

Comisiwn Bevan Commission

A Conversation with the Public

Online National Town Hall Report

January 2024

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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'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, alongside an online event open to members of the public from all health board areas, engaging directly with over 250 citizens. 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.

“The pattern of investment is all wrong - the rhetoric is all about community, the reality is all about the hospital”

This report focuses on the findings stemming from the online town hall event and surveys completed by those who attended. 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.

“Poverty and inequality are the fundamental undermining factors reducing people's abilities to achieve wellbeing”

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Analysis of the key factors affecting the health and wellbeing of people and communities across Wales who attended the online town hall 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 summarized with examples below.

<i>Responsibility</i>	<i>Examples drawn from discussion</i>
<i>Individual</i>	<ul style="list-style-type: none">○ Thinking about and preparing for the future i.e. putting plans together as an individual and a family.○ Building networks and connections to make sure you have people around you when you need support.○ More intergenerational support.
<i>Local</i>	<ul style="list-style-type: none">○ Increased social prescribing.○ Initiatives such as community gardens – good for individuals, the community and the environment.○ Improved communication and transparency. Be able to have a record of what was discussed in your consultation.
<i>National</i>	<ul style="list-style-type: none">○ Regulate the supermarkets.○ Improved public transport throughout Wales.○ Encourage more co-production – many patient participation groups are not well organised, merely a talking shop and tick box exercise by organisations. It should be done <i>by</i> the public, not being done <i>to</i> the public.

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 included:

- Social connections and employment/financial security (both 16%) were reported to have the greatest influence on people's health and wellbeing, alongside access to health and social care services (15%).
- Developing and using new technologies and different ways of working (30%) was viewed as the most important methods of managing the challenges in the health and social care sector, with nearly one quarter of respondents (24%) agreeing that the focus should be on reducing waste and improving efficiency.
- Less than half of respondents (42%) 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.

People across 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 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.

There is much in this document that 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 that echo what policymakers have been seeking for some time, and now need a real push forward; there are others that may have been dismissed as too difficult in the past, but which now demand reconsideration as health and social care services face significant challenges. We would encourage that this paper, and its suggestions, are actively used to inform policy and improve practice in health and social care from 2024 onwards.

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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.

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

- There is strong support for measures to address workforce shortages in social care:
 - Improving training and development opportunities for existing staff (85%).
 - Improving current working conditions in social care, such as paying the costs of travel between people's homes or sick pay (84%).
 - A minimum pay rate for care workers, set above the national living wage (81%).
- Details about prioritization can be found in Annex 2.

What people in Wales think:

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

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

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

People¹² in Wales reported that:

- Increased waiting times have had a negative effect on their lives (51%).
- They spend money on their mental well-being in a typical month (59%).
- They would be more likely to use community pharmacy walk-in services if they knew it was taking steps to reduce its impact on the climate (61%).
- They find it important that people take action to protect their mental wellbeing (58%), but only 29% know what actions to take if needed.

Methodology

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

Ethical Approval:

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

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.

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

All venues were also accessible for participants with physical disabilities.

The Town Halls:

The *town hall* is an efficient qualitative method¹³ to elicit a broad range of suggestions from citizens regarding how to improve their own and population health, alongside identifying transformation priorities for the health and social care system, and to encourage a shared responsibility for health. A 'town hall' is a hybrid information-consultation session led by a professional facilitator¹⁴. To ensure the views of those who were unable to attend the local *town hall* events were captured, an online town hall, and an online survey was also developed.

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

Town Hall Agenda:

- **Introduction and Context Setting**
- **Challenges:** Open discussion with the participants:
 - What are the key factors affecting the public's health and wellbeing?
 - How could these challenges be addressed?
- **Solutions:** Roundtable activity, participants jot down solutions on sticky notes:
 - 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:

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

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

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- 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 national online town hall event 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 National Online Town Hall event was held on Tuesday 7th November 2023 on Zoom. Sixty-two people were in attendance, not including Bevan Commission staff, although not all could stay for the full duration of the event. Of the people in attendance, the majority were female, over the age of 55, and of Caucasian ethnicity.

Participants shared their journeys through the health and care system, that would have remained unexplored by the survey or have 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 the population. 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 online survey invited attendees 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 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 (structured notes, 'Messages to the Minister', and other data including comments in the chat function), 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* via a Microsoft Form. 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 Report:

The report is based on the sum of the findings of the town hall event and the analysis of the responses collected through the online survey.

Findings

Structure of the findings section:

This report is based on the analysis of the findings of the online town hall event. The structure of the emerging core themes was identified after the analysis of online event, that 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 event. 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 the online town hall discussion, survey, and messages to the minister.
- Factors affecting public 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 event.
- 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 1) *the individual, their family and friends* 2) *the local council, health board, and community* and 3) *the Welsh and UK*

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

Towards the end of the findings section, the results from the research surveys are presented. This complements the analysis of collective findings from the town hall event by adding a more detailed 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

"We don't have the education to know how to look after ourselves"

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 escalating by providing physical, behavioural, cognitive and social support. Participants raised the importance of early years interventions and prevention in relation to specific conditions such as pre-diabetes.

Education

The role of education in shaping habits, lifestyle choices, and access to services was discussed in the context of deprivation by the attendees.

- The effect of poverty on education
- More focus on health and wellbeing in schools to benefit future generations
- Education for families to influence their thinking and behaviours
- Education around nutrition, what to eat, and '*how the body works*'

Lifestyle

Lifestyle habits (diet, exercise etc.) were discussed in the context of time constraints and prioritisation.

- Convenience food is the new norm
- Having time to exercise and cook healthy meals is a luxury
- The stresses of modern life cause high blood pressure, weight gain, mental health issues

Example Message to the Minister

“Investment is needed in these preventative services which are essential, and which can save so much money for the NHS by providing the necessary knowledge, education, skills, and support needed to prevent people becoming ill and needing to access services.”

Survey Insights

When asked if attendees felt they have the knowledge and support to make healthy choices regarding their health and wellbeing (lifestyle, food, work-life balance, etc.), 83% agreed. 13% felt they needed more support and information to make healthy choices, and 4% said they weren't sure.

Attendees were also asked if there were any areas they would like to improve their knowledge regarding their health and wellbeing¹⁵. A popular answer was that attendees would like more information about diet, nutrition, exercise, and how their body works.

¹⁵ Full list of responses can be found in annex 1.

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"> ○ Thinking about and preparing for the future i.e. putting plans together as an individual and a family ○ Building networks and connections to make sure you have people around you when you need support
Local	<ul style="list-style-type: none"> ○ Education from GPs about how to look after yourself ○ Increased social prescribing
National	<ul style="list-style-type: none"> ○ A broader range of public health messaging. Currently the messaging is <i>'one size fits all'</i> and many desirable behaviour changes are not feasible for everyone. ○ Need to embed into curriculum teaching children about health e.g. better home economics classes.

Shared Responsibility

"Working together is key. We all need to care together"

The erosion of community services, social cohesion and issues around a lack of trust in key organisations lead to people and communities feeling of disempowered and left behind. The empowerment of the public on specific issues, such as the shared responsibility of health, is essential to reach engagement and action. During the discussion, there was a **sense of helplessness:**

- A feeling that *"you have to be the loudest person in the room to be heard"*
- A desire for citizen forums, like in England and Scotland.

- The **power of people and their stories** – respondents felt that health boards prefer data and statistics over peoples' lived experiences.

People expressed the need for empowerment, such as **real co-production** and empowering people to be part of decisions.

Community and Social Cohesion

Experiencing a sense of community and lack of social cohesion was raised as an important issue. Attendees pointed out the importance of connections:

- People are lonelier now than ever, which affects their mental health.
- Young people need face-to-face contact and connections.
- People don't have time to reach out to neighbours and build relationships.
- Respondents questioned, "*what is community?*"
- Difficulty of relying on communities, "*people step up then fade away.*"

Survey Insights

When asked if attendees think their local communities provide an environment that promotes and supports good health and wellbeing, only 42% (less than half) agreed. 42% remained neutral and the remainder of attendees disagreed.

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"> ○ Nurture communal spaces ○ Initiatives such as community gardens – good for individuals, the community, and the environment

Wider Determinants of Health

“Health and wealth go together”

The wider determinants of health relate to various external factors, such as **employment, housing, poverty, and rurality. Economic deprivation and the cost of living (food shopping, childcare, and transport)** 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 conversations relating to wider determinants of health.

Poverty and the Cost of Living

- Attendees were concerned about **the cost of living and subsequent financial strain.**
- Attendees discussed their ability to buy healthy food and how it impacts their physical and mental health.
- There is increased utilisation of foodbanks in Wales for those in employment (in-work poverty).
- The prevalence of people working two jobs to be able to afford to live; has a knock-on effect on the time they have available to shop for groceries, cook healthy meals, and exercise.
- High cost of childcare in Wales (and the rest of the UK) again leaving little money at the end of the month for *‘luxuries,’* (e.g. gym memberships and social activities to relieve stress/nurture connections).

Housing and Rurality (Transport)

- Good quality housing is seen as a luxury
- Rurality creates inequality in service provision
- Transport poverty – limited public transport and high fees

Example Message to the Minister

“Ensuring everyone has a suitable home, enough money to buy food, healthy food at a reasonable price, green spaces, public transport, support networks and empowered communities, etc. which all contribute to physical and mental health and wellbeing”

Survey Insights

When asked what the greatest influence on their health and wellbeing is, relating to the wider determinants of health, 16% answered employment/financial security, 14% said access to a healthy diet (e.g. healthy food), 13% said having an active lifestyle (e.g. exercise), 8% answered access to good housing or accommodation, and 3% answered good transport links.

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"> ○ Within some areas of Wales there are free transport systems and lift share is in operation – this should be expanded. ○ More locally accessible services and working locally to reduce commuting time.
<i>National</i>	<ul style="list-style-type: none"> ○ Regulate the supermarkets. ○ Improve public transport throughout Wales. ○ More home working to allow individuals more time to spend with family and friends, be sociable, spend time on hobbies, and reduce commuting time.

Communication

“Communication continues to be a problem. There is no point in providing services or opportunities unless people are aware of them”

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 being 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 discussed by attendees.

Access to information and awareness of services

- People don't know what services are available, where to go for help e.g. pharmacies, mental health helplines, or how to use services responsibly
- Systems can be difficult to navigate leading to conditions getting worse and people becoming isolated

Communicating and co-producing with patients

- There is a lack of communication with certain groups of people e.g. those confined to their homes, those who live in rural areas.
- People want to be involved in their care decisions.
- Respondents felt that people being 'hard to reach' is an excuse, and that actually people are 'easy to ignore.'
- There was a general feeling that there is no 'follow through' with patient engagement exercises, *"Those of us who take part in surveys, campaigns, meetings when asked and what we say is not liked, or when we assist Welsh Assembly with investigations it seems to be not liked by so-called professionals."*

Example Message to the Minister

"Please work with us in designing a new care and wellbeing system that supports people to change their own lives for the better and to sustain the changes we make."

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"> ○ Increase signposting of people to other more appropriate services. If someone turns up at A&E unnecessarily, they should be given information about where they could have gone to have their needs addressed – both verbally and digitally, as most people have a mobile phone number on their record and often an email address. ○ Information needs to be more accessible – better designed.

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	<ul style="list-style-type: none">○ Improved inpatient and outpatient appointment systems.○ Improved communication and transparency. Be able to have a record of what was discussed in your consultation. Streamlining/better access to records.○ Managing expectations and being honest around what services are actually available (e.g. the lack of mental health services).○ Importance of a 'you said, we did' approach. Health boards and health services should make this commitment and show some accountability.
National	<ul style="list-style-type: none">○ Encourage more co-production – many patient participation groups are not well organised, merely a talking shop and tick box exercise by organisations. It should be done <i>by</i> the public, not being done <i>to</i> the public.

Services and Support

“We waste millions on poor service and care. Poor care cost the same as good care”

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:

- Patterns of investing – needs to be focused on communities, not hospitals.
- Need for increased support for unpaid carers.
- More investment in social care as *“we’re down to the marrow now.”*
- Delays in hospital discharges due to a lack of care packages – social care overpromising and underdelivering.
- Services being cut due to a lack of funding, especially community initiatives.
- Lack of joined-up services and lots of duplications.
- Need to make better use of technology.
- Charities providing the care missing from the NHS.
- More support for people to live at home and a better domiciliary care model.
- Limited accountability – mistakes are not learned from.

Example Message to the Minister

“We need one Care System encompassing Primary, Secondary and Tertiary Care also improved DTOC and Funding for Carers and support for Young Carers. This new system should still support the Bevan Principles. Greater use of technology obviating the need for transport.”

Survey Insights

When asked what is good about health and social care services in Wales¹⁶, attendees focused on the workforce, calling staff “hugely committed” and acknowledging that they are trying their best to provide appropriate information and support. Others focused on the very basics, such as having access to free services (GP, hospital, emergency care) and prescriptions.

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"> ○ Centralisation of healthcare – taken away from communities and into bigger and bigger hospitals. Bring healthcare back to local communities, rurality is difficult – need outreach services. ○ Create more community hubs/spaces to access services, clubs. ○ Utilise more primary care services such as optometry and community pharmacists to relieve pressure on GP practices. ○ Technology is getting increasingly cheaper. There is no reason why we can’t utilise this.

¹⁶ Full list of responses can be found in annex 1.

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	<ul style="list-style-type: none">○ Hospices are known to provide better end of life care than hospitals, yet hospices are having funding cuts.○ More use of charities and community organisations. They are grassroots and front-line, they can access people and tailor support and access to information for that specific area and group in question.
National	<ul style="list-style-type: none">○ More support for unpaid carers.○ Reduce waste, medication, dressings etc – save money. Waste management to be managed more effectively (manage resources better).○ Current funding is not always targeting best services – too much goes to hospitals and insufficient to primary care and community health and social care services.○ Funding for health and social care needs to be integrated to stop arguments about who pays for continuing health care, for example and facilitate hospital discharges and admission avoidance services.○ Create one health organisation. Abolish seven health boards. Centralise services so they are done on an equitable basis across Wales. E.g. Innovation should be centralised. Procurement should also be centralised.

Demographics

“Very adult centric view of health and social care – future generations are impacted the most - young people are expected to fit into an adult model”

Attendees commented on a range of issues relating to demographics, including access to services and support for the older and younger generations, alongside the issue of digital poverty (isolation) and young carers.

Digital poverty and isolation of the older generation

- Some people cannot afford smart phones or internet access, which can make accessing services and receiving support difficult.
- People living in rural areas may struggle with connectivity.
- Older generations are often left behind by the increasing use of technology.

Children and Young People

- Intergenerational activities and contact are lacking
- High numbers of young carers and young adult carers – predisposes them to become adult carers
- Young people do not have the skills or confidence to access the services they need or know where to turn for support

Example Message to the Minister

“Please be brave. Wales has a Future Generations Act. Please act now to help all of our futures be better. Ours as we age; our children's as they grow; their kids and families to come.”

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">○ More intergenerational support (younger members of the family support older members of the family).
<i>Local</i>	<ul style="list-style-type: none">○ More youth services.

Workforce

“Everyone within the system is lovely, but the system itself is broken.”

Health and social care staffing

- High number of vacancies in social care which makes it difficult to assess and meet the needs of patients.
- High turnover rates and staff leaving the sector.
- Wages are low and demands are high – impacts the health and wellbeing of the workforce.
- The workforce is burnout from COVID-19 – they don't have the resilience to respond to things the way they did pre-COVID.

Third sector and volunteers

- Wales relies heavily on volunteers to run services, but it is hard to find volunteers.
- Funding for charities creates issues around workforce sustainability – how can you sustain a workforce with short-term funding?

Example Message to the Minister

“Support social care pay and terms to be in parity with the NHS”

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.

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<i>Level of Responsibility</i>	<i>Solution</i>
<i>Local</i>	<ul style="list-style-type: none"> ○ Give third sector organisations three years funding (minimum) as current 12-month cycles has significant impact on planning, service delivery, staff and volunteer recruitment and retention.

Prioritised Solutions – What Would Make a Difference?

Attendees were asked **to vote on the most popular suggested solutions** from the local, in-person sessions that were held in each of the seven health board regions, with each attendee having three votes in each category (individual, local, and national). The table below represents potential solutions that relate to the individual, their family and friends; the local council, health board, and community; and the Welsh and UK government. The results of the polls are as follows:

<i>Level of Responsibility</i>	<i>Solution Rated as top priority</i>
<i>Individual, Family</i>	<ol style="list-style-type: none"> 1. Building knowledge and skills for health and wellbeing. 2. Taking responsibility for your own health. 3. Building family and community networks, using services considerately (in joint third).
<i>Local, Community</i>	<ol style="list-style-type: none"> 1. Joining up and co-ordinating services better. 2. Better communication and engagement with the public. 3. Tackling inequalities and accessibility issues.
<i>National</i>	<ol style="list-style-type: none"> 1. Focussing on prevention and early intervention. 2. Reforming and restructuring the health and care system. 3. Improving access to services.

Message to the Minister

Thirty-six messages to the minister were collected, giving a response rate of 58%. The messages can be categorised into the following themes, with some messages covering more than one theme.

1. Restructure and reform
2. Funding
3. Prevention and early intervention
4. Citizen engagement
5. Integration
6. Community services
7. Education
8. Workforce
9. Accessible services
10. Support for unpaid carers
11. Access to services
12. End of life care
13. Third sector
14. Increase tax
15. Social determinants of health

The list is in order of prevalence, with 1) restructure and reform, 2) funding and 3) prevention and early intervention being mentioned the most. We have included all the messages below.

“Message to the Minister” full responses

<i>Messages to the Minister</i>
Many hospitals are not accessible; no genuinely accessible loos, little design of buildings or services for those with visual impairment, etc. We need to understand that everyone will use the NHS and care services and design and run them accordingly.
Require a root and branch review of the health sector in its entirety.
How can you justify over 100 Social Worker vacancies in Adult Services in Wales without mitigating this by introducing the Trusted Assessor Role. Surely this would reduce a Social Workers workload leading to less stress and better recruitment and retention.

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Why are you failing unpaid carers? 96% of care is unpaid in Wales. 3 inquiries have provided recommendations and solutions and still we are in crisis. Include us or lose us. We may have the solutions.

Places that we visit have to be accessible, welcoming and with people to speak to - a first impression sets the tone and puts people at ease.

There needs to be more understanding and training about learning disability issues and health inequalities. If annual health checks were mandatory, then it would help identify health needs earlier on that would help with health and wellbeing. Information needs to be in accessible formats and due to communication and lack of understanding health needs are often not picked.

Please be brave. Wales has a Future Generations Act. Please act now to help all of our futures be better. Ours as we age; our children's as they grow; their kids and families to come.

Be brave - support early years' health and wellbeing; Be brave - support hospices and those providing services that matter for citizens and reduce pressures on the NHS;

Be brave - a national care and support service that works across health and social care to help keep people out of hospital/get home from hospital before family/current domiciliary care services can be there;

Be brave - improve effectiveness of services through inpatient and outpatient systems that give citizens choices (and improves attendance);

Be brave - support social care pay and terms to be in parity with the NHS; Be brave - invest more in helping prevent deterioration of health (e.g. individuals identified as pre-diabetic; or in community-wide screening to prevent disease); Be brave - we talk about NHS Wales, but have 7 separate LHBs and a postcode lottery; reform so key infrastructure/software/technology is the same across Wales;

Be brave - have a single national body responsible for innovation / adoption / screening / clinical trials (so not within individual LHB choice nor external bodies) and reap the benefits across Wales as we become a nation able to adopt global best practice quicker and where global pharma/technology firms want to work with us;

Be brave - stop doctors paid full-time on public sector salaries from working privately unless they go part-time;

Be brave - manage the public and workforce's expectations about what needs to change and the journey we need to go on;

Be brave and refer to public services and be open to those being delivered by the best possible organisation - whether public, private, or voluntary;

Be brave and support unpaid carers properly - we rely upon them;

Be brave and help our children at school learn about health and wellbeing to live better lives (and help their older family members too);

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Be brave and be remembered alongside Nye Bevan as making a lasting impact on the nation's health and wellbeing.

Be brave; if you can't be, how can we be healthier?

Radical change to meet the needs of the people of Wales - Government restructure to integrate health and social care regulation and governance at top level then integrated organisation and accountability of regional (smaller regions than the current health board areas) health and social care services (including ambulance services and third sector). The health boards are too big e.g., in North Wales the cultures, rurality, needs, and deprivation in East, West and Central vary enormously; one size does not fit all and prevents targeted planning that can be operationalised and implemented effectively. Targets at all levels are never met because the structures and non-alignment set both health and social care up to fail. If the same leadership is responsible and accountable for finance and resource decisions, services provided, holistic approaches to care management that are genuinely patient/service user-focused, integrated person-centred care is possible. Study after study shows that the majority of people would be happy to pay increased income tax to improve health and care investment (but in order to work, current systems need radical change).

Be brave. Dismantle the current system. Clear out the regional infrastructure to create a clear line of sight between local and national. Create a national body for acute health (hospitals). Stop trying to integrate systems. Build a new Community Health, Care, and Wellbeing Service – primary care, social care, public health, voluntary & community sector as equal partners. Develop patch-based approaches to care (Buurtzorg) and hyperlocal care/wellbeing community-led models of care, support and wellbeing. PSBs should be enablers and supporters. Proactively develop the social enterprise sector – surpluses to be invested in preventative services

Please work with us in designing a new care and wellbeing system that supports people to change their own lives for the better and to sustain the changes we make.

Will there be greater investment in health services that support improvement in health and well-being and enable people to live independent lives such as Physiotherapists and Occupational Therapists.

Please consider introducing specialists in Wales (or access to specialists in England!) for rare conditions (e.g., Ehlers Danlos).

We are in the position we are in now due to political choices that were made on our behalf to profit the few (neoliberalism). I believe politics is the way to improve the situation too. I feel grateful to live in a country where equality, kindness, wellbeing and many other things are being enshrined in law but there is still so much work to do to counter hatred, division and toxicity in ours. I would very much like to be part of making Cymru a world leader in fairness, wellbeing and happiness.

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<p>Wales does not have all the knowledge and skills to train staff in all medical conditions. Money must be spent on upskilling staff, not just encouraging them to share their minimal knowledge with each other.</p>
<p>Stop blaming England, you are funded but do not spend it appropriately and you need to handle your finances correctly and with probity. Stop funding hopeless businesses and ring-fence health</p>
<p>Be radical. Create a national system for acute health. Build a new Community Health, Care & Wellbeing Service (primary, social, public health, voluntary & community sector as equal partners). Develop patch-based approaches to care and hyperlocal approaches to wellbeing. Clear out regional structures clear line of sight between national and local. PSBS as enablers and supporters.</p>
<p>One size does not fit all in delivering healthcare provisions. International studies show that management and delivery have to be as local community focused as possible. For example, the North Wales health board needs to split into two as a matter of urgency if any improvement is to be delivered short-term</p>
<p>Supporting and empowering individuals and communities to take care and responsibility for their own health and wellbeing is a much more efficient and economical way of dealing with health, which takes into account specific community issues and strengths. Decentralising health could be a positive solution to the issues faced by the NHS and other services.</p>
<p>The NHS in Wales is broken beyond repair. Just today the Heath declared a Black alert. There needs to be a far greater investment into the health service, with money being diverted from ideological policies such as the 20mph introduction.</p>
<p>This a "BEVAN MOMENT". We need one Care System encompassing Primary, Secondary and Tertiary Care also improved DTOC and Funding for Carers and support for Young Carers. This new system should still support the Bevan Principles. Greater use of technology obviating the need for transport.</p>
<p>We ask you to invest more in the health and care sector, particularly the charities and community organisations which do fantastic work in the area. These services go above and beyond for very little money, often in the face of cuts, which cause stress and put pressure on services which are making a real difference. Investment is needed in these preventative services which are essential, and which can save so much money for the NHS by providing the necessary knowledge, education, skills, and support needed to prevent people becoming ill and needing to access services.</p>
<p>Dear Minister, as an unpaid carer of over 40 years how would you help to support me and other unpaid carers to carry on our caring roles in good health and wellbeing?</p>

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Rural communities need services that are structured to deliver health and care in a very different way to urban areas, how can people access acute care more easily, and how will you address inequity in access and support for unpaid carers with high levels of stress and anxiety.

We mostly All know key areas to running a business albeit Public sector there are key main areas; Resources / Funding and Priorities (not in that order necessarily). In my time at the NHS I've always come back to these three areas with the positive impact always being aimed at the Patient and Patient Care. How can we save more lives by improving processes? Why do we have waiting lists? and Can we please have more Transparency around our Wales Funding and where this is spent and how. Is the correct level of Autonomy given to the CEO's / Chairs and Execs of the Wales Trusts and Health Boards in order to provide a successfully run Organisation for the Public.

Three simple things are needed for health and social care - care, compassion, and understanding.

Communities have the solutions to help transform health and social care into a preventative wellbeing service. Community transport is a key enabler in helping people to access wellbeing services and needs to be considered as an integral component of any true 'health' service in the future - not as an afterthought, but as an invaluable means of providing equality of access for everyone. Reinvest some of the existing budget to community-led transport services to see significant improvements in population health.

I think we need to start fundamentally rethinking our approach to primary care services, with more community hubs with better signposting to local services. The role of your first point of care should be to explore, educate and listen, rather than bash through a consultation and prescribe/refer immediately. More services devolved out to GPs/communities where useful (particularly mental health, befriending/loneliness etc.) would do massive good to join up existing primary care and third sector work and give more people agency over their own health. We need to move to a personalised model of care, starting with reforming primary care. Please take this into consideration.

The current structure of the NHS in Wales means health boards have far too much power. They lack the guidance from a more national body as seen in NHS England to share best practice (not to say that it's perfect there either). We need to create a culture of improvement that benefits all, rather than competition between health boards. If best practice was shared by all, so much more could be achieved.

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The solution is to have a single health and care service, and support people through investing in preventative work in order to reduce the need for acute services. This includes ensuring everyone has a suitable home, enough money to buy food, healthy food at a reasonable price, green spaces, public transport, support networks and empowered communities, etc., which all contribute to physical and mental health and wellbeing. Thank you.

More on prevention and supporting wellbeing within the community and as many services as possible delivered by people with lived experience and not necessarily professionals.

Our Health needs a Voice, Our Health needs your Choice, Our Health needs you to be bold, Our nation has caught a cold! It's time to be brave, it's time to save Our lives and those to come as the status quo cannot run. Invest in prevention, Support retention. Make haste, Reduce waste Unify as one NHS body, Adopt or else it's folly! Early years and school: Education as a tool. To make change last Build on our past: Nye was then; we need now NHS is not a sacred cow.

Please look to best practice in other countries where the population consider themselves to have a better life experience than us and use those findings to establish a review and reform of our health and care service

Start with honest conversations about H&SC - what is working, what isn't what we can afford and what we can't etc. Next devolve down to individual, family and community as much information, power, responsibility and resource as possible. Finally invest in prevention and wellbeing primarily brave and stop doing some things that are currently not returning a wellbeing impact

At a time when 1 in 4 people die without the care and support, they need at end of life, and demand is increasing, why are we not supporting independent hospices to help support people in their own homes? We are seeing real cuts to services which will place a greater burden on unpaid carers and see more admissions to hospital. We only have one chance to experience a good end of life so it's crucial we get it right.

I would like to see some work around asking the citizens of Wales what they need with regards to health care. Then for collaboration between Health Sector, Public Sector / Social care and third sector with sufficient funding from Government to provide the care that is identified.

Health boards need greater accountability to transform workforce and existing service models radically, how will you support them to ensure there is the incentive and opportunities to shape the future workforce models whilst there is such financial restrictions which halt progress to front load capacity?

Survey Results

24 attendees completed surveys, giving a response rate of 39%. The demographics are as follows:

- The majority were above 55 years of age
- 71% were female
- 92% were of white/Caucasian ethnicity
- The majority were from the HDUHB locality
- 54% currently work in the sector, with a combined majority of 63% having worked in the sector at some point (either currently or previously)

Full descriptive statistics and all graphs showing detailed survey results can be found in annex 1.

General Insights about Health and Wellbeing

Satisfaction with health and care

Just under half of the respondents (42%) are satisfied with health and social care services, based on their past experiences. 75% 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 (83%) reported to have made an effort to improve their own health and wellbeing in the past six months, and yet 71% agree that they could do more. 13% of respondents believe that it is not up to them to make further improvements to their health and wellbeing.

71% 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.

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. 88% of the respondents believe that the public should take more responsibility. A significant 8% chose to stay neutral on the issue, while 4% disagreed. Those who currently work in the sector were more likely to agree or strongly agree that the public should take more responsibility in comparison to those who have never worked in the sector or used to work in the sector.

The greatest influence on individual health and wellbeing...

The factor that has the greatest influence on respondents' health and wellbeing was found to be social connections and employment/financial security (both 16%), followed by access to health and social care services (15%). Despite health education being discussed at the town hall in the context of wider population health outcomes, it came in joint last place with only 3% (alongside good transport links). Respondents who live in the BCUHB locality were more likely to select good transport links as the greatest influence on their health and wellbeing. This could be because North Wales is very large and, in parts, rural.

Respondents who had never worked in the sector were more likely to select 1) access to a healthy diet, 2) access to green spaces, 3) access to health and social care services and 4) good transport links as the greatest influence on their health and wellbeing. Respondents who currently work in the sector were most likely to select having an active lifestyle.

Local community support

Less than half of respondents (42%) either agreed or strongly agreed that their local community provides an environment that promotes and supports good health and wellbeing. This is interesting as only 4% of respondents said that feeling part of their local community had the greatest influence on their health and wellbeing. A significant 42% of respondents remained neutral on whether their local community promotes/supports health and wellbeing, with 17% 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?

Developing and using new technologies and different ways of working (30%) was viewed as the most important method of managing the challenges faced in the sector. Nearly one quarter of the respondents (24%) felt that the focus should be on reducing waste and improving efficiency. 11% would consider raising taxes, and 10% agreed with charging money for some of the services that are currently free. 2% of the respondents would consider reducing the number of available services.

Attendees were also given the option of submitting their own ideas for how services in Wales can be improved¹⁷. Answers focused on better/more investment, integrating services, recruiting more staff, and having a stronger focus on preventative, community services.

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

Most respondents (71%) agreed that the public could do more to help services. 13% remained neutral, and 17% disagreed. Respondents who currently work in the sector were most likely to agree or strongly agree.

Polling Data

Towards the end of the online event attendees were asked to answer several polling questions in real time. The five questions focused on how radical we should be when transforming systems, whether we are delivering on Aneurin Bevan's principles and whether they should still apply, whether we should integrate services, and opinions on whether we should increase taxes.

¹⁷ Full list can be found in annex 1.

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1. How radical do you think we need to be in terms of changing the health and care system in Wales?

48% of attendees feel we need to be very radical in our approach to transforming systems, with 0% answering 'not very radical'.

2. To what extent do you agree that Aneurin Bevan's founding principles of the NHS should apply; comprehensive, free at the point of use, and accessible to all?

69% of attendees believe that Aneurin Bevan's founding principles should still apply.

3. To what extent do you agree that we are currently delivering on Aneurin Bevan's founding principles in the NHS in Wales; comprehensive, free at the point of use, and accessible to all?

0% of respondents believe that we are currently *completely* delivering on the founding principles.

4. Should health and social care services be joined up into one single system?

70% believe that we should have one integrated system, with 24% disagreeing and 6% saying they aren't sure.

5. Should we pay more tax so that more money can be invested into health and social care services?

58% feel that we should pay more tax to fund services, with 27% disagreeing and 15% saying they don't know.

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 across Wales, 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 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 several 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.

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

Annexes

Annex 1

Graphs and Statistics of the National Survey

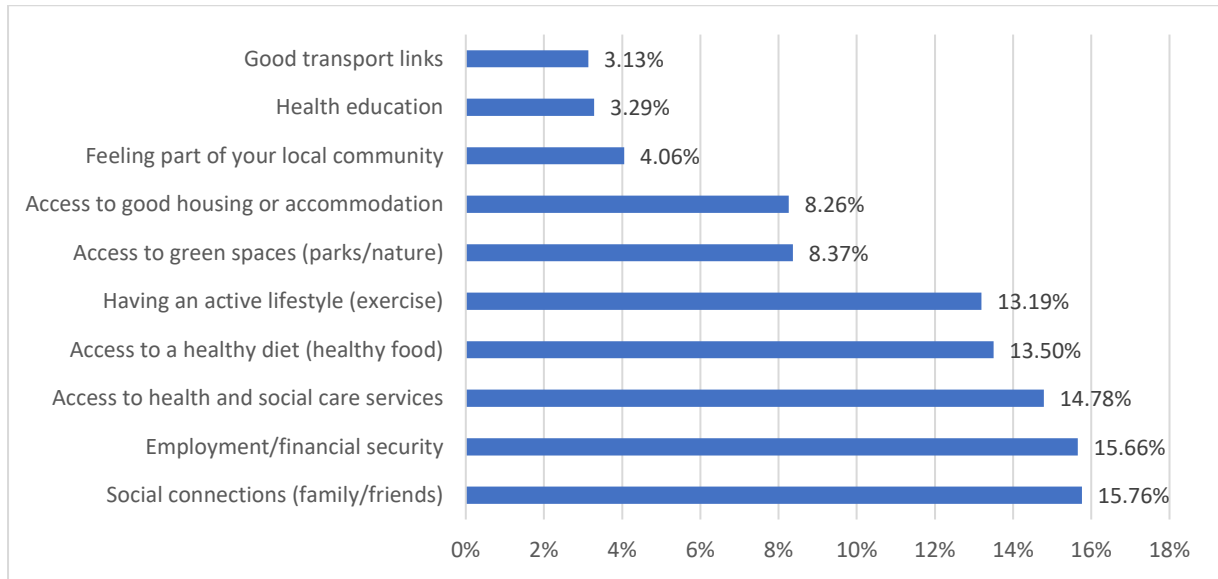
Full Descriptive Statistics

<i>Descriptive Statistics</i>	
Age	
Below 18	0%
18-24	4.17%
25-34	8.33%
35-44	8.33%
45-54	20.83%
55-64	29.17%
Above 65	29.17%
Grand Total	100%
Gender	
Female	70.83%
Male	25%
Trans-gender	0%
Non-binary	0%
Prefer not to say	4.17%
Grand Total	100%
Ethnic Background	
White/Caucasian	91.67%
Black/African/Caribbean/Black British	0%
Mixed/Multiple ethnic groups	4.17%
Other ethnic group	4.17%
Prefer not to say	0%
Grand Total	100%

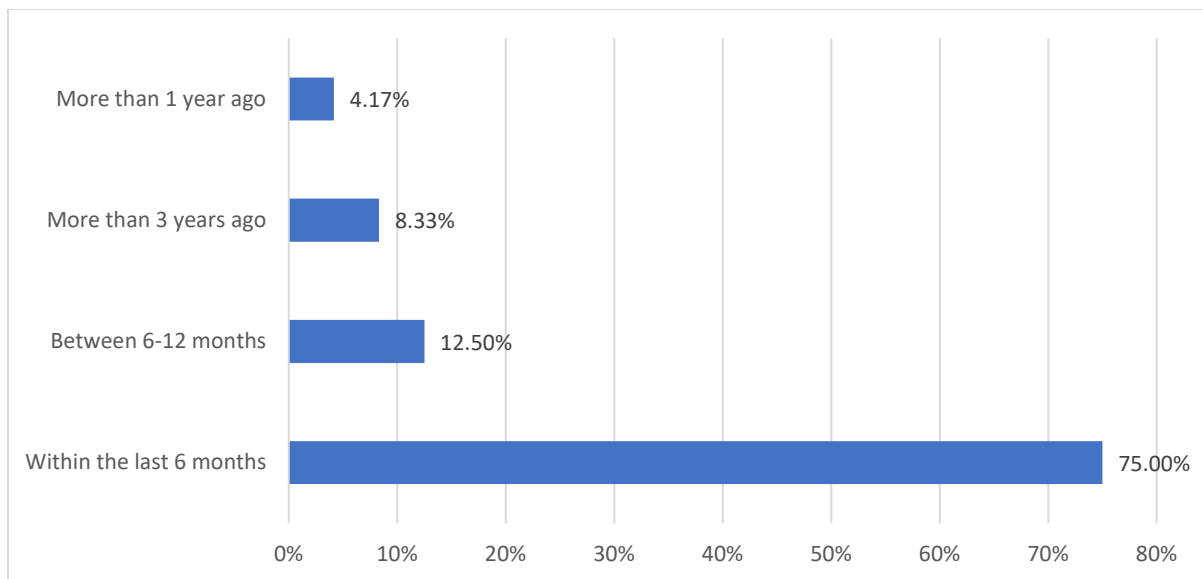
Survey Results

Which of the following would you say have the greatest influence on your health and wellbeing?

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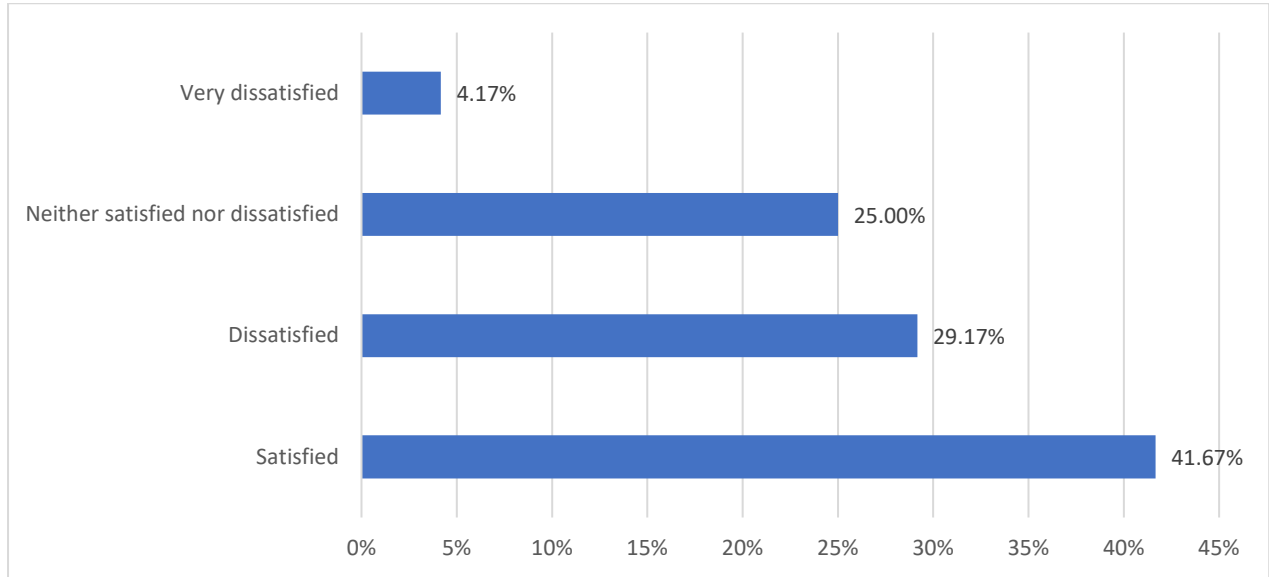


When did you last use any form of health and/or social care services in Wales?

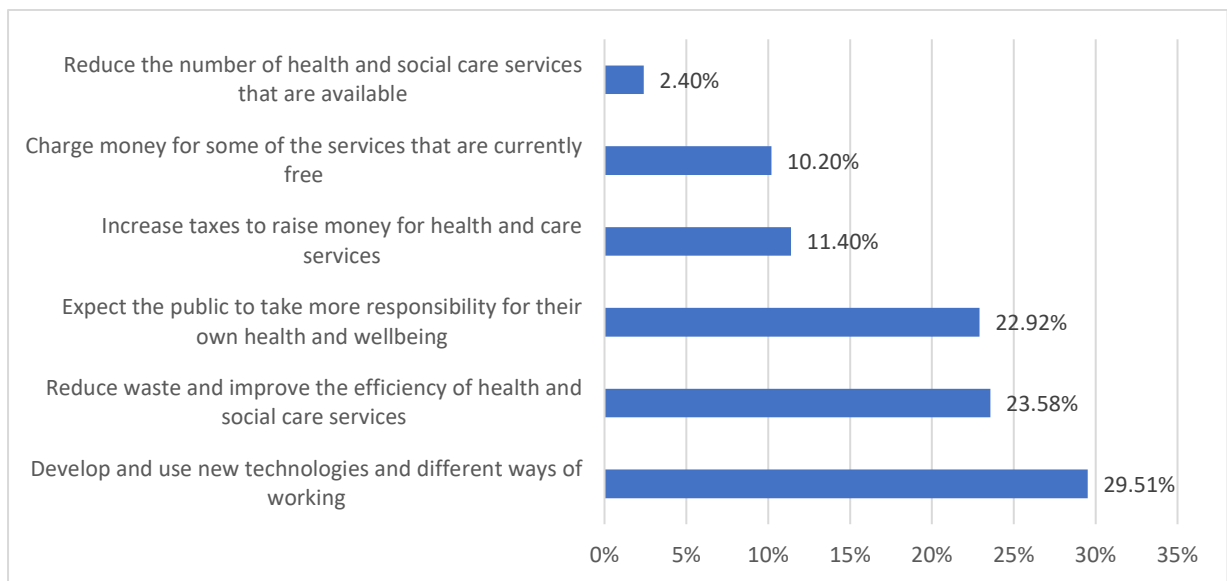


How satisfied are you with your part experiences of using health and social care services in Wales?

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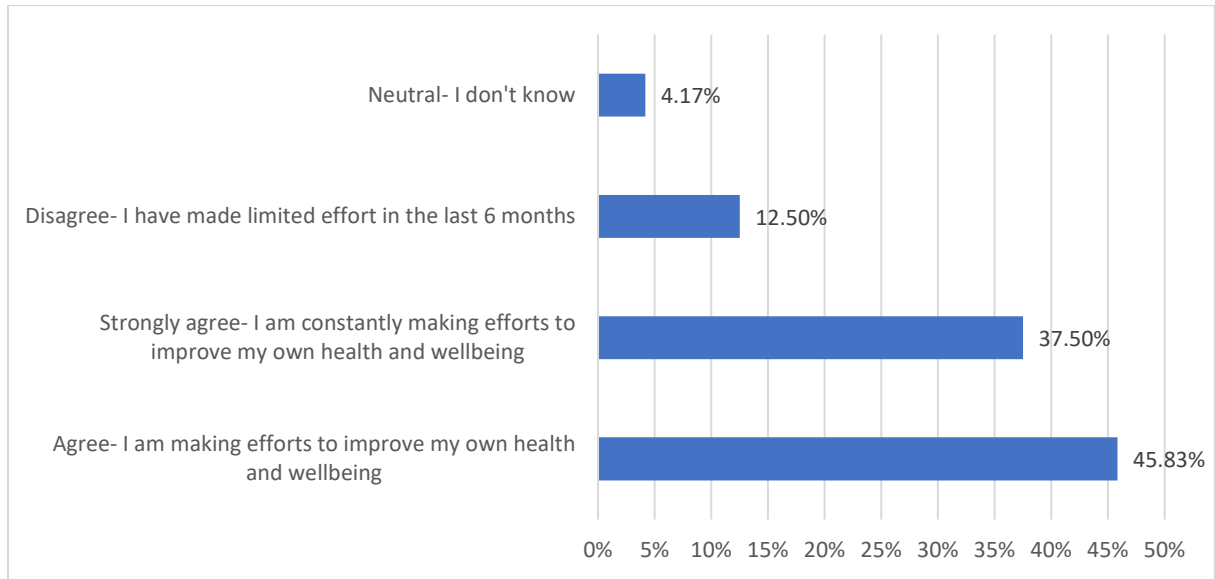


Which of the following do you think could help the health and social care sector in Wales tackle the current challenges of increased demand and costs?

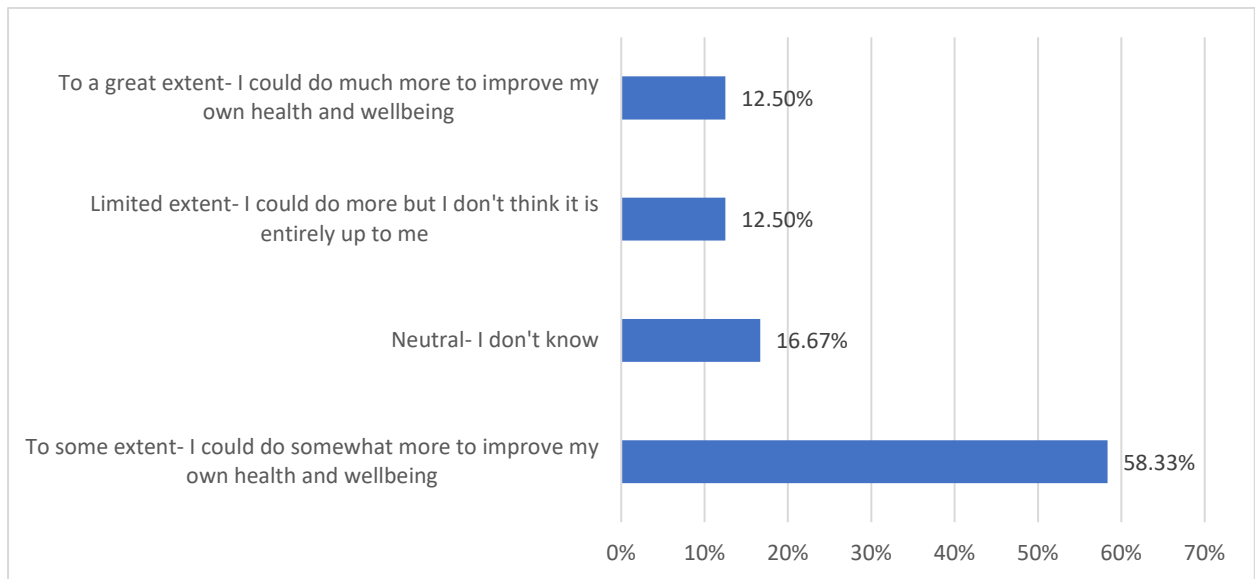


Over the last 6 months, have you personally made any effort to improve your own health and wellbeing (for example through exercising or changes to your diet)?

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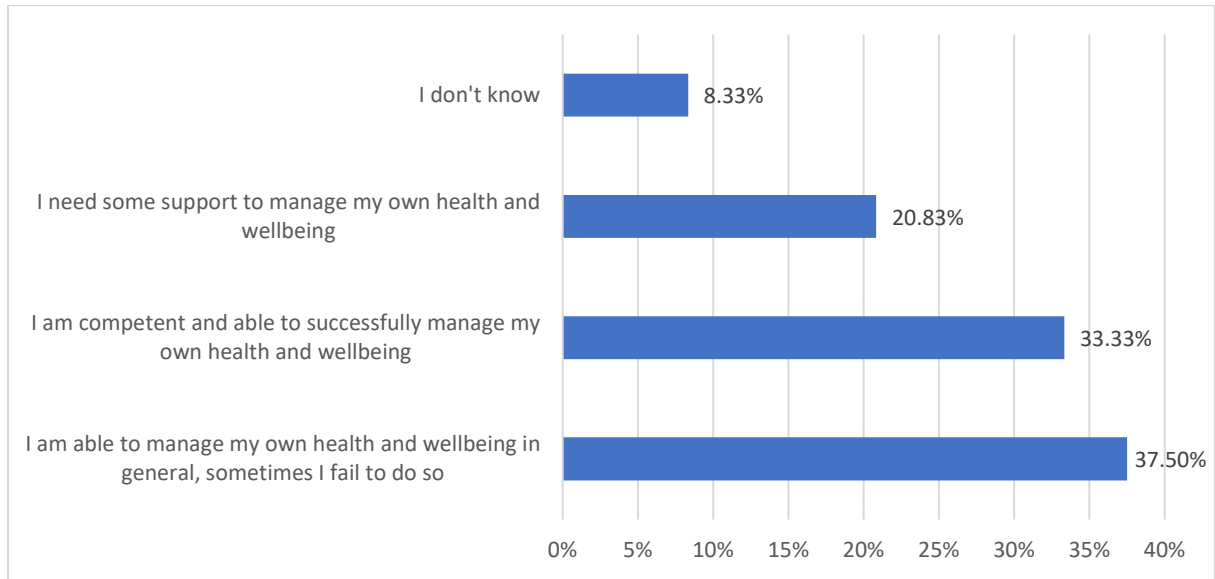


To what extent do you think you could do more to improve your health and wellbeing?

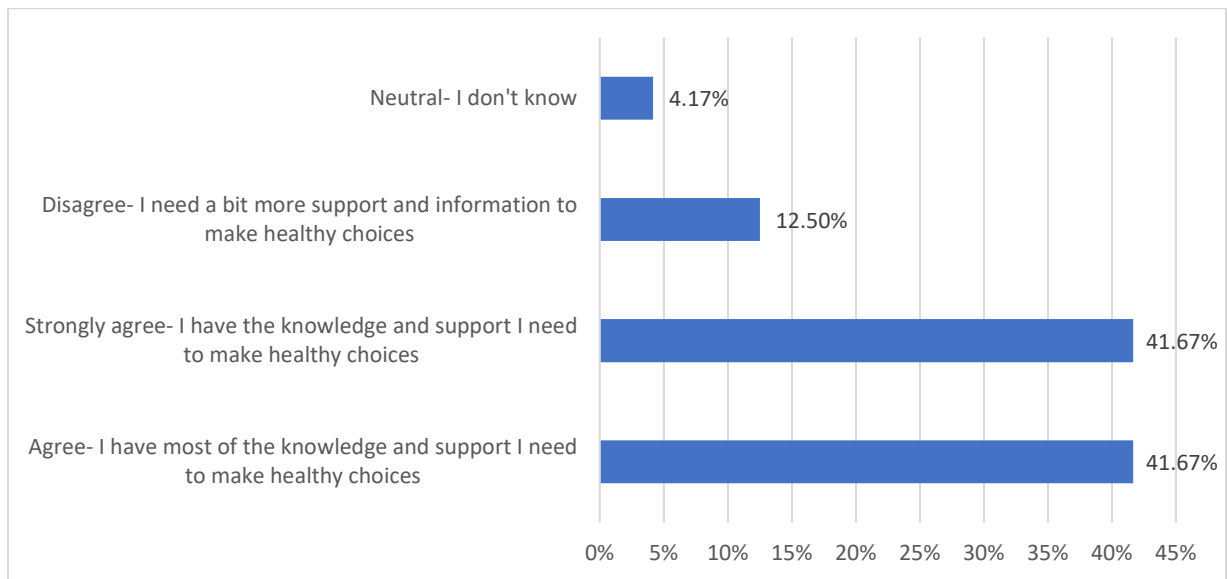


To what extent do you feel able to effectively manage your own health and wellbeing?

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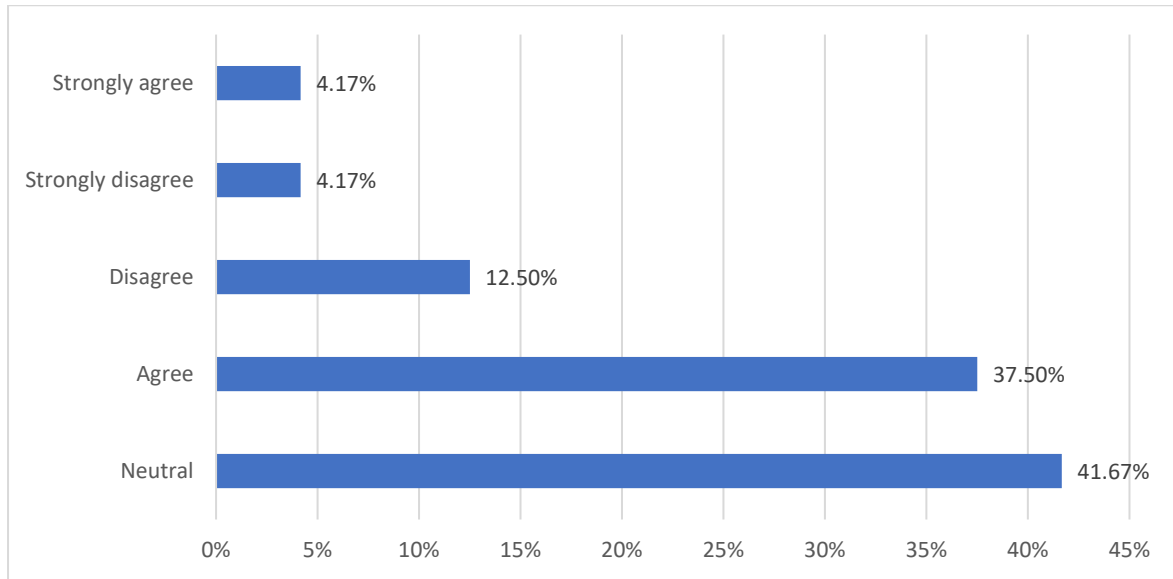


Do you feel you have the knowledge and support to make healthy choices regarding your health and wellbeing (e.g. lifestyle, food, work-life balance etc.)?

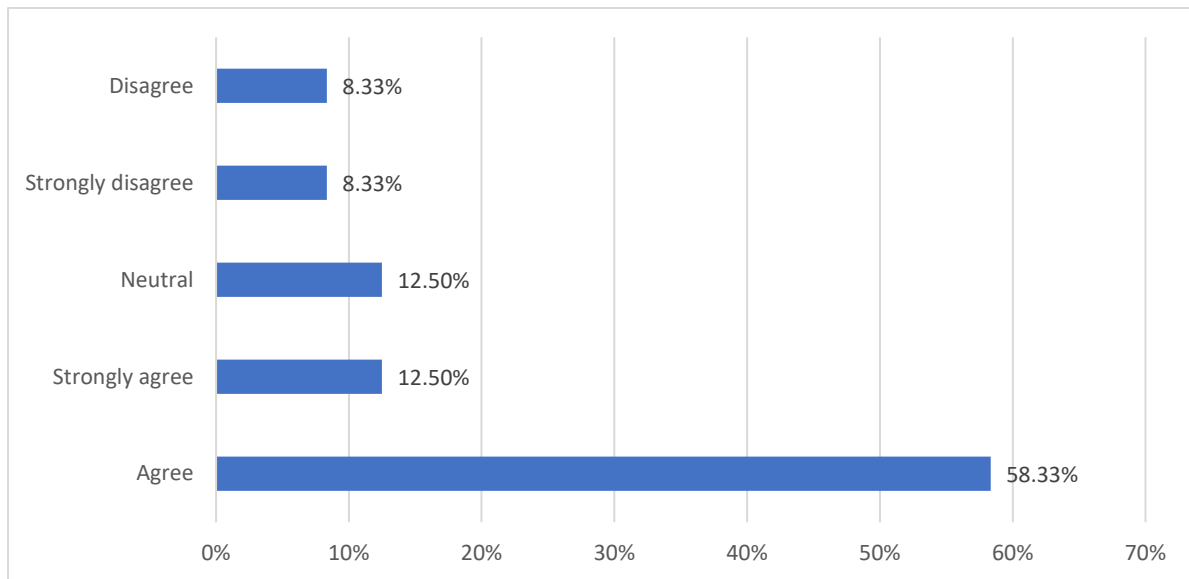


Do you think your local community provides an environment that promotes and supports good health and wellbeing?

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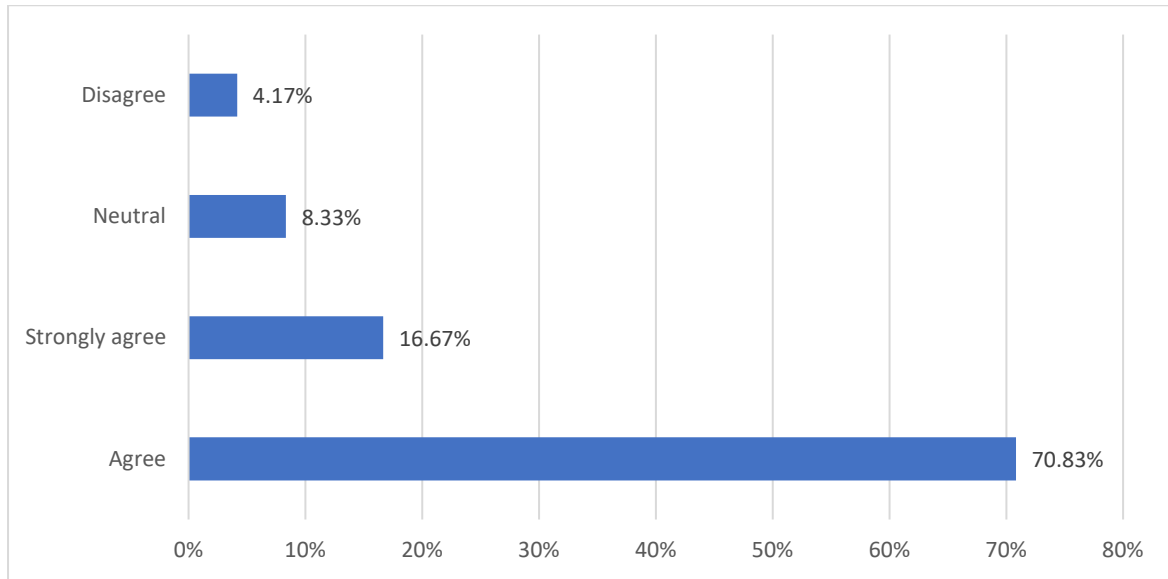
The public could do more to help health and care services e.g. by cancelling unnecessary appointments, or unneeded prescriptions.



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

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In your opinion, what is good about health and social care services in Wales?

- At the moment not a great deal
- Opportunity for once for Wales.
- We have a hugely committed workforce (but unfortunately, we won't retain them unless conditions improve)
- Not sure as not a user of the services.
- Unpaid carers
- Staff are always polite and try their best to provide appropriate information and support
- A and E, nurses, clinicians, carers...
- On the whole it is true to its founding principles.
- Front line staff are often passionate and hard working.
- Having access to a GP and hospital services when needed.
- The way our NHS is funded people feel it is a free service compared to healthcare in the US for example.
- Amount of jobs available
- Some links to Universities for jobs post grad
- Lots of passionate Clinicians and Staff
- Lots of great improvement ideas.
- Funding
- Great staff
- Purely the people on the front line. If you can appreciate that they are under the financial cosh it's easier to understand that however discomforted you may be, they are doing the best they can
- Little

- I believe the will to provide a really good service is there, but financial constraints make it very difficult to achieve
- It exists
- Emergency care - fantastic! The compassion, care and outcomes. Truly grateful for this service :)
- Better inclusion of minority communities health care than in England
- Good systems, intentions, staff, professionalism, competence.
- Specific Healthcare Department - in my own experience ophthalmology.
- Care when you get it is generally excellent. Free prescriptions are really helpful financially.
- Free services at point of care - free prescriptions
- Most people are trying hard to do the right thing despite the system. Fortunately, I have not had to use health services very much (so far) but they have always been there when I have needed them.

In your opinion, how could health and social services in Wales be improved?

- Better investment and better internal management
- Greater collaboration but also personal responsibility for individuals to manage own health
- There is a huge amount of waste in the system - we need to join up health social care and third sector and move investment into the community.
- Much stronger community focus and community developed services.
- Accountability governance and co-production
- There needs to be flexibility in the system to access services in other counties if that is geographically closer to where you live, dental services have a long waiting time of 2-3 years on average to get an NHS Dentist there needs to be better investment in dental services, particularly for children
- Info, data, tech, management, joining-up, devolving down to individual-family-community and investing more
- More funding, better communication, universal access
- Much more focus on prevention for both physical and mental health. Decentralisation to local communities. Improving protective factors within communities - social connection, meaning, green spaces etc.
- More staff and a fairer proportion of funding from Westminster via the Barnett Formula.
- Better Access to the relevant Services. Right Services straight away or ASAP. Treatment straight away or ASAP not waiting lists?? Available Funding needs to be focused better

- Better management & communication within the services, & better training in lesser-known conditions.
- Merge the two strands and try somehow to overcome the medical/social model divide
- It needs a complete structural overhaul
- More funding and better (less wasteful) use of the finances
- Changing funding routes, how it is governed, and it operates.
- Being able to get an appointment with a GP without jumping through hoops / shorten waiting lists / have quick access to diagnostic tests / have specialists in Wales for rare conditions (e.g. Ehlers Danlos) / take an approach that early intervention saves time and money for the system and is more likely to enable people to stay in work, live a good life and pay taxes / change the culture of health services (let people book their own appointments for example).
- More funding, better co-production
- Train and employ more staff, pay well, make it attractive to work in NHS to retain staff. Bursaries for nurses etc. Go back to Matrons as ward managers. Nurses - less in uni more on wards! Cut waste (unnecessary management etc. Continue to lean processes and of course more investment.
- Joined together, what is Social Care really but Healthcare in the Community.
- Better access in primary care (i.e. - no 8am lottery), more tools to manage your health/appointments/prescriptions online. Better signposting to where services actually are available – e.g., we get told to go to pharmacist for xyz minor complaint, but pharmacists around me don't deliver any of those minor issue services - or know where to signpost you to instead.
- More funding / better organised funding- more collaborative working between organisations
- NHS dentists for all - or at least free dental care for children. Then a complete and radical system change to separate out acute health care and develop a new Community Care, Support & Wellbeing service that is community led and patch-based. Pay people more.

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

- Dietary support but help as a carer as this is challenging to be able to attend to own needs.
- More around good nutrition.
- Fatigue, ageing well, menopause.
- I am constantly learning and there is always new research so always will be, yes.
- I don't lack knowledge just sometimes time, money and emotional bandwidth.

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- I would like more information of processed and ultra processed food and how they impact on my health.
- Dietary and access to a Nutritional Expert.
- Knowledge about the tech that could help me manage my condition.
- Education about how my body works. This changes what we eat as we can then see how it effects our organs.
- I take a lot of responsibility for my health, to the point where I pay for specialist advice (and follow it!) that isn't available on the NHS. I'd prefer to pay higher taxes and have the advice available to me and to others. The only reason my answer is neutral above is that I'm already doing what I can to take care of my health in areas such as work, diet, exercise and lifestyles choices. I do believe it is up to me to take care of my health and I'm doing all I can - believe me, I want to be well! That said, I'm able to work and have the resources to look after my health. Not everyone does.
- Too many to individualise.
- Local clusters e.g. MS - why?
- Services for my condition (ME) are poor, nationally, and action from the 2013 plan seems to be limited. I would like to improve my knowledge of appropriate strategies to manage myself.
- How to achieve a better work life balance - currently spend too much time sitting at a computer working in a hybrid way.

Annex 2

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

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

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

▲ Sig. difference
 ▼ from May 22

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

Statement	Nov 22 results	May 22	Nov 21
Addressing the pressure on or workload on NHS staff	40% ▲	36%	37%
Increasing the number of staff in the NHS	39% ▲	36%	36%
Improving waiting times for routine services such as diagnostic tests or operations	35%	38%	35%
Improving waiting times for A&E	31% ▲	25%	20%
Making it easier to get face-to-face GP appointments	26%	29%	27%
Making it easier to get appointments at GP practices	24%	24%	22%
Improving the wellbeing of NHS staff	23%	21%	22%
Improving mental health services	16%	22%	22%
Improving the standard of care in hospitals	12%	12%	10%
Reducing inequalities in people's chances of living a long and healthy life	12%	14%	12%

Bases: All participants, Nov 2022 n=2,063 24^h – 30^h November 2022, May 2022 n=2068 26^h May – 1st June 2022, November 2021 n=2101 25th November – 1st December 2021. All conducted online via KnowEdgePanel 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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Message to the Minister	Theme
Many hospitals are not accessible; no genuinely accessible loos, little design of building or services for those with visual impairment, etc. We need to understand that everyone will use NHS and care services and design and run them accordingly.	Accessible services
Require a root and branch review of the Health sector in its entirety.	Restructure and reform
How can you justify over 100 Social Worker vacancies in Adult services in Wales without mitigating this by introducing the Trusted Assessor Role. Surely this would reduce a Social Workers workload leading to less stress and better recruitment and retention.	Workforce
Why are you failing unpaid carers? 96% of care is unpaid in Wales. 3 inquiries have provided recommendations and solutions and still we are in crisis. Include us or lose us. we may have the solutions.	Support for unpaid carers
Places that we visit have to be accessible, welcoming and with people to speak to - a first impression sets the tone and puts people at ease.	Accessible services
There needs to be more understanding and training about learning disability issues and health inequalities. If annual health checks were mandatory, then it would help identify health needs earlier on that would help with health and wellbeing. Information needs to be in accessible formats, and due to communication and lack of understanding health needs are often not picked.	Prevention and early intervention Accessible services
<p>Please be brave. Wales has a Future Generations Act. Please act now to help all of our futures be better. Ours as we age; our children's as they grow; their kids and families to come.</p> <p>Be brave - support early years' health and wellbeing; Be brave - support hospices and those providing services that matter for citizens and reduce pressures on the NHS;</p>	Prevention and early intervention Education End of life care Workforce Restructure and reform Support for unpaid carers

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Be brave - a national care and support service that works across health and social care to help keep people out of hospital/get home from hospital before family/current domiciliary care services can be there;

Be brave - improve effectiveness of services through inpatient and outpatient systems that give citizens choices (and improves attendance);

Be brave - support social care pay and terms to be in parity with the NHS;

Be brave - invest more in helping prevent deterioration of health (e.g. individuals identified as pre-diabetic; or in community-wide screening to prevent disease);

Be brave - we talk about NHS Wales, but have 7 separate LHBs and a postcode lottery; reform so key infrastructure/software/technology is the same across Wales;

Be brave - have a single national body responsible for innovation / adoption / screening / clinical trials (so not within individual LHB choice nor external bodies) and reap the benefits across Wales as we become a nation able to adopt global best practice quicker and where global pharma/technology firms want to work with us;

Be brave - stop doctors paid full-time on public sector salaries from working privately unless they go part-time;

Be brave - manage the public and workforce's expectations about what needs to change and the journey we need to go on;

Be brave and refer to public services and be open to those being delivered by the best possible organisation - whether public, private, or voluntary;

Be brave and support unpaid carers properly - we rely upon them;

Be brave and help our children at school learn about health and wellbeing to live better lives (and help their older family members too);

Be brave and be remembered alongside Nye Bevan as making a lasting impact on the nation's health and wellbeing.

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<p>Be brave; if you can't be, how can we be healthier?</p>	
<p>Radical change to meet the needs of the people of Wales - Government restructure to integrate health and social care regulation and governance at top level then integrated organisation and accountability of regional (smaller regions than the current health board areas) health and social care services (including ambulance services and third sector). The health boards are too big e.g. in North Wales the cultures, rurality, needs and deprivation in East, West and Central vary enormously; one size does not fit all and prevents targeted planning that can be operationalised and implemented effectively. Targets at all levels are never met because the structures and non-alignment sets both health and social care up to fail. If the same leadership is responsible and accountable for finance and resource decisions, services provided, holistic approaches to care management that are genuinely patient/service user focussed, integrated person-centred care is possible. Study after study show that the majority of people would be happy to pay increased income tax to improve health and care investment (but in order to work, current systems need radical change).</p>	<p>Restructure and reform Integration Increase tax</p>
<p>Be brave. Dismantle the current system. Clear out the regional infrastructure to create a clear line of sight between local and national. Create a national body for acute health (hospitals). Stop trying to integrate systems. Build a new Community Health, Care, and Wellbeing Service – primary care, social care, public health, voluntary & community sector as equal partners. Develop patch-based approaches to care (Buurtzorg) and hyperlocal care/wellbeing community-led models of care, support and wellbeing. PSBs should be enablers and supporters. Proactively develop the social enterprise sector – surpluses to be invested in preventative services</p>	<p>Restructure and reform Community services</p>
<p>Please work with us in designing a new care and wellbeing system that supports people to change their own lives for the better and to sustain the changes we make.</p>	<p>Restructure and reform Citizen engagement</p>
<p>Will there be greater investment in health services that support improvement in health and well-being and enable people to live independent lives such as Physiotherapists and Occupational therapists.</p>	<p>Funding</p>

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<p>Please consider introducing specialists in Wales (or access to specialists in England!) for rare conditions (e.g. Ehlers Danlos).</p>	<p>Access to services</p>
<p>We are in the position we are in now due to political choices that were made on our behalf to profit the few (neoliberalism). I believe politics is the way to improve the situation too. I feel grateful to live in a country where equality, kindness, wellbeing and many other things are being enshrined in law but there is still so much work to do to counter hatred, division and toxicity in ours. I would very much like to be part of making Cymru a world leader in fairness, wellbeing and happiness.</p>	<p>Citizen engagement Restructure and reform</p>
<p>Wales does not have all the knowledge and skills to train staff in all medical conditions. Money must be spent on upskilling staff, not just encouraging them to share their minimal knowledge with each other.</p>	<p>Workforce Funding</p>
<p>stop blaming England you are funded but do not spend it appropriately and you need to handle your finances correctly and with probity. Stop funding hopeless businesses and ring fence health</p>	<p>Funding</p>
<p>Be radical. Create a national system for acute health. Build a new Community Health, Care & Wellbeing Service (primary, social, public health, voluntary & community sector as equal partners). Develop patch-based approaches to care and hyperlocal approaches to wellbeing. Clear out regional structures clear line of sight between national and local. PSBS as enablers and supporters.</p>	<p>Integration</p>
<p>One size does not fit all in delivering healthcare provisions. International studies show that management and delivery has to be as local community focussed as possible. For example, the North Wales health board needs splitting into two as a matter of urgency if any improvement is to be delivered short term</p>	<p>Community services Restructure and reform</p>
<p>Supporting and empowering individuals and communities to take care and responsibility for their own health and wellbeing, is a much more efficient and economic way of dealing with health, which takes into account specific community issues and strengths. Decentralising health could be a positive solution to the issues faces by the NHS and other services.</p>	<p>Restructure and reform</p>

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<p>The NHS in Wales is broken beyond repair. Just today the Heath declared a Black alert. There needs to be a far greater investment into the health service, with money being diverted from ideological policies such as the 20mph introduction.</p>	<p>Funding</p>
<p>This a "BEVAN MOMENT". We need one Care System encompassing Primary, Secondary and Tertiary Care also improved DTOC and Funding for Carers and support for Young Carers. This new system should still support the Bevan Principles. Greater use of technology obviating the need for transport.</p>	<p>Integration</p>
<p>Gofynnwn i chi fuddsoddi mwy yn y sector lechyd a Gofal yn enwedig yr elusennau a mudiadau cymunedol sydd yn gwneud gwaith gwych yn y maes. Mae'r gwasanaethau yma yn mynd uchod a thu hwnt am cyllid isel iawn, yn aml yn gwynebu toriadau, sydd yn achosi straen a gwasgu gwasanaethau sydd wir yn gwneud gwahaniaeth. Mae angen buddsoddi yn y gwasanaethau ataliol yma sydd yn angenrheidiol a gall arbed gymaint o arian ir GIG drwy darparu'r gwybodaeth, addysg, sgiliau a chefnogaeth sydd angen i'w atal rhag ddod yn wael ac angen mynediad i gwasanaethau prif lif. / We ask you to invest more in the health and care sector, particularly the charities and community organisations which do fantastic work in the area. These services go above and beyond for very little money, often in the face of cuts, which cause stress and put pressure on services which are making a real difference. Investment is needed in these preventative services which are essential, and which can save so much money for the NHS by providing the necessary knowledge, education, skills and support needed to prevent people becoming ill and needing to access services.</p>	<p>Funding Third sector Prevention and early intervention Education</p>
<p>Dear Minister, As an unpaid carer of over 40 years how would you help to support me and other unpaid carers to carry on our caring roles in good health and wellbeing?</p>	<p>Support for unpaid carers</p>
<p>Rural Communities need services that are structured to deliver health and care in a very different way to urban areas, how can people access acute care more easily, and how will you address inequity in access and support for unpaid carers with high levels of stress and anxiety</p>	<p>Access to services</p>
<p>We mostly all know key areas to running a business albeit Public sector there are key main areas; Resources / Funding and Priorities (not in that order necessarily). In my time at the NHS I've always</p>	<p>Funding Restructure and reform</p>

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<p>come back to these three areas with the positive impact always being aimed at the Patient and Patient Care. How can we save more lives by improving processes? Why do we have waiting lists? and Can we please have more Transparency around our Wales Funding and where this is spent and how. Is the correct level of Autonomy given to the CEO's / Chairs and Execs of the Wales Trusts and Health Boards in order to provide a successfully run Organisation for the Public.</p>	
<p>Three simple things are needed for health and social care - care, compassion, and understanding.</p>	
<p>Communities have the solutions to help transform health and social care into a preventative wellbeing service. Community transport is a key enabler in helping people to access wellbeing services and needs to be considered as an integral component of any true 'health' service in the future - not as an afterthought, but as an invaluable means of providing equality of access for everyone. Reinvest some of the existing budget to community led transport services to see significant improvements in population health.</p>	<p>Prevention and early intervention Citizen engagement Funding</p>
<p>I think we need to start fundamentally rethinking our approach to primary care services, with more community hubs with better signposting to local services. The role of your first point of care should be to explore, educate and listen, rather than bash through a consultation and prescribe/refer immediately. More services devolved out to GPs/communities where useful (particularly mental health, befriending/loneliness etc) would do massive good to join up existing primary care and third sector work and give more people agency over their own health. We need to move to a personalised model of care, starting with reforming primary care. Please take this into consideration.</p>	<p>Community services Third sector Education Citizen engagement</p>
<p>The current structure of the NHS in Wales means health boards have far too much power. They lack the guidance from a more national body as seen in NHS England to share best practice (not to say that it's perfect there either). We need to create a culture of improvement that benefits all, rather than competition between health boards. If best practice was shared by all, so much more could be achieved.</p>	<p>Restructure and reform</p>

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<p>Yr ateb yw cael un gwasanaeth iechyd a gofal, a chefnogi pobl drwy fuddsoddi mewn gwaith ataliol, er mwyn lleihau'r angen am wasanaethau aciwt. Mae hyn yn cynnwys sicrhau cartref addas i bawb, digon o bres i brynu bwyd, bwyd iach am bris rhesymol, manau gwyrdd, gerddi, trafndiaeth gyhoeddus, rhwydweithiau cefnogol a chymunedau grymus ayb. hyn i gyd yn cyfrannu at les ac iechyd corfforol a meddyliol. Diolch. / The solution is to have a single health and care service, and support people through investing in preventative work in order to reduce the need for acute services. This includes ensuring everyone has a suitable home, enough money to buy food, healthy food at a reasonable price, green spaces, public transport, support networks and empowered communities, etc, which all contribute to physical and mental health and wellbeing. Thank you.</p>	<p>Integration Funding Prevention and early intervention Social determinants of health</p>
<p>More on prevention and supporting wellbeing within the community and as many services as possible delivered by people with lived experience and not necessarily professionals</p>	<p>Prevention and early intervention Community services</p>
<p>Our Health needs a Voice, Our Health needs your Choice, Our Health needs you to be bold, Our nation has caught a cold! It's time to be brave, It's time to save Our lives and those to come As the status quo cannot run. Invest in prevention, Support retention. Make haste, Reduce waste Unify as one NHS body, Adopt or else it's folly! Early years and school: Education as a tool. To make change last Build on our past: Nye was then; we need now NHS is not a sacred cow.</p>	<p>Prevention and early intervention Restructure and reform Education</p>
<p>Please look to best practice in other countries where the population consider themselves to have a better life experience than us and use those findings to establish a review and reform of our health and care service</p>	<p>Restructure and reform</p>
<p>Start with honest conversations about H&SC - what is working, what isn't what we can afford and what we can't etc. Next devolve down to individual, family and community as much information, power, responsibility and resource as possible. Finally invest in prevention and wellbeing primarily brave and stop doing some things that are currently not returning a wellbeing impact.</p>	<p>Restructure and reform Funding Community services Citizen engagement</p>

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	Prevention and early intervention
At a time when 1 in 4 people die without the care and support, they need at end of life, and demand is increasing, why are we not supporting independent hospices to help support people in their own homes? We are seeing real cuts to services which will place a greater burden on unpaid carers and see more admissions to hospital. We only have one chance to experience a good end of life so it's crucial we get it right.	End of life care
I would like to see some work around asking the citizens of Wales what they need with regards to health care. Then for collaboration between Health Sector, Public Sector / Social care and third sector with sufficient funding from Government to provide the care that is identified.	Citizen engagement Integration Funding
Health boards need greater accountability to transform workforce and existing service models radically, how will you support them to ensure there is the incentive and opportunities to shape the future workforce models whilst there is such financial restrictions which halt progress to front load capacity?	Restructure and reform Workforce

Full Descriptive Statistics

Full survey responses

In your opinion, what is good about health and social care services in Wales?

- At the moment not a great deal
- Opportunity for once for Wales.
- We have a hugely committed workforce (but unfortunately, we won't retain them unless conditions improve)
- Not sure as not a user of the services.
- Unpaid carers
- Staff are always polite and try their best to provide appropriate information and support
- A and E, nurses, clinicians, carers...
- On the whole it is true to its founding principles.
- Front line staff are often passionate and hard working.
- Having access to a GP and hospital services when needed.
- The way our NHS is funded people feel it is a free service compared to healthcare in the US for example.
- Amount of jobs available
- Some links to Universities for jobs post grad
- Lots of passionate Clinicians and Staff
- Lots of great improvement ideas.
- Funding
- Great staff
- Purely the people on the front line. If you can appreciate that they are under the financial cosh it's easier to understand that however discomforted you may be, they are doing the best they can
- Little
- I believe the will to provide a really good service is there, but financial constraints make it very difficult to achieve
- It exists
- Emergency care - fantastic! The compassion, care and outcomes. Truly grateful for this service :)
- Better inclusion of minority communities health care than in England
- Good systems, intentions, staff, professionalism, competence.
- Specific Healthcare Department - in my own experience ophthalmology.
- Care when you get it is generally excellent. Free prescriptions are really helpful financially.

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- Free services at point of care - free prescriptions
- Most people are trying hard to do the right thing despite the system. Fortunately I have not had to use health services very much (so far) but they have always been there when I have needed them.
- Free to use - but social care is not
- Access to GP in my surgery is fairly good and prompt, compared to others that I know of. The Team I work in, Cardiac Rehab, are very dedicated health professionals and we support our patients very well.
- We now have a new hospital and surgery with the basic services we need where I live which is brilliant for both the staff and the community.
- Nothing

In your opinion, how could health and social services in Wales be improved?

- Better investment and better internal management
- Greater collaboration but also personal responsibility for individuals to manage own health
- There is a huge amount of waste in the system - we need to join up health social care and third sector and move investment into the community.
- Much stronger community focus and community developed services.
- Accountability governance and co-production
- There needs to be flexibility in the system to access services in other counties if that is geographically closer to where you live, dental services have a long waiting time of 2-3 years on average to get an NHS Dentist there needs to be better investment in dental services, particularly for children
- Info, data, tech, management, joining-up, devolving down to individual-family-community and investing more
- More funding, better communication, universal access
- Much more focus on prevention for both physical and mental health. Decentralisation to local communities. Improving protective factors within communities - social connection, meaning, green spaces etc.
- More staff and a fairer proportion of funding from Westminster via the Barnett Formula.
- Better Access to the relevant Services. Right Services straight away or ASAP. Treatment straight away or ASAP not waiting lists?? Available Funding needs to be focused better
- Better management & communication within the services, & better training in lesser known conditions.
- Merge the two strands and try somehow to overcome the medical/social model divide
- It needs a complete structural overhaul

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- More funding and better (less wasteful) use of the finances
- Changing funding routes, how it is governed, and it operates.
- Being able to get an appointment with a GP without jumping through hoops / shorten waiting lists / have quick access to diagnostic tests / have specialists in Wales for rare conditions (e.g. Ehlers Danlos) / take an approach that early intervention saves time and money for the system and is more likely to enable people to stay in work, live a good life and pay taxes / change the culture of health services (let people book their own appointments for example).
- More funding, better co-production
- Train and employ more staff, pay well, make it attractive to work in NHS to retain staff. Bursaries for nurses etc. Go back to Matrons as ward managers. Nurses - less in uni more on wards! Cut waste (unnecessary management etc. Continue to lean processes and of course more investment.
- Joined together, what is Social Care really but Healthcare in the Community.
- Better access in primary care (i.e. - no 8am lottery), more tools to manage your health/appointments/prescriptions online. Better signposting to where services actually are available – e.g., we get told to go to pharmacist for xyz minor complaint, but pharmacists around me don't deliver any of those minor issue services - or know where to signpost you to instead.
- More funding / better organised funding- more collaborative working between organisations
- NHS dentists for all - or at least free dental care for children. Then a complete and radical system change to separate out acute health care and develop a new Community Care, Support & Wellbeing service that is community led and patch-based. Pay people more.
- Health - take out of political control (as setting interest rates was), provide appropriate funding, have manageable sized local units, empower individuals to manage change.
social care. is currently run by empowered competent managers (at least in Flintshire) but is underfunded.
- Community care services need to improve; social care needs more support - we need to expand the workforce and pay them better and make the jobs more attractive. People are lingering in hospitals because there isn't the care in the community to get them home. The pressure on staff in hospitals is immense. The work of carers in the community is undervalued and underpaid. They are not trained sufficiently; they are not paid for their travel time in-between calls and yet they do the work of looking after the most vulnerable. It's a disgrace how we expect these people to work for a minimum wage.
- Better provision for rural population - in personal experience for maternity - I have to leave Wales to get more complex care, and recently for friends it's been a

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7 hour round trip for cancer care. Better integration of clinical care with 'lifestyle medicine' or 'social prescribing' - there is so much long term chronic illnesses now that need more than just regular clinical prescriptions, but better joined up access to activities for health and wellbeing - particularly outdoors - we have a wealth of nature and outdoors in Wales. Better engagement of clinical care centres with the community as part of this - with community spaces, groups active within centres such as gardening, grief cafes, spaces for freelance counsellors and therapists.

- More staff, more services better pay

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