/

¹⁶ Cardiff and Vale University Health Board, 2023, cavuhb.nhs.wales/files/board-and-committees/other-board-related-documents/2a-cav-annual-report-2022-2023-pdf/

Strategic Priorities

1. Primary Care
2. Planned Care
3. Unscheduled Care
4. Cancer
5. Mental Health

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 prioritized 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

“Lack of resources and structure over the years, with lack of prevention stops the progress of really good work”

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 from escalating by providing physical, behavioural, cognitive, and social support.

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

Attendees raised further issues:

- **Public health outcomes**, such as obesity/vaping/drugs/alcohol, it is usual to blame the victim as opposed to societal responsibilities, this would need a national level approach:
 - Lifestyle support - especially for those with learning difficulties - is not available.
 - Diet – more can be done at national level, providing opportunities.

Shared Responsibility

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.

An empowered public expresses the need to take responsibility for their health and care. A responsible choice means using services “thoughtfully and responsibly”, e.g., visiting a pharmacy before the GP, alongside being realistic about what they can do to support themselves.

It was acknowledged that “a lot of groundwork, education and support” is needed to enable and support this, as often people do not have the knowledge or skills to help themselves. Key insights from the discussion:

- **We are all responsible for our own health** and therefore we need to find out how we might all be able to play a part – identifying who is responsible for what.
- **For individuals to take ownership of their health**, reaching out to the wider communities is required.
- **Self-management programmes** are to be supported to reach better outcomes
- To complement the responsibility individuals are taking, **more communication is needed** to support them.

Community and Social Cohesion

Attendees discussed loneliness in its various dimensions related to services, as an outcome, but also as a cause of not reaching out to services:

- Loneliness is often forgotten, as well as **lack of local community**, a big issue often hidden.
- **Isolation and loneliness** – people do not reach out to services.

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- Carers can't get to people who are isolated.
- **Community, and town centres**, meeting with peers, and mental health drop-in was available before, investing in town centres and supporting initiatives 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.

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none">○ Challenge clinicians – ask to be in control of your care○ Hold up a mirror by challenging unhealthy behaviours○ Self-supported management programmes○ If able, take ownership of your health○ Provide feedback to organisations○ Ask family or wider community for support in times of need
<i>Local</i>	<ul style="list-style-type: none">○ Better understanding and emphasis on co-production○ Provide more accessible, joint-use equipment in the community○ Build community network support systems (neighbours/friends etc.)

Wider Determinants of Health

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

Attendees suggested a **national approach** and the improvement of services to reach better health outcomes.

- **Public health:**
 - Poor services impact upon our health.
 - Public health issues are treated as individual issues, but they are not individual ones,

Solutions – What Would Make a Difference?

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Level of Responsibility	Solution
National	<ul style="list-style-type: none"> ○ National building regulations should include disability access in the planning stages so a large % of new buildings are accessible to everyone

Communication

“People feel communication is missing between government and services”

“Try to deal with concern”

Communication with people, lack of access to information, and lack of coordination of communication within and across the NHS and social services were recurrent issues. Communication among patients and professionals and inclusiveness of communication were also viewed as being part of the problem.

Access to information

- **Communication is difficult** - many calls are needed to get to the services.
- **For services marked urgent** – there is no communication and often it is reassessed or arrives too late.
- **People want to feel they are equal and respected, with clear, transparent communication.**

Lack of joined-up systems

- Makes communication poor.
- It is difficult to get things done, to find a way around the system and to get **information** when needed – **we really need a central point.**
- It is especially crucial to have joined-up services for people with many conditions.

Inclusion and Diversity

- People with disabilities should receive information more accessible to them
- Some people do not have access to internet services on their phones, therefore using apps is an issue, they cannot be left behind.

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 Public and Staff Engagement

Acknowledgment of the voices of patients, people, and staff is a recurrent need expressed in the messages. There is a willingness to share responsibility and to share lived experiences of people, people want to be heard: “I have rights to complement my responsibilities”.

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"> ○ Provide access to GP practice managers and involve them in discussions with patients and support workers ○ Provide more options on how to access appointment lists ○ Develop the role of ‘community connectors’ who can help patients navigate our complex systems ○ Don’t rely entirely on the internet for communication ○ Provide a patient practice liaison service

	<ul style="list-style-type: none"> ○ Provide more face-to-face appointments and be more accessible/flexible. ○ Provide the power to invoke rights, candour, redress ○ The ability to raise a concern without it needing to escalate to a complaint
<i>National</i>	<ul style="list-style-type: none"> ○ The Welsh Government should have more transparency ○ Abolish confidentiality of advice

Services and Support

“More meaningful and active involvement of real experience”

“Health and social care services need to work together more”

“Review systems and pathways to increase efficiencies, cut out waste, merge services, get rid of those with big egos in favour of those who wish to collaborate”

There was a general agreement that the way services are delivered and organised needs to change. The lack of joined-up care and personalised view of individuals results in inefficiencies and poor health outcomes. It is widely accepted that resources should be better used, coordinated, and regularly monitored:

- Health and care as separate systems for health and social care is a problem
- The opportunity to **raise additional tax to support services** is not being used
- **Over-reliance on clinicians is systemic, and part of our culture.** People manage their health conditions based on one-clinician view:
 - **Managing health in the communities** - when people choose which services to access their choice is based on one clinician’s suggestion
 - Decision-making process – people want to have their share
- **Medical vs. Social Model:**
 - A change towards a medical model away from person-centred care and a wider social model is seen as lack of access to community services
 - The medical model is risk-averse, which is detrimental to self-advocacy of people

- **Person-centred planning and services:**
 - Receptionists, GP practices, and all contact should be person-centred
 - GP: accessibility to appointments is linear and not flexible; needs increases to the time slots when people can choose
- There is a disconnect between policymaking, **stakeholders, and carers on the ground**
- **Healthy food in hospitals and care facilities** should be a given, as well as showers for people in wheelchairs
- **Waste in the health system:**
 - Budget cuts have impact, investment and reduction of waste in the system is needed

Access to services

- As money has become less, the services and support have become less accessible
- **Palliative services** are hard to access
- **There are multiple services that people need to deal with for specific conditions** (e.g., dementia), and difficulties in accessing them – **more coordination is needed**
- **People in wheelchairs** are not always able to access services e.g., showers in **hospitals are not adapted**, also it is not easy to access services for people with sight problems

Measuring outcomes

Attendees highlighted problems relating to how outcomes are being measured; they don't provide information about what needs to be known. As an example, the impact of delays, which cause deterioration in patient's health, is not considered when seeing clinicians. It is very frustrating for patients.

Insight – “Message to the Minister”

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

Accessibility and Disabilities

The messages point out that people with disabilities and their caregivers and families need more people-centred services, including better and upgraded facilities for people with disabilities and in wheelchairs such as toilets, showers, etc., also, specialist accommodation for autistic/LD people needs to be provided.

Integrating health and social care was also a recurrent topic of importance. Attendees called for combining/integrating health and social care into one system.

According to respondents, system efficiency can be achieved by **reducing wastages** and adopting **holistic support** for end users and staff.

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.

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Local</i>	<ul style="list-style-type: none"> ○ Provide a more person-centred approach ○ More meaningful and active involvement of real experience ○ Make the advocacy service fit for purpose and with a wider competency base
<i>National</i>	<ul style="list-style-type: none"> ○ Merge social services and health into one organisation ○ Stop over-medicalising, community packages - impact of risk aversion ○ Recognise that budget cuts have a huge impact on people living with health conditions ○ Build emergency and contingency plans in advance of a CRISIS ○ Legislation – less power for individual local authorities to interpret the law. Welsh Government need to iterate the law for ALL ○ Raise taxes, clarify waste and spend money where it is most useful

Demographics

People’s concerns about nurturing the younger generations were as much discussed as the complexities of service provision for the elderly population.

Services as well as improvement of the **built environment** should be designed to meet all needs and **every age demographic**. All stakeholders, including employers, should be supportive of people of all ages being able to access services. Demographic trends impose current and long-term challenges.

Solutions – What Would Make a Difference?

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Level of Responsibility	Solution
Local	<ul style="list-style-type: none"> ○ Employers to give flexibility for family members to provide palliative care ○ Every age demographic to be considered when improving services
National	<ul style="list-style-type: none"> ○ Protected characteristics to go into all Welsh legislation and be considered clearly and separately (especially learning disability)

Workforce

Social Care Issues Affecting Workforce and Service Outcomes

Attendees pointed out the **carer's role**, which needs to be recognised and supported – this was a shared experience.

- **Expertise of carers**, especially in mental health is considered a source of expertise in managing care and the wider (non-medical) issues
- Carers are often isolated and become ill – they need more support
- The physical and emotional impact of caring needs to be considered
- **Reliance on the care system** vs. medical solutions
- There is no informative baseline data, about how many daytime carers are on the ground

Solutions – What Would Make a Difference?

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Level of Responsibility	Solution
Local	<ul style="list-style-type: none"> ○ More training for GP receptionists
National	<ul style="list-style-type: none"> ○ Increase funding for advocacy / support workers ○ Support health boards more equitably and with better funding

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

Level of Responsibility	Solution Rated as top priority

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<i>Individual, Family</i>	<ul style="list-style-type: none">○ Challenge clinicians – ask to be in control of your care (8 stars)○ Hold up a mirror – challenge unhealthy behaviours (4 stars)○ Self-supported management programmes (3 stars)
<i>Local</i>	<ul style="list-style-type: none">○ Build in Emergency and contingency plans in advance of CRISIS (3 stars)
<i>National</i>	<ul style="list-style-type: none">○ Put social services and health into one organisation (9 stars)○ Stop over-medicalising, community packages – impact of risk aversion○ Invoking rights, candour, redress – national, community and individual levels included○ Better understanding and emphasis of/on co-production (national and community) (4 stars)

Message to the Minister

Twelve messages to the minister were collected, giving a response rate of 30%. The messages can be categorised into the following themes, with some messages covering more than one theme:

1. Communication
2. Accessibility/ disabilities
3. Integrate health and social care
4. Reduce waste
5. Support for unpaid carers
6. Access to services
7. Sharing across health boards
8. Management – workforce

The list is in order of prevalence, with communication being mentioned three times, integrating health and social care, reducing waste, and accessibility/ disabilities being mentioned two times. The following section provides an overview of the messages corresponding to these top themes. We have included all the messages below.

“Message to the Minister” – Full list of Messages

About Me	Message to the Minister
A carer who spends far too much time and effort in battling the bureaucrats who are more interested in fighting amongst themselves to decide who shouldn't pay.	Grasp the nettle and give your powers to raise tax to fund the NHS. Cut out the horrendous waste and inefficiency in the NHS.
Unpaid slave	96% of care in Wales is provided by unpaid carers. When will we be better supported?
Suffer with Becker MD	Please give wheelchair bound people better toilet and shower facilities.
Parent/ carer	Remove 'dead wood' management within service divisions. These people would not be employable in the commercial sector.
Parent carer and Dementia Advocate	People with disabilities and their carers need to be consulted and included more in the structure of the service to make it more person-centred again. In recent years services have become completely inaccessible for people with support/communication issues.
	Please consider combining health and social care. They're two sides of the same coin.
97 year old pensioner currently in hospital	Please sort out division between health and social care.
	Thank you for your hard work. I know there's lots of work needed and there needs to be more holistic support for end users and staff. Please reduce wastage and make services accessible to all.

<p>I am a carer for an autistic adult son who was abused and sectioned illegally for a care company.</p>	<p>Please provide more specialist accommodation so sectioning is no longer a standard solution to accommodation or support provision for autistic/LD people.</p>
<p>I am a person amongst people. I want to be part of the solution!</p>	<p>I dream of the day when it is possible to share and celebrate my humanity with you and to enjoy your humanity too. A day when I am equal in dignity and respect, when I have rights to compliment my responsibilities and my voice is heard as I hear yours!</p>
<p>Social care professional. Parent, carer</p>	<p>Develop a system that provides the funding and education that ensures people receive the care and support that they deserve. Acknowledge and listen to voices with lived experiences.</p>
	<p>Please create and encourage better learning/sharing of best practice across the health boards. They shouldn't all be piloting the same things in different places for example: RDC's (Colorectal) reducing workload to a third, as well as better patient experience.</p>

Survey Findings

Sampling and Data Collection

These survey findings are a combination of local surveys completed at the CAVUHB town hall event, and online surveys completed by members of the public living in the Cardiff and Vale locality. The total number of respondents was 199. The demographics are as follows:

- The majority were 45-54 years of age
- 68% were female
- 91% were of white/Caucasian ethnicity
- 61% currently work in the sector, with a combined majority of 78% having worked in the 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

Just over half of the respondents (55%) are satisfied with health and social care services, based on their past experiences. 75% 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 73% 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. 82% of respondents believe they are competent and able to manage their own health and wellbeing, with 15% 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. 72% of the respondents believe that the public should take more responsibility. A significant 18% chose to stay neutral on the issue, while 10% 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 employment/ financial security (18%), followed in second place by having an active lifestyle (17%) and in third place by social connections (14%). Despite health education being discussed at the town hall in the context of wider population health outcomes, only 4% voted for it.

Local community support

Less than half of respondents (45%) either agreed or strongly agreed that their local community provides an environment that promotes and supports good health and wellbeing. This is supported by the fact that only 2% 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 21% 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 (44%) was viewed as the most important method of managing the challenges faced in the sector. The second most popular answers (in joint place) were to develop and use new technologies and new ways of working and expecting the public to take more responsibility (19%). 10% would consider raising taxes, and 6% agreed with charging money for some of the services that are currently free. 3% 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 (80%) agreed that the public could do more to help services. 11% remained neutral, and 9% disagreed. Respondents who have never worked in the sector were most likely to remain neutral.

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 CAVUHB 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 CAVUHB 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. They have some interesting views – the appetite for radical change, for example, the willingness to question some of our 'traditional thinking', most of the attendees (85% of the room) felt that radical change is necessary, and supported Aneurin Bevan's founding principles (86%). No one in the room felt that cautious change was the right path. Yet, more than half of the attendees (56%) felt that Bevan's principles are not honoured and practiced nowadays (the other half of the room did not know, or felt that the principles are practiced), and are frustrated 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.

The report highlights a number of important and consistent core themes identified including the need for more integration, better communication, prevention and early intervention, greater shared responsibility, empowerment, and improved access to services and support. Within each of these, we have set out their proposed solutions, many of

which provide helpful, practical suggestions on how these can be improved and made more effective and efficient.

The people we met with 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 “there is hope for the future for health and social care”, and learnt about “the impact of the systems on individual carers” and the needs of their families. There was a sense of community expressed as “we are all in this together”, “there are others who care and want to make a difference”, and “others feel as I do”. Some reported shared views: “many people had similar problems with NHS services”, “most of the audience have the same views organising the finances to help people live healthier lives”.

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 that 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.

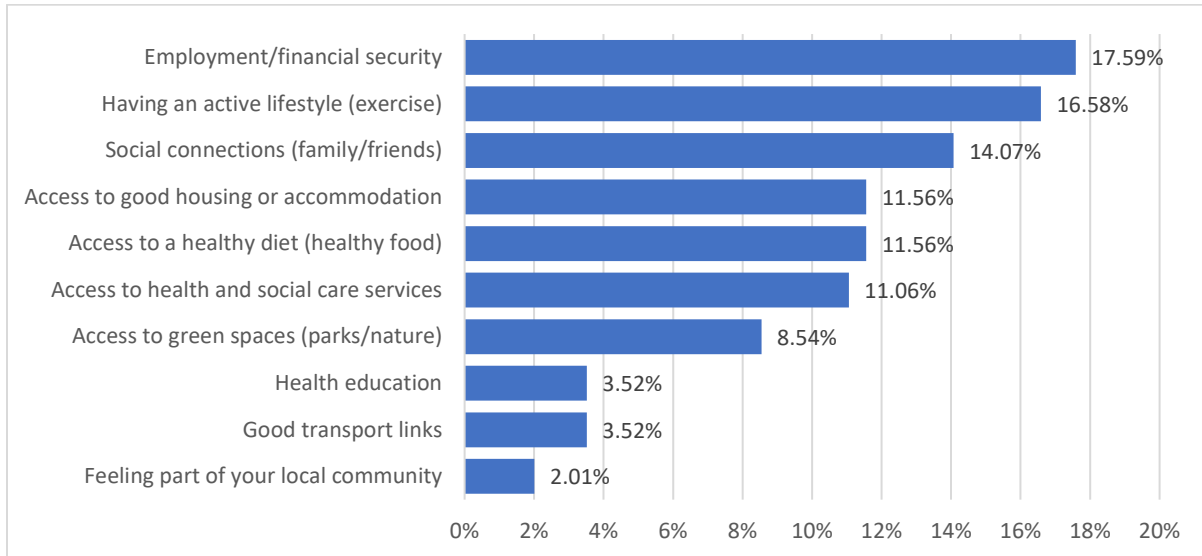
Graphs and Statistics of the National Survey

Full Descriptive Statistics

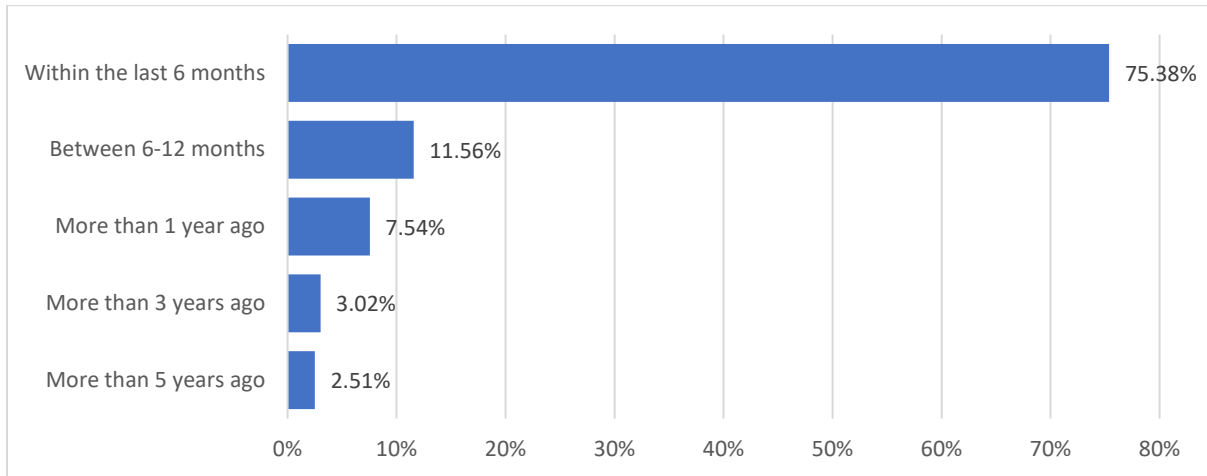
Descriptive Statistics	
Age	
Below 18	0%
18-24	1.51%
25-34	9.05%
35-44	19.10%
45-54	27.14%
55-64	25.63%
Above 65	17.59%
Grand Total	100%
Gender	
Female	68.34%
Male	29.15%
Trans-gender	0%
Non-binary	0%
Prefer not to say	2.01%
Other	0.50%
Grand Total	100%
Ethnic Background	
White/Caucasian	90.95%
Black/African/Caribbean/Black British	1.01%
Mixed/Multiple ethnic groups	0.50%
Other ethnic group	2.51%
Prefer not to say	2.51%
Asian/Asian British	2.51%
Grand Total	100%

Survey Results

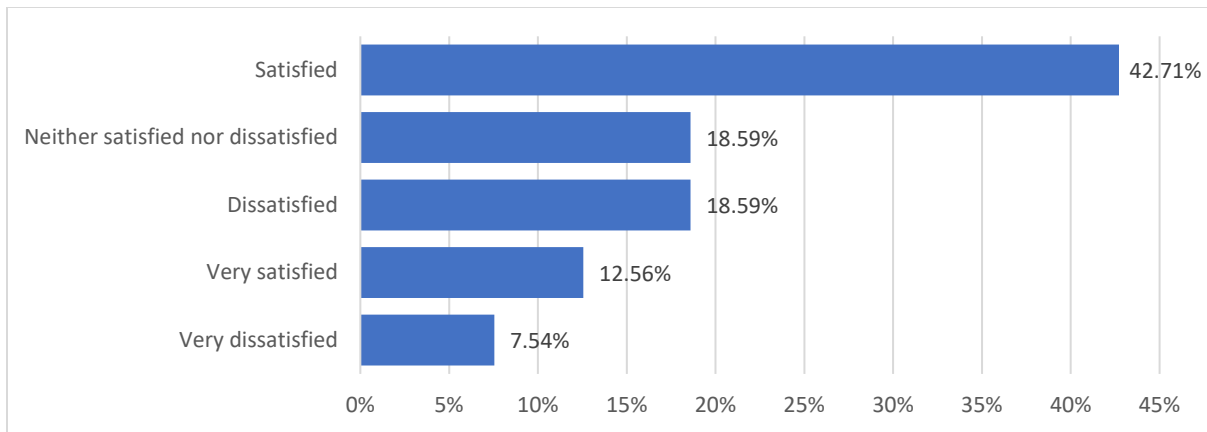
Which of the following would you say have the greatest influence on your health and wellbeing? (select up to 3)



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



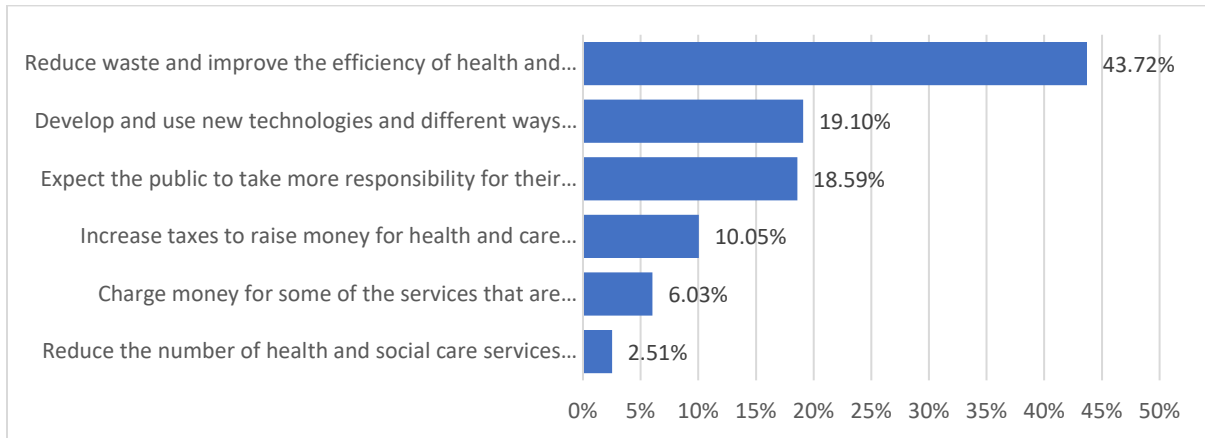
How satisfied are you with your past experiences of using health and social care services in Wales?



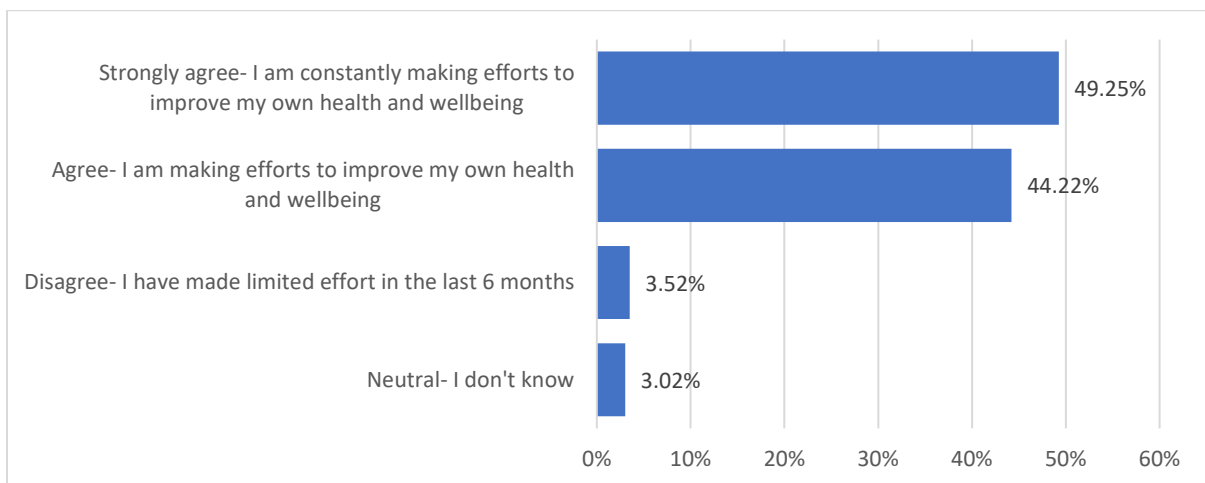
Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)

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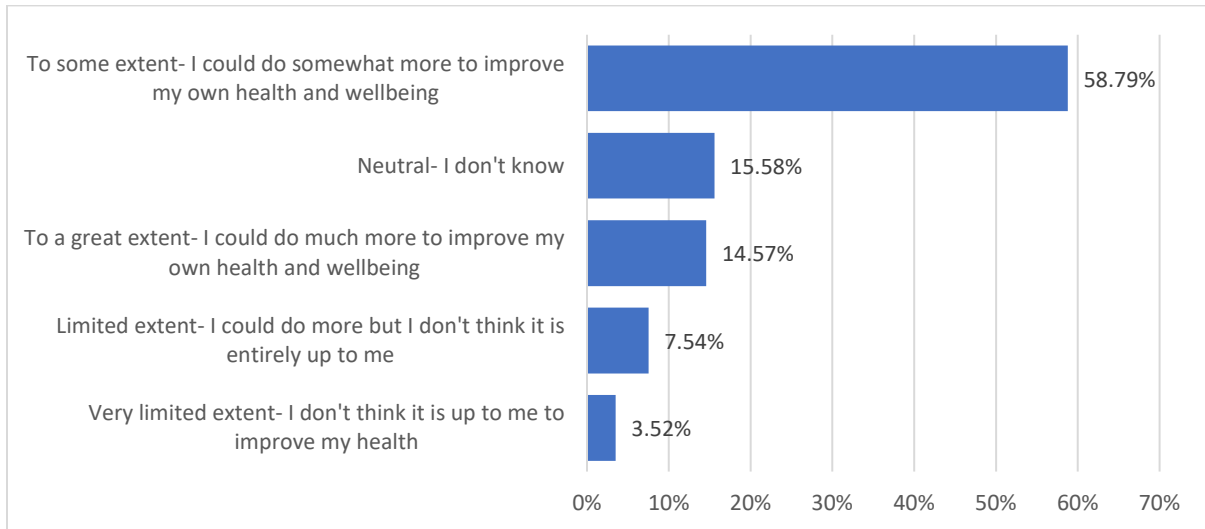
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?



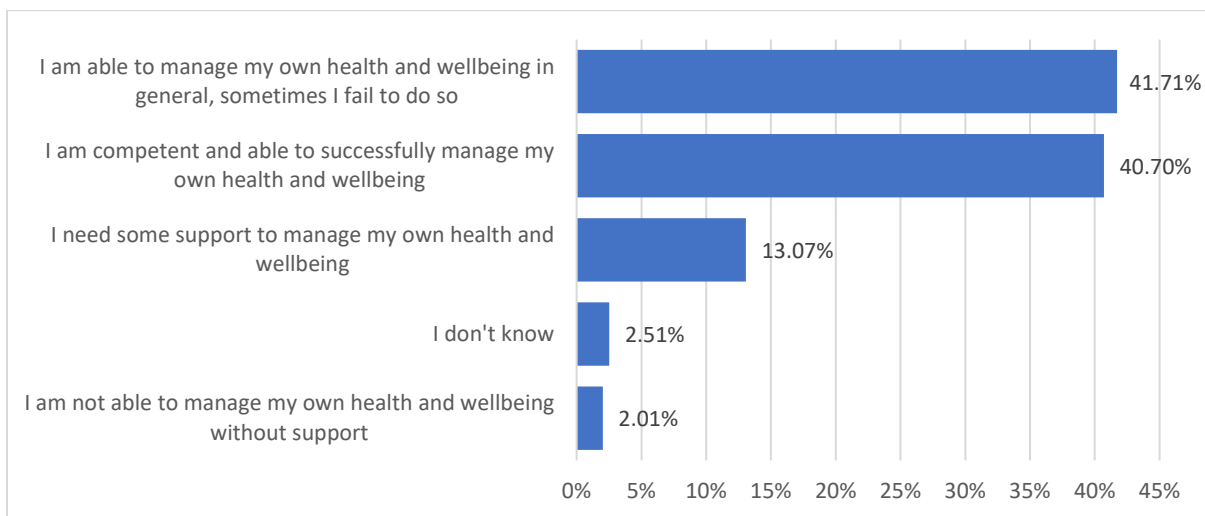
To what extent do you think you could do more to improve your health and wellbeing?

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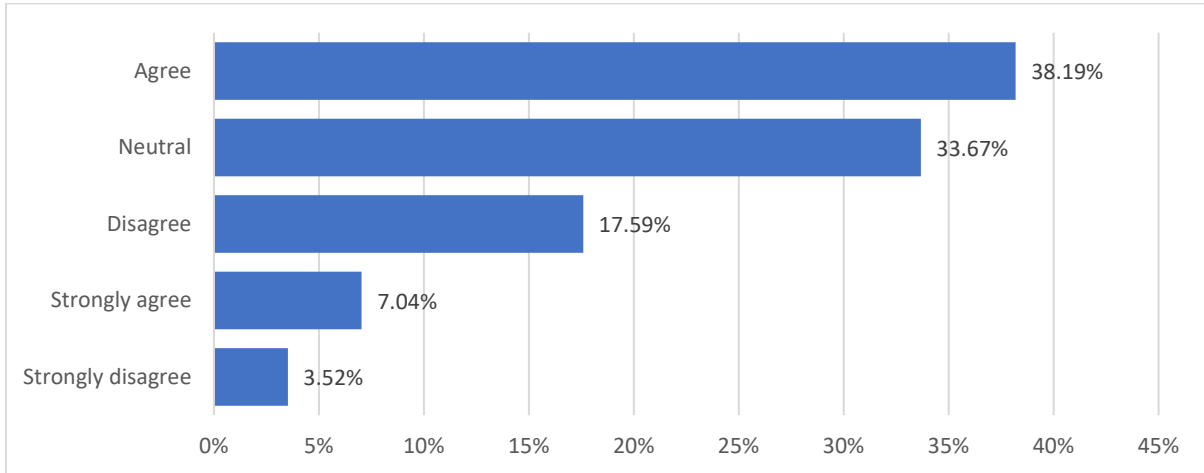
To what extent do you feel able to effectively manage your own health and wellbeing?



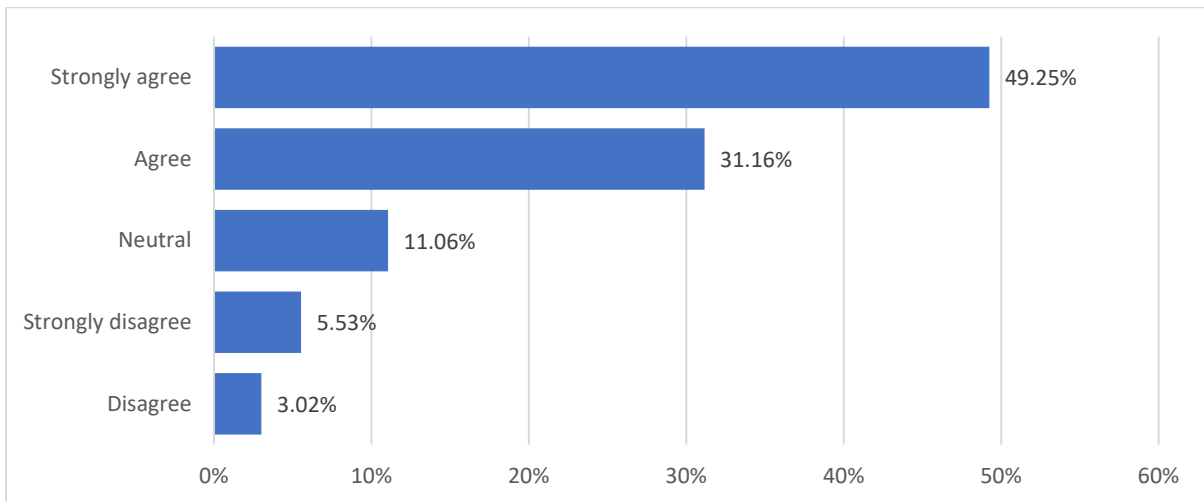
Do you think your local community provides an environment that promotes and supports good health and wellbeing?

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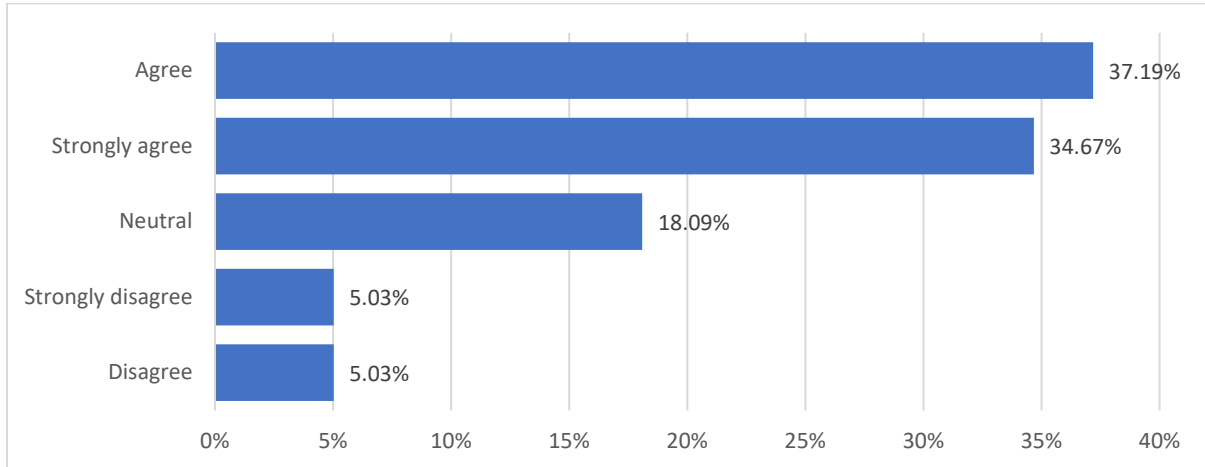
The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.



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

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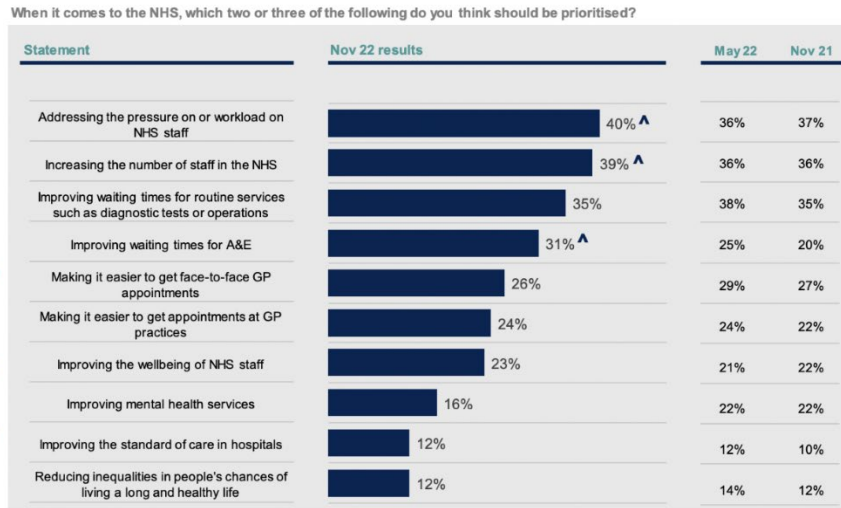


Annex 2.

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 – 30th 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.



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



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
