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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: Hywel Dda 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.

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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.

"We have to be radical, we have no other choice"

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Hywel Dda University Health Board (HDUHB) 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 Hywel Dda locality are presented under the following themes:

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. Demographics
7. Workforce
- 8.

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.

<i>Responsibility</i>	<i>Examples drawn from discussion</i>
<i>Individual</i>	<ul style="list-style-type: none"> ○ Involve people who experience services to educate and inform people who design them ○ Make the time! ○ Encouraging community engagement (neighbour relations) ○ Be in charge of our own health, it's our responsibility not clinicians when we have a condition – prevention ○ More active lifestyle, healthier diet, accepting environmental and financial challenges
<i>Local</i>	<ul style="list-style-type: none"> ○ People centered services; budgets aligned ○ Life skills/ education, cooking - basic essentials, role models, joined up holistic education, home education

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	<ul style="list-style-type: none">○ Social housing where residents are placed rurally; increases rural isolation if not done correctly
Nationals	<ul style="list-style-type: none">○ Support for unpaid carers (recognition)○ Integrated third sector, community and acute services○ Integrated patient systems

Analysis of survey data added greater depth to the knowledge accumulated from the town hall event. Key insights from the survey distributed by the Bevan Commission, completed by just under 200 people across the Hywel Dda locality included:

- Employment/ financial security (21%) was reported to have the greatest influence on people's health and wellbeing, alongside having an active lifestyle (18%) and access to health and social care services (16%).
- Waste reduction/ efficiency improvements (40%) were viewed as the most important methods of managing the challenges in the health and social care sector, with expecting the public to take more responsibility in second place (22%) and developing and using new technologies and ways of working in third place (19%).
- Less than half of respondents (34%) agreed that their local community provides an environment that promotes and supports good health and wellbeing.

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

“Better funding – more integrated planning, delivering services in local communities dependent on need”

People across Hywel Dda 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, for example 24.1% of the town hall attendees felt radical transformation is needed, half of the attendees felt that change should be somewhere between very radical and cautious. The other 24.1% were not sure and didn't answer. When asked whether attendees thought we should stop honouring and delivering on Aneurin Bevan's founding principles of the NHS, 100% said no. Interestingly, one attendee commented that, "Health and social care isn't free anymore, people are saving up and going private". They felt that the NHS is currently no longer delivering on Aneurin Bevan's founding principles.

"The world is changing at pace, and we have to keep up with it. We replace the same with the same, we need frugal innovation and to think outside the box. Just because services have been delivered in one way in the past, doesn't mean that has to continue."

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 coming years. There are ideas to be considered by policy makers that need a push forward, there are others which may have been dismissed as too difficult in the past, 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.

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

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

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

To complement the town hall approach and address potential gaps in our population sample, two national surveys were also developed and disseminated. All health board areas across Wales were represented to explore regional disparities in perceptions, health outcomes and differences in socio-geographic patterns across Wales² which contribute to inequalities. This report provides a systematic analysis of the findings, representing the voices of local people and professionals across Wales as accurately as possible.

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.

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

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 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 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.

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

What the Public Think NHS Priorities Should Be⁹:

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

Perceptions about Social Care¹⁰:

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

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

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

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

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- 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.

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.

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:

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

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- 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 compliment 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 HDUHB town hall event was held on Tuesday 10th October 2023 in the Halliwell Centre, University of South Wales, Carmarthenshire. Twenty-nine people were in attendance, not including Bevan Commission staff and the Welsh translator. Of the people in attendance, the majority were female, aged between 45-54, and of Caucasian ethnicity.

Participants shared their own 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 boards local population. Although there were at least three members of the evaluation team taking notes, some voices might have been less heard. Additional sessions might capture further views to add to the current analysis. As a strength beyond the limitations, participants often shared their own journeys through the health and social care system, which would have remained unexplored by the survey, or limited focus on the key themes. We have included these stories in our database.

Research Survey:

To fully grasp the perceptions and visions of the public an extended national online survey invited a wider segment of the public, involving professionals to engage with the wider thinking about health and wellbeing, and to express their priorities and opinions about the health and social care system in a structured way. We have included the insights collected from the health board area to complement the analysis.

Analysis and Presentation of the Findings:

The Bevan Commission used a consistent methodology to systemise the insight gathered about the public's perceptions, views and suggestions. Data and information collected at the town halls (structured notes, 'Messages to the Minister', and other data including post-its and whiteboard notes), were integrated to add clarity and richness around the issues identified.

All data elements went through an iterative process of thematic coding, including reading, discussion, and consistent validation of emergent coding categories. Data were compared with the preliminarily identified findings of similar research, and recent UK and Wales-wide

polls. To identify the issues and establish the analytical themes, the original data was regrouped and validated by invited independent analysts.

A Message to the Minister:

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.

Hywel Dda University Health Board

Hywel Dda University Health Board¹⁵ (H DUHB) has an ageing population. Currently 11.5% are aged 75+, which is above the average in Wales. H DUHB has the second largest Welsh speaking population in Wales, with 46% of its residents fluent in the language.

Of the 10% most deprived areas in Wales, only two are located in the H DUHB region. Despite this, there are still some challenges to address. 20% of the residents drink more than the recommended guidelines, which is higher than the Welsh average. 59% are classed as overweight or obese and there is a smoking prevalence of 18.7%. Variation in healthy behaviour leads to variation in health outcomes; this is also influenced by levels of

¹⁵ Hywel Dda University Health Board, 2023, [Population-Needs-Assessment-revision-V2-FINAL-v3-Accessible-FINAL.pdf \(wwcp.org.uk\)](https://www.wcp.org.uk/Population-Needs-Assessment-revision-V2-FINAL-v3-Accessible-FINAL.pdf)

deprivation. The difference in healthy life expectancy between the least and most deprived areas is over 10 years.

Key Facts¹⁶

Population	390,000
Areas	Carmarthenshire, Ceredigion and Pembrokeshire
Budget	£1bn
Members of Staff	13,143
Major Hospitals	Bronglais, Glangwili, Prince Philip and Withybush
GP Surgeries	48
Dental Practices	40
Optometry Practices	44
Community Pharmacies	97

Strategic Priorities in Hywel Dda University Health Board

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

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

¹⁶ Hywel Dda University Health Board, 2023, [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/annual-general-meeting-agenda-and-papers-28-september-2023/agm-papers-28-september-2023/2-hywel-dda-uhb-annual-report-and-accounts-2022-23-bilingual-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/annual-general-meeting-agenda-and-papers-28-september-2023/agm-papers-28-september-2023/2-hywel-dda-uhb-annual-report-and-accounts-2022-23-bilingual-pdf/)

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 based on 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 were 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

"Early intervention which can eliminate latter and more expensive interventions"

"Investing more money into community based preventative care rebuilding a sense of community family and inclusion"

Prevention and Early Intervention

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 to escalate by providing physical, behavioural, cognitive, and social support.

It was commented that community-based services need more investment, and that money needs to shift from secondary care to community-based prevention services. Attendees stressed that the challenge was around stopping people coming into secondary care in the first instance. The key topics were:

- **Community-based support** – needs more investment as prevention keeps people healthy. The funding issues from the 90s are still relevant now e.g. short-term funding
- **Money needs to shift from secondary care** to the community and prevention services
- **More investment in community** and prevention-based services in a sustainable way, community-based services will help prevent people becoming ill
- **Early intervention** – people can't access the services, or they simply don't exist
- **Social prescribing** – has a great role in stopping people coming into secondary care
- **Signposting** to other services – everyone must wait for everything for so long, this will reach a crisis point, while prevention is time-limited
 - Signposting is not enough, encouraging exercise in different ways would be helpful
- **Education** from an early age is important

Lifestyle

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

- **Inactivity**
 - More green gyms and possibilities to exercise would be needed
- **Smoking, alcohol**
- **Obesity, the role of diet**

- Healthy diet would require, no processed food, although living in poverty makes this more difficult
- There are a lack of Day Centers – a hub for meals and access to district nurses/ exercise
- Family responsibility - culture change is needed as behaviours go back to early childhood and education in school, (e.g. learning basic cooking skills would help)
- **Lack of education**, in general, was discussed concerning health behaviours
 - Lack of education – at all ages could have an impact on health
 - Children will act like their parents, copying their parent's behaviour (e.g. smoking and drinking), focus on early education
 - Poor role models for children – if parents don't have the skills to lead healthy lifestyles

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 where you would like to improve your knowledge regarding your health and wellbeing?

- "There needs to be more support and access to woman's health care (gynaecology)"
- "I have the tools and knowledge to make changes and sharing these tools to others as health ambassadors will be beneficial to others"
- "Healthy eating cooking skills"
- "The health board should let us know what's happening to the local hospital"
- "No thank you. Privileged to have had safety of basic needs and support throughout and role models of influence"
- "Not knowledgeable; time is an issue."

Insight – "Message to the Minister"

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

Fair redistribution and raising taxes

Prevention was often linked to community care and community services in the messages, alongside the third sector. One message called for recognition that the third sector can and should be used more in the prevention agenda, but that they need stable funding to do this, while another called for greater investment in preventative health services:

“Let’s stop talking about prevention and actually start properly funding community-based prevention services.”

Finally, other prevention-focused messages highlighted the need for investment in education for both children and families around food, the benefits of exercise, and the causes of bad health, as these are “fundamental to the future of health demand”. Investment in sport and physical activity linked into this, as it can contribute to “less burden on the health service” as it keeps people healthy.

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

Solutions – What Would Make a Difference?

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

Level of Responsibility	Solution
Individual/ Family	<ul style="list-style-type: none"> ○ Diet and meal planning -healthy eating (using cookbooks) ○ Drink less alcohol/sugar ○ Cutting down on smoking ○ Providing more time for outside / outdoors activities (gardening, hobbies, etc.) ○ Preparing time for hobbies ○ Planning and completing activities which make you think you're not exercising e.g., Geo caching ○ Regular exercise such as walking, cycling
National	<ul style="list-style-type: none"> ○ Banning vapes ○ Encourage better behaviour, smoking, alcohol food ○ Support for parents on good healthy behaviours

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 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.

As one attendee expressed "Being in charge of our own health, can't always rely on health professionals to look after us".

Community and Social Cohesion

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

The importance of social connection was discussed, attendees expressed their deep concerns about the tendencies of eroding communities, relationships and families:

- **Lack of social connection** leads to loneliness, which is massive, and has detrimental effects
 - Poor transport links, particularly in rural areas are making loneliness worse
- **Lack of community** – having somewhere to go to be social, find connections and a sense of purpose – this also links to mental health
 - People use Covid as an excuse not to get involved in communities – people have to move on
 - Antisocial behaviour that results in crime and disorder makes people afraid
 - There is a lack of **community spaces where people could go and connect**, existing venues could be transformed
- **Fatalistic attitude** in some societies/ communities was pointed out – people think it's their lot to die young – what can we do to impact that? As this also leads to mental health issues and sense of powerlessness
- **Relationships are deteriorating** - one attendee pointed out the problem of deterioration of sexuality and intimacy in society nowadays, as lack of sex deprives people of health benefits
- **Stresses of everyday life**, puts pressure **on families and single parents** who need support
 - Parenting support – e.g. for weaning

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"> ○ Be in charge of our own health, it's our responsibility not clinicians when we have a condition – prevention. More active lifestyle healthier diet, accepting environmental and financial challenges ○ Making time for self and family such as walking to somewhere of interest ○ Building strong connections with family ○ Getting out and about (disability groups, engaging in group sporting activities)

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 that need to be addressed with a cross-sectoral approach.

Deprivation

Attendees were concerned about **poverty and health inequalities**, and the **financial strain** people are experiencing, as it causes mental stress and strain in families, and people can't afford healthy food.

Housing, Local Environment and Services

- Housing was extensively discussed:
 - Overcrowding, not enough housing, which causes stress
- Social housing – especially in rural areas which does not allow access to cheaper services and products e.g. Aldi rather than local small shops
- Access to community services and poor transportation links

Work-Life Balance and Social Isolation

The stress caused by the lack of work-life balance and the difficulties getting to work due to poor transportation links were discussed, as well as the lack of employment opportunities in the area.

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"> ○ Encouraging community engagement; talk to people about what they want from community ○ Community; support for family and locality ○ Groups (walking group, knitting), being social ○ Church groups ○ Make sports and clubs accessible to all, ensuring that cost is not a barrier ○ Start health education at an early stage in schools ○ More emphasis on health and wellbeing in schools ○ More funding for youth services ○ Adopt a grandparent scheme ○ Transform existing buildings to provide services ○ Transparency with how taxes are being used with the local services to improve lives
National	<ul style="list-style-type: none"> ● UK Government - give out money better ● Ensure that everyone entitled to welfare support receives IT support where necessary to improve prospects, wellbeing and ultimately health

	<ul style="list-style-type: none">• Ensure every individual receives enough income to cover basic essentials• Ensure we maximise our tax raising powers○ Refer to 'A YEAR OF LIVING DANISHY' book with an interesting perspective on the importance of groups, societies, clubs on people's wellbeing and good health
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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.

Access to information

- Lack of access to information, particularly if one has a specific health condition
- Signposting is not clear, and many times the capacities are lacking
- People lack information about available services

Voices of the People

There was a general sense in the room during the discussion, that there is a need for conversation, people want their experiences to be considered on a higher level, as well as there is a strong need that people get informed about and involved in the changes in service-provision.

Lack of joined up systems

- Integrating health and social care
- Services can be more efficient if they are integrated, it is never one organisation that has the solutions

Inclusion and Diversity

- Diverse communities – there is a lack of ability to meet all needs
 - There is not a ‘one size fits all’ solution to challenges in health and social care, diverse needs and communities must be considered
- Attendees discussed **digital exclusion** of the older population, and in general people’s skills and capacity to use smartphones. This was raised in relation to increasing digital NHS services
- Another perceived challenge was that **people with disabilities** do not have a voice, are not included, and do not receive information that is accessible to them

Insight – “Message to the Minister”

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

Communication

Some of the messages relating to public and staff engagement highlighted the importance of anecdotal evidence from health and social care staff:

“My only request would be that you would learn and understand the stories behind the statistics.”

Another message called for the Minister to “listen to the voices of the people directly affected” by their decisions.

Finally, one message suggested that the public needs to be supported to understand the current situation, so they can “support and not block” change.

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"> ○ Older persons “day centers” “Home Help”, “community centers” – increase awareness of what is available ○ Advertising groups, getting the word out about things going on in the community
National	<ul style="list-style-type: none"> ○ Information and support where there is fear of losing benefits

Services and Support

“Be brave! Some ideas work in theory, but execution of ideas don’t translate”

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

system. Attendees discussed the possibilities of change, fairness and the need for innovation.

Coordination of Services

- Ensure rules don't cut across what people really need
- It is never about one organisation being responsible, other players and stakeholders have a role in service-provision
- Health and social care aren't free anymore – people are saving up and going private
We're not delivering health in Bevan's vision
- Innovation and need for change
 - Be more radical about change
 - The world is changing at pace, and we have to keep up with it. We replace the same with the same, we need frugal innovation and to think outside the box
 - Services do not have to be delivered the way they have been delivered in the past
 - We can be more innovative without resources
- People abuse the GP system – e.g. a sick note isn't an emergency. People need to use the pharmacy first

Support

- Care closer to home – greater financial investment into this
- Support for carers
- One local budget in communities
- Attendees also felt that a culture change is needed with respect to attitudes toward death and dying
 - NHS workers are taught to save people, we need to have conversations about dying with dignity and not intervening – attitudes towards death and dying within the medical professional should be changed
 - Dying with dignity, not just prolonging life (quality versus quantity)

Insight – “Message to the Minister”

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

Community Services

One of the messages related to community care focused on offering at home services for palliative patients and the importance of developing local services for people living with complex, chronic illnesses.

Another comment focused on the need for community services and facilities such as day centers. This was echoed by another message that said unpaid carers would benefit from increased community services and activities.

Finally, other messages called for investment in communities so that people can look after themselves, “with agency over their own destiny”.

(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"> ○ Involve people who experience services to educate and inform people who design services ○ Integrated patient systems and services from primary, secondary, community and third sector

	<ul style="list-style-type: none"> ○ West Wales be brave! Don't wait for WG directives (focus on our key priorities) ○ Invest in (existing) community HUBS / anchors ○ Consider the community as part of the solution / care package
National	<ul style="list-style-type: none"> ○ Invest in preventative medicine ○ Preventions / balance – invest wider between hospital / community activity / third sector ○ Place based services rather than centralisation ○ Ensure we deliver care closer to home ○ Provision of support and support roles to maintain social wellbeing and get out and about

Demographics

Ageing Population

An ageing population was raised as a challenge to health and wellbeing due to the increasing pressure on services this causes. Attendees also commented **that older people often do not have a family unit** in place to support them as they get older:

- Befriending scheme – adopt a grandparent scheme
- Lack of role models to help support children
- Lack of infrastructure support especially for elderly people

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"> ○ Taking care of vulnerable people in the community
<i>National</i>	<ul style="list-style-type: none"> ○ 'No wrong door' approach for age related services ○ Meaningful debate about assisted dying ○ Encourage more sexual activity. Create a culture where casual sex with (most) random people is ok. Provide more facilities to accommodate

Workforce

“Higher wages, more support for staff and their wellbeing. Staff need to be told when they do a good job, the NHS only tells you when you have done something wrong, which leads to a negative work environment”

Attendees raised the challenge of workforce recruitment in the NHS and how the declining birthrate will affect the NHS workforce in the future. There was also concern that the workforce is not able to deliver both prevention services and secondary care services.

Workforce Challenges

- NHS workforce:
 - Lack of workforce to deliver interventions needed to keep everyone healthy. The workforce can't deliver prevention services and secondary care services
 - **Attracting the NHS workforce should be a priority**
 - One NHS staff; including the voluntary sector as one source of funding was suggested as a possible solution to the gap
- Declining birth rates – affects the workforce in the future, reduced birth rates are impacting upon ability to deliver support

Third Sector and Volunteers

It was acknowledged that third sector organisations can only do so much with the resources they have, and that it is hard to find volunteers to deliver third sector services. Equally, attendees felt there needs to be a culture change to allow the third sector to deliver services where possible:

- Finding volunteers is hard
- Culture change to third sector delivering services
- Third sector organisations can only do so much
- Volunteers (often older people) want to stand down, but no one is standing up to help, – community services need paid staff to keep going
- No support for (unpaid) carers – they often get ill because of the stress
- Volunteering for carers e.g. for those with dementia – link with Carers Wales etc.
- Employers offering paid time for volunteering
- Post Covid has given people the space to not return to volunteering
- Support and investment in sustainable funding for the third sector

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.

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none"> ○ Volunteer locally
<i>Local</i>	<ul style="list-style-type: none"> ○ Change process: where a job description matches / similar from health and social care and ensure that trade unions are involved at the outset
<i>National</i>	<ul style="list-style-type: none"> ○ Employers offering paid time for volunteering ○ Support for unpaid carers

	<ul style="list-style-type: none"> ○ Important not to rely on volunteers to run all community-based activities – to keep some of these things running it requires investment in paid staff ○ Standardised staffing in organisations (and named roles)
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Prioritised Solutions – What Would Make a Difference?

The table below represents potential solutions to the above challenges provided by the attendees. They identified responsibilities that relate to the individual, their family and friends, the local council, health board and community, and Welsh and UK government.

Attendees were asked to prioritise these solutions. Each attendee was given five stickers to use across all three levels of responsibility.

Prioritised Solutions

<i>Level of Responsibility</i>	<i>Solutions Rated as top priority</i>
<i>Individual/Family</i>	<ul style="list-style-type: none"> ○ Make the time! (6 stars) ○ Encouraging community, engagement (neighbour relations) (5 stars)
<i>Local</i>	<ul style="list-style-type: none"> ○ People centred services budgets aligned (7 stars)
<i>National</i>	<ul style="list-style-type: none"> ○ Support for unpaid carers (recognition) (9 stars) ○ Integrated third sector, community and acute services (6 stars) ○ Integrated patient systems (6 stars)

Message to the Minister

Twenty-one messages to the minister were collected, giving a response rate of 72.4%. The messages can be categorised into the following themes, with some messages covering more than one theme:

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1. Communication
2. Community services
3. Prevention
4. Integrate health and social care
5. Third sector
6. Restructure and reform
7. Person-centred care
8. Wellbeing
9. Support for carers
10. Access to services
11. Raise taxes
12. NHS culture

The list is in order of prevalence, with communication, community care and prevention all being mentioned five or more times.

“Message to the Minister” Full list of responses

<i>About me</i>	<i>Message</i>
Retired Head Learning and Behaviour (educ) / Coordinator for children with complex needs (multi-agency) in Carm. Full-time carer for 31 year old son with very severe M.E. Palliative level - ill 20 years.	Please don't forget those people whose lives have been taken away by severe/ complex chronic illnesses, whose needs are not appropriately met by existing services and who can remain invisible. Please consider appointing an all-Wales consultant for LC/ ME, who can implement the newly developing local LC/ ME/ CFS Services. This person could ensure those terribly ill and isolated patients are recognised and not forgotten. Our son was in palliative care in 2011 and the local palliative consultant brought the all-Wales transition palliative care consultant to visit him at home and to provide advice. What a great model for those with severe LC/ME/ CFS.
Food Bank Coordinator	Listen to healthcare and social care professionals. Listen to the clients and service users. Their stories can help you with making the necessary changes to our health and social care services. The system isn't working, it isn't helping those who need it or helping the brave workers of these services.

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Conversation with the Public: Hywel Dda University Health Board Town Hall Report

	I would really like health and social care services to become fully integrated to provide proactive rather than reactive to people of Wales who need to use them and are appropriate and person centred as and when they need them.
Mum of 4, diagnosed 2 years ago with complex PTSD. Still awaiting treatment, working full time in a food bank trying to stick people and community back together.	I understand your role is extremely pressured and so many people have different ideas on what should be done and how it should be done. My only request would be that you would learn and understand the stories behind the statistics. That you would listen to the voices of the people directly affected by your decisions.
	Please recognise that some of the third sector organisations can be used as preventative interventions to people reaching crisis point and needing support rather than secondary care. We can't continue to rely on grants, no stable funding.
Strategic Workforce Planning, HDUHB	Delivery of future health needs and requires a bold, radical change. Greater investment is needed in preventative health, community, primary care, social prescribing, the voluntary sector. Bring back day centers, home help that shifts focus from care to 'help' others to help themselves. Integrate health and social care so there is one system wrap around holistic approach. 'Humanity over Bureaucracy'.
	Please give enough money/ funding to the third sector preventative projects/services.
	Listen to everyone because they have different opinions.
I am 34 years old and have autism. Live in Pembrokeshire with family.	More needs to be done to confirm where new hospitals are to be built with a timescale. Recommend looking into fostering a culture where sexual are more encouraged in order to attain individual benefits, physically and mentally.
Retired, I volunteer and convene a carers support group- but worked for Carers Wales	Much more improved support for family carers. Many have no alternative but to give up work to look after elderly relatives. Community based activities that they can tap into when needed.

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Conversation with the Public: Hywel Dda University Health Board Town Hall Report

previously and campaigned for designated carer support centers locally with information and support for family carers.	
Retired registered Social Worker - Adult Services	Integrate services. Don't throw the baby out with the bath water. Acknowledge value and keep what is good.
	Please keep the NHS to those that are entitled to it. I've travelled loads and lived and worked abroad and always had to pay for my own health care whilst travelling or living abroad. Should be the same people who enter our country.
	Support people/ public to understand the situation - so they support and not block change.
	By making more investment into sport and physical activity can save the NHS money, as people keep more physically active will have less burden on the health service.
	One budget for health and social care and integrated staffing.
Business Development Manager, British Red Cross	Communities have the ability to look after themselves but to do so required sustainable and adequate investment in those community-based services. Let's stop talking about prevention and actually start properly funding community-based prevention services, as these play a pivotal role in helping people to maintain their health and wellbeing.
I work for all Wales forum - we work with family carers of people with learning disabilities.	Be brave! Wales is crying out for a revolution in health and social care. Community looking after themselves is what is needed, with agency over their own destiny.
	Please invest in family and children's health - learning about food, exercise and causes of bad health are fundamental to the future of health demand.

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Conversation with the Public: Hywel Dda University Health Board Town Hall Report

Accountant, west Wales	Improvement is needed in health and social care urgently. There needs to be a re-assessment of needs and tough decisions on how to deliver the future service that meets this encompassing quality, capacity and finance. Whilst options may appear radical, I believe it is not a choice about being radical or otherwise. The choice instead is meeting health and social care needs now and, in the future, or not meeting them. We must meet them.
43 year old mum of two. Passionate about Wales and our future, sick of feeling back of the pack.	Please work with your fellow ministers to work towards your commitments to eradicate poverty. At the same time, work together to maximise your tax raising potential. Don't blame Westminster all the time. It's not the whole problem. Review systems.
My grandmother died after neglectful treatment at Withybush Hospital. You are fully aware of this, and the situation was subject to media coverage by Gary Owen (BBC)	Remove the culture of cover ups of neglectful practices within HDUHB and WAST. Be honest for once and at least acknowledge the shortcomings. You have sat too long here for any good you have been doing. In the name of God, go!

Survey Findings

Sampling and Data Collection

These survey findings are a combination of local surveys completed at the HDUHB town hall event, and online surveys completed by members of the public living in the Hywel Dda locality. The total number of respondents was 182. The demographics are as follows:

- The majority were above 65 years old
- 69% were female
- 96% were of white/Caucasian ethnicity

- 44% currently work in the health sector, with a combined majority of 61% having worked in the health sector at some point (either currently or previously)

Full descriptive statistics can be found in the appendices.

General Insights about Health and Wellbeing

Satisfaction with health and care

Just over half of the respondents (52%) 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 (94%) reported to have made an effort to improve their own health and wellbeing in the past 6 months, and yet 83% agree that they could do more. 78% of respondents believe they are competent and able to manage their own health and wellbeing, with 20% 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. 80% of the respondents believe that the public should take more responsibility. A significant 14% chose to stay neutral on the issue, while 6% disagreed. Respondents that have never worked in the sector were more likely to disagree or strongly disagree, while those who currently work in the sector were more likely to strongly agree.

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 (21%), followed in second place by having an active lifestyle (18%) and in third place by access to health and social care services (16%). Despite health education being discussed at the town hall in the context of wider population health outcomes, only 2% voted for it. The survey results show that the older you get, the more you value the influence of having an active lifestyle.

Local community support

Less than half of respondents (34%) 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 3% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. 36% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 32% 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 (40%) was viewed as the most important method of managing the challenges faced in the sector. The second most popular answer was expecting the public to take more responsibility (22%), and the third was to develop and use new technologies and new ways of working (19%). 10% would consider raising taxes, and 8% 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. Respondents that have never worked in the sector were most likely to vote for increasing taxes to raise money for health and care 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. 9% remained neutral and 8% disagreed. Respondents that have never worked in the sector were more likely to disagree, strongly disagree or stay neutral, while those who currently work in the sector were more likely to strongly agree.

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 HDUHB 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 HDUHB 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, for example 21.4% of town hall attendees felt radical transformation is needed. Interestingly, one attendee commented that, "Health and social care isn't free anymore, people are saving up and going private". They felt that the NHS is currently no longer delivering on Aneurin Bevan's founding principles. There was a clear frustration with a system which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

The report highlights a number of important and consistent core themes 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 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 they had learnt that change is still needed, and that the health and social care system is struggling to meet demand and deliver on Aneurin Bevan's founding principles¹⁷.

Respondents also commented that "we are all on the same page when it comes to what needs to change and what improvements need to be made". Respondents also learnt from others in the room and their "different views and aspects". Finally, respondents learnt that there are things they can do themselves, alongside things that communities and government need to do to improve health and social care in Wales.

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

¹⁷ 1) Free at the point of use, 2) available to all, 3) paid for out of taxation.

Annex 1.

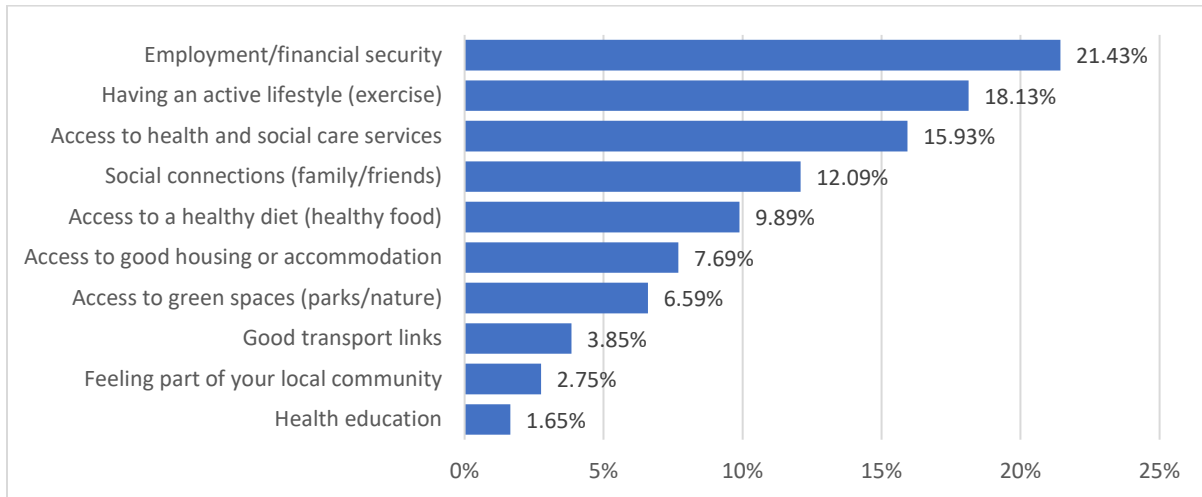
Graphs and Statistics of the National Survey

Full Descriptive Statistics

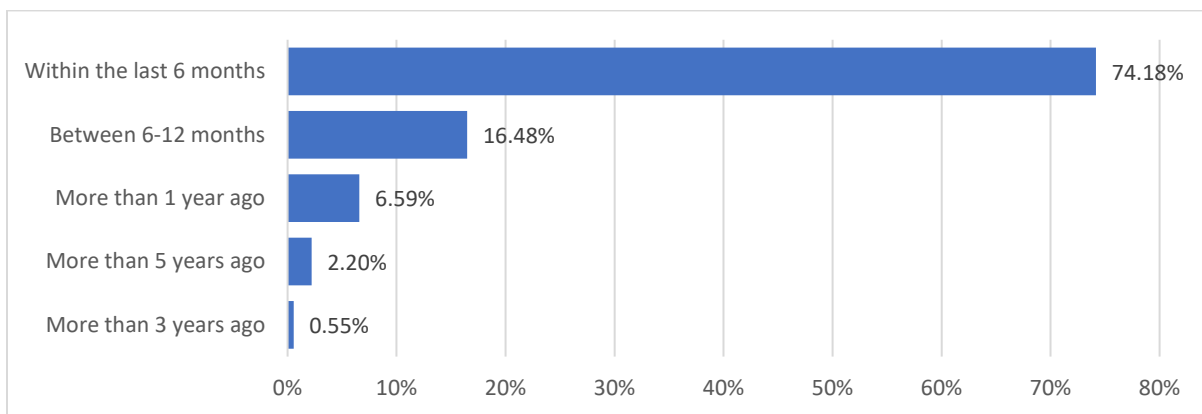
<i>Descriptive Statistics</i>	
Age	
Below 18	0%
18-24	2.20%
25-34	4.95%
35-44	13.19%
45-54	20.88%
55-64	31.87%
Above 65	26.92%
Grand Total	100%
Gender	
Female	69.23%
Male	29.67%
Non-binary	0.55%
Prefer not to say	0.55%
Trans-gender	0%
Other	0%
Grand Total	100%
Ethnic Background	
White/Caucasian	95.60%
Black/African/Caribbean/Black British	0.55%
Mixed/Multiple ethnic groups	0%
Other ethnic group	0.55%
Prefer not to say	1.65%
Asian/Asian British	1.65%
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)



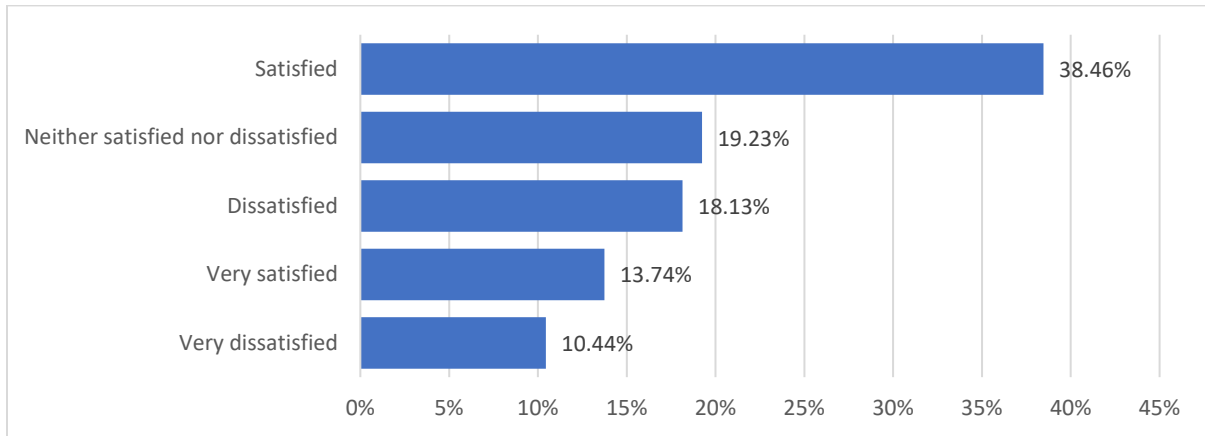
When did you last use any form of health and/or social care services in Wales?



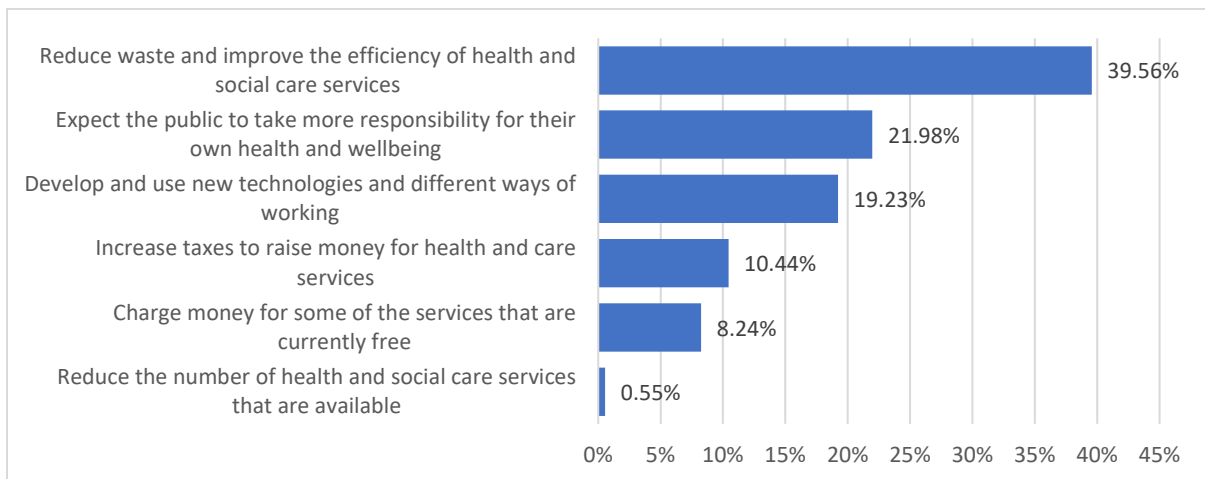
How satisfied are you with your part experiences of using health and social care services in Wales?

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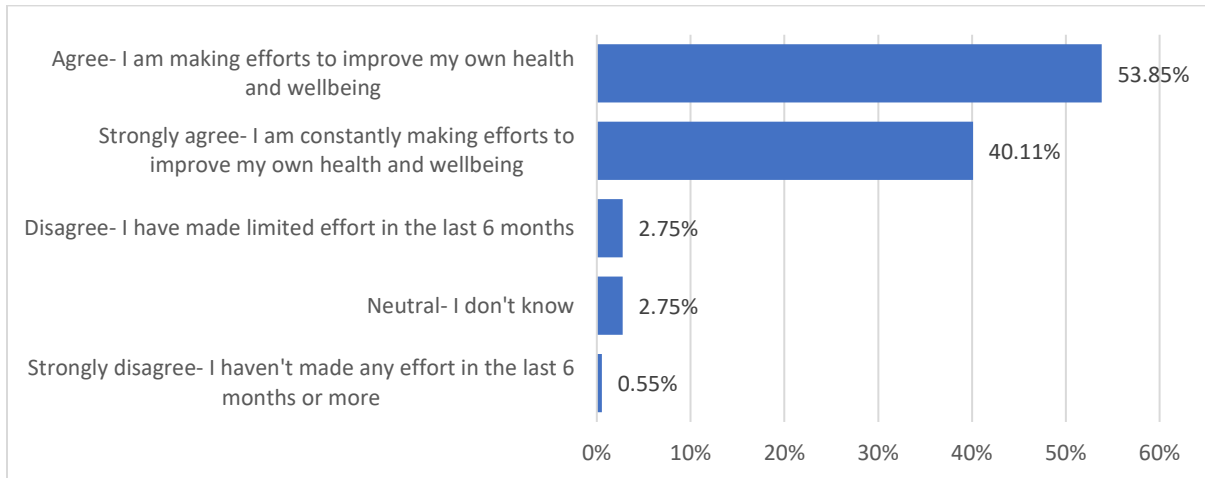
Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



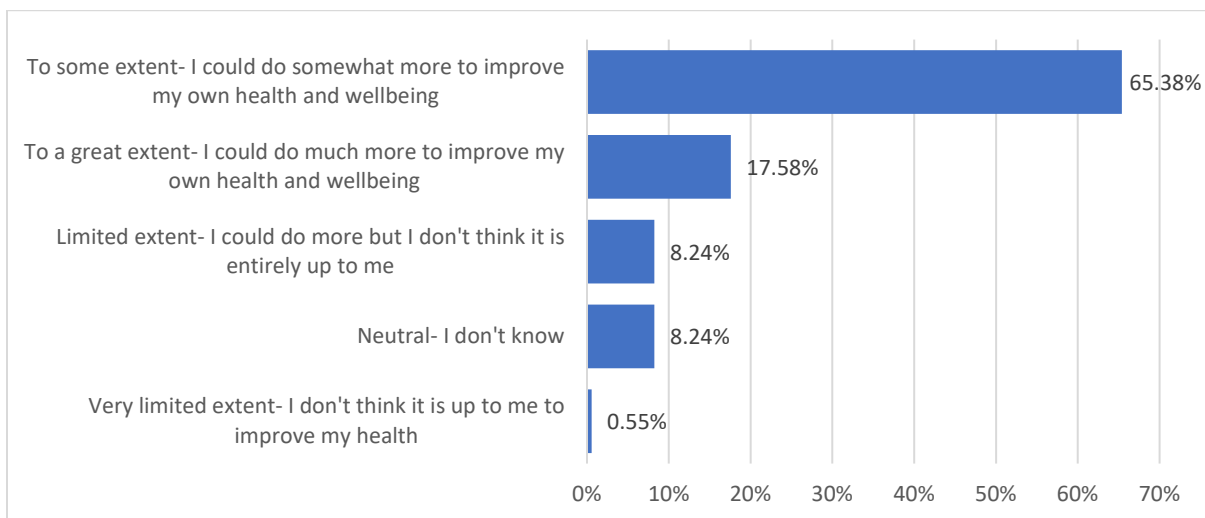
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

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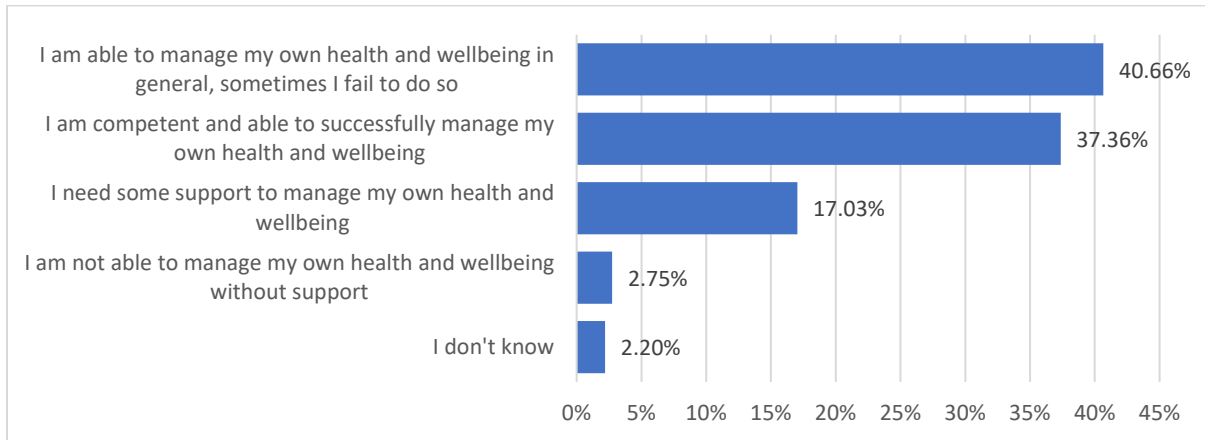
To what extent do you think you could do more to improve your health and wellbeing?



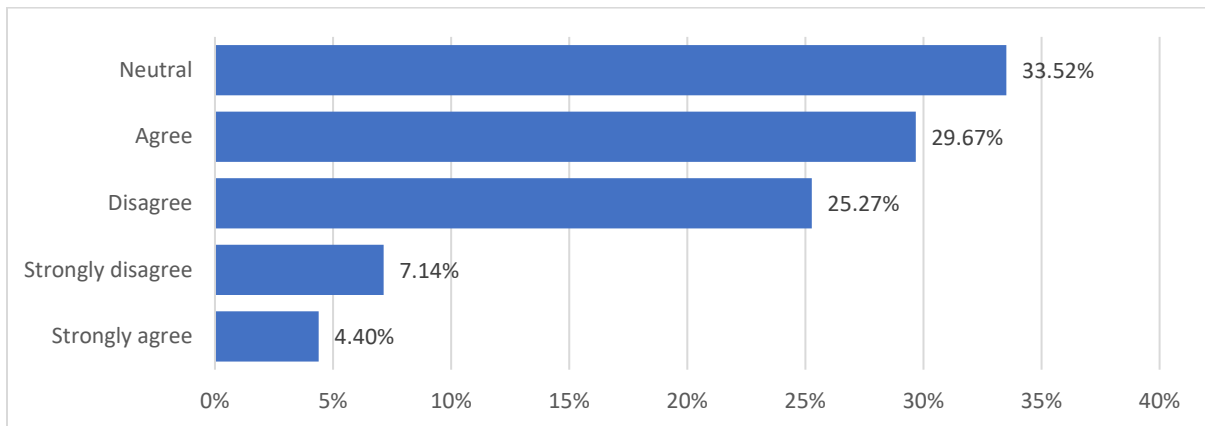
To what extent do you feel able to effectively manage your own health and wellbeing?

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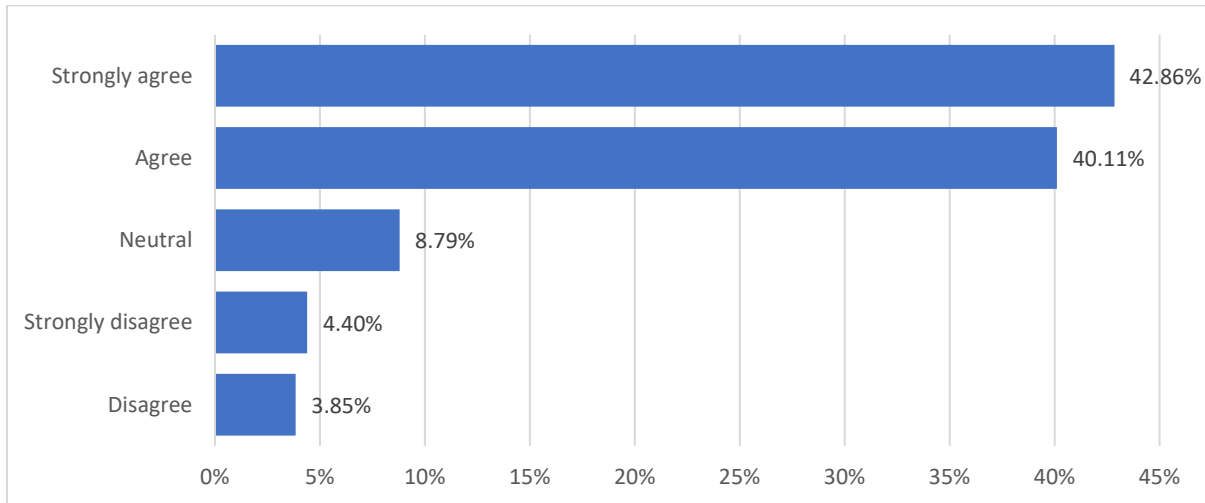
Do you think your local community provides an environment that promotes and supports good health and wellbeing?



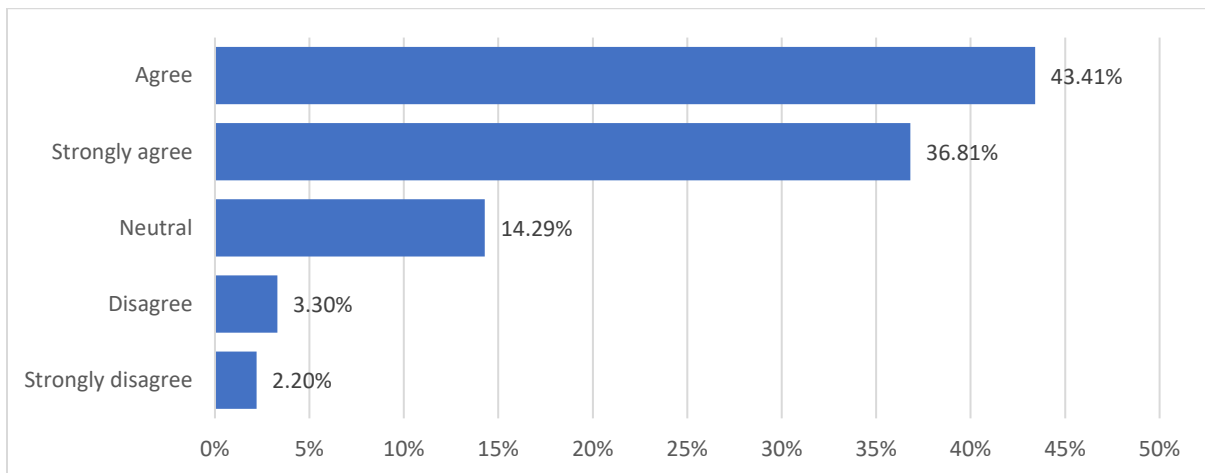
The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.

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



Annex 2.

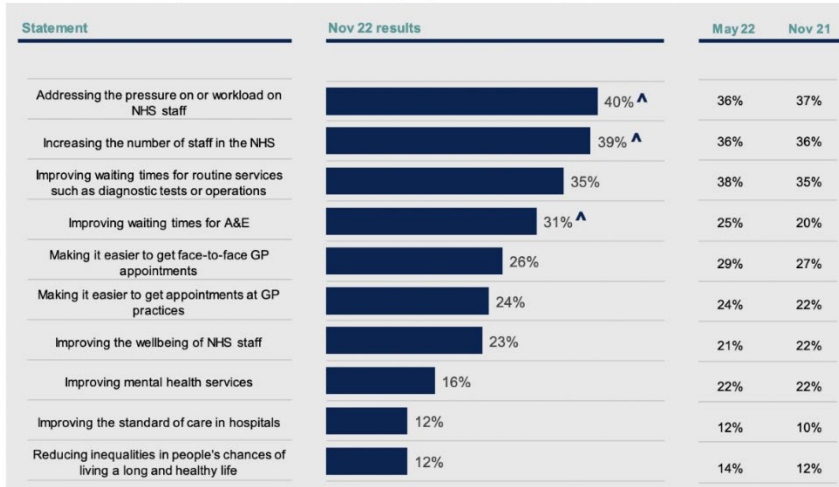
Figure 1. Addressing the pressure on NHS staff and increasing the number of staff are the public's top priorities for the NHS (source: The Health Foundation)

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

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

▲ Sig. difference
▼ from May 22

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



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

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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

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

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

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

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

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