Comisiwn Bevan Commission

The Tipping Point:
Where next for health and care?

Conference Proceedings

Born from the ruins of a world in crisis, the NHS is an enduring testament to the extraordinary things that happen when people come together for the common good.

For 75 years, the NHS has been the bedrock of our society; protecting our communities, our friends, and our families. The NHS has achieved so much, but now faces unprecedented global challenges, including Covid-19, ageing populations, and the climate emergency.

We are at a tipping point. It is time for us to face these challenges together and rebuild our NHS to thrive in tomorrow's world. We have done it before, and we can do it again.

On the 5th and 6th July the Bevan Commission hosted our conference to mark the 75th anniversary of the NHS but also to host open and honest conversations about the future of our health and social care services. The two days comprised of internationally renowned speakers, breakout sessions and panel discussions as follows.

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July 5

Rt Hon Mark Drakeford MS First Minister of Wales

Free at the point of need, from cradle to grave. This is a resounding principle of the NHS that underscores its existence. The NHS has been a powerful tool for addressing inequality by prioritising people's clinical needs rather than their financial status; **providing equal access to healthcare**, regardless of an individual's background or financial means. Since its establishment 75 years ago, **the NHS has had a revolutionary impact on the lives of generations of people across Wales and across the UK**; contributing to improved health and increased longevity for all on a tremendous scale. However, it is facing immense pressure and continuous efforts are needed to support it and advocate for its future.

> ***"The NHS will survive for as long as there are people prepared to fight for its future."***

It is widely acknowledged that **the NHS is facing unprecedented strain**. Figures show that demand for primary care services remains consistently high across Wales, while emergency care services have seen a 10% increase in the number of patients attending emergency care facilities in May 2023, as compared to 12 months previously. **The burden placed on the NHS will only be exacerbated by an ageing population** – a societal shift that embodies a sign of the success of the NHS bequeathed by Aneurin Bevan. With an ageing population comes increased healthcare burden due to increased needs for dementia, cancer, coronary heart disease, vascular challenges, diabetes, and poor mental health. This issue is further complicated by a worldwide shortage of health workers, with those who do work within the system experiencing exhaustion and demoralisation in the fallout of the Coronavirus-19 pandemic and increasing demands. **We need positivity and recognition for the people at the core of NHS health and care delivery.**

> ***"The constant negativity is sapping the morale of the system, despite the fact that the vast majority of the public cannot sing their praises highly enough."***

Ongoing support and commitment from people are essential to maintaining the existence of the NHS. This is needed from people at all levels, including those working internally, individuals in receipt of NHS services and the public. Internal discussions and debates are needed from those who are committed to the NHS to make it more capable of achieving its goals. A narrative which constantly strives for improvement without first recognising and celebrating the achievements of the NHS is one which embodies disappointment and undermines the good that it achieves despite challenges. Rather, **all achievements should be observed as a platform for ongoing progress.**

> ***"The risk is that, instead of that narrative of achievement emerging as the bedrock of future success, it emerges instead as a focus on everything that hasn't gone as well as we would have wished, a narrative, instead, of disappointment and of failure… We're ambitious for it to do better, not because we think the NHS is gripped by failure or despair, but because it gives us a platform, a 75-year platform to go on doing even better than we have done into the future."***

NHS primarily delivers acute healthcare in response to ill health. However, reductions in ill health does not equate to the experience of wellbeing and there exists a need to supercharge the delivery of the transformational health strategy 'A Healthier Wales' and **switch to a wellness system**. This is one which aims to support and anticipate health needs to prevent illness and reduce the impact of poor health, while also **building strong foundations for wellbeing**. The vision here is one which upholds that we should all be working towards ensuring that we live in a country where everyone has longer and happier lives, where individuals are able to remain active and independent in their own homes for as long as possible. To achieve this, **a whole system approach is needed to deliver high quality care and achieve more equal health outcomes for everyone in Wales.** This includes focusing not just on physical health, but on mental health, with multidisciplinary services designed around the individual. The goal here is to minimise hospital visits to those which are genuinely essential, and to shift resources from secondary care to the community. Great efforts have already been made across Wales to create multidisciplinary teams in primary

care, with this ensuring that there is a wider spread of expertise that is able to effectively respond to people's needs. This is an example of how the Welsh NHS is working to use resources efficiently and direct them to activities that can have a positive impact on patients' lives. Innovation also plays a key role in this regard, with it bearing significant influence in shaping the future of healthcare in Wales.

> ***"There is still, I believe, a significant amount of activity that goes on day in, day out in our health service, where it is difficult to demonstrate the effective impact that that has in the lives of patients, and the relentless focus on the way we use our resources. We don't waste them in things that are not effective, to free up that resource to do things that can do good, that is part of that recipe for the future. And then of course, don't waste all those enormous opportunities that come with innovation."***

In summary, the NHS can be supported and improved if viewed through a **positive and ambitious lens** that celebrates and facilitates its success and ensures its longevity. Upon this platform for success, a comprehensive approach to healthcare transformation in Wales may be built, with a focus on wellbeing, resource efficiency, and embracing innovation to improve healthcare outcomes for the population.

> ***"While we challenge ourselves and we challenge others to shape that future, let's do it knowing that the 75 years that we have experienced together allows us to do it on the shoulders of those who had the courage, the conviction, the determination, to look after the NHS, to fight for it, to make sure that it's there not just for us, but for the others who will need it in the future."***

Lord Nigel Crisp, former Chief Executive of the English NHS and Permanent Secretary of the UK Department of Health

The survival of the NHS depends, in part, on public and political will. **We need to sustain a healthcare service that remains free at the point of need and accessible to everyone, while also considering the evolving circumstances of the present day.**

> ***"Will the NHS survive?" Well, as we've already heard, it's a matter of public and political will… If we have the commitment, the passion, publicly as well as politically, then of course the NHS will survive… The real question we should be asking… Is how do we maintain a service that is free at the point of need, that is equitably available to everybody in today's changed circumstances?"***

The challenges faced by the healthcare system and the body of knowledge that guides policy and practice in healthcare have evolved significantly since the NHS was first established some 75 years ago. With that, our approach to healthcare must also evolve. Rather than focusing on reform, **we must focus on embracing evolution and leveraging the expertise and commitment within the NHS to adapt and grow**, while also planning for the future and cultivating hope despite limited resource.

> ***"I believe it's about evolution. There are lots of people who talk about reform. And reform is something you do to other people, I think. Whereas actually there is the knowledge and the expertise, the interest and the commitment within this fantastic family of the NHS across the United Kingdom to actually be able to evolve and grow."***

This evolution begins with establishing a clear vision, purpose, and roles before delving into organisational, financial, and other consequential aspects. **A forward-looking approach**

in healthcare is needed; one which acknowledges the current crisis but focuses on preserving values, evolving the system, and defining a clear vision for the future. Within this vision for the future there must be a focus on supporting health at home.

> ***"We have to plan for the future and create vision and hope."***

We need to deal with the current crisis with the existing tools and methods we have. However, **we need to create a bigger and wider vision that's not just about healthcare**, that sees the health and care system as part of a much bigger society-wide set of actions designed to improve health – the health-creating society. This is important because health is largely determined by factors outside of the control of the NHS, including the communities, workplaces, and schools that people live, work and learn in.

> ***"Health is made at home. Hospitals are for repairs".***

The absence of illness does not equate to health. Health is made at home and in one's local communities. Good health is not just about having a healthy body, good nutrition and engaging in physical exercise. **It's about having a sense, meaning and purpose in life and having social networks, amongst other factors.**

> ***"We always talk about pathogenesis – the origins of disease. We don't talk about salutogenesis – the origins of health."***

We need to think a bit about health as not just being an end goal in itself. In thinking about why we want to be healthy, the answer comes down to flourishing in life.

> ***"Physical, mental and social wellbeing are all about human flourishing."***

Health is not limited to medical care and so a comprehensive approach to health promotion and policy is needed – one which extends beyond the individual to also encompass **societal, community, and planetary health.** These systems are intimately connected and require complementary actions across different levels. This could include targeting policies to reduce inequalities, encourage communities to grow and support the health of the individuals within them, and policies which prioritise planetary health. Targeting policies in this way means fundamentally **changing relationships between key agents who have roles in health** – including people, communities, businesses, schools, local authorities, government.

> ***"You need them all tied together if you're going to really make change."***

One of the issues of strategy implementation used by the NHS is that it is inflexible and doesn't adapt to suit needs. Stakeholders are often bound to the rigidity of strategies and plans made and must stick with these plans even when they don't work. Health workers around the world are feeling a sense of despair and exhaustion and need hope and rejuvenation. However, a fundamental principle of working within the NHS is about **learning by doing, and being purpose-led**, not plan-led. **We need to think of our health professionals as agents of change and curators of knowledge with influential and valuable networks and relationships across the system.** With that, **we must promote autonomy and develop professional education** so that it equips professionals with the leadership capabilities necessary to drive meaningful change.

> ***"We need to develop professional education so that it equips professionals to offer the leadership and support the actions of all of us in the changing environment of the future."***

Overall, Wales has got a great opportunity to demonstrate how to change a health system and **lead the way in health system transformation** that could provide a foundation for learning to benefit health systems in England and elsewhere across the United Kingdom.

Professor Sir Chris Ham, Bevan Commissioner, Co-Chair of NHS Assembly and Ex Chief Executive of The King's Fund

There has been a growing crisis within health and social care that hasn't had much discussion over the past 50 years. Although this does not reflect fairly on the NHS as a system, *"The problems we have, and the real crisis in health and social care has been caused by the failures of Westminster politicians and their failures in exercising their stewardship of the NHS, and doing so effectively and properly."*

"Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community," says Anuerin Bevan. This stressed the essence of mutuality in healthcare – a shared responsibility where everyone contributes to funding the NHS and benefits without fear of financial burden when accessing care.

The NHS Assembly, a group comprising diverse stakeholders, recently published a report outlining key priorities for strengthening the NHS in England. These priorities revolved around three crucial shifts. Firstly, prevention needed to be taken more seriously, focusing on social determinants of health and collaborating with various sectors. Secondly, there was a need for personalisation and participation, encouraging citizens to be active partners in promoting their well-being and shaping healthcare services. Lastly, a shift from hospital-centred care to coordinated care closer to home was essential, emphasising the importance of general practice and community services. *"If general practice fails, the whole edifice of the NHS will be undermined,"* BMJ editorial. The need for funding to flow into these areas rather than disproportionately into hospitals, as had been the trend.

> ***"We need to have excellent urgent community response in every neighbourhood, in every community, to help people remain at home, wherever that's appropriate and the right thing to do, and to support people to remain independent for as long as possible."***

Using trained teams and making efficient use of their skills, this method guarantees that hospitals may concentrate on their primary goal of treating acute illnesses. Due to the requirement to provide care for patients who would receive better treatment in other settings, many hospitals are currently unable to fulfil this function.

To enact these changes, there are seven enablers highlighted, with a strong emphasis on leadership, learning, and continuous improvement. *"We need, in my view, a much stronger focus on how the NHS can really become a learning organisation, a learning system, committed to continuous improvement"*. Another important component was the emphasis on individuals and communities as active participants in healthcare, necessitating a precise agreement outlining the public's rights and obligations.

> ***"We need to involve people with lived experience in that work, and people who have living experience of services, to get real-time feedback to improve the pathways which are used to support people to access the best possible care."***

Examples include the Frome Medical Practice in North Somerset, where a holistic model of community-oriented primary care reduced hospital admissions by utilising community connectors and assets effectively. *"In Frome, they serve a population of 30,000 people. They make use of 1,000 volunteers in that community, people they call Community Connectors".* This drew parallels with the Wigham Deal in the northwest of England, emphasising the importance of community engagement and mutuality in healthcare. The relevance of the Future Generations Act in Wales as a practical example of shared responsibility for sustaining and improving the NHS.

There is great optimism for the future, emphasising the need for collective effort and courage in fighting for the NHS. Reflecting again on Aneurin Bevan's words, urging us to question ourselves: *"Are we part of that folk willing to fight for the NHS?"*

Dr Usman Khan, Visiting Professor in Health Management and Policy at KU Leuven, Bevan Commissioner

Member states across Europe and beyond have demonstrated significant acceleration in terms of health policy and practice, with the Finnish health system and Estonian health system being exemplars of this. This is because of efforts made by the European Parliament, who have set targets to make Europe health literate by 2025. **Wales too has significant potential** to follow suit **and could easily become the leader for health literacy in the UK**, bearing in mind its population size, remarkable energy efforts, and the demonstrated effectiveness of healthcare teams across the region.

Health literacy carries many benefits for health and wellbeing. It allows us to learn and communicate and live to our fullest potential. **Building health literacy in the Welsh population can support individuals to make more effective use of health services**, and better harness the potential of health-facilitative resources that exist beyond the healthcare system.

> ***"If we become health literate, it allows us to make that much more of the health services that are there. It makes us more able to take health from everywhere, not just from healthcare.***

Segments of the population of Wales are already health literate and are already activated in terms of understanding and looking after their health. These people have lower morbidity and lower mortality, and generally have higher levels of education. However, **there's a small percentage of the population who do not have good health literacy, with these being those who live in the most deprived areas** and who are subject to health inequalities**.** People living in the most deprived areas have increased morbidity and increased mortality. The past decade has seen no improvements in health for these communities, highlighting the need for targeted efforts to address this.

> ***"It's the more deprived communities that are less healthy, they live fewer years, and they have a lower healthy life expectancy. And that has got worse. That has deteriorated over the last 10 years."***

Education in of itself provides for good health, and health education provides an additional boost. This can help to reduce health inequalities and improve health outcomes for people living in the most deprived areas, which comprises a key aim for the NHS and of health services. This **education need not be delivered by the health system, but by assets and systems that already exist within communities.** This includes the education system.

> ***"When looking to improve health literacy we need to look at the other elements of the community and communities where we really can aid health literacy, and health literacy can be the foundation bed of being able to reduce health inequalities. And surely that's got to be our aim for the NHS and for health services."***

Key strategies for improving health and physical literacy in schools has been seen across Wales. However, **greater emphasis needs to be placed on delivering health literacy education as a core component of the teaching and learning curriculum for Wales**, with potentially significant benefits to be gained from schools delivering just one hour per week of health education and building health literacy. This has potentially huge benefits at miniscule cost.

> ***"If only we could have an hour a week of every school child having health education or health literacy… the benefits could be huge."***

Examples of efforts made in aid of facilitating health and physical health literacy are plentiful across Wales. In addition to the work being undertaken in schools, examples include a groundbreaking programme for diabetes management, which is drawing upon patient

activation measurements to measure how levels of health literacy are impacting on the ability of individuals to improve their health status. Meanwhile, we're now seeing training that is being delivered to clinicians who, coming out of training, experience a whole mindset shift that is more respecting of health literacy, and they have a completely different view of the patient. Each of these efforts are contributory jigsaw pieces towards that vision of being the most health literate country in Europe. With that, **strategic purpose, shared decision-making, and a level of content regulation for health information is needed**, which is currently lacking.

> ***"We do not have a vision around health at the moment and I think we can set a vision around health literacy."***

Drawing on the evidence base, Wales, with the support of the Bevan Commission, needs to build a **robust theory of change** and map out how that process is going to happen, and think about what health literacy means and how it can be achieved.

> ***"Don't reinvent the wheel, there is so much good practice out there already. We don't need to start creating the wheel again, build on it."***

With a set vision for building health literacy, Wales may be able to reflect on significant progress towards becoming the most health literate country in Europe within the next few years. However, **we should not take health literacy just in its narrow form.** As individuals working within the field of health and social care, we get involved in health in so many ways - as regulators, improvers, educators, governors, and in business. With that, there are a variety of different ways that we can **reinforce the central principle of health literacy.**

Professor Sir Don Berwick, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, International Bevan Commissioner

"I see the potential in Wales of offering an example for countries all over the world about what truly integrated, seamless, population-based care can look like."

Insights gained from quality services delivered by successful industries tell us that **common systems, common knowledge and unconditional teamwork are key elements of success.** Common systems encompass **standardisation, simplification and combining efforts around a standard template**, which can make working more reliable. Common knowledge is about understanding that no one owns knowledge and that **there are benefits of gaining knowledge, whether scientific knowledge or clinical**. An unconditional team is about **sharing knowledge and resources across boundaries**, instead of ringfencing. These shine through in acute healthcare provision, where there are standardised systems that everyone agrees to and a sharing of knowledge - not just among clinicians and others, but among patients and their families. This is in addition to transparency, unconditional teamwork and respect and in addition to communication, openness and **prioritisation of what matters to the individual.**

"This is what a high performing system looks like, and frankly, it's the only way to get a patient through something as complex as open-heart surgery or advanced chemotherapy, or organ transplant, or some of the modern miracles that we deal with."

However, the overall health and care system, in both the US and UK face enormous difficulty with **growing waiting times and delays in care**. Workforce burnout contributes to this, where the workforce is slowly getting demoralised and leaving medicine. In the US, a 2001

report by the National Academy of Medicine produced a report called Crossing the Quality Chasm, which stated that the system in its current form is incapable of meeting the needs of the American people. This means that **efforts in the pursuit of better health, better care and lower costs, will be eluded without a redesigned way to deliver care**. This remains unsatisfied 22 years later and the aim of having an integrated system has not been met.

> ***"Our system still performs way below the needs of American healthcare, and the potential of an integrated system."***

Populations need to experience better health, but **this cannot be achieved through healthcare alone**. Energy should be directed towards things that greatly affect health and that produce health and wellbeing. This includes **building strong education systems, protected workplaces, community infrastructures and focusing on the experiences of children in their early years and elderly care.** However, the social determinants of health as a focus remain outside the major investments of many nations around the world.

> ***"Do not expect that healthcare will produce health. It cannot. What can, is investment in the well-being of children, strong education systems, protected workplaces, compassionate care and support of elders, community infrastructures, and a deep investment in social justice, in equity, in each other."***

Across the world, there are efforts to reconfigure systems. Integrated care systems are developing everywhere, with England, for example, reorganising its National Health Service around 40 integrated care systems. Meanwhile, **some countries are placing greater emphasis on communities and localities** to accomplish this, including Scotland and Sweden. Good examples of comprehensive redesign are underway in Singapore, which is working toward health producing plans for individuals, and enlisting community agencies, not just healthcare agencies. America however remains hooked on market-based solutions, which is not effective.

> ***"These are population-based systems, organised not around institutions, hospitals, clinician practices, and ambulances, but on the idea of a roof, a house in which all who care for patients work together with the focus on a population instead of on the task within an institution."***

To achieve population-focused care, healthcare needs to act like a system where there is teamwork and interdependency, and **efforts are informed by science**. Everyone needs to see themselves as located somewhere on the map of integrated systems work, including everyone from patients to policymakers.

> ***"There is no hero in the pursuit of transformative care. It has to be everyone using common systems, common knowledge, and unconditional teamwork. All infused and energised by a pervasive sense that we're in it together, solidarity, communality, mutual caring."***

Wales has the potential to demonstrate a brilliant framework for the systems redesign, producing the kind of healthcare system every nation needs. It has moral investment where care for those with the greatest need comes first, which is key to the production of a healthier society. This is in addition to doing only what is needed according to evidence and not doing harm and having a strong evidence base to reduce variation. **Wales is the right size for achieving wholly integrated care, but it needs to work as one.**

> ***"It's either all together, or not at all. What I see in Wales… is the potential to be together in a way that, frankly, very few other countries can."***

Professor Derek Feeley, CB, DBA, former CEO at the Institute for Healthcare Improvement (IHI) and NHS Scotland

The NHS is a precious thing and there is much to celebrate about it. However, **we must also seek to continuously improve to be better tomorrow than we are today.** To be better means delivering improved quality of care. This is the extent to which the work we do meets the needs, rights, and preferences of those we serve. To be better, for one, means **being more integrated.**

The Bevan Commission has helped us to extend and broaden our focus to become more integrated. However, in exploring strategies to improve our health and care system and the quality of care it delivers, there is not one singular action, or actor, that can improve it.

> ***"I'm afraid the bad news is there is no magic. No silver bullet. No miracle. No one big thing. People ask me all the time, "Derek what's the one thing I could do that would make our system better?" and I say to them always, "The one thing you could is stop believing there's one thing." Because this is complicated and it's big."***

When thinking about improving the healthcare system, **we can either focus on evolution or transformation.** Our efforts so far have been evolutionary in nature. We tend to put structures first, implement legislation, and place most of the authority for design in the hands of the service providers. We tend to be reactive and use the language of burden and deficit when discussing disease or social care. For the past ten years, we've seen integration through the lens of structure, organisation, governance, and money flows across our system. However, where integration has tended to work best has been where a focus has been placed on relationships and trust, and a sense of shared purpose and endeavour. For this to happen, **we need to make radical changes.**

Taking a more radical approach to integration would involve the **design and re-design of services and the healthcare system around the needs, rights, and preferences of the people that they serve**, and taking responsibility for delivering quality, integrated care.

This would embody a more quality-centric approach to design, where time and effort is focused on **building trust and mutual relationships**, as opposed to legislation, and making structural changes. It would involve shifting our language and our perceptions from one of burden and deficit, to one of **investment and asset.**

> ***"We can go down a route that's about evolution or we could go down a route that's about transformation. If we believe that our NHS has a future, our system of health and care has a future, if we have a sense of purpose and direction, if we believe that we can drive that change, and that it ought to be guided by the people who are in the system, and who are served by the system, then I think that means we need to go down this transformative route."***

We need to shift power towards the point of care. **Care should be done with and for people** and our aim and direction should emerge from engagement with providers, patients, and their families. Previous engagements with thousands of patients and people have revealed that ultimately, **all they want is to be heard.** Engagement should not just be done in consultation events, but on an ongoing basis. Part of our everyday work should be to hear and to listen to what people have to say about the care they want to receive. With that, we should help them to navigate through our complex and bureaucratic systems – which is something that patients often describe as impossible.

> ***"I think we should shift the balance of power because people at the point of care often know better what to do than people who are in the boardroom. And if we trust our practitioners and we enable them to have the right kind of conversations with people who need support, we can shift the balance of power."***

Building on from the need to hear the people that our healthcare system serves, we need to take an assets-based approach and **see people as part of the solution and not as part of the problem.** This involves seeing them as more than a person who is defined by their

conditions and seeing them as an expert who can contribute to their health and care. We must move away from the idea that these conditions are a burden on society and shift our perception to one of investment. **Changing our narrative around health is something we can collectively design into our system.** This is arguably the most important concept in considering the route into the reform of healthcare and social care. Without this, structural and logistical efforts such as mapping out the design and intricacies of care and its respective budget will not achieve a meaningful difference.

> ***"Unless we start to think differently about health and social care, no amount of structural change is going to make any difference."***

We must approach healthcare with a sense of radical kinship – a circle where no-one stands outside. This involves **patients, healthcare professionals and providers all being involved in healthcare** and aligns with the principles of the NHS. With that, we must **create a well workforce where people experience joy in work.** This does not mean helping them to feel less burned out, but genuinely caring for them before expecting them to go above and beyond.

> ***"You can't pour from an empty cup, and so that idea of creating joy in work I think is particularly important just now. People need to know that we're invested in them."***

As stated by HL Menkin, for every complex problem there's an answer that is easy, simple, and wrong. With that, **we need to adopt an approach that's sensitive to the fact that healthcare is a complex problem.** Often our approach to solving complex problems lies in setting some simple order generating rules and trying to make some sense of chaos. These recommendations provide a starting point for helping Wales to lead the way in quality, integrated healthcare. First, **we need the faith to start.**

Dame Sue Bailey, OBE, Chair Centre for Mental Health, NED Greater Manchester Integrated Care Board and NED KOOTH Mental Health online digital platform, Bevan Commissioner

Throughout our lives, our mental and physical health is profoundly affected by the places we live, the people with whom we spend time and interact, and the communities to which we, and they, belong. This encompasses our **social identity** and is **the extent to which individuals gain a sense of meaning, purpose and belonging** so they can provide social support to others while also having a sense of efficacy. Social identification generally serves to enhance health and wellbeing, whereas when identity is lacking, lost, or promotes harmful behaviour, health and wellbeing will be compromised. Across the world, **governments and policymakers are increasingly recognising the importance of social life for the health of all citizens**. They are trying to understand these processes better so that this understanding can be used to build healthier societies. The goal here is to support wellness, but if a person's unwellness isn't remediable, then they must be supported properly in what is left for their life.

> ***"What lies at the heart of an individual's health is the nature of the social connection that exists between them, and the sense of shared identity that these connections produce and are produced by."***

Integrated partnerships are one way of supporting wellness. Integrated care systems in England serve as an exemplar for Wales. These integrated care systems have been mandated with requirements to improve outcomes in population health and across healthcare, tackle inequalities in outcomes, experience, and access, enhance productivity and help the NHS to support broader social and economic development. Greater Manchester is one area that has an integrated system, with this serving a population of 2.8 million – one which is just shy of the population of Wales. Extensive engagement with its citizens identified **a shared vision where everyone is capable of living a good life** and growing up and growing old

in a greener, fairer, more prosperous city region. This is one where everyone experiences high quality care and support where and when they need it, and health and care services are integrated and sustainable.

> ***"The one that matters more than any of the others, and will make the difference, is this building of trust and collaboration between partners, to work in a more interconnected way."***

Embedded within this are the rights and wishes of the citizens of the region. **Involving communities and sharing power** through a strengths-based approach is key to making meaningful changes, with progress measured against outcome metrics. This is about **strengthening communities** so that everyone has an opportunity to live a good life. The integrated care system aims to play a full part in tackling poverty and longstanding inequalities by facilitating incremental improvements in access, quality and experience, and by using technology and innovation to improve care for all.

> ***"We want increased physical activity, reduced smoking prevalence, and reduced obesity. It's about strengthening our communities. We want everyone to experience high quality care and support where and when they need it, and this at the core recovery of the NHS and care services, and this has to be the year-on-year attritional improvement, meeting targets for core services, and equitable service provision."***

This is about achieving financial sustainability through the delivery of an integrated care board. This necessitates **a system that is accountable for improvement and transparent about performance**. With that, we must consider the workforce. The World Health Organisation estimates a UK-wide workforce shortage of 80 million by 2030. This comes with a rising cost of living, underinvestment, rising expectations and rising frustrations. With that, **we must see the workforce as a precious resource and always look to support it**.

> ***"No needless deaths. No needless pain or suffering. No unwanted waiting. No waste, especially of the workforce… no one left out, which is what inequality is about… in the current climate of distress, anxiety and pressure, no helplessness in those who are serving."***

When establishing the NHS 75 years ago, Aneurin Bevan was able to influence politicians because he understood both local communities and national politics.

Bevan Question Time Panel

Public insight should be incorporated into healthcare policy and planning, and it is vital to gain an **understanding of the public's perceptions about the status and direction of healthcare across Wales**.

One challenge that was highlighted was a **resistance to change**, with this stemming from the historical success of the NHS. A member of the public described how some people may feel that it should not be significantly changed for fear of losing its successful foundations. With that comes a lack of Government investment at scale. While there are opportunities to fund the NHS in a different way and bring in additional revenue, such as through insurance premiums, this needs to be balanced with the need to **protect everything that is great about the NHS and uphold its core principle of providing care that is accessible for everyone**.

> ***"There are different parts of our government that just fundamentally don't see the need to invest at the scale that you need to, to make it a success. Then I think there is a sort of controversial view that because the NHS has been such a success since its inception with Aneurin Bevan… there's lots of people that hold that - almost sacrosanct."*** *- Interviewee on Bevan Commission's Conversation with the Public: https://www.bevancommission.org/programmes/a-conversation-with-the-public/*

The **impact of pollution on public health** was discussed, with lockdown restrictions during the Coronavirus-19 pandemic being highlighted as a period within which air quality temporarily improved across Wales.

> ***"Within two weeks of us closing down, the environment cleared, the air was far clearer, the sky was clearer. It proved how much rubbish that we're allowing to be pumped out into our lungs by the government by not taking proactive action on things like probably having better transport systems."*** *- Interviewee on Bevan Commission's Conversation with the Public: https://www.bevancommission.org/programmes/a-conversation-with-the-public/*

Challenges discussed by other members of the public included **hospital waiting times and the availability of hospital beds across Wales**. Collaboration between health and social care is needed to address these challenges. With that, digital innovation and online working was highlighted as key in reducing the amount of paperwork that accompanies collaboration.

> ***"The healthcare and the social side of it have got to work together on it. You can't have the situation where we've had people who can't get out of hospital because there's nowhere for them to go… it has to be combined efforts."***

Many of the **insights shared by members of the public across Wales mapped on to those shared by key stakeholders** within the field of health and social care when considering its future.

Bamidele is a representative of patients' voices in Wales. They discussed how, regardless of a patient's circumstances, once they enter a hospital, the power dynamics change, and the current system often fails to truly listen to what matters to the patients. Patients' voices need to be heard within the healthcare system as these are instrumental in driving improvement. However, co-production rarely translates into practice. Instead, **patients need to be seen as partners**. With that, we need to go into our communities and create these partnerships to develop impactful solutions to healthcare challenges.

> ***"Our health system is not just in our hospitals. It's in our communities, it's amongst the individuals that are affected by all of these issues within our health system. So yes, definitely giving a voice to people and working with them to find solutions."***

Kamila is a GP with over 35 years' experience of working within primary care. Their vision would be to see an **organised approach where GPs are afforded enough time to support their patients** and their physical, psychological and social contexts, and to view their health status in a holistic way. Primary care is very close to tipping, with GPs leaving the profession faster than they are entering it, and at all stages of their careers. This is due to workload. Capacity is far less than the demand, such that seeing 50 to 70 patients in a day means that little time is available to be able to give people the patience and time that they should be able to give with their training. We need to be organising our service in such a way that we can **provide care closer to home**, and make use of artificial intelligence, IT, diagnostics, and near-patient testing, and make sure that these are all close to the patient. With that, there is a need for **integrated multidisciplinary teams and collaboration**.

> ***"In order to really serve our communities, we need integrated multiple disciplinary teams who can deal with all the things that I can't do as a GP."***

Nygaire has over 40 years' experience in social care and health. Their vision is very much about the **integration of social care and health at the primary care level**. Working together and becoming truly integrated requires courage. Their vision is for politicians and civil servants to have courage and initiate change.

> ***"My vision is that our politicians and our civil servants will, from today, decide to do something that's really, really special and will make a big difference."***

Building on from previous discussions, Lord Nigel Crisp reiterated that **"health is made at home, hospitals are for repairs"**. With that, we need to talk to and work with others beyond healthcare - including the businesses, farmers, the food industry, and the whole range of society, in addition to patients and community groups. Without this, we are not going to tackle the social determinants of health. While this can be difficult to achieve, it is part of the wider role of healthcare. There needs to be **a modern vision for the NHS which reflects its current context and challenges**. Engaging with clinicians about this can create a sense of goodwill and energy, particularly given that these are often the ones making major changes and leading on initiatives such as social prescribing.

> ***"We need to have a vision for the NHS rearticulated for today… about what it really means in practice. And that's about people – like the people in this room – planning that, bring it together."***

Finally, Rowan Williams shared their vision of a good health service, which they saw as being one which takes agency seriously. It would be a service that encourages people to take responsibility, but also provides them with some of the skills, insights and resources needed to take responsibility. Building upon that, **a good health service needs to be proactive**, and not just provide a safety-net for health or act as a damage limitation service. It should be engaging with a range of social processes and social institutions to create the equivalence of active citizenship in health. There needs to be **a joined-up approach to public services for health**, and the role of digital innovation and artificial intelligence within that.

> ***"Health and care at home or in other settings, education, welfare and benefits, employment patterns - all these are actually deeply interconnected. And a robust health service will be one that is working in coordinated ways in communities to deliver that."***

July 6

Sir Frank Atherton, Chief Medical Officer for Wales

There exists an immense sense of pride in the NHS in what it has achieved and what it continues to achieve. For example, **Wales is renowned for its integrated health system,** with this being something that England and Scotland are working hard to achieve. Whilst there remains deep concern about the direction of the NHS more broadly, we should not so readily discount the things that we are good at. The system may not be perfect, but **we have strong foundational elements that can be built upon.** This includes a deep commitment from everybody to its founding principles, including equity.

> ***"Written into the DNA of the NHS, as created by Bevan, is that principle of equity arising from the need, not the ability to pay."***

Since the establishment of the NHS some 75 years ago, **a significant demographic change has occurred**, and people are living longer than ever. This has brought with it some **major challenges to our health system**, including **increased demand from an ageing population**, **increased prevalence of long-term conditions and multimorbidity** and an **increased need for mental health support**. All these challenges incur a **great cost both now and into the future.** Technological advancement has enabled the NHS to broaden its delivery and rise to these challenges; improving patient outcomes and allowing the healthcare system to achieve far more than it could in 1948. **The move towards digital solutions and innovative technology is part of our solution to the future.** However, deploying new technology also comes at a huge cost. Nevertheless, there is the rising expectation and the assumption that the NHS will deliver more. This expectation cannot always be met, which in turn hinders patient satisfaction.

> ***"With rising expectations which sometimes cannot be met, and have not been met in recent years, there is a risk that satisfaction rates start to reduce."***

The strategy for building **A Healthier Wales (2018) provided a route map about how we could address future health challenges.** This was built upon Parliamentary review and with extensive involvement from the Bevan Commission. **While this strategy requires refreshment, its principal foundations remain valid**. This includes the need to **shift towards preventative care**, the need to **shift from hospital care towards community care**, the need to **work across local health board boundaries** and the need to **work across the boundary between healthcare and social care**. These needs remain valid but have not been adequately addressed to date, perhaps stemming from difficulties secondary to Brexit and the Coronavirus-19 pandemic. However, it's also due to **inertia**. The critical challenge here is to refresh our strategies, address the inertia and **deliver upon our intended plans**. There have been excellent examples of progress made in this regard, including in optometry, dental care and pharmacy, but these still need to be industrialised.

> ***"The critical challenge now is to get on and deliver that route map, refresh it, but also deliver."***

A major challenge faced by our healthcare system is that the **NHS is not equipped to deal with the needs of an ageing population**. The demographic shift, characterised by an ageing population, has impacted upon our ability to build a healthier Wales, as initially set out in the 2018 strategy. Current statistics indicate that approximately half of the population are over the age of 45, with an estimated cost to the UK of £5.8bn per year. Over 60% of hospital beds at any given time are occupied by people experiencing frailty. This has a negative impact on the individual as many deteriorate if they are unable to return to their homes or residential care settings as preferred. A corollary of the significant proportion of beds being occupied by the frail elderly means that fewer beds are available to people in need of emergency care, causing extreme patient backlog and increased system pressure that is exacerbated in winter months. While having an integrated system of care is important, we need to **redesign our models of care** so that people in need of urgent acute care have access to it when they need it**.** We need to **separate strands of workstream so that they are either focussed on urgent care or planned care**. Regarding the latter, we need to make better use of community resources.

"Part of the solution here is to redesign our models. We currently have a model which is trying to do everything in one place, and we need almost three separate strands of workstream, whether it's streams of work or locations of work, we need to separate our urgent care from our planned care, and the care of frail elderly people which should be largely in the community."

The social care environment in Wales presents an additional challenge. A solution to this is the **development of a national social care system** which mirrors the NHS. However, we have issues attracting and retaining the workforce needed to support frail elderly people in their homes, in addition to issues surrounding the funding model for social care. It has been 15 years since the Dilnot Report was released, which looked at the funding of social care across the UK. The report made key recommendations, which centred upon actions to avoid catastrophic costs that were falling on people. This was to make sure that people paid a fair amount towards their living costs if they were in residential care and that there was a nationally applied eligibility criterion. We have not successfully implemented the recommendations outlined here and need to revisit them.

"We clearly need a better social care settlement."

The third problem is around the NHS workforce. Approximately 1 in 17 people in Britain work in the health system, **and year on year there has been growth in most areas of the NHS workforce.** In fact, there are approximately 20,000 more people employed by NHS Wales to date than there were 10 years ago, and general practice in particular has increased capacity. Despite this, **1 in 11 posts are currently vacant and we are not meeting need**.

"There is a real question running into the heart of our NHS about productivity and how much productivity we are able to achieve."

An additional issue is the need to tackle our infrastructure, which has lacked investment, with much of it being outdated and using systems that are no longer fit. With rising capital costs, **we need to think differently about how capital is used** and **involve the public in decisions made about the investment required** if we are going to correct the historical underinvestment that has been made. Good investments have been made, but a significant backlog remains.

> ***"We haven't invested sufficiently in our capital infrastructure, and we are now at a time where capital is not cheap and not likely to be cheap in the forthcoming years, so we need to think differently about how we use capital."***

The agenda for public health is another challenge, with our current positioning necessitating reflection of the work conducted by Derek Wandless who wrote reports on securing good health for the population some 20 years ago. Unlike fully engaged approaches and those which make solid progress towards helping people to live longer and in better health, **the NHS appears to be in a state of slow uptake.** This is characterised by populations experiencing more years in ill-health, slow uptake of technology, productivity improvement not being realised, public targets not being met, and not offering a whole system integrated approach to healthcare – despite the quality of care still being good. While some may say that public health has failed to deliver what it should have delivered, it is difficult to achieve during **external environmental forces which effect population health**. Capacities for public health are constrained by the sheer volume of fast-food chains, gambling and vaping stores which are located throughout UK. Tackling these issues is something which requires political will, Government support and extensive community engagement.

> ***"These are the things you will see if you go into our cities, and I believe that our health is shaped to a large degree by our environment. And unless and until we can adequately think about how we address some of these concerns, and whether it is possible to address these concerns, it will be very difficult to achieve."***

Professor Sir Michael G. Marmot CH, Director of the Institute of Health Equity (UCL Department of Epidemiology & Public Health)

There exists an intricate relationship between healthcare, the social determinants of health, inequality, and the role of policy and Government legislation in building a healthier Wales. Accordingly, **a comprehensive approach to healthcare is needed** that not only treats illnesses but also **addresses the underlying social factors contributing to health disparities.** Proportionate universalism serves as a guiding principle for achieving greater equity in health outcomes. This calls for **equitable access to healthcare and social services for all,** while also recognising that different population groups have varying levels of need. This is mostly attributable to the social determinants of health.

The conditions within which people live have a significant impact on their wellbeing and their need for healthcare support. While the UK is typically regarded as a rich country in terms of gross capita, the GDP per person in the UK is poor. **There are stark inequalities in health outcomes based on socioeconomic factors, where individuals in more deprived areas experience worse health.** With that, more children are being born into poverty and families are experiencing significant levels of food insecurity, with government funding support not being enough to cover basic living needs. This results in higher rates of preventable hospital admissions and higher healthcare utilisation and associated cost. **One way of relieving pressure on the NHS is to act on the social determinants of health.** However, health inequality occurs along a gradient, such that the traditional means-tested approach to social support misses the health disadvantages faced by those above the threshold of target. Accordingly, there must be "universalist policies with effort proportionate to need.

> ***"Health inequality occurs along a gradient, if we focus only on the worst off, we miss the health disadvantage of those above the threshold of intervention, but lower in the social hierarchy."***

The NHS is a universalist system that enables equitable access to healthcare and social services regardless of socioeconomic status. However, **there is disproportionate usage of the healthcare service according to socioeconomic status, which is placing significant strain on the system.** Action is needed across the whole of society, focussing on the social factors that determine health outcomes. Proportionate universalism balances targeted and universal population health perspectives and recognises that achieving health equity may require more intensive efforts in disadvantaged communities, but it also upholds the principle that everyone across the health gradient should have access to essential services. It seeks to strike a balance between universal access and targeted support, with the goal of improving health outcomes for all while reducing disparities across the health gradient. This approach aligns with the broader goal of addressing the social determinants of health and promoting a fairer and more equitable society.

> ***"I was trying to combine two principles. The classic British approach to social policy is - you target means tested benefits. The NHS principle, a Nordic principle, is universalist policies."***

Proactive solutions to healthcare challenges are needed that addresses the root causes of health disparities rather than merely treating the symptoms. For example, in reference to air pollution, schools in deprived areas are exposed to higher concentration of oxides of nitrogen and PM 2.5 concentration. The solution to this - burning fewer fossil fuels – is a preventative measure that will not only help to achieve net zero carbon emissions, but it will also reduce air pollution and reduce related respiratory diseases and rates of preventable hospital admissions, healthcare utilisation and associated cost. This approach aligns with the idea that **prevention is key to reducing the burden on healthcare services while also tackling broad system challenges.** Government policy has a key role in promoting health equity in this regard, and policymakers need to prioritise health and wellbeing in all their decisions and actions.

> ***"Put equity of health and wellbeing at the heart of all policymaking."***

Overall, a holistic healthcare approach is needed – one which begins with **tackling the underlying social factors that contribute to health disparities.** The concept of proportionate universalism serves as a framework for creating a healthier and more equitable society in Wales and beyond through the creation of proactive, equity-focused policies.

Professor Sir Andy Haines, Co-Chair of InterAcademy Partnership Working Group on Climate Change and Health, Bevan Commissioner

The healthcare sector is a key contributor of carbon emissions, ranking as the fifth-largest emitter globally. Emissions span from those embodied in the devices, medicines, food, and transport systems used by the health service, and extend towards more direct emission contributions stemming from the electricity that the healthcare system buys in to support its activities. **Decarbonisation of the healthcare sector in Wales is necessary for the health of the people it serves, the planet and the healthcare system itself.** It requires immediate action from multidisciplinary partners on various levels.

A **cultural shift is needed to tackle carbon waste** effectively and there is a need to foster a sense of **personal responsibility over carbon emissions among everyone involved in healthcare.** Action is needed from multidisciplinary partners, including the pharmaceutical and medical equipment industries.

> ***"This is everyone's responsibility."***

Many actions can be taken to reduce resource waste in healthcare, including identifying and addressing inefficiencies in workforce utilisation and reducing waste in administrative processes, procurement, and resource management. Regarding treatments, this may include ensuring treatments are necessary and relevant to individual patients and avoiding unnecessary interventions. **Technology and innovation can help the healthcare system**

to achieve its sustainability goals. For example, increased adoption of telehealth and the promotion of health at home can help to minimise transportation-related emissions. Preventative healthcare strategies can also help to reduce resource waste by reducing the need for healthcare support in the first instance.

> ***"Failure to prevent ill health is also a wasted opportunity, and to some extent, a waste of carbon, a waste of resources."***

Health and environmental wellbeing are greatly interconnected. Addressing carbon emissions in healthcare is not just an environmental concern but also a crucial factor for improving people's health and the overall health of the planet. The strategic implementation of policy can confer significant benefits to both people and planet. Importantly, **efforts need to be backed by policymakers and sustainability initiatives must be embedded within the system.**

> ***"Reducing waste will be good for the healthcare system. There could be savings in resources, but there could also be benefits to our health and benefits to the climate… There are many policies, win/win policies, which can benefit our health and benefit the climate. And hopefully, those policies can help to get greater support, public and political support for the ambitious and urgent climate action that we need to see."***

Overall, there exists a need to address carbon emissions within the healthcare sector, with these discussions emphasising their impact on health, the environment, and the broader healthcare system. **A collaborative and policy-driven approach is required to achieve meaningful decarbonisation and reduced waste through improved resource management and a cultural shift toward sustainability.** These themes collectively address the broader goals of improving health, protecting the environment, and enhancing the efficiency of the healthcare system.

Derek Walker, Future Generations Commissioner for Wales

We need to ensure that current health and social care needs are met without compromising the wellbeing of future generations. Whilst good efforts are made to uphold this legislation sustainability principle, more can be done to secure the wellbeing of future generations while also ensuring sustainability of NHS Wales. We need to focus on prevention, long-term planning, integration, and environmental responsibility in addressing current challenges, whilst also considering the long-term impact of decisions and actions.

> ***"The NHS is something that we are rightly proud of, but it won't survive in the form that we want it to if we don't make changes in the interests of those generations yet to come."***

Many people agree that **prevention is key to preparing our healthcare system for the future**. This means preventing problems from arising, as opposed to managing the impact of existing issues. While healthcare challenges were exacerbated during the Coronavirus-19 pandemic, The amount of resource currently required by the acute healthcare system means that **efforts are disproportionately targeted towards managing the impact of existing issues**, instead of preventing them from arising in the first instance. Because of this, the burden of several preventable health challenges is growing. Data from Diabetes UK, for example, has shown that the number of people living with diabetes has now exceeded 5 million, whilst statistics for mental health indicate that 50% of mental health problems are now established by the age of 14.

Moving from reactive to proactive and preventative strategies can help to secure the health and wellbeing of individuals and populations. This is something that the South Wales Fire and Rescue Service has achieved, where fire and rescue prevention efforts in the form of education has seen a 52% reduction in incidents, 77% fewer fires, 53% fewer injuries, and 15% fewer fatalities. This shows how investment in prevention efforts can make a transformational difference to the lives of people and the sustainability of services for health. We need better investment in primary prevention and increase spending on the social

determinants of health rather than relying on acute healthcare services to carry the burden. **The only way to reduce demand is to keep people well.** Long-term planning is essential for the health of future generations, and this should encompass **using available information to prepare for trends and projections that go beyond the immediate future.** This includes preparing for an aging population and considering the impact on care responsibilities, pensioner poverty, and health services.

> ***"It's about acting today for a better tomorrow. And that means a long term integrated preventative approach to our health system here in Wales. But it's all about the outcomes. We've got great policy; this legislation is something we can be very proud of. It points us in the right direction, but we need to find ways of closing the gap between our ambition and where we are today."***

The Wellbeing of Future Generations Act encourages a holistic approach to problem-solving and policymaking; with this being fundamental for securing the health of both people and planet, both now and for the future. Integration and collaboration across different policy areas, organisations, and sectors are essential for addressing complex health challenges at the root problems of poor health. Healthcare policies need to be integrated to improve the overall health and wellbeing of the population. This may include integrating policies such as universal basic income, housing and retrofit programmes, and a national food strategy to improve overall wellbeing. However, **the responsibility for public health extends beyond the NHS** and healthcare providers to encompass all public bodies, charities, and the private sector. Collaboration and coordination between these entities is crucial..

> ***"Our policy making needs to be integrated. The NHS can't be solely responsible for our health. It is the concern of all our public bodies as well as the charities and private sectors."***

The health of people and the health of the planet are highly dependent on each other, with climate change being a significant threat to public health. The healthcare system is a great contributor to carbon emissions and can influence the nations capacity to achieve net-zero carbon emissions. Individuals and organisations need to consider their role as caretakers of the planet and the healthcare system for the benefit of future generations. This includes recognising the interconnectedness of climate change and public health and taking immediate action to reduce carbon emissions in healthcare services to protect the health of the population and contribute to environmental sustainability. There have been good examples of innovative initiatives that can be followed, including Morrison Hospital Solar Farm.

> ***"The health of our people and the health of our planet are intrinsically linked. The climate crisis is the biggest threat to the health of our human population, and we must change our behaviours to tackle the climate crisis in order to safeguard the long-term health of human beings."***

Society, including the healthcare system, has a responsibility to act as caretakers for future generations by making decisions and taking actions today that promote sustainability, health, and wellbeing for generations to come. This necessitates a long-term, integrated, and preventative approach to the healthcare system in Wales. It stresses the importance of shifting focus from reactive healthcare to prevention to reduce the burden of diseases. We need to take a holistic approach to healthcare and policy-making that considers the interconnectedness of factors affecting public health.

> ***"We live in challenging times with high pressures on our health system. And it's at times like these when the immediate pressures are so large that it's much more difficult to focus on the longer term. But we have to do so for the sake of future generations. We are caretakers of this planet and the NHS for future generations. Our children, our grandchildren, and our great grandchildren. What we do today is passed on to them. Our NHS and healthcare system is precious. We must ensure it is fit for the future and is in good shape to hand on to generations to come."***

Eluned Morgan MS, Minister for Health and Social Services

The 75th anniversary of the NHS gives us an opportunity to reflect on the vision and delivery of **an institution which has saved and transformed the lives of generations of people across Wales** and across the United Kingdom. With that, we must celebrate the achievements of the 106,000 people who work for the NHS in Wales, and who collectively manage over 2 million contacts a month in a population of 3.1 million – a figure which does not account for the 70,000 calls answered by the 111 service during the months of April or May.

The NHS is a service which will remain true to that principle set out by Bevan: **free at the point of need, from cradle to grave**. However, it is important to reflect upon how the NHS has changed significantly since its initial inception in 1948 and has demonstrated significant adaptability in several ways. This includes an increased focus on mental health – with this accounting for approximately 11% of the NHS budget in Wales. It has also supported the widespread and ongoing success of the Coronavirus-19 vaccination programme, which saved thousands of lives, and significantly improved prenatal care. More babies are also surviving today who would not have survived some short years ago. The very fact we have an ageing population is a sign of the success of the NHS bequeathed to us by Bevan, and all these examples deserve recognition and celebration.

However, it is widely recognised that **the system is under strain** like never before. Demand for GP services remains consistently high, with GP services accessed by people in Wales approximately 1.5 million times each month. In May 2023, emergency care facilities saw an almost 10% increase in patients as compared to just 12 months previously. Meanwhile, the ageing population requires us to adapt to more people living with dementia, cancer, coronary heart disease, vascular challenges, diabetes, and poor mental health, and rising multimorbidity. This is exacerbated by a **worldwide shortage of health workers**, with feeling exhausted and demoralised within the system.

> ***"Health workers, who are the beating heart of the NHS, are exhausted and are demoralised, and we need to do more to lift their spirits. And we can start by encouraging all those people who receive good treatment to simply say thank you, and to show their appreciation and to show their respect. That's not done enough."***

To meet these healthcare challenges, the delivery of our transformational health strategy needs to be supercharged. We should strive to live in a country where everyone has longer and happier lives, and where people are able to remain active and independent in their own homes for as long as possible. This requires a healthcare system that only see's people attending hospital when it is essential, with resources shifted from secondary care to the community where relevant. It requires the delivery of a **whole system approach** which focuses on mental in addition to physical health, and where services are designed around the individual. It also necessitates a healthcare system which aims to support and anticipate health needs to prevent illness and to reduce the impact of poor health, and one which is capable of achieving more equal health outcomes for everyone in Wales. There are multiple factors which cause health inequalities, which exist within and between different regions and population groups in Wales. Addressing these factors requires **cross-governmental action**.

> ***"If we are genuinely interested in preserving a system for the next generation, we are going to have to ask difficult questions of ourselves and of the public in terms of how we are prepared to adapt to the continuing pressures. We also need to keep at the front of our mind the health inequalities that consistently and persistently continue across Wales."***

To build sustainability into our model of healthcare, we must **reconsider our structure and approach to decision making** and renegotiate the system in relation to governance and accountability. With that, a new group is being established to look at these mechanisms in the context of NHS Wales. The group will be independent of government and will be made up of experts with experience of health and other systems in Wales and beyond, and will take evidence from people across health boards, trusts and the political divide to make

recommendations for optimising our healthcare system. Reconfiguration of our approach to decision making may involve **empowering decision-making** in those who are closer to the actions of those decisions.

> ***"We have brilliant workers in the NHS, but sometimes it's clear to me that we stifle their creativity, innovation and drive. We need to release these skills to transform the system, whilst, of course, keeping a very tight rein on financial controls."***

Current trajectories suggest that the numbers of people diagnosed with cancer in Wales will rise from almost 20,000 diagnosed per year in 2017/19, to almost 25,000 by 2040. The number of stroke survivors are expected to increase by 50% during the next 20 years. At present, approximately 62% of adults in Wales are obese or overweight, with this bearing significant health consequences – including increased prevalence of preventative diabetes. Increased spending in one area of healthcare means that other areas may miss out on much needed funds. As such, there exists a need to **reset the relationship with the public** to encourage them to take more responsibility for their own health and wellbeing. As a government and as a society, we need to create an environment in which healthy lifestyles are accessible to all, and the NHS needs to encourage this.

> ***"The NHS needs to be there to support, facilitate and encourage, but a great deal more work will have to be done by us all, as individuals and as a society, if we want a sustainable service that we can hand on to our children and our grandchildren. We'll all have to take far more seriously our responsibility to try and stay fit and healthy, to eat well, to exercise, to avoid smoking and drinking too much."***

While the NHS needs to support autonomy and personal accountability for health, health boards must simultaneously **work to reduce the backlog that was exacerbated by the pandemic**. Greater transparency is needed in the system and coming months will see collaboration between health boards and clinicians to ensure that finances are used

efficiently and effectively, while ensuring that the best interest for the patient is upheld. **Underpinning decisions will be based on evidence** driven by health impact assessments, safety and optimal clinical outcomes, equity, and sustainability. Subsequent changes will require the public to adapt and respond to new configurations of healthcare delivery. This may involve acting on the recommendations set out in the recent report written by the Bevan Commission, which discussed the need to cut waste by not overtreating people, reducing administrative complexity, and reducing the building footprint. This necessitates an understanding of our responsibilities as an anchor institution to the wider economy, and for climate change targets to be met.

> ***"We will need to listen to what matters to patients, but they will also need to hear about the limitations on our ability to deliver."***

Many positive changes have been made to improve urgent and primary care provision, including the establishment of the new 111 service, urgent primary care centres, same-day emergency care centres and increased access to GP services and dentistry. These initiatives have had great success, with the nationally-directed community pharmacist prescribing service now being offered by one in six pharmacies in Wales. Last year saw 47,000 consultations taking place, in which 99% of patients reported that they would otherwise have visited their GP. In terms of urgent care pathways, Wales has built 14 new hospitals since 2019, and proportionately has considerably more hospital beds than England. Figures from the Nuffield Trust in 2020/21 indicate that the Welsh health service holds approximately 270 general hospital beds for each 100,000 people, as compared to the 170 hospital beds for every 100,000 in England. However, shifting resources and staff into the community – as set out by A Healthier Wales, means that **the number of beds may be reduced**.

> ***"The urgency of the task means that we need to go further, and we need to go faster. Further and faster, as we've started doing, by shifting our resources from secondary care into primary care and the community. Providing more wraparound care for our most vulnerable, to stop them from needing to go to hospital where they may get trapped for months on end."***

To circumvent the impact of fewer available beds, **digital solutions can help to improve the accessibility of health and social care services and transform the way that patients engage with services across Wales**. This is demonstrated by the nursing care record, the NHS Wales app, and the new 111 press 2 service. In its first few months of operation, the 111 press 2 service has transformed the mental health landscape in Wales, with over 15,000 mental health calls having been made to the service in the first few short weeks. We must keep pace with technology and innovation, beyond just digital matters. However, the NHS cannot do this alone, and this necessitates **strategic partnerships across the health and care ecosystem**.

> ***"We can't do this alone. We need to forge new, long-term, mutually-beneficial strategic partnerships with third sector organisations, charities, universities – and, yes, with the private sector, if we want to deliver better outcomes for our population and for future generations."***

Despite promising digital innovation offering solutions to accessibility, digital applications will not replace the care and dedication provided by the NHS workforce. However, the health and care workforce is tired and feels neglected and unheard, and the World Health Organisation has calculated that there will be a world-wide shortage of 10 million health workers by 2030. Ongoing efforts are continuously being made to **invest in the next generation of healthcare workers across Wales**, however, the widespread privatisation of healthcare services presents a workforce retention challenge to the NHS. The health and social care system is also struggling to attract workers, despite Wales being one of the only parts of the UK offering the real living wage and investing more than England in social care. This has an impact on urgent and community care pathways.

> ***"If people weren't aware of the link between health and care in the past, they most definitely should be now, after a winter which saw well over 1,000 people medically-optimised but unable to leave an expensive hospital bed because of the fragility of the care sector."***

Overall, **the NHS has transformed the quality of life of people over the past 75 years**; providing intervention without which many would have died. However, for the service to survive the next 75 years, conversations need to be held regarding its reconfiguration.

> ***"If we want it to survive for another 75 years, we will need to have an honest conversation with the public about what we all need to do to do more for ourselves in relation to healthcare, and to embark on a conversation about the reconfiguration of services which will improve healthcare outcomes. The Bevan Commission will have a fundamental role to play in that conversation, so that future generations can celebrate as we are celebrating today."***

Bevan Future Thinker Awards

In celebrating 75 years of the NHS, it is **important to recognise achievements across the healthcare system**. The NHS is predominantly a treatment service, and it does an excellent job at fulfilling this. However, **we need to look beyond the NHS in terms of what we can do** while keeping the wider determinants of health in mind. With that, we should acknowledge the role of the third sector, local government, independent sector as part of that **system of keeping people well**.

> ***"Health at home. Repair by the NHS."***

The young learners of today are the professionals of the future. The Bevan Future Thinkers Award attempts to draw upon their insights to help thinking around pressing challenges. This award required respondents to discuss **what health and social care services should look like in Wales in 2050**, and what needs to happen to achieve this. This could encompass, for example, the need to embrace technology, and make effective use of data in terms of individual patient data and also population data.

Four singular winners were announced, with the intention of these individual winners coming together to produce a **combined and collaborative piece of work** in the following months. The winners include Kellin Jones, a second-year student from Cardiff University studying medicine, Gryff Parry, a second-year student from the University of South Wales studying applied healthcare leadership, and Robert Jones, a fourth-year student from Swansea University studying medicine. A team of fourth year students from Cardiff won the team award.

Judith Paget, Director General for Health and Social Services, Chief Executive NHS Wales

While the NHS faces various challenges, many opportunities exist if met with **openness** and a **willingness to translate innovation into practice**.

> ***"We need to be open and receptive to new and different ways of working, to fresh ideas, to perspectives, and definitely be willing to translate innovation into practice and at scale."***

The timing of the new innovation strategy – Wales Innovates – is crucial in Wales given the new and challenging research and innovation landscape in the post-EU and post COVID-19 recovery period. With these conditions in mind, the innovation strategy takes an integrated approach across all the devolved areas of policy in Welsh government, setting out a vision of how innovation can support the delivery of government commitments. The strategy is focused on four key mission themes – including **the economy, education, climate and nature, and health and wellbeing**. Early actions include setting out how increased investment may be levered.

> ***"The first action in enacting that strategy lies in a new memorandum of understanding between Wales and Innovate UK to set out how it will continue to work collaboratively to lever increased investment in research, development and innovation in Wales."***

For health, wellbeing and social services, three priority areas are outlined in the strategy. These include **creating greater coherency across the health and care innovation system**, where every partner has a clear role. It also includes **focusing innovation activity on health and care system priorities** and supporting the adoption of innovation across the system and at scale. Collaboration with innovation partners has enabled the alignment of system need from across the NHS and social care sector while a range of innovation pipelines are being coordinated to support the adoption of innovation at scale. Leadership and direction will be provided by the NHS Wales executive; supporting NHS organisations to deliver national priorities and standards, and safeguard and improve the quality and safety of care across NHS Wales. The next phase will see the inclusion of an innovation and value section within the NHS executive, with this recognising the work of the Bevan Commission and its dedication towards supporting the translation of ideas into practice through training, coaching and skills development programmes.

> ***"The Bevan Commissioners are agents of change, innovation and transformation across the healthcare system."***

The innovation strategy also recognises the importance of the vibrant life sciences sector in Wales, which employs over 12,000 people and contributes £2.6 billion to the Welsh economy. The sector is widely recognised as one of the great drivers of growth and key to raising the economic growth and standards of living in Wales in the long term. National assets of the Life Sciences Hub for Wales will be used to support the sector in its engagement with health and social care providers and to help innovators and business navigate the integrated NHS and social care system in Wales. This is intended to **drive forward solutions that will allow for the most pressing health challenges to be tackled**. Significant plans to further grow and

invest in the life sciences infrastructure exist, with science parks in development, including the Cardiff Edge and the life science, wellbeing and sport campus project in Swansea. This is to ensure that health and care are evidence-based to best support patient outcomes.

> ***"Research saves lives, and clinical research is improving the overall quality of the healthcare that patients receive across Wales."***

Health and Care Research Wales recently launched the three-year plan to be delivered in collaboration with partners across NHS Wales, social care, higher education institutions, industry and funders. An additional £5 million has been provided to Health and Care Research Wales to support the implementation of the Wales Cancer Research Strategy, to create a new adult social care research centre and fund an evidence centre that will identify and answer questions of urgent important policy and practice. This will also be used to offer **new personal award schemes to support capacity-building in the NHS and in social care sectors**, to enhance the commissioned research programme and support new models of clinical research delivery.

Opportunities afforded by genomics allows for illnesses to be better understood and for patient outcomes to be improved. Personalised medicine, testing and diagnostic services can transform the lives of patients, with the latter being a fundamental aspect of modern healthcare delivery that underpins 85% of all clinical diagnoses. Welsh Government funding will see the relocation of organisations to a purpose-built Cardiff Edge facility in 2023 to **better integrate research and clinical service delivery and encourage collaboration**. Meanwhile, to address system diagnostic capacity and improve access away from hospital settings, regional diagnostic hubs are expected across Wales.

> ***"These are just a few examples that provide an insight into the work currently being undertaken across the health and care sector currently, to ensure we are fit for the future, through innovative approaches that are responding to our key system priorities."***

None of this is possible without the support of NHS and social care staff who are working in partnership with the life sciences, academic and third centres.

> ***"We know that we can make improvements if we work together. We can't keep doing more of the same. We have to do differently, and we can't go back to what we did before the pandemic. Instead, we must continue to embrace new approaches, reduce those barriers to innovation, and be bolder in our acceleration of our technology."***

With that, we must **keep pace with demand and support staff to do their best** to deliver good health and care outcomes for the people of Wales.

Professor Donna Hall, CBE

Two major concepts which stand out from the King's Fund report of the Wigan Deal include the clarity and constancy of purpose around the creation of wellness in local communities and neighbourhoods. This has become embedded in overarching strategies in every avenue, from health and wellness and housing and the environment to economic development and business growth. Anything connected to the local area exists beneath the overarching framework of a social contract between citizens and the state. The principle here is that people are active players in shaping health and wellness.

> ***"Very often, patients, people, are seen as passive recipients of services, rather than active players in local communities who can really shape the health and wellness of a community. And that was the principle behind the deal."***

In Wigan, everyone has worked together as part of the team to reduce poor health and increase healthy life expectancy and years spent in good health, and this has resulted in years spent in good health being increased by seven years in the most deprived wards in Wigan. Ideas put forward from local communities have been invested in, with £13 million being invested in prevention activities within the community and voluntary sector and 500 new projects being created to promote good mental, physical and social health. These initiatives have been longstanding, and that's because of ideas coming people and communities at the grassroots level.

> ***"Very often, strategy is short term. It depends on who's in charge of the integrated care system, what their particular viewpoint is, what the politicians think. And it shouldn't be like that. It should be shared by the people, for the people. And that was why it was a deal. It was a partnership… it's about the place and it's about the people, and it's by the people."***

The Wigan Deal was born out of work conducted by the Institute of Fiscal Studies which indicated that Wigan was the third worst-affected place by austerity in 2010. With that came the realisation for radical change and the need to reinvent relationships with the people of Wigan, including residents and the people working within the council and public sector. Partnership working, joint decision-making and clear communication is a major element of this. With that, partnerships with the people help to ensure money is spent where it should be spent, and the resident's part of the deal is around behaviours that help look after themselves, others, and their communities and environments. This includes behaviours such as recycling, looking after neighbours and keeping fit and well.

> ***"It's very much a partnership between citizen and state."***

This deal has helped to save around £130 million, and Wigan now has one of the best-performing hospital systems in the UK. It has one of the lowest levels of delayed transfers of care and balanced budgets for both adults and children. The locality also has reduced the number of looked after children and has a host of social workers keen to support the system because staff are able to innovate on the front line. In terms of health and wellbeing, it is one of the happiest places in Greater Manchester and has seen over 14,500 children doing the Daily Mile in primary and secondary schools. Since it's initiation, there has been a seven-year improvement in a healthy life expectancy. During this time, money has been saved by stopping initiatives that don't work and shifting efforts towards connecting people to their local communities.

> ***"Despite the fact we've had no money, we've actually managed to improve health and life expectancy massively within our population, within our more deprived communities, by working differently."***

The BeWigan Experience has been key to rebuilding the relationships between organisations and public servants. This place-based organisational development tool has helped people to challenge their own thinking about how they view residents and communities and has been accessed by hospital consultants and all elected members. While building trust between organisations in this way has been a long process, great benefit has emerged.

> ***"We get people to challenge their own thinking about how they view residents, how they view communities, and try to really rebuild that relationship back up with our public servants working in that place. To try not to judge them, but to try to help them, to support them to be the best that they can be."***

Two of the largest sources of expenditure in Wigan are the council and the NHS, and a lot of money has historically been spent on processes and systems that are not effective. Now, more thought has been put into initiatives that have better value for money, and this has involved wrapping services around residents and putting trust into the community and

voluntary sector to use funds to take demand out of the system. The NHS has been pivotal in driving the initiative forwards towards its next stage, as have the community and voluntary sector and the residents of Wigan, with 82% of residents supporting the principles of the Wigan Deal.

> ***"We had to create something different. But the passion has really come from the community, from the way it's been embraced by our residents."***

This work has required a lot of change in thinking about how services should be designed. With that, more modern, intuitive, and in-touch models for public services are needed, and leadership needs to have a whole system vision to make this happen.

> ***"It's really how services should be designed – around people, around communities, around what people enjoy doing… I think the elements of leadership to make this work are having a whole system big picture vision for where you want to be."***

Rollout of a whole system approach within the NHS and widespread adoption of such initiatives requires courage and understanding that knowledge must be shared and not owned.

> ***"We've got to go forward with boldness, with courage. Because if we don't, we're letting our residents down."***

Professor George Crooks, OBE, Chief Executive of the Digital Health and Care Institute

NHS **transformation cannot be achieved solely by the doing of the NHS**. It requires top-down enablement through brave decisions and creative policy in addition to action from the bottom-up. This needs to be done for the benefit of future generations.

> ***"Whether you're in health or in social care, whether you're in senior management, middle management, or in fact you're a social carer, or doing another job within our wonderful public service - you can all make a difference."***

The National Innovation Centre is about empowering citizens and allowing them to live longer, healthier lives in their own homes, in their own communities, and create sustainable services fit for the future. While some people blame the current positioning of the health system on the Coronavirus-19 pandemic, and indeed – it did exacerbate demand and present capacity challenges, **over 90% of the problems that the NHS are wrestling with today existed before the pandemic**. These problems require modern solutions.

> ***"We need to look at twenty first century solutions because the problems we're wrestling with today are problems of the twenty first century… I am worried that we are throwing twentieth century solutions at twenty first century problems."***

One of these problems is that the percentage of gross domestic product of any nation is increasing exponentially. **The way that health and care provision is currently being delivered is not sustainable in the medium or long-term**. An ageing population brings non-specific ageing problems, including frailty, dementia, and long-term conditions. The projected prevalence of the standard chronic diseases, such as hypertension, diabetes, cardiac failure, and respiratory disease is increasing, with this being relevant to Scotland in

addition to Wales. **Services must be significantly redesigned**, but this has not yet been achieved.

> ***"We've got an ageing population and with that comes opportunities, but it also comes with challenges."***

There are workforce issues within the NHS, but increasing the number of staff is not a medium- or long-term fix because **there is an increasing deficit in the global workforce available for health and care delivery**. The solution lies in **activating citizens to make better and more informed health and wellbeing choices** and to make more use of public services.

> ***"It's activating our citizens to deliver more of their own health and care themselves supported by public services."***

We need to **capitalise on opportunities and connections by taking learnings from other areas**, including industry. We also need to consider how we can do that in a digital world. Currently, the NHS is trying to overly govern digital technologies, which slows innovation and opportunity. However, **innovation is not just digital in nature.** It also includes service innovation and business innovation. This includes asking questions about what service models are going to be fit for the future, and that are going to support adoption scaling, and with business models can make services affordable.

> ***"There are three types of innovation… for adoption scaling, each needs to be considered as equally valuable and equally important. That's how we will move things forward."***

Principles for using technical data in health include creating data only once and using it many times, trusting in distributed data and keeping it safe, and keeping in mind that the personal ownership of data belongs to the patient, as this data captures their lived experience. Engagement with Scottish citizens revealed that **people want to tell their story only once**. Patients do not want to have to tell their story to each different healthcare professional they encounter, and they also want to be able to access healthcare services, such as appointments, on their own terms so that they can better balance existing commitments.

> ***"It's not a hospital's data, it's not a health system's data, it's your data and my data. And when we talk about data we're not talking about numbers and we're not talking about blood results, and we're not talking about an x-ray picture. We're talking about your story."***

Service design going forward needs to be predictive and proportionate to balance the needs of the user and the systems as equal partners. It also needs to **plan citizen activated services**, and on the principle of business, its needs **open solutions that will scale and evolve**.

> ***"We need to talk about services and not product, and we need to support the consumer and the commissioner again as equals."***

Using data more effectively can **personalise healthcare services and improve access to relevant and meaningful care**. At present, decisions are being made based upon very little available data on an individual – with the lack of data stemming from a lack of trust in data generated outside of the NHS.

> ***"Today we are making life and death decisions on you, me, our families, and relatives, and next-door neighbours based on about 16% of the available data on an individual. Why is that? Because the NHS only uses the data it trusts, and the only data the NHS trusts is the data it generates itself."***

Personal strands of data could be merged with the formal health and care data and data from the public service to provide a better understanding of the lived experiences of individuals, but this requires giving citizens access to their own data in addition to the tools to be able to curate that data. This will provide an opportunity for **individuals to make informed health and care choices and take personal accountability for their care**.

> ***"We need to put the citizen at the heart of everything. We need to give them access to their own data, but we need to give them, that's them, you, me, and everyone in this room, the tools to be able to curate that data, to make better informed health and care choices, and to deliver more of their own care."***

There is a need to **invest in digital services that are targeted towards citizens to allow them to become activated and empowered**. The technology already exists, but we need to unlock their data and get the foundations right to ensure that data flows safely and securely from where it's generated to where it is needed. This is as much about collaboration as it is about innovation. However, cultural attitudes need to be addressed, on the part of both the public and decision-makers. An inertia exists and **the risk-aversive nature of the NHS is preventing necessary change**.

> ***"If you don't understand the art of the possible, how can you make informed choices and changes?"***

Sir David Haslam, CBE, Former Chair of the National Institute for Health and Care Excellence

There are two healthcare crises currently being faced by the healthcare sector. The immediate crisis is exemplified by the **workforce crisis and escalating waiting lists**. Underfunding is contributing to poor morale and recruitment and retention challenges, in addition to discontent and restrictions in the ability of staff to deliver care as they would like to.

> ***"They're over stretched in every direction. And it's, to me, a wonder that so many do still offer such great care. They should be really proud, although I suspect they're too tired to have energy for pride."***

In addition to the acute crisis, a major more long-term challenge exists, with this being one that would remain even if waiting list and recruitment challenges were solved. Every healthcare system in the world is facing the challenge of **increased demand and rising expectations of the public**, in addition to the **escalating cost of therapies**. This is owing to growing populations and innovations in healthcare science. The combination of these issues is unsustainable and necessitates clarification about the aim and priorities of the healthcare system.

> ***"Every success that we have has the potential to sow the seed of the next challenge, and that is absolutely not a reason to despair, but it's a reason to celebrate fantastic advances. But to be very, very aware of the ongoing impact of this – the side effects of our success. Which means, to me, that we need a much greater clarity about what we're trying to achieve, what our priorities are."***

We need to be **clear on the challenges being faced before we can identify solutions**. This raises the simple question of what the NHS is trying to achieve. Supporting and enhancing primary care for example is engrained in the aspiration of every healthcare system, yet it has been relatively ignored. The number of GP's practicing within the system are decreasing, whilst hospital specialty numbers are increasing. This is partly owing to the prioritisation of innovation.

> ***"It's caused by the seductive appeal of the new and the exciting, rather than attention to intention and evidence. It's a side effect of good intentions. Why does newsworthiness and scientific excitement automatically signal where the priorities should be?"***

Meanwhile, continuity of care has been devalued, and many patients will see any doctor they can access. This is increasing evidence that continuity of care with a GP or a team matters, with research demonstrating that patients who remain registered with the same GP over many years have fewer out of hours appointments, fewer acute hospital admissions, and reduced risk of early death. Yet, **human relationships appear to not be ascribed the same value as an intervention in the same way that drugs are**. Relationships are further devalued by policymaking which ignores, for example, issues with continuity, and prioritises visible challenges such as long waiting lists. This highlights the need for clarity in the aspirations of the NHS and its priorities.

> ***"We've got strategies that talk about improving the health and wellbeing of people, and then we spend vast sums on drugs of often limited benefit for small subsections of the population. And we let things like continuity – that would benefit almost everyone – wither on the vine."***

We must ask ourselves what future generations will think when they look at the way that healthcare is currently delivered. This includes looking at the political excitement and media about costly injection-based short-term treatments for obesity, when the cause of obesity is dietary in nature and influenced by societal factors. We tend to medicalise such problems rather than looking at the problems of causation and focusing efforts on **personal and societal responsibility for health**.

> ***"When we look at the extraordinary impact of obesity on health services, and a political belief system that seems reluctant to tackle the causes – certainly in England – and then is grateful to the pharmaceutical industry for developing extraordinarily expensive drugs for tackling it – well, it's no wonder we're in trouble."***

Policies, attitudes and aspirations can make a difference. However, we need to return to an integral part of healthcare that is so often undervalued and under recognised: and that is care. Kindness, compassion and care are essential, and the evidence suggests that these matter and can make a difference to the quality of care. With that **we must listen to our patients to find out what matters to them and be interested in the human being before us**.

> ***"Care isn't psychobabble. It means being interested. Interested in the human being before us as a human being, a person, and treating them as such."***

There is currently a lack of correlation between patient and population need and workforce planning, with the NHS workforce being underinvested. **We must care for the staff who are there to care for our patients**. With that, we must look at population needs and increase the number of generalists over specialists, for example, given the ageing population and rise in multimorbidity.

> ***"Health and healthcare is a human business. The humans involved in healthcare really matter."***

Bevan's original vision of a national health service has stood the test of time, despite facing extraordinary challenges. Whilst evolution and change can be uncomfortable, values can and must remain consistent. The future must see **a transition from hospital and illness-based care towards one of person and health-based support**.

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Bevan
Commission

School of Management,
Swansea University Bay Campus,
Fabian Way, Swansea SA1 8EN

www.bevancommission.org
bevan-commission@swansea.ac.uk
+44 (0)1792 604 630