



Welsh NHS Confederation
Confederasiwn GLG Cymru

Building the health and wellbeing of the nation

The Welsh NHS Confederation's
calls for the 2026 Senedd election

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Introduction

Ahead of the Senedd election in 2026, the Welsh NHS Confederation has pulled together NHS leaders' views and set out their mission for health and social care in Wales.

Our mission: To build the health and wellbeing of the nation, supported by high-quality health and social care services and a partnership-led approach to population health and wellbeing that embraces the public, private and third sectors.

Following a survey of our members – NHS leaders across Wales, such as chairs, vice chairs, chief executives and executive directors – this document puts forward five significant changes the next Welsh Government must make to build the health and wellbeing of the nation and ensure the sustainability of the health and social care system.

A survey of 95 NHS leaders in Wales identified five key challenges:

- Evolving demographic challenges
- Recruitment and retention of the health and social care workforce
- Access to health and social care services
- Lack of capital investment in NHS estates and infrastructure, including digital
- Sustaining a viable and functioning social care sector

We believe it is imperative there is a fundamental shift in the health and social care system over the next decade. At its heart, this is about moving from a reactive model (treating people when they are unwell) to a proactive one (focusing on prevention and early intervention). This requires working across all sectors to support people to be active participants in their own health and wellbeing, creating resilient communities.

The future of health and social care must be based on prevention and early detection, accessible provision of care in the community by default and only attending hospital for acute services. A future with a whole-system approach, which focuses on wellbeing and delivers care at the right time and as close to home as possible. But we must bring the public with us to realise this transformation.

There is an opportunity to make significant improvements to the health of our nation in just five to ten years, benefiting millions of people, our economy and our health and social care system. But the government must initiate the drive for better health and empower all parts of society to work together to make it happen.

In the lead up to the 2026 Senedd election, we're calling for all candidates and political parties to ensure the debate is constructive and focuses on quality-based outcomes, prevention, community services and whole-system collaboration.

The Welsh NHS Confederation will continue to represent the views of NHS leaders as part of this debate, and we look forward to engaging with all political parties and candidates.

The challenge ahead

There is a burning demographic platform that will pose ever increasing challenges in delivering high-quality and safe health and social care services.



x 2

The proportion of the population aged 80 and over will have doubled from 2000 to 2038.¹



x 2

The number of people living with four+ Long Term Conditions will almost double by 2035.¹



+10%

The number of people to be diagnosed with dementia; heart failure; COPD; osteoporosis; anxiety disorders and diabetes are projected to be at least 10% higher from 2021 to 2038.¹



+70%

The number of people living with dementia in Wales is projected to rise by 70% from 2019 to 2040.¹

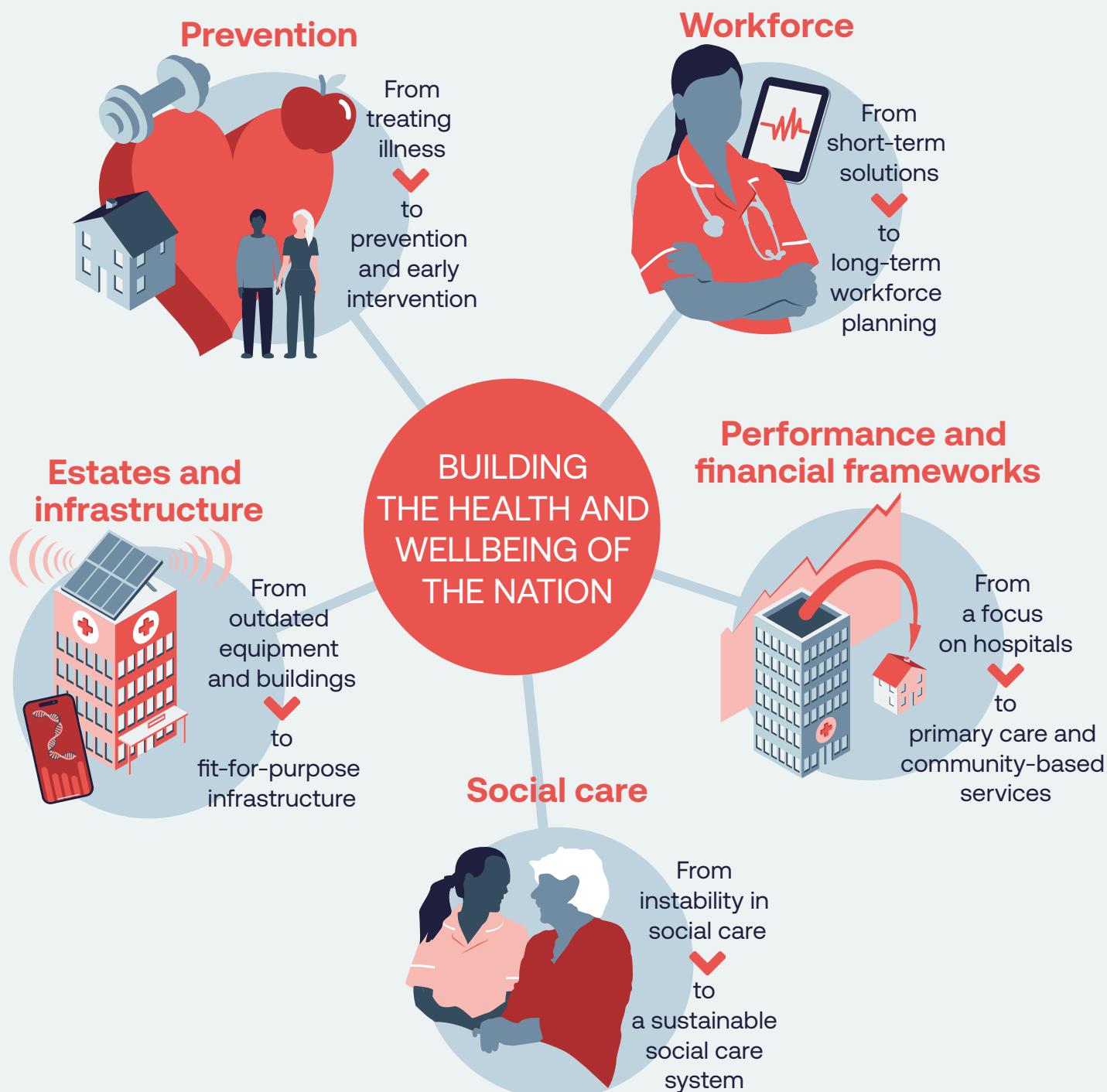


+1,000,000

The number of people aged 65 and over in the UK needing unpaid care will rise by over 1 million from 2007 to 2032.¹

Our **mission** is to build the health and wellbeing of the nation, supported by high-quality health and social care services and a partnership-led approach to population health and wellbeing that embraces the public, private and third sectors.

To achieve this, the next Welsh Government must focus on five areas of transformation:



To build the health and wellbeing of the nation the next Welsh Government needs to:

PREVENTION

Deliver a cross-government national strategy to improve health and wellbeing and reduce inequalities

This will shift the focus from simply treating illness to promoting health and wellbeing, reducing inequalities and tackling the wider determinants of health, boosting economic growth and supporting people to be active partners in their own health and wellbeing.

WORKFORCE

Invest in a long-term plan for the NHS and social care workforce and their education

This will enable the implementation of multi-professional, digitally enabled, motivated, engaged and valued workforce across the NHS and social care.

PERFORMANCE AND FINANCIAL FRAMEWORKS

Publish a joint health and social care performance and financial framework for seamless care and support

This framework should emphasise prevention, effective treatment and timely support for individuals, and be measured consistently across health and social care, support joined up models of care and provide care closer to home.

SOCIAL CARE

Establish an independent rapid review to develop a long-term agreement on the sustainability of the social care system

The review must address system-wide challenges and stabilise the social care system through sustainable funding and resourcing, considering workforce pay and conditions, access to publicly funded care and transparency and consistency around the collection and reporting of social care data.

ESTATES AND INFRASTRUCTURE

Launch a long-term capital and infrastructure strategy

Investing in the entire NHS and social care infrastructure, including buildings, equipment and digital infrastructure; but also leveraging technological and research advancements including genomics and AI. This will enable the NHS and social care to drive efficiency, productivity and sustainability, while improving patient outcomes and the physical working environment for staff.

Prevention

Our call: Deliver a cross-government national strategy to improve health and wellbeing and reduce inequalities



This will shift the focus from simply treating illness to promoting health and wellbeing, reducing inequalities and tackling the wider determinants of health, boosting economic growth and supporting people to be active partners in their own health and wellbeing.

In our survey of members, 87% of NHS leaders supported a cross-government plan for health improvement to shift focus from treating illness to promoting health and wellbeing.

Why

Health is our most precious asset. Good health and wellbeing enable us to achieve our potential, fuel the economy and build a stronger society. However, preventable illness is on the rise, with a clear link between areas of deprivation and inequalities in health outcomes.

Without a greater focus on prevention and the long term, the projected burden on health and social care is insurmountable. We must consider the wider determinants of health such as housing, education, the economy, transport, access to arts and leisure and environmental factors that are the building blocks for our health and wellbeing. Health is not an island and requires Welsh Government departments and sectors to work together, rather than in silos, to initiate change.

Population health challenges: Wales faces significant population health challenges that stall life expectancy and widen inequalities, including high levels of obesity, unhealthy alcohol consumption, smoking and poor levels of physical activity.

Increase in long-term conditions: With an ageing population and changing patterns of disease, many people will be living with multiple long-term health conditions in the future, with profound implications for the NHS, wider public services, the economy and public finances.

Widening inequalities: Inequalities have a significant impact on health outcomes, as well as the public purse:

- Nearly a quarter (21%) of people in Wales are living in relative income poverty.²
- There is a 17-year gap in healthy life expectancy for women living in the most and least deprived areas of Wales, with a 13-year gap for men.³
- The cost of health inequalities to acute NHS services in Wales is £322 million per year.⁴

Economic inactivity: There are record numbers of people out of the workforce due to ill health. Since 2020, there has been an increase of 900,000 in the number of economically inactive people of working age across the UK, 85 per cent of whom left work due to ill-health.⁵ This is shrinking the labour force and holding back economic growth. The NHS Confederation's analysis with Boston Consulting Group found reintegrating half to three-quarters of these people could deliver a £109-177 billion boost to the UK's GDP and unlock £35-57 billion in fiscal revenue over the next five years.⁶

Investing in public health interventions: Public health interventions are essential for improving health outcomes and getting value for taxpayers' money. A meaningful, sustained commitment to prevention through public health interventions offers a return of £14 for every £1 invested.⁷ Despite the fragility of public sector finances, now is the time to prioritise investment in prevention to reverse the decline in the nation's health, address the root cause of health inequalities and enable the people of Wales to live longer, healthier and happier lives.

Role of local government and businesses: Local government has a vital role to play in creating a healthy society. This includes providing stable jobs with good pay, quality housing and education, green spaces and considering the impact on health in planning decisions. Businesses can also have a direct influence on health and wellbeing in many ways, including providing employment, procuring local services, promoting healthier workplaces, supporting communities and protecting the environment.

Digital innovations: Health and social care bodies must be supported to maximise the potential of digital innovations. This will enable people to access a wide range of health and care services from home, maintain their independence, health and wellbeing, and stay up to date with the latest information relating to their care. Tackling digital exclusion will be key to ensuring everyone has the capability to navigate and access services digitally as society continues to make this shift.

The vision: Public, private and third sector bodies working together to support and promote health and wellbeing. This would lead to a reduction in preventable disease and health inequalities and improve healthy life expectancy. The public would be empowered and informed to support and maintain their own health and wellbeing in their community.

Workforce

Our call: Invest in a long-term plan for the NHS and social care workforce and their education



This will enable the implementation of multi-professional, digitally enabled, motivated, engaged and valued workforce across the NHS and social care.

In our survey of members, 71% of NHS leaders supported the next Welsh Government to commission Health Education and Improvement Wales and Social Care Wales to develop a fully funded long-term workforce plan for Wales.

Why

The people working in health and social care are our biggest asset. Without their hard work and dedication, the health and social care system would collapse. The NHS is Wales' biggest employer, directly employing over 110,000 people and rising.⁸ With a projected declining working population over the next 10 years and growing demand for flexible working, we need new workforce models that meet future population need.

Addressing workforce shortages and improving integration across health and social care are essential to meeting the demands of a changing population. To deliver a collective response to the challenges ahead, a long-term plan for the NHS and social care workforce should focus on efficiency, digital and technological advancements, staff training and preventative (including community) care.

Workforce supply: Workforce supply is one of the biggest challenges facing the NHS and social care. In February 2025, NHS Wales reported over 5,000 full-time equivalent (FTE) vacancies⁹ This is a major driver of costs, including agency spend, and with a declining working age population and growing demand for flexible working, workforce supply issues are projected to worsen.

Broadening workforce supply: Given the global health workforce shortage, our continued reliance on international recruitment poses a significant risk. As of February 2023, only 29% of doctors working in Wales undertook their primary medical qualification in Wales, 26% less than the corresponding figures for England and 34% less than Scotland and Northern Ireland.¹⁰ This indicates a greater reliance on medical staffing from outside of Wales. We therefore need to broaden workforce supply by training and educating more people from our local communities, as well as supporting the existing workforce to realise their career potential and stay in the sector.

Cost of the workforce: The cost of the NHS workforce makes up over 50% of the NHS budget. For the past five years the total pay bill has increased by 62%, from £3.23 billion in 2017-18 to £5.23 billion in 2023-24.¹¹ Between April 2018-19 and March 2023, the overall growth in agency and locum spend increased by 126%, from £144 million to £325 million.¹²

Staff sickness: It is vital that we prioritise the health and wellbeing of NHS staff. Higher levels of sickness absence present a substantial challenge for health bodies, particularly when service pressures are so great. In 2023, 1.3 million days were lost due to sickness absence and over recent years the average sickness rate for NHS staff has increased from 5.3% in 2018-19 to 6.6% in 2022-23.¹³ In 2022-23 anxiety/ stress remains the highest reason for sickness and accounts for 27% of all sickness reasons.¹⁴

Complexity in workforce planning: As highlighted by Audit Wales,¹⁵ while there is a clear Workforce Strategy for Health and Social Care,¹⁶ its implementation is made challenging by a complex and not fully integrated range of underpinning plans, with some uncertainty over system leadership arrangements. Some services and professions have workforce plans while others do not, with a lack of clarity on whether all plans will be fully funded, causing uncertainty over their deliverability.

Workforce data: We need high-quality health and social care workforce data, modelling and scenario planning to enable the system to develop a longer-term approach to the planning and delivery of health and social care services.

Retention: The most cost-effective way to ensure that the NHS and social care have the staff we need in the future is to support and retain the people we already employ. More than 50% of today's workforce will still be working in the health service in 15 years' time¹⁷ and if we want to transform services we need to support and develop today's health and social care workforce.

Embracing technological advancements: A long-term plan must ensure the health and social care workforce is equipped with the skills and confidence needed to capitalise on technological advancements and to effectively promote digital health tools to patients. This means ensuring sufficient training and support for new and existing workforce.

The wider workforce: Beyond the health and social care workforce, there are opportunities to develop the skills of other occupations, including the voluntary sector, to help support the wellbeing of the Welsh population. Individuals who work in local communities, such as a postal worker, teacher, hairdresser, volunteers and shop assistant could all play an active role in supporting individuals to stay healthy and connected and make communities more resilient.

The vision: A motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the care and support needs of the population.

Performance and financial frameworks

Our call: Publish a joint health and social care performance and financial framework for seamless care and support



This framework should emphasise prevention, effective treatment and timely support for individuals, and be measured consistently across health and social care, support joined up models of care and provide care closer to home.

In our survey of members, 91% of NHS leaders supported performance measures that focus more on outcomes and 76% of NHS leaders supported public sector bodies being more integrated across Wales, including in areas such as performance measures, data collection, regulation and inspection, and fair work.

74% of NHS leaders supported a shift in resources from acute services into primary care and community-based services, mental health and social care.

84% supported the development of a framework to support increased resources in prevention across public services and enable the spend to be monitored in a consistent and comparable way to evidence outcomes.

Why

While performance measures and targets have a role to play, to instigate whole system change in service provision, including prioritising prevention and health promotion, we must look at the bigger picture.

Current NHS targets and performance measures focus on emergency and acute care and do not always support the system to grow and redesign, such as by moving services into primary and community care settings. Unless we broaden targets and performance measures and collect and publish comprehensive data across the breadth of NHS and social care services, it is difficult to evidence system working, the delivery of timely and effective care and positive patient outcomes.

Population health: Access to healthcare only accounts for around 15–20 per cent of a population's health,¹⁸ with a significant proportion influenced by socio-economic factors and what we commonly call the wider determinants of health.

Legislation v focus on the acute: Current legislation, such as the Social Services and Well-being (Wales) Act 2014, the Well-Being of Future Generations (Wales) Act 2015 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020, emphasises the need for collaborative and integrated care approaches. However, we currently have performance measures that focus on late-stage interventions in acute settings, rather than targets that would enable primary and community care to implement upstream interventions that focus on preventing ill health, ultimately delivering better outcomes for patients.

Care closer to home: Political focus and resources must shift to ensure more people can access care closer to home in their local community and at an earlier stage of illness. For most people, being treated at or as close to home as possible is what is best for their health and how they want to be cared for.

Investing in primary and community care: Reflecting the focus of performance measures, most of the NHS's budget goes to acute services (i.e. those delivered in hospitals). However, primary and community care play a vital role in delivering healthcare, accounting for around 70% of daily patient interactions with the NHS.¹⁹ They provide a range of services in a variety of settings, helping people keep well, treat and manage acute illness and long-term conditions, and support people to live independently. Evidence shows investing in primary and community care results in lower demand in hospital and emergency care (where care is more expensive), with £14 added to the

economy for every £1 invested.²⁰ To enable the shift ‘upstream’ from hospital-centred care to integrated services that prioritise prevention and the delivery of care through primary, community and social care, we must develop care pathways and performance measures that address all the needs of individuals.

The vision: Meaningful, person-centred performance measures and financial frameworks across health and social care which focus on patient experience, value-based healthcare, clinical outcomes, prevention and whole-system collaboration. This would lead to a shift in services from the acute to the community.

Social care

Our call: Establish an independent rapid review to develop a long-term agreement on the sustainability of the social care system



The review must address system-wide challenges and stabilise the social care system through sustainable funding and resourcing, considering workforce pay and conditions, access to publicly funded care and transparency and consistency around the collection and reporting of social care data.

In our survey of members, the sustainability of the social care sector was the number one priority, with 51% of NHS leaders supporting increased funding even if it meant the NHS would receive less, with only 16% disagreeing.

Why

The adult social care system across the UK is in desperate need of reform. State-funded social care is only available to people with the highest needs and lowest means, while many face potentially catastrophic costs. Services are under extreme pressure, with high levels of unmet need, patchy quality of care and an unstable provider market. This places a heavy burden on families and friends to plug the gaps by providing informal care, often with limited support. The sector is facing a workforce crisis, with high vacancies and uncompetitive pay and conditions.

The challenges in the sector mean that people are missing out on vital care and support, leaving them less independent, more vulnerable and more likely to rely on healthcare services. But despite the pressing need for change, successive governments across the UK have failed to reform social care for decades.

Current state of the social care workforce:

- As of March 2022, the total social care workforce stood at 84,134 people, 7% lower than in 2021.²¹
- As of March 2022, there were 5,323 vacancies in social care, representing 9% of the total workforce.²²
- The 2023 Social Care Wales workforce survey found that 26% were looking to leave the sector in the following twelve months and 44% in the following five years. Of these, 58% per cent planned to leave because of the pay and 30% because of poor employment or working conditions. For context, 11% are employed on zero hours contracts.²³
- Nearly a quarter (23%) of the current social care workforce is over 55, meaning they are likely to retire within the next 10 years.²⁴

Demand and cost: According to the Welsh Local Government Association (WLGA), councils continue to highlight increasing demands and complexity of need for both adult and children's services, adding to financial pressures. The WLGA said in 2024-25, social care makes up 45% of the estimated overall additional in-year pressures facing councils, or £106m²⁵

Supporting people to remain independent: Social care plays a crucial role in supporting people to remain independent for longer and preventing hospital admissions. In the absence of a sufficiently resourced social care sector, the NHS sees a significant proportion of urgent and emergency care demand from the frail and elderly.

Impact on NHS services: The challenges facing social care have an impact on the wider healthcare system. The NHS is reliant on a sustainable social care system as capacity and workforce issues in social care have implications on patient flow through hospital, impacting the NHS's ability to discharge large numbers of patients from hospital. Across Welsh hospitals, typically there are 1,400 – 1,700 patients who are medically fit to be discharged from hospital but cannot do so because there is no available package of care.²⁶ This delay then affects the capacity available to provide treatment for other patients.

Impact on hospital patients: Remaining in hospital longer than needed increases the risk of a patient catching a hospital-acquired infection, losing mobility and cognitive function. For every 10 days of bed rest in hospital, a person over the age of 80 will experience 10 years of muscle ageing.²⁷ These factors can make it harder for people to regain their independence after leaving hospital and lead to an increased need for further care and support.

Joint working: There is evidence that closer working between local authorities and the NHS helps people to recover and keep well. This involves focusing on prevention and early intervention, making better use of primary care and community services and improving access to community support and advice, improving the self-management of conditions.

Parity for health and social care: There needs to be parity in how health and social care services are designed, commissioned and resourced to provide stronger, integrated services, leading to improved workforce retention and outcomes for service users. This means ensuring the workforce feel properly valued, paid and respected for their important work.

Publicly available data: While NHS data are published consistently by the Welsh Government, such as monthly activity and performance figures and data on the NHS workforce, there are minimal and inconsistent social care data made publicly available. This is essential to understanding how current and future social care services can meet demand.

The vision: Adult social care is fair and accessible, with patients benefiting from seamless, joined-up health and social care services. Services are sufficiently staffed, and staff feel properly valued, paid and respected for their important work, with parity of pay and conditions with NHS staff. Health and social care data are interlinked as part of the national infrastructure.

Estates and infrastructure

Our call: Launch a long-term capital and infrastructure strategy



Investing in the entire NHS and social care infrastructure, including buildings, equipment and digital infrastructure; but also leveraging technological and research advancements including genomics and AI. This will enable the NHS and social care to drive efficiency, productivity and sustainability, while improving patient outcomes and the physical working environment for staff.

In our survey of members, 91% of NHS leaders said they would support a 10-year capital strategy to reshape NHS estates and infrastructure.

59% of NHS leaders agreed the lack of capital investment for the NHS estate is the biggest financial challenge facing the NHS, with 47% saying the ability to invest in digital and technology is a challenge financially.

Why

Across the UK, the NHS has been starved of capital funding for more than a decade, resulting in an estate in desperate need of extensive repairs and long-term investment. Capital investment - including buildings, machinery, computers, technology and more - is key to improving productivity and enabling the NHS to deliver high-quality, safe healthcare services while meeting sustainability objectives. Without robust capitalise investment, the NHS cannot sufficiently modernise crumbling buildings, replace outdated equipment and capitalise on technology and digital infrastructure.

A multi-year capital funding settlement for the entire NHS in Wales, not just for hospitals, but primary care, community care and mental health services, would drive productivity, support the shift of care from hospitals to communities and help reduce waiting lists. It would ensure estate-related safety, embed positive pandemic-era changes, and make inroads in reducing inequalities by transforming models of care, including the use of digital technology.

Lack of capital investment: Low capital investment is one of the leading barriers to treating patients efficiently and effectively. As highlighted by the Health Foundation, the UK has invested poorly in health capital compared to peer nations for decades, spending approximately 55% less than the EU-14 and £33 billion less between 2010 and 2024 than comparable OECD countries.²⁸

Ageing estate: The NHS has an ageing estate that was not designed with current demands in mind. Many hospitals in Wales were built in the 1960s or earlier, with 12% of the estate built pre-1948 and only 6% since 2015, meaning significant investment is required to bring them in line with modern standards.²⁹ Due to the age profile of much of the NHS estate, a significant amount of money is spent on essential maintenance and repair work to maintain staff and patient safety.

Impact on innovation: Poor quality infrastructure not only holds staff back from being able to maximise their time and resource, but it also inhibits the ability to drive innovation and productivity. Without investment, the NHS will be unable to leverage technological and research advancements, including genomics and AI, cyber security and data privacy.

Raising capital funds: The next Welsh Government should work with NHS leaders to agree on mechanisms to generate more funding for capital investment in the NHS. Current fiscal rules prevent NHS organisations from acquiring or selling surplus land or estate to generate income without Welsh Government approval and local health boards do not have borrowing powers. There is an opportunity for the UK and devolved governments to learn from innovative international and domestic models to invest in the NHS estate.³⁰

Technology and health surveillance: Developments in technology and health surveillance can improve the monitoring, modelling and management of health and social care services. Standardised digital healthcare technologies have the potential to enable patients to take an active role in their own care, helping to mitigate growing demand and financial pressures facing the NHS. This includes wearable devices that could support early diagnosis, treatment and personalised interventions as well as signposting preventative measures. The adoption of AI has the potential to revolutionise the way healthcare services are delivered, while genetic and genomic advancements could significantly change how we think about medicine and public health.

Investing in the economy: Recent analysis by Carnall Farrar shows that for every £1 spent per head on the NHS, there is a corresponding return on investment of £4.³¹ Along with being a large employer and key purchaser of goods and services, the NHS helps support and drive the economy as a capital estate holder and developer. This ripple effect of investing in NHS infrastructure benefits the economy and local communities through employment of designers, managers, specialist contractors, suppliers and more.

The vision: A more efficient, productive, economical and sustainable health and social care service, including improved energy efficiency, patient experience, quality of care and access to services, as well as supporting people to stay well in the first place.

About

The Welsh NHS Confederation is the only national membership body representing the leaders of the organisations making up the NHS in Wales: the seven local health boards, three NHS trusts and two special health authorities. We also host NHS Wales Employers and are part of the NHS Confederation.

The NHS in Wales

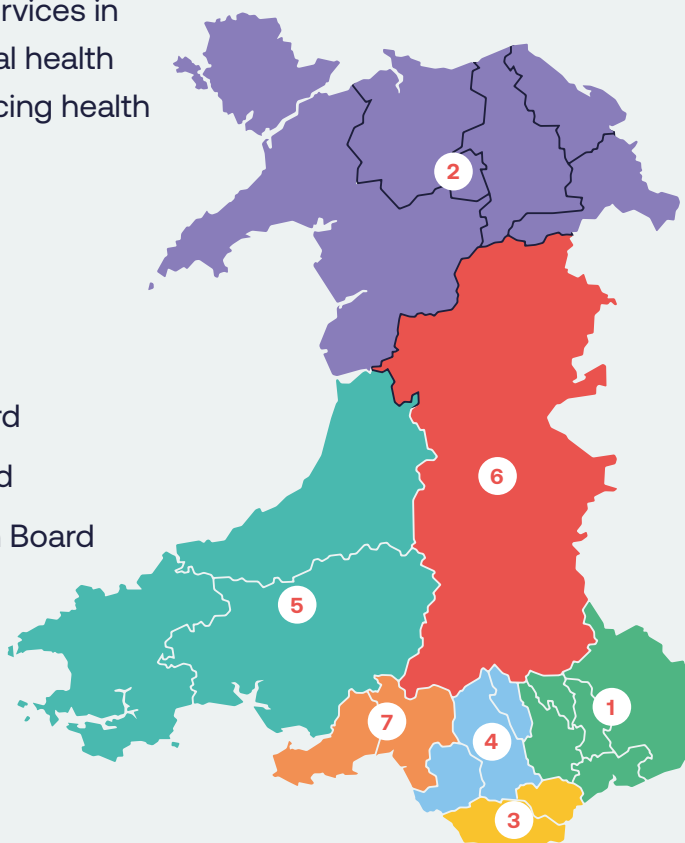
Local health boards

The seven health boards are responsible for planning and securing the delivery of primary, community and acute care services alongside specialist services for their areas. These services include dental, optical, pharmacy and mental health services.

They are also responsible for delivering services in partnership, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across their population.

The local health boards are:

1. Aneurin Bevan University Health Board
2. Betsi Cadwaladr University Health Board
3. Cardiff and Vale University Health Board
4. Cwm Taf Morgannwg University Health Board
5. Hywel Dda University Health Board
6. Powys Teaching Health Board
7. Swansea Bay University Health Board



All-Wales NHS organisations

NHS trusts

There are three NHS trusts in Wales with an all-Wales focus:

- **Public Health Wales NHS Trust**, is the national public health agency who work to protect and improve health and well-being and reduce health inequalities for the people of Wales.
- **Velindre University NHS Trust**, which provides specialist cancer and blood services across South and Mid Wales through Velindre Cancer Centre and the Welsh Blood Service.
- **Welsh Ambulance Services University NHS Trust**, which provides a range of out-of-hospital, emergency and non-emergency services.

Special health authorities

There are two special health authorities in Wales:

- **Digital Health and Care Wales** leads on digital platforms, systems and services and collecting and analysing health service data across Wales.
- **Health Education and Improvement Wales** has a leading role in the education, training, development and shaping of the healthcare workforce across Wales.

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