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A network diagram with people silhouettes at nodes. The diagram consists of a central point with lines radiating outwards to various nodes. Each node is represented by a small, colored circle (pink, green, blue, red). Silhouettes of people in various poses are placed at these nodes, suggesting a network of individuals or a community. The background is a light blue gradient.

A Conversation with the Public

Local Report: Powys Teaching Health Board

January 2024

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

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Executive Summary

The Conversation with the Public was led by the Bevan Commission, Wales's leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales. The aim was to engage local people in an open and honest conversation about their health and wellbeing and the future of health and social care services; setting out the current context for health and social care and drawing insight from their experiences, understanding, and expectations, to help identify solutions for the future.

To achieve this, a multilayered engagement approach was designed, incorporating both town hall/focus group and survey-based data collection techniques, ensuring where possible both richness and representation in response. Face-to-face town hall style events were conducted locally in each of the seven health board areas across Wales, engaging directly with around two hundred citizens, whilst local and national level surveys were disseminated through multiple means, receiving over one thousand responses.

This has provided a new level of insight and understanding related to the Welsh public's perspectives on core issues associated with their wellbeing and the provision of health and social care services in Wales. Further ongoing work will be needed to build upon these findings to ensure wider representation of the voices of people across Wales is achieved.

"Local problems need local solutions"

This report focuses on the findings stemming from the town hall event and surveys completed by members of the public living in the Powys Teaching Health Board (PTHB) 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 Powys 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. Workforce
7. Demographics

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.

<i>Responsibility</i>	<i>Examples drawn from discussion</i>
<i>Individual</i>	<ul style="list-style-type: none"> • Knowledge and education to take control of our health and wellbeing, changing attitudes from birth • Use services appropriately • Preventative health – own responsibility for e.g. health including second opinions or being proactive to chase up
<i>Local</i>	<ul style="list-style-type: none"> • Recognition of community needs – ACT • Innovative recruitment e.g. Fast-track promotion and education. Tie in for a period
<i>Nationals</i>	<ul style="list-style-type: none"> • Campaigns / education info (PHW) – Drip feed • Actually act on measures, input, recommendations! Where do reports go and what is stopping people

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 over 100 people across the Powys locality included:

- Access to health and social care services (22%) was reported to have the greatest influence on people's health and wellbeing, alongside having an active lifestyle (19%) and employment/financial security (17%).
- Waste reduction/efficiency improvements (32%) were viewed as the most important methods of managing the challenges in the health and social care sector, with developing and using new technologies and ways of working in second place (26%) and expecting the public to take more responsibility in third place (18%).
- Less than half of respondents (41%) 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.

“Review funding e.g. Powys gets minimum due to population but delivery costs due to rurality”

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

There is much in this document that now requires reflection and action. The Bevan Commission will continue to contribute to and support that process, working alongside others in the coming years. There are ideas here which echo what policymakers have been seeking for some time, and now need a real push forward; there are others that may have

been dismissed as too difficult in the past, but which now demand reconsideration as health and social care services face significant challenges. We would encourage that this paper, and its suggestions, are actively used to inform policy and improve practice in health and social care from 2024 onwards.

Conversation with the Public

Background:

Public engagement is a crucial tool for realising the ambitions set out in the Welsh Government's long-term strategy for health and social care, '*A Healthier a Wales*¹'. The *Conversation with the Public* is a nation-wide initiative led by the Bevan Commission, Wales' leading independent think tank for issues related to health and social care, in collaboration with Llais and local health boards and trusts across Wales.

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

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

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

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

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

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What we know from other similar studies:

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

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

Expectations and perceptions of healthcare services vary by:

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

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

⁴ *ibidem*

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

⁶ Immergut and Schneider, 2020. *ibidem*

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

What we know from recent polls across the UK:

Public perception of health and social care in the UK⁸:

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

What the Public Think NHS Priorities Should Be⁹:

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

Perceptions about Social Care¹⁰:

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

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

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

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

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- Improving current working conditions in social care, such as paying the costs of travel between people's homes or sick pay (84%).
- A minimum pay rate for care workers, set above the national living wage (81%).
- Details about prioritization can be found in Annex 2.

What people in Wales think:

According to a poll undertaken by *Public Health Wales*¹¹:

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

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.

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

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

Methodology

To ensure a comprehensive examination of citizens perceptions was achieved, a multilayered mixed-methods engagement approach was designed, incorporating both in-person and survey-based data collection techniques, ensuring where possible, both richness and representation. A face-to-face ‘town hall’ style event was conducted locally whilst a survey was disseminated through multiple means. Citizens participating at the town hall event were also invited to give their reflections in a survey after the discussion, and a Message to the Minister.

Ethical Approval:

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

Public Involvement:

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

All venues were also accessible for participants with physical disabilities.

The Town Halls:

The *town hall* is an efficient qualitative 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

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

views of those who were unable to attend the local *town hall* events were captured, an online town hall, and an online survey was also developed.

The event lasted two and a half hours. The session began with an introduction to the context of the meeting, outlining the issues currently faced by the health and social care system across Wales. Open discussion with participants around factors affecting the public's health and wellbeing then followed, with participants, not the organisers, identifying a range of key challenges. In small group discussions, participants were then asked to identify solutions to the challenges they had highlighted. A prioritisation exercise followed involving participants ranking the solutions developed. Following the discussion, participants were invited to write a '*Message to the Minister*' on a postcard and complete the national survey.

Town Hall Agenda:

- **Introduction and Context Setting**
- **Challenges:** Open discussion with the participants:
 - What are the key factors affecting the public's health and wellbeing?
 - How could these challenges be addressed?
- **Solutions:** Roundtable activity, participants jot down solutions on sticky notes:
 - Micro-level: Individual/family
 - Meso-level: Local/ community
 - Macro-level: National and beyond
- **Prioritising Solutions** – Participants asked to rank suggestions on the sticky notes.
- **Poll** – participants were asked three questions:
 - 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 Powys Teaching Health Board town hall event was held on Tuesday 3rd October 2023 in Theatr Brycheiniog, Brecon. Seventeen people were in attendance, not including Bevan Commission staff. Of the people in attendance, the majority were female, above the age of 65, and of Caucasian ethnicity.

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.

Powys Teaching Health Board

Powys¹⁵ has an older population than both the Welsh and UK average. Powys residents aged 65 and over make up 27% of the population, the Welsh average is 21%. 15% of children in Powys are living in poverty which is significantly lower than the Welsh average of 24%. Life expectancy and healthy life expectancy for both women and men in Powys is higher than the Welsh average.

The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services, community hospitals, and community services. But with such a sparsely populated area there is not the critical mass of people locally to provide a district general hospital within Powys. Therefore, Powys pays for residents to receive specialist hospital services in hospitals outside of the county in both England and Wales.

They always strive to bring as many services back into Powys as possible, including assessments and follow ups after treatment.

Key Facts

Population	133,000
Areas	Brecon, Builth & Llanwrtyd, Crickhowell, Hay & Talgarth, Knighton & Presteigne, Llandrindod & Rhayader, Llanfair Caereinion, Llanfyllin, Llanidloes, Machynlleth, Newtown, Welshpool & Montgomery, Ystradgynlais
Budget	£360m
Members of Staff	2900

¹⁵ Powys Teaching Health Board, 2022, [Well-being Assessment \(nhs.wales\)](https://www.nhs.uk/well-being-assessment)

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Major Hospitals	None
GP Practices	16
Dental Practices	24
Optometry Practices	16
Community Pharmacies	23

Strategic Priorities in Powys Teaching Health Board

1. Population health improvement including health inequalities
2. Health protection including vaccination
3. Health protection – infection, prevention and control
4. Primary care
5. Diagnostics
6. Admission avoidance
7. Planned care
8. Cancer
9. Circulatory disease
10. Respiratory
11. Mental health
12. Frailty and community model
13. Urgent and emergency care
14. Specialised care

Findings

Structure of the findings section:

This report is based on the analysis of the findings of the local town hall event. The structure of the emerging core themes was identified after the analysis of all eight town hall events across Wales (including the online event), which identified seven core themes related to factors affecting the public's health and wellbeing. These themes related to 1.) *Prevention, Early Intervention, and Lifestyle* 2.) *Shared Responsibility* 3.) *Wider Determinants of Health* 4.) *Communication* 5.) *Services and Support* 6.) *Demographics* 7.) *Workforce*.

- The following findings section is around the seven core themes that emerged from collective discussion at the town hall events. In each of the seven thematic sections of the findings, a similar structure is followed:
Quotations from participants relating to each of the seven identified themes are presented, drawn from town hall discussions, surveys and messages to the Minister.
- Factors affecting the public's health and wellbeing related to each of the seven identified themes are then presented as closely as possible to how they were described at the town hall events.
- Participant derived solutions to the identified challenges are then presented. Attendees prioritised the solutions, based on what they felt was most urgent. They identified responsibilities that relate to *the individual, their family, and friends; the local council, health board and community, and Welsh and UK government*. We have included these to convey the sense of the ground the discussion covered, and the potential for each of the topics to be explored at a greater depth in future sessions.

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

Prevention, Early Intervention and Lifestyle

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:

- **Lifestyle factors** were considered a significant threat to health in communities
- There is a **lack of information and education** about how people can look after themselves, how to effectively and when to effectively use the services
 - Access to information on healthy lifestyles

- We “*need to get more adverts out there*” to compete with marketing and prevalent role models of unhealthy behaviour

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?

- ✓ *“Where do I get information?”*
- ✓ *“Ultra-processed food, sugar addiction, realistic ways (financially viable to improve diet and nutrition.”*
- ✓ *“Not particularly, however regular updates of provision of services available would be good.”*
- ✓ *“Always scope to learn more about your own body, menopause being an example re changes to health etc.”*
- ✓ *“Keeping mobile safely after 75.”*

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"> ○ Preventative health – taking responsibility for our own health e.g., getting second opinions or proactively chasing up ○ Improve our own health and wellbeing e.g., eating healthier, exercise for fitness, free online sessions, walking in nature etc
<i>Local</i>	<ul style="list-style-type: none"> ○ Provide more education for the public
<i>National</i>	<ul style="list-style-type: none"> ○ Campaigns/education info (PHW) – drip feed

Shared Responsibility

“Be more social and volunteer more to help others”

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.

- **Personal responsibility:** there was debate surrounding the role of personal responsibility in tackling health challenges
 - An attendee commented that *“people aren’t being responsible,”* and that the public has been *“conditioned to do the easy thing”* due to fast food marketing
- **Support:** people need more support and information on how to live a healthy life and to learn how to take ownership of their health
- **Limitations of responsibility:** one attendee was concerned that the health and social care services do not *“deal with things fairly”* and that *“people are blamed for*

their health problems.” They commented that not all health problems are the fault of the person, such as Huntington’s and Dementia, and that there is a lot of chance and probability that needs to be considered.

- Change works better together, if responsibility is shared, **individuals benefit from peer support**
 - If you put too much pressure on individuals, they’ll feel bad about themselves – **work together as a community and as groups instead**

Community and Social Cohesion

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**
- **There is a lack of cooperation** among services and people, and people and people
- **Social coherence:** The legacy of Covid-19 was discussed, *“Covid is rife”* in Powys:
 - People not wanting to go out into their communities due to fear of catching Covid
 - This could lead to further erosion of communities

Insight – “Message to the Minister”

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

Community Services

Community services were a concern for many respondents, who questioned whether the Minister supports collaborative community partnerships. One respondent stressed that *“we really need help with care in the community,”* stating that there are not enough carers or funding and that people would rather be cared for at home rather than in the hospital. Another respondent commented that *“peer and community support helps more*

than individualisation of the problem and blame,” and that individuals need support to access a better, healthier lifestyle.

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

Solutions – What Would Make a Difference?

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

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Individual/ Family</i>	<ul style="list-style-type: none"> ○ Gain the knowledge and education to take control of our health and wellbeing ○ Changing attitudes from birth ○ Don't moan – act (lobby, contribute, voice) ○ Don't put everything on individuals. Change can be more effective with peer support and/or courses ○ Individuals must use services appropriately
<i>Local</i>	<ul style="list-style-type: none"> ○ Recognise local community needs – ACT ○ Communities could help spread positive health messages ○ Use peer support to save the time of professionals

Wider Determinants of Health

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

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

Deprivation

Attendees were concerned about:

- Poverty and the **cost-of-living crisis**
- **In-work poverty**: people in low-income households can't afford essentials, such as healthy food and access support or social connections. Families with lone earners, single parents, and families where not all adults are full time workers face in-work poverty
- **Homelessness** was discussed as a political issue, with attendees commenting that, *"we know there's a homelessness problem in Powys, but politically it's not favourable."*

Housing, Local Environment and Services

Specific to Powys were issues surrounding the vast geography of the area and concerns around **"rural poverty"** and inequalities in available services. Attendees reported having to travel outside of Powys to access a myriad of services, including vaccinations, hospital appointments and A&E departments.

Concerns were also raised about **transport links, with older people having to get taxis to appointments** or relying on family members to take them. One attendee commented that while previously **there were two GP surgeries in their village, both have now closed**, leaving them to travel over four miles to the closest one, with no public transport to get there.

Overall, attendees believed that Powys is “*overlooked*” as it is a small population in a large geographical area and that residents want Powys to thrive, but currently, the services offered in the area are “*insulting to the people of Powys.*”

Solutions – What Would Make a Difference?

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

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Local</i>	<ul style="list-style-type: none"> ○ Equity of access to services and equality of outcome ○ The council could work with health boards to offer exercise classes for high-risk groups. They could work closer together in general ○ Attitudes to change to a truly preventative focus i.e., upstream

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.

There is a **need for clear communication** between:

- **The Welsh Government and the health boards**
- **Health boards and health boards**
 - **Action upon communication** needs to be taken, demonstrating the result

Insight - "Message to the Minister"

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

Communication and Engagement

One respondent called for the Minister to *"be more open to listen to ordinary people and find out what their needs are."* Another stressed the importance of acting on community engagement programmes, *"otherwise it is a further waste of money and a detriment to society."*

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"> ○ Improve the record sharing facility - one system ○ Be more transparent ○ Develop apps to improve the public's access and knowledge ○ Reduce inefficiency re: paperwork. Use email and text messages etc ○ Improve the accessibility of information, so that it educates all the public ○ Have a joined-up IT system so communication between health boards improves
National	<ul style="list-style-type: none"> ○ The voice of Powys needs to be heard more loudly in out of county commissioned services ○ Act on measures and recommendations! ○ Make sure the Future Generations Commission and Act is listened to and implemented ○ Co-produce national strategies

Services and Support

“I have always been able to access the health services I need I have always been treated well”

“More integration, value in working in partnership with third sector. I think social services should be run by Welsh Government rather than Local Authority to ensure equality of service; the staff duty should be of Welsh Government”

“Stop wasting money”

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.

Coordination of Services

Attendees were concerned with:

- **Inequality** between health and social care services
- **Lack of services**
 - Lack of NHS dentists and having to travel to access a dentist
- **Lack of integration**
 - Attendees commented that health and social care were more joined up 40 years ago than they are now. One attendee called for ‘a single budget for health and social care’
- **Access to services**
 - Pressure on services leading to **long waiting times** for services, especially around planned care and surgery. This can lead to conditions “degenerating *faster because the health service can’t keep up*” and long waits for diagnostic results
 - **People do not know what services to access**, such as GPs versus pharmacists; people need more education on this
 - **Services are not accessible for those with additional needs**, such as visual impairments, due to poor communication methods. As such, there is a failure to respond to the needs of different patients
- **The amount of bureaucracy** in the health board, and the ability to deliver services under the current NHS structure. There was a general feeling that the bureaucracy leads to **waste**

- There was discussion around **devolution**, and that since devolution, Wales has too many health boards
- Attendees also commented on a **lack of funding** causing challenges for health and social care services

Insight

Attendees of the town hall were asked about 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 that they are free. One respondent commented they have *“always been able to access the health services I need ... I have always been treated well.”*

Other respondents focused their answers on NHS and social care staff, calling them *“caring, dedicated staff who try their best in very difficult situations”* and commenting that *“staff at ground level are fantastic.”*

Insight – “Message to the Minister”

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

Services, Policy and Government

Respondents were concerned that the Social Services and Wellbeing (Wales) Act 2014¹⁶ (SSWB Act) had not been fully implemented and translated into practice. It was also asked that Prudent Healthcare¹⁷ be applied throughout Welsh health and social care to avoid *“wasting money”*. Other messages to the Minister focused on policy and government called for reports to be read and recommendations that are *“based on sound evidence/patient experience and voice”* to be implemented and not *“put on the shelf.”* Finally, one respondent asked that NHS Wales be removed from *“party involvement/*

management,” with instead a body of experts appointed to “plan and carry out a long-term strategy without interference” from changing governments and “vote winning strategies.”

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

Solutions – What Would Make a Difference?

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

<i>Level of Responsibility</i>	<i>Solution</i>
<i>Local</i>	<ul style="list-style-type: none"> ○ More <i>joint working</i> rather than more <i>joined up</i> working. The biggest health board in Wales has the most problems and is in special measures ○ Allocate responsibilities wider e.g., opticians prescribing ○ Put systems in place that remove ‘game playing’ e.g., waiting time clocks for referrals stopping and re-starting ○ Speed up the timings of results being given to patients
<i>National</i>	<ul style="list-style-type: none"> ○ Have one Welsh Health Board ○ One ‘Act’ and policies for all of Health and Social Care ○ Remove health and social care from government/politics and appoint an independent body to manage it

Workforce

“Improve joined up care between health and social care services, increase funding to support carers and workforce”

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.

Workforce Challenges, Social Care Issues Affecting Workforce and Service Outcomes

There are issues with **recruitment in the sector** and a **lack of social care services** leading to bed-blocking in hospitals.

Attendees also commented that **community expectations are increasing**, but that *“it’s hard to pick up momentum”* when staff are tired.

Third Sector and Volunteers

- **Funding to enable services**
 - Attendees discussed the efforts of communities to *“do something on the ground”* to encourage socialising, exercise, etc., but that there is no funding to enable these services to run and extortionate rent costs if services require a physical presence
 - Attendees also commented that funding is available, but it is hard to find and blocked by red tape
- It was a general view that **carers need more support**
 - However, another attendee was concerned that **social care workers are undervalued and underpaid in comparison to healthcare workers** and that services should not be joined up until this is addressed

- **Volunteers:** A lack of volunteers was also raised as cause for concern, as services are dependent on volunteers to run
 - It was suggested that as people are working longer due to increased costs of living, volunteer numbers have dropped. It was also thought that volunteers are tired and worn out after their efforts during covid and need to be “reinvigorated”

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"> ○ Innovative recruitment drives e.g., fast-track promotion and education. Tie staff into contracts for a period of time ○ It is difficult to train if you need a job to do so – open training to all ○ Replacing European funding for the third sector ○ Allow retired professionals to return to work ○ Diversify the workforce ○ Educate the public on what is available in the third sector
National	<ul style="list-style-type: none"> ○ Treat and pay carers better ○ Focus on recruitment, education and retainment

Demographics

Ageing Population

An ageing population was raised as a challenge to health and wellbeing. One respondent commented that he was 70 years old and one of the youngest people in his village. As older people lose their confidence, they need more support.

Insight

Attendees of the town hall were asked about 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 six areas – prevention, implementation of existing Acts and policies, integration, funding, collaboration, and access to dental services:

- Prevention:
 - More preventative measures
- Implementation of existing Acts and policies:
 - Actually, implement SSWB Act
 - Implement prudent healthcare
- Integration:
 - Improve joined up care between health and social care services
 - More integration
 - Improve joint working between health and social care
- Funding:
 - Increase funding to support carers and workforce
 - Social services need to be given adequate funding and care staff treated equally to health staff
- Collaboration:
 - Converse quicker - support each other - get in step by working collaboratively
 - Value in working in partnership with third sector
- Access to dental services:
 - NHS dental services reinstated
 - Lack of NHS dentists

Prioritised Solutions – What Would Make a Difference?

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

Prioritised Solutions

<i>Level of Responsibility</i>	<i>Solution – Rated as top priority</i>
<i>Individual, Family</i>	<ul style="list-style-type: none"> ○ Knowledge and education to take control of our health and wellbeing, changing attitudes from birth (4 stars) ○ Use services appropriately (4 stars) ○ Preventative health – own responsibility for health including second opinions or being proactive to chase up (3 stars)
<i>Local, Community</i>	<ul style="list-style-type: none"> ○ Recognition of community needs – ACT (6stars) ○ Innovative recruitment e.g. fast track promotion and education. Tie in for a period (3 stars)
<i>National</i>	<ul style="list-style-type: none"> ○ Campaigns/education info (PHW) – drip feed (6 stars) ○ Actually act on measures, input, recommendations! Where do reports go and what is stopping people (4 stars)

Message to the Minister

Fourteen messages to the minister were collected, giving a response rate of 82.4%. The messages can be categorised into the following themes, with some messages covering more than one theme:

1. Systems – policy and government
2. Community services

3. Communication
4. Improve social care
5. Prevention
6. Funding
7. Access to services

The list is in order of prevalence, with systems – policy and government, community care, and communication all being mentioned three or more times. The following section provides an overview of the messages corresponding to these top three themes.

We have included all the messages below.

“Message to the Minister” Full responses

<i>About Me</i>	<i>Message to the Minister</i>
Employed, homeowner, healthy, rural	I would like you to consider removing NHS Wales from party involvement/management. Changes of government, vote winning strategies need to be nullified. Appoint a body of experts that can plan and carry out a long-term strategy without interference.
Citizen, unpaid carer, support and actually take part in community groups. South Powys	Look to and support the bottom of society. Sow the ‘money seed’ those with less (no) need take so that people can support themselves and others taking the pressure of health and social care.
Powys resident living with and working to improve health and wellbeing	At our event today we heard about reports with recommendations not being progressed. If there is evidence and recommendations are based on sound evidence/patient experience and voice, please use it wisely. (Don't put on the shelf).
Resident in Wales, passionate about community, works in 3rd sector, fearing for the future of my children and	It is imperative you ACT on these surveys/sessions/input from those "on the ground". Otherwise, it is a further waste of money and detriment to society.

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general health and social care in Wales.	
	Carry out what the Commission recommends
H&SC lecturer, resident in rural Powys Wales	Stop wasting money and actually implement the social services and wellbeing act and prudent health is applied throughout Wales for health and social care.
Former Support Worker in the community for 15 years	Try to be more open to listen to ordinary people to find out what their needs are.
Multiple invisible disabilities - I made progress only when supported to do so.	Individuals need support to access a better, healthier lifestyle. We get better results together. Peer and community support helps more than individualization of the problem and blame.
Just started volunteering for Llais. Have 49 years of nursing in Wales and England.	Powys residents have poor care as they have no DGH. When they go to England and Wales for care- the different boards are unable to access each other.
	Treat social care services on an equal level as national health service. e.g. make paid care services a real profession with good training and education, progression and good pay and conditions which will encourage recruitment and retention.
	Do you believe that you support collaborative community partnerships and can offer a more robust focus on actually listening and supporting community projects?
Powys resident, over 70	Implementation of health and social care act 2014 please.
I am a resident of Powys, a proud Welsh woman with a young family. I don't want to leave Wales and love living in Powys. I work in the third sector.	Health and social care have been called a priority since we became devolved in 1999. We know what needs to happen (a joined-up, joint-working to ensure equity for all of us in Wales). What are the plans to improve social care in Wales?

	We really need help with care in the community. There aren't enough carers and not enough funding. Evidence supports a home first approach where patients are cared for in the community as the majority of the time, they do NOT need a hospital stay.
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Survey Findings

Sampling and Data Collection

These survey findings are a combination of local surveys completed at the PTHB town hall event, and online surveys completed by members of the public living in the Powys locality. The total number of respondents is 108. The demographics are as follows:

- The majority were above 65 years old
- 73% were female
- 94% were of white/Caucasian ethnicity
- 43% currently work in the sector, with a combined majority of 64% having worked in the sector at some point (either currently or previously)

Full descriptive statistics can be found in the appendices.

General Insights about Health and Wellbeing

Satisfaction with health and care

Just over half of the respondents (52%) are satisfied with health and social care services, based on their past experiences. 73% of respondents had used some form of health and/or social care services within the last six months.

Owning health and wellbeing

The vast majority of the respondents (93%) reported to have made an effort to improve their own health and wellbeing in the past six months, and yet 74% agree that they could do more.

81% of respondents believe they are competent and able to manage their own health and wellbeing, with 16% claiming that they need some level of support. 1% of respondents felt it isn't up to them to improve their health.

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. 76% of the respondents believe that the public should take more responsibility. A significant 17% chose to stay neutral on the issue, while 7% disagreed.

The greatest influence on individual health and wellbeing...

The factor that has the greatest influence on respondents' health and wellbeing was found to be access to health and social care services (22%), followed in second place by having an active lifestyle (19%) and in third place by employment/financial security (17%). Despite health education being discussed at the town hall in the context of wider population health outcomes, only 2% voted for it. Respondents over 65 years of age were more likely to believe that having an active lifestyle and good transport links had the greatest influence on their health and wellbeing.

Local community support

Less than half of respondents (41%) 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 4% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. 39% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 20% either disagreeing or strongly disagreeing.

Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and cost?

Waste reduction/efficiency improvements (32%) 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 (26%), and the third was to expect the public to take more responsibility for their own health and wellbeing (18%). 10% would consider raising taxes, and 11% agreed with charging money for some of the services that are currently free. 3% of the respondents would consider reducing the number of available services. Respondents who have never worked in the sector were most likely to vote for charging money for existing services, while those who currently work in the sector were the only group to vote for reducing the number of services available.

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. 6% remained neutral, and 10% disagreed.

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 PTHB 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 PTHB 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, for example, the willingness to question some of our 'traditional thinking' and a frustration with a system that often seems unnecessarily complex, opaque, and obsessed with its own 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.

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 people are not working together to improve services, and that the solution to the challenges health and social care faces *“will be subject to a myriad of ideas that will need to combine to achieve positive change.”* One respondent commented that they are concerned that recommendations are not being listened to, with another reporting a sense of feeling *“overwhelmed” that “the NHS is expected to fulfil all these necessities.”*

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

[Annex 1.](#)

Graphs and Statistics of the National Survey

Full Descriptive Statistics

Descriptive Statistics	
Age	
Below 18	0%
18-24	1.85%
25-34	1.85%
35-44	12.04%
45-54	14.81%
55-64	29.63%
Above 65	39.81%
Grand Total	100%
Gender	
Female	73.15%
Male	26.85%
Non-binary	0%
Prefer not to say	0%
Trans-gender	0%
Other	0%
Grand Total	100%
Ethnic Background	
White/Caucasian	94.44%
Black/African/Caribbean/Black British	0.93%
Mixed/Multiple ethnic groups	0.93%
Other ethnic group	0%
Prefer not to say	3.70%

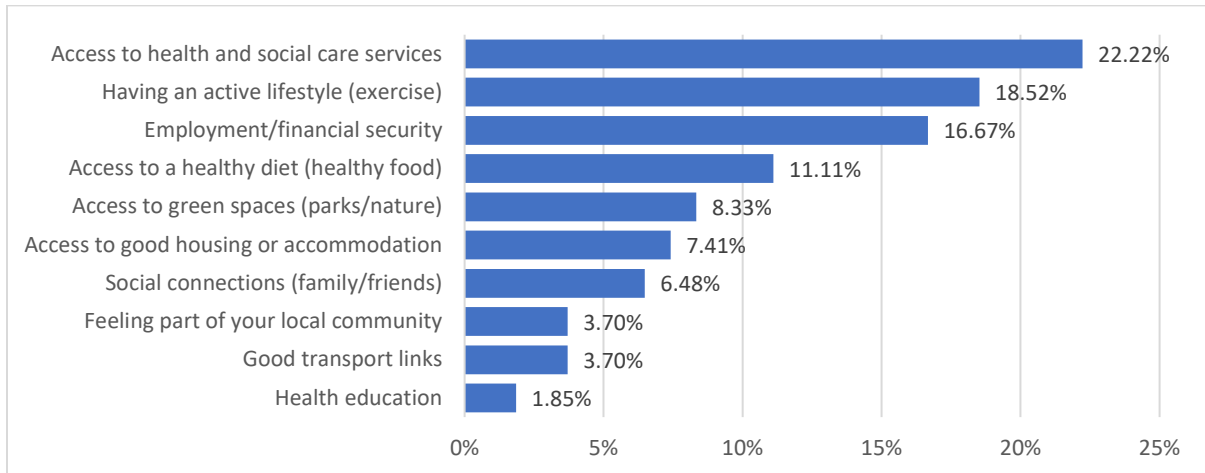
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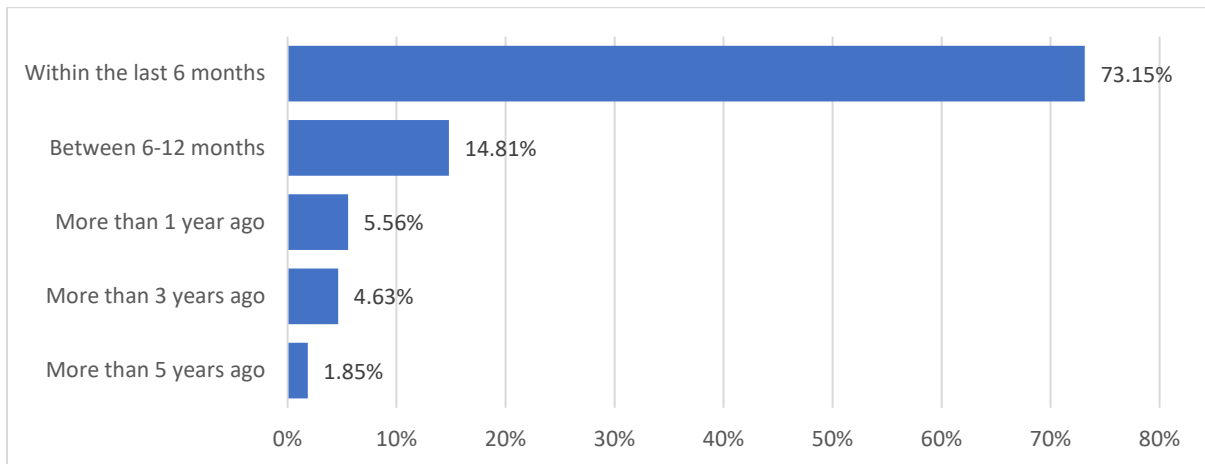
Asian/Asian British	0%
Grand Total	100%

Survey Results

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



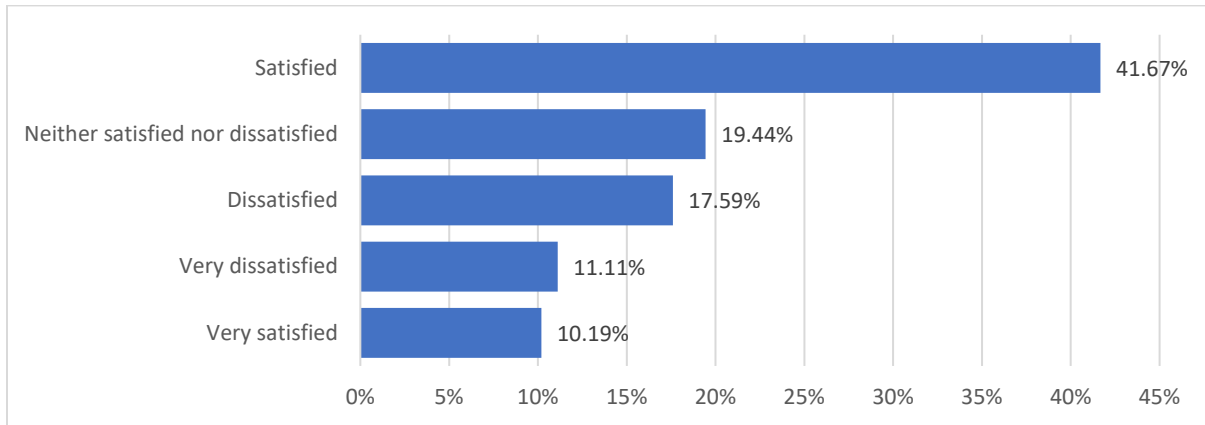
When did you last use any form of health and/or social care services in Wales?



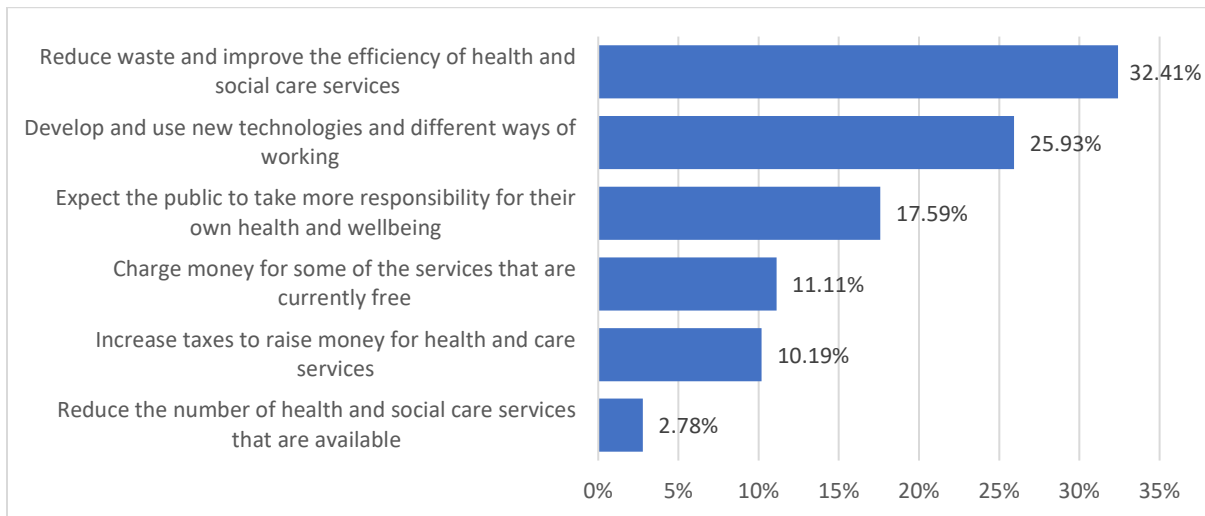
How satisfied are you with your part experiences of using health and social care services in Wales?

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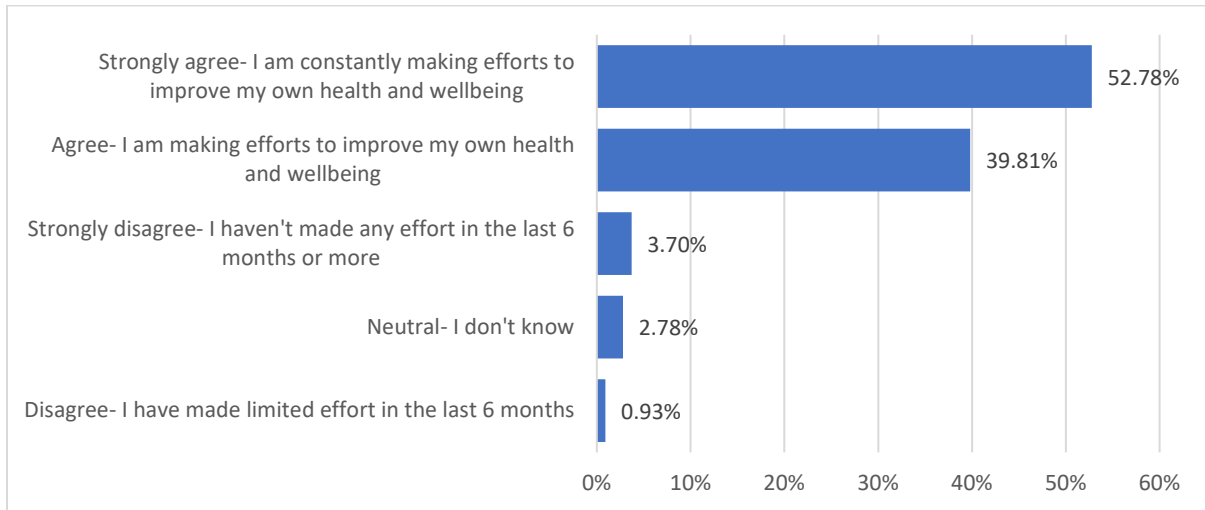
Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



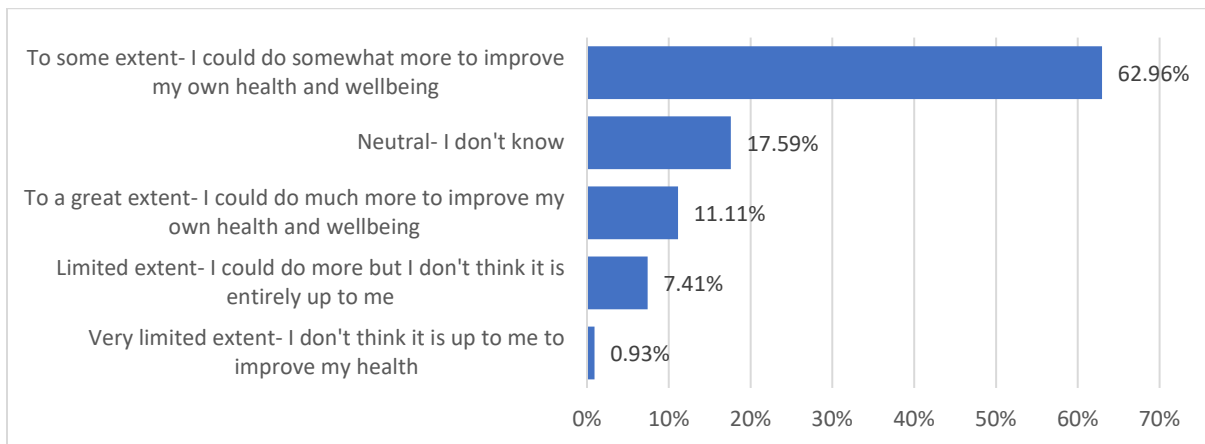
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

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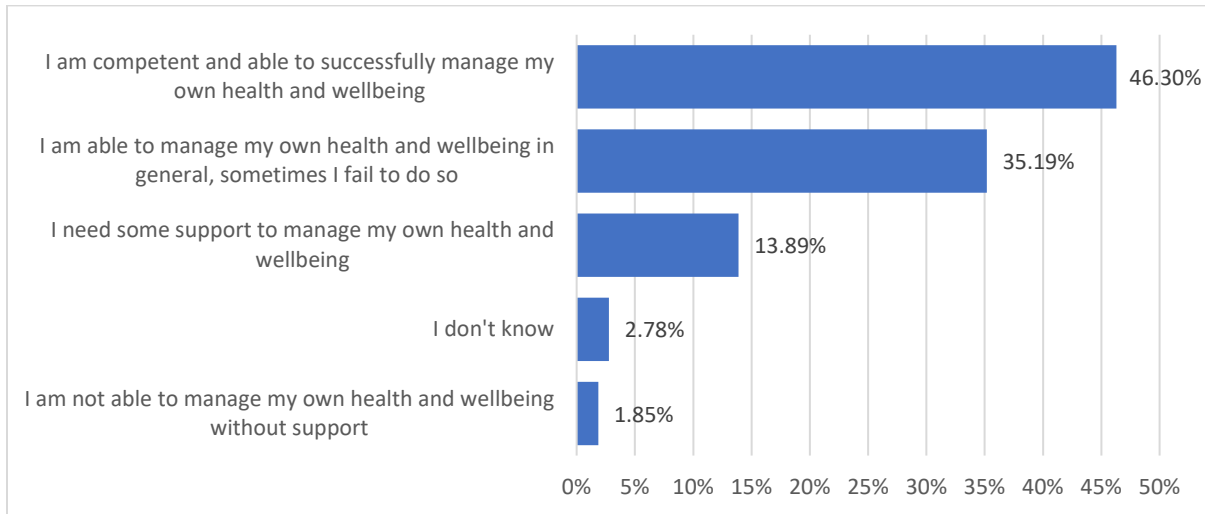
To what extent do you think you could do more to improve your health and wellbeing?



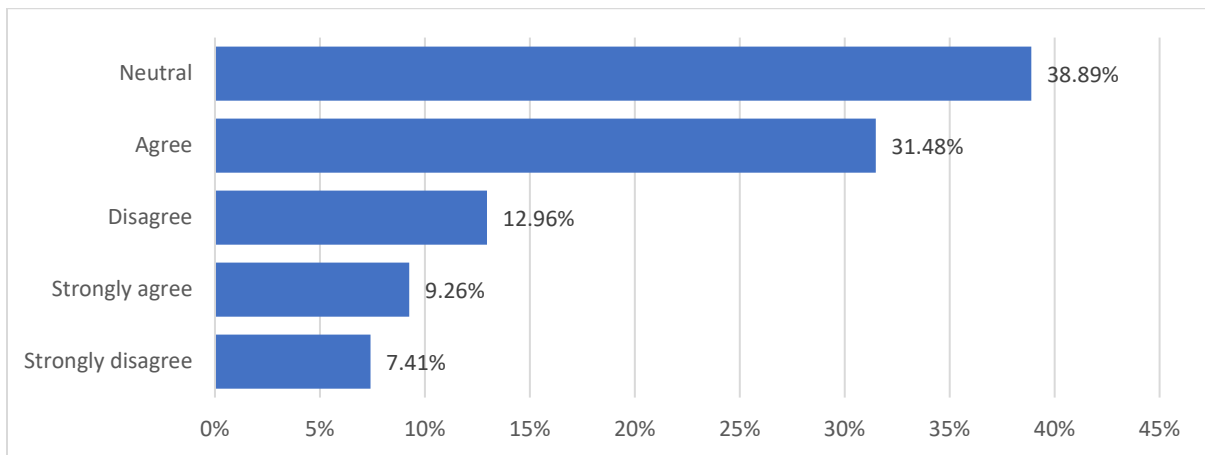
To what extent do you feel able to effectively manage your own health and wellbeing?

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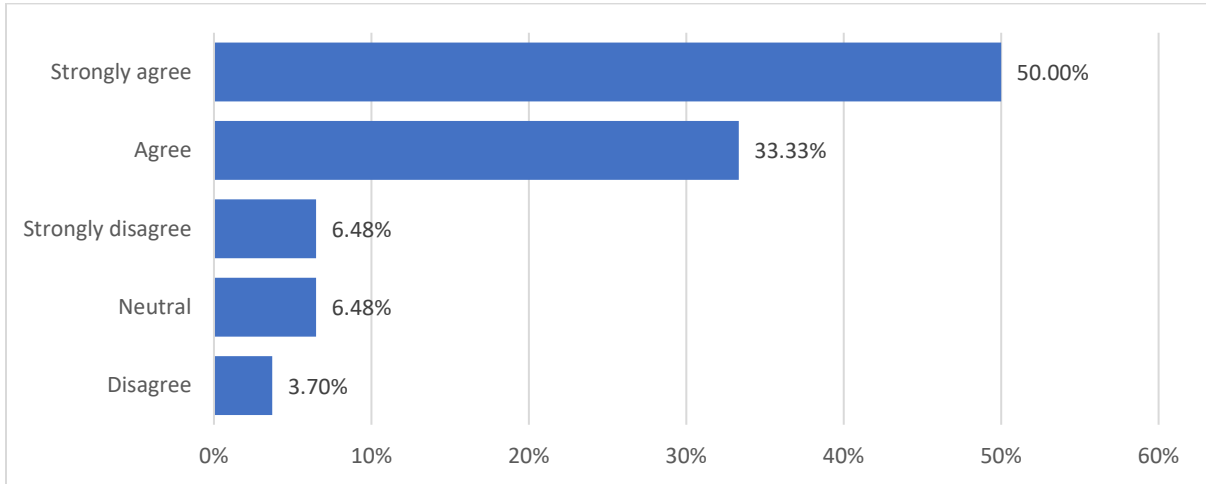


Do you think your local community provides an environment that promotes and supports good health and wellbeing?

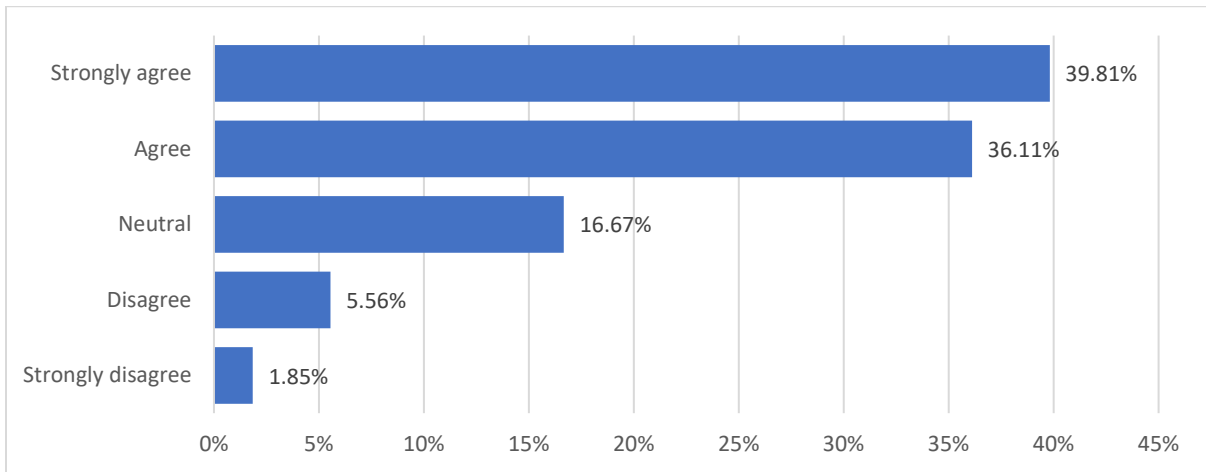


The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.

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



Comisiwn Bevan Commission

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