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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 nodes. Some nodes are represented by small, semi-transparent circles in shades of pink, purple, and green. People are positioned at various points along these lines, appearing to be engaged in different activities like talking on a phone, looking at a laptop, or holding a tablet. Their shadows are cast on the ground below them, suggesting a 3D perspective. The overall theme is connectivity and public engagement.

A Conversation with the Public

Local Report: Swansea Bay University 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.

“Are professionals and people empowered to make changes?”

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

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Analysis of the key factors affecting the health and wellbeing of people and communities across the Swansea Bay 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

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">○ Value yourself!○ Creating support within families○ Complain, raise awareness of poor service
<i>Local</i>	<ul style="list-style-type: none">○ Support building of relationships, local connections○ Create uses for older people to help self-worth and feeling of still being engaged in community○ More investment by health boards into community services for end-of-life care i.e., district nurses, charity sector (Marie Curie)○ Develop real multi-agency primary care teams for wrap around medical and social care
<i>Nationals</i>	<ul style="list-style-type: none">○ Preventative strategies i.e., promote and support opportunities for appropriate exercise and better nutrition○ Make sure digital services are fully inclusive

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 250 people across the Swansea Bay locality included:

- Access to health and social care services (21%) was reported to have the greatest influence on people's health and wellbeing, alongside employment/financial security (20%) and having an active lifestyle (13%).
- Waste reduction/efficiency improvements (36%) was 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 (23%) and developing and using new technologies and ways of working in third place (18%).
- Less than half of respondents (36%) 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.

“Services need to become more people-centred again”

People across SBUHB 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. The appetite for radical change two-thirds of the town hall attendees felt we should be radical in transforming services, yet almost univocally Aneurin Bevan's founding principles were supported (97%) by the attendees.

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 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.

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.

*People*¹² 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 complement this, detailed notes including quotes were taken by at least two researchers throughout the events. Flip charts were also used to record key ideas highlighted by participants as well as the use of sticky notes. Debrief meetings were held after the session, where observations and reflections of the evaluating team members and the facilitator were recorded.

Sampling and Recruitment:

Recruitment to the town halls was primarily led by health board public engagement and patient experience teams, as well as the local Llais teams and other local partners. Posters and wider information were widely distributed across organisations and public locations including on social media, and participants were invited to join based on their expression of interest to voluntarily participate.

The SBUHB town hall event was held on Tuesday 24th October 2023 in the Village Hotel Swansea, 47 people were in attendance, not including Bevan Commission staff. Of the people in attendance, the majority were female and between the ages of 25-65+, and of Caucasian White 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 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), have been 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.

Swansea Bay University Health Board

Swansea Bay University Health Board (SBUHB) provides services across urban, rural and industrial communities, including the City of Swansea, the towns of Neath, Pontardawe, the Swansea Valleys, and the Port Talbot area. They have populations with diverse linguistic and cultural needs, including Chinese, Bangladeshi and other Asian communities. Many international students attend Swansea University, with non-English speaking children being part of family groups within the university. Swansea was the first Welsh city to become a City of Sanctuary, a city that is committed to building a culture of welcome, especially for refugees seeking sanctuary from war and persecution.

Swansea Bay UHB¹⁵ has relatively more deprived communities than on average for Wales with over a quarter of their communities falling into the *most deprived* category. Areas of deprivation are particularly prevalent in urban parts of Swansea, Neath Port Talbot, and upper valley communities. Whilst life expectancy continues to rise, the difference in life expectancy between the least deprived and most deprived areas is 9.7 years. There is a >20 year (male) and 18 year (female) gap in healthy life expectancy. Premature death from non-communicable diseases, EASR per 100,000, aged 30-70 (2019-21) is 339 in Swansea Bay which is significantly higher than the average rate in Wales. 3 in 10 children in Swansea Bay are living in poverty with 1 in 6 children, aged 4-5, classified as obese.

¹⁵ Swansea Bay University Health Board, 2023 [Swansea Bay Population Health Plan \(nhs.wales\)](https://www.nhs.uk/swansea-bay-population-health-plan)

Key facts¹⁶

<i>Population</i>	390,000
<i>Areas</i>	Swansea, Neath, Port Talbot
<i>Budget</i>	£1.3bn
<i>Members of Staff</i>	13,500
<i>Major Hospitals</i>	Morrison, Singleton and Neath Port Talbot
<i>GP Practices</i>	49
<i>Dental Practices</i>	72
<i>Optometry Practices</i>	31
<i>Community Pharmacies</i>	92

Strategic Priorities in Swansea Bay University Health Board

1. Unscheduled Care
2. Planned Care
3. Cancer Centre
4. Healthcare Acquired Infections

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*.

¹⁶ Swansea Bay University Health Board, 2023, sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/health-board-special-july-2023/3-2-annual-report-performance-and-accountability-pdf/

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 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.

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

Lifestyle

- There is a 2-3rd generation of social deprivation that needs to be considered as the root of obesity, poor diets and metabolic disfunction
- Obesity is linked to stress and mental health problems
- Obesity of parents cause the obesity of children
- People **should not be blamed for obesity** and **lack of access to healthy food** and wellbeing
- **Support and education for healthy diets** is needed
- Substance issue to be sorted first, before the mental health to address the trauma, etc. that underlies

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:

- ✓ "Menopause-support information"
- ✓ "Make time for more physical activities"
- ✓ "Just keep me up to date with research on issues for example processed food"
- ✓ "Honest realistic conversations with health professionals are easier to deal with"

Solutions – What Would Make a Difference?

The table below represents a number of potential solutions to the challenges 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"> ○ Seek advice ○ Value yourself! ○ Voice lived experience informing the design and delivery of service – to get it right so that it's preventative! ○ Drink water in place of any flavoured liquid
<i>Local</i>	<ul style="list-style-type: none"> ○ Ensure services are accessible – 'how to keep yourself well' ○ Community garden, cooking and eating together
<i>National</i>	<ul style="list-style-type: none"> ○ Psychologically – health informed environments i.e., holistic approach looking at links between mental health and physical health ○ Preventative strategies i.e., promote and support opportunities for appropriate exercise and better nutrition

Shared Responsibility

"Help build greater resilience"

The erosion of community services, social coherence, issues around lack of trust lead to the feeling of disempowerment of people, the sense of lack of support. The empowerment of the public on specific issues, such as shared responsibility of health is essential to reach engagement and action.

Community and social coherence and trust in public services are prerequisite to empowered public. An empowered public expresses the need to take responsibility for their own health and care.

In the context of "owning health" the topic of wellbeing, and the concept of wellbeing economy was discussed:

- Wellbeing is more than health and care, inequity should be addressed
- People are being **blamed instead of becoming people to solve problems with**
- Wellbeing should be built around all services:

- Local community services health and social care services **should be linked to jobs** and **the local economy and services** to support the local population: laundry, etc. should be within reach, which helps people to be independent and manage their own health

Community and Social Cohesion

Community and lack of social coherence was raised by the attendees repeatedly. Attendees also pointed out that a whole system approach would be needed to achieve social coherence, instead of siloed specialism.

“We’ve lost the ability of community healing. It is hard to remember how things were before”.

“It takes a village to raise a child, we don’t have a community anymore”.

Lack of a sense of community and community cohesion was also discussed due to the withdrawal of people from community life following lockdown, which is still having a detrimental impact on communities.

Trust

Issues around **trust** were raised, as a consequence of:

- General lack of faith in systems
- Lack of continuity in services (no follow-up)
- The medical approach / language used with patients
- The lack of understanding of multicultural communities

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"> ○ Creating support within families ○ Building good habits at home
<i>Local</i>	<ul style="list-style-type: none"> ○ Give hyper local communities the power to decide on spend ○ Social/mentoring schemes ○ Start the growth of community-based networks i.e., self-healers' network
<i>National</i>	<ul style="list-style-type: none"> ○ Enable people to remain at home for longer in a way they choose

Wider Determinants of Health

“There is an aspiration to address poverty and improve outcomes and work together – reality is silo working and blaming individuals for difficulties encountered; risk averse command and control and approach of services”

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 pointed out the following:

- **Poverty and cost of living** resulting in **lack of confidence** in the future
- **Mental wellbeing due to poverty** and resulting poor physical wellbeing and health

- **Economic disadvantages** of people and individualistic approach in health and care
- **Social isolation is a consequence and cause of:**
 - Loneliness and mental health
 - Medicalisation of issues; isolation is a normal response
 - People with disabilities (e.g. visually impaired) with lack of mobility, mental detriment, dietary challenges at home need attention
 - Working from home has a huge detrimental impact
- **Food insecurity** in deprived areas; there is no access except to processed food

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

According to respondents, **taxes should be raised** for those who can afford, **to cover more social provision**, and **provide community funding** – the community funding formula should be changed.

The pressure on families to support all generations has been voiced, with “severe impact often on menopausal women/ those who identify as such”. Wealth redistribution should go toward supporting communities. Medicines should not be free for those who can afford to pay them.

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"> ○ Make sure everything is available in the community ○ Provide asset-based and community-based support ○ Ensure access to physical activity i.e., community sports teams, free swimming schemes ○ Provide spaces for creativity and proving mental wellbeing ○ Support building of relationships, local connections ○ Help people identify and use skills / gifts to make contributions ○ Create uses for older people to help self-worth and feeling of still being engaged in community ○ Addiction – greater overview, sees all needs in the community – not just the obvious communication
National	<ul style="list-style-type: none"> ○ Universal basic income ○ Right to justice – legal aid. People cannot get legal aid if they own their home ○ Strategies to support families to have a good life – reduce pressure ○ Reduce business rates for fresh fruit and veg shops and ‘healthy’ venues ○ Put up business rates for vape shops and other ‘bad’ health venues ○ National childcare for working parents during school holidays ○ Funding for families to access childcare from under 1 year old - are working to pay others to look after our own children and struggling with the cost of living ○ Make childcare more affordable – my 3 days of childcare (in order that I can work) – costs more than my mortgage ○ Make working work and pay salaries that meets needs and keeps individuals and families out of poverty ○ Invest in building communities with access to shops / services / social activities at affordable costs ○ Create opportunities in and out of schools to help raise children and young people’s aspirations – ending opportunity poverty

	<ul style="list-style-type: none">○ Helping children and young people to dream big and have hopes and aspirations for their futures – ending generational cycles of poverty○ Remove school leagues table and result / exam comparisons○ Remove Estyn on 2 weeks' notice, go in on spec to just see how things are
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Communication

“Please start listening to the voice of the people in Welsh communities”

“Make it easy for people to get information or help”

“More communication between departments in LA and the health board reduce waiting times for certain disorders”

“Be less risk averse to listen to users”

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

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

Lack of access to information

- People are not informed about what they are entitled to with regard to services.

Diversity and Inclusion

- Communities are more multicultural now than 75 years ago when the NHS was established, this should be considered
- Medical language used by doctors is not understandable, and doctors only say what should be done instead of listening to the patients

Insight - "Message to the Minister"

Attendees completed a postcard a "Message to the Minister" after the discussion. A key topic of the messages was around:

Communication

Respondents expressed their concern of not being heard: "I feel like we have spoken about health challenges in Wales for decades with the same suggestions".

Also, the need for better communication flow between departments in hospitals is needed: "I feel let down as there is no specialised support" (unpaid, full-time carer with physical and mental health issues).

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"> ○ Speak up / engage ○ Complain, raise awareness of poor service ○ Make complaint formal – Llais, Ombudsman, local authority complaints process
Local	<ul style="list-style-type: none"> ○ Improve communication for services using advocates, personal assistants ○ Answer the phone on first contact ○ Create more capacity to deal with calls “no 35 in the queue” ○ Keep record of what people say – so information and knowledge not lost when things change ○ Better advertised facilities – including out of hours ○ Don’t assume that writing in a community language means the person now understands – learn from the community what is required to support each different culture ○ Provision of digital buddies to those in need ○ Mechanisms to complain must be as easy as possible
National	<ul style="list-style-type: none"> ○ Strategic initiatives to improve communication ○ Adverts to reach diverse population and age groups ○ National commitment to translation and interpreting service – integrated with all statutory services ○ Make sure digital services are fully inclusive ○ Ensure services accessible to all disabilities and languages

Services and Support

“Services need to become more people-centred again”

“Better funding and services need to be regularly reviewed to see if they are working”

“Having easier to access self-referral rather than gatekeepers”

Coordination of Services

There was a general agreement that the way services are delivered and organised needs to change. Attendees pointed out several issues around services:

- **Inconsistency** of services provided, constant changes around provision, and distribution of services perceived as random
- Interface between the end of care and home is missing, which causes a traumatic experience for patients and family members
- **Lack of continuity of social services** - there is no continuity in dealing with for example mental health after the completion of service-provision
- **Complexity** in services - how they are being delivered confuses people
- Social care and hospitals are not working together, nobody is providing the social model
- Disabilities are treated by a **medical model instead of a social model**
- Drug and alcohol addiction is treated without addressing the **underlying mental health problem**
- Frontline services - a lot of issues that were dealt with by the health services such as drug and alcohol, there is no re-referral system and there is no tiered approach to how to support these people

Access to Services

- Confrontational on societal basis – it takes a **“fight” to get on the waiting list**
- Disability, especially children with severe conditions. The system doesn't provide enough support to parents/ caregivers. Beyond 18 if the child has a progressive condition, the system disregards the issue.
- **Cultural difference** can be a big barrier to services. Competence and trust issues with the Western medicine or Western-faced doctor. Communities don't access the services because they don't understand them
- **Digital gap:** after Covid the services are hard to access, **computers, IT-knowledge are lacking**
- **Risk-aversion** of the services provided is a major issue

Insight – “Message to the Minister”

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

Invest to Save/ Reduce Waste

Respondents suggest maintaining funding in provisions and investing is essential. Cuts create overspend, while there is money that can be saved in the system.

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"> ○ One stop shop with adequate funding for housing, finances, health, community groups (including, 3rd sector) ○ GP clusters – community information and wellbeing events ○ Community participatory budgets ○ Less risk aversion when monitoring services ○ Stop ruling by committee and make people accountable – have someone see the whole picture and join the dots ○ More investment by Health Boards into community services for end-of-life care i.e., district nurses, charity sector (Marie Curie)
National	<ul style="list-style-type: none"> ○ Integrated budgets ○ Consistency in funding for services across the whole of Wales

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	<ul style="list-style-type: none">○ Consistency of services over longer period of time○ Innovation: some fantastic 3rd sector community-based services, however short term 3-year funding is too short, 5 years will have an impact○ Create a 'futures' budget line that ministers scrutinize. Need much longer-term budgeting (i.e., 10 year and much more flexibility)○ Health and education more integrated○ Collaborative working between healthcare, social care and voluntary organisations○ Health boards seek partnerships with social care services, like shared lives and home share○ Develop real multi-agency primary care teams for wrap around medical and social care○ Coordinated approach – reg pin up boards – some fantastic innovation. More regular senior leaders meeting from the RPBs across Wales○ Strategic linking of services (i.e., drug / alcohol / mental health)○ Capitalize on embedding the trauma framework○ Make access to mental health support easier for all levels of mental health illness○ Have regional experts in fields i.e., children / dementia○ National CRM for NHS (across health boards and all NHS services) for more holistic care, avoiding re-telling the story multiple times○ Systemic approach – stop individualist approach○ Stop dispensing money from central Government with unrealistic “use it or lose it” timescale
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Demographics

Ageing Population

Attendees mentioned the problem of quality of life due to multiple health conditions with longer life, illustrated with personal experiences.

Children and Young People

Attendees pointed out the importance of educating children about health. It has been mentioned, that since Covid there has been a massive gap in reaching out to children and teaching them what they need to do to keep healthy. Children should also learn about life skills, budgets, etc., in primary school. Parents, schools, and teachers need to be supported in this.

Resilience

Attendees commented on the lack of resilience, especially among young adults, that might be partially the impact of Covid.

Insight - "Message to the Minister"

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

Schools and Childcare

The messages called for inclusivity, addressing segregation in the schooling system to nurture the next generation and be adapted to deal with disabilities. Free childcare funding for working families to access with ease from three months+, to make it possible for parents to work.

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

Solutions – What Would Make a Difference?

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

Level of Responsibility	Solution
Local	<ul style="list-style-type: none"> ○ Provide support to young carers ○ Support young people who are trauma experienced or live in poverty ○ Promoting a trauma-informed holistic understanding of mental health (community and education) ○ More resources and support for children services especially disabled children and especially those with progressive conditions ○ Continue to find and support projects like shared lives and home-share that give voice choice
National	<ul style="list-style-type: none"> ○ A change in mind set. Despite overspend and a focus on savings, rearrange spend to help people and communities become better supported – short-term politics – re-actioning funding ○ NHS: more targeted funding i.e., older, co-morbid, disabled, addicts. Good health leads to a healthy economy ○ A strategy to address abuse and coercion at an individual level ○ Invest in education ○ Methods to ensure people with ALN are fully supported – do not exclude them from the right to an education through lack of services/ support ○ Longitudinal research

Workforce

“The people who work in health and social care are incredible”

“My GP listens and cares and treats me as an adult they fixed my hip”

Attendees acknowledged the effort of the workforce in health and care. However, that problems are being ‘pushed to the third sector’ and the challenges around volunteering were extensively discussed.

Third Sector and Volunteers

Problems related to funding were raised, especially in the light of the role of the third sector in community cohesion and service-provision in local communities.

- The short-term nature of resources given to the third sector causes mistrust and inefficiency, instead what is proved to be working, should receive funding
- Longer-term, and realistic budgeting terms are needed instead of bundled budgets
- Competition of third sector for contracts is a huge barrier, other sources that would flip through would be needed
- Volunteering: as a post-Covid effect, people who used to do voluntary work are doing other things now, it is a problem to get them back
- Shared services: there is too much pushed on the third sector and volunteers
- Shared community vehicles would be more efficient instead of charity-owned ones (charities have one transport for their members)

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?

Most of the responses acknowledged the “hard working and passionate staff”, “the staff you encounter can be caring and compassionate”, “commitment of many staff”, “brilliant staff who are committed to roles and helping people” and “accountability” of staff. Easy access to local GP, especially with “MyGP” app, which makes life easier also for a “a busy working mum who cannot always find time to visit the GP”. The “new innovative services that link health and social care southeast Wales mental health crisis shared lives service” or the “clean premises” were also mentioned.

Many acknowledged that “it is free”, “comprehensive” and “based on need”, the “free prescriptions” and that “it mainly works.”

Insight – “Message to the Minister”

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

Funding Workforce

Especially in the care sector, to create ‘more interest in the job’ and improve services. More funding for social workers to support people at risk of isolation, exclusion or abuse. Including specialist workers e.g. sensory teams. Salaries in the health and care sector should fall behind other services every year.

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
<i>Local</i>	<ul style="list-style-type: none"> ○ Push to 3rd sector, outsourcing to volunteers ○ Utilise skills of parents who know child best (disability), to train those employed to support child ○ Train us in complex disabilities (so we know) ○ Create micro-enterprises of carers in their communities such as 'The Tribe Project' ○ Provide assistance to facilitate adaptation from being a 24/7 carer to coming to terms with loved ones being cared for/ going full time into care home
<i>National</i>	<ul style="list-style-type: none"> ○ Recognition of need for extra finance and support time - social care sector e.g., carers (cleaners) ○ Conflict for funding – less short / long day working ○ Move away from focus on “qualifications” for professionals – not everything needs degree after degree - different routes are possible ○ Consider the impact of working from home - it has different effects on different people and social class ○ Educational professionals to have adequate additional learning needs (ALN) training ○ Recruitment drive to encourage young people to train for jobs in the sector

Prioritised Solutions – What Would Make a Difference?

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

Prioritised Solutions

Level of Responsibility	Solution Rated as top priority
Individual, Family	<ul style="list-style-type: none"> ○ Involve people who experience services to educate and inform people who design and deliver services (11 stars) ○ Being treated as an individual (4 stars) ○ Listening to individuals (4 stars) ○ Rebuild sense of community through support groups / giving something back (4 stars)
Local, Community	<ul style="list-style-type: none"> ○ One stop shop for health and wellbeing (6 stars) ○ Multi-disciplinary teams, co locating expertise (5 stars)
National	<ul style="list-style-type: none"> ○ Need to be reviewed, review existing pathway. Children and young adults are struggling with mental wellbeing (9 stars) ○ Schools – better curriculum, learning life skills, financial management, learning health and wellbeing (9 stars) ○ Longer term funding, specifically for preventative services / support / projects (6 stars) ○ Prevent hospital admissions by good multi-agency preventative services at a local level (5 stars) ○ Improve free childcare provision – Early relationships are so important (5 stars)

Survey Findings

Sampling and Data Collection

These survey findings are a combination of local surveys completed at the SBUHB town hall event, and online surveys completed by members of the public living in the Swansea Bay locality. The total number of respondents was 251. The demographics are as follows:

- The majority were 55-64 year old
- 73% were female
- 93% were of white/Caucasian ethnicity

- 42.59% currently work in the sector, with a combined majority of 57% 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 under half of the respondents (49%) are satisfied with health and social care services, based on their past experiences. 67% 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 (88%) 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.

76% of respondents believe they are competent and able to manage their own health and wellbeing, with 21% claiming that they need some level of support. 2% 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. 74% of the respondents believe that the public should take more responsibility. A significant 20% chose to stay neutral on the issue, while 6% 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 (21%), followed in second place by employment/ financial security (20%) and in third place by having an active lifestyle (13%). Despite health education being discussed at the town hall in the context of wider population health outcomes, only 1% voted for it. Respondents who have never worked in the sector were more likely to believe that a) access to services, b) good transport links, and c) having an active lifestyle have the greatest influence on their health and wellbeing.

Local community support

Less than half of respondents (36%) either agreed or strongly agreed that their local community provides an environment that promotes and supports good health and wellbeing. This is supported by the fact that only 1% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. 41% of respondents remained neutral on whether their local community promotes/ supports health and wellbeing, with 24% 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 (36%) were viewed as the most important method of managing the challenges faced in the sector. The second most popular answer was to expect the public to take more responsibility for their own health and wellbeing (23%), and the third was to develop and use new technologies and new ways of working (18%). 14% would consider raising taxes, and 8% agreed with charging money for some of the services that are currently free. 1% of the respondents would consider reducing the number of available services. Respondents who have never worked in the sector were most likely to vote for a) developing and using new technologies, b) increasing taxes to raise money, and c) reducing waste and improving efficiency. Respondents who currently work in the sector were more likely to vote for charging money for services and expect the public to take more responsibility.

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 (85%) agreed that the public could do more to help services. 9% remained neutral, and 6% disagreed.

Message to the Minister

Twenty-five messages to the minister were collected, giving a response rate of 49%. The messages can be categorised into the following themes, with some messages covering more than one theme. The list is in order of prevalence, with raise taxes, funding workforce three times, schools/childcare, communication, invest to save all being mentioned at least two times.

1. Raise taxes
2. Funding workforce
3. Access to services
4. Schools/ childcare
5. Access to services
6. Communication/ listen to public/ staff
7. Invest to save
8. Prevention
9. Digital accessibility
10. Mental health services
11. Community care
12. Inequalities/ poverty
13. Integrated health and care
14. Shared services
15. Policy/ government
16. Support for carers

The following section provides the full list of messages.

“Message to the Minister” Full list of responses

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<i>About me</i>	<i>Message</i>
Parent carer of disabled son	Our school system needs to be inclusive i.e. no segregated schools. All children welcome in local schools. Schools need to be holistic and inclusive, nurturing our future generation.
Social Worker, mother of 2 adult children, moved to Wales 34 years ago. Part of Parent Advisory Network	Parent peer advocacy where risk of children/ baby being removed to be centrally funded by Welsh Government.
	Every time I visit the GP or any hospital department, I have to repeat all info from scratch that should be available via a shared CRM. Departments do not adequately share info. I believe this adds to info being lost, delays in treatment, missed opportunities and unnecessary escalation. Why no national CRM. Same for social care.
Advocacy Officer from Chinese in Wales Association, works with older people who need support accessing all services.	Make the local services more accessible for the Chinese community, breaking the language barriers and cultural differences. Please get engaged with us to know our struggles.
I am 57 years old, I have 2 daughters and 2 dogs. My hobbies include walking my dogs, going to the cinema and reading. I live with my husband.	Dear Minister, I feel the care sector would benefit from better conditions and more funding. Then there would be more interest in the job. Creating more staff to make the service better. Then we would have less patients blocking beds.
I am a mum who works for a mental health and social change charity called Platform.	"Our mental health is largely determined by the conditions in which we are born, grow, work, live and age, along with the wider set of forces shaping the conditions of our daily lives", WHO. Please help shift the focus to our community conditions and psychological health, but in a compassionate way.

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Parent, carer, disabled person. Community counsellor, Director of CIC. Volunteer, co-production member. Single Parent.	It is ridiculous that millionaires have free medicines and only pay £100 for social care. I pay contributions even though I can't work because of my disability.
Co-producing Practitioner. j.kelvin.jones@hotmail.co.uk	There is no silver bullet to solve our problems. Need to create space, time and relationships together, and come up with new ways of working.
Dementia Friendly Swansea charity 1199456 07815783682 hannah.davies@dementiafriendlyswansea.org	Look at the successes! Dementia hub in Swansea shopping centre- set up by volunteers. Funders then came forward and co-production staff from SBUHB, Swansea City LA and all other 3rd sector organisations.
Parent, carer, co-producer, Poverty Truth Commissioner, autistic adult, mum to autistic children, single parent.	Understanding the links between poverty, mental and physical health. This is impacted by stigma, trauma and now generational trauma. People, young people and children are not being valued for this potential and creativity they can offer.
I am an independent mental health advocate and housing association board member.	Fund advocacy in line with guidelines and tie to health salaries to safeguard uplift over time. Advocate salaries are falling behind other services every year.
Involvement and Engagement Officer CDDC. Centre for aging and dementia research.	Create services that match how people live nowadays (and abolish private health). Incorporate into NHS and Social Care.
Development Manager Shared Lives Plus. kathryn@sharedlivesplus.org	Consider the long-term solutions that shared lives and home share can offer government with regards to challenges in health and social care. Saving money, changing lives, enabling people to maintain their own health and wellbeing.
24/7 carer, Trustee of Swansea Carers Centre, Chair of SCC Carers forum,	Give more realistic timescales for spending money that is given out from central government.

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Participant in West Glamorgan involved in carer aspects	
I am a parent carer to a 10 year old with complex special needs. I am also a Trustee for a Swansea Parent Carer Forum.	Carers in Wales are being let down on a daily basis. We need so much more support to be resilient and keep doing what we do.
I am a proud resident of Wales	Please improve the health and wellbeing of everyone in Wales, by decreasing stress, by ensuring all employers are part of a nationwide health prevention campaign.
Full time unpaid carer with physical and mental health issues.	There is no communication between departments in hospitals and I feel let down as there is no specialised support.
Mum of 3 boys. Caring, creative and passionate to help others.	There is a great need for free childcare funding for working families to access with ease from 3 months+. As a mum of 3 boys, it has been a difficult decision to work due to childcare costs.
Swansea Bay UHB employee. TU Rep, mediator, coach	Ensure service is inclusive to all concerning digital services and lack of social care provision. Too much stress on families being forced to support all generations. Severe impact often on menopausal women/ those who identify as such. More community funding to support social isolation for all. Raise taxes for those who can afford it, including second homeowners in Wales. Lobby Westminster to change the funding formula.
Mental Health Nurse, rep with RCN.	Push for increased taxation nationwide to fund services (I mean millionaires/ billionaires)- there is enough money for all in society and wealth redistribution. Too many senior nurses/ managers in the NHS. Front line staff/ managers are being micromanaged, demoralised, blamed for mistakes, not supported (there are compassionate leaders also).

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<p>Business Development Manager, Marie Curie</p>	<p>Do you see that by investing and maintaining funding in provisions, it will save money elsewhere rather than saving with cuts. Cuts cause more overspending and pressure. False economy.</p>
<p>Mum of 2 young boys. Working full time to make an effort with health and wellbeing. Enjoying precious times out of busy family life in todays society to help relieve pressures on family.</p>	<p>There is a need for fair access for all families to healthcare, childcare, reducing pressures on working families and improving wellbeing.</p>
	<p>I feel like we have spoken about health challenges in Wales for decades with the same suggestions, changes needed given over and over again. Please start listening to the voice of the people in Welsh communities. Please ask the right questions to the right people and start taking action and making the changes that are needed.</p>
<p>Clinical Lead, Community Services, Marie Curie</p>	<p>Community services need more investment to survive, including end of life care services.</p>
<p>Older person, visually impaired</p>	<p>Provide more funding for social workers to support people at risk of isolation, exclusion of abuse. Including specialist workers e.g. sensory teams.</p>
<p>I live in Cwm Taf Morgannwg</p>	<p>Please could you consider exploring strategies which look at the carer and family around the person with the diagnosis/ health need</p>

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 SBUHB 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 SBUHB 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, two-thirds of the attendees in the room voted for radical change, and only one hand was raised opting for cautious change.

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 themes, 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

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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 motivated and passionate for change,” there are “huge issues that exist for parent carers,” that “people should take responsibility for their health,” as well as the “emphasis on holding individuals responsible for their own circumstances.” Respondents learned that there are “health inequalities outside of the control of health and care” and pointed out that “there is massive system complexity that people require support to navigate.”

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

Annex 1.

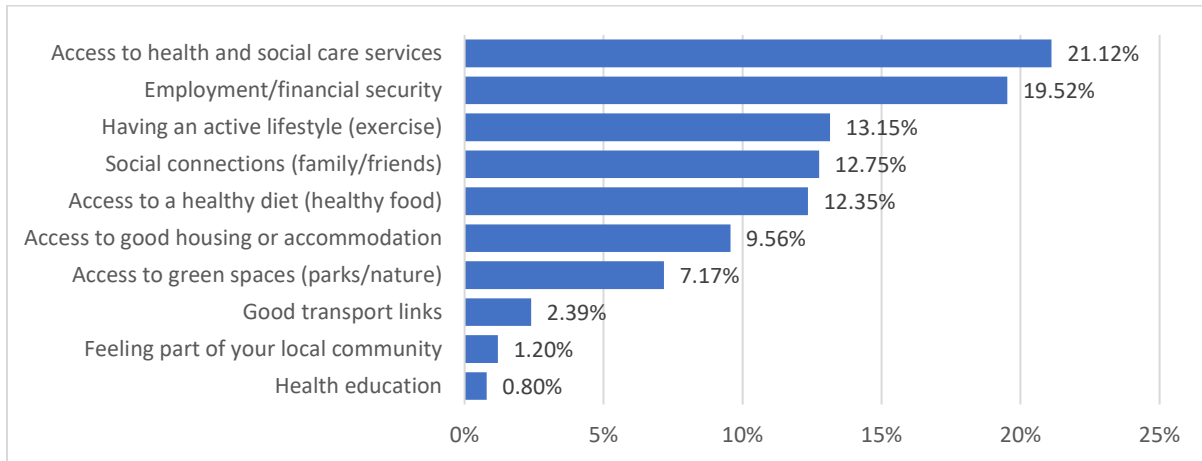
Graphs and Statistics of the National Survey

Full Descriptive Statistics

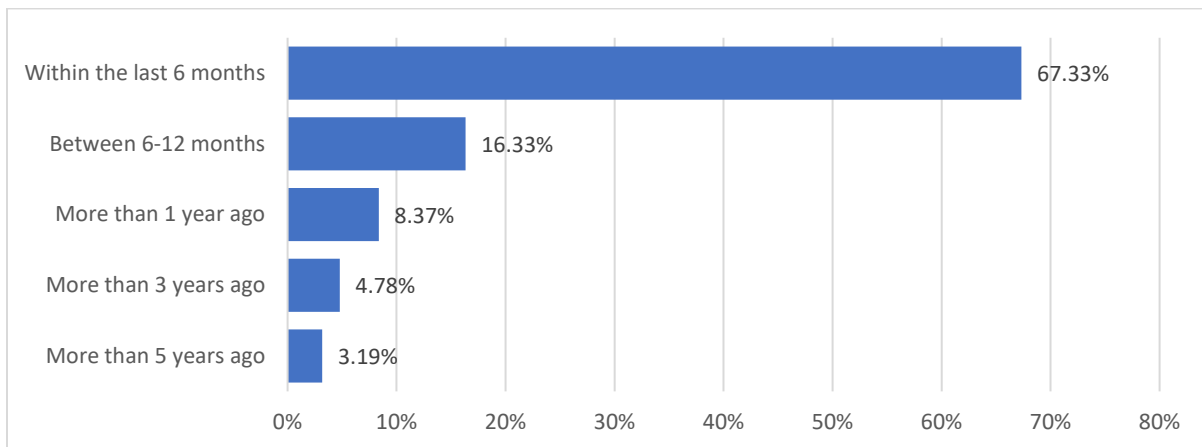
<i>Descriptive Statistics</i>	
Age	
Below 18	0.80%
18-24	2.39%
25-34	7.97%
35-44	16.73%
45-54	23.11%
55-64	25.50%
Above 65	23.51%
Grand Total	100%
Gender	
Female	72.51%
Male	26.29%
Non-binary	0.40%
Prefer not to say	0.80%
Trans-gender	0%
Other	0%
Grand Total	100%
Ethnic Background	
White/Caucasian	93.23%
Black/African/Caribbean/Black British	0.80%
Mixed/Multiple ethnic groups	1.20%
Other ethnic group	0.80%
Prefer not to say	1.99%
Asian/Asian British	1.99%
Grand Total	100%

Survey Results

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



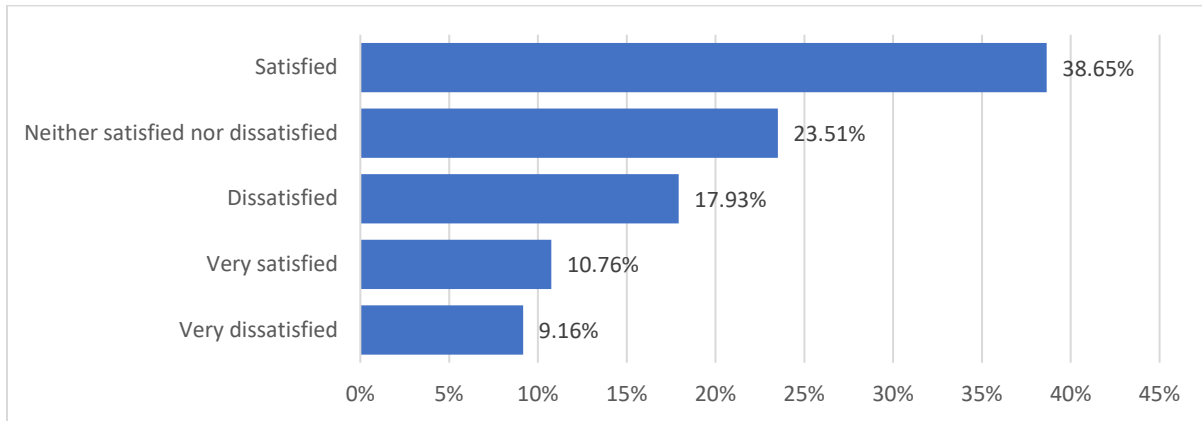
When did you last use any form of health and/or social care services in Wales?



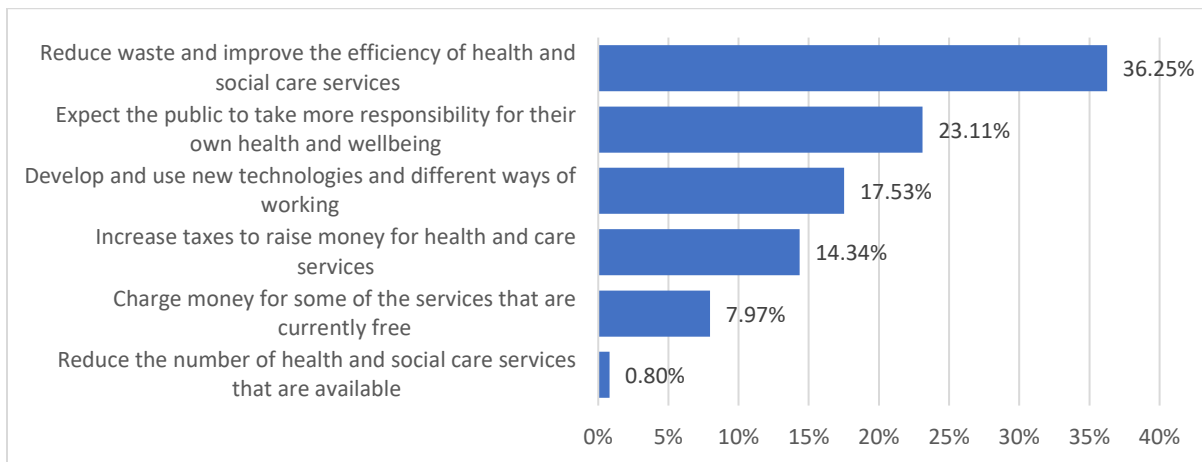
How satisfied are you with your past experiences of using health and social care services in Wales?

Bevan Commission 2023

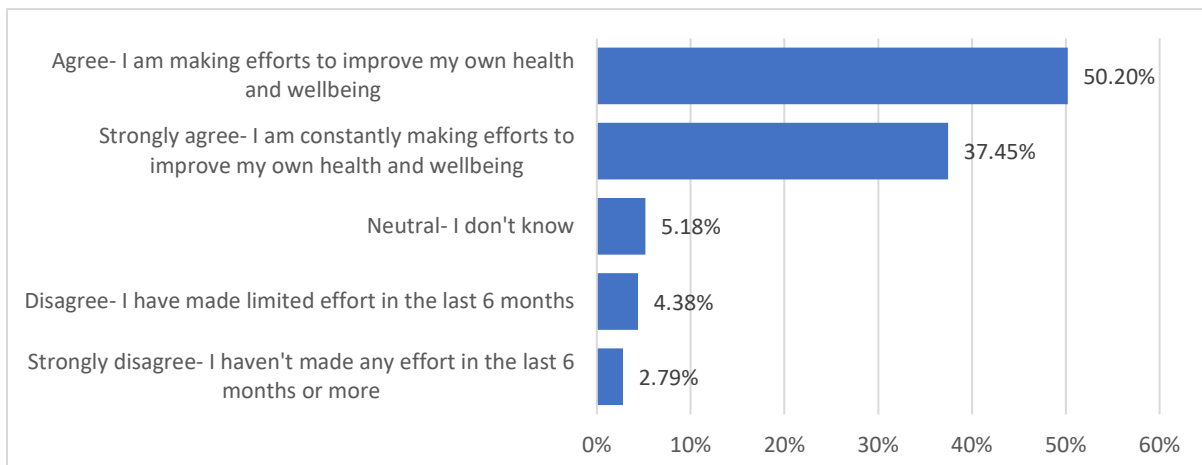
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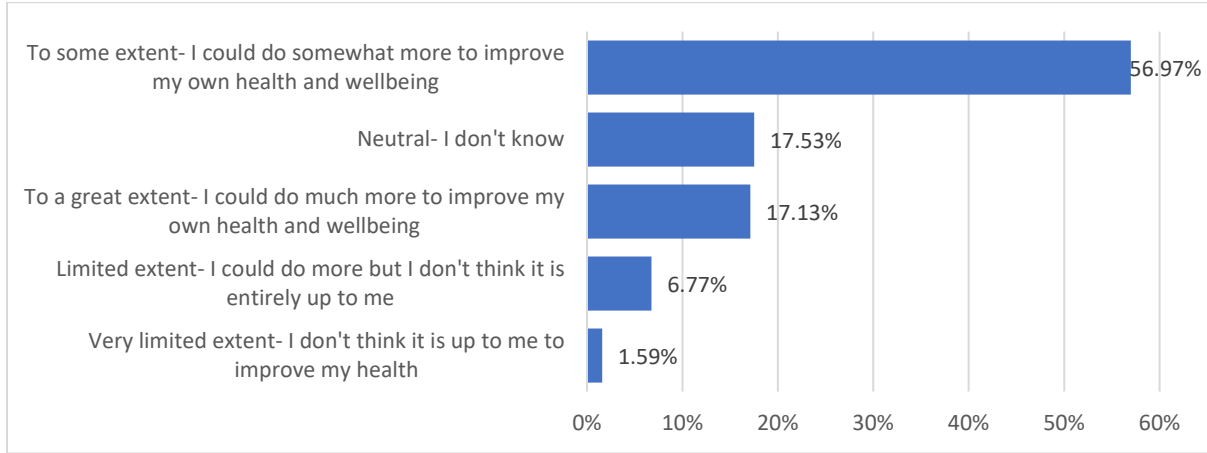
Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs? (select up to 3)



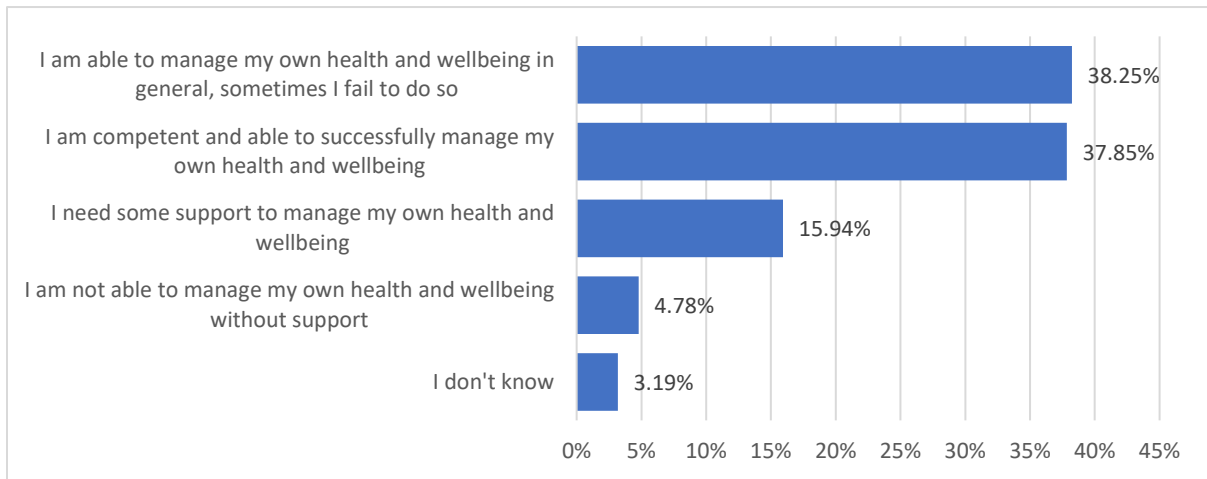
Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?



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



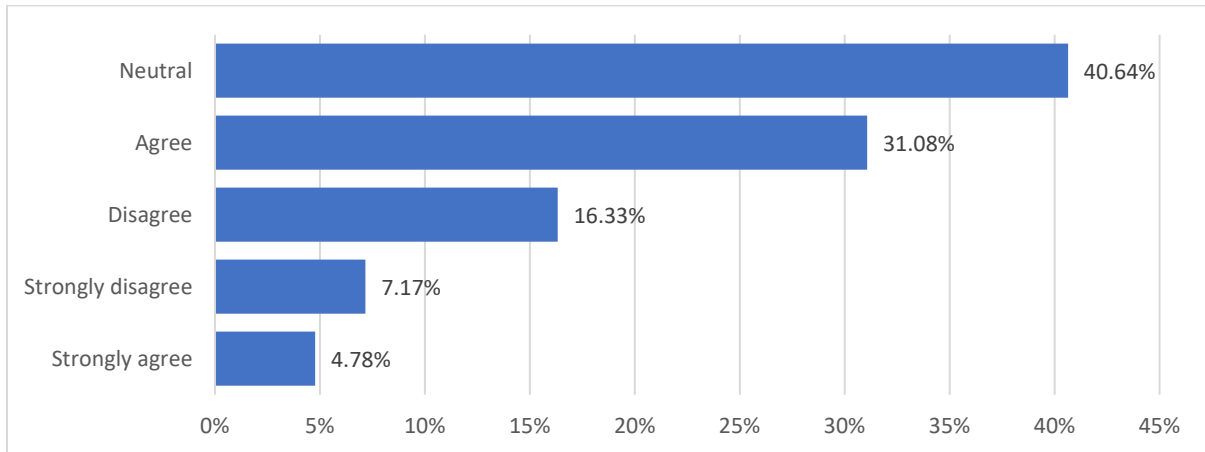
To what extent do you feel able to effectively manage your own health and wellbeing?



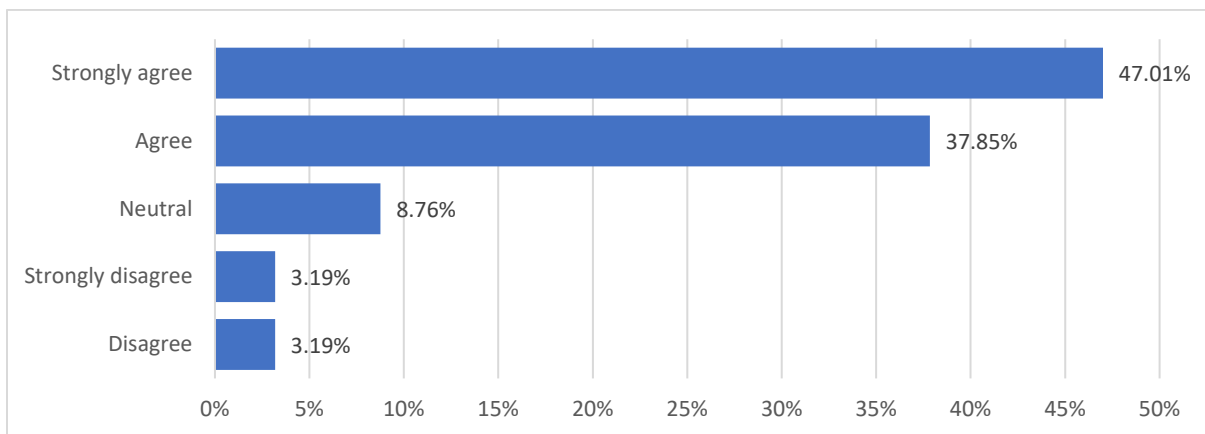
Do you think your local community provides an environment that promotes and supports good health and wellbeing?

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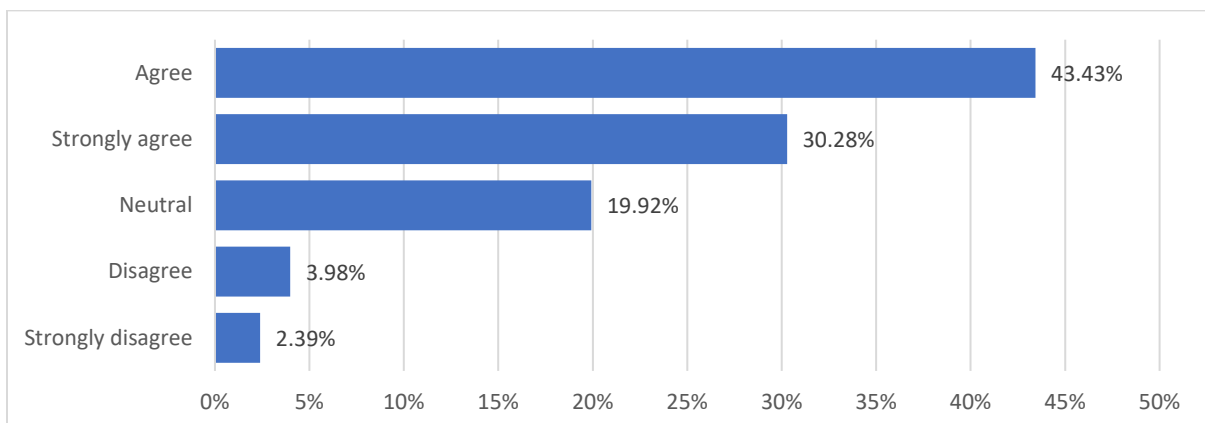
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The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.



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



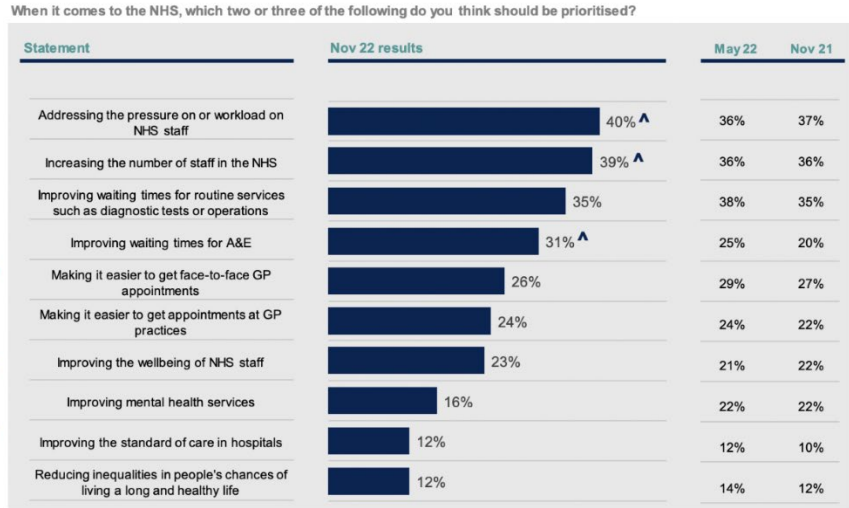
Annex 2.

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



Bases: All participants, Nov 2022 n=2,063 24h – 30h November 2022, May 2022 n=2066 26h May – 1st June 2022, November 2021 n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel LK.

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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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