



**Comisiwn  
Bevan  
Commission**

# **The Foundations for the Future Model of Health and Care in Wales**

Creating a Sustainable National Health and Care Service  
for an Equally Well Wales

February 2024

# ABOUT THIS PAPER

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*The Foundations for the Future Model of Health and Care takes account of the economic climate and wider pressures on the health and care system in Wales to find a sustainable solution for the future. Drawing upon the resources of the people, communities, and stakeholders it suggests a new way of approaching this in Wales. The Foundations for the Future Model of Health and Care sets out the agenda to achieve a sustainable, high quality, equitable health and care, for an equally well, healthy, resilient and resourceful Wales.*

*The Authors would like to thank all those who contributed to this document, participated at working groups, workshops, the “The Tipping Point: Where Next for Health and Care?” (July 2023), shared their ideas and provided feedback. We would also wish to thank members of the public for their time, input and ideas as part of our ‘Conversation with the Public’.*

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# CONTENTS

## 00

<b>Executive Summary</b>	<b>01</b>	<b>SECTION 2: The Foundations for the</b>	<b>17</b>
<b>SECTION 1: The case for Transforming</b>	<b>06</b>	<b>Future Model of Health and Care in Wales</b>	
<b>Health and Care in Wales</b>		<b>Resilient and Resourceful People</b>	<b>19</b>
<b>Hindsight:</b>	<b>06</b>	<b>and Communities</b>	
Changing Expectations	06	<b>Prudent, Integrated and Equally</b>	<b>21</b>
Life Expectancy and Demographic Pressure	06	<b>Well Care</b>	
Health Services: Quality standards and	06	<b>Sustainable Workforce, Services</b>	<b>24</b>
Technology		<b>and Systems</b>	
<b>Insight:</b>	<b>07</b>	<b>Dynamic, Innovative and</b>	<b>28</b>
Demographic Change	07	<b>Transformational Culture</b>	
Life Expectancy	08	<b>SECTION 3: Everyone's Responsibility:</b>	<b>30</b>
Population health trends	09	<b>Roles &amp; Actions to Unlock Health in Wales</b>	
<b>Foresight</b>	<b>11</b>	<b>SECTION 4: Annex</b>	<b>34</b>
Health expenditure	12		
Waiting times in Wales	13		
Further inefficiencies	14		
Public Perception - the need for change	15		



SECTION

01

**THE CASE FOR  
TRANSFORMING  
THE HEALTH AND  
CARE IN WALES**

## **SUMMARY**

We recognise that **good health** cannot be achieved by any one professional, agency or organisation alone. It requires strong **collaborative working** with the public, professionals and all key agencies to share responsibility for creating healthy environments, preventing ill-health as well as delivering prudent health and social care services designed to meet people's needs. There is an urgency for action which requires an orchestrated effort and shared responsibility for creating, maintaining and supporting health.

Acknowledging the **pressures on the health and care system**, such as systemic inefficiencies, rising costs, technological shifts, workforce, changing expectations, demographic pressure, and the risks of growing inequalities, climate change and their impact on population health outcomes – we argue that the current system demands urgent, creative transformation without compromising its founding principles.

This need for change requires public support and a shared responsibility. In our recent 'Conversation with the Public' members of the public in Wales expressed the need and support toward a transformative change to ensure better, streamlined, accessible and inclusive services, a shift toward a more social model from the traditional medical model, mitigating the consequences of rurality and the causes of inequalities<sup>1</sup>.

**To create an equally well Wales**, an orchestrated effort, bold decision-making, accountability and commitment is needed. We propose that the future of health and care is defined by **sustainable services, shared responsibility and a whole society approach**.

**The Foundations for the Future Model of Health and Care** is a new way of approaching policy design and delivery. It draws upon the **resources of communities, stakeholders, decision-makers** and sets the agenda for a high quality, equitable service-provision for a healthy, resilient and resourceful Wales. It builds on the founding principles of the NHS, placing the Prudent Principles<sup>2</sup> people and communities at the core.

We have identified **areas of action with recommendations to bring Health for All<sup>3</sup>, and with everyone on board**. Recognising that transformations will need to engage people and professionals, cross-sector and national policies, our four foundations rely on national, local and sectoral experiences, initiatives and policy frameworks.

We found that the future of Health and Care is dependent on and enabled by; Partnerships, Data, Technology and Workforce. These are the building blocks of the four foundations.

<sup>1</sup> Conversation with the Public, Bevan Commission, 2023

<sup>2</sup> Bevan Commission, 2015. A Prudent Approach to Health: Prudent Health Principles

<sup>3</sup> Health for All. Transforming Economies to Deliver What Matters. 2023. The WHO Council

### *1. Resilient and Resourceful People and Communities*

Public health plays a pivotal role in enhancing resilience by actively involving people in their own well-being, and illness prevention. Programmes and services to support people “stay healthy at home”, self-care support, intergenerational and community based programmes and health skills education for people are needed. Health and care services will only become sustainable in the face of increasing life expectancy and growing demand by recognising the importance of the environments in which we live and the wider social support opportunities in promoting good health.

### *2. Prudent, Integrated, and Equally Well Care*

Along with addressing needs locally, wider integration of services and systems are essential for ensuring quality services which meet people’s needs. A whole population approach is needed, including; new health and care roles, cross sector working, quality-centric approaches, and place-based integrated health and social care teams. Integrated systems at a national, regional and local level, focusing on key areas such as service planning, workforce, data and digital health will be needed to support this. The goal is to bring care closer to individuals’ homes and tailor services and innovative solutions to the specific needs of different populations and people. Upskilling and diversifying the workforce, embracing third sector, community skills and caregiver expertise are needed for sustainable service delivery.

### *3. Sustainable Workforce, Services and Systems*

A mainstreamed perspective on sustainable health and care: addressing the social determinants of health with a whole society approach, developing a sustainable mode of operation including financial, environmental and social sustainability. This addresses the carbon agenda going beyond the ‘volume approach’ to waste, reflecting on the inappropriate and overuse of skills and resources and redesigning a prudent, lean health and care system fit for the future. A sustainable health and care system requires organisational change and a reliable workforce supply. Addressing workforce shortages, as well as upskilling the wider workforce and enabling behaviour change are essential to achieve sustainability.

### *4. Dynamic, Innovative and Transformational Culture*

In a complex, adaptive health and social care system, change in one area will inevitably have performance implications in other areas. The system and its processes should encourage and support innovation to be driven bottom up, top-down, and horizontal within and between organisations, professionals and local people. Sustainable rapid adaptation and adoption approaches would help ensure new and efficient ways of delivering care are systematically disseminated nationally.

The four Foundations for the Future Model of Health and Care outline a **'whole society' approach**. The recommendations presented in this report are complementing the policies in Wales, and prioritise actions to be taken by a range of social actors, particularly:

- **The Welsh Government** can regulate, incentivise and enable change. It can design funding schemes, set up collaboration platforms, unify processes, and data-flow.
- **National Lead Agencies** have an all-Wales perspective and they lead and develop services and provide support across Wales.
- **Health Boards and Trusts** have a key role in implementation, supporting and enabling change through the linkages of people, patients and practitioners.
- **Local Authorities** are essential in enabling and supporting, healthy people and environments and implementing and monitoring integration plans, facilitating change by coordinating local partnerships.
- **Businesses** support, enable, invest into and provide solutions for change with innovation and through their employee health and corporate social responsibility.
- **The 3rd sector** is essential in reaching out to hard-to-reach neighbourhoods, linking with social groups, supporting data-collection and bringing to light and enabling local innovations.
- **Citizens** have a key role in creating health, learning, adopting and spreading healthy and sustainable behaviours, participate in change by sharing insights, ideas and data.
- **Academic partners** provide support in research and impact design, data-gathering, evaluation and impact assessment, as well as policy evaluation, or regulatory framework assessment.
- Strong **local collaborative leadership and a healthy workforce** are essential along with policies promoting shared responsibility, prevention, and early intervention.



The health and care system should prioritise **equity, flexibility, and adaptability, informed by public engagement, technology, and data**. Policies, planning, and performance tools need change, focusing on health and well-being, not just illness.

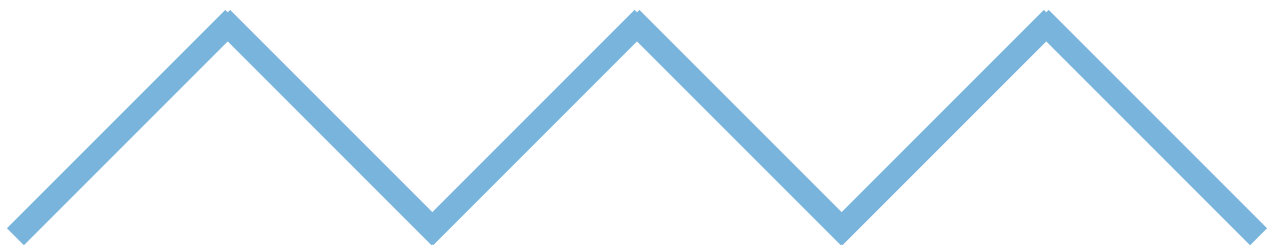
**Health and well-being should be integrated into all policies**, including education, regeneration, employment, and housing. **Collaborative leadership is essential** to address complex challenges and inequalities, making Wales a healthy thriving nation 'Wales can Do it'.

The Bevan Commission recommends that:

- the Foundations for the Future Model of Health and Care be adopted; and
- that accessible and detailed versions of the recommendations are developed and integrated into cross-sectoral, national and local policies, and programmes.



***IF THERE IS A DRIVE TO IMPROVE HEALTH AND WELLBEING, RESOURCES HAVE TO BE AVAILABLE TO ALL AT A TIME AND PLACE THAT THEY ARE ABLE TO ACCESS THEM***





# I. THE CASE FOR TRANSFORMING THE HEALTH AND CARE IN WALES

## 1.1. Hindsight

### 1.1.1 Changing Expectations

Over the last 75 years and with a very different population, health needs and public expectation, the services have grown to respond to these, supporting a wide range of new medical possibilities and inventions over time.

### 1.1.2 Life expectancy and Demographic Pressure

- Average life expectancy extended<sup>4</sup> by nearly 40 years in the years since the inception of the NHS in the UK.
- The top cause of death is different to what it was: death from infections has fallen dramatically, and deaths from preventable diseases<sup>5</sup> like stroke and heart disease continue to fall.
- The most common causes of death are related to dementia, cancer, heart conditions or external causes e.g., accidents and suicide as well as environmental stressors.
- Demand has shifted toward chronic treatments and end-of-life services, instead of younger populations driving the demand for primary care before.

### 1.1.3 Health Services, Quality standards and Technology

- Technological change imposes increases in health spending in advanced economies in the short-term, but if it leads to better health outcomes, part of the cost is recovered in the longer run<sup>6</sup>.
- Labour-intensity of the health and care sector was tied to a defined and stagnant technological and procedural structure serving past decades. While demographic shifts contribute, the almost 4% annual rise in healthcare spending since the 1980s, also reflects rising relative costs and technological advancements<sup>7</sup>.
- Since the inception of the NHS, the focus has leaned heavily toward reactive treatment particularly acute/hospital care, rather than on primary and community prevention<sup>8</sup>, early intervention, and population health. This approach is deemed as economically unsustainable, as evidenced by the four decades of UK health spending outpacing GDP growth.
- Health service pressures have evolved over time. While demographic shifts contribute, the almost 4% annual rise in healthcare spending since the 1980s, also reflects rising relative costs and technological advancements<sup>9</sup>.
- From the reactive model responding to symptoms toward a risk-assessment based treatment, medicalisation has expanded, and lowered the treatment threshold in several diseases<sup>10</sup>. The adverse effects and the overuse of medical treatment have been raising concerns. Enablement/empowerment of patients in the modern general practice care is necessary to help patients to cope with their health and care needs

4 U.K. Life Expectancy 1950-2023 | MacroTrends

5 Death through the decades | The Nuffield Trust

6 Drivers of Health Spending [https://obr.uk/docs/dlm\\_uploads/Health-FSAP.pdf](https://obr.uk/docs/dlm_uploads/Health-FSAP.pdf)

7 Office for Budget Responsibility. Other cost pressures in the health sector (obr.uk)

8 Prevention and Early Intervention Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014 (gov.wales)

9 Office for Budget Responsibility. Other cost pressures in the health sector (obr.uk)

10 Pereira Gray D, White E, Russell G. Medicalisation in the UK: changing dynamics, but still ongoing. J Royal Society of Medicine, 2016. Jan;109(1):7-11.

## 1.2. Insight

### 1.2.1 Demographic Change

Population age-groups have dramatically changed in the past two decades in the UK, creating new challenges. The patterns of health, ill health and death are an important factor in shaping the demand for NHS and social care services.

By 2038 almost one in five people in Wales will be aged 70 and over. The 70-79 age group projects a 18% rise in the period 2021-2038, the 80-89 age group projects to rise strongly by 40%, the 90+ age group by 71%<sup>11</sup>. The younger population groups project slight increases, and the youngest 0-19 projects a fall. Consequently, the old age dependency will have changed to one to three from the current one to five (the ratio of pensionable age for every 1000 of working age). This change will impact the health condition of the population and demand for health and care services outlined below.

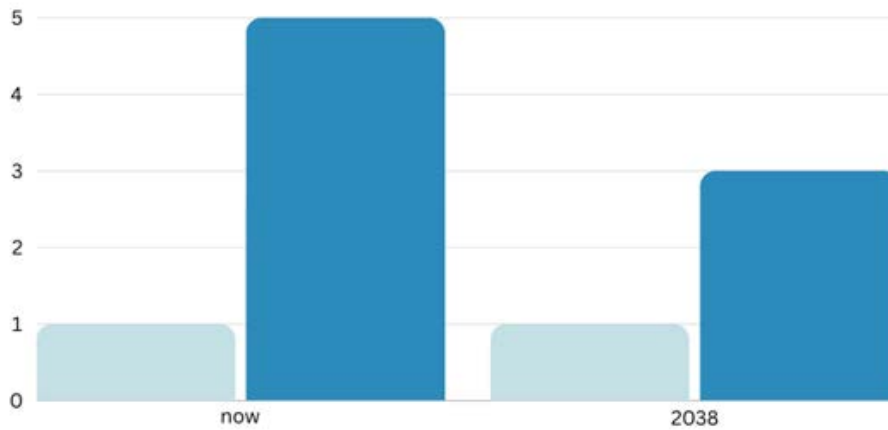


Figure 1. Old age dependency in Wales: 7+/20-69 (projection based on ONS source, SEA)

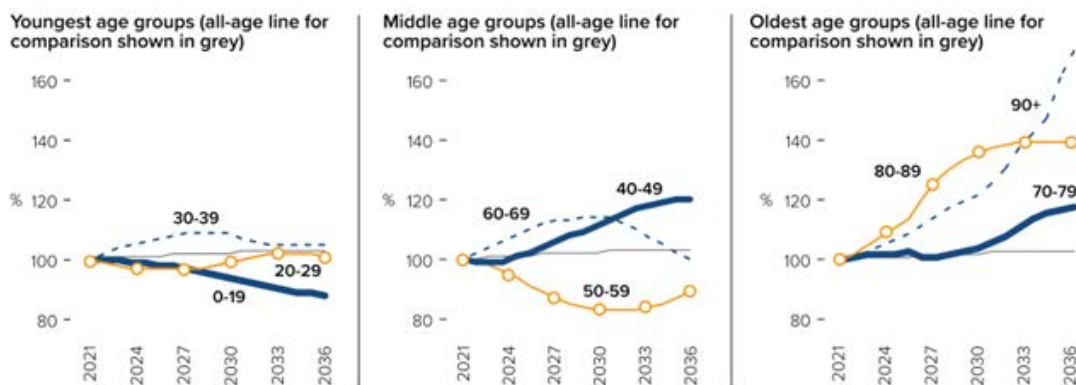


Figure 2. How age group population is projected to change 2021 to 2038 (source SEA)

11 Science Evidence Advice. The NHS in 10+ years. The Examination of the projected Impact of Long-Term Conditions. 2023.

### 1.2.2 Life Expectancy

Life expectancy in the UK has grown at a much slower rate<sup>12</sup> than in similar countries since the 1950s. In Wales life expectancy trends similarly to England<sup>13</sup> show a decline among the elderly, due to an increase in mortality rates that are attributed to austerity in health and social care, as well as epidemic diseases. Healthy life expectancy in Wales – 61.5 for men and 62.4 years for women – is below the UK average (men: 62.8, and women: 63.6, similarly to Northern Ireland). In Wales<sup>14</sup> the absolute life expectancy in 2018-2020 was 82 years for women and 78 years for men, but men spend more of their life in good health (78.5% compared to women (76%, due to the rise of life expectancy of men.

<p style="text-align: center;"><b>Life Expectancy in Wales</b></p> <p style="text-align: center;">Men: 78 Women: 82</p>	<p style="text-align: center;">Decline of life expectancy among the elderly due to increasing mortality</p>
<p style="text-align: center;">Healthy Life Expectancy is below the UK average</p> <p style="text-align: center;">Men: 61.5 (62.8) Women: 62.4 (63.4)</p>	<p style="text-align: center;">Men spend more of their life in good health due to the rise of life expectancy of men.</p> <p style="text-align: center;">Men: 78.5% Women 76%</p>
<p style="text-align: center;">Life expectancy gap between the least and most deprived populations in Wales has been increasing due to growing inequalities.</p>	<p style="text-align: center;">Older people (65+) living in the least deprived areas in Wales have better health (71.5%) than those living in the most deprived areas (44%).</p>

Figure 3. Life expectancy in Wales

#### **Life expectancy gap between the least and most deprived populations in Wales has been increasing and marking a growing inequality within the population.**

This is associated with the cost of living crisis, which was highlighted by Marmot and colleagues in the case of England (2020)<sup>15</sup>. Older people (65+) living in the least deprived areas in Wales report significantly higher levels of good health (71.5%) than those living in the most deprived areas (43.9%)<sup>16</sup>. In Wales 16% of adults<sup>17</sup> are severely materially deprived, which implies reduced access to keeping the house warm, or healthy food choices<sup>18</sup>.

12 Falling down the Global ranks, Life expectancy in the UK, 1952-2021. L. Hiam, D. Dorling, M. McKee, 2023. Journal of the Royal Society of Medicine

13 Why is Life expectancy in England and Wales ‘stalling? L. Hiam, D. Harrison, M. McKee, D. Dorling, 2023. Journal of Epidemiology and Community Health

14 Health expectancies in Wales with inequality gap (nhs.wales) Public Health Wales, 2022.

15 Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J., 2020. Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity. Health Equity in England, the Marmot Review 10 years on, The Health Foundation.

16 Public Health Outcomes Framework, Public Health Wales, 2023.

17 National Survey Wales. April 2022-March 2023.

18 Public Health Outcomes Framework, Public Health Wales, 2023.

The impact of inequality on health outcomes in Wales calls for a radical transformation informed by the social determinants of health<sup>19</sup>. Further strain is caused by climate change and external factors, such as air pollution, that primarily affect the most vulnerable groups. Finally, structural and service design and delivery problems are a significant cause of inefficiencies in the deprived areas.

### 1.2.3 Population Health Trends: Risks and Urgency

Growing sickness in the UK is also associated with the UK getting poorer<sup>20</sup>. Sickness causes inactivity, and the number of working age people who are inactive due to sickness is rising<sup>21</sup>. Currently, in Wales long-sickness as the most common reason accounted for 40% of economic inactivity among men and 30% among women in 2023. Wales has the second highest economic inactivity rates<sup>22</sup> (23% in the UK, after Northern-Ireland (27%, due to its socio-economic heritage). The employment gap due to long-term sickness is twice as high in most deprived areas<sup>23</sup> compared to least deprived in Wales.

Long-sickness has a profound economic impact due to inactivity, causing higher welfare spending, higher healthcare spending and foregone tax revenue<sup>24</sup>.

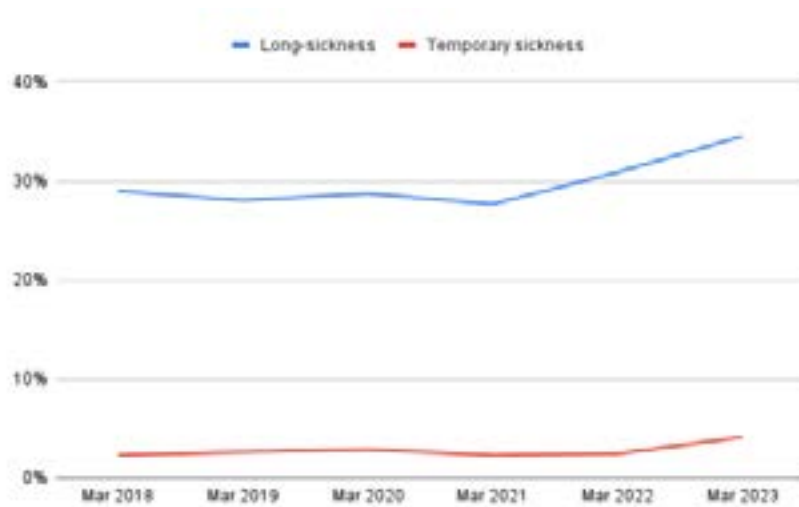


Figure 4. Long-sickness and Temporary Sickness as Reason of Inactivity in Wales is Rising (source: BC, data source: Nomis)

19 Inequality in a Future Wales: Areas for action in work, climate and demographic change Public Health Wales

20 For Public Health and Public Finances. Performing Health and Social Care, IPPR, 2023.

21 For Public Health and Public Finances. Performing Health and Social Care, IPPR, 2023.

22 Economic Inactivity Rates StatsWales.

23 Public Health Outcome Framework, Public Health Wales, 2023.

24 Healthy People, Prosperous Lives. The First Interim Report of the IPPR Commission, 2023.

Morbidity and mortality that showed progress until the 21st century, is now compromised, and some groups are more affected than others<sup>25</sup>. Inequalities are associated with worse health outcomes, and these trends are rising in Wales.

Adult social care in Wales is extremely important due to its highest level of disability and oldest population in the UK<sup>26</sup>. The inheritance and the policy principles distinguishing social care policy in Wales have been consolidated in the Social Services and Well-being (Wales Act 2014).

<p style="text-align: center;"><b>Cancer</b></p> <p>1 in 5 people will receive a diagnosis of cancer</p> <p>50% higher mortality in most deprived areas in Wales</p>	<p style="text-align: center;"><b>Alzheimer &amp; Dementia</b></p> <p>The leading cause of death in Wales 12.7% of all deaths registered</p> <p>The number is rising, with more people living longer and surviving other illnesses</p>	<p style="text-align: center;"><b>Obesity</b></p> <p>62% of adult population were overweight with 25% of these obese in 2022</p> <p>Obesity is second highest risk factor after smoking in mortality</p>
<p style="text-align: center;"><b>Mental Health</b></p> <p>1 in 5 adults (20%) of adult population reported being treated for mental health problems with 12% of this figure from most deprived areas.</p> <p>Economic costs through losing employment</p>	<p style="text-align: center;"><b>Diabetes</b></p> <p>Type 2 predicted to rise to 11% of population by 2035</p> <p>Wales has the highest rate of diabetes in the UK</p> <p>~ Diabetes related hospital spells cost the Welsh NHS an average of £4,518 per spell in 2021/22</p>	<p style="text-align: center;"><b>Lifestyle factors</b></p> <p>13% of adults smoke and 16% of adults drink above the weekly guidelines (av. 14 units/weeks)</p> <p>Adults in the most deprived areas were less likely to report healthy lifestyle behaviours</p> <p>Alcohol, and smoking contribute to morbidity and mortality</p>

Figure 5. Main trends of health outcomes in Wales (sources: below<sup>27</sup>)

25 Health Equity in England, the Marmot Review 10 years on, The Health Foundation, 2020.

26 Atkins G, Dalton G, Phillips A, et al., 2021. Devolved public services: The NHS, schools and social care in the four nations. Report, Institute for Government, London, UK, April.

27 Can we stop the rise in diabetes? Senedd Research, Welsh Parliament, 2023.; Adult lifestyles by area deprivation, 2020-21 onwards, Stats Wales; Health expectancies in Wales with inequality gap Public Health Wales, 2022. 48,000 additional people with diabetes in Wales by 2035 – new analysis, Public Health Wales 2023

### 1.3 Foresight

**Despite the increase in life expectancy, people’s health will not improve, as more complexity in illness and expansion of morbidity is expected.**

Demographic changes and their impact on long-term conditions will change the age profile of Wales diagnoses. According to the projections diagnoses will rise in younger age groups as well as in the 70-79 age groups<sup>28</sup>. The average age at which major illnesses is projected to develop is from 70 years. With the increase of life expectancy, the years spent with ill health will increase too.

The number of people living with a major illness is projected to increase by 37% - over a third - by 2024 in England<sup>29</sup>. A similar trend could be projected to Wales<sup>30</sup>. The complexity of illnesses and multimorbidity will substantially increase in Wales by 2035<sup>31</sup>. The number of people with major illness is growing faster than the working age population.

Among the less considered conditions is chronic pain. 33% and 50% of the adult population in the UK live with persistent pain, which equates to as many as 1.3 million people in Wales<sup>32</sup>. These conditions can have a serious effect on mental health, ability to work and relationships with friends and family.

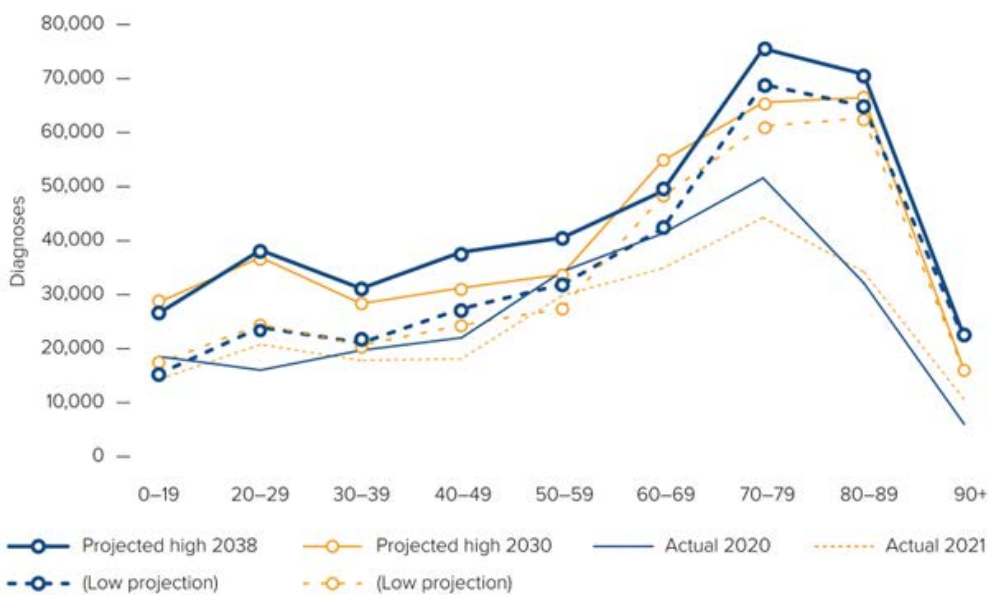


Figure 4. Long-sickness and Temporary Sickness as Reason of Inactivity in Wales is Rising (source: BC, data source: Nomis)

28 Science Evidence Advice. The NHS in 10+ years. The Examination of the projected Impact of Long-Term Conditions. 2023.

29 Health in 2040. Projected patterns of illness in England, The Health Foundation 2023.

30 Estimation could be based on the 'Health in 2040' method (see above), projected to Wales.

31 Science Evidence Advice. The NHS in 10+ years. The Examination of the projected Impact of Long-Term Conditions, 2023.

32 Launch of Refreshed Living with Persistent Pain Guidance, Welsh Government, 2023.

<b>Main Trends</b>	<p>Life expectancy will increase in Wales, but people will live more time with major illness.</p> <p>Healthy life expectancy is lower in Wales than the UK average.</p> <p>Life Expectancy Gap in between the least and most deprived areas Wales is increasing.</p> <p>Inequalities impact the health outcomes in Wales.</p> <p>Long-sickness is rising in Wales as the main reason for inactivity. It impacts higher welfare and healthcare spending.</p> <p>Expansion of morbidity, and complex illnesses are expected in the next decades, especially in older age groups.</p>
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### 1.3.1 The State of Health and Care in Wales

#### Health Expenditure

Amid concerns about the extreme financial challenges – the toughest since devolution<sup>33</sup> – the health boards will be in some form of escalation status, as announced by the Welsh Government in September 2023<sup>34</sup>.

In Wales half of the budget (49% was spent on health and care in 2022/2023, which has not seen a substantial growth in the past three years. Despite the fact that the public spending per person in Wales was 13%<sup>35</sup>, above the UK average (11%) it is still lower than in the cases of Northern Ireland (18%) or Scotland (17%) above the UK average in 2021/2023. England’s public spending per person was lower than the UK average (3%) England’s estimated total health and care expenditure was 180.2 billion, most of which was spent on the NHS (152.6 billion), which is the major part of the UK Total spending in real terms on Healthcare.

The Health and Social Services budget in Wales<sup>36</sup> is shared between a £10.1 billion of revenue funding to run hospitals, and wages, and a £375 million of capital funding spent on infrastructure, such as energy or facilities improvement in 2023/2024.

33 Written Statement: Update about Budget 2023-24.

34 New Escalation Levels of Welsh Health Boards Announced. Welsh Government Sept. 2023

35 Public Spending by Country and Region. House of Commons Library. 2022.

36 Wales Budget 2023-2024.

The money spent on hospital care in the UK continues to rise each year with the associated spending on primary and community care falling to make up this shortfall<sup>37</sup>. International reports (OECD<sup>38</sup>, European Commission<sup>39</sup>) found that cost pressures, such as technological and institutional pressures were higher in the case of the UK than the OECD average in public health spending per capita (1995-2009).

Since the inception of the NHS, the focus has leaned heavily toward reactive treatment particularly acute/hospital care, rather than on primary and community prevention<sup>40</sup>, early intervention, and population health. This approach is deemed as economically unsustainable, as evidenced by the four decades of UK health spending outpacing GDP growth.

Health service pressures have evolved over time. While demographic shifts contribute, the almost 4% annual rise in healthcare spending since the 1980s, also reflects rising relative costs and technological advancements<sup>41</sup>.

### 1.3.2 Waiting Times in Wales

The pressure on the health and care system in Wales is high, and will impose further strain. Despite the efforts, the waiting lists for hospitals were at their peak in 2023, with 754.271 patient pathways on the list in June 2023. For cancer treatment half of the patients saw their treatment start within the 62-day target.

The post-pandemic backlog of waiting times in Wales has shown little progress, the average waiting time in Wales is 19.1 weeks. 60% of people get treatment within less than 26 weeks<sup>42</sup>, however long waits over a year are still to be addressed. About 19.5% were waiting for more than a year in Wales, compared to 5% in England. Waiting lists were rising even before the disruption caused by the pandemic in 2020.

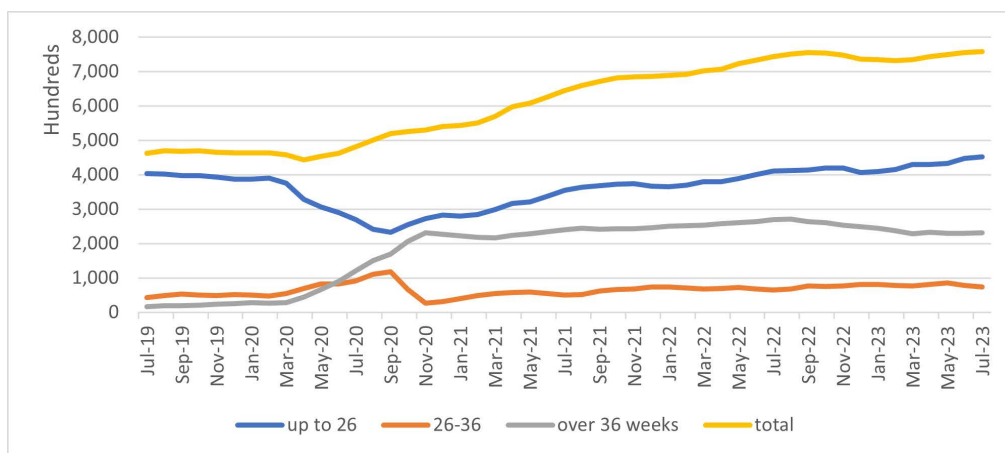


Figure 7. Wait lists in Wales in Weeks – people waiting up to 26, 26-36 weeks and all July 2019 to July 2023 (source BC, data source: NHS Wales)

37 Simply Prudent Healthcare: Achieving Better Care and Value for Money in Wales. Bevan Commission 2013.  
 38 Public Spending on Health and Long term Care. A New Set of Projections, OECD 2013.  
 39 EC Eurostat 2013. Healthcare Expenditure Statistics  
 40 Prevention and Early Intervention Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014 (gov.wales)  
 41 Other cost pressures in the health sector, Office for Budget Responsibility  
 42 Health Minister Response to latest NHS Wales performance Data, July 2023.



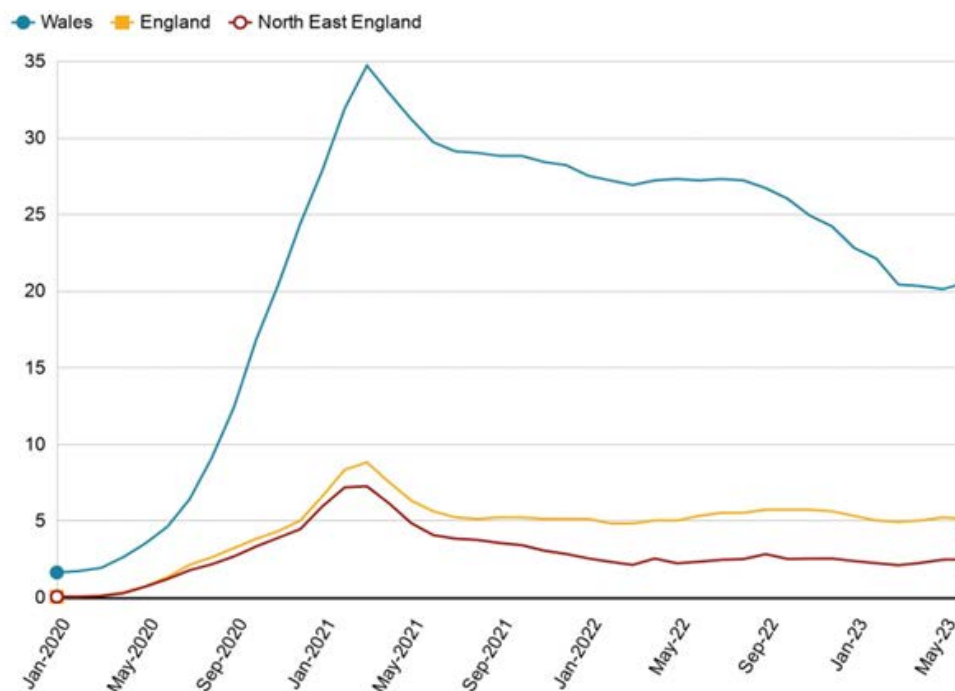


Figure 8. Waiting times of more than a year in Wales, England and North East England: % waiting 12 months+ (source<sup>43</sup>: Digital Health and Care Wales/ NHS England, August 2023)

### 1.3.3 Further Inefficiencies

Workforce: specifically in recruitment and retention; pay and conditions; there are inefficiencies in ability to respond to different needs in different ways, rather than just more of the same, with increasing medical specialisations and fragmentation across different systems and services<sup>44</sup>.

Waste: there is an urgency for sustainable health and care, and to address waste in: Workforce, Administration, Services, Treatment, Energy, Systems (WASTES that make up approximately 20 – 30 % waste across the system (Bevan Commission, *What a Waste*<sup>45</sup>. The NHS contributes to around 4-5% of total UK carbon emissions<sup>46</sup>. Procurement processes, out-moded forms of delivery, and wasteful practices result in unnecessary carbon emissions.

43 NHS Wales waiting lists second highest on record. BBC. 2023. August 24.

44 Nursing and midwifery (who.int) World Health Organisation, 2022.

45 What A Waste! Bevan Commission, 2023.

46 Climate Change and Sustainability. The health service and net zero, British Medical Association 2020.

Climate change will have a detrimental impact in Wales on a range of determinants of health, such as access to healthcare, water housing, and transportation. Some groups will be affected more: low incomes, children, older adults, coastal and rural communities<sup>47</sup>. Wales is particularly affected by these risks, which imposes further urgency to action. Wales is committed to lower the carbon emission of the health services<sup>48</sup> to make a green health sector. Data and Technology needs to be utilized effectively across the whole system to inform and shape services including:

- Predict risk; target interventions at those with greatest need (prudent principles)
- Ways in which data are used to plan for health and care<sup>49</sup> acting as barriers to “unleashing”<sup>50</sup> the potential of data to make a difference
- Privacy concerns, data curation methods
- AI-supported technologies based on well-curated data could tackle the above barriers

### ***Public Perception – The Need for Change***

There is an increasing negative perception about government policies for health and social care in the UK. The public are more negative about the standard of NHS services than the standard of social services, 50% of the public viewing a negative trend in the future. Two-thirds of the public think that standards have got worse over the past year.

In Wales the public felt that reducing waste & improving the efficiency of services (64%) along with the adoption of new technologies and different ways of working (55%) were seen as the key to tackle the challenges of increased demand and cost of health and care.<sup>51</sup>

Addressing the pressure on workforce and increasing the number of staff in the NHS is seen as the most important priority by the public, to mitigate the crisis of the health sector. Particularly, there is strong public support for measures to address workforce shortages, improve working conditions, provide a minimum pay rates and training opportunities for care workers<sup>52</sup>.

The public holds negative views about the health and wellbeing of the population in the UK<sup>53</sup>. In Wales people are concerned about their physical health (80%, mental health) (65%), and the cost of living (87%) and believe that healthy foods should cost less than unhealthy foods (81%). People also think that the NHS should spend more money on prevention and less on treatment (46%)<sup>54</sup>.

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47 Climate Change in Wales. Health Impact Assessment. Public Health Wales, 2023.

48 The NHS Wales Strategic Decarbonization Plan 2021-2030 2021-2023. 2021

49 Better, broader, safer: using health data for research and analysis - GOV.UK ([www.gov.uk](http://www.gov.uk))

50 Unleashing data to make a difference to people's health and care, Bevan Commission, 2023

51 Conversation with the Public Survey, Bevan Commission & Beaufort Research, 2023

52 Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

53 Public perceptions of health and social care (May 2023). The Health Foundation and Ipsos; 2023

54 Public Health Wales, January 2023. 'Time to talk Panel'

There is a strong and common desire for systemic change at local, organisational and national levels demonstrated by most recent findings of a series of town hall events in all health board areas in Wales, held by the Bevan Commission. Members of the public expressed the need and support toward a transformative change to ensure better, streamlined, accessible and inclusive services, a shift toward a more social model from the traditional medical model, mitigating the consequences of rurality and the causes of inequalities. The most important issues raised by the public at the town hall discussions were the need for more integration, better communication, prevention and early intervention, greater shared responsibility, and improved access to services and support<sup>55</sup>.

***“The system isn’t working, it isn’t helping those who need it or helping the brave workers of these services”***

***“There is a need for fair access for all families to healthcare, childcare, reducing pressures on working families, wellbeing<sup>56</sup>”***

<b>Main Trends</b>	<ul style="list-style-type: none"> <li>• In Wales half of the national budget (49%) is spent on health and care in 2022/20223 similar to the past 3 years</li> <li>• Public spending per person in Wales was 13% above the UK average (11%), it is still lower than in the cases of Northern Ireland (18%) or Scotland (17%) above the UK average in 2021/2023</li> <li>• The focus toward reactive treatment such as acute or hospital care, should be placed on primary and community prevention, early intervention, and population health</li> <li>• The post-pandemic backlog of waiting times in Wales has shown little progress, the average waiting time in Wales is 19.1 weeks.</li> <li>• Waiting times, especially of more than a year, are exacerbating in Wales, with 19.5% of wait lists compared to the 5% in England.</li> <li>• Inefficiencies in workforce, waste, data and technology cause further costs and losses</li> <li>• Climate change will have detrimental impacts in Wales on coastal and rural communities, children, and older adults, as well as access to healthcare, and infrastructure</li> <li>• The public holds negative views of the health and wellbeing of the population, and is concerned about the standard of services, particularly in the health sector</li> <li>• The public recognises the need for a fundamental transformation in the health and care system in Wales</li> </ul>
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55 Conversation with the Public, Bevan Commission, 2023

56 “Message to the Minister”, in: Conversation with the Public, Bevan Commission, 2023



SECTION

02

# **THE FOUNDATIONS FOR THE FUTURE MODEL OF HEALTH AND CARE**

**PUTTING THE PRUDENT PRINCIPLES AND  
COMMUNITIES AT THE CENTRE**

To move forward and secure future sustainability of health and care we need more radical and urgent transformation of the policies, services and systems we currently have in place. Persistent inequalities will continue to widen life expectancy gaps and long-term condition prevalence in deprived areas<sup>57</sup>. Addressing social determinants of health is crucial. Whole society approach, with shared responsibility<sup>58</sup> and a targeted population segmentation is necessary for effective delivery and monitoring of prevention efforts, working collaboratively with individuals to achieve goals. Additionally, improving health outcomes and access to care requires addressing factors like health literacy, transportation, and technology. Health education programs are vital for promoting lifestyle changes and reducing the risk of long-term conditions like cancer, heart disease, and stroke. For chronic conditions like diabetes, heart failure, and respiratory diseases, tailored information complements generic content, improving care efficiency and addressing multi-morbidity.

We firmly believe that applying the Bevan Commission's **Prudent Principles**<sup>59</sup> holds the key to finding a model of both health and care that is prudent and sustainable and can deliver on the promise of an equally well Wales. The four Foundations for future sustainable health and care, underpinned by the Prudent Principles, supported by the key enablers, provide a basis for the future.

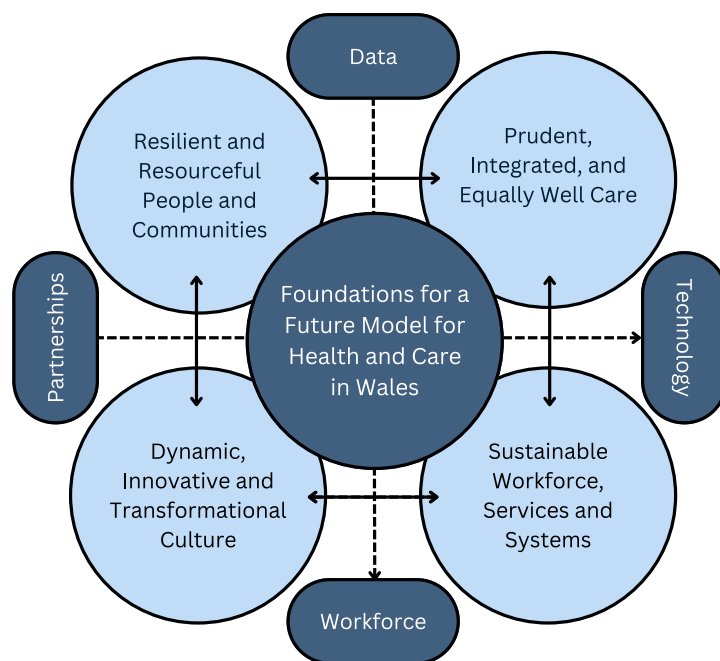


Figure 9. The Foundations for the Future Model of a Sustainable National Health and Care Service for an Equally Well Wales

57 Inequalities in life expectancy on the increase in Wales. Public Health Wales, 2022

58 Well-being of Future Generations Wales Act 2015.

59 A Prudent Approach to Health: Prudent Health Principles Bevan Commission, 2015.

## 2.1. Resilient and Resourceful People and Communities

Public health plays a pivotal role in enhancing resilience by actively involving people in their own well-being, and illness prevention. Resilient communities thrive on positive connections and adaptable and creative skills. Incorporating mental illness prevention for example, within a comprehensive psycho-social health approach, spanning all stages from early childhood to elderly age is essential in helping to embed resilience across all life stages.

Future needs assessment and planning of local communities, services and including access to health education and care support, will need to be done collaboratively supported by National Lead Agencies such as Public Health Wales. Key partners including the public, local government, third sector, businesses and workplaces must find effective ways to work together to use all assets and skills to best effect. This will need to recognise the impact that transport, good jobs, education, leisure and social connectedness etc. all have on creating healthy people and healthy communities.

A shared purpose among people, taking greater responsibility for their own health and that of others, will help increase engagement and identify different solutions for service design and delivery, lifestyle and treatment options. People, in their role as patients, carry their stories that have to become central to the redesign of services in health and care. Empowered communities build resilient societies with better health outcomes, and better systems.

Collaboration and co-production of health by citizens, health services, national and local governments will help increase trust. Health and care services will only become sustainable in the face of increasing life expectancy and growing demand, by recognising the importance of the environments in which we live and the wider social support opportunities in promoting good health. People with good social relationships suffer lower morbidity and have greater survival rates for a range of diseases as well as other “risky” health behaviours such as obesity, smoking and alcohol use. As the number of people living alone is increasing, particularly people aged 65 and over make up the 45% of single households in Wales, networks of care and social interaction are crucial<sup>60</sup>. All need to participate in making health in Wales.

As initiatives like Education for Patients Programme (EPP) and Social Prescribing<sup>61</sup> gain prominence and the unified National Framework for Social Prescribing<sup>62</sup> expands its reach to encompass wide diverse patient groups, including vulnerable and isolated elderly people and those with mental health conditions, tapping into this potential is essential. It offers a means to support patients to support themselves and reduce pressures on overstretched services.

60 Inequality in a Future Wales. Areas for action in work, climate and demographic change, Future Generations Commissioner for Wales

61 Social Prescribing - Primary Care One NHS Wales

62 National Framework for Social Prescribing, Welsh Government, 2022.



“Delivery of future health needs requires a bold, radical change. Greater investment is needed in preventative health, community, primary care, social prescribing, and the voluntary sector. Bring back day centers, home help that shifts focus from care to ‘help’ others to help themselves. Integrate health and social care so there is one system wrap around holistic approach. ‘Humanity over Bureaucracy’<sup>63</sup>

Foundation I. Resilient and Resourceful People and Communities		
Needed	How to get there?	Action
Share responsibility for health and well-being maximising and engaging all skills and resources held within people and local communities	Adopt easily accessible self-care support such as Education for Patient programme (EPP) and other apps and technology aids such as Patients Know Best (PKB) Easy access to social prescribing and health and care services through High St, local groups and home-based technology	Welsh Government National Lead-Agencies Health Boards-and Trusts 3rd Sector Local Authorities Citizens
Provide care & support closer to home, including hospital, and care at home	Adopt hospital at home and other schemes and technology to help keep people out of hospital Support community connectors, volunteers and voluntary sector services to help people ‘stay healthy at home’	
Change the way we access health and well-being support	Adopt Predictive Risk Tools targeting support to those in greatest need or risk of admission to hospital Redesign and co-produce models based around local assets and needs	
Engage young & older people in healthy activities and skills for better health	Support and enable Intergenerational, community based programmes & activities eg. ‘Superagers’	
Focus on prevention and early intervention Improve health and carbon literacy across communities	Health Skills and knowledge / Education for Patients / First Aid education and training in schools and wider community groups	

FOUNDATION I. Recommendations (Detailed Actions in Annex 1)

63 Message to the Minister in: Conversation with the Public, Bevan Commission, 2023

## 2.2. Prudent, Integrated, and Equally Well Care

We have an overly complex and fragmented system, which makes navigation difficult, inefficient and wasteful processes, with good quality care hard to achieve. To overcome this, we need to ensure we have an integrated health and care system, comprising integrated services and support, based around patients' needs and not the converse. To get the right high quality services in the right place to the right people and at the right time, evidence-based support, data-driven services, and standardised pathways are needed. Models of service that are elaborated based on metrics that enable integrated care systems and Trusts to benchmark against these, bring significant productivity improvements, as evidenced by GIRFT<sup>64</sup>. Technology is a key enabler in supporting integration and national lead agencies such as Digital Health and Care Wales have an important part to play in achieving this.

There is a growing body of evidence indicating that an integrated approach can enhance both quality of care and cost-efficiency of services, avoiding duplication, wasted time and imprudent practices. However, until now, good practices of integration, such as that demonstrated by the Gwent Frailty Service (GFS)<sup>65</sup> have focused on discrete population groups rather than taking a whole population approach. Such innovative services deliver care and support more closely to home utilising the wide range of resources, knowledge and expertise available, developing new local co-ordinated solutions, such as local health and wellbeing hubs and primary care clusters within our local communities.

To achieve equally well communities, the collaboration of the NHS, public services, such as housing, employment support, social care and the third sector should work together and in collaboration with individuals to ensure a whole-person<sup>66</sup>, and a whole society approach would address inequality, the complexity of social determinants of health.

To achieve a whole population integrated approach requires changes to education and training to develop a range of new health and care roles, skills and services working across sector and organisational boundaries and based on a quality-centric approach co-creating with people<sup>67</sup>. This transformation will involve building trust among professionals in the health and care system as well as trust of people via training and the deployment of tools such as patient decision aids and shared decision-making conversations. Moreover, place-based teams allow for more autonomy, confidence and ability for staff in designing and providing services. Better data-collection to help inform and target those in greatest need, value-based recruitment and a quality-centred Care Workforce Pathway<sup>68</sup> for adult care, support the empowerment of people working in care is needed.

64 Get It Right First Time, NHS England.

65 Frailty - Aneurin Bevan University Health Board (nhs.wales)

66 Time to Act a Roadmap for Reforming Care and Support in England. ADASS 2023.

67 Think Local Act Personal Initiative. <https://www.thinklocalactpersonal.org.uk/About-us/>

68 Care Workforce Pathway for Adult Social Care. Skills for Care, 2022.





There needs to be far more co-production as at present it is done from top down not talking to the people that need help and support. It should be done with the public and not being done to the public.<sup>69</sup>

Foundation II. Prudent, Integrated, and Equally Well Care		
Needed	How to get there?	Action
Commitment to collective responsibility and robust collaborative partnerships and planning	<p>Collaboration agreements, joint planning, training and delivery requirements, needs assessment across health and care to create healthy communities</p> <p>Partnerships across organisations and integrated teams with a shared mission to improve health and wellbeing conditions in the neighbourhood</p> <p>Requirements established for RPBs to drive whole system approach to integrated care and demonstrate impact and outcomes</p>	Welsh Government National Lead-Agencies Health Boards - and Trusts 3rd Sector Local Authorities Academic Partners
Focus on population health – to enable targeted and personalised services and interventions	<p>Reducing ill health in communities by enabling people in need to find the right support using digital technologies, and access to advice when in need</p> <p>Joint use of data to plan and focus services and support, based on local needs</p>	
Build trust and relationships for creating integrated solutions	<p>Targeted investment in innovative approaches to incentivise integrated working within communities and across services and systems</p> <p>Encourage and support opportunities to ‘try out and test’ innovative roles and new ways of integrated working</p> <p>Integrated data collection and analysis, data-led decision making and targeted services</p> <p>Integrated workforce planning including the involvement of staff, the third sector and volunteers</p>	

FOUNDATION II. Recommendations (Detailed Actions in Annex 1)

<sup>69</sup> Message to the Minister” in: Conversation with the Public, Bevan Commission, 2023

## **Case Study**

### ***The Gwent Frailty Service (GFS)***

Gwent Frailty is a multi-disciplinary service within the Primary Care and Community Services Division in Aneurin Bevan University Health Board, centred on providing patients with care and/or treatment closer to home and promoting patient independence. The aims of the service are to: 1) reduce unnecessary hospital admissions by providing safe alternate pathways, 2) minimising hospital stays by facilitating early hospital discharges.

The Services offered: Reablement, Falls, Occupational Therapy/Physiotherapy, Social Worker Assessment, Emergency Home Care, Rapid Nursing, Rapid Medical

The Single Point of Access (SPA) is a link between medical and social professionals and Community Resource Teams (CRT). The SPA team ensures that all patient details and requirements are recorded accurately and passed immediately to the relevant service providers so that their care/treatment can be organised without delay.

More information: <https://abuhb.nhs.wales/healthcare-services/community-services/frailty>

## **Case Study**

### ***Brazilian Community Health and Wellbeing Worker Model in North Wales***

This initiative was inspired by the successes of the Brazilian Family Health Strategy. Local providers and academics [i] set out to test whether the Brazilian model could be translated into improvements in community health services in rural Wales. The difference is simple: the Brazilian involves working across traditional boundaries in contrast with the existing vertical, targeted and fragmented approaches currently deployed in North Wales, and the rest of the UK.

The Core Principles of the (CHWW) approach are: based on skills, universal, comprehensiveness and integrated. The model addresses reducing the resource intensive-services and improve health-outcomes by addressing disparities.

More information:

[i] Johnson, C.D., Noyes, J., Haines, A. et al. Learning from the Brazilian Community Health Worker Model in North Wales. *Global Health* 9, 25 (2013). [doi.org/10.1186/1744-8603-9-25](https://doi.org/10.1186/1744-8603-9-25)

### 2.3. Sustainable Workforce, Services, and Systems

In 2017, Wales was the first country in the world to place a statutory requirement on public bodies to conduct health impact assessments of policies as part of its commitment to a “Health in all policies” approach<sup>70</sup>. This decision reflects the importance of the wider determinants of health in supporting an Equally Well Wales and a sustainable (financial, environmental and social) health and care sector fit for the future.

In striving for an equitable state of well-being in Wales, it is imperative to address the social determinants that impact upon health outcomes. A whole society approach is needed – based on cross-sectoral interventions across both the physical and mental well-being of individuals. This entails addressing the unequal distribution of access to good health, requiring targeted actions and an integrated community-based approach.

Wales is committed to reduce the ecological impact of the health and care sector. The health service contributes around 4-5% of total UK carbon emissions<sup>71</sup> meaning that the NHS itself through its procurement process, staffing model, over reliance on out-moded forms of delivery and its CO2 emissions, all contribute to many of the diseases. Climate change impacts access to healthcare among other detrimental impacts which need to be mitigated in Wales too<sup>72</sup>. Climate hazards increase the risk deaths, non-communicable diseases, emergence of infectious diseases and health emergencies<sup>73</sup>. The consequences of environmental degradation and the climate crisis are borne by everyone, but most importantly the health of vulnerable groups are at greatest risk. The NHS Wales Decarbonisation Strategic Delivery Plan (2021)<sup>74</sup> sets out 46 initiatives for decarbonising, covering emissions from Scopes 1,2,3.

In line with these efforts the Bevan Commission’s Let’s Not Waste programme<sup>75</sup> suggests a ground-breaking approach in aligning all practices across health organisations in Wales to think and act strategically to reduce waste. A sustainable mode of operation cannot be achieved without a thorough consideration of what is being ‘wasted’ in the process of planning, managing and delivering service-provision. Beyond the ‘volume approach’ to waste, it invites the public and professionals to engage, reflecting on the overuse of resources and redesigning a lean health and care system.

To build socially sustainable systems public trust and public involvement is essential. Successive changes in the health and care sectors to date have been characterised by ‘top-down’ approaches to reform and improvement, which haven’t worked. We need to see cooperative and collaborative partnerships and leadership at all levels with shared incentives around finding the best prudent and most sustainable solutions for everyone.

70 How Wales’ health in all policies approach can protect the Welsh NHS in a post-Brexit world, whatever that might be | NHS Confederation

71 The NHS Wales COVID-19 Innovation and Transformation Study Report | NHS Confederation

72 Climate Change in Wales. Health Impact Assessment, Public Health Wales, 2023.

73 Climate Change will overwhelm the Health Systems in the World, The World Bank 2023

74 The NHS Wales Strategic Decarbonization Plan, NHS Wales, 2021.

75 What a Waste!, Bevan Commission 2023.

A greater emphasis on prevention, early intervention and healthy communities alongside sustainable place based care close to home, is needed. Shifting the emphasis away from illness and hospitals to well-being in communities with better care coordination with all stakeholders will be essential to achieve financial, environmental and social sustainability.

A sustainable health and care system requires organisational change and a reliable workforce supply. Addressing workforce shortages, as well as upskilling of the workforce and enabling behaviour change are essential to achieve sustainability and national lead agencies such as Health Education and Improvement Wales play a key role in this.

Staffing will need to be responsive and creative, utilising the skills held within communities of people, patients, volunteers and carers, as well as the workforce to deliver services in a sustainable and appropriate way<sup>76</sup>. The judicious use of the voluntary sector as well as a commitment to making best use of the digital architecture of the health and care system will also be fundamental. Further consideration of the diversification of the workforce will also be essential. New roles and ways of working such as upskilling formal and informal carers, new generic roles, use of technologists and data analysts to inform and target resources most effectively, will all be important.

Role evolution should not be viewed as a passive process, but should be actively planned and shaped. We need a shared vision for how professions and occupations – as well as new roles – should develop with greater use of technology, driven not only by policymakers and system leaders but crucially by staff themselves and their representative bodies and employers, along with patients and the public.

Changing job roles shouldn't just happen on its own. We should actively predict, plan and guide how professions and jobs, including new ones, adapt to technology. This is not just up to policymakers and leaders but also the workers, their representatives, employers, patients, and the public. This plan should be backed by national workforce plans, education, training strategies, and opportunity for NHS staff to say what technologies they need.<sup>77</sup>



<sup>76</sup> NHS staffing shortages | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk))

<sup>77</sup> What do technology and AI mean for the future of work in health and care, The Health Foundation, 2023



*“Wales does not have all the knowledge and skills to train staff in all medical conditions. Money must be spent on upskilling staff, not just encouraging them to share their minimal knowledge with each other”<sup>78</sup>*

*“Dear Minister I feel the care sector would benefit from better conditions and more funding. Then there would be more interest in the job. Creating more staff to make the service better. Then we would have less patients blocking beds” (57 years, woman)<sup>79</sup>*

Foundation III. Sustainable Workforce, Services and Systems		
Needed	How to get there?	Action
An equally well health and care (physical and mental health) service targeting and supporting those at greatest need	<p>Actively adopt and support a ‘Health in All Policies Approach’ across Wales</p> <p>Establish and support Wales as a Marmot country learning from ABUHB and other UK cities</p> <p>Continue to build and develop learning from the DEEP Scotland in Wales through RCGP work, support the development of Community Care Hubs and other innovative models re-orientating services and planning to target greatest need</p> <p>Use of data and predictive risk to target those in greatest need and to design and target services and support</p> <p>Empower and support people to undertake more self-care and access digitised services and wider support</p>	Welsh Government National Lead - Agencies Health Boards - and Trusts 3rd Sector Local Authority Academic Partners Citizens
Focused resources, sustainable and prudent drive to eradicate waste, harm and variation	<p>Prudent and sustainable use of all skills and resources. Accountability to reduce waste</p> <p>Engage the public in a wider conversation around sustainable options for health and care</p>	

FOUNDATION III. Recommendations (Detailed Actions in Annex 1)

78 “Message to the Minister”, in: Conversation with the Public, Bevan Commission, 2023

79 “Message to the Minister”, in: Conversation with the Public, Bevan Commission, 2023

## ***Case Study***

### ***Deep End project***

The Deep End project was established in 2009 by RCGP Scotland, inspired by pioneering Welsh GP, Dr Julian Tudor Hart and his work on the Inverse Care Law. General Practitioners at the Deep End work in general practices serving the 100 most deprived populations in Scotland, based on the proportion of patients on the practice list with postcodes in the most deprived 15% of Scottish data zones.

Membership of the Deep End, and rankings within the list, continually change as a result of periodic changes to Scottish Index of Multiple Deprivation (SIMD). Their key focus areas are: workforce, education, advocacy and research.

The Deep End Wales has been launched in 2022, from over 20 Deep End Practices.

More information: <https://www.rcgp.org.uk/membership/wales/deep-end-wales>

## ***Case Study***

### ***Gwent Marmot Region Programme – Building a Healthier Gwent***

Aneurin Bevan Gwent Public Health Team has adapted the Marmot principles to take action in relation to inequalities, health, and to support communities to be resilient, connected and safe; while reducing carbon emission; reduce cost-of-living; and enable good quality, affordable homes. Supporting measures for each stage of the life course, from starting life to dying well are associated with 43 indicators that monitor the progress. The plan was launched for a five-year period 2023-28.

More information: <https://www.gwentpsb.org/en/gwent-marmot-region/>  
<https://senedd.cymru/media/y1tflipo/agr-ld15985-w.pdf>

## 2.4. Dynamic, Innovative and Transformational Culture

There is an urgent need to radically transform the way health and care services are designed and delivered. We must ensure that our health and care service is able to deliver *high-quality, timely, safe and affordable* services to meet the changing needs of people in Wales, now and in the future.

For too long, innovation and transformation efforts across health and social care sectors in Wales have been deprioritised, under-resourced, and seen as an ‘add on’, hampered by excessive bureaucracy, risk averse cultures and wider barriers to sustainable change.

Wales as a nation, has a significant opportunity to be a world leader and thriving living laboratory for health and social care innovation. Its population is a meaningful but manageable size, with similar demographic structures and disease profiles to that of developed economies internationally. Its health boards are integrated and embedded within an increasingly supportive policy environment.

There is a need for strong leadership, with the ability to strike a balance between investing in the current challenges, whilst delivering sustainable change in the longer term. We must create an environment that encourages and supports innovation to generate, grow and spread, using top-down, bottom up and horizontal approaches within and between organisations, professionals and people.

We need to help people find innovative solutions as part of an agile, adaptive and dynamic health and social care system which will need to continue to change and adapt over time to be able to meet changing needs and opportunities in the future.

The ability to effectively harness performance insight using health and care data to drive targeted change is critical to future success, particularly within the increasingly frugal financial context health and social care providers now operate. A more data literate and data capable health and care system, would ensure that ever more finite resources could be targeted in the most effective manner to tackle some of the most pressing challenges we face. Counterparts internationally, including in England<sup>80</sup> have acknowledged this, with Wales now at risk of falling behind.

We must look beyond the public sector in Wales to collectively drive transformational change adopting a ‘Quadruple Helix’ mindset. Industry, academia, service users, and third sector bodies all possess unique knowledge, experiences, resources and perspectives that could be used more effectively to find better solutions for the future. Sustainable rapid adoption pathways would ensure new and efficient ways of delivering care and disseminated nationally.

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<sup>80</sup> Data saves lives: reshaping health and social care with data - GOV.UK ([www.gov.uk](http://www.gov.uk))

<b>Foundation IV. Dynamic, Innovative and Transformational Culture</b>		
<i>Needed</i>	<i>How to get there?</i>	<i>Action</i>
A dynamic health and care sector, which embraces, supports and incentivises change.	A culture and leadership that supports, promotes, incentivises, and rewards creativity and innovation at all levels of the health and care workforce	Welsh Government National Lead - Agencies Health Boards- and Trusts Business 3rd Sector Local Authority Academic Partners
Services that identify and manage risk with ambition and confidence.	Tailored support for technological, service and business model innovation  Clear processes which support adoption, adaption, and spread of innovation  A collaborative ethos supported by strong communication and engagement within and between organisations, including businesses, academic and third sector partners.	
A system that supports resources and embeds innovation and transformation activities and skills	Flexible and sustainable funding models and incentives that traverse departmental, organisational, and sectoral boundaries to share cost and benefit	
A system that uses data effectively to drive informed change	Open data and information systems to actively encourage and enable the monitoring and evaluation of system performance and identification of innovation and improvement opportunities and impacts	
A system where planning, finance, procurement and IP are facilitators, not inhibitors	Effective mechanisms to proactively engage the ideas and insights of patients and the public to support innovation and transformation activity	
An outward looking system that learns from and applies good practice internationally	Outward looking infrastructure working with partners internationally to draw upon evidence-based innovation from outside of Wales	

FOUNDATION IV. Recommendations (Detailed Actions in Annex 1)

### ***The Bevan Exemplars Programme***

The Bevan Exemplar Programme, delivered by the Bevan Commission, supports health and care professionals from across Wales to try out and test prudent and innovative ideas through a comprehensive programme of innovation support. To date, the programme has supported over 350 different projects, spanning a diverse range of health and care specialisms, with independent evaluations demonstrating an annual success rate of between ~70 – 80%.

More information: [www.bevancommission.org/programmes/bevan-exemplars](http://www.bevancommission.org/programmes/bevan-exemplars)





SECTION

03

# **CONCLUSION: EVERYONE'S RESPONSIBILITY**

**ROLES AND ACTIONS TO UNLOCK SUSTAINABLE  
HEALTH AND CARE IN WALES**

The current system requires **urgent and creative transformation** to sustain health and care in Wales, without compromising Aneurin Bevan's founding principles from 75 years ago.

To support this, the Welsh Government should adopt a **'Health in all Policies' approach, embedding health and well-being into all policies**, including education, regeneration, and employment, aligning with Future Generations<sup>81</sup> goals. Prevention, and early intervention are crucial for system sustainability.

The shift in the burden of disease since the founding of the NHS, from acute and communicable diseases to long-term chronic conditions must be addressed with an increased urgency. This should encourage and **support patients and the public to make healthier choices and to enjoy more decades of good health**. This is being addressed in Wales via its commitments to the principles underpinning the Well-being of Future Generations (Wales) Act 2015<sup>82</sup> and moves to support other initiatives like the Universal Basic Income and the Foundation Economy. However greater effort and urgency is needed to drive this into practice more rapidly. Our system shall become a **continuously learning and improving system**.

**Collaborative leadership** is essential for addressing the complex challenges and inequalities, making Wales a thriving nation ('Wales can Do it'). Strong **collaborative leadership** is needed to harness skills and resources effectively, particularly in local communities. The NHS and Social Care should commit to **prudent integrated working, combining planning, budgets, and accountability** to best serve people in Wales.

Public input and ownership is needed to create a **shared responsibility** for health and well-being and help move away from a focus on illness to one which shapes the system's future sustainability, utilising all resources prudently. Shared responsibility requires a whole society approach, therefore the suggested framework of actions (see in Annex) complements the policies in Wales.

A **healthy workforce** is essential for Wales' prosperity, spanning all sectors, with all employers encouraged to support well-being in the workplace. The health and care system should prioritise equity, flexibility, and interoperability, adapting roles as needed, informed by public engagement, technology, and data. Professional bodies should contribute to finding solutions for these changes.

**Policies, planning and performance approaches and tools will also need to change** to enable this to happen, along with aligned incentives and targets. To date the focus of services has been on what goes into services (money, staff time, new hospitals etc.) and traditional measures such as length of stay/ waiting times etc., rather than the wider impact on health more broadly with the main focus on illness and sickness services, rather than sustaining health and well-being.

81 Well-being of Future Generations Wales Act 2015.

82 Well-being of future generations: statutory guidance | GOV.WALES

**Be prudent and reduce waste.** Continuing to measure the benefit and value of health and care services based on the amount of “activity” leads to waste in the form of overtreatment and the commissioning of treatments that may not only be unnecessary, but also missing those in greatest need. In many cases activity may be unwanted and imprudent, wasting time, skills and resources.

**Health is everyone's responsibility.** To unlock the full potential of good health in Wales, a healthy, vibrant and dynamic Wales, the following recommendations set the roles and actions for everyone involved:

- **The Welsh Government** can regulate, incentivise and enable change. It can design funding schemes, set up collaboration platforms, unify processes, and data-flow.
- **National Lead Agencies** have an all-Wales perspective and they lead and develop services and provide support across Wales.
- **Health boards and Trusts** have a key role in implementation, supporting and enabling change through the linkages of people, patients and practitioners.
- **Local authorities** are essential in enabling, supporting, implementing and monitoring integration plans, facilitating change by coordinating local partnerships.
- **Businesses** support, enable, invest into and provide solutions for change with innovation.
- **The 3rd sector** is essential in reaching out to hard-to-reach neighbourhoods, linking with social groups, supporting data-collection and bringing to light innovations on the ground.
- **Citizens** have a key role in creating health, learn, adopt and spread healthy and sustainable behaviours, participate in change by sharing insights and data.
- **Academic partners** provide support in research and impact design, data-gathering, evaluation and impact assessment, as well as policy evaluation, or regulatory framework assessment.

We are by no means the first think tank to decry the failure to shift the focus of services to health outcomes, but we believe the four core foundations for the future model of health and care set out in this report, underpinned by the Prudent Principles, provides the framework to make the essential changes needed in Wales. As Donald Berwick, International Bevan Commissioner, pointed out in his speech:

***“Wales has it all: it has the Prudent Healthcare Principles, strong legacy in investment into science of health, and a communitarian ethos”*** Professor Sir Don Berwick at Tipping Point Conference, 5-6th July, 2023

We therefore urge politicians, policy makers, practitioners and the public to come together to make a real commitment to work towards a sustainable and equally well model for health and care fit for the future in Wales – one that others will also wish to emulate over again.

As Celyn Jones , one of the Bevan Commission's Future Thinkers (2023) noted in her essay:



*“The NHS is the child of Wales - born from the nation’s values of compassion and equality. The founding father, Aneurin Bevan, would be immensely proud of the adult it has become but also, like every parent, fear for its future...In 2050 the NHS - set up to care for us from the ‘cradle to the grave - will be over 100 years old. But here in Wales we are not preparing its obituary, we are planning for its future. I believe in its future, but we cannot be complacent, we cannot stand still. We must adapt and plan for a health service we can all be proud of in 2050. Born in Wales, the modern health service can be reborn in Cymru.”*

*(2nd year Medical Student Cardiff University 2023)*

With the future generation thinking this way perhaps we can hope that the NHS in Wales is in safe hands after all.



SECTION

04

**ANNEX**

**Foundation I. Healthy, Resilient and Resourceful People and Communities – How do we get there?**

<b>Need &amp; Action</b>	<b>Welsh Government &amp; National Lead Agencies</b>	<b>Health Boards &amp; Trusts</b>	<b>3<sup>rd</sup> Sector</b>	<b>Local Authorities</b>	<b>Citizens</b>
<i>Shared responsibility for health and well-being maximising and engaging all skills and resources held within people and local communities</i>					
<b>Adopt easily accessible self-care support such as Education for Patient programme (EPP) and other apps and technology aids such as Patients Know Best (PKB)</b>	Support adoption of programmes, and design schemes of technology adoption	Adopt	Support adoption among citizens and communities	Support adoption, and coordination	Adoption, feedback, WOM in community
<b>Easy access to social prescribing and health and care services through High St, local groups and home-based technology</b>	Support, spread and enable initiatives and programmes	Enable, adopt, educate, and support	Enable, implement, educate and communicate	Enable, coordinate, organise, communicate	Learn, use and spread the word
<i>Provide care &amp; support closer to home, including hospital, and care at home</i>					
<b>Adopt hospital at home and other schemes and technology to help keep people out of hospital</b>	Regulatory framework and financial schemes of adoption and supporting technology	Adopt and support the adoption – knowledge-sharing, communication	Support and implement, support communities	Adopt, support and implement, support communities, communication	Learning and preparing for hospital at home schemes
<b>Support community connectors, volunteers and voluntary sector services to help people ‘stay healthy at home’</b>	Enable, launch programmes	Enable and support connectors with knowledge	Implement, initiate, connect, and support people and communities	Connect, support and coordinate services locally	Learn, and engage with ‘stay healthy at home’ practices
<i>Change the way we access health and well-being support</i>					
<b>Adopt Predictive risk tools targeting support to those in greatest need or risk of admission to hospital</b>	Nation-wide framework	Provide input and adopt	Provide input and reach out to communities	Enable data-flow and reach out to communities	Provide data
<b>Redesign and co-produce models based around local assets</b>	Enable, support and frameworks for co-production of models	Enable, participate in co-production	Participate in co-production	Enable, coordinate and participate in co-production	Provide insights patient journey

*Engage young & older people in healthy activities and skills for better health*

<b>Support and enable Intergenerational, community based programmes &amp; activities eg. Super Agers</b>	Enable, support and spread	Support and enable, communicate to patients	Enable, support and coordinate, communicate	Enable, support and coordinate, communicate	Participate
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*Focus on prevention and early intervention*

<b>Health Skills / Education for Patients / First Aid education and training in schools and wider community groups</b>	Establish, develop, coordinate education programmes	Support, provide input and inform	Develop, adopt and spread	Adopt, spread, communicate	Participate and spread the word
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**Foundation II. – High Quality Integrated Prudent Health and Care – *How do we get there?***

Need & Action	Welsh Government & National Lead Agencies	Health Boards & Trusts	Business	3 <sup>rd</sup> Sector	Local Authority	Academic partners
<i>Commitment to collective responsibility and robust collaborative partnerships and planning</i>						
<b>Collaboration agreements, joint planning, training and delivery requirements, needs assessment across health and care to create healthy communities</b>	Schemes of collab. agreements – regional planning framework for needs assessment, enable joint planning processes	Collab. agreement, joint planning, needs ass. data	Joint planning, support schemes	Joint planning, contribute to needs ass. Data-gathering, enabling collab. agreements	Enabling collaboration agreements, foster joint planning, coordinate local planning	Needs assessment framework, evaluation schemes, impact assessment
<b>Partnerships across organizations and integrated teams with a shared mission to improve health and wellbeing conditions in the neighbourhood</b>	Support & enable initiatives, data-flow and knowledge-sharing across health board areas	Support and enable initiatives, adopt good practices, establish partnerships and integrated teams	Adopt good practices, enable innovation.	Scaling and adopting, innovating best practices on the ground, involve hard-to-reach neighbourhoods	Coordinate and enable partnerships across organisations and hard-to-reach neighbourhoods	Impact design and research, knowledge-sharing
<b>Requirements established for RPBs to drive whole system approach to integrated care and demonstrate impact and outcomes</b>	Define and regulate requirements for RPBs	Input for requirements for RPBs	Support	Participate	Input for requirements for RPBs	Support regulatory framework design for RPBs
<i>Focus on population health – to enable targeted and personalised services and interventions</i>						
<b>Reduce ill health in communities by enabling people in need to find the right support using digital technologies, and access to advice when in need</b>	Finance and launch technologies, Create framework	Launch and adopt technology Support people	Technology support schemes communication	Support techno adoption, support targeting, communication	Support technology adoption, communication	Data and research Support & enabling targeting



<b>Joint use of data to plan and focus services and support, based on local needs</b>	Finance and launch technologies, regulative frameworks to support joint data-use schemes and data-protection	Adopt, spread and collaborate in joint data-use schemes, ensure data-protection, and communication	Support, deliver and finance joint data-use schemes, technology adoption in population	Support societal and institutional shifts due to joint data-use, support technology adoption in population	Support technology adoption in population, and inform WG and HBs about local population needs	Data and research support
<i>Build trust and relationships for creating integrated solutions</i>						
<b>Targeted investment in innovative approaches to incentivise integrated working within communities and across services and systems</b>	Design investment and financial schemes, bids	Enable data-flow; establish networks; adopt & implement innovative approaches	Investment schemes	Collaborate in implementation of integrated systems	Inform, adopt and implement integrated systems	Impact design and research support
<b>Encourage and support opportunities to ‘try out and test‘ innovative roles and new ways of integrated working</b>	Design and support programmes for ‘try and test’ innovative roles	Encourage and enable in-house adoption of innovative roles Try and test roles	Support with innovation	‘Try out and test‘ innovative roles and new ways of integrated working	Enable and implement ‘try out and test‘ innovative roles and new ways of integrated working	Evaluation and impact assessment
<b>Integrated data collection and analysis, data-led decision making and targeted services</b>	Design and regulate integrated data collection and analysis	Adopt integrated data collection	Support the adoption of integrated data collection	Support the adoption of integrated data collection	Support the adoption of integrated data collection	Evaluation and impact assessment
<b>Integrated workforce planning including the involvement of staff, the third sector and volunteers</b>	Design, spread, enable and coordinate schemes	Enable and adopt schemes	Contribute to schemes	Contribute to schemes	Contribute to schemes	Evaluation and impact assessment

**Foundation III. Equally Well Wales and Sustainable Services and Support – How do we get there?**

<b>Need &amp; Action</b>	<b>Welsh Government &amp; National Lead Agencies</b>	<b>Health Boards &amp; Trusts</b>	<b>3<sup>rd</sup> Sector</b>	<b>Local Authority</b>	<b>Academic Partners</b>	<b>Citizens</b>
<i>An equally well health and care (physical and mental health) service targeting and supporting those at greatest need</i>						
<b>Actively adopt and support a ‘Health in All Policies Approach’ across Wales</b>	Adopt and implement	Adopt and implement	Implement and inform	Implement and inform	Policy evaluation	Awareness
<b>Establish and support Wales as a Marmot country learning from ABHB and other UK cities</b>	Establish and facilitate	Enable	Implement and support	Implement and coordinate	Impact design, evaluation	Support
<b>Continue to develop learning from the DEEP Scotland in Wales through RCGP work, support the development of Community Care Hubs and other innovative models re-orientating services and planning to target greatest need</b>	Adopt and support programmes	Actively support provide information and data-flow	Implement, adopt and participate	Implement and adopt programmes	Impact design, evaluation and research	Actively participate
<b>Use of data and predictive risk to target those in greatest need and to design and target services</b>	Regulatory framework	Implement	Implement	Implement	Risk assessment	Sharing data
<b>Empower and support people to undertake more self-care and access digitised services and wider support</b>	Adopt and support programmes	Implement	Programmes, awareness-raising campaigns and support	Empower people with campaigns, awareness-raising	Support policy-design for impact	Adopting a healthy lifestyle, education and self-reflection
<i>Focused resources, sustainable and prudent drive to eradicate waste, harm and variation</i>						
<b>Prudent and sustainable use of all skills and resources. Accountability to reduce waste</b>	Enable, spread and facilitate	Commitment to sustainable practices, sign up to Let’s not Waste	Commitment to and adoption of sustainable practices	Implement good practices	Impact design, evaluation and research	Engagement

<b>Engage the public in a wider conversation around sustainable options for health and care</b>	Enable, support and raise awareness	Enable, support and inform patients and practitioners	Engage the public and spread sustainable practices	Enable and participate	Research and engagement activities	Engagement, adoption of sustainable practices
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**Foundation IV. Dynamic, Innovative and Transformational – *How do we get there?***

<b>Need &amp; Action</b>	<b>Welsh Government &amp; National Lead Agencies</b>	<b>Health Boards &amp; Trusts</b>	<b>Business</b>	<b>3<sup>rd</sup> Sector/ Local Authorities</b>	<b>Academic partners</b>
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*A dynamic health and care sector, which embraces, supports and incentivises change*

<b>A culture and leadership that support, promote, incentivise, and reward creativity and innovation at all levels of the health and care workforce</b>	Create framework	Adopt, raise capacities	Adopt and spread	Enable and spread	Design, coordinate, facilitate
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*Services that identify and manage risk with ambition and confidence*

<b>Tailored support for technological, service and business model innovation</b>	Support, spread, create schemes for enabling	Adopt, enable and nurture innovation	Support, enable and invest	Nurture innovation, and spread	Design, coordinate, facilitate
<b>Clear processes which support adoption, adaption, and spread of innovation</b>	Facilitate and regulate	Adopt, and enable innovation	Support and adapt		Support, facilitate
<b>A collaborative ethos supported by strong communication and engagement within and between organisations</b>	Facilitate and coordinate	Collaboration	Collaboration	Collaboration	Collaboration

*A system that supports resources and embeds innovation and transformation activities and skills*

<b>Flexible and sustainable funding models and incentives that traverse departmental,</b>	Enable funding models, coordinate	Collaborate and implement	Enable funding models, coordinate	Implement and monitor	Support, facilitate
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<b>organisational, and sectoral boundaries to share cost and benefit</b>					
<i>A system that uses data effectively to drive informed change.</i>					
<b>Open data and information systems to- actively encourage and enable the monitoring of system performance and identification of improvement opportunities</b>	Establish and regulate	Establish, adopt and monitor	Supply and collaborate	Monitor and identify improvement opportunities	Monitor and identify improvement opportunities
<i>A system where planning, finance, procurement and IP are facilitators, not inhibitors</i>					
<b>Effective mechanisms to proactively engage the ideas and insights of patients and the public to support innovation and transformation activity</b>	Establish monitoring and evaluation schemes	Education of professionals in patient engagement	Support data-gathering and solution-design	Monitor, identify transmit, and support	Support data-gathering and evaluation
<i>An outward looking system that learns from and applies good practice internationally</i>					
<b>Outward looking infrastructure working with partners internationally to draw upon evidence-based innovation from outside of Wales</b>	Establish platforms, programmes and financial schemes, spread best practices	International exchange	International exchange and spread best practices	International exchange and adoption	Establish platforms of exchange, knowledge-sharing opportunities

# Comisiwn Bevan Commission

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