

**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 points. At several of these points, there are small, semi-transparent images of people in various poses and activities, such as talking on a phone, looking at a laptop, or walking. The nodes are connected in a complex, web-like structure. Some nodes are highlighted with small colored circles in shades of pink, purple, and green. The overall effect is one of interconnectedness and communication.

# A Conversation with the Public

Local Report: Cwm Taf Morgannwg 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.

---

<b>Executive Summary</b> .....	4
<b>Conversation with the Public</b> .....	7
Background: .....	7
What we know from other similar studies: .....	8
What we Know from Several Studies About Expectations and Perceptions of the Public: .....	9
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: .....	10
What people in Wales think:.....	10
Methodology .....	11
Ethical Approval:.....	12
Public Involvement: .....	12
<b>Findings</b> .....	17
<b>Prevention, Early Intervention and Lifestyle</b> .....	18
Solutions – What Would Make a Difference? .....	19
<b>Shared Responsibility</b> .....	21
Community and Social Coherence.....	22
Solutions – What Would Make a Difference? .....	22
<b>Wider Determinants of Health</b> .....	23
Solutions – What Would Make a Difference? .....	24
<b>Communication</b> .....	25
Solutions – What Would Make a Difference? .....	26
<b>Services and Support</b> .....	27
Solutions – What Would Make a Difference? .....	29
<b>Workforce</b> .....	31
Solutions – What Would Make a Difference? .....	33
<b>Demographics</b> .....	34
Ageing Population.....	34

## Bevan Commission 2023

Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

Solutions – What Would Make a Difference?.....	34
<b>Prioritised Solutions – What Would Make a Difference? .....</b>	<b>35</b>
<b>Message to the Minister.....</b>	<b>36</b>
Sampling and Data Collection.....	39
<b>General Insights about Health and Wellbeing.....</b>	<b>39</b>
Satisfaction with health and care.....	39
Owning health and wellbeing.....	40
The public should take more responsibility for looking after their own health and wellbeing.....	40
The greatest influence on individual health and wellbeing... ..	40
Local community support.....	40
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? .....	41
The public could do more to help health and care services, e.g. by cancelling unnecessary appointments or unneeded prescriptions.....	41
<b>Conclusions.....</b>	<b>42</b>
Annex 1. ....	44
Graphs and Statistics of the National Survey .....	44
Annex 2. ....	50

## 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.

***“Radical redesign - we are a small enough nation to allow us to make massive changes we do not need to accept status quo”***

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Cwm Taf Morgannwg University Health Board (CTMUHB) 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 policymakers alike.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Cwm Taf Morgannwg locality are 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 (the Welsh or UK government). These ranged in terms of their scale, ambition, and practicality, as summarised with examples below.

<b><i>Responsibility</i></b>	<b><i>Examples drawn from discussion</i></b>
<b><i>Individual</i></b>	<ul style="list-style-type: none"> <li>○ Get support from community pharmacy – 1<sup>st</sup> link</li> <li>○ More community involvement and co-production in services</li> <li>○ Skills for looking after yourself and others</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Support, empathy, working together, networking, peer support</li> <li>○ Teaching people to take responsibility from a young age</li> <li>○ Transport links to improve access for more and so people can afford</li> <li>○ “Person-centred care” – what needs to be wrapped around that individual/support locally e.g. while waiting for an operation (aids and adaptations and wellbeing support)</li> <li>○ We need to start early education in schools – curriculum - practical fun sessions, core life skills</li> </ul>

## Bevan Commission 2023

### Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

<b>Nationals</b>	<ul style="list-style-type: none"><li>○ Tackling poverty as this is the root cause of most issues that we identified</li><li>○ Education – teaching domestic skills in school, educating parents, early intervention, knowledge of mental wellbeing, knowledge at an early age</li><li>○ Funding – health care, more staff, support services, promotion and information, education</li></ul>
------------------	--

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

- Employment/financial security (27%) was reported to have the greatest influence on people’s health and wellbeing, alongside access to health and social care services (16%) and access to green spaces (15%).
- Waste reduction/efficiency improvements (45%) was 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 second place (16%) and expecting the public to take more responsibility in third place (15%).
- Less than half of respondents (33%) agreed that their local community provides an environment that promotes and supports good health and wellbeing.

*The Conversation with the Public* has developed greater insight and understanding providing a strong basis from which more effective communication with people from across Wales can be continued in the future. Policymakers and those charged with delivering and improving health and social care services need to be talking and actively listening to citizens more frequently and effectively than they do at present. Consistent dialogue with the public should be seen as a vital part of providing high-quality health and social care services, not as an arduous task, which is often delivered in a tokenistic manner.

***“There is a multitude of issues, but it is reassuring that there are seeds of solutions out there”***

People across CTMUHB 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 (31.8% of town hall attendees felt radical transformation is needed), for example, the willingness to question some of our ‘traditional thinking’ (45.5% felt certain that we should move away from Aneurin Bevan’s founding principles).

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

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

---

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



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

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

### What we know from other similar studies:

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

---

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

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

<sup>4</sup> *ibidem*

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

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

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

## What we Know from 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).

What we know from recent polls across the UK:

Public perception of health and social care in the UK<sup>8</sup>:

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

What the Public Think NHS Priorities Should Be<sup>9</sup>:

---

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

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

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

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

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

#### What people in Wales think:

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

- Respondents (81%) suggested Individuals should have a 'great deal' of responsibility for their own health.
- Half of respondents think the government, and a little less than half think that the NHS, should take a 'great deal' of responsibility for people's' health (Annex, Fig 3).
- Respondents (43%) think that Local Authorities have a 'fair amount' of responsibility for people's' health (43%).
- Inequalities in income and wealth between the least and most deprived areas of Wales are a significant problem.

---

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

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

- Inequalities in health and life expectancy are viewed as a significant problem by less than two-thirds of the respondents.
- A fair society takes care of those who are poor and in need regardless of what they are able to give back (79%).
- Employers should do more to look after their workers' health (87%).
- The NHS should spend more money on prevention and less on treatment (46%).
- Healthy foods should cost less than unhealthy foods (81%).
- Physical health is of concern for 80%, mental health for 65%, and the cost of living for 87% of respondents.

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

- 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.

---

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

## Ethical Approval:

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

## Public Involvement:

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

All venues were also accessible for participants with physical disabilities.

## The Town Halls:

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

The event lasted two and a half hours. The session began with an introduction to the context of the meeting, outlining the issues currently faced by the health and social care system across Wales. Open discussion with participants around factors affecting the public's health and wellbeing then followed, with participants, not the organisers, identifying a range of key

---

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

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

challenges. In small group discussions, participants were then asked to identify solutions to the challenges they had highlighted. A prioritisation exercise followed involving participants ranking the solutions developed. Following the discussion, participants were invited to write a *'Message to the Minister'* on a postcard and complete the national survey.

## Town Hall Agenda:

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

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

## Data Collection:

Where possible, an audio recording from the meeting was captured to provide an accurate representation of 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 Cwm Taf Morgannwg town hall event was held on Thursday 26<sup>th</sup> October 2023 in the Orbit Centre, Merthyr Tydfil. Twenty-two people were in attendance, not including Bevan Commission staff. Of the people in attendance, the majority were female, between the ages of 45-54, and of Caucasian ethnicity.

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 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.



## Cwm Taf Morgannwg University Health Board

59% of residents are estimated to be amongst the most deprived areas in Wales<sup>15</sup>. Life expectancy for men and women in Cwm Taf Morgannwg University Health Board area is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for men and women. Additionally, the region lags behind the rest of Wales in terms of practicing healthy behaviours which have the potential to impact on conditions such as diabetes, heart disease, dementia, and cancer. Here are some key risk factors for the CTM population:

- Smoking prevalence is higher than the Wales average of 13%
- 66.9% of adults in CTM are overweight or obese compared with an all-Wales average of 62.1%
- 56.3% of people in Wales above 16 meet the recommended level of daily physical activity - all CTM areas have lower figures
- CTM has the highest levels of childhood obesity in Wales, high levels of teenage pregnancy and low levels of breastfeeding
- CTM has a higher percentage of low-birth-weight babies, 7.8% compared with a Wales average of 7.2%

### Key Facts

Population	450,000
Areas	Bridgend, Merthyr Tydfil and Rhondda Cynon Taf
Members of Staff	12,793
Major Hospitals	Princess of Wales, Prince Charles and Royal Glamorgan
GP Practices	49
Dental Practices	53

<sup>15</sup> Cwm Taf University Health Board, 2023, [ctmuhb.nhs.wales/about-us/governance-assurance/annual-reports-annual-accounts-annual-plans/reports1/ctmuhb-annual-report-and-accounts-2022-23/](https://ctmuhb.nhs.wales/about-us/governance-assurance/annual-reports-annual-accounts-annual-plans/reports1/ctmuhb-annual-report-and-accounts-2022-23/)

Community Pharmacies	111
Optometry Practices	34

## Strategic Priorities in Cwm Taf Morgannwg University Health Board

1. Creating Health
2. Improving Care
3. Inspiring People
4. Sustaining our Future

## 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 the Welsh and UK government*. We have

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

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

## Prevention, Early Intervention and Lifestyle

*“Stop firefighting and reassess the needs for early intervention”*

*“As individuals and families don't wait – act, early intervention can halt the need for urgent treatment”*

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

Health behaviours and lifestyle factors were associated with poor conditions, lack of access to opportunities and education for a healthy lifestyle. Attendees discussed a range of factors affecting healthy lifestyles, such as inactivity, smoking, alcohol, and diet.

Attendees emphasised:

- **Adverse effects** that the loss and lack of preventative services had on their **mental and physical health**
- **Poor wellbeing** is of concern in the area, there was a general agreement, that it should be **addressed by prevention** and **health promotion**
- A more preventative approach is needed, instead of people get medicated straight away
- **Better education** is needed in relation to knowing how to look after yourself, such as being able to cook basic, healthy meals

## Insight

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

### **Are there any areas you would like to improve your knowledge regarding your health and wellbeing?**

- *“Additional advice and support in relation to longer-term health issues and how to access support about general wellbeing.”*
- *“Support to help people access health gain knowledge to manage health and well-being better.”*
- *“You know what you should do but not always do it.”*
- *“As a career sometimes, I have found out that despite my extensive research to improve my knowledge regarding my health and wellbeing and have followed up all these leads it has not resulted in any tangible provision for myself when I needed it most - postcode lottery, critical misinformation, etc. No active offer was made to me as an unpaid career for careers assessment despite me making it clear.”*

## 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: Cwm Taf Morgannwg University Health Board Town Hall Report

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Individual/ Family</i></b>	<ul style="list-style-type: none"> <li>○ As individuals and families don't wait – act, early intervention can halt the need for urgent treatment</li> <li>○ Supporting conversations on mental health with men</li> <li>○ Education – supporting early years - support and listen</li> <li>○ Informed choices about diet/ stress/ health/ exercise/ education</li> <li>○ Health professionals promoting talks at schools, educational videos, tik-tok</li> <li>○ Force change in the culture that links “celebration” and “reward” with sugar, alcohol and late nights</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Strategy for social prescribing with all its benefits – alongside community support for people to be encouraged to take up services</li> <li>○ Sharing best practices</li> <li>○ Raising awareness, sign posting, listening and supporting – care coordinator (gaps)</li> <li>○ Celebrating success</li> <li>○ Education and peer support, cultures raising awareness of prevention</li> <li>○ Community based GP services i.e. blood tests, jabs, mental health check ins</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Coherent food policy embracing agriculture, marketing and supply to enable healthy food choices</li> <li>○ Nutritional support – access to community cooking classes</li> <li>○ Social prescribing extended to food where diet is an issue - could a period of meal boxes (4 weeks) be given to encourage healthy eating</li> <li>○ Upskill - cook to instruction and healthier, fresher food with portion control. Kitchen = Gusto/ Hello Fresh. No Kitchen = diet chef</li> <li>○ Promotion of peer course patient education</li> </ul>

	<ul style="list-style-type: none"> <li>○ Free scripts for all have encouraged the reliance on medication. What about a token cost for basic, cheaper on the high street tablets/ medicines (means tested of course)</li> <li>○ National prevention targets and ring-fenced prevention funding</li> <li>○ Long term – shift focus to prevention</li> <li>○ Early intervention</li> <li>○ Strategy for ‘social prescribing’ with all its benefits alongside community support for people to be encouraged to take up the services</li> <li>○ Depoliticise the NHS – no investment in prevention when tied into election cycles. Politicians need to be seen to “change something” each election period</li> </ul>
--	---

## Shared Responsibility

*“Wellbeing – Do not accept the status quo. Demand change”*

*“Change the system. People feel powerless = people will confirm, losing self-efficacy and self-management”*

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

- **People need to take responsibility** for their own health and care
  - Using services “thoughtfully and responsibly” (e.g. visiting a pharmacy before the GP)

- A lot of **groundwork, education, and support is needed**, as people often do not have the skills to help themselves, and need to learn how to take responsibility and care

## Community and Social Coherence

The sense of community and lack of social coherence was raised as an important issue, and lack of trust in services as a consequence. Attendees pointed out the importance of community spaces and stakeholders in enabling social coherence. Attendees expressed their worries about deteriorating communities, and fear.

- There is a **lack of community spaces** and **community services**

## Solutions – What Would Make a Difference?

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

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Individual/ Family</i></b>	<ul style="list-style-type: none"> <li>○ Choice and control of “what matters”</li> <li>○ Thinking outside of the box. Seeking information and sharing with friends and family. Peer support.</li> <li>○ Make an effort. Try things!</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Using community centres – notice boards with information</li> <li>○ Need to come together, more to apply pressure and to support others in their community</li> <li>○ Events, community links, social prescribing mapping</li> </ul>

	<ul style="list-style-type: none"> <li>○ Raising awareness, sign posting, listening and supporting – care coordinator (gaps)</li> <li>○ Funding into community organisations to spend as per the needs of that population without lots of red tape – high trust contracting</li> <li>○ An integrated community that creates ‘safe inclusive spaces’ for everyone</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>○ Create improvement environments, not legislative environments - culture change!</li> <li>○ Scale/copy good projects that are working well (where relevant and appropriate for another area) (community and national)</li> <li>○ Lobbying. Working with support group organisations</li> <li>○ Support mechanisms to help sustain vibrant community/third sector, active in all areas</li> </ul>

## Wider Determinants of Health

*“Health and social care need to be restructured to accommodate today’s lifestyles for example work life balance access to service as not meeting need of population”*

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

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

- Attendees were concerned about **deprivation** and felt it sits at the heart of a lot of poor health and wellbeing in Wales. Poverty and the **cost-of-living crisis**



- **Stress over finance** and its overall impact on health
- Discussion highlighted the significant impact that **social and economic inequalities** have on people's health and well-being in the region, with participants suggesting that the **most disadvantaged** in their communities were often the most affected
- Housing and **having access to open spaces** was a cause of concern in the area people lived in
- The effects of **isolation** on people's health and wellbeing due to economic and social factors

### Insight – “Message to the Minister”

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

#### Restructure and Reform

One message called for *“total reform of the system”*, while another called for *“a shift to an outcomes-based approach to care. There was a feeling that service redesign needs to be radical “to deliver what we all deserve”*.

*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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Spend money locally, which will lead to an increase in local employment opportunities, which will increase local investment opportunities etc – circular economy</li> <li>○ Transport to access services – make services more local to reduce cost</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Housing stock concerns – focus on areas of poor housing, houses that cannot be adapted, and where there is difficult access for emergency (ambulance) services, etc</li> <li>○ Lobby energy companies to decrease profits to enable costs to decrease for the population</li> <li>○ Are fines first the best form of addressing some issues in a cost-of-living crisis? E.g. £100 for 1mph over the speed threshold</li> <li>○ The people who hold the keys to the nation largely are unaware. Wealth needs to be spread wider</li> <li>○ Radical solutions – small pilots to demonstrate success e.g. Manawanui in New Zealand</li> </ul>

## Communication

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

Poor communication with people, a lack of access to appropriate information and a lack of coordinated communication within and between the NHS and social care services were issues that attendees discussed:

- **Lack of information, and communication around services**
  - If you have a strong voice, be prepared to argue your point - the services are there but you as an individual often must be the one to ask, find out
- **Lack of joined up system**
  - Records should be shared across the system to avoid duplication and to enable shared decision-making
  - Key workers as single point of contact through treatment or care journey
- **Digital gap**
  - It is good to have GP consultations online, but not everyone can access them

### 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 Access to Services

There were calls to make services more accessible, including providing more information. Specific service areas mentioned were mental health and community-based palliative care. One message commented on patients having to pay privately to access services due to a 2-3 tier system of service availability.

*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>
<b>Individual/ Family</b>	<ul style="list-style-type: none"> <li>○ Make sure you have and use your voice</li> </ul>
<b>Local</b>	<ul style="list-style-type: none"> <li>○ Raise awareness of diversity and inclusion to encourage community organisation to be focused and welcoming</li> <li>○ Marketing the services that are out there, which are tuned into local needs, but have only short-term funding (need to be addressed)</li> <li>○ Partnerships between organisations reorganising expertise, signposting – joint funding bids</li> <li>○ Involving people in identifying problems and solutions. Co-production, not only where decisions have already been made</li> <li>○ Environment/communities information from GP's (local) 'link' person (with experience) to keep residents in a particular area</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>○ Provide key workers as one point of contact for carers, people with poor mental health, disabilities and people managing long term health conditions</li> <li>○ Raise awareness</li> </ul>

## Services and Support

*“Why are we just “tinkering” around the edges with a “broken” system – lets be bold and re-design with wellbeing integrated as well”*

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

- **The system is siloed** – it doesn't wrap around individuals, person-centred services are needed

- There was a comment that there are excellent hospitals and care, the fact that we have these and social care services available and that we have a thriving third sector provision
- **Pharmacies** to provide advice/support could relieve the system
- There is an **overmedicalisation** of illness and the root cause of ill health is not addressed; we address the symptoms of illness, not the cause
  - Too much delivery on medication
- **Lack of 24/7 social care** - the service provision does not meet people's needs
- **Lack of palliative care** in the community t's a 9-4.30 service
- **Lack of coordination on discharge;** (no one accountable) leading to pressure on careers (family careers) which could have been avoided
  - Increased costs due to **delayed discharge from hospital** due to insufficient social care resources leading to **further infections whilst remaining in hospital**
- **Co-ordination of services around people** needs attention, as *"people get lost within the complexity and then their health deteriorates both physically and mentally"*: One attendee commented that *"we try to fit people into a diagnostic box, and as a result, other issues get sidelined"*
- **Move from a medical model to a social model**
  - **Lack of looking at holistic needs** of the person with the diagnosis, frailty or health need. Recognise and support the carer and family too
  - **Mental health impacts physical health**
    - Mental health is not considered holistically and instead people are treated solely with anti-depressants
  - **Wellness** needs to become part of the holistic model and integrated

## Insight

Attendees of the town hall were asked their opinion on how health and social services in Wales could be improved, after the discussion. 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?**

Answers to the question focused on two areas – integration, and prevention and early intervention:

- Integration:
  - One national system for healthcare
  - Shared records, less duplication, shared decision-making
  - Health and social care should work together
  - Merge health and social care including budgets to conserve integrated expenses
- Prevention and early intervention:
  - More focus on prevention
  - More preventative, not medicated straight away
  - Focus on wellbeing and preventative services alongside health promotion
  - Too much delivery on medication
  - Early intervention
  - Reassess the need for early intervention

### Insight – “Message to the Minister”

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

#### **Restructure and Reform**

One message called for *“total reform of the system”*, while another called for a shift to an outcomes-based approach to care. There was a feeling that service redesign needs to be radical *“to deliver what we all deserve”*.

*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

## Bevan Commission 2023

### Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

identified responsibilities that relate to the *individual, their family and friends; the local council, health board and community; and the Welsh and UK government*. We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Individual/ Family</i></b>	<ul style="list-style-type: none"> <li>○ Raise expectations of individuals and the community</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Force integrated working (planning and delivery)</li> <li>○ More joined up working – signposting, networking, sharing of resources, what is out there?</li> <li>○ Cottage hospitals increased in community settings</li> <li>○ Patient-led/peer-led support services</li> <li>○ Lobbying. Working with support group organisations</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ The ‘whole’ system needs to (radically) change - include dignity in dying. Total reform!! And then re-ask the people of Wales</li> <li>○ Merging health and social care together and aligning third sector as preventative aspect</li> <li>○ One budget for health and social care. Make peer support part of the medical pathway and self-referral – use a ‘link’ person/ in the service who has a chronic condition to help the next</li> <li>○ We need to move from a medical to a social model – and recognise and support the carer routinely alongside the person with the diagnosis, frailty or health need</li> <li>○ Problem of medical model = passive recipient, often not most appropriate. ‘Community Connectors’ type roles work well in tackling some of non-medical issues, where people otherwise go to GP</li> <li>○ Challenge medical model of treating mental health – alternatives to prescribing anti-depressants. Holistic</li> <li>○ Pathways for support that do not require access through GP</li> <li>○ Consistency</li> <li>○ Wellbeing – redesign the whole health service – Bevan would agree. Holistic delivery!</li> </ul>

	<ul style="list-style-type: none"> <li>○ Wellbeing – seen as an integral part of health services, not an add-on or a “nice to have” – banish the silos.</li> <li>○ Holistic delivery – integrate wellbeing within a wider health service – that encompasses <u>much</u> more than just medical delivery</li> <li>○ Involving people in identifying problems and solutions. Co-production, not only where decisions have already been made</li> <li>○ Amend KPIs to be more holistic, stop bean counting</li> <li>○ Truly learn from others – world solutions</li> <li>○ Pro-active vetting of A &amp; E patients - do they really need to be there? Do you meet the criteria for A &amp; E?</li> </ul>
--	--

## Workforce

*“I don't think there is anything good about the social care system other than the staff at ground level”*

*“There are good people working in very difficult circumstances, but people are poorly supported all too often”*

The misalignment between health and social care services reportedly affects performance and creates tensions in the workforce. There was a general agreement amongst attendees that there are both similarities and differences which might be addressed with greater coordination.

Attendees felt that there is not enough **support for carers** from the Welsh Government in navigating the system, alongside not enough **financial support**. Attendees also felt that **carers’ mental health should be a priority**:

- They are often *“left alone to work it out for themselves”*
- If carers are not supported, the health of those they look after can deteriorate
- The staff although they are not paid enough are not always treated well, and are poorly supported

Other challenges raised by attendees included **disinvestment in third sector and preventative services**.



## Insight

Attendees of the town hall were asked what they saw as good about health and social care services in Wales, after the discussion. 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?**

Several respondents focused on the basics and reflected that what is good about services in Wales is the founding principles of free and accessible health and social care, specifically:

*“The NHS is visible and accessible to all”, and “dependable”*

*“Empathy and passion to deliver high quality service”*

Some respondents focused their answers on NHS and social care staff, calling them supportive, passionate, and compassionate. They noted that staff *“are good people working in very difficult circumstances”* and acknowledged that staff are often not supported. There was also praise for a *“thriving”* third sector.

## Insight – “Message to the Minister”

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

### **Workforce**

Several messages to the Minister called for increased pay for doctors and health and care professionals. This was due to a desire to make the sector more attractive for potential staff and to improve retention. There was also a call to recognise the hard work of 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.

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Monitor and “act” on (unpaid) ‘carer’ health deterioration as part of a holistic approach for situations where carers look after people with health/needs or carers' health and mental health deteriorates due to the responsibility of their caring role</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Post ‘carer’ support and counselling once their loved one/cared for has passed away – mental health and wellbeing support</li> <li>○ ‘Recognition’ of the costs of caring – carer ‘financial’ support</li> <li>○ Problem of short-term funding for third sector projects that are doing well</li> </ul>

## Demographics

### Ageing Population

***“Ageing population – consider how we proof services for the future?”***

Views were expressed seeing ageing population as a burden rather than celebrating it, long waiting times, and a lack of public health messaging.

#### Solutions – What Would Make a Difference?

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

<b><i>Level of Responsibility</i></b>	<b><i>Solution</i></b>
<b><i>Individual/ Family</i></b>	<ul style="list-style-type: none"> <li>○ Family – values, role and models, morals, education, awareness, informed choices, consequences and actions</li> <li>○ Take responsibility. Learn how to be shown how to access support available from birth to old age. E.g., how important this is to help avoid crisis situations in the future – be encouraged to know and understand that there can be hope and ability to change the path</li> </ul>
<b><i>Local</i></b>	<ul style="list-style-type: none"> <li>○ Provide local accessible hubs to support all ages with information practical and psychosocial support, delivered by people they feel they can trust</li> <li>○ More peer support networks for different demographics/health conditions – with ‘professional’ backup</li> <li>○ An integrated community that creates ‘safe inclusive spaces’ for everyone</li> </ul>

## Prioritised Solutions – What Would Make a Difference?

The table below represents potential solutions to the above challenges provided by the attendees. They identified responsibilities that relate to the individual, their family and friends; the local council, health board and community, and the Welsh and UK government. Attendees were asked to prioritise these solutions. Each attendee was given five stickers to use across all three levels of responsibility.

### Prioritised Solutions

<b><i>Level of Responsibility</i></b>	<b><i>Solution Rated as top priority</i></b>
<b><i>Individual, Family</i></b>	<ul style="list-style-type: none"> <li>○ Get support from community pharmacy – 1<sup>st</sup> link (6 stars)</li> <li>○ More community involvement and co-production in services (6 stars)</li> <li>○ Skills for looking after yourself and others (4 stars)</li> </ul>
<b><i>Local, Community</i></b>	<ul style="list-style-type: none"> <li>○ Supporting, support, empathy, working together, networking, peer support (8 stars)</li> <li>○ Teaching people to take responsibility from a young age (8 stars)</li> <li>○ Transport links - improve them so more people can access/afford (8 stars)</li> <li>○ Person-centred care – needs to be wrapped around that individual/ support locally e.g. while waiting for an operation (aids and adaptations and wellbeing support) (6 stars)</li> <li>○ We need to start early education in schools. In the curriculum include practical fun sessions, core life skills (6 stars)</li> </ul>
<b><i>National</i></b>	<ul style="list-style-type: none"> <li>○ Tackling poverty as this is the root cause of most issues that we identified (8 stars)</li> <li>○ Education – teaching domestic skills in school, educating parents, early intervention, knowledge of mental wellbeing, knowledge at an early age (7 stars)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Funding – health care, more staff, support services, promotion and information, education (4 stars)</li> </ul>
--	---

## Message to the Minister

Twenty-three messages to the Minister were collected. The messages can be categorised into the following themes, with some messages covering more than one theme. The list is in order of prevalence, with access to services, restructure and reform, and workforce all being mentioned more than three times.

1. Access to services
2. Restructure and reform
3. Workforce
4. Communication and engagement
5. Support for carers
6. Health literacy
7. Prevention
8. Third sector
9. Integration of health and social care
10. Funding

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

<b>About Me</b>	<b>Message to the Minister</b>
I live in Cwm Taf Morgannwg	Please could you consider exploring strategies which look at the carer and family around the person with the diagnosis/health need.
	Please look after us. Pay Drs and professionals more.
I am a full-time carer and live with a health condition. I need more	Why are you still dividing health and wellbeing? Start promoting patient education and think about the patient.

Bevan Commission 2023

Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

support to enable me to do this	
	A pathway into A&E for dementia and LD individuals as change of environment causes anxiety.
	Shouldn't have 2-3 tier in patients having to pay private over NHS.
	Early intervention and co-production is key! Accessible information!
	Co-production/consultation and engagement needs to be crucial to health and social care planning.
	Make mental health more of a priority across all areas of health and social care.
	Need to raise awareness of third sector services in the community as they exist in all health and social care areas.
I lost my mum to MND in the summer. Accessing palliative care support when needed was extremely challenging	There is a serious lack of palliative care support in the community. Carers and patients who are at the end-of-life need access to 24/7 support.
	Investment in third sector. Longer SLAs to plan and provide preventative support, which will aid demand on public health and wellbeing services. Increase knowledge/ educate future generations about taking their own responsibility for their health and wellbeing.
	Do you think the health and social care system is broken?
Survivor of S.C.A	Follow up support for people who had S.C.A
	"Total reform of the system!" (No more MSs, we are only 3 million people.) Contract medical staff to 10-year service for the NHS following training.
	Please recognise the hard work of staff and ensure that they are paid properly. Please fund services adequately.

Bevan Commission 2023

Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

	Please make the health and social care sector more desirable and provide better pay to retain our professionals in the UK. Most of them are choosing to leave.
Past retirement but having to work, and a carer for wife and son	Please, please get a grip, really understand much more. Thanks.
	We need to prioritise our services and make savings where we can e.g. care home individuals buying 19p paracetamol rather than GP prescriptions.
	We need to change the focus from 'how many' to 'so what'. What are the outcomes for individuals?
Operations and Finance Manager, All Wales forum of parents and carers of people with learning disabilities	By delivering 'services' basically the same way (apart from 'tinkering' at the edges) you will always get the same sort of results. We are a small proud nation - you need to be radical to deliver what we <b>ALL</b> deserve.
Works in NHS, lost my husband and father in 2022 and passionate about learning from people's experiences to influence and shape changes that are better	By understanding the patient experience is a move toward patient/ person-centered care. Why isn't experience data being treated or seen as equally important as performance data? People with lived experience are an asset.
Supporting older people in communities/ social prescribing	You must work to increase funding to prevention of poor health and wellbeing - invest in our future generations.
I have worked as a partner with health for 12 years and see it being abused	We need a single care service for Wales. Social care is inadequate at all levels and impacts the health service massively. Also, it would mean working across same geographical areas and reducing boundary barriers.

## Survey Findings

### Sampling and Data Collection

These survey findings are a combination of local surveys completed at the CTMUHB town hall event and online surveys completed by members of the public living in the Cwm Taf Morgannwg locality. The total number of respondents was 82. The demographics are as follows:

- The majority were 45-54 years of age
- 78% were female
- 94% were of white/Caucasian ethnicity
- 40% currently work in the sector, with a combined majority of 70% 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

Less than half of the respondents (48%) are satisfied with health and social care services, based on their past experiences. 74% 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 (89%) reported to have made an effort to improve their own health and wellbeing in the past six months, and yet 77% agree that they could do more. 1% of respondents believe that it is not up to them to make further improvements to their health and wellbeing.

83% 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. 74% of the respondents believe that the public should take more responsibility. A significant 16% 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 respondent's health and wellbeing was found to be employment/financial security (27%), followed in second place by access to health and social care services (16%) and in third place by access to green spaces (15%). Despite health education being discussed at the town hall in the context of wider population health outcomes, only 2% voted for it.

## Local community support

Less than half of respondents (33%) 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 1% of respondents said that feeling part

## Bevan Commission 2023

Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

of their local community had the greatest influence on their health and wellbeing. 38% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 29% 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%) were 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 (16%) and the third was expecting the public to take more responsibility (15%). 13% would consider raising taxes, and 11% agreed with charging money for some of the services that are currently free. 0% 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. 5% remained neutral, and 12% disagreed. Respondents currently work in the sector were more likely to agree or strongly agree.

## Conclusions

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

This report provides an insightful overview of the conversations and surveys undertaken with members of the public living in the CTMUHB 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 CTMUHB and Wales want to engage more in issues related to their health and social care, where they clearly see the need for change and are willing to support others to realise this. And they have some interesting views – the appetite for radical change (31.8% of town hall attendees felt radical transformation is needed), for example, the readiness to question some of our 'traditional thinking' (45.5% felt certain that we should move away from Aneurin Bevan's founding principles), and frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own preoccupations rather than those of the public – which should perhaps inspire and jolt us all.

The report highlights 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: Cwm Taf Morgannwg 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, for example, that health and social care need to merge and take on a more *“partnership and united approach”* to solve challenges, as currently the system is *“siloed.”* They also learned the *“importance of the third sector in health and social care needs.”* One respondent commented that although *“there is a multitude of issues ... it is reassuring that there are seeds of solutions out there.”* Another felt there was *“a shared sense of the importance of listening to and acting on people’s voices and lived experience to shape change.”*

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; there are 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

<i>Descriptive Statistics</i>	
<b>Age</b>	
Below 18	0%
18-24	3.66%
25-34	7.32%
35-44	25.61%
45-54	28.05%
55-64	18.29%
Above 65	17.07%
<b>Grand Total</b>	<b>100%</b>
<b>Gender</b>	
Female	78.05%
Male	19.51%
Trans-gender	0%
Non-binary	0%
Prefer not to say	2.44%
<b>Grand Total</b>	<b>100%</b>
<b>Ethnic Background</b>	
White/Caucasian	93.90%
Black/African/Caribbean/Black British	0%
Mixed/Multiple ethnic groups	2.44%

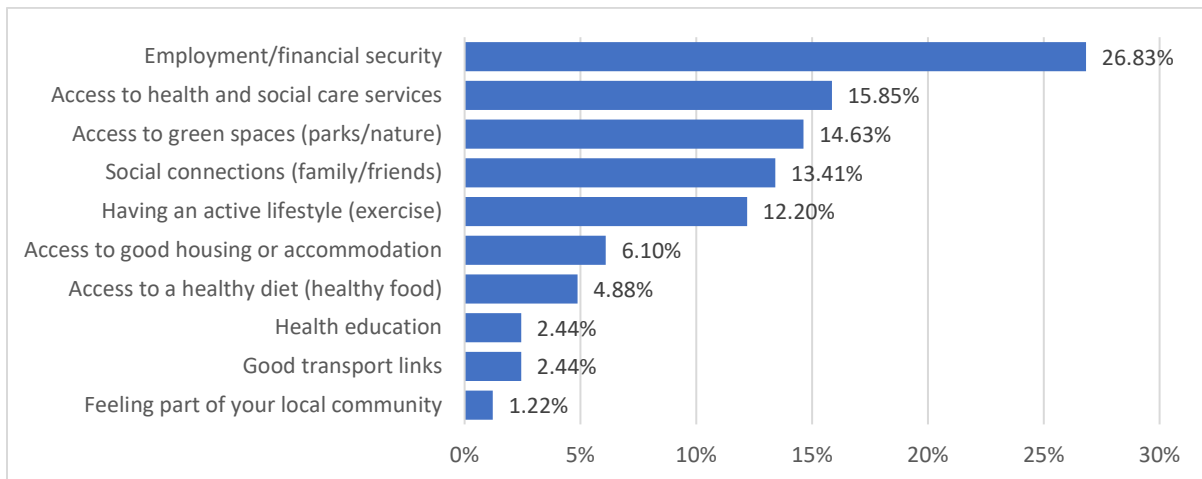
## Bevan Commission 2023

Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report

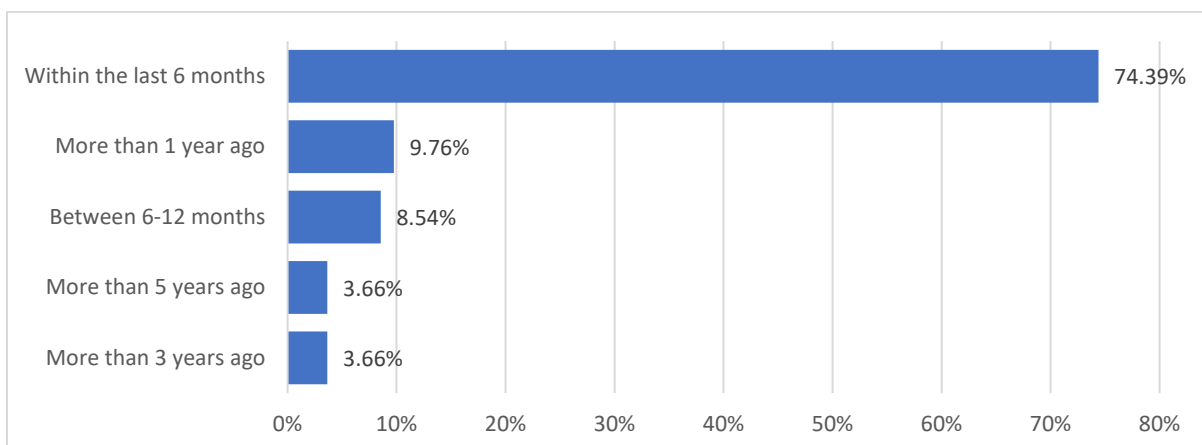
Other ethnic group	0.0%
Prefer not to say	3.66%
<b>Grand Total</b>	<b>100%</b>

### Survey Results

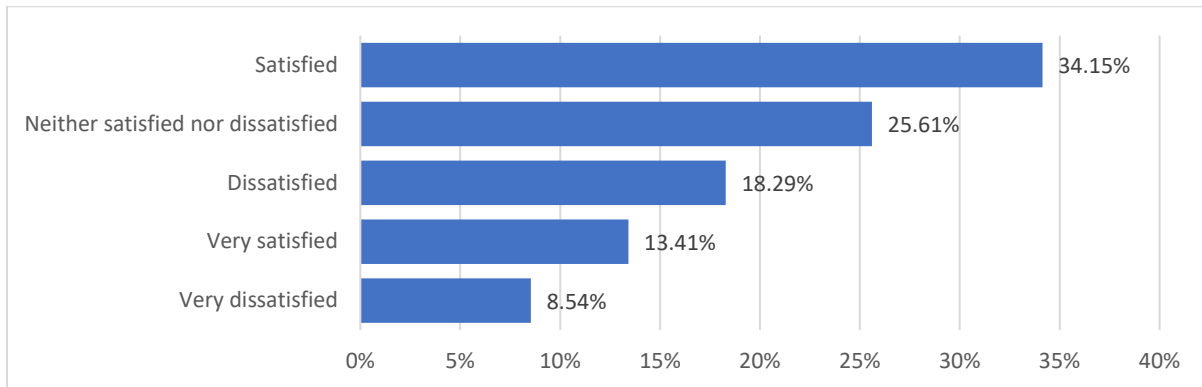
**Which of the following would you say have the greatest influence on your health and wellbeing? (select up to 3)**



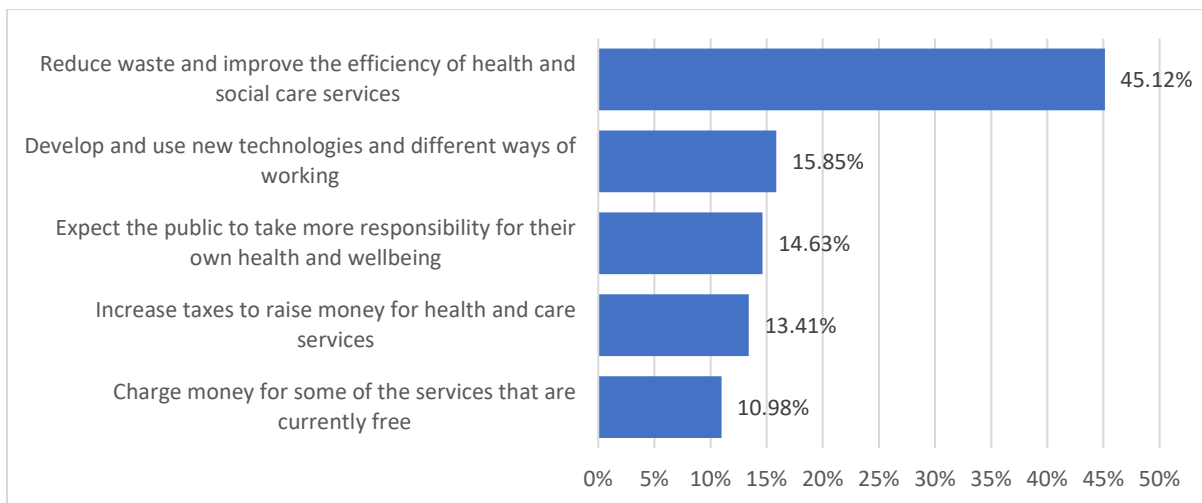
**When did you last use any form of health and/or social care services in Wales?**



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



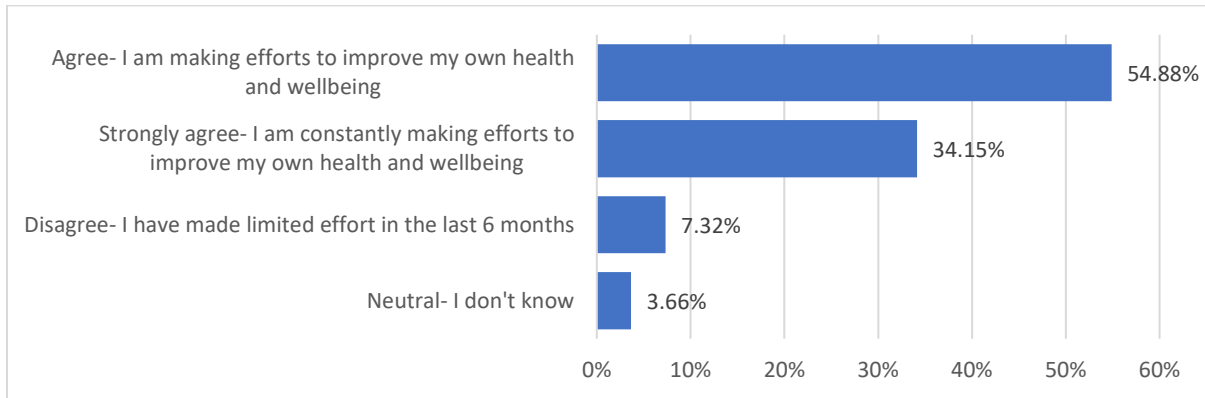
### Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



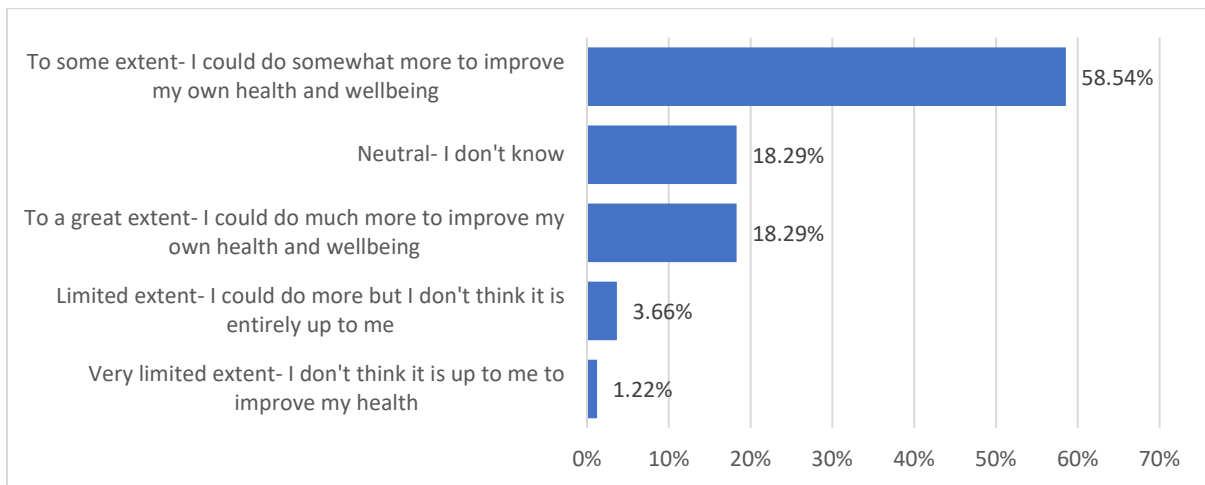
### Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

### Bevan Commission 2023

#### Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report



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

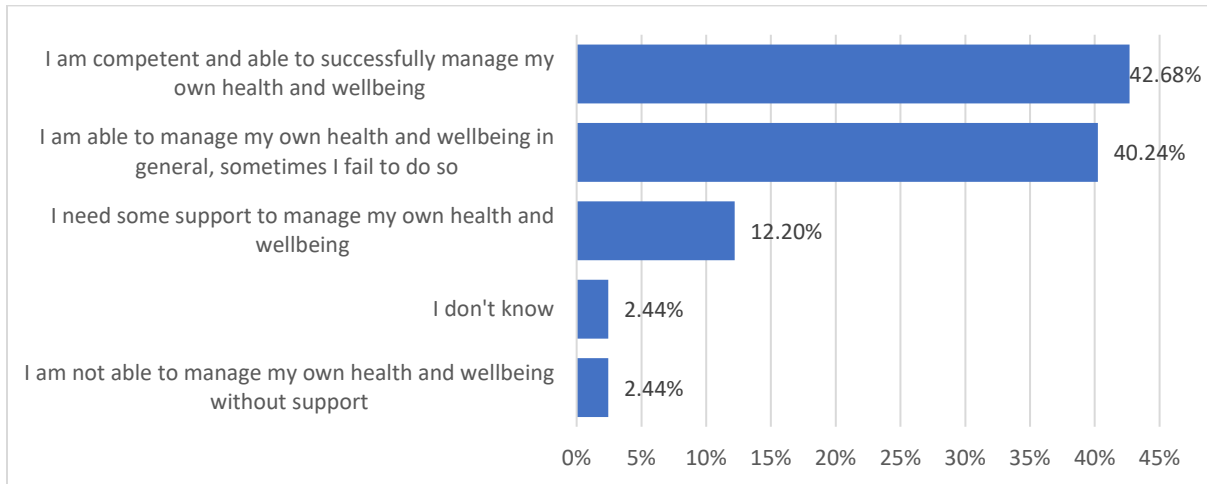


#### To what extent do you feel able to effectively manage your own health and wellbeing?

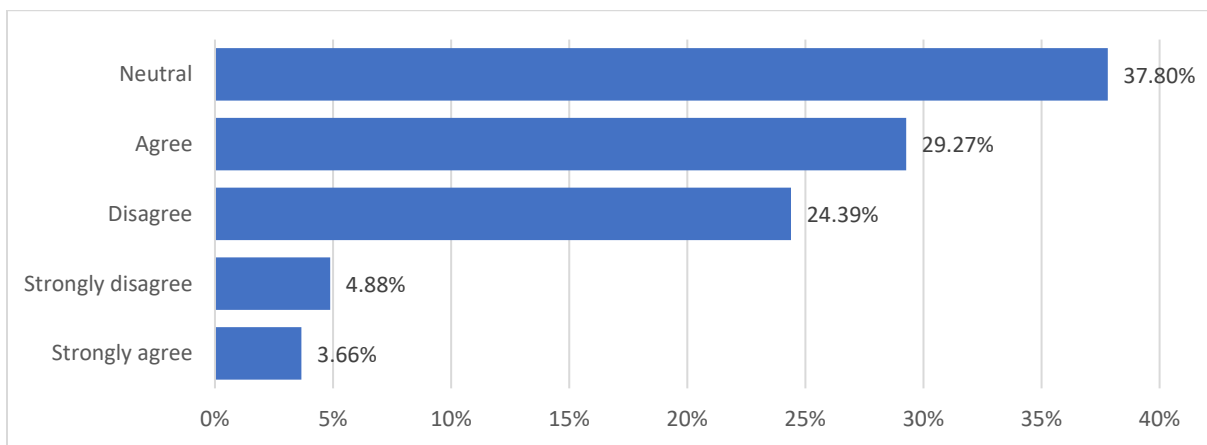


### Bevan Commission 2023

#### Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report



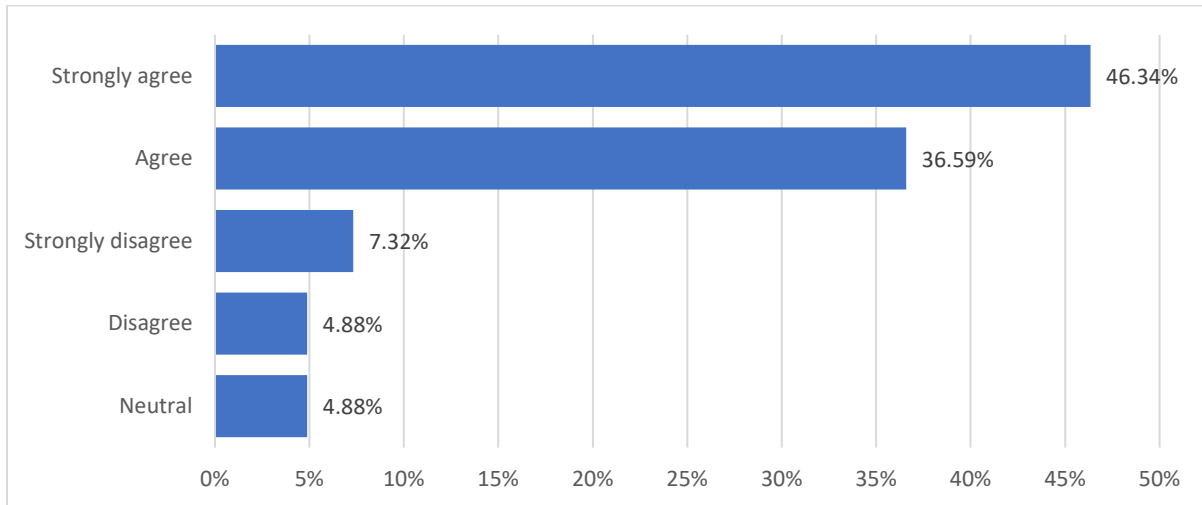
#### Do you think your local community provides an environment that promotes and supports good health and wellbeing?



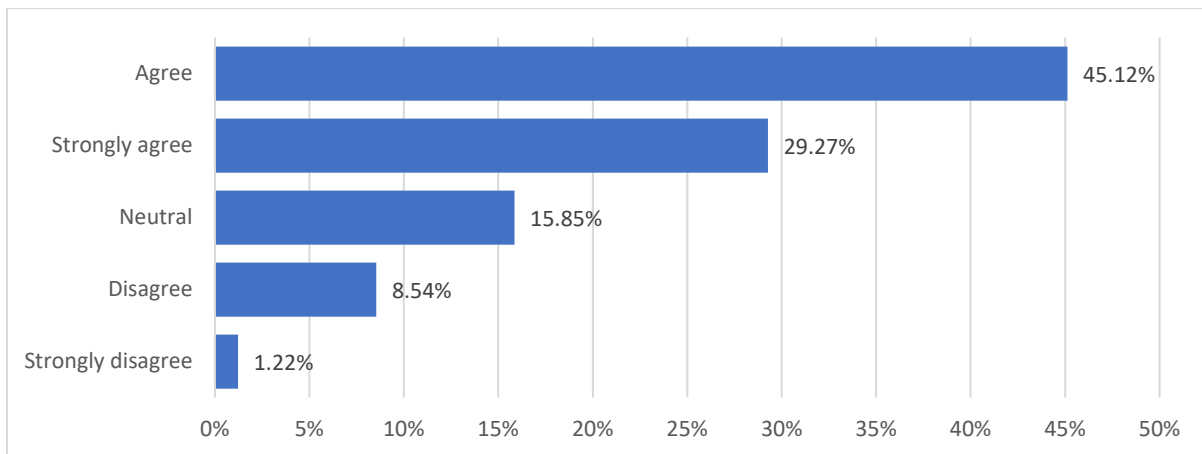
**The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.**

### Bevan Commission 2023

#### Conversation with the Public: Cwm Taf Morgannwg University Health Board Town Hall Report



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



# Comisiwn Bevan Commission

---

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

[www.bevancommission.org](http://www.bevancommission.org)  
[bevan-commission@swansea.ac.uk](mailto:bevan-commission@swansea.ac.uk)  
+44 (0)1792 604 630

---