



Comisiynydd
**Cenedlaethau'r
Dyfodol**
Cymru

**Future
Generations**
Commissioner
for Wales

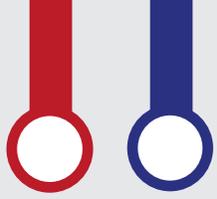


A Journey to

A Healthier Wales

- 1. A compassionate nation:** Support people to act with compassion, to facilitate understanding of mental well-being
- 2. An active nation:** Increase the benefits of physical activity for everyone
- 3. Place-making and designing-in community health and well-being:** Enable places to support the health and well-being of people and communities
- 4. Seamless, preventative organisations and services:** Ensure services support people to understand behaviours and choices that benefit future health





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In the Well-being of Future Generations Act,
this goal is defined as

“A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.”



Defining the goal

According to Public Health Wales, mental ill health costs society in Wales £7 billion a year.

Since the year 2010, life expectancy in Wales (and the UK as a whole) has started to decrease for the first time in decades. There is an 8-year gap in overall life expectancy and an 18-year gap in healthy life expectancy, between the least and the most deprived places in Wales. Preventative approaches, across all policies and sectors, will help us improve wellness and save lives.

A healthy society is not one that waits for people to become ill, but one that sees how health is shaped by social, cultural, political, economic, commercial and environmental factors, and acts on these determinants of health for current and future generations. The goal of a healthier Wales is about taking approaches that reflect the broader determinants of health in policy and investment decisions across all sectors.

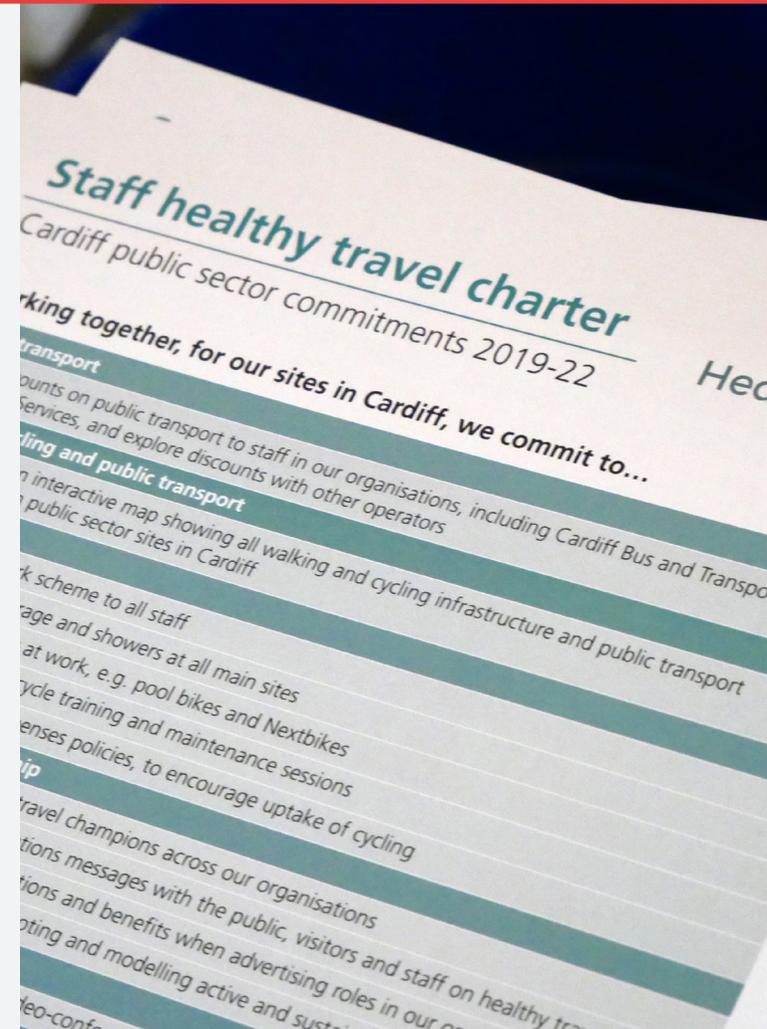
Health is not something you either have or do not have. Rather, it is about different degrees of health on a continuum created in a process

where many resources, assets, strengths, as well as risks and illnesses, can play a part. As part of this, it is also important to reflect that significant Welsh Government investment goes into the NHS in Wales, so some emphasis has been placed on shifting the system.



Case studies

Throughout the document you will find a number of reports relating to the topic subject. Please read the link if you see this symbol.



Defining the goal

Where to focus action in contributing to this goal

Enabling understanding of choices and behaviours that benefit future mental health

[\(See Healthier Wales topic 1: A compassionate nation\)](#)

Enabling understanding of choices and behaviours that benefit future physical health

[\(See Healthier Wales topic 2: An active nation\)](#)

Ensuring that places maximise physical and mental health and well-being

[\(See Healthier Wales topic 3: Place-making and designing in community health and well-being\)](#)

Ensuring that services maximise physical and mental well-being

[\(See Healthier Wales topic 4: Seamless, preventative organisations and services\)](#)

Other statutory requirements in relation to this goal

Public Health (Wales) Act 2017 aims to address a number of specific public health concerns, and to create social conditions that are conducive to good health and where avoidable harms can be prevented. It places a duty on the Welsh Ministers to make regulations which require public bodies to carry out health impact assessments in specified circumstances. The Act is intended to sit alongside a broader suite of actions for improving public health (including other legislative action, public health services, programmes and campaigns).

Active Travel Act 2013 requires local authorities to map and continuously improve routes and facilities for “active travel” – defined as walking and cycling for a purpose, like accessing work or services, rather than for leisure.

Social Services and Well-being (Wales) Act 2014 imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. The principles of the Act are: to support people who have care and support needs to achieve well-being; that people are at the heart of the new system by giving them an equal say in the support they receive; partnership and co-operation drives service delivery; and services will promote the prevention of escalating need and the right help is available at the right time.

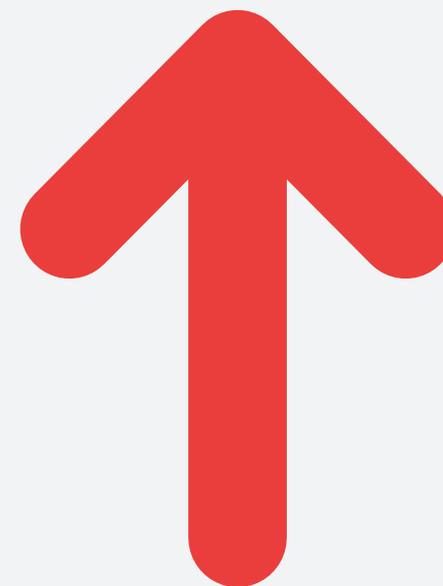


Some of the suggested steps and actions in this document complement the policies set out in legislation - specific steps and actions that adhere to these are highlighted in orange and with an 'St' symbol.

Enablers

Achieving this goal is **more likely to happen** when...

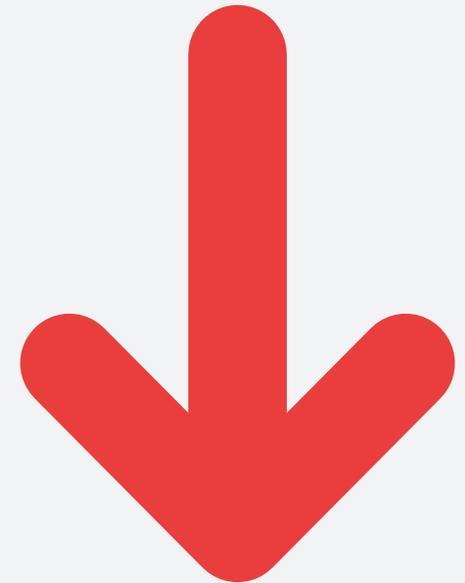
- **There is a shift in investment to a Wellness System, with integrated planning and investment.**
- **There is a focus on what matters to people.**
- **We have strong digital leadership and capability.**
- **There is shared responsibility across public services, and a shift to community-based models.**
- **Critical thinking and learning are commonplace.**



Disablers

Achieving this goal is **less likely to happen** when...

- **The narrative about a healthier Wales only focuses on the NHS, and health is not part of all policies.**
- **There is a lack of ambition and leadership, with reactive solutions prioritised.**
- **Bidding for services creates unnecessary competition rather than collaboration.**
- **There is a lack of understanding of the broader determinants of health.**
- **Third sector organisations' future is financially precarious.**





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4: Seamless, preventative organisations and services

Ensure services support people to understand behaviours and choices that benefit future health

Defining the issue

We live in a complex and interconnected global world where many factors are interdependent, influencing and impacting constantly. These interactions are not linear, yet we often try to find linear ways to help deal with them.

There are increasing demands and new challenges that face the NHS and social care – an ageing population, lifestyle changes, public expectations and new and emerging medical technologies. The medical model of health and a separate system of social care is not fit for the future. There is a need to move to a social, economic, environmental and cultural model of health with less rigid ways

of working, using more flexible approaches and with a much greater emphasis on keeping people healthy and well. In this model, services from different providers should be seamlessly co-ordinated and people are proactive participants in their health and well-being.

Traditional thinking and approaches have been based predominantly upon rational and logical planning. They contain transactional levers for change such as targets, performance measures, contracts, inspection and explicit knowledge. The prudent model proposes more of a 'commitment to a cause' and strong relationships and networks,

passion and pride. We need to find the balance between this existing more rigid mechanism and a future one which values and recognises the need to increase opportunities to share and adopt new ideas, data, and co-create novel approaches to meet the health needs of the future.

Synergies and connections to other journeys



Journey to a Wales of Cohesive Communities

Topic 3: Access to key well-being services



HOME

Making **Simple** Changes

Identify [frequent attenders to Emergency Departments](#) and users of primary care, police, and fire and rescue services.

Provide all frontline staff with training to demonstrate that co-operative health and social care is an option for the people they are in contact with.

Have conversations exploring what a whole-systems approach to health would look like.

Map existing services and activities across your locality.

Map social prescribing activities across your communities and explore opportunities to support or create further activities. As well as facilitating the use of non-clinical support for people, social prescribing also means health care professionals can develop wider relationships with their communities and the third sector and vice versa.

Eg

E.g. as part of [Healthy London Partnership](#), London Voluntary Services Council produces a social prescribing map for London.

Consider how the Welsh Government's [definition of prevention](#) is reflected in the work of your organisation.

Being More **Adventurous**

Design and plan Prehabilitation and Optimisation programmes to ensure people are in the best possible condition for treatment and have optimal recovery.

Eg

E.g. [The All Wales Enhanced Recovery after Surgery Collaborative](#).

Invest in personalised, democratised healthcare, for example, self-monitoring and early diagnosis, to help shift from reactive disease detection to a position of proactive prevention. Technology can facilitate this change.

HOME

Eg

E.g. **Aneurin Bevan University Health Board**, The big difference of small weight losses: creating a digital solution for patients with obesity and using a smartphone application to check blood pressure at home.

Co-locate services close to the needs of people.

Eg

E.g. **Plas y Sarn Trimsaran Leisure Centre** plays a pivotal role within the community and offers a number of support services such as the doctors surgery, community events and activities, as well as the community cafe, sports hall and gymnasium.

Eg

Shift the balance from hospital to community-based care.

E.g. [Jean Bishop Integrated Care Centre, Hull](#).

Co-ordinate health and social care services seamlessly, wrapped around the needs and preferences of the individual.

Eg

E.g. [Bridgend County Care and Repair's Hospital to Home Service](#). This links health and housing to achieve better outcomes for older people.

Being More Adventurous

Build on existing work on social prescribing to create a 'community of practice' or other form of network to share learning and build capacity.

Eg

E.g. ['Made in North Wales' social prescribing community of practice.](#)

Use the Welsh Government's [definition of prevention](#) to consider the outcomes that specific programmes of work are trying to achieve, and link these outcomes to levels of investment.

Map [Digital exclusion](#) and include evidence in reviews alongside other social determinants of health.

HOME

Share and use data between public services.

E.g. [Frequent Attenders, Cardiff and Vale University Health Board.](#)

Invest in and deploy assistive technologies, which support elderly people or people with disabilities, to enable people to live better lives in their own homes.

E.g. [Innovate Trust's SMART House.](#)

Evidence health and well-being outcomes which matter to people and use that information to support improvement and better collaborative decision-making.

Develop capacity and capability in social and public health research.

Owning your **Ambition**

National or collaborative actions

Extend the Nurse Staffing Levels (Wales) Act 2016 to community settings, to ensure that enough nurses are employed to provide sensitive patient care in all settings.

Provide Gold Standard care for frequent attenders.

E.g. [Frequent Attenders](#), **Cardiff and Vale University Health Board**.

Deliver a joined-up approach to tackling health inequalities by linking residents to sources of support in their community.



E.g. [2025 Movement](#) – ending avoidable inequalities in health and housing in North Wales.

Embed social prescribing activities throughout services, with a focus on preventing people from entering the health and care system. Evaluate and communicate successful outcomes.

E.g. Bromley-by-Bow social prescribing – [reports and interviews](#).

E.g. Evaluation of the [Rotherham Social Prescribing Pilot](#).

Implement an 'everyone in the room' delivery model.

E.g. Community Care Collaborative, Wrexham



Mainstream Prehabilitation and Optimisation programmes to ensure people are in the best possible condition for treatment and have optimal recovery.

E.g. [The All Wales Enhanced Recovery after Surgery Collaborative](#).

Develop a system where [precision \(individualised\) medicine](#) informs and shapes precision (public) health (through machine learning, pattern recognition, early medical intervention and behaviour change).



Eg

HOME

Owning your **Ambition**

Mobilise knowledge through system-wide leadership for wellness services that are fit for the future.

Eg

E.g. [Bevan Exemplars](#).

Integrate planning and investment to have a single health and social care outcomes approach.

Provide an online digital platform for citizens, to give people greater control and enable them to become more active participants in their own health and well-being.

Eg

E.g. Personal Health Channel, Catalonia.

HOME

Organisational actions

Apply the Welsh Government's [definition of prevention](#) across policies, programmes and investment, to ensure you are taking the actions that have the greatest preventative impact and that will achieve the best long term outcomes for your population.

Create environments that enable rapid improvement and innovation.

Eg

E.g. [building blocks for a learning organisation](#) – supportive learning environment; concrete learning processes and practices; and leadership behaviour that provides reinforcement.

Other examples and resources



The Parliamentary Review of Health and Social Care in Wales, [A Revolution from Within: Transforming Health and Care in Wales.](#)



Bevan Commission, [Measuring healthcare outcomes – a complex system;](#)

[Exploiting the Welsh Health Legacy: a new way of doing;](#)

[Exploiting the Welsh Health Legacy: a new way of planning;](#)

[Exploiting the Welsh Health Legacy: a new way of thinking](#)



Nesta, [Realising the Value. 10 key actions to put people and communities at the heart of health and well-being;](#)

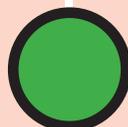
[Health as a Social Movement](#)



The Kings Fund, [Social Prescribing](#)



Public Health Wales, [Social Prescribing in Wales: the Story so far](#)



Welsh Emergency Department Frequent Attenders Network