Welsh NHS Confederation
Conffederasiwn GIG Cymru

	The Welsh NHS Confederation response to Welsh Labour Stage 2 Policy Consultation document
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Introduction

The Welsh NHS Confederation is the only membership body representing all the organisations making up the NHS in Wales: the seven local health boards, three NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust and Public Health Wales NHS Trust) and two special health authorities (Digital Health and Care Wales and Health Education and Improvement Wales). We also host NHS Wales Employers and are part of the NHS Confederation.

We welcome that you have outlined in your Stage 2 Policy Consultation Document that for 2026 and beyond you will focus on several core priorities relating to health and social care, including; driving down waiting times through sustained investment and innovation, expanding access to mental health support, improving digital services, investing in prevention, tackling health inequalities, promoting sustainability, ensuring social care services keep people at home, and ensuring that Wales has the NHS and social care workforce that it needs for the future.

These priorities align with the key areas put forward by NHS leaders in Wales following our survey and our recent report, "Building the health and wellbeing of the nation: the Welsh NHS Confederation's calls for the 2026 Senedd election". The 5 priorities identified are:

Our priorities for the next Welsh Government

1. **Deliver a cross-government national strategy to improve health and wellbeing and reduce inequalities.**
2. **Invest in a long-term plan for the NHS and social care workforce and their education.**
3. **Publish a joint health and social care performance and framework for seamless care and support.**
4. **Establish an independent rapid review to develop a long-term agreement on the sustainability of the social care system.**
5. **Launch a long-term capital and infrastructure strategy.**

1. 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.

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.[1] Despite the fragility of public sector finances, now is the time to prioritise investment in prevention to respond to the burning demographic platform that Wales faces, with the number of people living with four+ Long Term Conditions expected to double by 2035,[2] to address the root cause of health inequalities and enable the people of Wales to live longer, healthier and happier lives.

As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance and Royal College of Physicians report, Mind the gap: what's stopping change?, addressing the factors that cause ill health in the first place should be a central focus for the next Welsh Government. We must consider the wider determinants of health and Welsh Government initiatives should address factors such as poor housing, green spaces, transport, food quality, and access to the arts and leisure facilities. This needs to be done in a nationally coordinated way, with Welsh Government departments and sectors working together, rather than in silos, with nationally led implementation guidance to reduce local variation.

Focus on improving population health and prevention initiatives will also help reduce health inequalities. Inequalities have a significant impact on health outcomes. 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] In Wales 66% of men, 56% of women and 27% of children have a weight defined as overweight or obese.[4] Obesity affects the poorest in our society the most, contributing to stark economic and health inequalities. Obesity among adults in the most deprived groups in Wales is 32%, compared with 20% in the least deprived groups. 17.2% of children aged 4-5 in the Merthyr Tydfil had obesity in 2019 compared to 7.8% in the Vale of Glamorgan.[5]

Obesity costs the Welsh economy an estimated £3bn per year[6] and is exacerbating huge avoidable pressures facing our NHS. Excess weight leads to many diseases that cause

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[1] Welsh NHS Confederation (2025), Building the health and wellbeing of the nation.
[Online] WNHSC 2026 Senedd election document - English.pdf

[2] Welsh Government (2023). Science Evidence Advice: NHS in 10+ years An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales.
[Online] www.gov.wales/report-projections-healthevidence-and-policy-recommendations

[3] Welsh Government (2023). Wellbeing of Wales, 2023.
[Online] www.gov.wales/wellbeing-wales-2023-htm

[4] National Survey for Wales 2019-20: Adult lifestyle.
[Online] https://www.gov.wales/sites/default/files/statistics-and-research/2020-07/adult-lifestyle-national-survey-wales-april-2019-march-2020-390.pdf

[5] National Survey for Wales 2019-20: Adult lifestyle.
[Online] https://www.gov.wales/sites/default/files/statistics-and-research/2020-07/adult-lifestyle-national-survey-wales-april-2019-march-2020-390.pdf

[6] Nesta: The economic and productivity costs of obesity and excess weight in the UK.
[Online] https://www.nesta.org.uk/report/the-economic-and-productivity-costs-of-obesity-and-overweight-in-the-uk/

significant mortality and morbidity, including type-2 diabetes, cardiovascular disease (CVD), liver disease, many types of cancer, musculoskeletal conditions and poor mental health.

Case Study:

Public Health Wales NHS Trust are leading on a Whole Systems Approach (WSA) to tackling obesity, looking at the big picture, demonstrating how different parts of the system are connected and interconnected in a way that can make it challenging for people to stay healthy. The WSA recognises the complexity of the systems that affect our health. It works with everyone in the system to create changes that meet stakeholders' needs. WSA brings together various players - such as health organisations, local councils, businesses, and schools, to work together to change the environment around us. This collaboration embraces the complexity of these systems, creating stronger and more effective healthy solutions with a better chance of making a real difference.

This includes empowering local authorities to prioritise health and wellbeing when assessing planning applications for new takeaways. Betsi Cadwaladr University Health Board has been working with local authorities in North Wales on objecting to planning applications based on health and wellbeing grounds. The number of fast-food outlets in Wales has increased by 48% from 2010 to 2018, with 670 new establishments opening during this time.[7]

2. 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.

Changes in the Welsh population are both increasing demand for NHS Wales services and affecting the supply and availability of the workforce. Expanding the training pipeline will not on its own meet Wales' health and social care workforce needs, we must also grow our workforce in different ways, by improving productivity, adapting skills, and embracing the opportunities offered by digital, technological and advanced therapies.

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 and is the cornerstone of the foundation economy, directly employing over 110,000 people.[8] The dependency ratio in Wales is increasing as our population changes over the coming decades. We anticipate increases in the population aged 60 and above, alongside in a decline in the number of 18-year-olds entering the workforce. Over the next decade we will need new workforce models that meet future population need, new skills so our workforce can adapt to the changing working environment, reconsideration of our workforce supply and a focus on the wellbeing, engagement and value of our workforce.

[7] Public Health Wales. Whole Systems Approach for a Healthy Weight.
[Online] https://phw.nhs.wales/topics/whole-systems-approach-to-healthy-weight/
[8] StatsWales (2025). NHS staff by staff group and year.
[Online] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/NHS-Staff-Summary/nhsstaff-by-staffgroup-year

The cost of the NHS workforce makes up over 50% of the NHS budget and workforce supply and availability is one of the biggest challenges facing the NHS and social care. Agency spend is currently a major driver of costs, with NHS organisations in Wales spending £173,747 million on agency staff in 2024-25.[9] While the majority of this spend (72%) continues to cover workforce vacancies, approximately 14% of agency expenditure supports additional activity to help meet demand. Workforce flexibility and effective deployment to meet population need is becoming a major focus, enabled by robust workforce and financial data.

We need to broaden our thinking on workforce supply from training and educating more people to increasing local community focussed supply opportunities, as well as supporting the existing workforce to re-skill and adapt to the increasing digitisation of work processes and a changing working environment, so they can realise their potential, work more effectively and choose to stay in the sector. Investment in education and training remains key to supporting both recruitment and retention and developing new workforce skills to support service transformation and moving care into community settings.

As highlighted by Audit Wales,[10] while there is a clear Workforce Strategy for Health and Social Care in Wales, its implementation is made challenging by a complex and not fully integrated range of underpinning plans. We need to build on the work already taking place to deliver high quality health and social care workforce data, modelling and scenario planning and improve access to robust data, which will enable the system to develop longer-term planning for the workforce, skills and the delivery of health and social care services.

Case study:

Health Education and Improvement Wales (HEIW) has a leading role in the education, training, development and shaping of the healthcare workforce across Wales. They recommend that a **future long term workforce plan should be:**

- **Data driven and based on scenario-based planning:** Using robust data and scenario modelling to anticipate future service and population health demands and workforce supply, enabling iterative workforce modelling and evidence-based decision making.
- **Aligned with evolving models of care:** Close alignment between workforce skills required to deliver with new models of care, co-designed with organisations, supporting transformation in how care is delivered.
- **Underpinned by workforce wellbeing and flexibility:** Prioritising workforce wellbeing, flexibility, and adaptability to changing generational expectations of learning, training, and work.
- **Based on continuous learning and skills development:** Rapid technological advances necessitate a focus on continuous learning, upskilling, and reskilling, particularly in response to treatment advances, digital transformation, and AI. There will

[9] Audit Wales. NHS Wales Finances Data Tool.
[Online] https://www.audit.wales/data-tools/nhs-wales-finances-data-tool?t=View%20tool
[10] Audit Wales (2025). Addressing Workforce Challenges in NHS Wales.
[Online] https://www.wao.gov.uk/publication/addressing-workforce-challenges-nhs-wales

be a need to plan for future skills rather than traditional roles, ensuring the right skills are available in the right place.

- **Regional collaboration**: Fostering multidisciplinary, multi-professional, and cross-organisational/regional working to break down silos and support integrated care delivery and the shift to community-based care.
- **Patient centric and population need based**: Ensuring clear links and understanding of workforce planning linked to population, ensuring the workforce is shaped around people's health and care needs, prevention and care closer to home as well as future changes to workforce supply and availability.

3. 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.

Current NHS targets and performance measures focus on emergency and acute care and do not always support the system to grow and redesign, for example 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 whole system working.

The development of a framework should support increased resources in prevention across public services and enable the spend to be monitored in a consistent and comparable way to evidence outcomes. The future Welsh Government should work with local health boards to develop targets that enable primary and community care to implement upstream interventions that focus on preventing ill health, ultimately delivering better outcomes for patients and saving the NHS money.

Political focus and resources must also shift to enable 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. This would also help deliver better mental health and social care services.

The Auditor General for Wales has also recently announced that long-term strategic planning is key if the NHS is to deliver services which are clinically and financially sustainable.[11] The Auditor General is concerned that within the current system, a failure of an NHS body to produce a financially balanced three-year plan typically results in a reversion to a one-year plan. Although the need to demonstrate in-year financial balance is understandable, it risks perpetuating a focus on the short term at the expense of a longer-term plan. That longer-term view needs to include a greater focus on preventing illness which can have significant cost and outcome benefits to the NHS.

[11] Audit Wales (2025). Health Boards in Wales continue to experience significant financial challenges. [Online] Health Boards in Wales continue to experience significant financial challenges | Audit Wales

Case Study:

In March 2025, the Cabinet Secretary for Health and Social Care announced changes to the Ambulance Performance Framework. The one-year pilot will adopt performance measures that focus on clinical outcomes and quality of care, rather than solely on the speed of response. This change supports the Welsh Ambulance Services University NHS Trust to provide high-quality patient-focused care that will benefit communities across Wales.[12]

4. 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.

Social care is an essential service that helps people live the life they want to live. The challenges in the current social care sector means that people are missing out on vital care and support, leaving them less independent, more vulnerable and more likely to rely on healthcare services.

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. For example, 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.[13]

Social work suffers from a legacy of low status and low pay. The 2023 Social Care Wales workforce survey found that 26% of responders 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.[14]

A long-term funding solution is also needed to stabilise the social care system. The Welsh Local Government Association (WLGA) has highlighted that councils continue to face 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 made up 45% of the estimated overall additional in-year pressures facing councils, or £106m.[15]

[12] Welsh Government (2025). Changes to the Ambulance Performance Framework. Briefing Pack.
[Online] https://ambulance.nhs.wales/files/welsh-ambulance-services/how-our-service-is-changing/ambulance-performance-framework-briefing-pack/

[13] StatsWales. Pathway of Care Delays by reason for delay and date.
[Online] Pathway of Care Delays by reason for delay and date

[14] Social Care Wales (2023). Social care workforce survey 2023.
[Online] https:// socialcare.wales/research-and-data/workforce-survey-2023

[15] Welsh Local Government Association (2024). Summary of social services financial pressures: 2025/6 onwards.
[Online] http://www.wlga.gov.uk/social-care-funding-position-%E2%80%9Cunsustainable%E2%80%9D-says-wlga

But funding alone is not enough to support a sustainable system. There is evidence that closer working between local authorities and the NHS on the joined-up planning and commissioning of services helps people to recover and keep well. This involves focusing on prevention and early intervention and making better use of primary care and community services. However current funding models can increase competition, we need incentives and ways of working that drive cooperative working, for instance, measuring the performance of the whole systems.

While NHS data are published consistently by the Welsh Government, such as monthly activity and performance figures, 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.

Case Studies:

Across Wales there are initiative that evidence that closer working between local authorities and the NHS help people to recover and keep well. These initiatives involve 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.

Llesiant Delta Wellbeing's blue army is supporting hospital discharge and patient flow in Carmarthenshire, helping to free up much-needed hospital beds. On average, patients have been able to be discharged from hospital five days earlier as a result. Working closely with Hywel Dda University Health Board, Carmarthenshire County Council and Welsh Ambulance Services University NHS Trust, a multi-disciplinary team of different health and care professionals has been set up. In Glangwili Hospital in Carmarthen social workers, occupational therapists, staff from Care & Repair and members from the Delta Wellbeing team are regularly part of the ward rounds to support patients.[16]

5. 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.

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

[16]Welsh Parliament Local Government and Housing Committee (2025). The role of local authorities in supporting hospital discharges.
[online] https://laiddocuments.senedd.wales/cr-ld17406-en.pdf

modern standards.[17] 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.

Without robust capital 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.

Low capital investment is also one of the leading barriers to treating patients efficiently and effectively. 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.

Embracing the potential of digital health advancement will need a long-term digital investment strategy that sees digital being part of the operating expenditure of health and care services in Wales, which would reduce the capital investment required over time. This will facilitate the required shift to cloud computing and product and service operating models needed to maximise the technology potential, enabling the design of digital first service models as part of the NHS Wales future blueprint work.

As 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. The ripple effect of investing in NHS infrastructure would benefit the economy and local communities through employment of designers, managers, specialist contractors, suppliers and more.

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.

Case Study:

As highlighted in the recent NHS Confederation report, Towards a new co-investment model, What is next for NHS public-private partnerships?, across the UK NHS leaders highlight that

[17] Welsh NHS Confederation (2024). How is the NHS in Wales funded? [Online] www.nhsconfed.org/articles/how-nhs-wales-funded-0

a new model of private co-investment alongside public investment can play a significant complementary role to public finance in fixing the challenges with NHS's capital. The report evidences what other countries are doing to respond to the challenges associated with capital investment in the NHS.

An effective Public Private Partnership (PPP) model that has the support of both the public and private sector will be critical in rebalancing the NHS estate after decades of underinvestment and given the current fiscal rules. The Velindre Cancer Centre Mutual Investment Model (MiM) is a refinement of a traditional Private Finance Initiative (PFI) and demonstrates how a project can be off the Government balance sheet while also addressing some of the perceived challenges of PFIs. The Welsh Government's MiM ensured that the complex contractual model they agreed with private industry worked for HM Treasury.

To try to address some of the criticisms of PFI models around lack of governance and rights for the public sector, the Welsh Government took a 15 per cent equity stake via the Welsh Development Bank. The Welsh Government also has a seat at the board, meaning more public sector visibility to reduce risks. The Velindre MIM has developed a 'lessons learned' table which can be found on page 16 of the report.

Conclusion

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.

Our priorities for the election focus on delivering a more efficient and cost-effective NHS and social care system. One which moves from acute care to prevention, early intervention, and care closer to home. Investing in the social care system will also improve patient outcomes and support the NHS to be more sustainable in the future. Better data collection and developing new performance measures across health and social care will help to realise these aims by focusing on the whole system rather than just acute care. Investing in NHS infrastructure will also lead to more effective and efficient care by digitalising services and investing in AI.

Our priorities are also echoed by the Welsh NHS Confederation Health and Wellbeing Alliance (HAWA). The Alliance has over 70 members with representatives from the NHS, local government, healthcare, social care, patient organisations and other professions.

The common themes that have emerged from HAWA's Election Calls include the following:

- Increased focus on prevention, reducing health inequalities and the wellbeing of the population.
- Enabling more accessible care, treatment and support.
- Implementing a long-term plan for the NHS and social care workforce.
- Increase investment in NHS and social care infrastructure.

- Increased implementation and accountability across all of Wales.
- Robust and transparent data collection.
- Increased mental health and wellbeing support.
- Increased investment in earlier diagnosis.
- Investment in social care to enable more people to live independently.
- Increased investment in innovation and digital.