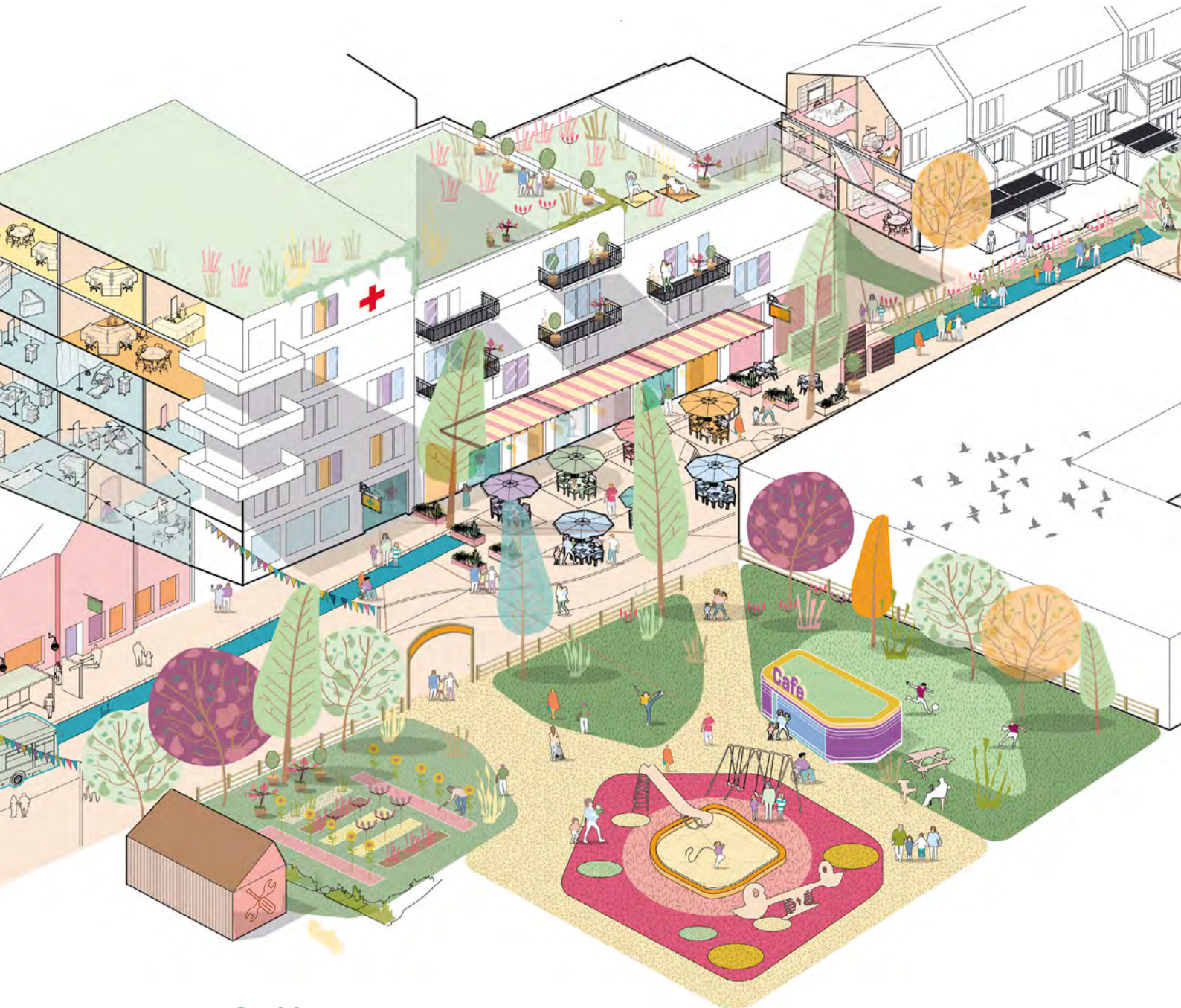


# People, Place, Health

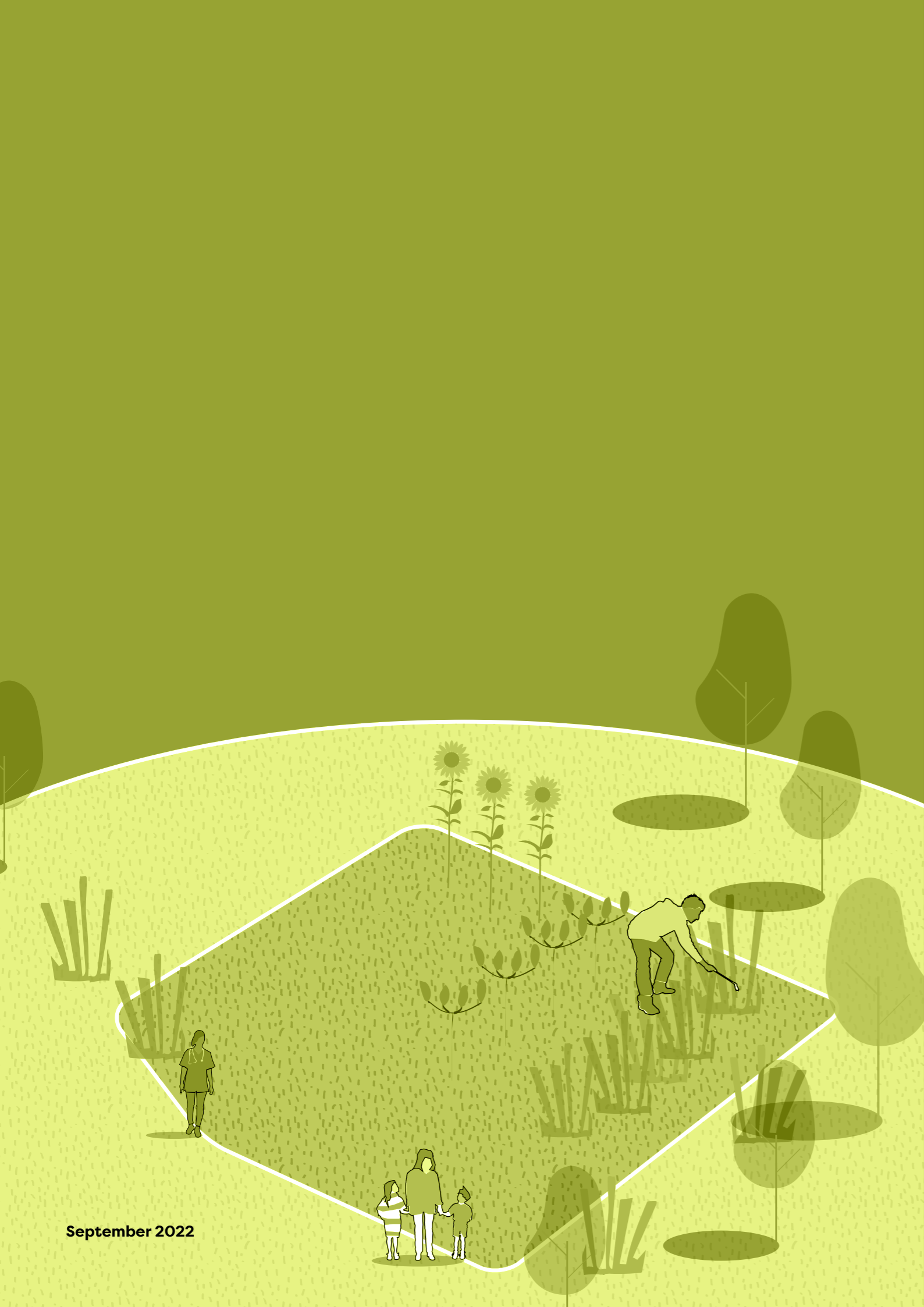
## Constructing a Health and Care Ecosystem for Wales

September 2022



ARUP

Comisiwn  
Bevan  
Commission



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# Introduction

While the basic principles on which the NHS was founded remain the same, our society has shifted, our individual needs have changed, and technology has advanced. At the same time, the COVID-19 pandemic has stretched our health and care services to breaking point. Response to the pandemic and to the ongoing climate emergency is driving unprecedented change in how we live and work in our towns, cities and rural communities.

## The case for urgent change

With 80-90% of good health coming from factors outside of our designated health and care systems, these systems cannot be remote from the rest of our daily lives. Wider impacts on health must permeate other public planning and decision-making processes – especially at times of great change.

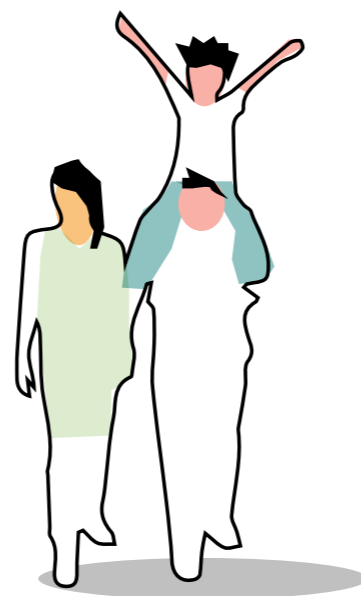
All this means that we must act now to radically rethink how we can all take responsibility to maintain our health and well-being and use our health and care services most prudently. Proactively investing in what keeps us all well and disinvesting in what harms us seems an obvious choice but can only be effectively achieved with coordinated and focused input from everyone – those within, and outside of, existing health and care systems, including the people in our communities.

This report identifies and explores five steps that capitalise on the current pace of change to create a more effective health and care ecosystem: a system where health and care supports – and is supported by – our places, our communities, our economy, and our environment.

## Working together: a people and place based approach to health

The report has been prepared by the leading health and care thinktank in Wales, the Bevan Commission, and Arup, a global advisory, design and engineering consultancy.

These perspectives - the Bevan Commission's health and clinical experience and Arup's built environment expertise - have been combined with testimony from a diverse cohort of stakeholders. Together, they provide a different insight for the public, clinicians, policy makers, ministers, public-sector leaders and the third sector. The report draws on research in Wales, yet it's findings provide a blue print for transformational change across the UK and beyond.



# Expert testimony

Our research includes interviews with a broad spectrum of city leaders, health board leaders and private-sector stakeholders from across Wales. A diverse cohort was essential to inform the integrated approach needed to meet the challenge.

We spoke to senior representatives from:

- Cwm Taf Morgannwg Health Board
- Betsi Cadwalader Health Board
- Cardiff and Vale Health Board
- The Future Generations Commission
- Cardiff Capital Region
- Cardiff Council
- Locally elected members
- Public Health Wales
- Legal & General

Interviews covered two main subject areas:

- What challenges and opportunities are we facing?
- What could the future of health and care look like?

As well as informing our strategy, quotes from interviewees can be found throughout the report.

“ **People’s view of the health service needs to change from politically neutral toward something that directly tries to intervene.** ”

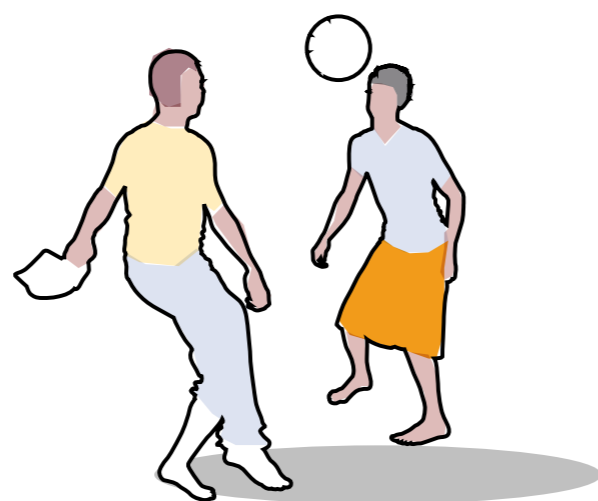
– Healthboard interviewee

# Our research and findings

This report is divided into three sections: **Where we are now**, **The way forward** and **Making it happen**.

## Where we are now

The report considers the scale of the current health challenge, including lifestyle (obesity, physical inactivity, poor diets) health and care systems and staff well-being, high levels of long-term illness and care needs, and sustainability issues such as transport needs. We explore current drivers of change affecting people, places, communities, economy, and the environment – including the climate emergency and the COVID-19 pandemic. We share existing best-practice case studies of places working for better health and care.



## The way forward

Informed by insights from panel interviews, along with consideration of where we are now, we explore five key ingredients to transform health and care in Wales:

- 1 Consider people and place
- 2 Invest in a preventative model
- 3 Drive a culture-shift
- 4 Change models: from medical to social (and from general hospitals to community-based health and social care)
- 5 Embrace technology to bring about change

We outline a vision of a more prudent future health and care ecosystem and illustrate how that can be brought together using a people-and-place-based approach to health and care.

## Making it happen

The report concludes that a new model of health and care is urgently needed to meet the profound challenges our health system faces. At its heart, this model needs to be based on preventing people falling ill and, where possible, enabling them to manage their own well-being. It needs to be based on a philosophy of continuous innovation and transformation, which challenges many of the conventions and barriers that exist locally and nationally.

This health-and-care-ecosystem approach recognises an innate relationship between factors that impact on health – including the environment, technological advances and the application of new research. It acknowledges a fundamental link between economic health and human health and the important part that people have to play in this.

Critically, the general hospital as we know it now will fundamentally change. Using the principle of a 15-minute neighbourhood, health and social care provision and ill-health prevention will be accessed with ease and comfort within local communities.

To make this happen, we recommend a series of next steps. These include setting up innovative pilot projects across Wales, devising a programme of engagement to bring ideas to new audiences, and using the NHS 75th anniversary as a turning point to change perspectives and draw in support from new stakeholders.

Longer-term, we must see a shift in the roles of government, health leaders, city planners and policy makers. Better collaboration, cooperation and coordination across agencies, organisations and professional boundaries is essential to deliver an effective healthcare ecosystem. There must be a new approach to funding and policy that reconnects the mechanisms for shaping and improving places with measures to prevent ill-health.

# A model fit for the 21st Century

## What is a health and care ecosystem?

We need to think about health in a far more dynamic and integrated way. The idea of a health and care ecosystem distils this approach into a simple model that makes health and well-being the driving force behind wider economic, societal and environmental benefits.

The diagram opposite illustrates the interdependency of health and care framed around the central aim of preventing ill health. This builds upon the Bevan Commission's four prudent health and care principles:

- 1 Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- 2 Care for those with the greatest health need first, making most effective use of all skills and resources.
- 3 Do only what is needed – no more, no less – and do no harm.
- 4 Reduce inappropriate variation using evidence-based practices consistently and transparently.

Climate change and sustainability must be the foundation of this change and permeate all decision making. Other external factors that cannot be directly influenced, such as societal expectation and the political and economic agenda, will shape and influence the pace of change and the nature of the ecosystem.

Our definition of a healthcare ecosystem is formed around four themes:

### The physical environment

Including open space, clean air, affordable homes and sustainable transport.

### Health and care facilities

Will be decentralised and accessible within the community.

### Jobs, skills and industry

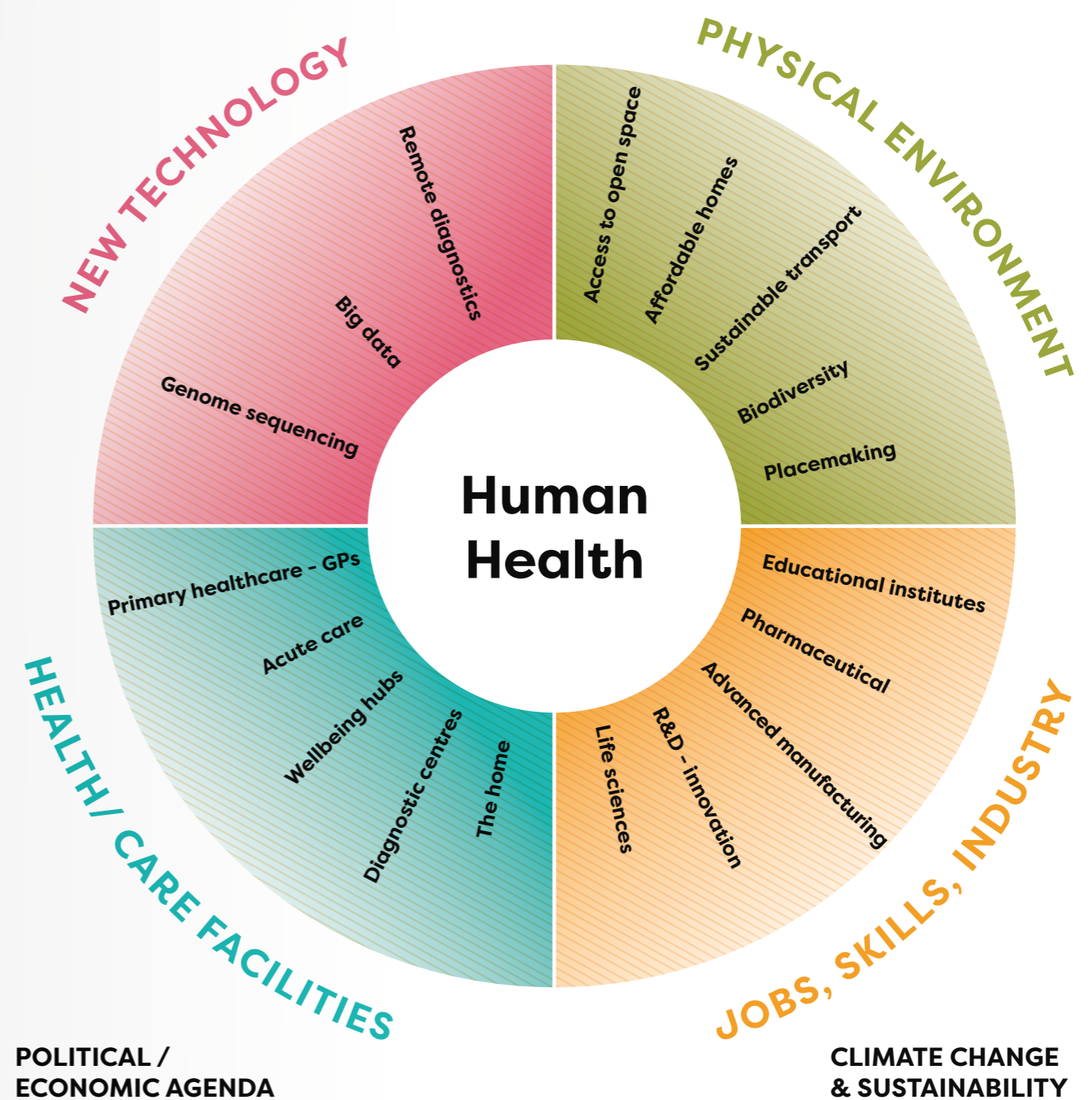
Including research and innovation, agile training opportunities, and a health industry aligned to drivers of economic growth.

### New technology

Will enable and connect the ecosystem – improving accuracy in decision making, enabling remote diagnostics, and predicting and addressing health problems.

CHANGE ENABLED BY NEW TECHNOLOGY

SOCIETAL CHANGE & EXPECTATION



# Where are we now?

## The scale of the health challenge

In 2019, the World Health Organisation analysed the factors contributing to inequalities in health in Europe and found 35% resulted from income security, 29% from living conditions, 19% from social capital, 7% from working conditions, and only 10% from health care. Looking more closely at data for Wales and the UK, we highlighted a number of factors impacting the health of the nation.

### Spend

**Over half**

of the Welsh Government budget is spent on health and social services.

### Prevention

**80-90%**

of health is made outside of the healthcare system.

### Overweight or obese

**A quarter**

of Welsh children are overweight or obese and nearly **60%** of Welsh adults are overweight or obese.

### Physical inactivity

**Only 32%**

of Welsh people are physically active three or more times a week.

### Poor diets

**Only 31%**

of adults eat the minimum recommended amount of fruit and vegetables.

### Staff

**50% more**

UK NHS staff reporting debilitatingly high levels of stress compared to the general population.

### Limiting long-term illness

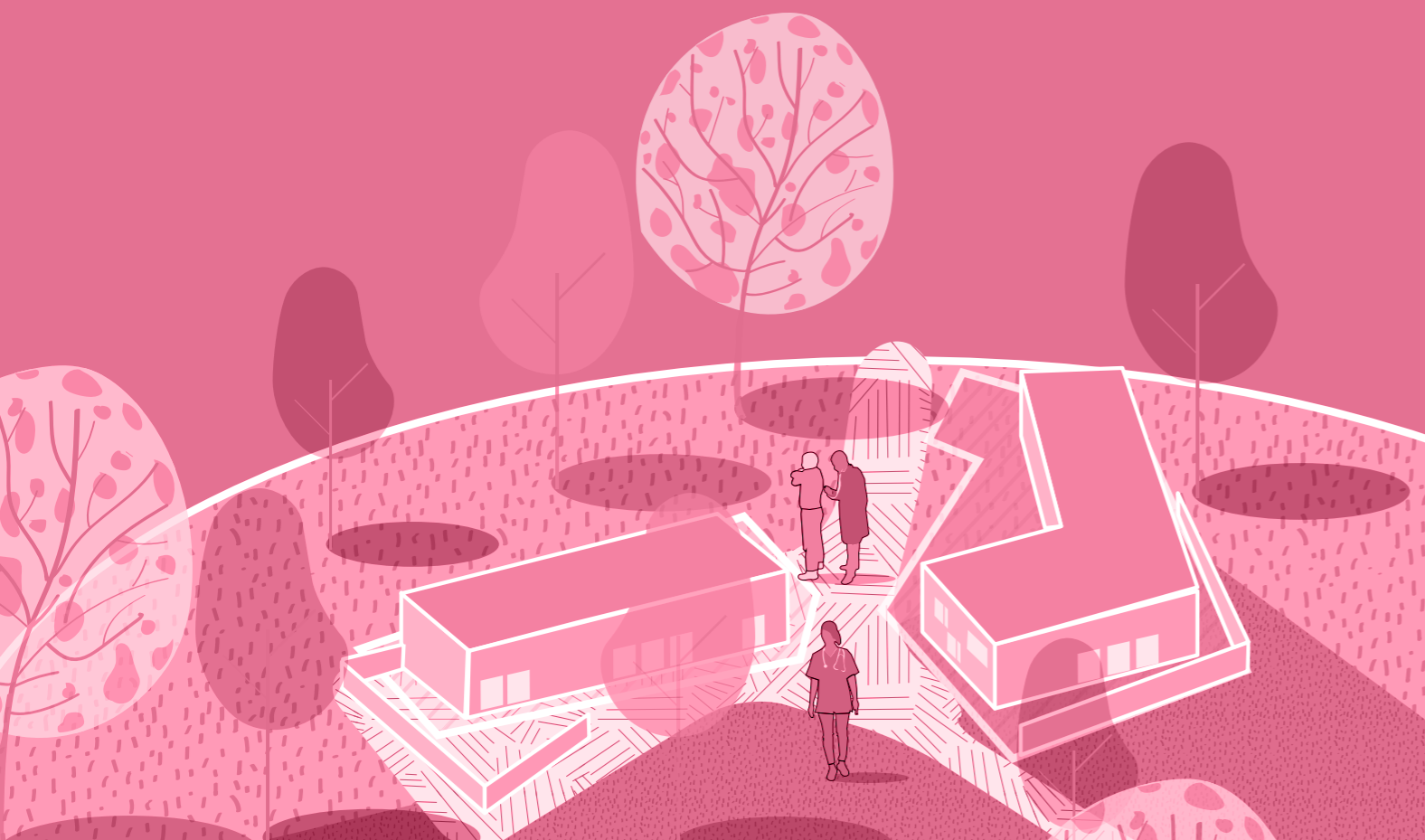
**48%**

of people in Wales have a longstanding illness.

### Travel

**80%**

of people in Wales travel to work by car.



# A chance for change

Climate change and COVID-19 are forcing us to rethink our approach to the built and natural environments. The way we live, work, shop and play is rapidly changing. We need to direct this change in a way that prevents ill health, provides care closer to home, supports the environment and helps create thriving communities.

## Climate change is impacting us all

With a very narrow window of opportunity to address the climate emergency, local authorities and governing entities face the very real challenge of delivering radical change to the systems that underpin our daily lives – from transport to our town centres. In practice this will mean we need:

- 1 A fundamental shift from private car use to sustainable transport – including metro, improved bus services, and more walking and cycling
- 2 More greening of urban areas to provide nature-based solutions for water management, recreational space and habitat, such as Sheffield's 'Grey to Green' programme.
- 3 A transition toward a circular economy where goods, money, people and skills are retained within local geographies.

- 4 New energy efficient buildings and improved energy-efficiency of older buildings.
- 5 A full transition to renewable energy
- 6 Place facilities and services within a short walking distance of people's homes – both to reduce travel demand, and to support local economies and community resilience

“**The world you live in dictates your behaviours – environment has a huge impact**”

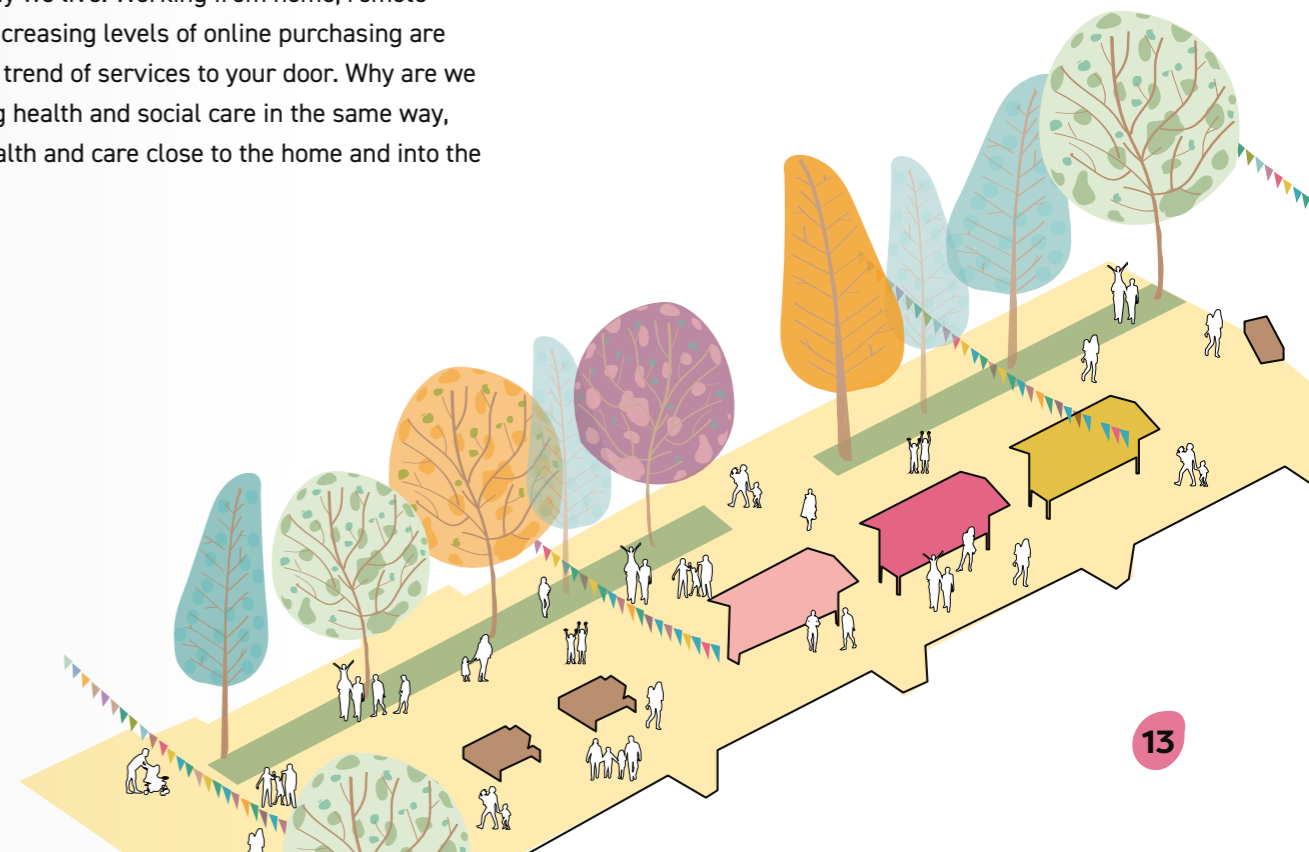
City council interviewee

## COVID-19 has changed the way we live and is reshaping towns and cities

At the time of writing (summer 2022) the impacts of the pandemic continue to be felt across all aspects of our lives. It has acted as an accelerant to pre-existing trends such as the decline of high street retail and has radically shifted our daily routines through remote working.

Our towns and cities are moving away from a sole retail focus to more diverse centres. This disruption offers an opportunity to rethink what our high streets and local centres should offer and repurpose the existing assets we have within them. If we need to diversify these places, then why shouldn't health be a key consideration in this change?

For many, the most obvious impacts of the pandemic have been on the way we live. Working from home, remote learning and increasing levels of online purchasing are part of a wider trend of services to your door. Why are we not considering health and social care in the same way, by bringing health and care close to the home and into the community?

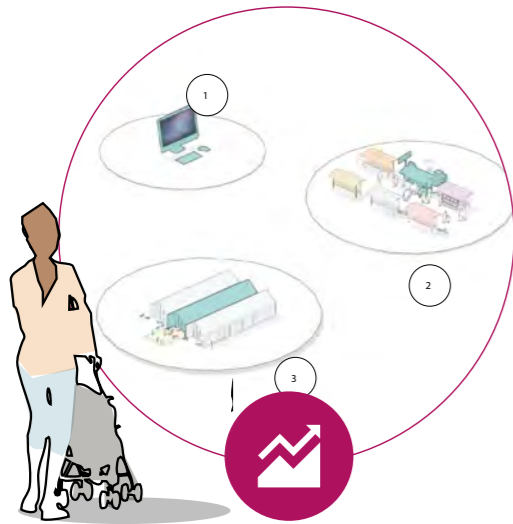




SUSTAINABLE MOVEMENT



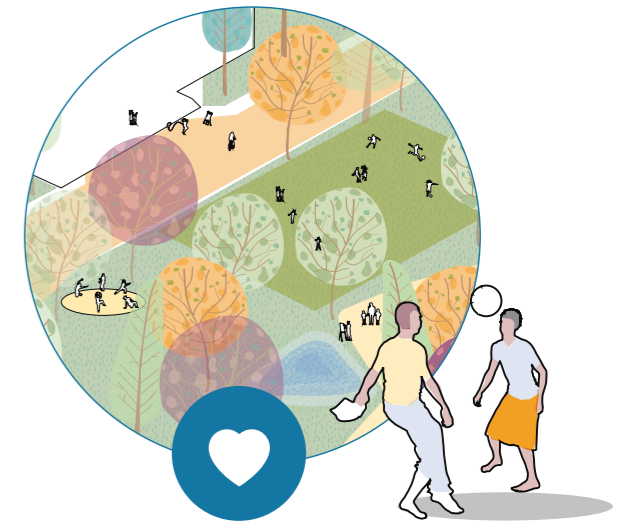
COMMUNITY INFRASTRUCTURE



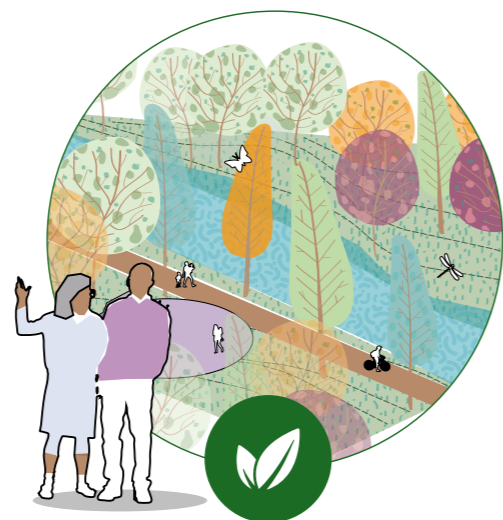
MEANINGFUL EMPLOYMENT

# The 15-minute neighbourhood for health & care

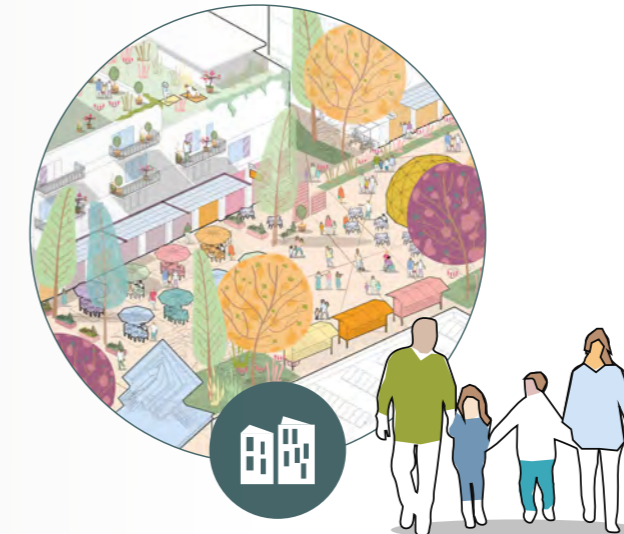
What if we could access our daily needs within a 15-minute walk from our front door? The concept, pioneered by Carlos Moreno and being adopted across Paris by Mayor Anne Hidalgo, is becoming an increasingly important one within the built environment industry. This report unpacks the concept further to understand how the principles of a 15-minute neighbourhood can be applied to support a future of health and care focused within communities and away from general hospitals.



SPACE TO MEET AND PLAY



ACCESS TO NATURE



HIGH QUALITY HOMES



# Case studies

Preventing ill health is central to a health and care ecosystem. By exploring existing best practice, we can incorporate learnings from these case studies into our blueprint for healthy places of the future.

Internationally, Cuba has been recognised by the World Health Organisation as an exemplar for its approach to preventing ill health. Initiatives such as compulsory annual family check-ups from community-based doctors are yielding impressive results. Despite spending \$431 per head per year on health, compared to \$8,553 in the US, infant mortality is lower in Cuba and life expectancy is similar in both countries. Closer to home, we are beginning to see more innovative means of preventing and treating ill health and providing social care, involving clever reuse of local assets, spaces and collaboration between sectors. We have selected five examples to illustrate the opportunities and impacts of these type of innovations.

## Blurring boundaries between sectors

### Greener Grangetown

Cardiff | 2019

Arup, Welsh Water, Cardiff Council  
and Natural Resources Wales

By joining forces and seeking shared benefits, key public sector agencies achieved a breakthrough scheme. 13 streets in Cardiff were transformed with new and improved footpaths and cycle routes delivered alongside nature-based solutions to manage rainwater and create new habitats. This has delivered health benefits in enabling more active travel and improving air quality, alongside increased flood resilience, new habitat creation and an improved sense of place.



## Integrated community and health centre

### Bromley by Bow Centre

Bromley by Bow | 1984 - present day

Multiple partners

The centre is home to a ground-breaking charity and has fused together a neighbourhood hub, a medical practice, and a community research project. Through continual research and dialogue with communities, health prevention and interventions such as social prescribing are attuned to local needs and wants. In 2020, 30,500 patients were supported by Bromley by Bow Health and 11,236 people accessed the centre's charitable services.



## Challenging convention

### Castle Street

Cardiff | June 2021

Arup and Cardiff Council

The radical transformation of one of the capital's prominent roads into a temporary public space, demonstrated to the public the scale of opportunity offered by creative thinking and innovation with our public spaces. The temporary road closure expedited delivery of a key active-travel corridor and created a new outdoor dining area facilitated by emerging app technology, which allowed people to order food remotely from nearby restaurants and bars. Local businesses were supported, active travel enhanced and air quality improved.



**From retail anchor to town 'Hwb'**

**Health, leisure and learning hub concept  
Carmarthen | 2024 (proposed)  
Hywel Dda Health Board,  
Carmarthenshire County Council**

Initial plans will see the former Debenhams store provide a new home for outpatient services, exhibition space and culture in the form of Carmarthen Museum collections, as well as providing a welcome point for tourists. This project will bring new life to the town, provide easier access to key health services, and repurpose one of the town's most prominent buildings.



**From department store to outpatient centre**

**Outpatient Assessment Clinic @ Dorset Health Village  
Poole | 2021  
NHS University Hospitals Dorset, Legal and General**

As part of a 'Think Big' initiative, the former Beales store in the Dolphin Centre, Poole has been transformed using NHS Nightingale kit, giving new purpose to a retail centre and bringing key services into the community.



**'It's light, it's airy, it's in a lovely space, it's convenient and it's in a shopping centre, so we are hoping the younger demographic – who are the people who are busy, who are working, they are mums – they can add this on to something else and get their breast screening done while they are shopping.'**

Lisa Bisset, Head of Dorset Breast Screening.  
Source ITN.co.uk

**“ Judging things by numbers alone is lazy thinking. It has to be about outcomes – for example quality of life, which is much harder to measure. ”**

Health board interviewee

# The way forward

A stylized illustration in shades of teal and light blue. It depicts a community scene with a house on the right, several trees of varying shapes and sizes, and people in the foreground. One person is playing tennis on a court, while others are walking or standing. The background features rolling hills and a sky with a pattern of small dashes.

## Five key ingredients for a health and care ecosystem

Considering existing health and care challenges, insights from panel interviews, current drivers for change, and existing best practice, we've identified five steps to enable a shift to a more prudent ecosystem model of health and care for Wales.

- 1 Move to a preventative model for health**
- 2 Enable a culture shift**
- 3 Consider people and place**
- 4 Embrace technology**
- 5 Change models: from medical to social and from general hospitals to community-based health and social care**

# 1 Move to a preventative model for health

## Investing in the right places

A preventative approach is prudent: making a proactive investment in what keeps us all well, rather than just waiting for health and care to deal with our ill health. The main function of the NHS in its current form is to manage and support ill health, while most of our health and well-being (source for 80-90%) is created outside of the health and care systems in our homes, our local communities and workplaces, via factors such as:

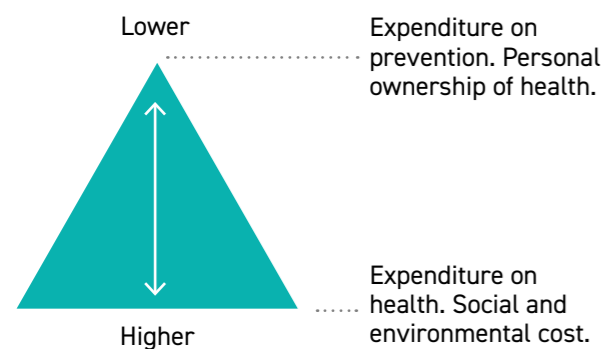
- Air quality
- Active travel
- Access to good education and employment
- Access to nature

This is why the wider environment – our health and care ecosystem – has an essential part to play in generating health and well-being. We need to leave behind the ‘fix and treat’ approach and make prevention the centre of all thinking and action.

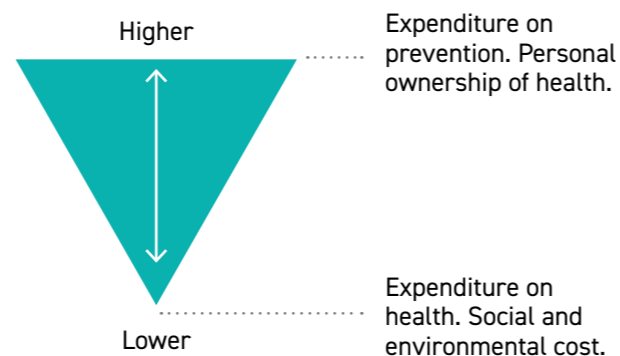
To achieve this, we must:

- Make [Prudent One Health Wales](#) the central policy.
- Rebalance health budgets to fund preventative initiatives, taking account of the social return-on-investment model of investment.
- Focus investment in areas that have the greatest need and biggest bearing on health – social capital, income security and living conditions.
- Ensure improved health and well-being outcomes are prerequisites for procured work.
- Deliver a health-in-all-policies approach with measurable outcomes.
- Use Health Impact Assessments earlier in the planning process to directly inform, not review, new development.

## The current responsive model



## A preventative model



“ We keep throwing money at the same old problem expecting different outcomes ”

Report interviewee

## 2 Enable a culture shift

### Changing hearts and minds – thinking, planning and doing things differently

Change will not happen if people don't want it. We must all find ways in which we can engage the ideas, the enthusiasm, and the 'hearts and minds' of people and professionals in our communities. By finding solutions together, we are not only likely to get the best ideas, but also to engage the support and skills of people along the way – as we have seen through the pandemic. We must break down existing silos and move to a much more collaborative approach between partners at national and local levels.

### Building on the innovation that has played out in our towns and cities.

In 2020, COVID-19 forced local authorities to transform urban areas at speeds previously unimaginable. We have seen the rapid deployment of temporary cycle routes and streets transformed into public spaces. Cuts to public purses have helped drive innovation by forcing local authorities to think about alternatives to high-cost and fixed-state changes. This presented the public with real-time demonstrations of new, flexible and experimental ideas, where it was acknowledged that not all answers are known.

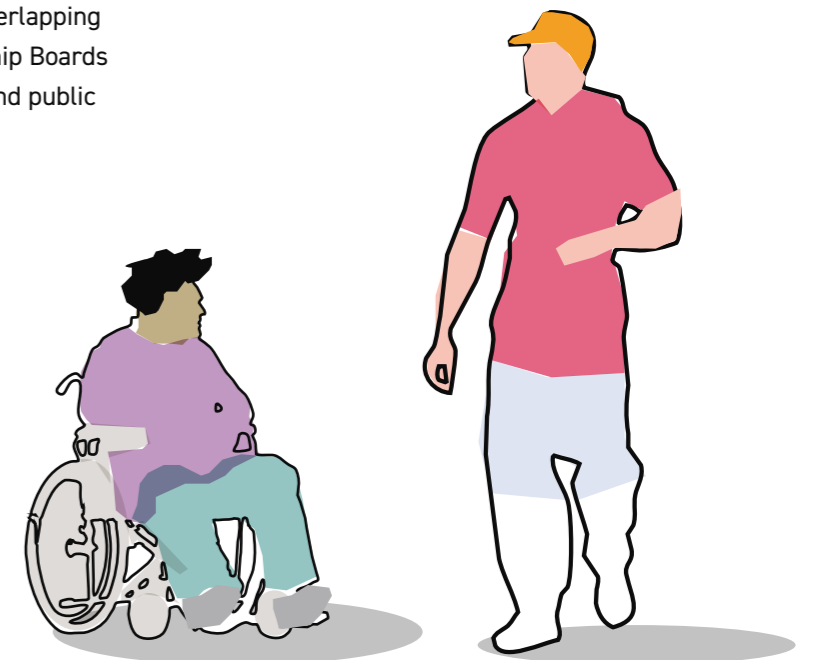
Compare this to the pre-COVID model where lengthy design processes and extensive consultation were the precursor to any change. This new spirit of innovation and new partnership working also played out in health and social care and will be needed to deliver health-care ecosystems.

“ **The public sector must take risks. We need to find frustrated public servants who can be unleashed.** ”

Local authority interviewee

The challenge will be maintaining the current momentum and not reverting to pre-pandemic approaches. To enable this culture shift, we should:

- Deliver true prudent co-creation through 'dialogue not monologue' with communities, and bring people with us to inform expectations of the health service.
- Embrace innovation by developing a culture where failure is accepted in the search for better ways of working.
- Identify 'innovators and disruptors' and create pathways to management for them.
- Expand innovative pilot-project approaches and radical collaborative transformations as in the [Bevan Exemplars](#) and [Bevan Transformation](#).
- Measure impacts and outcomes in different ways and against a broad set of metrics (eg ecology, health, air quality, activity levels, job creation).
- Blur boundaries within the public sector by overlapping or joining services and use Regional Partnership Boards to drive change through integrated planning and public health.



## 3 Consider people and place

### Local and sustainable health and social care - building healthy communities together

By thinking through the health and care ecosystem and working alongside people from local communities, those with health and social care needs, we have the potential to re-engineer the health and well-being of local people, while ensuring that all local assets are maximised.

### Supporting informal networks

When help is needed, we want to be assured that people have access to compassionate care and support in our localities, or as close to home as possible. It may be support from neighbours, friends and informal networks, as well as social care and access to the right professional healthcare if necessary.

### Maximising potential of local assets

We should explore how we can fully use the local assets (people and places) available, including volunteers and approaches such as social prescribing, alongside our local health centres and pharmacies – whether on the high street, at facilities such as rugby clubs, leisure centres and libraries, or in our schools.

### Responding to local needs

A people and place-based approach will be essential to respond appropriately to local circumstances and changing needs. We must:

- Identify and work hand-in-hand with a broader spectrum of community leaders to develop a deep understanding of place.
- Apply a user-centric approach that identifies and responds to the sweeping range of needs and wants of local people.
- Ensure that masterplanners, spatial planners, data analysts and engagement specialists are central to the health and care planning process.
- Use local assets more effectively – whether people, spaces, skills or wider volunteer support networks.
- Encourage and train local people to fill local jobs – use a range of training recruitment programmes and schemes such as Volunteer to Career and offer more part-time courses for working parents and adult learners.

## 4 Embracing technology to bring about change

### Move from digital immaturity to maturity

We are in a new age of data and technology which is changing how we live and work. Advances in machine learning, increases in available data, and the sheer availability and use of information are changing our expectations of, and interactions with, health, care and other services.

### Using technology to transform access to services

We have seen remote consultation become a reality, while remote diagnostics and point-of-care testing are reducing the need to access hospitals and putting people in greater control of their own health and well-being. The use of artificial intelligence, in diagnostic screening for example, offers a possibility to free up time for consultants. This technology has the potential to transform how we access health and care services, how we predict and respond to public health through big data analysis, and how we use this to inform the way our health and care systems should operate.

### Removing barriers

Technology should not be viewed as an instant panacea – significant obstacles remain. Many rural areas still do not have access to highspeed internet, and there is unease from some over the sharing of personal information via video calls and email. Others may not have the skills or ability to use technology equally. Overall, the level of technological or digital maturity within the health sector remains stubbornly low and must be improved. To move from digital immaturity to maturity we must:

- Use big data more effectively to predict, plan and measure health and social care impacts and create a common database to be shared across the public sector.
- Prioritise the roll out of high-speed fibre internet across the whole of Wales as a basic need, while continuing to look at alternate means, such as satellite internet.
- Accelerate the roll out of remote diagnostic technology, virtual consultations and other remote monitoring.
- Use artificial intelligence to expedite key functions such as diagnostic review to free up clinician time.
- Ensure people are able, equipped and supported to engage effectively using IT. Where necessary, engage in community outreach programmes to assist those with limited IT literacy or access to hardware, or those who are hesitant to use the technology.

# 5 Change models: from medical to social

(and from general hospitals to community-based health and social care)

## Enabling convenient access to health and social care, close to home

The consensus from the interview process was clear – large scale general hospitals should become a thing of the past. When we need to access health and care, it should be convenient and close to where we live and work. Only those with acute illness should be admitted to hospital.

## Using existing or redundant space

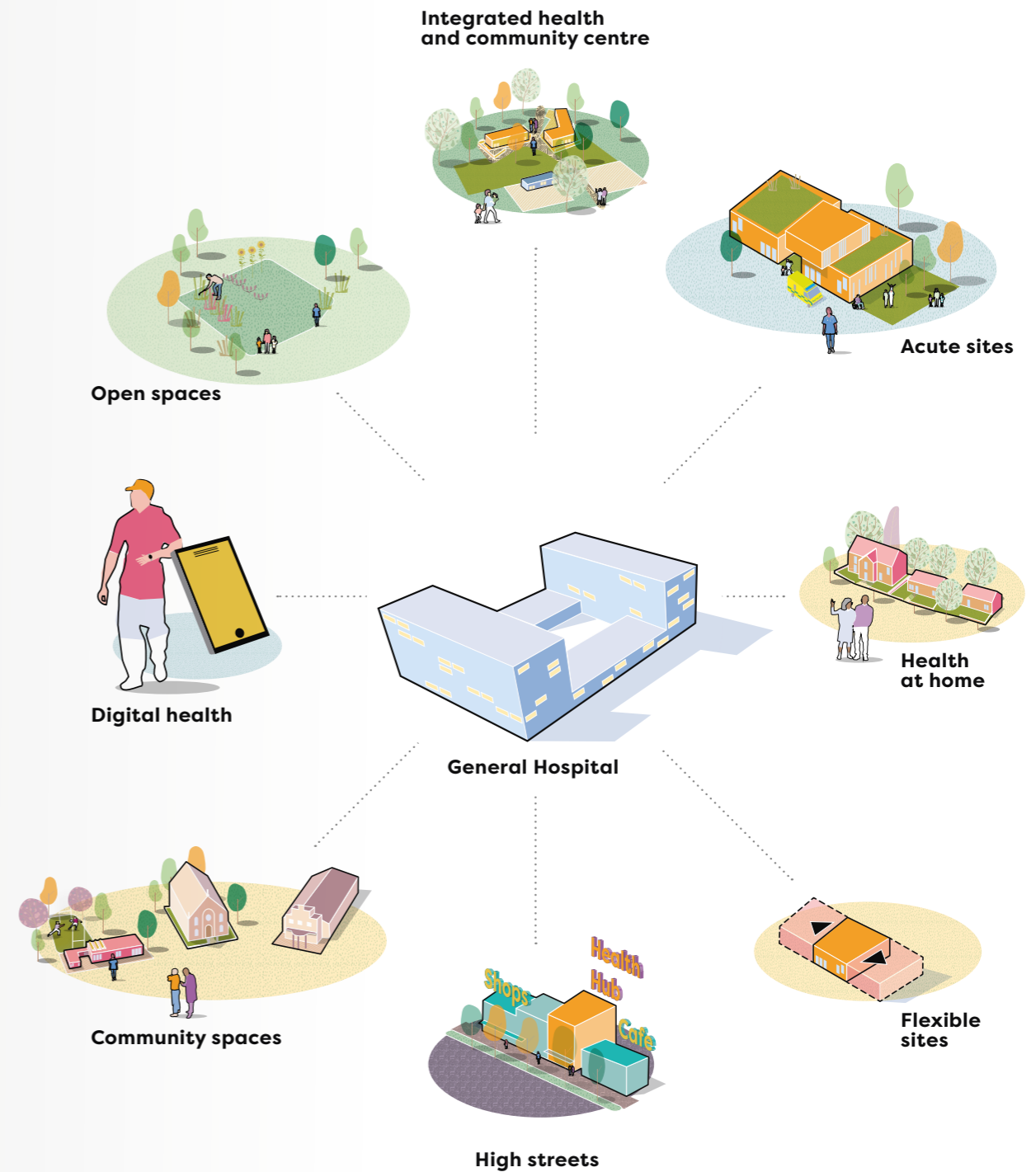
Our homes, high streets, community buildings, and even rugby clubs, should be the places where we access the right support when we need it. Over time, technology will enable us to access more services remotely. A social model of health and care makes full use of all assets available in our communities. Delivering services locally cuts travel and waste, maximises social value and improves access to treatment. To achieve this, we should:

- Engage with people, patients and communities, using their skills, innovative ideas and solutions.
- Use technology to enable better access to health and care at home (remote consultation and diagnostics).
- Expand the role of pharmacists to deal with more minor ailments.
- Adapt and reuse existing buildings and spaces to support new uses such as diagnostics, minor surgery and testing.

- Blur boundaries between health and community entities to find the best integrated solutions using all skills to best effect as per the Bromley by Bow model (see case study p.17).
- Work with private sector partners who share a philosophy of creating social value and wider societal benefits, to deliver key services that the public sector cannot.
- Begin a communication and outreach programme to change public perceptions of health and social care services to generate engagement and excitement, not fear of change.

“ One of the big opportunities is to move away from ‘fixed’ primary, secondary and tertiary care to something more fluid ”

Health board interviewee



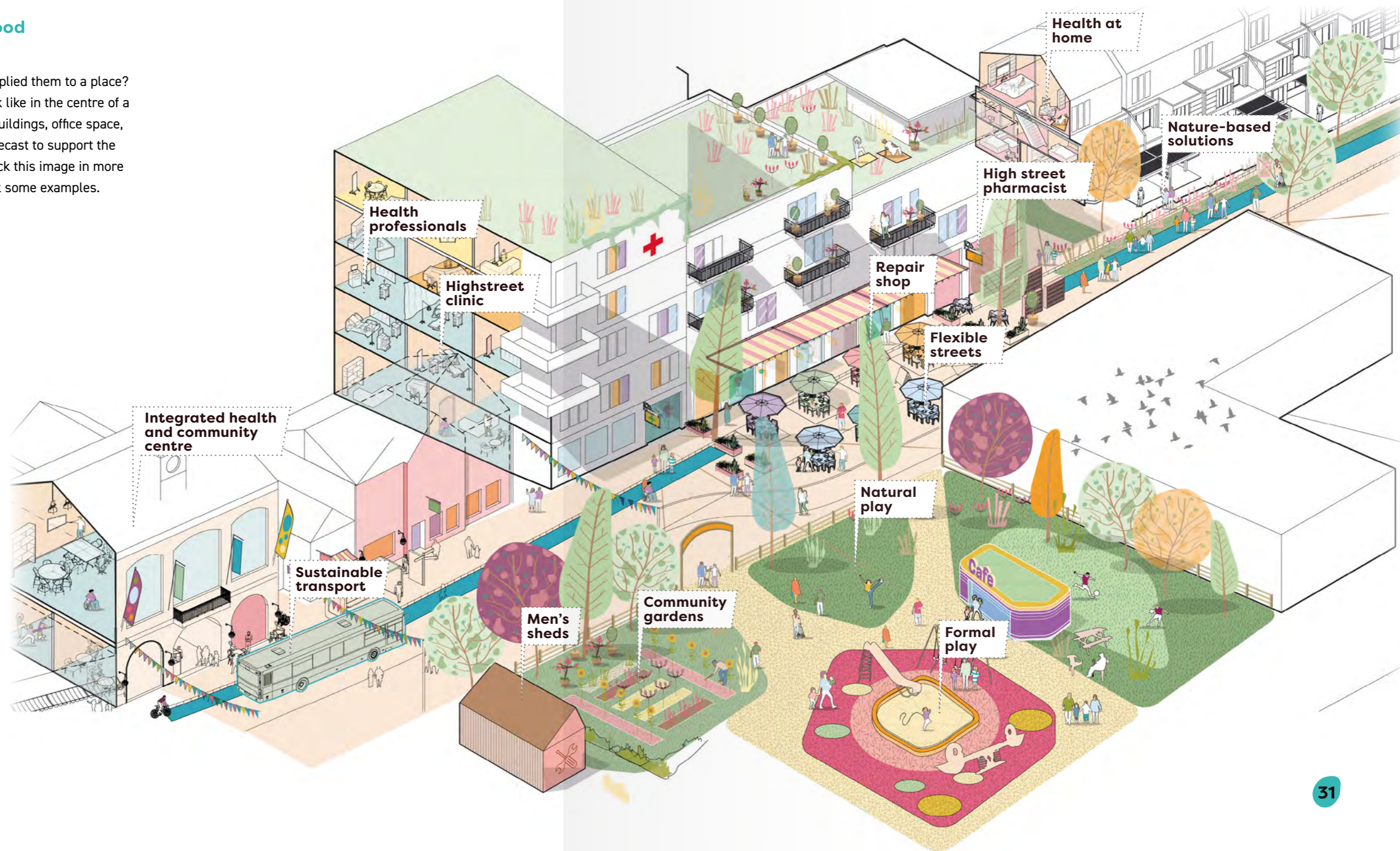
## Health in communities

What if general hospitals didn't exist anymore? What if a hospital was seen as a last resort and health and care was brought to your front door and placed in your community?

# Bringing it together through a people-and-place-based approach

## A 15-minute neighbourhood built around health

What if we took our five steps and applied them to a place? Here we imagine what this could look like in the centre of a community. Underused community buildings, office space, streets and open spaces have been recast to support the health and care ecosystem. We unpack this image in more detail on the following pages and link some examples.



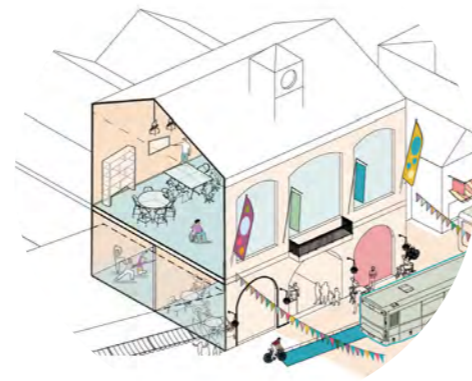


# People-and-place-based approach

## 1 Integrated community health-and-social-care centres

Inspired by the Bromley-by-Bow model of community and health partnership, underused buildings such as chapels, libraries and vacant retail units become community anchors. The collaboration and colocation of services such as GPs surgeries, community space, social care, housing offices, libraries/adult learning, and community gardens, create a single location which touches on a significant share of the local population. Constant dialogue between the community and health and social care sectors helps tailor initiatives, such as social prescribing, to local needs.

[www.bbbc.org.uk](http://www.bbbc.org.uk)



## 2 Community gardens and 'Green Gyms'

Underused buildings or open spaces are transformed into essential green spaces. Community agriculture helps educate people on food origins, encourages healthy eating, and provides invaluable opportunities for physical activity. Local schools are closely involved to provide vital early-years education on healthy lifestyles, and use intergenerational activities to extend a sense of community integration between generations. Local initiatives such as Men's Sheds and Green Gyms maintain the environment while helping to prevent loneliness and improve mental wellbeing. Small-scale habitat creation brings nature back to urban centres and supports biophilic design, while rain gardens help mitigate localised flooding. Play areas are combined with seating areas to allow space for both children and the elderly to interact and engage.

[www.nfer.ac.uk](http://www.nfer.ac.uk)



## 3 Flexible streets and spaces

The innovation shown during the pandemic has led to a permanent rethink on public spaces. Weekly markets take place on a closed section of a street, with temporary spill-out space for local cafes and restaurants. Part of a wider initiative to reduce car dependency, walking and cycling has increased significantly and public attitudes towards cars have changed. Permanent bike lanes, which link neighbourhoods and have been designed to support all ages and abilities, are now an accepted feature. Electric buses stop at the integrated health and community hub, where café space and safe-space waiting areas have encouraged more people to ditch the car.

[Castle Street](#)



## 4 New eco-ventures – repair/recycle shops

Some of the best ideas resolve multiple problems: a vacant retail unit houses a repair shop to prevent waste and support the circular economy. Working in partnership with the integrated health and community hub, those suffering from isolation and poor mental health are offered a chance to join the venture, to discover a sense of purpose and to socialise on a consistent basis.

[www.wales247.co.uk](http://www.wales247.co.uk)



# People-and-place-based approach

## 5 High-street clinic/hospital

Redundant office and retail space is transformed into places to host a suite of diagnostics, allied health professional services (such as physiotherapy), and minor surgery, while outpatient appointments and follow-up care is managed onsite. Day-to-day shopping and socialising can now be interspersed with essential scanning and treatment, bringing a sense of ease and convenience. Gyms and healthy eating outlets occupy the same space.

[www.uhd.nhs.uk](http://www.uhd.nhs.uk)



## 6 The home

Many aspects of health and care now take place at home. Remote diagnostics and point-of-care testing mean many visits to hospital are no longer needed and people manage their own health. Remote consultation with doctors and specialists allows people to interact in the comfort of their own home and enables specialists from across the country to reach many more people. Online access to self management support such as the Education for Patient Programme (EPP) will also empower patients to take greater control over their own well-being at a time and place that is most convenient.

[phw.nhs.wales](http://phw.nhs.wales)



## 7 Pharmacy

The position of pharmacist plays a growing role in community health. Common and minor ailments, such as throat infections, are managed within the pharmacy to reduce pressure and reliance on GPs. Pharmacists also have wider opportunities to provide advice, information and support, including access to a range of tests, products and social prescribing.

[www.bbc.co.uk](http://www.bbc.co.uk)



# Making it happen

## Immediate next steps

The findings in this report must translate into change on the ground to impact people's lives. Outlined below is a series of recommended next steps to gain traction and precipitate change.

### Pilot projects

We must embrace innovation and try out and test ideas in the real world through a series of national transformation demonstrator projects as the first meaningful action. These should build upon the Bevan transformation work and be conducted across a range of places in Wales to reflect diversity in socio-economic prosperity and differing challenges in rural and urban contexts. The outcomes of these projects must be measured and monitored against a broad set of metrics. These should be conducted in tandem with similar projects from international partners to strengthen the international profile and network of Wales.

### Bring this thinking to a wider audience

This report must be debated and discussed in a round-table format. This has to be an open and honest dialogue focused on making change happen. It is essential that new opinions are heard, that alternative approaches are discussed, and that new voices become part of this process. This means drawing in expertise in addition to existing health leaders, such as placemaking experts, social enterprise leaders, data experts and designers.

### Make the NHS 75th anniversary the year of change

2023 is an opportune moment to focus further attention and energy around the recommendations of this report. It should mark a turning point in the Welsh approach toward health and well-being. In practical terms, this means using planned events to promote and discuss the recommendations of this report, to generate support and to draw in new stakeholders.

# Looking further forward

Beyond immediate actions, we must commit to a longer-term program of activity to secure the profound change needed.

## Collaborate, cooperate and coordinate

We need to rethink the roles of Government, health leaders, city planners and policy makers in delivering a healthcare ecosystem. Instead of providing what we think people need, we must listen to the opinions of local people to help us understand what is really needed, by whom, where and when. Integrated working, learning and training together across agencies, organisations and professional boundaries, and drawing new ideas from other disciplines, will capitalise on available skills and knowledge. Pooling resources, innovative ideas, local assets and expertise will be crucial to find the best way forward.

## Rethink funding and policy

The foundational economy – sectors vital to the functioning of daily life such as health, education, energy and food – is key to the country's future prosperity and wellbeing.

Focusing on health from an economic perspective is integral. Current funding – including UK-wide Levelling Up funding, and Wales' Targeted Regeneration Investment Programme – makes little mention of health. This means limited incentive for either local authorities or the private sector to consider or measure health in the same manner as job creation, transport or ecology. When it comes to growth and redevelopment of towns, cities and communities, measuring social return on public investment provides a potentially more meaningful way of understanding impact. In terms of policy, public health is segregated from the planning process. Put simply, there is too much of a disconnect between the way we shape and improve places, and measures to prevent ill health.

## A successful health and care ecosystem

In a successful health and care ecosystem, healthy, prudent and sustainable decisions that maximise social return are easiest because they are incentivised and supported – from the procurement decisions of health boards to individual behaviours. The social model recognises the value of people and places, including volunteers and the third sector. Integrated working and valued staff across health and care is equally important to the public and patients.

Health boards will work closely with local councils, especially through their regional partnership boards, to develop and share a long-term vision that will ensure a more effective and integrated health and social care services for local communities. They support each other to avoid compromise to short-term or extractive motives. Key community assets – local voluntary services, green space, and active travel routes – are recognised and safeguarded for better health and wellbeing. New skills, services and support needs are identified pro-actively and developed locally, with local training schemes, apprenticeships and academic opportunities. The public sector is integrated as one ecosystem, starting from individual health and social care needs and working together to achieve healthy, sustainable communities; resilient, productive and economically vibrant places; and planetary health for all.



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