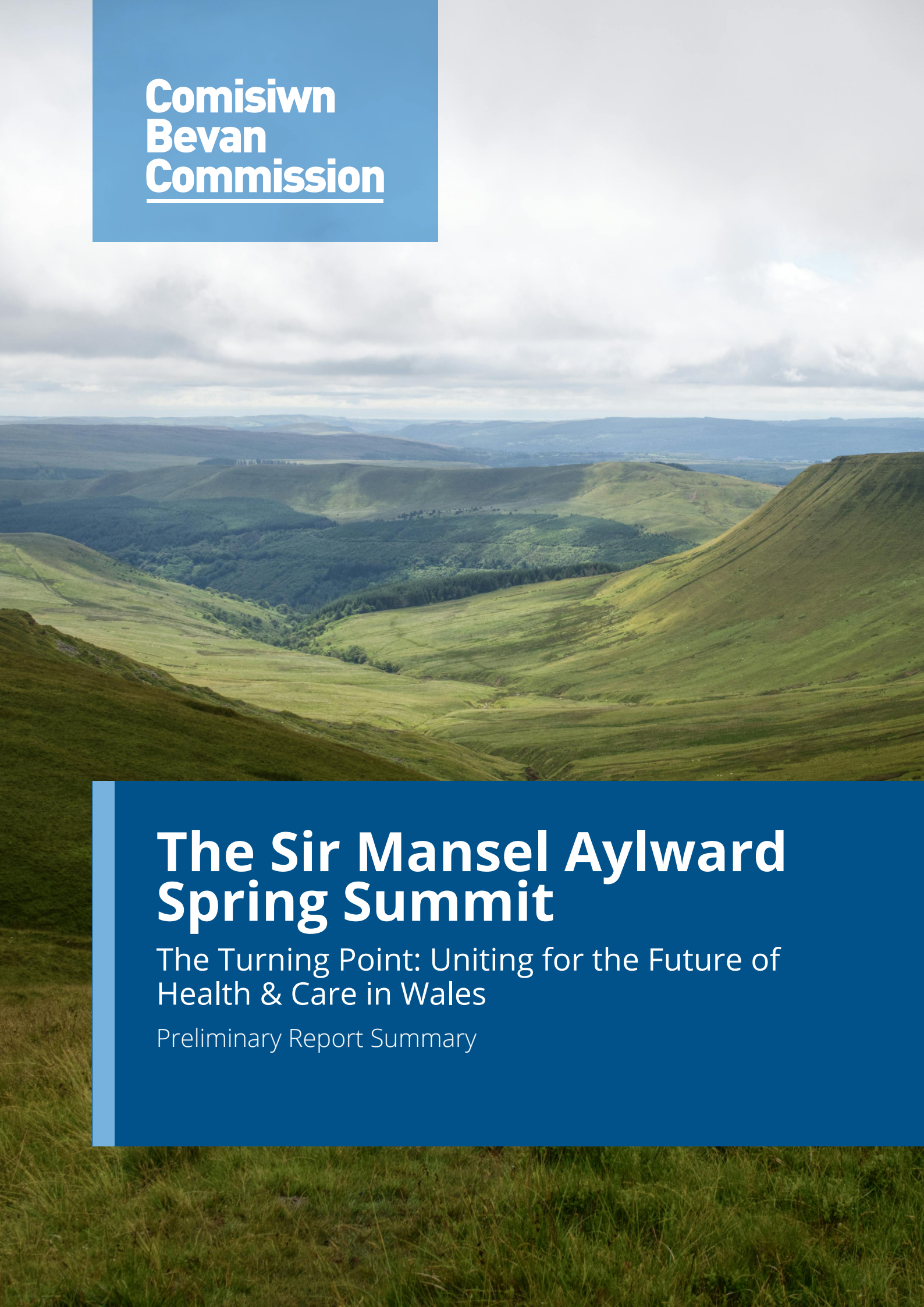




**Comisiwn
Bevan
Commission**

The Sir Mansel Aylward Spring Summit

**The Turning Point: Uniting for the Future of
Health & Care in Wales**

Preliminary Report Summary

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Foreword

Wales stands at a turning point. Our health and care services are under sustained and growing pressure. Demand is rising. Inequalities are widening. Services built for yesterday's challenges are struggling to meet the needs of today, let alone those of tomorrow. The time for small changes or reactive fixes has passed. Without bold, system-wide reform, viewed through a future-focused lens, we risk a point of no return, where inaction costs lives, livelihoods, and public trust.

No single organisation, profession or political party can fix this alone. This is a shared challenge and a shared *opportunity*, one that requires long-term thinking, collective courage, and action that reaches across traditionally siloed boundaries. With the Senedd elections approaching, Wales has an important chance to make bold choices that move us beyond fragmented reforms and short-term cycles, towards a future where people and communities are not only cared for but empowered and supported to thrive at every stage of life in every area of our country.

Wales is uniquely positioned to lead this change. We are the right size, a 'Goldilocks Country,' large enough to reflect the complex realities of modern health and care, yet small and agile enough to implement system-wide transformation. We have integrated health boards, designed to both assess and address need, a strong policy mandate for long-term, equitable reform, and a passionate, skilled workforce with a culture of communitarianism.

In direct response to these challenges and the urgent need to act, the Bevan Commission convened the Sir Mansel Aylward Spring Summit: *The Turning Point – Uniting for the Future of Health and Care in Wales* (March 2025).

Over 120 senior leaders, including the Cabinet Secretary for Health and Social Care came together from across health, social care, local government and the voluntary sector. Every Health Board and Trust in Wales was represented, alongside national partners and professional representative bodies. Colleagues from The King's Fund and other international partners were also in attendance.

Participants joined not as representatives of single organisations, but as equal contributors to a shared mission. Hierarchies were set aside for the day to enable honest discussion, mutual respect and bold thinking from different perspectives.

This preliminary report reflects the collective ambition to meet the long-term challenges ahead, and to seize the opportunities they present. It captures insights, ideas and commitments, grounded in lived experience and professional expertise, and in the belief that a better future is not only necessary, but possible. This is not the finished product, but the beginning of a wider conversation that will continue over the next 12 months. Nor is it simply another document, listing problems and setting further priorities.

This report dares to imagine what a fairer, bolder and future-ready system for health, care and wellbeing in Wales could look like. It builds upon the energy already alive across Wales and reflects the ambition of the Well-being of Future Generations Act: to act today for a better tomorrow.



If we weren't bound by legacy systems, short-term thinking, or constant firefighting, and we were to imagine a health, care and wellbeing system built today, from scratch, what would it look like?

Would we really draw the same lines?

Current Context and Future Trends

To shape the future, we must first understand where we are heading. Looking ahead two decades, this section explores the scale of the challenges we face, and why urgent action cannot wait.

1. Rising demand is outstripping system capacity, exposing limits of current models

While Wales' population is growing steadily, the more profound change lies in its demographic profile. Our already old population is continuing to age fast, placing unsustainable pressure on an outdated model of care.

- ! By 2045, the over 65 population will grow seven times faster than those under 65s; over 90s will nearly double.¹
- ! Major illness is expected to rise 33%; dementia by 70%.^{2,3}

These trends will place increasing pressure on services built for a different era.

2. More people are living longer with multiple chronic conditions

Wales already stands out among OECD countries in terms of the proportion of people living with three or more chronic conditions.⁴ A rise in population age will likely bring with it an increase in complex multimorbidities.⁵ Despite this, services are largely designed around single-disease models, offering limited flexibility for the growing complexity of patient needs.

3. A health and care workforce on the edge

- ! Nearly half of social care workers in Wales have said they are considering leaving the profession within five years.⁶
- ! There were over 2,000 registered nursing vacancies in 2024,⁷ and almost three in four nurses reported working overtime every week.
- ! Less than half of Wales-trained doctors stay in the country.⁸

Spending on temporary cover reached £262 million in 2023/24.⁹ Between 2016 and 2022, the number of fully qualified GPs remained largely static, while the number of patients per GP rose by 32%.¹⁰ Access to NHS dental care continues to deteriorate.

4. More people will work later in life

- ! The ratio of working-age adults to those over 65 is expected to fall from 3:1 to 2:1.¹¹

This means fewer workers supporting more retirees, with greater strain on tax revenues, public services and the workforce. To remain sustainable, people will be expected to work until later in life.

5. Fewer hands, greater demands, especially in social care

People with multiple chronic conditions use services more, have a greater likelihood of hospital admission and exhibit longer lengths of stay, all of which absorb money and staff capacity.¹² However, the greatest pressure is likely to fall on social care:

- ! By 2035, Wales could face a shortfall of 20,000 social care workers and 10,000 care home beds.^{13,14}

6. Inequality deepens the divide

Wales has the highest poverty levels out of the UK Nations, with 1 in 3 children growing up in deprivation.^{15,16} The gap between communities remains stark.

- ! Residents in the most deprived communities are likely to die 10 years earlier, spending on average 15 years fewer in good health.^{17,18}

The journey between Townhill and Mumbles in Swansea, or Ely and Radyr in Cardiff, may be short, but the difference in life outcomes can be worlds apart.

7. An older workforce means a sicker workforce

Wales already experiences some of the highest sickness-related absence rates in the UK.¹⁹

- ! Based on the projected ageing of the workforce, sickness absence rates for the country could increase 27.5% by 2045.²⁰
- ! Already today, around 6% of NHS staff are off work due to sickness, at any one time.²¹

This is more than twice the national average, with stress and anxiety the leading causes.^{12,22}

8. The unpaid backbone

With rising pressure on health and care, over 310,000 unpaid carers in Wales fill the gap.

- ! If all unpaid carers downed tools tomorrow, it would cost over £10 billion a year to replace them.²³ This is more than the entire NHS Wales budget.

This predominantly female workforce often sacrifice paid work, with serious consequences for their mental and physical health, as well as the wider economy.

9. The persistent cycle of poverty

People living in financial hardship in Wales report the lowest wellbeing scores across all OECD countries.²⁴ Despite having greater need, the Inverse Care Law persists.

- ! The most deprived communities in Wales receive less funding per head for primary care.²⁵

Becoming the world's first Marmot Nation signals intent,²⁶ but it must lead to real action and structural change.

10. Flipping the Model

Our current model still places hospitals at the centre of care with almost half of our health spending in hospitals and clinical care, even though around

- ! 80% of what determines our health and wellbeing lies outside where we live, work, and play.^{27,28}

To meet the needs of tomorrow, this must be turned on its head.

The Tipping Point

Poor public health is holding the country back. Improving health outcomes will take more than improving just the health and care system, however. It will mean getting ahead of illness and investing in what makes people and communities well, working together to assess local needs, setting collective objectives and targets to avoid duplication and fragmentation. We spend more on health than any other UK nation, but our outcomes continue to lag. Without transformation, increased investment risks delivering diminishing returns and rising waste.

Tackling these challenges requires the same urgency, long-term planning and system-wide coherence now expected in the face of the climate crisis. We cannot keep patching up a model that no longer fits the world around it.



A different future is possible but only if we have the courage to build it, together.

‘Shaped by People, for People’. Our Long-Term Vision for Health and Care in Wales:

“Healthier People in Thriving Communities”

This can only be achieved through:

- ✓ **Prevention at every level**
- ✓ **Equity as a guiding principle**
- ✓ **Partnerships with people, communities, and organisations**
- ✓ **Integration across health, care and wellbeing**
- ✓ **Dynamic, prudent and sustainable services and systems**
- ✓ **Tech & Data-driven services and decision making at every level.**



What Will Success Look Like if we Realise our Vision?

Wales should strive not just to keep pace with change, but to set the benchmark for what a fair, future-ready health, care and wellbeing system could look like. In a decade, we should aim to:

- ✓ **Turn the tide on inequality:** halve the gap in healthy life expectancy between the most and least affluent communities, ensuring that where you live no longer determines how long or how well you live.
- ✓ **Be a world leader in seamless, community-centred care:** rank amongst the top OECD nations for delivering integrated, timely, and person-focused care that people value and trust.
- ✓ **Be globally recognised for prudent, value-driven care:** a system that prioritises people over processes, ensuring every pound and every decision improves outcomes and quality of life.
- ✓ **Lead the UK in digital health and citizen empowerment:** with real-time, predictive and ethical use of data and AI, giving every person full and secure access to their own health and care records.
- ✓ **Create the most health-literate nation in Europe:** empower every citizen to understand, manage and shape their own health and wellbeing, supported by the right information and tools.
- ✓ **Champion workforce wellbeing and flexibility:** set the European benchmark for reducing burnout, moral injury, and sickness absence, with a workforce culture built on compassion, inclusion, and resilience.
- ✓ **Become the world's first national 'Living Lab' for health and care:** a bold environment for testing, learning, and scaling real-world innovations that improve lives and drive global best practice.

How Do We Get There?

Key Themes and Actions to Achieve our Shared Vision:

Ten Key Themes with aligned Actions emerged as essential to achieving sustainable and transformational change to meet future needs and challenges. These were consistent with the Bevan Commission's [Foundations for the Future Model of Health and Care in Wales](#).

Theme 1: Transform culture, leadership and accountability to catalyse system-wide change:

Transformational change depends on enabling leadership and supportive cultures. Leaders are too often consumed by immediate pressures, leaving little space for longer term strategic thinking or collaboration. We need to shift from isolated control to shared system-wide stewardship, fostering a culture where people have the freedom to lead, tools to improve, and the permission to question. This requires accountability structures that reflects the system's interconnected reality and supports collective ownership of long-term goals.

Select Actions:

To support clarity and coherence, we have grouped proposed actions around key root causes identified within each theme.

1.1 Leadership and Accountability Structures Limit Collaboration and System-Wide Stewardship:

- **Secure a true long-term, cross-party commitment to health and care transformation,** anchored by a national delivery roadmap and monitored by an independent oversight board.
- **Mandate integrated strategic planning (finance, workforce and estates)** with joint ownership from NHS Wales Planning & Improvement, Health Boards and Regional Partnership Boards (RPBs).

- **Link executive appraisal, accountability and remuneration to national priorities**, requiring evidence of collaboration, cross-board learning and impact on population wellbeing.
- **Enable shared accountability and learning** through peer reviews, cross-board secondments, and 360° community-informed feedback.

1.2 Cultures of Risk Aversion and Limited Psychological Safety Constrain Improvement:

- **Redesign leadership roles to reward adaptive and proactive decision-making**, prioritising curiosity, transparency, and shared responsibility over risk avoidance.
- **Promote psychological safety across the system**, shifting from blame to learning, and embed this in leadership development, regulation and oversight.

1.3 Innovation is Fragmented, Slow to Spread, and Disconnected from System Priorities:

- **Position Wales as the world's first national Living Lab for health and care**, embedding open innovation across all levels of the system, from community prototypes to global partnerships and building upon the work of the Bevan Commission.
- **Accelerate the spread of high-value innovation** by adopting an 'adopt or justify' model, supported by a *National Innovation Hub* and *Evidence-based Investment Framework*.
- **Fund grassroots innovation and system redesign** through a *Welsh Innovation Fund*, expanded Fellowships, and innovation sabbaticals.



Theme 2: Maximise the potential of data, technology and innovation to design and deliver wide-scale transformation.

Embedding data and technology into health and care systems is essential to improve access, enable smarter care, and support continuous learning and improvement. This includes giving people ownership of their data, using it to inform service design, and ensuring ethical, trusted use of technologies like Artificial Intelligence (AI). Critical gaps in AI education and digital readiness²⁹ must be addressed to realise this potential.

2.1 Fragmented Infrastructure and Barriers to Scale:

- **Build a fully interoperable, seamless and person-centred digital system**, with national health records, universal booking, and a single patient identifier embedded across all services.
- **Harness predictive analytics and ethical AI** to enable proactive, personalised care, linking datasets across services and embedding inclusive governance into all AI deployment.
- **Expand access to the SAIL Databank** through a national grant scheme supporting Welsh-led studies, helping unlock the full research and innovation potential of health and care data in Wales for the benefit of its people.

2.2 Barriers to Equitable Innovation and Inclusion:

- **Mandate inclusive, co-designed digital health tools**, embedding the voices of marginalised communities at every stage including design, testing, procurement and deployment.
- **Hardwire equity and accessibility into all commissioned digital services**, with minimum standards, Equality Impact Assessments and lived experience input built into procurement and oversight.
- **Invest in digital skills and inclusion at community level**, funding programmes through libraries, community hubs and social prescribing networks, with tailored support for older adults, carers and rural areas.

Theme 3: Equip and enable people and communities to manage and shape their own health and wellbeing.

The future of health and care should be shaped in communities, not just clinics. To make this a reality, we must enable people to manage their own wellbeing, backed by trusted networks, clear information, and local support. Civic contribution is still undervalued and underused. We should move beyond consultation to shared power. People are not just service users; they are partners in change. Unlocking that potential is key to sustainability.

Select Actions:

3.1 Structural Barriers Limit Community Influence and Shared Decision-Making:

- **Mobilise trusted local infrastructure**, including local authorities, community councils, County Voluntary Councils and Llais, to embed community voices in design and delivery.
- **Shift to pooled budgets and shared accountability at community level**, aligning resources through Public Service Boards (PSBs) or community councils to fund local priorities, drawing on the [Greater Manchester model](#).
- **Establish an integrated *National Health and Social Care Transformation Board***, with clear responsibility to support, coordinate, and hold the system to account for delivering shared health and wellbeing outcomes. Strengthen shared responsibility across local (PSBs), regional (RPBs) and national levels through aligned incentives and structured system-wide support for collaborative planning and delivery.

3.2 Fragmented Infrastructure and Inaccessible Information Limit Local Agency:

- **Redesign local services around community assets and needs**, using systematic mapping of public, private and voluntary provision to identify duplication, service gaps and collaboration opportunities.
- **Give people agency and ownership over their health journey**, with access to personal health records, clearer waiting time information and options like “travel further for faster access.”
- **Embed health literacy and wellbeing education from early life**, delivered through behaviourally informed, culturally tailored campaigns via trusted community settings like libraries, schools and faith groups (See Theme 5).

3.3 Communities Distrust the System:

- **Strengthen community engagement using trusted tools**, such as Making Every Contact Count (MECC), Patients Know Best (PKB), Education for Patients Programmes (EPP) and Llais, with system-wide commitment to act on feedback.
- **Communicate with and engage the public** in frank, ongoing transparent conversations at a national, regional and local levels to rebalance rights and responsibilities. These could include:

Are we being up front about the actual and rising costs of public services?

Do people understand why adult social care is not free at the point of need?

Would people be willing to accept higher taxes, means-tested charges for non-clinical services (like transport, meals or accommodation), slower access or having to travel further for treatment, if it meant a more sustainable system overall?

With limited resources, how should we prioritise need? Should access and support be prioritised for those of working age to strengthen economic resilience, productivity and fairness across generations?

What are we willing to give up, change, or stop - locally or personally - for the benefit of the system as a whole?



Theme 4: Deliver equitable health and wellbeing, tackling inequalities and discrimination.

Too many people in Wales live shorter, harder lives due to where they are born, what they earn, or discrimination. Place, poverty and prejudice continue to shape health in our communities. Wales' commitment to become a Marmot Nation³⁰ must mark a step change, embedding equity as a design principle, not an afterthought. This means planning around need, not demand; sharing power with those historically excluded; and placing fairness at the heart of all decisions..

Select Actions:

4.1 Embedded Structural Inequities, Policy and Practice Bias:

- **Deliver Wales' commitment to become the first Marmot Nation**, taking coordinated action across income, education, housing, work and place.
- **Set bold, measurable national targets to reduce health inequalities**, with public reporting and citizen-led scrutiny.
- **Guarantee core health and wellbeing services for all**, with national minimum standards and ringfenced funding for communities with the greatest need.
- **Fund and support communities to co-create solutions**, building long-term capacity, governance roles and local ownership.
- **Evaluate and remove barriers to access**, including digital exclusion, cultural and language bias, by stress-testing services with those most affected.

4.2 Data Gaps leading to Unequal Representation:

- **Capture, link and publish equality data** across all protected characteristics, using it to guide targeted investment and transparent tracking of progress as part of the [Digital and Data Strategy's Data Promise](#).
- **Diversify decision-making across all levels**, embedding lived experience and inclusive perspectives in policy, design and delivery.
- **Create funded leadership and engagement roles** for marginalised communities, drawing on both national and international best practice.

Theme 5: Invest in prevention and tackling wider determinants of health and wellbeing.

We cannot meet rising demand by treating illness alone. The biggest health gains come from acting earlier and addressing the wider context of people's lives. Yet prevention in Wales remains underfunded, short-term, and fragmented. To shift from reactive to proactive, and catch people before they fall, we should embed prevention into funding, governance, and performance across the system, treating housing, education, work, and community as core health priorities, not peripheral concerns.

Select Actions:

5.1 Systemic Bias Toward Short-Term and Siloed Approaches:

- **Redesign funding and incentives so that prevention is prioritised**, including a mandated, transparent minimum percentage of NHS and public-body budgets for upstream action, targeted grants and rate relief to support healthier high streets (e.g., businesses offering healthy food and low- or non-alcohol options), and the use of behaviourally informed approaches to encourage healthier lifestyles.
- **Embed prevention targets in every level of strategy, accountability and investment across sectors.** Establish a ***cross-sector Prevention Investment Board*** with pooled budgets (building on Theme 3.1), with clear outcomes and accountability.
- **Deliver place-based prevention through local partnerships**, by strengthening collaboration between Public Health Wales, local government and communities, guided by detailed forecasting and locally co-designed services.

5.2 Measurement Blind Spots:

- **Strengthen national prevention metrics**, using real-time data and outcome frameworks (e.g., Public Health Outcomes Framework, National Data Resource) to track and improve wellbeing across sectors.
- **Embed Results-Based Accountability and similar outcome models** into planning and delivery, linking service activity directly to population wellbeing.

Theme 6: Redesign services and structures around the needs of people and communities to ensure seamless integration across sectors, systems and care pathways.

Many people still experience fragmented journeys through our health and care system. Even professionals struggle to coordinate care, resulting in wasted resources, missed opportunities and poorer outcomes. True integration requires more than just structural change; it needs shared incentives, joined-up data, and integrated performance measures aligned to people's real-life journeys.

Select Actions:

6.1 Institutional Inertia, Interoperability Gaps and Lack of User-Centred Design:

- **Reframe services around people and communities**, by expanding a ***National Network of Health, Care and Wellbeing Points*** that co-locate primary care, social care, voluntary and community services in shared, accessible spaces.
- **Align system architecture** across financial, operational and clinical functions, integrating commissioning, estates and infrastructure through a single ***National Health and Social Care Infrastructure Board***.
- **Enable seamless care** through shared, flexible roles such as multi-skilled generalists, Care Navigators and Peer Supporters (Theme 9), complemented by interoperable systems and medical records (Theme 2).
- **Make 'one and done' the default approach**, coordinating assessments and care planning into single, well-supported visits.



6.2 Misaligned Incentives:

Select Actions:

- **Pool funding for key life stages and complex needs**, such as frailty, end-of-life care and complex children's services, combining health, care and wellbeing budgets at locality level.
- **Empower RPBs and PSBs with clearer responsibility and accountability**, giving them real authority to manage combined budgets and deliver seamless, person-centred and 'journey-based' care.
- **Ensure joint financial and service planning frameworks reflect the aligned system architecture** (as outlined in Theme 6.1), coordinating resources, workforce and services around local population needs



Theme 7: Redesign care structures and settings based on biopsychosocial principles throughout all stages of the life course.

Health is shaped by more than illness; it's also about connection, resilience, and how we live. Yet services often treat physical, mental, and social needs in isolation. To support people across the life course, care should be designed around whole person needs, life transitions, and personal agency, especially for those with long-term conditions and in later life.

Select Actions:

7.1 Illness-Centred and Inflexible Care Models:

- **Redesign care around healthy, independent lives**, by making non-medical support such as social prescribing and peer-led services a first line option, building flexible pathways across major life stages (e.g., childhood, menopause, ageing, bereavement) that cut across health, care, and community services.
- **Mainstream Integrated Community Care Services (ICCS)³¹** by embedding them across all regions, implementing the Social Services and Well-being (Wales) Act³² in full, and supporting joined-up collaboration between health, care and the voluntary sector.
- **Plan proactively for an ageing population**, by scaling in-home and transitional care, expanding mobile frailty response teams, and establishing a ***National Framework For Later Life Care***.

7.2 Fragmented Estate with Minimal Engagement and Community Collaboration:

- **Embed community-led care models**, such as ShareHomes, intergenerational housing, Timebanking and community asset ownership, supported by a ***Welsh Community Innovation Fund*** (building on Theme 1.3) to catalyse reciprocal, place-based care.
- **Forge creative partnerships with design agencies, co-operatives and tech innovators**, to test modular care apartments, intergenerational living and tech-enabled wellbeing services like VR reminiscence therapy.
- **Launch a national 21st century care homes programme**, leveraging the Housing with Care Capital Fund³³ to modernise and expand housing-with-care and residential models (See [Humanitas Deventer, Netherlands](#) & [House of Generations, Denmark](#)).

Theme 8: Ensure prudent, sustainable care by eliminating waste, minimising complexity and maximising efficiency, productivity and value.

Wales spends more on health per capita than any other UK nation yet rising costs haven't consistently improved outcomes. Too much value is lost throughout the value chain through duplication, outdated models, and low-impact activity. To build a future-fit system, we must shift from volume to value, scaling what works, stopping what doesn't, and applying prudent principles across the board. For a country of our size, our systems are unnecessarily complex.

Select Actions:

8.1 System Complexity and Misallocation of Skills:

- **Reduce structural complexity in our health and care system** through systematic review, eliminating unnecessary layers, silos, and governance processes that do not add value.
- **Streamline care pathways by redesigning processes and roles** to cut duplication, remove inefficiencies, and ensure clinical expertise is focused where it delivers greatest benefit to patients.
- **Equip frontline teams to lead redesign** by embedding innovation skills, design thinking and continuous improvement into leadership development programmes.

8.2 Low-Value Activities and Inefficient Procurement and Commissioning:

- **Embed Prudent Healthcare and value-based care in all clinical decision-making**, challenging and phasing out low-value interventions that do not improve outcomes.
- **Appoint directors of service effectiveness and disinvestment**, responsible for identifying and phasing out low-value activities and reinvesting in high-impact care.
- **Modernise procurement and commissioning**, moving from rigid transactional processes to agile, outcome-based models that incentivise innovation and local solutions.
- **Equip and support clinicians to have honest conversations** with individuals about treatments that are unnecessary, unsuitable, or unlikely to help, backed by national guidance and training.

Theme 9: Futureproof the competence, capacity and composition of the workforce and their wellbeing.

Wales' workforce is under growing strain, with rising sickness, vacancies, and falling retention signalling a system under pressure. To meet future needs, we must rethink who delivers care, how they're supported, and how they develop. This means creating flexible entry routes, prioritising wellbeing, and investing in leadership at all levels. A futureproof workforce reflects the communities it serves and is equipped to meet their changing needs with skill and compassion.

Select Actions:

9.1 Workforce Wellbeing is Undervalued and Inconsistently Supported:

- **Make workforce wellbeing a core performance priority**, embedding wellbeing metrics in staff surveys and organisational KPIs, with leadership held accountable for reducing stress, burnout and moral injury.
- **Guarantee a national minimum wellbeing offer for staff**, including access to mental health support, peer reflection, rest spaces and protected time, building on existing programmes (e.g., [Canopi](#)) and underpinned by compassionate leadership training.

9.2 Entry Routes and Experience are Undervalued, Limiting Local Talent Pipelines:

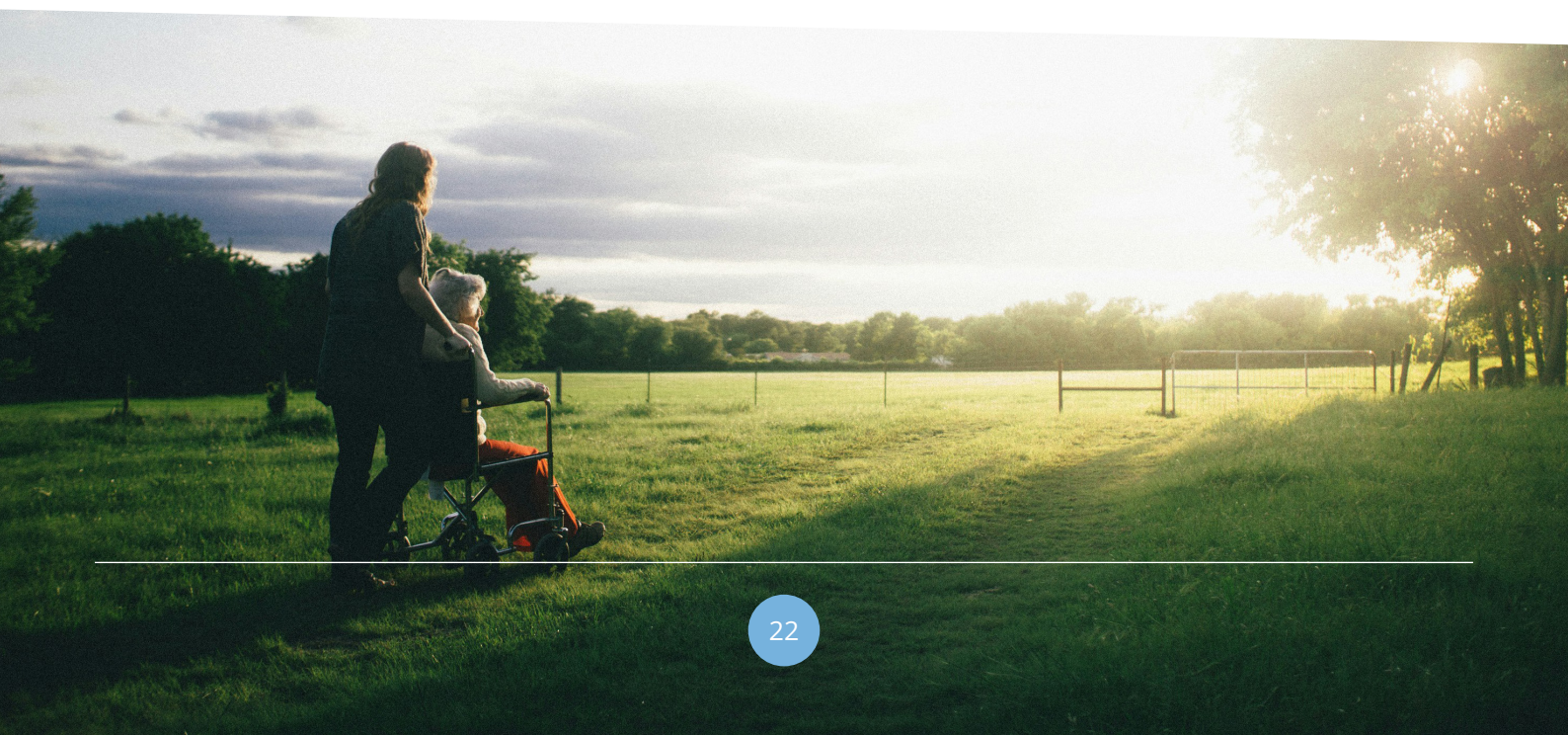
- **Launch a national *Early Careers and Community Placement Programme***, partnering with schools, colleges and employers to build awareness, empathy, experience, and local career pathways in health and care.
- **Expand local talent pipelines** with 'earn-while-you-learn' routes, apprenticeships, and 'Volunteer to Career' schemes, particularly in under-served areas and high-demand roles.
- **Create structured roles for volunteers across all life stages**, including programmes for skilled retirees as mentors, peer navigators or community champions, and intergenerational companionship schemes with care providers to reduce loneliness, foster empathy, and spark early interest in caring careers (e.g., [Age-Friendly Cardiff](#), [Generations Working Together](#), [Gwynedd](#)).

9.3 Workforce Planning and Skills Development are Fragmented and Slow to Adapt:

- **Develop a national workforce intelligence system** to forecast skills gaps, retirement trends and emerging roles, guiding investment, planning and system redesign over the next 10-20 years.
- **Plan and prepare for new and emerging roles** by engaging higher education institutes, regulators and HEIW to shape curricula, placement models and incentives for priority disciplines.
- **Modernise training to enable transdisciplinary working and future-ready skills**, through flexible, hybrid and generalist roles, with modular, self-paced qualifications, digital skill passports and improved mobility across sectors. This should embed digital, innovation and quality improvement capabilities at all levels, including rapid training in AI, remote monitoring, trauma-informed care and ageing.

9.4 Retention Challenges and Inflexible Employment Models:

- **Introduce flexible, person-centred employment models**, including portfolio careers, part-time leadership, remote options and self-rostering to support work-life balance.
- **Align pay, progression and recognition across sectors**, and introduce a **National Carers Equity Plan** for paid and unpaid carers.
- **Lift training caps and offer retention incentives**, including fee waivers, extra leave and recognition bonuses for long-serving staff to encourage long-term careers in Wales.



Theme 10: Reframe performance, governance and resource allocation to reflect need and greatest value.

Too often, the system measures activity over impact and short-term fixes over long-term value. To drive meaningful change, we must redefine success, focusing on wellbeing, equity and sustainability. This requires new metrics, governance models and funding flows aligned to what people need, not just what institutions do.

10.1 Governance and Resource Allocation are Fragmented and Poorly Aligned to Need:

- **Rebalance resource allocation to reflect need and complexity** by redistributing funding according to local demographics, deprivation, and the principles set out by Wanless.³⁴
- **Explore place-based and devolved funding models**, such as retaining a proportion of local tax to invest in health and care, linking public contribution with visible local benefit.
- **Ensure that operational, clinical and financial choices are joined up and population focused**, applying the aligned system architecture (Theme 6) to governance and financial decision-making
- **Empower local structures such as Primary Care Clusters and PSBs** to influence spending decisions based on community priorities and lived experience.

10.2 Definitions of Value are Narrow and Fail to Capture What Matters Most:

Use tools such as Social Return on Investment (SROI) and population impact modelling to guide funding, planning and service design, embedding broader definitions of value, including relational care and responsiveness to complex needs, in line with the Well-being of Future Generations (Wales) Act.

Where do we go from here?

The actions set out here are not exhaustive or final. They reflect just some of the insights, experiences and ambitions shared at the Summit, and a collective attempt to chart a more coherent, courageous path forward.

This preliminary report marks the beginning of a Bevan Summit Series. In the months ahead, we will:

- ✓ **Refine the shared vision, themes and actions with engagement across Wales.**
- ✓ **Support leaders to reflect, challenge assumptions and explore new approaches.**
- ✓ **Spotlight and scale transformative work already underway.**
- ✓ **Draw on global best practice to shape Wales' transformation journey.**
- ✓ **Develop the tools and resources needed for delivery.**
- ✓ **Secure the partnerships and collective commitment to make change happen.**

This time must be different

Calls for reform are not new. For decades, reports have urged a shift from reactive care to prevention, from fragmentation to integration, from systems built around institutions to ones built around people. Yet bold intentions have too often failed to deliver lasting change. This time must be different.

The system isn't broken. It is out of date, overwhelmed and out of step with people's lives. Wales has the tools, the talent and the mandate to lead. Without action however, we risk remaining stuck in inertia. If we truly believe in a better future for everyone, we must be bold enough to build it together, starting now.

This Sir Mansel Aylward Spring Summit Preliminary Report is not a blueprint but an invitation: to think beyond what has always been done and to recognise that, while the status quo is not viable, it is also not inevitable if we act. The responsibility can no longer be passed on, delayed until after the next election, or handed to someone else. The fact it hasn't yet been achieved is exactly why Wales must lead the way.

Reimagining the Future

So, if we were to design a health, care and wellbeing system from scratch, *what would it look like?*

Drawing on the insights and ambitions shared at the Summit, it would be a system shaped by people, not institutions. Grounded in prevention, equity and trust. Powered by prudent innovation, data and a future-ready workforce. Held together by joined-up leadership and collective accountability. Built for the realities of today, not the structures of yesterday. A system that truly supports the Summit's vision: *"Healthier people in thriving communities."*

So let us begin, not just with ideas, but with intent, courage and a shared commitment to build something better for the people of Wales, just as Aneurin Bevan did against all odds many years ago.



The NHS will last as long as there are folk left with the faith to fight for it.

Words widely attributed to Bevan still resonate today. But the challenge before us is broader: not only to sustain the NHS, but to reimagine health, care and wellbeing for Wales and its future generations.

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Comisiwn 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
