



Health Matters

From Pressure to Possibility — Are We Brave Enough to Change?

Insights from the
Bevan Commission

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Commission**

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Foreword

Wales stands at a pivotal moment. The pressures facing our health and care system are no longer distant warnings, but daily realities felt in every home and community. Demand is rising, inequalities are widening, and the needs of future generations are becoming more urgent.

Yet this moment also presents an opportunity to honour Aneurin Bevan's legacy. Not by looking back, but by acting boldly to secure a sustainable, fair and future-proof system for decades ahead.

The Bevan Commission's manifesto, *Health Matters: Creating Sustainable Health and Care in Wales*, sets out a clear and independent vision for how Wales can meet this challenge. Its three core commitments, keeping people well at all ages, using our resources wisely, and transforming the system to be fit for the future, offer a practical and principled blueprint for national renewal.

Wales has a real opportunity to lead the way in health and wellbeing again, but only if we make bold, evidence-informed choices now. We need to focus on what truly adds value. We need to direct our collective effort towards approaches that improve lives, reduce pressure on services and support long-term sustainability.

This compendium brings together thought pieces from our internationally renowned Bevan Commissioners that explore the fundamental questions Wales must now confront.

Their individual and collective insights and expertise underpin these contributions. They consider; what it truly means to shift from treating illness to creating health; how we prioritise prevention, support financial wellbeing and what it will take to build a culture of quality and prudent practice.

They also examine how social, digital and technological innovation can be harnessed with purpose; why culture change is essential to meaningful transformation; and how we must value and sustain the health and social care workforce. These themes echo our manifesto's call to stop doing what adds little value, adopt innovation quickly, and make better use of evidence, skills and resources.

Taken together, these pieces move beyond familiar rhetoric. They challenge Wales to be bold and courageous, just as Aneurin Bevan was in his time. They confront uncomfortable truths, to end low-value practices, and to commit to the practical, sometimes difficult steps required to build a system that is genuinely fit for the future. They reflect the Commission's role in offering independent insight and constructive challenge at a moment when clarity and ambition are needed most.

As Wales approaches the Senedd election, the choices made now will shape the wellbeing of our people and communities for generations to come. This publication is offered in that spirit. It is an invitation to think differently, act decisively and work together to create prudent, sustainable health and care that remains true to the founding principles.

Now is the time for action. **Health Matters**. What we choose to do next, or not, matters even more.




Professor Baroness Ilora Finlay
Chair, Bevan Commission




Dr Helen Howson
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Bevan Commission Manifesto

Health Matters: Creating Sustainable Health and Care in Wales

Wales is at a defining moment. The pressures facing our health and care system are growing, inequalities are deepening, and the needs of future generations demand bold, long-term solutions. The choices made in the coming years will shape not only the future of the NHS and social care, but the health and wellbeing of people, and communities.

The Bevan Commission sets out this manifesto to provide a clear, independent vision to achieve sustainable, equitable health and care that is fit for the future. Grounded in evidence, underpinned by the principles of prudent health care and innovation, this manifesto outlines the actions we believe must be taken to build a healthier, fairer, and more resilient future for people and for Wales itself.

We believe that **health matters**, to individuals, to communities, and to the nation. By focusing on prevention, using our resources wisely and transforming and innovating services to meet needs, Wales can lead the way in creating a sustainable system that truly delivers for people and with people.

This is our call for ambition, for courage, and for collective responsibility. The future of health and care in Wales depends on the decisions we make today.

Our Foundations for the Future

Our manifesto calls are grounded in our work and thinking to date, wider international evidence and extensive engagement with people and professionals. They include:

Foundations for the Future

- Resilient and Resourceful People and Communities
- Prudent, Integrated and Equally Well Care
- Sustainable Workforce, Services and Systems
- Dynamic, Innovative and Transformative Culture

Turning Point: Uniting for the Future of Health and Care in Wales

Our recent Summit brought together key leaders from across Wales identifying themes and actions calling for prevention, collaboration, innovation, and long term sustainability.

These have all helped to inform the **three central commitments** of this manifesto:

Commitment 1 – Health Matters: Keep people well, engaged and active at all stages of life

A thriving Wales depends on supporting people to stay active and well throughout their lives, from early childhood to older age. Wales must create environments, services, and communities that empower people to live healthy, connected, and fulfilling lives.

We believe Wales should:

- Give every child the best start in life through strong early years support, knowledge and health skills for families to prevent ill health.
- Promote wellbeing in working life, engaging employer support and empowering people to make changes, balancing health with their everyday responsibilities.
- Support independence in later life, ensuring older people can live healthily and well at home, and within their local communities.
- Adopt a whole society approach: Good health depends on housing, education, work, environment, and community, not just hospitals and healthcare settings.

Why this matters:

- Builds resilient people and thriving communities.
- Reduces pressure on hospitals and social care.
- Strengthens economic and social sustainability.
- Tackles inequality across Wales.

Action: What Wales should do:

- Prioritise prevention and early intervention, creating supportive environments and incentives for change.
- Embed health in all policies: Ensure housing, transport, education, and employment strategies consider their impact on health outcomes.
- Work in partnership with people and organisations to tackle root causes, harnessing the skills and resources across society, including volunteers.
- Use digital tools to help people manage their own health and wellbeing.
- Give every child an equitable start in life by making healthy early years a national priority.

Our message: Keeping people well at every stage of life is the cornerstone of a sustainable health and care system and thriving communities.

Commitment 2 – Health Matters: Be prudent and make the best use of all skills and resources, stop doing things that add little value

A sustainable health and care system requires everyone working together, making the best use all the skills and resources available to us. We must engage wider community support and stop practices that waste resources, duplicate effort, or fail to improve outcomes. We should redirect energy to what truly matters to people.

We believe Wales should:

- End wasteful or low value practices e.g., in medicines, treatments, and services.
- Eliminate duplication by breaking down silos, integrating services and sharing proven models across Wales.
- Shift from overmedicalisation to social prescribing, self management, and other innovative ways of managing health conditions.
- Focus on outcomes rather than just the activity.
- Review and revise skills, roles and responsibilities to meet future needs.

Why this matters:

- Builds a leaner, more resilient, high quality and efficient system.
- More effective, rebalancing and releasing resources to better meet people's needs.
- Demonstrates prudent leadership and value-based decision making.
- Engages wider skills, support and resources outside of the health and care system.

Action: What Wales should do:

- Use evidence and data to inform services and identify low value practices.
- Involve staff, people, and communities in decisions and service design.
- Strengthen cross sector collaboration and collective learning and working.
- Fully utilise the potential of data, technology and AI in health and care.

Our message: Wales must ask the tough question: What can we stop doing or do differently? Only then can we build a prudent, sustainable system that delivers high quality care and value for people.

Commitment 3 – Health Matters: Transform and innovate to create a dynamic health and care system fit for the future

Wales needs a dynamic health and care system that can adapt to future needs. Achieving this demands bold leadership, meaningful transformation, and faster adoption of innovation. It also relies on a workforce equipped with the appropriate

skills, confidence and support to work differently. Digital, data and technology must act as core enablers to improve access, productivity and better outcomes. Transformation must be purposeful, people centred and grounded in long term sustainability.

We believe Wales should:

- Move from small change to whole-system transformation, redesigning services with people and around their needs.
- Invest in and support a skilled, flexible and empowered workforce, with new roles, career pathways and ways of working.
- Accelerate digital transformation, making digital and data-enabled care the default where appropriate.
- Adopt, spread and scale innovation rapidly, reducing variation and ending reliance on outdated models.
- Create a culture that encourages shared learning, and creates joint solutions.

Why this matters:

- Builds a resilient, adaptable system capable of meeting future demand.
- Improves staff experience, retention and productivity.
- Enables more personalised, accessible and timely care.
- Makes better use of skills and resources through smarter, digitally enabled services.
- Supports long-term sustainability and improved outcomes.

Action: What Wales should do:

- Invest in embedding digital skills, transformational leadership and change capability across the workforce.
- Utilise data to co-design new models of care with staff, people and communities.
- Establish a national, accountable framework to quickly adopt and spread innovation across Wales, embedding successful approaches systematically.
- Measure what matters most, ensuring data and performance measures support health outcomes.

Our message: We must move away from just doing the same and expecting different results. This requires creating a supportive environment where we work together to manage risk, seize opportunities, and drive systemic change.

The Future Starts Now

Wales has the opportunity to shape a future where health and wellbeing are not just protected but revitalised for generations to come. The challenges facing our health and care system are significant, but they are not insurmountable. By focusing on what truly matters – keeping people well, using our resources wisely, and transforming health and care around the needs of people, Wales can build a system that is fairer, sustainable and more resilient.

We believe that by working together, across communities, sectors, and government, Wales can lead the way once more, just as it did when Aneurin Bevan laid the foundations of the NHS. By drawing upon that same spirit of ambition, vision and collective purpose, we can create a sustainable health and care system that is truly fit for the future.

The Bevan Commission stands ready to support this national endeavour with independent insight, bold ideas, translating thinking into practice and a steadfast commitment to prudent and equitable care.

Health Matters. The future matters. Now is the moment to act.

Health Matters: Honouring Bevan's Legacy, Securing Tomorrow's NHS

Nygaire Bevan

The NHS is not just one of Britain's greatest achievements, it is the beating heart of our nation. In Wales, it is our sacred duty to protect it.

My great uncle Aneurin Bevan built this service on the principle of fairness, determined that good quality healthcare should be available to all, free at the point of need. He overcame adversity in his own life with resilience and vision, and it was that same determination which drove him to create a system that transformed the lives of millions.

Today, as we look ahead to the Senedd election, we must ask ourselves: are we prepared to show the same courage and imagination to ensure the NHS not only survives but thrives for generations to come? Because make no mistake, **health matters**, and without bold action, Bevan's legacy is at risk.

Aneurin Bevan's story is one of grit and conviction. A boy who struggled at school, who battled a stammer, who taught himself to speak by reading complex literature aloud while walking the mountains of his home.

That resilience carried him into public life, first as a councillor and then as an MP. His politics was rooted in fairness and equity, and his vision for the NHS was simple but radical: healthcare should be universal, high quality, and free at the point of delivery.

He faced fierce opposition, but he never wavered. With passion and determination, he pushed the legislation through, and the NHS was born. It was his gift to the people, a service built not on privilege or policy alone, but on principle. As Nye said: ***"No society can legitimately call itself civilized if a sick person is denied medical aid because of lack of means."***

So, what would Nye think of the NHS today? He would still see a service loved and cherished (though too often taken for granted by the public), that meets the needs of millions every single day.

But he would also see the cracks widening. An overreliance on 'medical solutions' where once people and communities filled the space. Waste that is invisible to most but drains precious resources and must be eliminated. Misuse and inefficiency of services that weaken the system and must be confronted head-on. And above all, the urgent need for a new culture of shared responsibility for health and wellbeing.

Wales, with its relatively small number of NHS health boards and trusts, has the capacity to act decisively and to lead by example. Yet too often we are paralysed by centralised control, by risk aversion, by timidity masquerading as caution, and by a lack of political courage and bold leadership.



Nygaire Bevan is a Bevan Commissioner, Board Member at Codi Group, and an Inspector for Care Inspectorate Wales. She is the great niece of Aneurin Bevan, founder of the NHS, and began her career as a nurse before qualifying as a social worker in the 1980s. She has more than 40 years' experience in health and social care.

This is not the moment for hesitation. It is the moment to prove that **'health matters'**, that Bevan's vision was not just a historic achievement but a living and thriving mandate. If we fail to act now, we risk betraying his legacy and denying future generations the service he fought so hard to build.

We already know what needs to be done. The Bevan Commission has already set out its thinking alongside supporting more than 800 Bevan Exemplar initiatives across Wales, to help find practical, innovative solutions to the challenges. This has shown that change is possible building upon the knowledge, ideas, passion and commitment of those who work in the system.

But innovation alone is not enough. We must work together to urgently adopt, spread, and embed these transformations across every health board, 'pinching with pride' and ensuring best practice is rolled out consistently. Only then can we deliver the best possible outcomes for people while creating a more prudent, efficient, and effective NHS.

This is the moment to be bold. We must rekindle Bevan's energy and drive. Politicians and health leaders must be brave enough to act, not just talk.

And here lies the crux: we must move from words and rhetoric to doing and delivering. Speeches and promises will not heal patients, reduce waiting lists, or eliminate inefficiency.

What will make the difference is action, rolling out proven innovations, tackling waste head-on, empowering communities to take responsibility for health, and holding leaders accountable for delivery.

The NHS cannot survive on sentiment alone. It must adapt, innovate, and evolve. Protecting Bevan's legacy means defending its founding principles whilst being open and receptive to change. That requires vision, and courageous leadership translated into tangible outcomes that make a real difference to people.

As the Senedd election approaches, the challenge is clear: will we honour Bevan's legacy not just in words, but in deeds? The NHS was built on bravery and conviction. As my great uncle said: ***"The NHS will last as long as there are folk left with faith to fight for it."***

It will only survive if we show the same conviction and determination today, not through rhetoric but through urgent action. Only then will we have an NHS that is both sustainable and fit for the future.



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

Aneurin Bevan

Health Matters: Turning Off the Tap – From Treating Illness to Creating Health in Wales

Professor Kelechi Nnoaham

Early in my public health training, a simple image crystallised the entire concept of prevention. A person returns home to find it flooded and immediately starts bailing water with a bucket. The instinct is understandable, but the logic is flawed. The real solution is not to bail faster, but to turn off the tap. It is a reminder that **health matters most when we act before harm occurs**, not after.

Despite our reverence for the phrase “prevention is better than cure”, the Welsh NHS, like the wider UK health system, remains fundamentally and stubbornly a treatment service. The question, then, is not whether prevention works but why, after decades of rhetoric, we have failed to build a system that embodies this truth. For Wales, the birthplace of an NHS rooted in prevention, universality, and social justice, this failure is more than a policy error. It is a betrayal of the service’s founding spirit and a neglect of the simple reality that **health matters to every aspect of our national life**.



Professor Kelechi Nnoaham is a Bevan Commissioner and former Director of Public Health for Cwm Taf Morgannwg University Health Board, with extensive experience in population health, prevention, and health system transformation in Wales.

Wales is uniquely positioned to do better. Devolution provides the levers for cross-sector action. Our population is receptive to change. We have the ambition, we need the ability to follow through. The prevention agenda doesn’t fail because it lacks evidence; but because it collides with a system structurally hardwired for acute care.

First, the Welsh NHS is organised, funded, and judged almost entirely on activity: admissions, operations, waiting lists. Success is measured by how much illness we treat, not how much we prevent. Budgets reward intervention, not avoided harm. A health board does not receive additional funding because rates of Type 2 diabetes fall in its population; it is rewarded for treating more complications once the disease has taken hold.

Second, prevention suffers from a brutal political reality: invisibility. Politicians and system leaders gain recognition from visible acts such as opening new hospital wings. Preventative success is defined by non-events: the heart attack that never happens, the cancer that never develops. These outcomes are slow, statistical, and difficult to dramatise. Their benefits often emerge beyond a five-year Senedd term. Political credit flows downstream to cure, not upstream to cause.

Third, cultural bias runs deep. We operate with a medicalised understanding of prevention, prioritising screening and early diagnosis over the harder work of addressing poverty, housing, food and employment. Acute care is celebrated, while the long-term impact of public health work is overlooked. This bias shapes public expectations: people seek immediate solutions instead of long-term investment in the foundations of health.

Finally, prevention fails because responsibility is fragmented. Health is influenced by housing, transport, education, and work, but responsibility for these factors is spread across separate institutions with conflicting financial incentives. A GP who prevents an

admission saves money for a hospital, not for primary care. Unsurprisingly, NHS spending on prevention has fallen sharply over the past decade.

The result is a system that is financially unsustainable and socially unjust. We continue to pour resources into bailing water while the tap runs unchecked. Long-term, preventable conditions such as diabetes now consume a growing share of the NHS budget. This is the predictable outcome of a system that allows demand to be endlessly generated upstream.

The social cost is starker. The people struggling are overwhelmingly from our most deprived communities. In Wales, postcode remains a stronger predictor of health than genetic code. A child born in the most deprived areas can expect a decade less of good health than one born in the least deprived. Poverty is a slow-burn toxin: driving stress, limiting food choices, and trapping families in cold, damp housing that breeds illness.

A downstream system treats the asthma with an inhaler but ignores the mould. It medicalises social harm and then quietly blames individuals for “lifestyle choices” they were never truly free to make, entrenching inequality across generations.

We spend heavily and intervene often, yet population health remains poor. While life expectancy has risen, healthy life expectancy has stalled. We are keeping people alive longer, but sicker. The Bevan Commission has repeatedly warned that without prioritising prevention and population health, the NHS will remain financially, environmentally and socially unsustainable. **If health matters, then our current trajectory is indefensible.**

Transforming from Managing Sickness to Creating Health

Escaping this reactive loop requires more than strategies and speeches.

First, Wales must fully embed and prioritise Population Health Management. This involves moving from crisis care for individuals to proactive population health management. By integrating data across health services, local authorities, housing, and education, we can identify risk earlier, target interventions intelligently, and make prevention visible and measurable. We have demonstrated its feasibility in Wales. The challenge is scale and political will.

Second, we must rewire financial and performance incentives. Value-based models that prioritise health outcomes should replace activity-based funding. NHS, local government, and social care budgets should be pooled to ensure effective preventative measures are practical, cost-efficient and safeguarded during times of acute need.

Third, prevention requires accountability that outlives electoral cycles. “Health in All Policies” should be a statutory duty across Welsh Government. Alongside waiting lists, we need a public dashboard that tracks things such as healthy life expectancy – metrics that reflect whether we are actually creating health.

Finally, we need a new social contract. Prevention cannot be delivered by the NHS alone. Welsh Government must act as an enabling state, using its powers to shape environments that make the healthy choice the easy choice. In return, the public should be empowered to manage their own health and wellbeing, to co-create services and build communities.

For too long Wales has focused on treating poor health instead of addressing its causes, but this can change. Aneurin Bevan himself recognised that health depends on living conditions, and that a society should focus on preventing illness, not just treating it. Turning off the tap is both possible and necessary. The choice is stark: keep pouring money into managing sickness or build a nation that creates health.

Health Matters: Why Wales Must Treat Financial Wellbeing as a Health Priority

Fran Targett OBE

After a lifetime spent working alongside people facing financial hardship, one truth has become impossible to ignore: **health matters**, and Wales cannot fix its long-term health challenges without confronting the economic realities that shape people's daily lives.

Yes, we must deal urgently with waiting lists, emergency care pressures and the worrying state of our population's health. But unless we address the financial insecurity that underpins so many of these issues, we will be treating symptoms, not causes.

Financial wellbeing is not a luxury. It is a fundamental determinant of health. The Money and Pensions Service describes it as feeling secure and in control of your finances, able to pay today's bills, cope with the unexpected, and build a stable future.

When people cannot afford the basics, food, heating, transport, rent, their health suffers. Poor financial wellbeing shortens the years people live in good physical and mental health and contributes to premature death.

It worsens existing conditions, fuels mental distress, and forces people into a cycle where money worries and health problems reinforce each other.

Stress and insecurity make healthy choices harder. People under financial strain are less likely to eat well or exercise, and more likely to turn to harmful behaviours such as smoking, alcohol or gambling.

Cold, damp homes, unaffordable to heat, exacerbate respiratory illness. And poor health itself becomes a barrier to financial stability, limiting access to education, secure work and the support services that could help people regain control.

The burden is not shared equally. Research from the University of Bristol (2024 Financial Wellbeing and Ethnicity report) shows that white householders are twice as likely to be financially secure (30%) as those from black or other ethnic backgrounds (15%), and groups such as social renters, lone parents and people with disabilities or a long-term condition are far more likely to experience low financial wellbeing. These inequalities ripple across families, communities and generations.

A Healthy Wales must be a Financially Secure Wales

If we are serious about improving health in Wales, we must recognise that **health matters** in every aspect of life, including the financial. Financial wellbeing must be



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treated as a core building block of public health, every bit as essential as access to GPs or hospitals.

When people feel secure with their money, they are happier, experience less chronic stress, participate more in their communities, and are better able to make healthy choices which leads to longer and healthier lives. They also rely less on NHS services, easing pressure on a system already stretched to its limits.

This is not simply about ensuring people have “enough” money to be financially secure. It is about ensuring people have the confidence, skills and support to manage their finances throughout life, from pocket money to pensions. Schools, workplaces, communities and public services all have a role to play in building this foundation, ensuring both thriving people and communities.

Prevention must be more than a Slogan

Wales already has the frameworks to support this shift. The Bevan Commission’s Prudent Healthcare Principles, the Social Model of Health and Care, and the Well-being of Future Generations Act all emphasise prevention, fairness and long-term thinking. The Cymru Can Strategy commits public bodies to tackling the root causes of ill health and reducing inequalities.

But these commitments must now be matched with action. We need a Senedd that recognises the inseparable link between universal access to health and social care, economic security and decent housing. We need policies that treat financial wellbeing as a public health priority, not an afterthought.

A Moment for Courage and Clarity

There is no avoiding the economic cost of health inequality. Taxation may need to rise to meet the scale of the challenge, but this moment also offers an opportunity to rethink how we protect the most vulnerable, strengthen financial resilience and reduce health inequalities for good.

As my fellow Bevan Commissioner Sir Michael Marmot reminds us, **“There can be no more important task for those concerned with the health of the population than to reduce health inequalities.”** That must be the measure of our success.

As Wales approaches the Senedd election, we have a choice: continue to firefight the consequences of poor financial wellbeing or finally confront the root causes. If we choose the latter, we can build a healthier, fairer and more resilient Wales.



Wales cannot fix its long-term health challenges without confronting the economic realities shaping people’s daily lives.

Health Matters: Why Wales Must Finally Commit to a Formal Quality Management System

Professor Ewan B Macdonald CBE

As Wales approaches the next Senedd election, the debate about the future of our health and care system is intensifying. The first piece in this series by Nye Bevan, great niece of Aneurin Bevan, reminded us that the founding principles of the NHS were never meant to be static. They demand vigilance, renewal and the courage to confront uncomfortable truths.

This contribution continues in that spirit. It asks a simple but profound question: How can Wales claim to put quality and safety above all else when it does not have a formal, externally audited quality management system? If **health matters**, which it does, more than any political cycle or organisational preference, then the absence of such a system should be a concern.

This is not a technical quibble. It is the missing foundation stone of a modern, sustainable health and care system, and its absence is now visible across NHS Wales.

A Legacy Ignored

When the late John Wyn Owen became the first Director of NHS Wales, he introduced a formal quality management system to ensure that improvement was not left to chance or personality. He later became a Bevan Commissioner, and he remained deeply disappointed that his successors dismantled the system he had put in place.

That decision has echoed through the decades.

Wales has invested heavily in quality improvement training, producing talented, committed staff who return to organisations that lack the structures needed to sustain or measure improvement. The result is predictable: pockets of brilliance, but no consistent, system-wide progress.

In 2017, the Bevan Commission published *Achieving Profound and Sustainable Improvement in Quality in NHS Wales*. It was widely welcomed by clinicians, managers, trade unions and frontline staff. Yet the Welsh Government agreed only to strengthen legislation, and not to mandate the formal, externally audited quality system that was the central recommendation.

The consequences of that decision are now impossible to ignore.

A System Under Strain and Without the Tools to Improve

Recent analyses paint a stark picture. Wales faces:



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- A workforce crisis, marked by both shortages and poor planning, including newly trained doctors unable to secure posts in Wales.
- Financial instability, with every health board breaching its statutory break-even duty.
- Mental health services under intense pressure, especially for children and young people.
- System-level weaknesses in productivity, accountability and leadership.

These are not isolated failures. They are symptoms of a system that has not embedded a consistent, auditable approach to quality, one that survives leadership changes, budget cycles and political changes.

The Welsh Government's 2023 Health and Care Quality Standards describe the characteristics of a quality management system in admirable detail. Yet they stop short of requiring organisations to have one. Wales has the language of quality, but not the machinery.

As WHO Director General Dr Tedros reminds us, ***"Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring."*** Wales has the vision. What it lacks is the execution and the monitoring.

The Case for Mandating a Quality Standard

A formal, externally validated quality management system would:

- Provide consistency across all health boards and trusts.
- Protect improvement work from the whims of organisational turnover.
- Give staff the structure and confidence to innovate safely.
- Support the systematic spread of proven innovations, including the work of Bevan Exemplars, whose impact is too often limited by system fragmentation.
- Strengthen accountability without resorting to heavy-handed, top-down bureaucracy.

Crucially, it would ensure that quality is not a slogan but a discipline.

The alternative, more central units, more dashboards, more top-down oversight, risks repeating the mistakes of the past. Quality cannot be commanded into existence. It must be built, measured and continually improved.

A Call for Future-Proofing Quality in Wales

If we are genuinely committed to quality, not as an aspiration, but as a daily operational reality, then Wales must adopt a formal, externally audited quality management system for NHS Wales. This requires professional expertise, consistent standards, and an approach owned and embedded across every organisation.

This is not an exercise in bureaucracy. It is the essential infrastructure of safety, sustainability and public trust.

The question facing Wales now is clear: Are we prepared to build a health and care system where quality is assured, not assumed, and where we act as though **health matters** in every decision we make?

Health Matters: 21st Century Solutions for 21st Century Challenges

Professor George Crooks OBE

The challenges in delivering high quality safe and effective health and care services have never been more acute. The cost of delivering modern health and care continues to rise almost exponentially as advances in science allow us to treat and often cure conditions that in the past could only be managed through palliative care.

These scientific advances almost always have a high price and all health and care systems wrestle with the challenges of deciding how best to invest its resources. If **health matters** we must confront these realities honestly.

The demand and capacity challenges are particularly acute, brought about by multiple factors including the demographic changes in our population and the rise in long term conditions including multimorbidity and frailty.

When you add the workforce challenges, including the recruitment and retention of staff, and the requirement to upskill the existing workforce, it is not difficult to understand why things feel all too difficult at present!

It is important to emphasise that this is not simply a Welsh or a UK problem, it is the same in every nation around the world. Most of these challenges are not new; they have been with us for more than 30 years, but one emerging factor now demands our attention if we are to move our health and care system into a better place.

Over the past ten years we have seen a significant change in the public's expectations when it comes to the services offered by our health and social care system. The days of people being satisfied and grateful for any service being delivered is long gone. People's expectations are now much higher and they find it difficult to understand why services do not recognise and cater for their personal circumstances.

The fact that we live in an increasingly connected world where digital technologies are playing a prominent part in our day-to-day lives creates opportunities for both health and social care services to respond in new and innovative ways.

This has led me to coin the phrase **"We require 21st century solutions to address our 21st century problems."** Continuing to pour time, effort and money into approaches that served us a decade or two ago is, at best, a sticking-plaster response to a deep and complex wound.

To move forward constructively we need to make some bold decisions. If we simply continue to manage, for example, long term conditions in the conventional way we do today, the health and care system will run out of capacity to manage patients with cardiovascular or respiratory diseases in the next few years as the number of new patients continues to rise and those living with their disease live longer.



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So, how do we cope? We cannot simply employ more doctors, nurses or therapists. The only affordable solution is to activate and empower our citizens to make better informed health and wellbeing choices. This will mean they do not increase their risk of developing a long-term health problem while at the same time creating an environment where people can actively manage and deliver more of their own care.

This seems easy to say but is very difficult to deliver as it requires a move away from the maternal or paternalistic medical model of health and care that stood the NHS in good stead during its first 50 years of existence. However, we do have the tools to make this happen through the advent of digital technology innovation.

To unlock the significant benefits that digital technologies can bring, you first have to ensure you place the individual at the centre of all that you do. User centred design is going to be fundamental if we hope to maximise the benefits from any future financial investments in digital solutions. Services must be built around users, not organisational needs, and the design of a digitally enabled service matters as much as the technology itself.

We know that the more things we know about an individual patient or service user the easier it is to personalise the services to meet their needs and so increasing the likelihood that the solution will be used.

To do this we require data. For too many years the only health and care data that the NHS trusted was the data it generated itself. We now have the capability to pull data from multiple public sector systems and from other sources to better understand the lived experience of our citizens.

This allows us to build digital tools and products which can be put in the hands of our population to allow them to curate their own data and make better informed health and wellbeing choices. It can allow them to tell their story only once, and access services on their own terms, and at the most appropriate time to meet their individual needs.

This future is not imaginary from a technology point of view; these capabilities exist today. However, it will require a cultural shift to secure the benefits that this approach can bring.

If citizens were given the opportunity to hold their own data and give permission for it to be shared with whoever they choose, it could transform how we deliver health and care. If **health matters** then citizen-centred data sharing could be one of the most important steps we take toward a more responsive, prevention-focused system.



If citizens could hold and share their own data, it could transform how we deliver health and care.

Health Matters: From Chaos to Culture – Why Wales Must Change Its Mindset to Transform Health and Care

Professor Dame Sue Bailey

Health matters. It matters to every one of us from the moment we take our first breath, shaped profoundly by the people around us and the communities to which we belong. Across the world, governments are recognising that social connection is not a luxury but a foundation for health. The evidence is clear: belonging, supportive relationships, and meaningful connection are as vital to wellbeing as any clinical intervention.

If we want to unlock the sustained economic growth so often described as the Holy Grail of politics, we must do more than acknowledge this truth. We must enable health, social care, education, the world of work, and justice to operate as one system, working in genuine allyship with the people they serve. Allyship is not a slogan; it demands curiosity, courage, and commitment.

Nowhere is this more urgent than in mental health. A mental health ally is an informed, empathic person who listens without judgement, connects people to support, and champions understanding across the whole system. This is the cultural shift Wales needs, recognising that health is shaped not only in hospitals and clinics, but in homes, workplaces, schools, and communities.

And because health is shaped across the whole life course, we must pay particular attention to the environments in which children grow. Children live in families, families live in communities, and communities are anchored by schools. The Well-being of Future Generations Act recognises that giving children the best start is essential to lifelong health. Supporting this vision requires a shift in how we train the workforce across health, social care, education, and justice.

But for all of this to happen we need to function as a system, and learn to agree well and disagree better. Perceived complexity frequently serves as a justification for inaction. In many cases, what is seen as complexity is simplicity obscured by multiple demands and differing perspectives. The goal remains simple: more people healthy and coping, and fewer struggling or unwell.

In the current climate, it can feel as though we move from one crisis to another. But shifting from chaos to culture requires clarity about what culture truly is: the shared way of life of a group of people, their beliefs, customs, values, behaviours, and knowledge, passed across generations. It shapes how we see the world and how we act within it.

Wales is rich in visible culture, but the layers matter just as much: the core values and assumptions that guide how we work together. These deeper layers are harder to change, but are also where transformation begins.

Systems thinking helps to distinguish between constant change and genuine transformation. As Gaius Petronius Arbiter observed in 66 AD, ***“We trained hard, but it***



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seemed that every time we were beginning to form up into teams we would be reorganised. Reorganisation can create the illusion of progress while generating confusion, inefficiency, and demoralisation. Wales must resist this trap.

If we are serious about moving from chaos to culture, we must recognise the tools already in our hands. Wales does not lack ideas, evidence, or goodwill; what we often lack is the confidence to use them boldly and consistently.

Collaboration is one of the most powerful levers, not the version that appears in strategy documents, but the kind that emerges when people genuinely work together with shared purpose. Collaboration is a mindset: leaders creating the conditions for trust; citizens treated as partners, not problems; organisations recognising they are part of a bigger whole, not competing islands. When collaboration becomes the norm, systems begin to move.

Kindness is another lever, not the soft version, but what Ballatt and Campling call intelligent kindness. It recognises that our wellbeing is interconnected and that compassion is a driver of quality and safety. When leaders act with intelligent kindness, it changes the emotional temperature of a system. People feel seen, able to speak up, and to care. When that happens, everything else becomes possible.

We must also understand the power of identity and belonging. Decades of social science confirm what practitioners have long known: people stay well when they feel part of something. Belonging, whether to a family, school, workplace, neighbourhood, or community, gives people the psychological and practical resources to cope with life's challenges.

These levers are not abstract theories. They are the foundations of a health and care system that works. They are also deeply Welsh values. If we choose to centre them, they can help us build a culture that supports people to thrive, not merely survive.

In these times of political flux, the words of Aneurin Bevan resonate: ***“Illness is neither an indulgence for which people should pay nor an offence for which they should be penalised, but a misfortune the cost of which should be shared by the community.”***

The risk today is that competing needs push essential actions into the “too difficult” box. But **health matters** too much for that.

We must ask:

- Are we meeting the needs of the Welsh population?
- Are we delivering the best care everywhere, for everyone?
- Are we eliminating unwarranted variation?
- Are we choosing wisely and ensuring value for money?

This is prudent healthcare in practice. Quality improvement is not a luxury; it is the solution to our current challenges. As Prof Don Berwick, a fellow Bevan Commissioner, states the aim is simple: no needless deaths, pain or suffering, no unwarranted variation or waste and no one left out.

These principles are not abstract ideals. They are a practical blueprint for a fair, effective, and compassionate health and care system.

Wales stands at a crossroads. The pressures on our health and care system are real, but so too is our capacity for innovation, collaboration, and collective courage. If we act with intention, guided by evidence, compassion, and shared purpose, we can build a culture that supports people not only to survive, but to thrive.

Health matters. Culture matters. And the decisions we make now will shape the Wales that future generations inherit.

Health Matters: Where Would We Be Without the Social Care Workforce in Wales?

Sue Evans OBE

Where would we be without the social care workforce in Wales? It is a question we rarely pause to ask, yet the answer underpins the safety, dignity, and independence of thousands of people every day. If we are serious about building a fair and thriving Wales, we must start by recognising that **health matters**, and that **social care** is inseparable from the health of our nation.

The primary role of social work and social care is to empower and protect those children and adults who may be at risk of harm or loss of independence. Those risks can arise from neglect, abuse, frailty, illness, disability, or simply a lack of support.

For many of us working in the public sector, it is easy to take for granted that our children will eat healthy food, live in warm homes, receive a decent education, and be free from neglect or abuse.

As adults, we expect to manage our own personal care, finances, and daily lives, and to enjoy social, educational, and leisure activities without assistance.

But this is not the reality for everyone. And in this piece, I am focusing on adults.

Most adults want to experience **“what matters”** to them, a core principle of the Social Services and Well-being (Wales) Act. Many can achieve this through their own networks of family, friends, and colleagues. But for adults who are frail, living with illness or disability, or at risk of harm, support becomes essential.

When those natural networks are absent or insufficient, the adult social worker steps in, assessing what outcomes the person wants to achieve, offering advice, and arranging the right support. Their task is to protect human rights, maximise independence, and ensure the person retains voice and control wherever possible.

Yet the system they work within is not always aligned to this purpose. Tensions often arise between NHS professionals and social workers when a vulnerable adult is deemed “medically fit” to leave hospital.

The political and operational focus on hospital activity does little to support the social worker who must ensure safety and independence beyond the hospital door. Rushed discharges can create real risks when care and support plans are not yet in place, plans that may require coordination across families, voluntary organisations, and commissioned social care workers.

Contrary to much of the public narrative, Social Services is far more than a discharge mechanism for the NHS. It is a critical public service, rooted in local government, with the ability to connect seamlessly with housing, education, leisure, community



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services, and the third sector. This local reach enables holistic assessments and coordinated responses that reflect the full complexity of people's lives.

If we are serious about improving outcomes, the system needs a stronger focus on community-based health and social care, preventing hospital admissions rather than managing delayed discharges.

Many regions already have intermediate care services and community hubs that bring the third sector into preventive and supportive roles. With an ageing population in Wales, strengthening these out-of-hospital resources is essential, and funding must follow that ambition.

Some argue that formal structural integration between health and social care is the answer. But there are many ways to achieve better coordination without the disruption of major reorganisation. Wales already benefits from regional partnership arrangements that could be strengthened to deliver shared outcomes.

As Dr Hugh Alderwick's analysis of OECD health systems reminds us, there is no perfect structure, social and economic factors are too complex. The priority should be improving the system we already have, not chasing an elusive ideal designed far from the frontline.

Language also matters. The NHS often talks in terms of patient flow, pathways, and process, shaped by political pressure on waiting times and treatment numbers. Social Services has its own performance measures, but far less public scrutiny.

The result is predictable: political and public pressure drives funding toward the NHS, squeezing local authority and third sector budgets. Yet it is precisely that local capacity, the community support, early intervention, and preventive services, that reduces demand on the NHS and helps Wales cope with an older, less healthy population.

So where does this leave us? With a truth that is both simple and urgent: Wales cannot deliver the health and wellbeing its people deserve without a strong, valued, and properly supported social care workforce.

They are the quiet infrastructure of independence, dignity, and safety and their contribution is too often invisible until the moment it is missing.

As Wales approaches the next Senedd election, there is an opportunity for every political party to recognise this reality. Not through slogans or structural upheaval, but through a clear commitment to strengthening community-based care, investing in prevention, and valuing the workforce that holds so much of our social fabric together.

Because **health matters**. Social care matters. And the choices we make now will shape the Wales we become.



Wales cannot deliver the health and wellbeing its people deserve without a strong, valued, social care workforce.

Health Matters: Why Courage Not Caution Will Decide the Future of Health and Care in Wales

Dr Helen Howson

Aneurin Bevan's legacy demands more than preservation, it demands courage. If the NHS is to remain the jewel in the crown, we have a moral and ethical duty to ensure it is sustainable, resilient and fit for the future. That won't be achieved by repeating what we've always done or waiting for permission to act.

Seventy-eight years on from its creation, the NHS is operating in a world its founder could never have imagined. Rising long-term conditions, demographic change, workforce pressures and rapid technological advances mean standing still is no longer an option. The question is not whether the NHS should evolve, but whether we are willing to shape that evolution together.



Dr Helen Howson is the Director of the Bevan Commission, Wales' leading independent think tank for health and care.

Some argue the NHS must remain untouched. But while its founding principles are timeless, the way we deliver care needs continually to adapt. The real challenge is how we bring people, professionals and communities into the conversation, so the system reflects the needs of today and tomorrow.

For decades, we've known what needs to change:

- a stronger focus on prevention
- smarter use of technology
- redesigned services
- new ways of working

Yet turning evidence into consistent practice across Wales remains difficult.

Wales has the ingredients to lead. We are the right size, with strong networks and a passionate, skilled workforce. Through our Bevan Exemplars and Fellows, we see daily the creativity and commitment that already exists. But without collective purpose, the risk is clear: the NHS will slowly wither while poverty, sickness and inequality deepen.

To move forward, we must shift our mindset. **Health is everyone's business.** Around 85% of what shapes our health happens outside the NHS in our homes, workplaces, communities and environment. If we want people to live healthier for longer, we must make healthy choices the easy choices.

The NHS excels at treating illness, but lasting wellbeing depends on addressing the wider determinants of health: education, employment, housing and community resilience. "Health in all policies" must become reality, not rhetoric.

Change is never easy. Top-down directives rarely create lasting transformation, and the public can be wary of change especially when it touches cherished local services. Yet our conversations with communities show a real appetite for honesty, involvement and more radical thinking when people feel respected and heard.

We must get better at listening. Not just consulting but working with people as partners. When frontline innovators are trusted and supported, new ideas flourish, collaboration grows and change becomes something people own rather than resist.

We must also be more prudent, creative and integrated. Our recent work on system flow and “silly rules” shows how outdated practices still waste time and energy. If we are serious about improvement, we must stop doing what no longer adds value.

The ambition is clear: healthier, thriving people and communities across Wales. Achieving it requires collective effort not passive observation, but active participation.

The future of health and care will not be secured by preserving the past unchanged. It will be shaped by our willingness to learn, collaborate and, above all, be brave enough to change. This is the heart of **Health Matters**: recognising that the choices we make today will determine whether our system survives, or truly thrives, tomorrow.



The question is not whether the NHS should evolve, but whether we are willing to shape that evolution together.



#HealthMatters



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