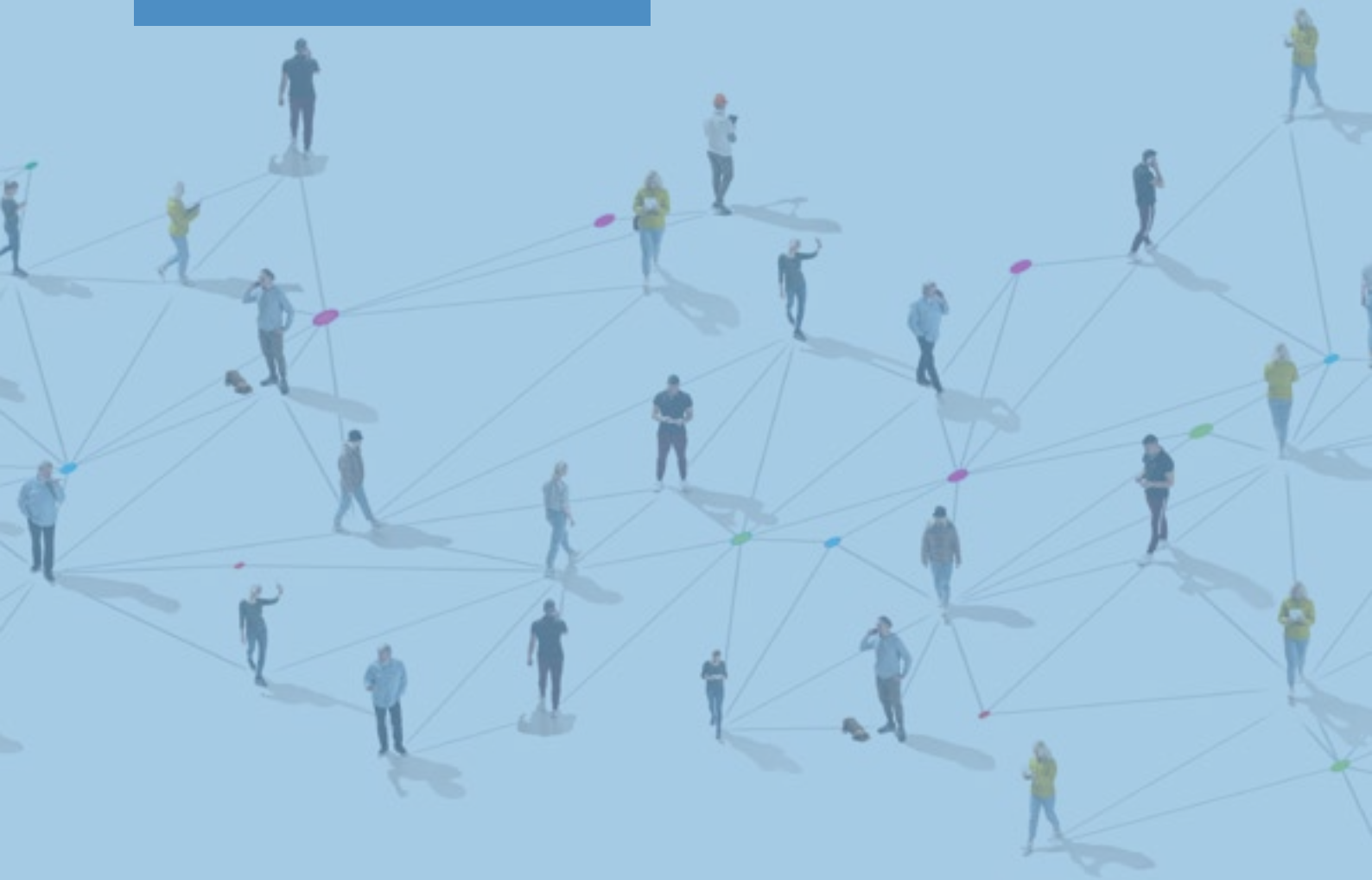


**Comisiwn
Bevan
Commission**



A Conversation with the Public

Challenges and Opportunities for change

Executive Summary

January 2024

ACKNOWLEDGEMENT

THE BEVAN COMMISSION WOULD LIKE TO THANK PROFESSOR MARCUS LONGLEY FOR HIS ENORMOUS CONTRIBUTION AND FACILITATION OF THE CONVERSATION WITH THE PUBLIC, AS WELL AS PROFESSOR MARK LLEWELLYN, UNIVERSITY OF SOUTH WALES FOR HIS VALUABLE INPUT AND SUPPORT.

The Bevan Commission would also like to offer our sincere thanks to all the participants for giving their time and insights to inform this work.

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

EXECUTIVE SUMMARY

The *Conversation with the Public* was 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, and one event was conducted online. This aimed 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 in-person 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 national level surveys were disseminated through multiple means, receiving upwards of two-thousand responses.

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



**PEOPLE WANT TO BE HEALTHY AND
LIVE LONG AND FULFILLED LIVES BUT
NEED HELP TO DO THIS. IT NEEDS TO
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TO ACCESS SERVICES. AT ALL AGES,
ABILITIES, AND BACKGROUNDS**

Conversations at town hall events demonstrated a strong and common desire for systemic change at local, organisational, and national levels. This was accompanied by a clear recognition of shared responsibility, including citizens' own personal and collective responsibilities to inform and support the changes needed, through individual and community action. To enable this, members of the public expressed a need for better communication alongside clear direction, guidance, and support from practitioners and policy makers alike.



Analysis of the key factors affecting the health and wellbeing of people and communities across Wales identified the following seven consistent themes (alongside examples of sub-themes sitting within each). Despite slight regional variation, as to be expected, there was a strong consensus across all eight events, providing a robust framework and evidence base to support subsequent action.

- 1. Prevention, Early Intervention and Lifestyle:** The need for greater investment in preventative services to improve health and reduce demand on primary, secondary and social care settings; the role that people, communities and local organisations can play in supporting health and intervening early to avoid escalation; lifestyle choices and behaviours that impact health and wellbeing, and their causes such as inequalities and social context.
- 2. Empowerment and Shared Responsibility:** A power imbalance and a lack of trust between patients and professionals, leading to a feeling of disempowerment; lack of social cohesion and sense of community leading to a perception of low support levels; a need to encourage and support citizens to take shared responsibility for their health and wellbeing.

- 3. Integrated Services and Support:** Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations; high levels of waste across health and social care services; lack of access to services and support; over-medicalisation of support; and continued focus on a medical model of care rather than social or other biopsychosocial models of care.
- 4. Wider Determinants of Health:** Deprivation as a leading cause of ill health and wellbeing, including economic and time poverty; the cost of living and food insecurity; challenges relating to housing, the local environment and services including housing quality, community services and transport links; work-life balance and social isolation including loneliness, mental health, and disabilities.
- 5. Communication:** A lack of communication between people, professionals, systems and services; a lack of inclusivity in care and service design; not being listened to; a lack of access to appropriate information about services, support and managing health and wellbeing; the challenge of digital exclusion.
- 6. People across Communities:** The increasingly ageing population and the challenges of increased demand; ageing seen as a burden; the lack of family structures and support around older people unable to look after own health and wellbeing; challenges facing younger people, especially since Covid-19; a lack of health literacy related education in schools; and a lack of green spaces for younger people.
- 7. Workforce:** Challenges relating to wages and a lack of parity between health and social care staff; concerns about the future sustainability of the workforce, aligning with workforce recruitment and retention issues; poor working conditions with high stress and staff feeling undervalued; challenges related to the social care workforce; paid and unpaid carers; and a lack of recognition and value of the third sector. The role of the employers in supporting the health and wellbeing of the workforce was also noted.



**PLEASE ACT NOW TO HELP ALL
OUR FUTURES BE BETTER. OURS AS
WE AGE; OUR CHILDREN'S AS THEY
GROW; THEIR KIDS AND FAMILIES
TO COME**

Members of the public were also asked to identify solutions to the challenges they highlighted, structured according to delegated responsibility, including individuals'; local (organisational); and national responsibility (Welsh or UK government). These ranged in terms of their scale, ambition, and practicality, as summarized with examples below.

Responsibility:	Examples drawn from discussion:
Individual	Building good habits at home; taking greater responsibility; developing greater support within families; seeking advice earlier; contributing to communities; volunteering; education/training (tools & support); speaking up and engaging.
Local	Health on the high street; greater joint working across public services; develop community champions; improved access to services; community participatory budgets; 'one-stop-shops' for health and social care; improved guidance.
National	Greater investment in preventive services; restructuring of the health and social care system; longer-term funding for community/third sector projects; reassessing wages; valuing the assets that people bring; delivering on political commitments.

Analysis of data drawn from two research surveys added greater depth to the knowledge accumulated from the local town halls. Although often demonstrating similar trends, some differences across the population were apparent. Key insights from a national survey distributed by the Bevan Commission completed by over 1000 people across Wales included:

- Social connections, such as family, friends and communities (20%), alongside employment and financial security (17%) were reported to have the greatest influence on people's health and wellbeing, followed by access to health and social care services (14%).
- Waste reduction/efficiency improvements (29%) and technology/new ways of working (26%) were viewed as the most important methods of managing the challenges in the health and social care sector.

A representative survey distributed to a sample of 1000 people by Beaufort Research also found that:

- Having an active lifestyle (44%) and access to healthy diet (44%), followed by social connections (38%) were reported to have the greatest influence on people's health and wellbeing.
- Waste reduction/efficiency improvements (64%) and technology/new ways of working (55%) were viewed as the most important methods of managing the challenges in the health and social care sector.



**I FEEL THAT THE STANDARD OF
HEALTHCARE IS VERY GOOD, ONCE
YOU CAN GET PAST THE INITIAL
BARRIER OF SEEING A HEALTH
PROFESSIONAL**

This Conversation with the Public has developed greater insight and understanding providing a strong basis from which more effective communication with people from across Wales can be continued in future. Policy makers, and those charged with delivering and improving health and social care services, need to be talking and actively listening to citizens more frequently and effectively than they do at present.

‘Consistent dialogue with the public should be seen as a vital part of providing high-quality health and social care services, not as an arduous task, which is often delivered tokenistically.’

People across Wales want to engage more on issues related to their health and social care, where they clearly see the need for change, and are willing to support others to realise this. 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 which often seems unnecessarily complex, opaque, and obsessed with its own pre-occupations rather than those of the public – which should perhaps inspire and jolt us all.

There is much in this document that now requires reflection and action. The Bevan Commission will continue to contribute to and support that process, working alongside others in coming years. There are ideas here which echo what policy makers have been seeking for some time, and now need a real push forward; there are others which may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care 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.

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