

During the course of this essay the current agenda of change in the merging of Health and Social care in Wales will be examined, with the purpose of identifying areas where improvements can be made and to discuss and consider the implications for future care services of the National Health Service (NHS) with a particular focus on the rapid and swift changes made during the Covid – 19 Pandemic and in its aftermath. The importance of the Bevan Commission Paper and prudent Healthcare and its impact on the NHS, especially within Wales will be researched, the benefits of co-production and social prescribing for the NHS will also be covered, as well as the necessity of adopting person-centred care in community care. As a crucial factor, using a person-centred approach's advantages will be underlined. Focus directed to how users of community care services are empowered by partnerships, multidisciplinary collaboration, and collaboration between many agencies. Services available to the communities of Wales were impacted heavily during the pandemic, spreading to affect not just service users but workers and the organisations themselves. The lasting damage and impact this may have had will be considered, and any benefits the change in services made will be highlighted. A particular focus on one aspect of care provision available within the community will be studied, with the intent of understanding what made it a success. Due to the global issues the pandemic created; social care providers face tremendous difficulties daily. The epidemic has highlighted the sector's vulnerability more forcefully. Suggestions on how the social care sector can be rebuilt will be explored.

Providing Wales' residents with effective, high-quality, and sustainable healthcare is one of the fundamental components of the present agenda for change in the integration of health and social care in Wales. This was largely at the forefront of agendas previously, however since the epidemic, the way this is delivered has changed. The fundamentals of the new agenda consist of delivering patients the therapies or treatments that the pandemic has prevented. Providing Wales' citizens with effective, high-quality, and sustainable healthcare is a key element in the present agenda for change in the integration of health and social

care in Wales. Improving patient access to physicians, nurses, dentists, and other healthcare providers. Reforming primary care by integrating GP services with those provided by the community, nonprofits, housing, social services, pharmacies, and therapists. Despite intent to safeguard services for the most vulnerable, some individuals—including those who were waiting for hospital treatment that had been delayed—may have grown progressively worse. The extent of the increase in mental illness which the pandemic's containment efforts caused is still a concern for Wales. The epidemic has not affected the population equally; older people, men, communities with lower socioeconomic status, and black and minority ethnic groups have been impacted at a higher rate (Kings Fund Organisation, 2020). Over the course of the pandemic in Wales, Rhondda Cynon Taf and Merthyr Tydfil had the greatest mortality rates (BBC News,2023). This report confirms the theory of the postcode lottery debate regarding the pandemic, as statistically Merthyr Tydfil and Rhyl rank lowest by region for economic growth (Wales Online,2019) demonstrated that deaths related to Covid affect residents of deprived communities more severely than those who live in Wales' least deprived areas.

The following agendas put forward can greatly aid the recovery ahead. By making mental health investments a priority. Put First service redesign to boost mental health support through the appropriate avenues, combat stigma, and increase prevention. 'Inreach' mental health services for children and adolescents in schools across Wales. To solve the problem of loneliness, roll out social prescribing using an all-Wales framework. Keep Wales' prescriptions free and maintain the NHS. Invest in a new wave of social and health care facilities all around Wales (UK Government,2021). A National Clinical Framework (NCF), along with A Healthier Wales, were officially released, to outline the changes to be made to clinical services to make them suitable for the demands of modern society (Welsh Government,2022). It was created with the help of clinical teams from all throughout Wales.

The future must be based on prevention and wellbeing. The activities needed to assist individuals with concerns such as obesity and diabetes are included in the Healthy Weight Healthy Wales strategy (Welsh Government,2023). Diabetes, musculoskeletal disorders, and obesity are all on the rise in children. All care routes should have a strong emphasis on

prevention in accordance with the National Clinical Framework. The Wellbeing of Future Generations (Wales) Act 2015 has similar provisions (Welsh Government,2021).

Legislation outlined in the Welsh Governments White paper reiterated the importance of boosting collaborative functioning to achieve the goals outlined in the Social Services and Well-being (Wales) Act 2014 (The National Archives,2023) for those in need of care and support as well as for those who are caring for others. Ensuring the welfare of people in need of care and assistance, as well as their carer providers, is still a predominant goal of the Welsh Government. The Bevan Commission champions these values.

The purpose of this organisation is to create a reasonable and sustainable national health and care service that meets the needs of all citizens while adhering to the founding principles of the NHS, as set forth by Aneurin Bevan. Doing so while operating within a complicated health and care system. Swansea University is home to and supports Wales' primary health and care think tank, The Bevan Commission. Through focus on three approaches to expand and integrate movement both within and between organisations. By implementing independent and fresh insights to challenge policy and practice, serving as 'critical friends' to assist leaders in making responsible decisions regarding health and care in Wales, the UK, and beyond. Finally, by assisting teams and individuals in developing, assessing, and delivering new proposals for improving health and care through research, training, and more extensive exploratory and collaborative work with a wide spectrum of local, national, and worldwide stakeholders, this organisation promotes the adoption and circulation of innovative working methods (Bevan Commission, 2008). Consisting of a 24-member independent panel of specialist commissioners from across the world who freely donate their time to Wales. They represent a wide range of fields of study, including business, the NHS, local government, military personnel, academia, and the nonprofit sector. The Bevan Commission's work is underpinned by the premise of prudent healthcare practises.

A Healthier Wales, the Welsh Government's long-term plan for health and care, and much of the current health and care policy in Wales are based on prudent healthcare.

Encouraging a new way of thinking, planning, and performing. Bevan Exemplars are health and care providers across Wales who receive help from the Bevan Commission to create and test their own original ideas over the course of a year.

Anybody working for Regional Partnership Boards, NHS Wales, Social Care Wales, or local government is eligible to participate in the Bevan Exemplar programme. Health Boards and NHS Wales are actively supporting the Bevan Exemplar initiative. By allowing the staff of Wales a platform to share knowledge and experience from working through the Covid – 19 crisis, the Bevan Commission ensures that the workers at the centre of the change are respected and considered. From working through the pandemic, suggestions and the main issues and areas of improvements come from the workers and professionals themselves, therefore meaning the prioritization of the most pressing concerns first.

Another factor discussed by the Bevan Commission was the advantages and drawbacks of digital technology on the people of Wales during the pandemic. By considering how quickly and successfully digital innovations were supplied during the epidemic and how this can be built upon, as well as how to make new technology more accessible to people of all ages and easier for beginners to understand.

Since the Sustainable Social Services: A Framework for Action (2011) (Welsh Government,2020) and The Social Services and Well-being (Wales) Act 2014 (Welsh Government,2016), several advances have been achieved. It has a similar emphasis on well-being to the Wellbeing of Future Generations (Wales) Act 2015 (The National Archives,2015), which also emphasises prevention and early intervention. It also stresses the necessity of co-production and cross-sector collaboration, for a healthier Wales. By considering the detrimental effects staff shortages from the pandemic have on our levels of care, consideration as to which methods might optimise the potential of all resources, including volunteering, particularly due to the strain that is placed on our health and care system and its staff members. 'Values and Value of Volunteering' in Welsh health and care is the topic of a paper co-authored by The Bevan Commission. In Wales, volunteers have always played a significant role, but the Covid epidemic has increased awareness of the impact and potential of volunteering (Bevan Commission,2022).

There are suggestions for enhancing cooperation agreements as well as for establishing a clear national framework to support services that are planned regionally and implemented locally. There will be a strong link between the national framework and initiatives to assist the workforce given that the continuity of the social care workers has a substantial impact on people's positive outcomes.

The argument for change focused on the connection between salary, terms, and conditions and employee turnover, as well as the effect that staff turnover had on service quality. People can develop relationships with those who give care and support, feel respected, and do more when there is greater consistency of the workforce providing care and support and less turnover. Lower staff turnover and more consistency in the workforce that provides care and support allows people to form relationships with those who do so, making them feel safer and more secure. This improves the standard of social care and the outcomes for wellbeing. When people are more likely to see the same person, it is easier to sustain relationships and experience less loneliness and isolation, which results in improved care. The continuity of staff took a vast decline as the pandemic spread. The mounting pressure on healthcare workers and services, the psychological and physical damage of issues such as long covid in the aftermath, the loss of life and the impact of that loss emotionally. Fear, uncertainty and major health issues and stresses meant that staff levels rapidly spiralled as people were forced to isolate, shield or distance. Resources and supplies of Personal protective Equipment (PPE) were delayed due to the implications of the pandemic globally, further forcing the divide between healthcare professionals and communities. The capacity of emergency rooms and hospitals has been reduced as a result of hospital reconfiguration to maintain bed spacing and physical distance to keep patients safe and avoid infection spreading.

Critical care services needed to be immediately extended to meet the emergency COVID-19 need; more beds, ventilators, and oxygen supplies were needed to do so. The number of beds increased from the pre-COVID-19 baseline of 152 critical care beds to more than 300. To comply with this requirement, various hospital spaces, like theatres, offices and even hallways were transformed into emergency critical care environments, which have needed to be maintained ever since the pandemic's rise.

Staff from other service areas and departments were recruited to help with these extra beds (Welsh Government,2021). To assist senior critical care colleagues, staff members were upskilled and retrained. While this satisfied the immediate need, it forced other significant NHS services to be suspended to fulfil the pandemic requirement. The provision of non-emergency surgery and treatment across NHS Wales has been significantly impacted by

COVID-19. Compared to before the pandemic, there are noticeably more patients listed for outpatient appointments, and treatment services.

The number of those who have been waiting longer than 52 weeks is at an all-time high. Over 115,000 people had been waiting longer than a year as of the end of December 2020, and 200,000 more people than in the same month in 2019 had been waiting longer than 36 weeks. The choice to restrict normal activities, and staffing restrictions, resulted in a decrease in the number of patients treated, which in turn affected waiting lists (Welsh Government,2021).

To tackle the challenge of the pandemic, field hospitals have been a crucial component of the overall approach. Considerably increasing the bed capacity in several regions of Wales at pressure peaks. To free up much-needed beds in acute and community hospitals, this higher capacity has proven crucial in allowing patients who are recuperating to leave acute hospitals. Opening of field hospital sites required employees to be recruited from the same sources as critical care. All services saw a negative impact, from doctors and specialists to pharmacists and paramedics. Increased staff sickness and absence, the need for ambulance staff to put on Personal Protective Equipment (PPE) before and between visiting patients, and the obligation to thoroughly clean vehicles after patient transfers have all had an impact on ambulance patient handover delays and response times. Throughout all multi disciplinaries, exhaustion and a higher turnover were apparent. Some adverse impacts of COVID-19 on both physical and mental health were highlighted through limitations of the lockdown, which was implemented to save the public from the virus, have also caused many to experience anxiety and depression as well as new mental health issues. Life has been challenging for individuals who already suffered with mental health disorders, and for those who have recently faced loneliness and isolation after being away from loved ones and friends for an extended length of time, especially those who live solitary. Putting emotional health at the centre of the response is a crucial strategy moving ahead as communities and individuals come to terms with their personal losses (Welsh Government, 2021). The Welsh Government has identified mental health as one of its top priority sectors because it has the greatest potential to improve future growth and well-being. The pandemic has highlighted the need for even stronger protection of mental health. The Review of the Together for Mental Health 2019–2022 report (Welsh Government,2020) outlines several commitments

to address the pandemic's broader impacts on society and how they affect mental health and emotional wellbeing. Because they were deemed vital, mental health services were accessible throughout the pandemic (Welsh Government,2021). Incorporating co production throughout Wales, especially in the aftermath of the pandemic, puts the emphasis on well-being and at the centre of agendas for the third sector, social care, public health, and health care.

The Social Services and Well-being (Wales) Act of 2014 (The National Archives,2023) includes co production as one of its key principles. Co production enables those delivering and receiving services to collaborate in equal, reciprocal, and compassionate ways while sharing power and duty of care.

Ensuring that people receive the best care and support possible, it requires collaborating with and involving an individual's family, friends, and carers (Social Care Wales,2022). The core value of co productions success is emphasis of an individual's rights within care and the well-being a person-centred approach has on successful care. By encouraging people to take charge of and make contributions to their own well-being and facilitating rather than delivering services, obscures the lines between providers, individuals in need of care and support, and carers in need of support (Social Care Wales,2017). It also plays a crucial role in important regulations and legislation. The Well-being of Future Generations (Wales) Act (Welsh Government, 2015) and the Social Services and Well-being (Wales) Act (Welsh Government, 2014) are two important pieces of Welsh legislation that have a significant impact on how well-being is perceived, improved, and promoted in Wales. A tool for advancing these agendas and accomplishing the wellbeing objectives outlined in these Acts is social prescribing. As outlined in A Healthier Wales (Welsh Government, 2017), it also makes it easier to work together across the health, social care, and nonprofit sectors to develop a preventative and comprehensive approach to community and personal well-being. To link people to health and wellbeing support, social prescribing relies on new or existing, sustainable wellbeing activities and community resources. Social prescribing services may work with nonprofit organisations to create and strengthen community assets and activities that promote wellbeing. While a social prescribing service involves connecting people to resources and activities, individuals can choose to engage with many community resources and activities on their own, thus referral is not always essential (Public Health

Wales,2022). By utilizing the range of services within communities, the pressure on the NHS systems is drastically reduced, sign posting the Welsh population to alternative methods of assistance and support. A wide range of therapies and activities, such as adult learning, gardening, sports, volunteering, and creative or artistic pursuits, can be included in social prescribing programmes. Support for social welfare problems is an important aspect. It can be applied to a variety of individuals, including those who have mild or persistent mental health problems, those who are vulnerable or lonely, and those who frequently seek out primary or secondary mental health care. Social prescribing was referred to as "an important part" of the future of primary care services for patients with low-level mental health and wellbeing requirements by the First Minister in June 2021. Many of the opportunities made available by social prescribing, he claimed, already exist in the community, but "occasionally an introduction via a social prescription can break down the boundaries that people sometimes feel between their own needs and ways in which those needs could be fulfilled in the community. (Senedd Wales,2022). Challenging the benefits of social prescribing, the demands on workers or volunteers for little or no pay is unrealistic to expect. There are no regulations governing link workers, and neither are educational requirements or qualifications. This was recognised by Professor Carolyn Wallace as a major problem since it might lead to incorrect referrals, especially if social prescribing is used more frequently to help those who might have long waits for mental health treatment. She continued by saying that the link workers themselves were worried about this because it wasn't always obvious who would be responsible if something went wrong (Senedd Wales,2022).

The Welsh Government has committed to creating a national framework of skills and competencies for the social prescribing workforce in Wales as part of its Connected Communities agenda (Welsh Government,2020). Health Education and Improvement Wales ("HEIW") oversees this project. According to the Deputy Minister for MHW, it will specify the knowledge, abilities, and conduct required of link workers to enable entry-level staff to receive training as social prescribers and advance to a high level of skill and responsibility (Senedd Wales,2022). The current level of variation in salary, terms, and conditions as well as the concerns regarding the lack of sustainable funding for these positions that have been addressed is potentially problematic. Supporting recent studies

that additional professional infrastructure, such as job descriptions, wage guidelines, and supervision standards, as well as a framework for skills and competencies and training needs, is required to see social prescribing become a success within Wales. By placing greater responsibility on volunteer or link workers, the health and social care system must prioritize their wellbeing and security to avoid the mistakes made during the pandemic. To avoid burnout and high staff turnover, link workers should be supported just as they offer support. Providing practitioners with the knowledge to forward patients to relevant networks is also crucial, and to actively promote the benefits where appropriate.

Through the pandemic and into the planned budget for 2021–2022, the Welsh Government has maintained that funding for health and social care is its top investment priority. An additional £1.5 billion has been allocated in total.

This has allowed the NHS to concentrate on treating patients and putting the Test, Trace and Protect and vaccine initiatives into place. The proposed and final budgets for 2021–22 call for an overall baseline investment of £400 million in health and social care and an extra expenditure of £440 million for the ongoing COVID–19 response (Welsh Government, 2021).

The NHS Planning Framework 2023–26 (Political Speech Archive, 2023) outlines the fundamental criteria that will support future NHS planning, including the significance of quality, safety, prevention, and positive health outcomes at the centre of the NHS in Wales. Eluned Morgan MS, Minister for Health and Social Services, emphasises the importance of community care in her written cabinet statement. People should be able to reintegrate into the community once clinical interventions are finished, and services must be offered in an integrated manner to make that possible. For people to receive a high standard of community care throughout Wales, there must be an equal cooperation between the NHS and social care providers. The strategy, supported by greater data gathering, will offer a stronger foundation for specialised assistance. The goal is to have regions and localities working towards the national service structure and workforce model well before next Winter, and to have tools in place for determining relative impact. This work will be done in collaboration with organisations and other essential partners (Welsh Government, 2023).

Tackling delayed transfers of care back to the community, through ineffective collaboration between multidisciplinary teams is essential. To dramatically minimise the amount of time

patients spend waiting in ambulances outside emergency facilities, and to prevent bed blocking of otherwise healthy patients awaiting care packages to be discharged, health boards must collaborate with partners. Third sectors are a vital platform for the NHS, support from charities, social businesses and volunteer organisations, provides vital services, aids in enhancing people's wellbeing, and boosts the economy. On a local level, it is essential for assisting communities. The Welsh Government's A Healthier Wales ten-year plan outlines a unified, shared vision in which the third sector, both the paid and unpaid workforce, including volunteers and unpaid carers, play a crucial role (Cardiff Third Sector Council,2019).

Approximately 48,500 people are currently employed by the voluntary sector in Wales' health and social care industry, and many more work as volunteers. A total of 25% of WCVA member agencies offer care and support services to communities, including home adjustments, respite care, and/or end-of-life care.

Welsh-specific health and social care policies and legislation are delivered and implemented with the assistance of volunteer organisations in a number of key ways, by ensuring there is a strong voluntary sector that can influence the transformation of the health and social care sector and collaborate with others to create a vision for social value. Coordinating dialogue and representation of the voluntary sector at high-level meetings, like the Health, Social Care and Well-being Planning Group (Wales Council for Voluntary Action,2021).

The Welsh government is hoping to alter how health and social services are provided throughout Wales. The Social Services and Well-being (Wales) Act, 2014 and A Healthier Wales are two pioneering pieces of legislation and policy that voluntary organisations should be aware of. The Welsh Government intends to tilt the scales towards the community and access to non-medical interventions, shifting the emphasis away from primary, secondary, and long-term care. Given their capacity to mobilise both paid and unpaid labour, voluntary organisations are essential to advancing this culture change. More co-production - where residents and carers can address their needs by creating their own care and support services, while exchanging local knowledge about unmet requirements to ultimately improve existing services. This is another key principle of the Bevan Commission. To build a system of health and care where everyone is expected to contribute to providing accountability for their own and others' physical and mental health. Through continuing to

watch over the vulnerable within our communities when practical to do so (Bevan Commission,2023).

The Sustainable Social Services Third Sector Grant 2020–2023 of the Welsh Government (Welsh Government,2020) allows organisations to apply for funding, projects will be in keeping with the objectives outlined in A Healthier Wales: Our Plan for Health and Social Care, Taking Wales Forward, Prosperity for All. The initiative will support the Well-being of Future Generations (Wales) Act 2015's Well-being Goals and Principles.

Projects that are developed and carried out through co-production with those who require care and support as well as carers who receive support will be given priority. This strengthens the promises of the Welsh Government to stand behind third sectors (UK Government Wales,2019). By supporting co production, social prescribing and person-centred care, prudent health care can significantly change the NHS positively, allowing communities control by factoring in the Bevan commissions principles and practices.

Focus should also be directed towards appealing to young adults to work in social care services. Better further education opportunities, increasing incentives against industries like retail, where pay is frequently marginally higher for less physically demanding work and regulatory requirements. Especially given the impact the pandemic had on the future generation's education, a decline in those seeking to enter social care is likely (Welsh Government,2021). Prioritizing GP training, following from the Governments plans to "tackle the 8am rush" by increasing capacity so that practices could provide a greater number of appointments from more staff than ever before in the recovery plan for general practice. Often phonelines are busy all day and not restricted to the morning as suggested.

2,200 more GPs overall, including both practicing doctors and those doing GP training. While the initiatives succeeded by increasing the number of GPs in speciality training from 2,671 in 2014 to over 4,000 in 2023, completing the training required will take time. The plan recognises this and states that 'ambitious' recommendations will be included in the NHS workforce strategy, which has not yet been released.

In all healthcare settings, face-to face interactions should only happen when they are both clinically required and patient-appropriate. Patients receiving virtual consultations is a cost and time effective tool that can benefit both patient and professional, as the pandemic has demonstrated. Due to its widespread use in Wales for COVID-19-related calls during the pandemic, the 111 service has improved its brand recognition, encouraging the service instead of Accident and Emergency departments who are still struggling in the aftermath with minor issues more suited to 111. By offering patient assessments that can direct patients to the facilities and services that are best suited to meet their needs.

The emphasis on a variety of services to discharge patients from hospitals and place them in community and local authority care was equally significant. Patients are able to leave the hospital sooner and with the assistance of recovery and evaluation services.

To create a service that will last, it is essential to maintain these methods. Digital technology usage has also considerably grown as a result of Covid-19, and a large portion of this shift in practise will be built upon following recuperation. However, it is crucial that digital approaches in social care are utilised sparingly, considering that some individuals receiving care and assistance, particularly those who are particularly vulnerable, require a return to in-person support as soon as it is safe to do so. Investments will need to change over the long term to encourage self-help and preventative interventions, value-based healthcare, and a greater emphasis on local and regional planning within the framework of A Healthier Wales.

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