Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:
Ystafell Bwyllgora 2 – y Senedd
Dyddiad: Dydd Mercher, 15 Tachwedd 2017
Rhag-gyfarfod Aelodau: 09.15
Amser: 09.30

I gael rhagor o wybodaeth cysylltwch a:
Claire Morris
Clerc y Pwyllgor
0300 200 6355
SeneddIechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.15 – 09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau.

2 Craffu ar Gyllideb Ddrafft Llywodraeth Cymru ar gyfer 2018-19 – sesiwn dystiolaeth 1 – Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol a'r Gweinidog Gofal Cymdeithasol a Phlant

(09.30 – 11.30) (Tudalennau 1 – 60)

Vaughan Gething, Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

Huw Irranca-Davies AC, y Gweinidog Gofal Cymdeithasol a Phlant

3 Papurau i'w nodi

3.1 Defnyddio meddyginiaeth gwrthseicotig mewn cartrefi gofal – Gwybodaeth ychwanegol gan Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru

(Tudalennau 61 – 88)

3.2 Defnyddio meddyginiaeth gwrthseicotig mewn cartrefi gofal – Gwybodaeth ychwanegol gan Fwrdd Iechyd Prifysgol Hywel Dda a Bwrdd Iechyd Prifysgol Aneurin Bevan

(Tudalennau 89 – 108)

3.3 **Defnyddio meddyginiaeth gwrthseicotig mewn cartrefi gofal – Gwybodaeth ychwanegol gan Goleg Brenhinol Therapyddion Iaith a Lleferydd a Choleg Brenhinol Therapyddion Galwedigaethol**

(Tudalennau 109 – 112)

3.4 **Llythyr gan Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon ynglŷn ag amseroedd aros canser**

(Tudalennau 113 – 119)

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

5 Craffu ar Gyllideb Ddrafft Llywodraeth Cymru ar gyfer 2018-19 – Trafod y dystiolaeth

(11.30 – 11.45)

Mae cyfyngiadau ar y ddogfen hon

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Dyddiad: **9 Tachwedd 2017**
Lleoliad: **Senedd Bae Caerdydd**
Teitl: **Craffu ar Gyllideb Ddrafft 2018-19**

1. Diben

Ysgrifennodd Cadeirydd y Pwyllgor at Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon a'r Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol ar 3 Awst yn eu gwahodd i gyflwyno tystiolaeth ar eu cynigion ar y Gyllideb Ddrafft ac yn gofyn iddynt ddarparu papur ar y Gyllideb Ddrafft.

2. Cyflwyniad

Mae dau gam i broses y Gyllideb Ddrafft. Cyhoeddwyd y gyllideb ddrafft amlinellol (Cam 1) ar 3 Hydref 2017, a'r gyllideb fanwl (Cam 2) ar 24 Hydref. Mae'r gyllideb ddrafft amlinellol yn canolbwyntio ar amlen ariannol Llywodraeth Cymru a phrif ddyraniadau ar lefel y Prif Grwpiau Gwariant (MEG), ac mae'r gyllideb fanwl yn cwmpasu cynlluniau gwariant ar y Llinell Wariant yn y Gyllideb (BEL) ar gyfer pob MEG.

Mae'r papur hwn yn darparu gwybodaeth i'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon ar gynigion cyllideb y Prif Grŵp Gwariant (MEG) Iechyd, Llesiant a Chwaraeon ar gyfer 2018-19 ac mae hefyd yn darparu gwybodaeth am feysydd o ddiddordeb penodol i'r Pwyllgor.

3. Trosolwg o'r Gyllideb

	2018-19
Refeniw	**£m**
Gwaelodlin Diwygiedig DEL 2017-18	7,018.570
Dyraniad MEG	230.000
Gostyngiad Arbedion Cytunedig MEG	(7.292)
Arbedion grantiau Penodol Cytunedig	(2.400)
Trosglwyddiadau MEG i MEG	(7.670)
DEL Diwygiedig fel ar Gyllideb Ddrafft 2017	**7,231.208**
Cyfalaf	
Gwaelodlin cyfalaf yn unol â Chyllideb Derfynol 2017-18	260.289
Dyraniad MEG	23.500
Trosglwyddiadau MEG i MEG	10.985
DEL Diwygiedig fel ar Gyllideb Ddrafft 2017	**294.774**
Cyfanswm y MEG HWB&S	**7,525.982**

Nid yw'r tabl uchod yn cynnwys Gwariant a Reolir yn Flynyddol, sydd y tu hwnt i Derfyn Gwariant Adrannol (DEL) Llywodraeth Cymru.

Mae'r tabl canlynol yn dangos y cysoniad rhwng y gyllideb Atodol Gyntaf gyhoeddedig ar gyfer 2017-18 â'r gwaelodlin diwygiedig ar gyfer pob elfen o'r MEG.

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Refeniw DEL	£m
Cyllideb Atodol Gyntaf Gyhoeddedig 2017-18	7,065.650
Trosglwyddiad i'r MEG Llywodraeth Leol	(30.000)
Gwrthdroi trosglwyddiad MEG Cynllun Bwrsariaeth y GIG	0.800
Dileu cyllid anghylchol	(17.880)
Gwaelodlin Diwygiedig 2017-18	**7,018.570**
DEL Cyfalaf	
Cyllideb Atodol Gyntaf Gyhoeddedig 2017-18	251.971
Addasiad i gyd-fynd â chynlluniau 2018-19 (yn unol â'r Gyllideb Derfynol ar gyfer 2017-18)	8.318
Y gwaelodlin diwygiedig fel yng Nghyllideb Derfynol 2017-18	**260.289**

O gymharu â gwaelodlinau diwygiedig 2017-18, mae cyfanswm y dyraniad refeniw ar gyfer Iechyd, Llesiant a Chwaraeon wedi cynyddu **£212.638 miliwn** a chynnydd o **£34.485 miliwn** ar gyfer cyfalaf. Yn gryno, mae'r symudiadau fel a ganlyn:

Refeniw	£m
Buddsoddiad ychwanegol o gronfeydd wrth gefn yn unol â blaenoriaethau Llywodraeth Cymru i gefnogi'r GIG yng Nghymru	230.000
Arbedion net wedi'u trosglwyddo i'r cronfeydd wrth gefn	(9.692)
Trosglwyddiad i'r MEG Llywodraeth Leol mewn perthynas â'r adolygiad o Grantiau (Grant Byw'n Annibynnol Cymru (£27.000 miliwn) ac Ystadau Diogeledd (£0.39 miliwn))	(27.391)
Trosglwyddiad i MEG Gweinyddu Gwasanaethau Canolog Cymru ar gyfer Grant Affrica	(0.050)
Trosglwyddiad o MEG Gweinyddu Gwasanaethau Canolog Cymru ar gyfer addasiad gwaelodlin Buddsoddi i Arbed 2017-18	9.049
Trosglwyddiad i MEG Gweinyddu Gwasanaethau Canolog ar gyfer cymeradwyaeth Buddsoddi i Arbed	(0.278)
Buddsoddiad Cytundeb y Gyllideb Ychwanegol	**11.000**
Cynnydd refeniw net	**212.638**
Cyfalaf	
Buddsoddiad ychwanegol o gronfeydd wrth gefn	23.500
Trosglwyddo i MEG Gweinyddu Gwasanaethau Canolog ar gyfer Buddsoddi i Arbed 2018-19	(0.015)
Buddsoddiad Cytundeb y Gyllideb Ychwanegol	**11.000**
Cynnydd cyfalaf net	**34.485**

Dangosir manylion pob trosglwyddiad yn Atodiad A y papur hwn.

4. Yr ymateb i gynigion y Gyllideb

Mae'r Prif Grŵp Gwariant Iechyd, Llesiant a Chwaraeon yn cefnogi uchelgeisiau Llywodraeth Cymru ar gyfer poblogaeth iach ac egnïol. Mae'n cynnwys y cyllid refeniw a chyfalaf drafft ar gyfer GIG Cymru, yn ogystal â chyllid ar gyfer:

- Iechyd Cyhoeddus Cymru a rhaglenni eraill iechyd y cyhoedd
- addysg a hyfforddiant gweithlu'r GIG
- cyllidebau eraill y GIG a rhaglenni iechyd, gan gynnwys camddefnyddio sylweddau ac ymchwil a datblygu

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- cefnogi gwasanaethau cymdeithasol, gan gynnwys cyllid ar gyfer Gofal Cymdeithasol Cymru, darperir y brif elfen gofal cymdeithasol drwy'r MEG Llywodraeth Leol
- cefnogi chwaraeon cymunedol ac elitaidd, gan gynnwys cyllid ar gyfer Chwaraeon Cymru.

Mae Llywodraeth Cymru yn parhau i flaenoriaethu buddsoddiad yn y GIG yng Nghymru. Y newid cyllidebol mwyaf arwyddocaol i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer 2018-19 yw'r buddsoddiad ychwanegol o £450 miliwn yn y GIG yng Nghymru yn y ddwy flynedd nesaf. Dangosodd tystiolaeth o adroddiadau diweddar gan y Sefydliad Iechyd ac Ymddiriedolaeth Nuffield y byddai angen i'r gwariant ar iechyd gynyddu'n flynyddol er mwyn gallu darparu ar gyfer poblogaeth sy'n gynyddol oedrannus, ac yn sgil achosion cynyddol o gyflyrau cronig, megis diabetes. Drwy'r buddsoddiad ychwanegol hwn, rydym yn cynllunio ar gyfer cynaliadwyedd y gwasanaethau iechyd yng Nghymru yn y tymor canolig a'r tymor hwy.

Darperir manylion am ddyraniad y cyllid hwn i sefydliadau'r GIG yn nyraniadau refeniw GIG 2018-19, a fydd yn cael eu cyhoeddi yn ddiweddarach yn yr hydref.

Rydym wedi adolygu a lleihau'r cynlluniau gwariant ar gyfer rhai rhaglenni iechyd a llesiant canolog, lle y gallwn fod yn sicr y gellir lliniaru effeithiau'r gostyngiadau hyn drwy feysydd cyllid craidd eraill. Byddwn yn parhau i fonitro effaith y newidiadau gwariant hyn er mwyn sicrhau nad ydynt yn ein hatal rhag cyflawni ein nod o sicrhau *Ffyniant i Bawb.*

5. Trefniadau cyllido ar gyfer Byrddau Iechyd Lleol

Er mwyn helpu gyda gwaith craffu'r Pwyllgor ac i ddarparu gwell dealltwriaeth o sut mae'r GIG yn gwario ei ddyraniad cyllid, sydd wedi'i fanylu yn yr adran 'Darparu Gwasanaethau Craidd y GIG', mae'r adran ganlynol yn darparu mwy o wybodaeth am y trefniadau cyllido ar gyfer Byrddau Iechyd Lleol.

Yn nhablau'r Llinellau Gwariant yn y Gyllideb (BEL) yn Atodiad A, mae BEL Dyraniadau Craidd y GIG yn dangos cyllideb o £6.5 biliwn ar gyfer 2018-19. Er gwaethaf rhai mân addasiadau, y gyllideb hon yw'r brif gyllideb dyraniad refeniw a gyhoeddir i Fyrddau Iechyd ar ddechrau'r flwyddyn ariannol. Mae'r dyraniad yn darparu cyllid ar gyfer:

- Dyraniad dewisol refeniw ar gyfer presgripsiynu Gofal Iechyd a Gwasanaethau Ysbyty
- Gwasanaethau Gofal Iechyd a Gwasanaethau Ysbyty sydd wedi'u diogelu a'u clustnodi
- Dyraniad Contract Gwasanaethau Meddygol Cyffredinol
- Dyraniad Contract Fferylliaeth Gymunedol
- Dyraniad Contract Deintyddol

Cyhoeddwyd dyraniad refeniw Byrddau Iechyd ar gyfer 2017-18 ym mis Rhagfyr 2016, a oedd yn cyflwyno'r dyraniadau rhwng y llifau cyllido amrywiol uchod. Mae'r tabl isod yn crynhoi'r dyraniad gan y Bwrdd Iechyd ei hun.

Dyraniadau Refeniw ar gyfer Byrddau Iechyd yn 2017-18

Bwrdd Iechyd	Dyraniad Disgresiwn a Phresgripsiynu	Dyraniad wedi'i Neilltuo	Contract Gwasanaethau Meddygol Cyffredinol	Contract Fferylliaeth	Contract Deintyddol	Cyfanswm
	£miliwn	£miliwn	**£miliwn**	**£miliwn**	**£miliwn**	**£miliwn**
ABM	743.608	172.827	75.428	29.335	27.082	1,048.280
AB	841.766	147.338	85.870	31.453	27.107	1,133.534
BC	989.138	202.681	116.087	33.471	27.097	1,368.474
C a'r Fro	613.716	124.949	64.568	22.218	24.497	849.948
CT	455.740	91.352	45.617	18.501	11.733	622.943
H Dda	530.815	112.761	60.879	20.923	17.576	742.954

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Powys	185.316	42.103	30.659	4.753	5.577	260.408
Cyfanswm	**4,361.099**	**894.009**	**479.109**	**160.654**	**140.669**	**6,035.540**

Nid yw'r ffigurau yn y tabl uchod yn cynnwys y cyllid a gyhoeddwyd yn ystod y flwyddyn yn 2017-18 na'r cyllid yr wyf wedi'i ddal yn ôl yn 2017-18 ar sail anghylchol er mwyn gallu rheoli'r diffyg yn y pedwar bwrdd iechyd a'i atal rhag gwaethygu. Nid wyf wedi penderfynu eto mewn manylder pa ddefnydd a wneir o'r cyllid hwn sydd heb ei ddyrannu o 2017-18 i gynorthwyo'r gwaith o ddarparu a gweddnewid gwasanaethau yn 2018-19, ynghyd â'r **£230 miliwn ychwanegol** ar gyfer y GIG a gyhoeddwyd yn y gyllideb Ddrafft ar gyfer 2018-19. Rwy'n cyflwyno manylion pellach am fy nghynlluniau yn ddiweddarach yn y papur hwn.

O fewn y BEL 'Dyraniadau Craidd y GIG', mae rhai elfennau o gyllid sy'n cael eu rhoi i Fyrddau Iechyd yn ystod y flwyddyn, yn seiliedig ar gostau gwirioneddol, neu feini prawf y cytunwyd arnynt a allai amrywio o flwyddyn i flwyddyn, ac felly nid ydynt yn cael eu cynnwys yn y symiau cyllid cylchol uchod. Mae enghreifftiau o'r eitemau gwariant hyn yn cynnwys:

- Cyllid Camddefnyddio Sylweddau
- Costau Hyfforddeion Deintyddol a Fferylliaeth
- Cronfa Driniaeth

6. Gwariant yn ôl Categori Cyllidebau Rhaglenni

Gellir dangos dadansoddiad pellach o wariant hanesyddol yn ôl categori Cyllidebau Rhaglenni. Mae'r wybodaeth hon yn cael ei chynhyrchu bob blwyddyn ond bydd ond ar gael tua 12 mis ar ôl diwedd y flwyddyn ariannol. O ganlyniad, mae'r wybodaeth a ddangosir yn y tabl wedi'i llunio o'r gwariant yn ystod y flwyddyn ariannol 2015-16. Mae'r meysydd gwariant wedi'u dangos yn y graff isod:

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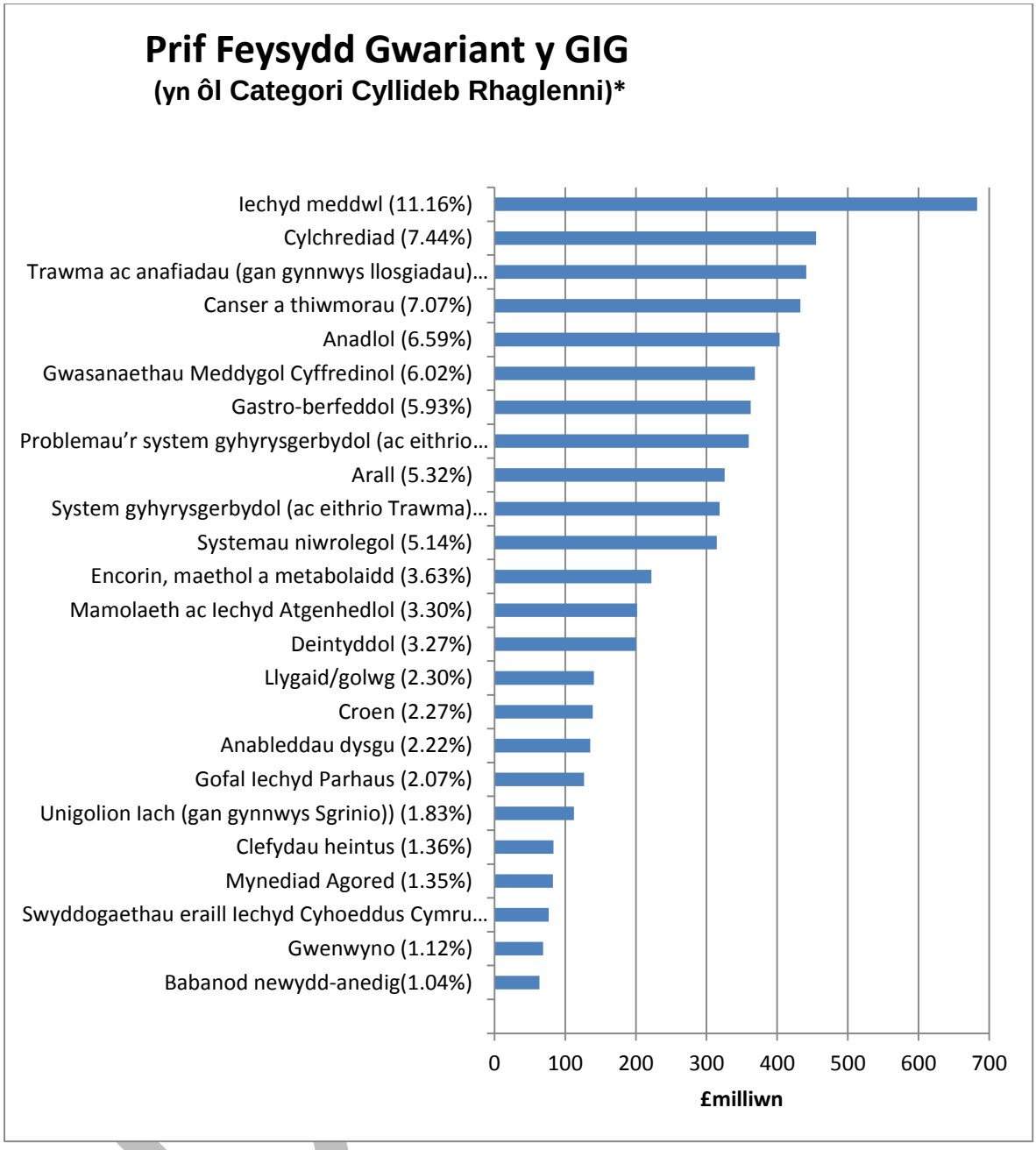


Mae'r categorïau gwariant uchod yn seilieidg ar Ddosbarthiad Rhyngwladol Clefydau Sefydliad Iechyd y Byd

Mae'r siart uchod yn dangos y prif feysydd gwariant yn y GIG yng Nghymru. Mae'r wybodaeth wedi'i chasglu o ffurflenni cyllidebu rhaglenni ar gyfer 2015-16 ac mae'n cwmpasu mwy na 93% o'r gwariant yn y flwyddyn honno (tua £6.1 biliwn). D.S. Nid yw'r wybodaeth am gyllidebau rhaglenni ar gael ar gyfer 2016-17 ar hyn o bryd, a disgwylir iddi gael ei chyhoeddi yn gynnar yn 2018.

7. Gwariant Ataliol

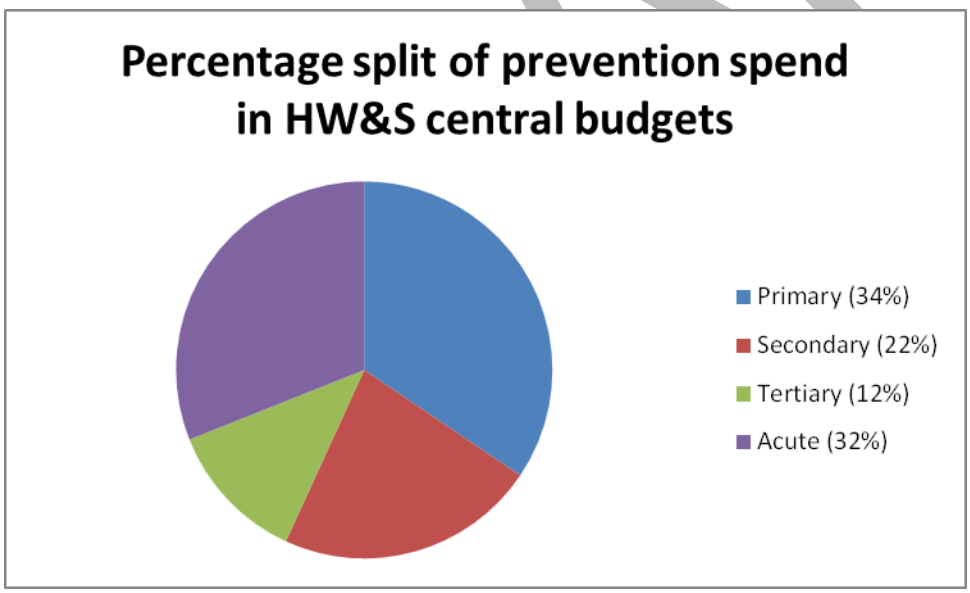
Ein nod yw cymryd camau breision i newid ein dull gweithredu o drin clefydau i'w hatal. I gynorthwyo gyda hyn, rydym wedi cynnal adolygiad o'n cynlluniau gwario er mwyn asesu'r lefel bresennol o wariant ar atal. Nid yw diffiniadau cyson o atal yn cael eu defnyddio gan y llywodraeth, ond mae'r Tasglu Gweithredu Cynnar, a gynhyrchodd yr adroddiad 'Towards Effective Prevention' wedi adeiladu

ar y diffiniadau arfaethedig a gyflwynwyd yn adolygiad tirlun gweithredu cynnar Swyddfa Archwilio Cymru, a'u datblygu yn drafodaethau gydag ymarferwyr. Mae gwaith ar y gweill i benderfynu ar set o ddiffiniadau o atal ar draws Llywodraeth Cymru yn seiliedig ar y gwaith hwn. Rydym wedi dosbarthu gwariant gan gynnwys diffiniadau'r Tasglu Gweithredu Cynnar.

Wrth edrych ar ein gwariant atal ar gyfer cyllidebau Canolog Iechyd, Llesiant a Chwaraeon, rydym wedi eu diffinio fel a ganlyn:

Diffiniad	Esboniad o'r Diffiniad
Lefel Atal Sylfaenol	Atal problemau, neu leihau'r risg y bydd problemau'n codi fel arfer drwy bolisïau cyffredinol gan gynnwys hybu iechyd neu raglen frechu.
Lefel Atal Eilaidd	Targedu unigolion neu grwpiau sy'n wynebu risg uchel neu sy'n dangos arwyddion cynnar o broblem benodol er mwyn ei hatal rhag digwydd. Er enghraifft rhaglenni sgrinio.
Lefel Atal Trydyddol	Ymyrryd unwaith y bydd problem, er mwyn ei hatal rhag gwaethygu, ac unioni'r sefyllfa. Er enghraifft, yr ymgyrch "Dewis Doeth" neu gyllid ar gyfer therapïau seicolegol.
Gwariant Acíwt	Gwariant sy'n gweithredu i reoli effaith sefyllfa negyddol iawn ond nad yw'n gwneud llawer, os o gwbl, i atal canlyniadau negyddol.

Rydym wedi adolygu ein cyllidebau a gedwir yn ganolog yn erbyn y categorïau uchod a dangosir y rhaniad o ran canran yn y tabl isod:



[Percentage split] Rhaniad canran y gwariant ar atal yng nghyllidebau canolog Iechyd, Llesiant a Chwaraeon
[Primary] Sylfaenol [Secondary] Eilaidd [Tertiary] Trydyddol [Acute] Acíwt

Nid yw Llywodraeth Cymru yn pennu gofynion manwl ar gyfer sefydliadau'r GIG ar sut y dylent ddefnyddio eu dyraniad refeniw yn ôl disgresiwn i ddiwallu blaenoriaethau cenedlaethol a lleol, a chyfran y cyllid y dylent ei gwario ar weithgareddau ataliol. Felly o ran asesu lefel gwariant y GIG ar waith atal, bu'n rhaid inni ddefnyddio dull arall. Yng nghyhoeddiad Cyfrifon Iechyd y DU 2015, a gyhoeddwyd gan y Swyddfa Ystadegau Gwladol ym mis Ebrill 2017, mae'r dadansoddiad o wariant

yn ôl swyddogaeth gofal iechyd wedi nodi, ar lefel y DU, bod cyfanswm y gwariant ar atal gyfwerth â £9.6 biliwn o gyfanswm y gwariant o £185 biliwn. Ar gyfer gofal iechyd sy'n cael ei ariannu gan y Llywodraeth, mae'r gwariant ar waith atal gyfwerth â £7.4 biliwn, neu 5.05% o gyfanswm gwariant gofal iechyd y Llywodraeth, o £147.1 biliwn.

Cyfrifon Iechyd y DU 2015 yw'r ail fersiwn o'r cyhoeddiad newydd a gynhyrchwyd yn unol â Chyfrifon System Iechyd 2011 (SHA 2011), sy'n darparu diffiniadau rhyngwladol safonol ar gyfanswm y gwariant presennol ar ofal iechyd a'r dadansoddiad o'r gwariant hwn yn ôl cynllun ariannol, swyddogaeth a sefydliadau darparu. Mae'r diffiniad o ofal iechyd a ddefnyddir mewn cyfrifon iechyd ychydig yn fwy eang na'r hyn a gydnabyddir fel arfer, ac mae'n cynnwys nifer o wasanaethau sydd fel arfer yn cael eu hystyried yn ofal cymdeithasol yn y DU.

Mae'r Grŵp Llywio Cyfrifon Iechyd sy'n cael eu harwain gan y Swyddfa Ystadegau Gwladol yn ystyried a fyddai'n bosibl i gyhoeddiadau blynyddol gynnwys dadansoddiad o wariant y DU yn ôl gwledydd unigol yn y dyfodol. Ar hyn o bryd nid oes penderfyniad wedi'i wneud ar y datblygiad hwn, fodd bynnag, cytunwyd gyda'r grŵp llywio (sy'n cynnwys y gweinyddiaethau datganoledig) y byddai'n bosibl drwy hyn i nodi gwariant ar waith atal yn ôl gwledydd unigol. Disgwylir i Gyfrifon Iechyd nesaf y DU, Cyfrifon Iechyd 2016 y DU, gael eu cyhoeddi ddechrau 2018. Byddwn yn parhau gyda'r gwaith i wella ein dealltwriaeth o wariant ar weithgareddau ataliol.

Mae rhai o'r enghreifftiau penodol lle rydym yn darparu cyllid ataliol yn cynnwys:

- Cyllid ar gyfer astudiaeth tair blynedd o argaeledd Proffylacis Cyn-amlygiad, er mwyn lleihau'r risg o haint HIV1 sydd wedi'i gaffael yn rhywiol ymysg oedolion â risg uchel fel rhan o wasanaeth atal HIV ehangach.
- Buddsoddi i atal clefydau y gellir eu hosgoi drwy ehangu'r rhaglen brechu rhag y ffliw i blant i gynnwys un flwyddyn ysgol ychwanegol yn 2017-18, ac yna cyflymu'r gwaith o'i chyflwyno i bob plentyn o oedran ysgol gynradd yn 2018-19. Disgwylir i hyn leihau effaith y ffliwm ar iechyd y cyhoedd yn sylweddol drwy atal nifer fawr o achosion o'r clefyd ymysg plant wedi'u brechu yn ogystal â babanod heb eu brechu a phobl hŷn yn y grwpiau risg clinigol drwy leihau cylchrediad a throsglwyddiad y ffliw.
- Mae'r adrannau Iechyd a Gwasanaethau Cymdeithasol ac Addysg yn buddsoddi mewn menter drawsbynciol arloesol i dreialu'r mewngymorth iechyd meddwl sy'n cael ei ddarparu i blant mewn lleoliadau ysgol. Mae £1.4 miliwn yn cael ei fuddsoddi ar y cyd mewn tri chynllun peilot a gynhelir o 2017-18 i 2019-20; un ar gyfer Gogledd-ddwyrain Cymru, un rhwng Gogledd Gwent a De Powys ac un yng Ngorllewin Cymru. Bydd y cynlluniau peilot hyn yn profi dulliau nodi ac ymyrraeth gynnar i blant â phroblemau emosiynol ac iechyd meddwl. Bydd cyllid hefyd ar gael i gefnogi cydlynydd cenedlaethol i gynorthwyo'r cynlluniau peilot. Cyfraniad y MEG Iechyd a Gwasanaethau Cymdeithasol ar gyfer 2018-19 fydd £0.229 miliwn.
- Buddsoddi mewn atal canser. Dechreuodd y rhaglen imiwneiddio HPV yn 2008. Mae tystiolaeth eisoes o Awstralia, Denmarc, yr Alban a Lloegr bod y brechlyn yn gwneud gwahaniaeth. Gwelwyd gostyngiad mawr yng nghyfraddau'r heintiau mewn perthynas â dau o'r prif fathau o HPV sy'n achosi canser ymysg menywod a dynion. Yn y pen draw, disgwylir i'r rhaglen atal niferoedd sylweddol o farwolaethau o ganser ceg y groth bob blwyddyn. Gan y gall gymryd blynyddoedd lawer i'r canser ddatblygu ar ôl cael yr haint yna bydd budd cyffredinol y rhaglen yn cymryd peth amser i'w werthuso.
- Buddsoddi mewn genomeg ar gyfer meddyginiaeth fanwl. Mae'r strategaeth yn disgrifio ein bwriad i ddefnyddio'r technolegau genomeg newydd i wella iechyd a ffyniant pobl Cymru. Drwy'r strategaeth hon, rydym eisiau sicrhau bod pobl ar hyd a lled Cymru yn gallu cael mynediad i ddiagnosis mwy cyflym a chywir a gwybodaeth well i gefnogi penderfyniadau a wneir ar driniaethau. Rydym hefyd yn awyddus i ddefnyddio'r technegau diweddaraf ar gyfer gallu rhagweld clefydau yn well a meithrin gwell dealltwriaeth o achosion o glefydau.

8. Cyllid cyfalaf

Rydym yn parhau i flaenoriaethu buddsoddiadau yn seilwaith y GIG, ac mae gennym raglen uchelgeisiol ar gyfer y tair blynedd nesaf lle y bydd cyfleusterau newydd yn cael eu cyflwyno ac ailddatblygiadau mawr i rai o'n hasedau mwyaf strategol.

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Dechreuodd y gwaith ar Ysbyty Athrofaol y Grange yn ystod Gorffennaf 2017 ac mae hyn yn elfen hollbwysig o Raglen Gyfalaf GIG Cymru ar gyfer y dyfodol. Disgwylir i'r ysbyty modern 470 gwely agor yn 2021. Mae gwaith ailddatblygu a moderneiddio sylweddol yn cael ei wneud hefyd yn Ysbyty'r Tywysog Siarl ac Ysbyty Glan Clwyd, ac yn 2018-19 bydd gwaith yn parhau i ddatblygu Canolfan Ganser newydd Felindre.

Yn ogystal â chynlluniau yn y sector acíwt, mae'r gyllideb hon yn darparu £11 miliwn y flwyddyn i gefnogi'r gwaith o ddatblygu Canolfan Gofal Integredig Aberteifi fel rhan o'r trefniant ynglŷn â'r gyllideb gyda Phlaid Cymru. Yn amodol ar gymeradwyaeth yr Achos Busnes Llawn yn ddiweddarach yr hydref hwn, disgwylir i waith ddechrau ym mis Ebrill 2018, gyda chyfnod adeiladu arfaethedig o 17 mis.

Y flwyddyn nesaf bydd buddsoddiad o £10 miliwn hefyd i ddatblygu nifer o brosiectau gofal sylfaenol a chymunedol, fel rhan o gyflawni ymrwymiad Symud Cymru Ymlaen, sy'n cael ei ailadrodd yn Ffyniant i Bawb, er mwyn buddsoddi yn y genhedlaeth nesaf o ganolfannau iechyd a gofal integredig. Bydd y cynlluniau hyn yn gweld 19 o brosiectau'n cael eu cyflawni ar hyd a lled Cymru erbyn 2021. Rwyf eisoes wedi cyhoeddi gwerth £40.5 miliwn o gyllid cyfalaf er mwyn cyflawni'r ymrwymiad hwn. Fel rhan o'r gyllideb hon, rwy'n adeiladu ar y dyraniad cyllid hwn a gallaf gadarnhau yn awr gyfanswm o £68 miliwn o gyfalaf, i'w ddefnyddio yn y tair blynedd nesaf, i gyflawni'r cynlluniau.

Mae'r gyllideb hon hefyd yn darparu £3.5 miliwn yn 2018-19 i gefnogi'r gwaith o gyflawni Rhaglen Cyfathrebu Symudol y Gwasanaethau Brys (ESMCP). Bydd hyn yn darparu system gyfathrebu'r genhedlaeth nesaf ar gyfer y tri gwasanaeth brys (yr heddlu, tân ac achub ac ambiwlans) a defnyddwyr diogelwch y cyhoedd eraill yng Nghymru, Lloegr a'r Alban. Cafodd ESMCP ei sefydlu gan y Swyddfa Gartref i ddarparu gwasanaeth cyfathrebu data llais a band eang critigol ac integredig ar gyfer y Gwasanaethau Brys, sy'n cyflawni gofynion diogelwch y cyhoedd o ran cwmpas, ymarferoldeb, argaeledd a chraffu. Defnyddir y cyllid sydd wedi'i glustnodi gan Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru fel rhan o'i waith paratoi a chyflwyno.

9. Meysydd Penodol

Sylwadau ar y Camau Gweithredu a manylion dyraniadau'r Llinell Wariant yn y Gyllideb (BEL)

Roedd y gyllideb fanwl a gyhoeddwyd ar 24 Hydref yn cyflwyno ein cynlluniau gwario ar gyfer y MEG Iechyd, Llesiant a Chwaraeon yn ôl dyraniadau'r Llinell Wariant yn y Gyllideb (BEL). Nodir dadansoddiad ac esboniad o'r newidiadau i'r gyllideb ers Cyllideb Atodol Mehefin 2017 yn Atodiad A.

Iechyd Meddwl

Y gyllideb a ddyrannwyd ar gyfer gwasanaethau iechyd meddwl: Rydym yn parhau i wario mwy ar wasanaethau iechyd meddwl nag ar unrhyw ran arall o'r GIG yng Nghymru. Y gyllideb sydd wedi'i chlustnodi ar gyfer iechyd meddwl yw £629 miliwn ar gyfer 2017-18. Yn unol â Chytundeb y Gyllideb gyda Phlaid Cymru, byddwn yn cynyddu'r dyraniad sydd wedi'i glustnodi ar gyfer iechyd meddwl £20 miliwn arall yn 2018-19 a 2019-20, i bron £650 miliwn. Mae'r dyraniad sydd wedi'i glustnodi ar gyfer iechyd meddwl yn creu swm amddiffynnol, ac ni ddylai'r gwariant ar wasanaethau craidd ostwng islaw hynny.

Cytundeb y Gyllideb: Cyllid cylchol ar gyfer Anhwylderau Bwyta, Gwasanaethau Hunaniaeth o ran Rhywedd a Gwasanaethau Iechyd Meddwl

Mae cyllideb Llywodraeth Cymru ar gyfer 2018-19 yn sicrhau bod yr £1 filiwn o gyllid ychwanegol ar gyfer 2017-18 i wella gwasanaethau anhwylderau bwyta a hunaniaeth o ran rhywedd yn cael ei ddarparu ar sail gylchol.

Anhwylderau Bwyta: Mae'r cyllid ychwanegol hwn yn adeiladu ar fuddsoddiad Llywodraeth Cymru o £1.25 miliwn y flwyddyn i wella'r ddarpariaeth i blant ac oedolion. Mae'r £0.500 miliwn yn cael ei dargedu at wasanaethau i bobl ifanc hŷn, wrth iddynt bontio rhwng y gwasanaethau i blant ac oedolion. Yn benodol, caiff y cyllid ei ddefnyddio i feithrin perthnasoedd gwaith agos rhwng timau anhwylderau bwyta presennol CAMHS a thimau anhwylderau bwyta lefel 3 oedolion, gan gydweithio er budd gorau'r claf mewn model gofal dan arweiniad clinigol, yn hytrach na model sy'n cael ei arwain gan oedran. Mae hyn yn cynnwys gwella hyfforddiant a darparu sesiynau ychwanegol ar gyfer staff presennol, a recriwtio staff arbenigol newydd.

Gwasanaethau Hunaniaeth o ran Rhywedd: Mae Grŵp Partneriaeth Hunaniaeth o ran Rhywedd Cymru Gyfan (AWGIPG) yn arwain y gwaith o ddatblygu llwybr triniaeth newydd i Gymru. Mae hyn yn cynnwys datblygu gwasanaeth amlddisgyblaeth newydd, a elwir yn Dîm Rhywedd Cymru. Bydd y Tîm yn darparu cymorth i rwydwaith o feddygon teulu ar hyd a lled Cymru gyda diddordeb arbenigol ym mhob maes o ofal rhywedd, gan gynnwys therapi amnewid hormonau, a bydd yn darparu atgyfeiriadau uniongyrchol gan feddygon teulu. Mae'r Tîm yn bwriadu derbyn atgyfeiriadau newydd ac adfer unigolion priodol sydd ar restrau aros ar gyfer triniaeth o ddiwedd Mawrth y flwyddyn nesaf. Bydd y set newydd hon o drefniadau yn arwain at bellteroedd teithio byrrach er mwyn cael mynediad i wasanaethau, amseroedd aros byrrach a phrofiad gwell i ddefnyddwyr.

Cyllid ychwanegol ar gyfer gwasanaethau iechyd meddwl: Mae cyllideb Llywodraeth Cymru ar gyfer 2018-19 yn cynnwys £20 miliwn o gyllid ychwanegol ar gyfer gwasanaethau iechyd meddwl. Bydd hyn yn cefnogi'r gwaith parhaus o gyflawni'r blaenoriaethau yn Law yn Llaw at Iechyd Meddwl a Ffyniant i Bawb.

Dyraniadau ar gyfer cyflawni'r strategaeth a'r cynllun cyflawni iechyd meddwl

Y gwariant ar iechyd meddwl yw'r maes unigol mwyaf yn y gyllideb a gofynnir i fyrddau iechyd roi ystyriaeth gymesur i hyn yn eu Cynlluniau Tymor Canolig Integredig. Mae cynllun cyflawni 2016-19, a gyhoeddwyd i ategu'r strategaeth *"Law yn Llaw at Iechyd Meddwl"* yn cyflwyno blaenoriaethau clir a disgwylir i'r Cynlluniau Tymor Canolig Integredig hefyd arddangos bod y sefydliad yn cyflawni'r blaenoriaethau hyn. Dylai'r Cynlluniau ddangos sut mae'r sefydliad yn cyflawni ei gyfrifoldebau statudol o dan Fesur Iechyd Meddwl (Cymru) 2010 a sut mae'r sefydliad yn darparu mynediad a chanlyniadau gwell i ddefnyddwyr gwasanaeth o'r buddsoddiad arwyddocaol ychwanegol gan Lywodraeth Cymru wrth ddarparu meysydd darpariaeth penodol. Yn fwy cyffredinol, dylai'r Cynlluniau Tymor Canolig Integredig gyflwyno'r rhaglenni newid gwasanaethau sefydliadol yn glir i sicrhau bod gofal o ansawdd uchel, sy'n gynaliadwy, hygyrch ac amserol ar gael sydd ag amserlenni a risgiau cysylltiedig.

Y gyllideb a ddyrannwyd ar gyfer gwasanaethau iechyd meddwl sy'n cael eu darparu ar yr ystâd carchardai

Nid yw cyllid iechyd meddwl ar gyfer carcharorion yn cael ei nodi ar wahân yn nyraniad cyllid y GIG. Byrddau Iechyd sy'n gyfrifol am gomisiynu gwasanaethau ysbytai ac iechyd cymunedol ar gyfer eu poblogaeth a bydd hyn yn cynnwys y boblogaeth carchardai yn eu hardal.

Patrymau galw a'r gwariant ar wasanaethau iechyd meddwl yn ystod y 5 mlynedd diwethaf

Mae'r wybodaeth ddiweddaraf sydd ar gael o ffurflenni cyllideb Rhaglenni'r GIG yn berthnasol i'r cyfnod 2011-12 i 2015-16. Mae hyn yn dangos bod y gwariant ar Iechyd Meddwl wedi cynyddu £40 miliwn o £642 miliwn yn 2011-12 i £683 miliwn yn 2015-16.
Ers 2015-16, mae £25 miliwn ychwanegol wedi'i ddyrannu'n rheolaidd i Fyrddau Iechyd er mwyn targedu'r ddarpariaeth Gwasanaethau Iechyd Meddwl ac fel rhan o gytundeb y gyllideb ar gyfer 2018-19, ychwanegir £20 miliwn at y dyraniad Iechyd Meddwl. Mae hyn yn gyfanswm o £45 miliwn o gynnydd yn y gyllideb yn y cyfnod tair blynedd hwnnw.

Manylion gweithredu'r cyllid sydd wedi'i glustnodi ar gyfer y gyllideb iechyd meddwl, gan gynnwys ei lefel, diffinio'r hyn y mae'n ei gynnwys, y graddau y mae wedi pennu'r gwariant ar iechyd meddwl; a diben a gwerth y cyllid wedi'i glustnodi a'r cynlluniau ar gyfer ei ddefnyddio yn y dyfodol.

Mae cyllid iechyd meddwl wedi'i glustnodi ers 2008. Bwriad clustnodi'r gyllideb hon yw diogelu a gwella gwasanaethau craidd ac mae hefyd yn cynnwys gwasanaethau arbenigol a gwariant ar ofal sylfaenol. Mae'r gyllideb sydd wedi'i chlustnodi yn darparu trothwy na ddylai'r gwariant ar wasanaethau iechyd meddwl fynd yn is nag ef ac mae'n rhaid ail-fuddsoddi unrhyw arbedion yn y gwasanaethau iechyd meddwl.

Mae Llywodraeth Cymru wedi cynyddu'r cyllid sydd wedi'i glustnodi ar gyfer iechyd meddwl yn y blynyddoedd diwethaf, fel cydnabyddiaeth o'r meysydd sydd wedi profi cynnydd yn y galw am wasanaethau. Mae hyn yn cynnwys cyllid ychwanegol ar gyfer gwasanaethau CAMHS, iechyd meddwl pobl hŷn, gwasanaethau amenedigol cymunedol a therapïau seicolegol. Y byrddau iechyd sy'n gyfrifol am ddangos dealltwriaeth o anghenion iechyd meddwl a llesiant meddwl eu poblogaeth

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eu hunain ar hyd y cwrs bywyd ac fel rhan o'r gwaith hwn maent yn cynnwys dadansoddiad o gapasiti a galw sydd hefyd yn dangos sut mae byrddau iechyd yn ymdrin â meysydd i'w gwella. Bydd hyn yn cael ei fonitro drwy'r broses Cynllun Tymor Canolig Integredig.

Newidiadau eraill i Gytundeb y Gyllideb:

Cyllid rheolaidd ar gyfer Gofal Diwedd Oes: Bydd cyllid ychwanegol o £1 filiwn yn galluogi'r Bwrdd Gofal Diwedd Oes i barhau i ddatblygu ei flaenoriaethau cenedlaethol. Mae'r rhain yn cynnwys datblygu capasiti pellach yn y ddarpariaeth Hosbis yn y Cartref, grymuso cleifion i ddatblygu cynlluniau gofal, cynorthwyo pobl i aros yn eu man preswylio, gwella gofal ar ôl profedigaeth a bydd hefyd yn galluogi defnydd gwell o dechnoleg ac ymchwil digidol.
Cyllid ar gyfer Cynllun Peilot Buurtzorg Cymru: Bydd y cyllid gwerth £4 miliwn hwn yn cael ei ddefnyddio i gyflwyno elfen o ddull Buurtzog yng Nghymru, yn unol ag egwyddorion Staff nyrsio ar gyfer nyrsys cymunedol. Bydd hyn yn canolbwyntio ar hyfforddi 80 o nyrsys ardal newydd.

Cyllid ar gyfer Gweddnewid y GIG

Mae *Ffyniant i Bawb* yn cyflwyno ein huchelgais i gynnal gwasanaethau iechyd o ansawdd uchel, cefnogi a hybu iechyd a llesiant da i unigolion, teuluoedd a chymunedau a chymryd camau i newid ein ffocws o drin i atal. Rwy'n benderfynol o ddefnyddio'r buddsoddiad ychwanegol hwn yn GIG Cymru i gefnogi'r uchelgais hon ac ysgogi newidiadau i'n gwasanaethau iechyd a gofal.

Mae'r dystiolaeth yn adroddiadau Ymddiriedolaeth Nuffield a'r Sefydliad Iechyd yn cyfeirio at yr angen am fuddsoddiad blynyddol parhaus yn y GIG er mwyn ymateb i'r cynnydd mewn costau a'r galw am wasanaethau. Yn 2017-18 fe wnes i gynyddu dyraniadau'r GIG a llifau cyllid eraill y GIG gyda chynnydd cyffredinol o 2%, sy'n gyfwerth â thua £110 miliwn yn gyffredinol, er mwyn ymateb i gynnydd mewn costau. Byddaf yn cynllunio i wneud cynnydd tebyg i'r cyllid yn 2018-19 o'r £230 miliwn o gyllid sydd wedi'i ddyrannu yn y Gyllideb Ddrafft hon.

Fy uchelgais yw defnyddio balans y buddsoddiad ychwanegol, ar gyfer dyrannu cyllid ar gyfer cynnydd mewn costau, er mwyn dangos ein hymrwymiad i weddnewid gwasanaethau a chynnal a gwella perfformiad. Rwyf hefyd yn benderfynol o gymell sefydliadau i gyflawni a chynnal y statws o gael cynllun tymor canolig cymeradwy, drwy roi mwy o hyblygrwydd i'r sefydliadau hyn o ran sut y maent yn defnyddio'r cyllid ychwanegol i ysgogi newidiadau ar lefel leol.

Bydd y graddau y gallwn gyflawni'r uchelgais hon yn dibynnu'n fawr ar ein cynnydd wrth fynd i'r afael â diffygion gweithredol yn y byrddau iechyd a'u hatal rhag gwaethygu. Yn 2017-18, rwyf wedi gorfod atal cyfran sylweddol o'r £240 miliwn o fuddsoddiad ychwanegol ar sail anghylchol er mwyn gwrthbwyso'r diffygion yn y sefydliadau hyn. Mae'r ymyrraeth sydd wedi'i thargedu yn y sefydliadau gan fy swyddogion yn cael effaith o ran sefydlogi'r sefyllfa, ond bydd angen sicrwydd arnaf bod gwelliannau pellach yn cael eu cyflawni a'u cynnal yn ystod ail hanner 2017-18 cyn imi wneud unrhyw benderfyniadau i ymrwymo cyllid gweddnewid ychwanegol ar sail reolaidd yn 2018-19 a thu hwnt.

Wrth ddefnyddio cyllid er mwyn ysgogi newidiadau, ni ddylem ganolbwyntio'n unig ar fuddsoddiad newydd, ond hefyd sicrhau ein bod yn gweithredu i ailgyfeirio gwariant presennol tuag at fodelau gofal newydd.

Mae tystiolaeth ryngwladol yn dangos mai gofal sylfaenol yw elfen graidd system iechyd gynaliadwy. Mae ein cynllun gofal sylfaenol cenedlaethol yn disgrifio sut y byddwn yn cyflawni system iechyd gynaliadwy ac effeithiol drwy fodel iechyd a llesiant mwy cymdeithasol. Mae hyn yn ymateb i anghenion pobl drwy ddenu'r holl adnoddau sydd ar gael o ran cyllid, y gweithlu ac adnoddau eraill, nid dim ond adnoddau GIG Cymru, gan wneud defnydd doeth ac arloesol ohonynt a helpu pobl i gymryd cyfrifoldeb dros eu hiechyd a'u llesiant eu hunain.

Ochr yn ochr â'r buddsoddiad ychwanegol rydym yn ei wneud yn 2018-19, mae'r gyllideb hon yn cefnogi'r newid a'r gwelliant hwn drwy gynnal nifer o ddyraniadau cyllid sydd eisoes wedi'u targedu, gan gynnwys cynnal y gronfa gofal sylfaenol, y gronfa gofal integredig a chyllid ar gyfer cynlluniau cyflawni cenedlaethol. Dyrannwyd £10 miliwn o'r gronfa gofal sylfaenol ar gyfer y clystyrau gofal

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sylfaenol er mwyn penderfynu sut i'w fuddsoddi ac mae'n llwyddo manteision cydweithio ar lefel leol iawn er mwyn ysgogi newidiadau.

Mae ein Cyllideb yn cynnwys cyllid sydd wedi'i glustnodi ar gyfer byrddau iechyd ar gyfer y contract gwasanaeth gyda meddygon teulu, fferyllwyr cymunedol, deintyddion ac optometryddion. Rydym yn parhau i wneud gwaith ymchwil gyda chyrff proffesiynol perthnasol i weld sut y gall y fframweithiau contractau a drafodwyd yn genedlaethol alluogi ein nod o weddnewid gofal a chymorth a diwallu anghenion pobl mor agos â phosibl i'w cartrefi.

Rydym hefyd yn bwriadu cynyddu gwasanaethau triniaeth rheng flaen ar gamddefnyddio sylweddau drwy gynyddu'r cyllid o £0.920 miliwn sydd wedi'i glustnodi yn 2018-19, i fuddsoddiad blynyddol o fwy na £18 miliwn.

Gwasanaethau Cymdeithasol

Mae Llywodraeth Cymru yn ymwybodol o'r tensiwn posibl rhwng pwysau costau dyddiol a gwariant ataliol ar y gwasanaethau cymdeithasol. Bwriad ein diwygiadau mawr i ddeddfwriaeth a gwasanaethau yw galluogi awdurdodau lleol a'r sector yn ehangach i ymateb i'r ddemograffeg ac i'r heriau eraill drwy fabwysiadu dull tymor hwy sy'n canolbwyntio ar atal ac ymyrraeth gynnar a chyflawni canlyniadau llesiant personol wrth wella llesiant pobl yng Nghymru.

Rydym wedi targedu cyllid o £1.3 miliwn yn y blynyddoedd 2013-14 a 2014-15 gan gynyddu i £3.0 miliwn yn 2015-16 a 2016-17, drwy Grant Cyflawni'r Agenda Weddnewid 2013-14 i 2016-17 (sydd wedi'i drosglwyddo yn awr i'r grant cymorth refeniw o 2017-18), gan gydnabod costau gweddnewid cynllunio ar gyfer ac yna gweithredu'r newidiadau sydd eu hangen i lywio gwelliannau wrth ddarparu gofal cymdeithasol yn systematig yng Nghymru o dan nawdd Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Mae'r trefniadau gwerthuso ar gyfer y Ddeddf yn cael eu datblygu ar y cyd gyda rhanddeiliaid yn awr. Fodd bynnag, y dangosyddion presennol yw, er bod y gwaith cyflwyno yn datblygu ar gyfraddau gwahanol mewn ardaloedd gwahanol, mae'r defnydd o gyllid grant ar gyfer datblygu blaenoriaethau cenedlaethol wedi'i groesawu fel dull o gyflymu'r broses weithredu ac annog arfer ehangach o fabwysiadu arfer gorau ar hyd a lled Cymru.

Rydym hefyd wedi sefydlu, yn ychwanegol at hyn, £55 miliwn o gyllid rheolaidd ychwanegol a ddyrannwyd i lywodraeth leol o 2017-18. Wrth gefnogi'r gwaith o ddarparu gwasanaethau rheng flaen, mynd i'r afael ag effaith y cyflog byw cenedlaethol a thargedu gweithredoedd ar y tri maes blaenoriaeth; y gweithlu gofal cymdeithasol, plant sy'n derbyn gofal a gofalwyr, bwriedir i'r cyllid hwn alluogi llywodraeth leol a'i phartneriaid ddatblygu eu hagendâu atal ac ymyrraeth gynnar.

Gwaith partneriaeth a byrddau partneriaeth rhanbarthol

Ar 10 Hydref cyflwynodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ddatganiad llafar i'r Cynulliad, yn pwysleisio pwysigrwydd integreiddio a gweithio mewn partneriaeth er budd y gwasanaethau iechyd a gwasanaethau cymdeithasol.

Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn datgan mai'r ffordd orau o godi safonau yw drwy bartneriaid yn cydweithio. Mae'r Ddeddf yn galluogi byrddau partneriaeth rhanbarthol i ysgogi integreiddiad effeithiol iechyd a gwasanaethau cymdeithasol. Mae'r byrddau hyn wedi'u sefydlu'n gadarn ac maent yn gwella effeithiolrwydd y dulliau cyflawni gwasanaethau.

Sefydlwyd saith bwrdd, ar ôl-troed ardal y byrddau iechyd, sy'n uno'r gwasanaethau iechyd, y gwasanaethau cymdeithasol, y trydydd sector a phartneriaid eraill. Eu diben yw gwella canlyniadau llesiant a gwneud y defnydd gorau o adnoddau er mwyn cefnogi cynaliadwyedd.

Mae'n ofynnol i fyrddau partneriaeth rhanbarthol sefydlu cyllidebau cyfun, o Ebrill 2018, ar gyfer darparu llety i oedolion mewn cartrefi gofal. Bydd y cyllidebau cyfun hyn yn cefnogi prosesau comisiynu integredig, a fydd yn galluogi awdurdodau lleol a byrddau iechyd i ganolbwyntio ar ansawdd gwell yn ogystal â sicrhau gwerth gwell am arian.

Mae'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant hefyd yn mynnu bod byrddau partneriaeth rhanbarthol yn defnyddio dull integredig wrth gynllunio a chyflawni gwasanaethau. Ym mis Ebrill,

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cyhoeddodd y byrddau rhanbarthol asesiadau poblogaeth, sy'n ofyniad yn Neddf 2014. Mae'r rhain yn darparu tystiolaeth glir a phenodol o'r ystod lawn o anghenion gofal a chymorth. Mae byrddau rhanbarthol yn cynhyrchu cynlluniau ardal yn awr mewn ymateb i'r asesiadau hyn erbyn Ebrill 2018 a fydd yn pennu eu hagenda ar gyfer cyflawni gwasanaethau mewn dull integredig.

Y Gronfa Gofal Integredig (ICF)

Sefydlwyd y Gronfa Gofal ***Integredig*** sydd wedi'i hailfrandio yn 2014-15 i gynorthwyo pobl hŷn i gynnal eu hannibyniaeth, osgoi cael eu derbyn i'r ysbyty ac atal oedi cyn eu rhyddhau o'r ysbyty. Mae hefyd yn ceisio ysgogi gwaith partneriaeth a chyflawni gwasanaethau integredig ar draws y meysydd iechyd, gwasanaethau cymdeithasol, tai a'r trydydd sector. Cafodd y gronfa ei ehangu yn 2016-17 i gefnogi datblygiad gwasanaethau gofal a chymorth integredig ar gyfer grwpiau eraill o bobl.

Fel un o ddulliau cyflawni allweddol Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), o 2017-18, mae amcanion y Gronfa Gofal Integredig wedi'u cysylltu i feysydd blaenoriaeth integreiddio'r bwrdd partneriaeth rhanbarthol:

- Pobl hŷn gydag anghenion cymhleth a chyflyrau hirdymor, gan gynnwys dementia;
- Pobl ag anableddau dysgu;
- Plant gydag anghenion cymhleth oherwydd anabledd neu salwch;
- (am y tro cyntaf) Gofalwyr, gan gynnwys gofalwyr ifanc.

Mae gan y byrddau partneriaeth rhanbarthol swyddogaeth oruchwylio ac mae hyn yn sicrhau'r defnydd effeithiol a chyflawniad y Gronfa Gofal Integredig.

Gyda'r £130 miliwn o gyllid a ddarparwyd drwy'r Gronfa hyd yma a'r £60 miliwn yn 2017-18, mae Llywodraeth Cymru'n cefnogi mynediad gwell i wasanaethau iechyd a gofal cymdeithasol er mwyn i fwy o bobl eiddil ac oedrannus dderbyn gofal yn neu'n agos i'w cartref.

Mae cyllid y Gronfa Gofal Integredig yn cael ei ddefnyddio i ddatblygu ystod eang o fodelau arloesol o weithio integredig. Mae'r rhain wedi creu mwy o gapasiti yn y system ofal yn ogystal â gwella cysondeb wrth ddarparu gwasanaethau mewn rhanbarthau.

Mae'r dystiolaeth sy'n dod i law yn dangos bod cyllid yn gwneud gwahaniaeth gwirioneddol i fywydau llawer o bobl, yn ogystal â lleihau'r pwysau ar wasanaethau hollbwysig y GIG a'r gwasanaethau cymdeithasol. Cyflawnwyd hyn drwy ddatblygu diwylliant o gydweithio a gweithio mewn partneriaeth rhwng y gwasanaethau cymdeithasol, iechyd a thai, ochr yn ochr â phartneriaid o'r trydydd sector a'r sector annibynnol.

Mae'r Rhaglen Lywodraethu yn cynnwys ymrwymiad i gadw'r gronfa bwysig hon.

Unrhyw gyllideb sydd wedi'i dyrannu ar gyfer technoleg a seilwaith er mwyn cefnogi ansawdd ac effeithlonrwydd

Mae buddsoddi mewn TGCh a thechnolegau digidol yn cefnogi gweddnewid y gwasanaeth yn ehangach, ac yn galluogi defnydd mwy effeithiol o adnoddau ar draws y gwasanaeth; a grymuso cleifion a gweithwyr proffesiynol drwy ddarparu gwybodaeth unrhyw le unrhyw amser.

Drwy ein buddsoddiad gwerth £55 miliwn yng Ngwasanaeth Gwybodeg GIG Cymru, mae gennym seilwaith cenedlaethol sefydledig, lle mae byrddau iechyd yn defnyddio systemau clinigol cyffredin megis Cynllun Gweinyddu Cleifion Cymru a Phorth Clinigol Cymru. Mae buddsoddiad wedi gwella'r seilwaith TG, mae hen offer wedi'u hadnewyddu ac mae systemau wedi'u hatgyfnerthu rhag ymosodiadau seibr.

Porth Clinigol Cymru yw'r prif bwynt mynediad at wybodaeth i glinigwyr ysbytai. Mae'n crynhoi'r wybodaeth allweddol o'r systemau niferus sy'n cael eu defnyddio gan ysbytai, ac yn galluogi clinigwr i edrych ar gofnod claf mewn un lle a defnyddio system gyffredin i gyflawni tasgau amrywiol e.e. gwneud cais am brofion, adolygu canlyniadau neu greu llythyr cyngor wrth ryddhau cleifion.

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Mae enghreifftiau eraill yn cynnwys Fy Iechyd Ar-lein lle gall meddygon teulu gynnig ceisiadau i drefnu apwyntiadau a phresgripsiynau amlroddadwy ar-lein.

Mae cofnod Meddygon Teulu Cymru ar gael i feddygon teulu mewn lleoliadau y tu allan i oriau yn ogystal â chlinigwyr a fferyllwyr mewn lleoliadau gofal eilaidd. Defnyddir Dewis Fferyllfa gan 51% o fferyllwyr cymunedol. Mae'n cefnogi'r gwaith o gyflawni'r gwasanaethau mân anhwylderau ac adolygu meddyginiaeth wrth ryddhau cleifion. Gall fferyllwyr sy'n defnyddio'r gwasanaeth Dewis Fferyllfa edrych ar gofnod meddygon teulu cleifion a chyflenwi meddyginiaethau sy'n cael eu rhagnodi i gleifion mewn argyfwng.

Mae System Wybodaeth Gofal Cymunedol Cymru yn cefnogi'r gwaith o ddarparu gwasanaethau iechyd a gofal cymdeithasol integredig. Mae'n galluogi i staff sy'n gweithio ym maes iechyd a gofal cymdeithasol ddefnyddio un system a chofnod electronig o ofal a rennir.

Bydd cyllid Llywodraeth Cymru sydd wedi'i neilltuo ar gyfer arloesedd drwy'r Gronfa Effeithlonrwydd drwy Dechnoleg yn lleihau o £4 miliwn yn 2018-19. Cafodd y Rhaglen ei datblygu a'i chyflwyno gan Lywodraeth Cymru fel grant cystadleuol, gyda chyllid yn cael ei ddyrannu ar gyfer prosiectau carlam penodol. Mae hyn yn wahanol i'r trefniadau cyllido cyfunol ar gyfer byrddau ac ymddiriedolaethau iechyd. Ystyrir bod y Rhaglen a'i hymagwedd yn brawf o gysyniad neu'n ddangosydd ac mae wedi'i hadolygu'n allanol, gan dderbyn cymeradwyaeth ac argymhellion cadarnhaol.

Mae Llywodraeth Cymru'n credu y dylai'r dull hwn gael ei fabwysiadu'n fwy eang ar draws GIG Cymru. Byddwn yn rhannu'r model a'r dysgu hwn gyda byrddau ac ymddiriedolaethau iechyd, er mwyn iddynt allu ei ddefnyddio i fabwysiadu technoleg ac arloesedd o'u hadnoddau eu hunain, fel rhan o'u busnes craidd. Byddwn yn defnyddio Cynllun Tymor Canolig Integredig i gytuno gyda byrddau ac ymddiriedolaethau iechyd sut y byddant yn gwneud hynny, gan gynnwys y lefel o adnoddau y byddant yn ei hymrwymo'n unol a/neu ar y cyd i'r maes pwysig hwn. Byddwn yn monitro gweithgarwch a chanlyniadau drwy ein dull goruchwylio ac adrodd rheolaidd.

Safbwyntiau ar sut y gall Llywodraeth Cymru gydbwyso'r angen am wariant ataliol a mynd i'r afael yn effeithiol â'r pwysau o ran costau dyddiol.

Mae'r pwysau costau dyddiol sy'n wynebu'r GIG yng Nghymru, fel yn achos pob system gofal iechyd fodern arall, yn heriol iawn. Rhagwelir y bydd poblogaeth Cymru yn newid ac yn cynyddu o 3.1 miliwn i 3.3 miliwn erbyn tua 2039, yn bennaf wrth i bobl fewnfudo o Loegr ac i raddau llai o'r tu allan i'r DU. O fewn y cynnydd cyffredinol hwn, rhagwelir y bydd y gyfran o bobl dros 65 oed yn cynyddu 20% o'r boblogaeth i dros chwarter. Gyda phoblogaeth sy'n cynyddu ac yn heneiddio, a'r patrymau a baich clefydau sy'n cyd-fynd â hynny, bydd angen, ac rydym wedi dod i ddisgwyl, mynediad amserol at driniaeth a chymorth o ansawdd uchel. Bydd angen triniaeth a chymorth ar gyfran sylweddol iawn o'r boblogaeth bresennol a chenedlaethau'r dyfodol: bydd nifer o unigolion sydd wedi cymryd cyfrifoldeb llawn dros eu hiechyd eu hunain ac sydd wedi bod yn ddigon ffodus i fwynhau amgylchiadau ehangach sy'n ffafriol i iechyd da, yn parhau i allu cael triniaeth gostus a chymhleth.

Nid yw bob amser yn briodol tybio y bydd dulliau ataliol yn lleihau costau darpariaeth gofal iechyd. Bu dadansoddiad diweddar gan Ymddiriedolaeth Nuffield[1] yn ystyried mentrau amrywiol sydd wedi'u cynnwys o dan yr ambarél o symud gofal o ysbytai. O'r 27 o gynlluniau cyffredin, canfuwyd mai dim ond saith ohonynt oedd yn llwyddo i arbed costau a bod chwech ohonynt wedi cynyddu costau. Mae dau ffactor amlwg yma: a) gall ehangu gofal y tu allan i ysbytai (gan ragdybio hyd yn oed y gellir denu'r gweithlu mwy hwn ac yna talu amdano) ddatgelu anghenion heb ei gyflawni'n flaenorol neu ddarparu gwasanaethau ychwanegol y gall cleifion wneud defnydd effeithiol ohonynt yn ychwanegol at yr hyn sydd eisoes yn bodoli, a ii) mae tueddiad i ragdybio y gellir cofnodi achosion o atal rhywun rhag cael ei dderbyn i'r ysbyty a'r holl gostau cysylltiedig fel arbedion, ond mewn gwirionedd gall hyn fod yn gymhleth iawn.

Er gwaethaf yr heriau, mae Llywodraeth Cymru'n cymryd llawer o gamau er mwyn sicrhau'r cydbwysedd gorau posibl o ran costau:

[1] https://www.nuffieldtrust.org.uk/research/shifting-the-balance-of-care-great-expectations

- Bod yn glir ynglŷn â'n disgwyliadau o Fyrddau Iechyd i ganolbwyntio ar atal – nid yn unig drwy ddeddfwriaeth megis Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) a Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), ond hefyd wrth bennu blaenoriaethau atal drwy'r fframwaith cynllunio a thrwy drafodaethau ar berfformiad ac atebolrwydd;
- Mae yna adran o'r ddogfen hon sy'n categoreiddio gwariant ar atal o fewn y gyllideb. Mae gwella tryloywder o ran costau o fewn y gyllideb yn un ffordd o gefnogi mwy o symudiad at atal;
- Cefnogi Byrddau Iechyd a'u partneriaid i fuddsoddi mewn dulliau atal drwy ddarparu tystiolaeth a chyngor ar ymyriadau gydag elw ar fuddsoddiadau. Er enghraifft cyhoeddodd Iechyd Cyhoeddus Cymru ddogfen y llynedd*: Buddsoddi mewn Iechyd a Llesiant Cynaliadwy i Bobl Cymru*[2] sy'n darparu tystiolaeth o'r hyn sy'n gweithio wrth atal a manylion ynglŷn ag elw ar fuddsoddiad.
- Mae Llywodraeth Cymru hefyd yn gwneud nifer o fuddsoddiadau uniongyrchol, er enghraifft drwy gyflwyno rhaglenni sgrinio a brechu.

Perfformiad ariannol Byrddau Iechyd Lleol ac anghydraddoldebau iechyd

Diweddariad ar y pedwar bwrdd iechyd a fethodd â chyflawni eu dyletswyddau a'u prosesau ariannol ar gyfer monitro cynnydd:

Mae'r pedwar bwrdd iechyd (Byrddau Iechyd Athrofaol Abertawe Bro Morgannwg, Betsi Cadwaladr, Caerdydd a'r Fro a Hywel Dda) a fethodd â chyflawni eu dyletswyddau ariannol yn cael eu rheoli yn awr drwy'r Trefniadau Uwchgyfeirio ac Ymyrryd, naill ai fel rhan o Fesurau Arbennig neu Ymyrraeth wedi'i Thargedu. Mae hyn yn cynnwys cyfarfodydd misol Mesurau Arbennig neu Ymyrraeth wedi'i Thargedu gydag uwch swyddogion Llywodraeth Cymru, er mwyn cytuno ar gymorth, camau gweithredu a dulliau cyflawni.
I'r tri sefydliad sy'n destun trefniadau Ymyrraeth wedi'i Thargedu, cafodd Adolygiadau Llywodraethu Ariannol annibynnol eu comisiynu, eu cynhyrchu a'u cyflwyno. Bu pob Bwrdd yn ystyried yr argymhellion a chytunwyd ar eu camau gweithredu yn eu cyfarfodydd Bwrdd unigol ym mis Medi. Bydd y camau gweithredu hyn yn cael eu monitro drwy'r cyfarfodydd misol Ymyrraeth wedi'i Thargedu.
Yng ngoleuni'r perfformiad ariannol parhaus ym Mwrdd Iechyd Betsi Cadwaladr, comisiynwyd Adolygiad Llywodraethu Ariannol arall gyda'r bwriad o'i gwblhau erbyn canol Tachwedd.

Manylion pryd y bydd adolygiad Llywodraeth Cymru o'r fformiwla ariannu ar gyfer byrddau iechyd er mwyn sicrhau tegwch ar hyd a lled Cymru yn cael ei gwblhau

Nod yr adolygiad dyrannu adnoddau Cam 2 yw datblygu fformiwla ariannu erbyn haf 2018 a fydd yn llywio dosbarthiad unrhyw ddyraniad ychwanegol yn ôl disgresiwn ar gyfer gwasanaethau iechyd ysbytai a chymunedol yn 2018-19. Cydnabyddir y bydd yr ymarferiad technegol hwn yn un cymhleth a fydd yn gorfod adlewyrchu ar y mesurau anghenion mwyaf priodol ac unrhyw ffactorau unigryw cydnabyddedig. Yn ogystal, bydd y fformiwla newydd wedi'i chynllunio i fod yn agored, a bydd yn cael ei diweddaru'n rheolaidd gyda data cyfredol a dibynadwy ar y boblogaeth ac anghenion.

Ymateb i adroddiad Swyddfa Archwilio Cymru ar weithredu Deddf Cyllid y GIG.

Croesawodd Llywodraeth Cymru ganfyddiadau'r adroddiad a darparodd yr ymateb canlynol i'r ddau argymhelliad ynddo.

Argymhelliad 1

Rydym yn argymell bod Llywodraeth Cymru yn:

[2] http://www.wales.nhs.uk/sitesplus/888/tudalen/87127

a) nodi'n gliriach yn ei chanllawiau sut y dylai cyrff y GIG sydd â diffyg, gan weithio mewn partneriaeth â Llywodraeth Cymru, adfer eu sefyllfa ariannol er mwyn cyflawni'r ddyletswydd mewn blynyddoedd i ddod; a
b) gwella ei ffurflenni monitro drwy gynnwys y sefyllfa yn erbyn y cyfnodau treigl o dair blynedd, nid dim ond y darlun blynyddol.

Ymateb Llywodraeth Cymru: Derbyniwyd yn Rhannol

Nid yw Llywodraeth Cymru'n derbyn bod angen arweiniad ychwanegol ar gyrff y GIG gan Lywodraeth Cymru ar y camau gweithredu sydd eu hangen i adennill diffyg er mwyn cyflawni'r ddyletswydd yn y dyfodol. Nodwyd gweithrediad y ddyletswydd ym Memorandwm Esboniadol y Ddeddf, ac mae wedi'i nodi hefyd yng Nghylchlythyr Iechyd Cymru (2016) 054 – Dyletswyddau Ariannol Statudol Byrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG. Fodd bynnag, mae Llywodraeth Cymru'n cydnabod yr angen i sicrhau bod holl aelodau newydd byrddau yn deall dyletswyddau'r sefydliad, ac y bydd y gofyniad hwn yn cael ei drin a'i drafod yn Rhaglen Sefydlu'r Aelodau Annibynnol.

Mae Llywodraeth Cymru'n derbyn yr argymhelliad bod angen i'n proses fonitro reolaidd gynnwys safbwynt tair blynedd yn ogystal â'r sefyllfa flynyddol i'r sefydliadau hynny sy'n gweithio i gynlluniau tair blynedd cymeradwy. Bydd Llywodraeth Cymru'n ystyried yr ychwanegiadau y mae angen inni eu gwneud i'r broses fonitro, i gynnwys y safbwynt hwn. Bydd hyn yn cael ei gwblhau erbyn 31 Hydref 2017.

Argymhelliad 2

Argymhellwn y dylai Llywodraeth Cymru gwblhau'r adolygiad o'i fformiwla gyllido ar gyfer byrddau iechyd yn fuan er mwyn sicrhau bod amrywiadau mewn lefelau cyllido yn adlewyrchu gwahaniaethau yn anghenion iechyd poblogaethau a phenderfynyddion eraill costau gofal iechyd yn briodol.

Ymateb Llywodraeth Cymru:

Derbyniwyd

Cwblhawyd Cam 1 yr adolygiad o'r dyraniad adnoddau o fewn elfen Trefn Gyllidol Law yn Llaw at Iechyd. Mae Llywodraeth Cymru'n bwriadu datblygu Cam 2 maes o law.

Pwysau'r gweithlu

Manylion pwysau penodol a phrinder staff a chynlluniau ariannol pellach i fynd i'r afael â hyn:

Nid dim ond GIG Cymru sy'n profi anawsterau recriwtio i rai swyddi. Mae yna heriau ar hyd a lled y DU yn ogystal â phrinderau rhyngwladol ar gyfer rhai mathau o swyddi.

Mewn marchnad gystadleuol o'r fath ac er mwyn mynd i'r afael â'r materion hyn, mae Llywodraeth Cymru wedi dyrannu cyllid i gynnal ymgyrch farchnata a recriwtio genedlaethol a rhyngwladol, sydd wedi'i datblygu mewn partneriaeth â'r proffesiynau, ysgolion meddygol prifysgolion, colegau brenhinol, cyflogwyr y GIG a Deoniaeth Cymru, i farchnata Cymru a GIG Cymru fel lle deniadol i feddygon (gan gynnwys meddygon teulu), nyrsys, fferyllwyr a gweithwyr proffesiynol perthynol i iechyd a'u teuluoedd, i hyfforddi, gweithio a byw. Roedd y cam cyntaf, a lansiwyd yn Hydref 2016, wedi'i ganolbwyntio'n bennaf ar feddygon (gan gynnwys meddygon teulu) a chafodd ei ail-lansio'r mis hwn; roedd yr ail gam a lansiwyd ym Mai 2017 yn canolbwyntio ar nyrsys ac roedd y trydydd a'r pedwerydd cam, a fydd yn canolbwyntio ar fferyllwyr a gweithwyr proffesiynol perthynol i iechyd, yn cael eu lansio ym mis Mawrth 2018.

Bwriedir i'r ymgyrchoedd hyn gefnogi ymgyrchoedd recriwtio lleol byrddau ac ymddiriedolaethau iechyd. Mae gan Gofal Cymdeithasol Cymru, corff wedi ei noddi gan Lywodraeth Cymru, a ddaeth i rym o 1 Ebrill 2017, gyfrifoldeb i lywio gwelliannau i wasanaethau ac ysgogi gofal o ansawdd uchel, yn ogystal â chodi proffil y gweithlu a chefnogi ei broffesiynoldeb. Mae'n datblygu amrediad o gamau

gweithredu er mwyn cyflawni'r cyfrifoldebau hyn, gan gynnwys llwybrau gyrfa, adolygu graddfeydd gwaith cymdeithasol a datblygu cronfa ddata genedlaethol er mwyn nodi tueddiadau yn y dyfodol o ran y galw am ofal cymdeithasol. Bydd hyn yn helpu i godi proffil y sector a mynd i'r afael â'r anawsterau recriwtio a chadw presennol, a chyfrannu at gynaliadwyedd y sector gofal cymdeithasol yn y tymor hwy.

Manylion cynlluniau ar gyfer llwybrau sgiliau a gyrfa newydd i staff iechyd a gofal cymdeithasol ac unrhyw ddyraniadau cysylltiedig (argymhellwyd hyn yn adroddiad yr Adolygiad Seneddol Interim a oedd yn datgan bod angen cynllunio'r rhain ar raddfa fawr yn ddi-oed);

Yn y GIG yng Nghymru, y byrddau a'r ymddiriedolaethau iechyd sy'n gyfrifol am ddulliau cadarn ar gyfer cynllunio'r gweithlu, am mai hwy sydd yn y sefyllfa orau i sicrhau bod eu sefydliadau wedi'u staffio'n briodol i ddarparu'r gwasanaethau sy'n cyd-fynd ag anghenion eu poblogaeth leol – yn awr ac yn y dyfodol.

Er mwyn cyflawni'r heriau sy'n wynebu'r system iechyd yn awr ac yn y dyfodol, mae'n bwysig sicrhau bod gweithlu'r dyfodol yn ddigon hyblyg i alluogi i newidiadau i fodelau gwasanaeth gael eu cefnogi drwy raglenni addysg a hyfforddiant addasol. Mae'r un mor bwysig galluogi cymaint o unigolion â phosibl i geisio a chyflawni gyrfa yn y system iechyd. Bydd hyn yn cynnwys natur rhaglenni a llwybrau mynediad. Cyflwynwyd rhaglenni rhan amser newydd ar gyfer addysg nyrsys yn 2017, ac er mai nifer gyfyngedig ohonynt sydd ar gale ar hyn o bryd, y bwriad yw datblygu hyn yn y dyfodol. Mae'r fframwaith gweithwyr cymorth gofal iechyd yn parhau i esblygu a darparu mwy o lwybrau gyrfa hyblyg i unigolion.

Yn ogystal, mae rhaglenni arfer uwch a sgiliau estynedig ar waith, gyda dyraniadau penodol ar gyfer unigolion ymarfer meddygol i feithrin sgiliau ychwanegol.

Unrhyw waith cynllunio / asesu a wnaed ar anghenion ariannu yn y dyfodol ar ôl Brexit, er enghraifft o ystyried newidiadau posibl i gostau staff asiantaeth.

Ni allwn wneud unrhyw amcanestyniadau ariannol ar effaith Brexit ar gostau staffio nes y byddwn wedi gweld canlyniad y negodiadau a beth mai'r rhain yn ei olygu i'r GIG o'r UE ac i'r rhai o rannau eraill y byd. Mae Llywodraeth Cymru yn sicr ein bod eisiau galluogi'r holl aelodau o staff ymroddedig hynny sy'n gweithio yn y GIG yng Nghymru i aros yma, er mwyn cyfrannu at fywyd Cymru a rhedeg ein GIG.

Rydym yn gweithio gyda'r GIG i barhau i ystyried effaith cynigion Brexit wrth iddynt ddatblygu ac mae cyflogwyr yn gweithio yng nghynghrair ehangach Cavendish y DU er mwyn asesu effaith a dylanwadu ar Lywodraeth y DU yn y materion hyn.

Integreiddio iechyd a gofal cymdeithasol

Dyraniadau ariannol i ysgogi integreiddio, e.e. datblygu gweithwyr proffesiynol iechyd/gofal cymdeithasol sy'n gallu gweithio ar draws ffiniau gwasanaethau.

Mae un o brif egwyddorion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn canolbwyntio ar bartneriaeth, ac mae'r Ddeddf yn ei gwneud yn bosibl i wasanaethau iechyd a'r gwasanaethau cymdeithasol gael eu darparu mewn dull mwy cydgysylltiedig. Mae hyn yn golygu y bydd y gwasanaethau'n cydweithio'n agosach, a bydd mathau newydd o wasanaethau a swyddi yn cael eu datblygu sy'n gweithio'n hyblyg ar draws sefydliadau.

Datblygwyd fframwaith dysgu a datblygu ar gyfer Therapyddion Galwedigaethol ym maes Gofal Cymdeithasol, i ddarparu arweiniad i Therapyddion Galwedigaethol sy'n gweithio ym maes gofal cymdeithasol yng Nghymru. Bydd yn hwyluso datblygiad proffesiynol, clinigol ac yn rheoli datblygiad Therapyddion Galwedigaethol, er mwyn sicrhau y gwneir y defnydd gorau o sgiliau a bod y gwasanaethau yn effeithiol. Bydd yn cynorthwyo i gyflawni anghenion gyrfa Therapyddion Galwedigaethol ac yn helpu i lywio gyrfaoedd Therapi Galwedigaethol yng Nghymru yn y dyfodol, er mwyn gwneud y gorau o effaith y gweithlu Therapi Galwedigaethol wrth ddarparu gwasanaethau gofal

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cymdeithasol. Mae'r fframwaith yn alinio gyda fframwaith newydd y GIG ar gyfer Gweithwyr Proffesiynol Perthynol i Iechyd, "Modernising Allied Health Professional Careers in Wales", y fframwaith Addysg a Dysgu Proffesiynol Parhaus ar gyfer gweithwyr cymdeithasol a'r fframwaith gyrfa cyffredinol sy'n cael ei ddatblygu gan Goleg Brenhinol y Therapyddion Galwedigaethol er mwyn hwyluso9 symudiad tuag at wasanaethau iechyd a gwasanaethau cymdeithasol mwy integredig.

Yn yr un modd, datblygwyd Fframwaith Sefydlu Iechyd a Gofal Cymdeithasol i Gymru ar gyfer gweithwyr gofal cymdeithasol a gweithwyr cymorth gofal iechyd sydd wedi'u cyflogi mewn lleoliadau cymunedol ar gyfer oedolion a phlant a phobl ifanc. Mae'n darparu strwythur ar gyfer sefydlu ac mae'n amlinellu'r wybodaeth a'r sgiliau y mae angen i weithwyr newydd ddangos tystiolaeth ohonynt yn ystod chwe mis cyntaf eu cyflogaeth. Mae'r fframwaith sefydlu yn cefnogi ymrwymiad Llywodraeth Cymru i ddarparu gwasanaethau iechyd a gofal cymdeithasol mewn ffordd ddi-dor, effeithiol ac effeithlon er mwyn hybu llesiant a chyflawni'r canlyniadau gorau posibl i bobl yng Nghymru.

Chwaraeon Cymru

Y cyllid a ddyrannwyd i Chwaraeon Cymru, dulliau o fonitro'r gwariant ac a yw'r dyraniadau'n cael eu defnyddio'n effeithiol i gyflawni canlyniadau i bobl yng Nghymru.

Mae gan Chwaraeon Cymru gylch gwaith deuol o gefnogi chwaraeon elitaidd a chwaraeon perfformiad, gan ddefnyddio arian y Loteri, yn ogystal â darparu chwaraeon cymunedol a gweithgareddau hamdden corfforol i'r boblogaeth, gan ddefnyddio cymysgedd o gyllid gan y Loteri a Llywodraeth Cymru.

Profwyd bod gweithgarwch corfforol yn chwarae rôl arwyddocaol mewn iechyd ac atal salwch, a gall gyfrannu at lesiant meddyliol a lleihau arwahanrwydd. Mae gan chwaraeon rôl ystyrlon wrth gyfrannu at lefelau gweithgarwch corfforol. Dyma yw'r rheswm pam y cafodd Chwaraeon ac Iechyd y Cyhoedd eu huno yn y Llywodraeth hon.

Yn ôl Arolwg Cenedlaethol Cymru, mae pobl sy'n cymryd rhan mewn gweithgareddau chwaraeon yn fwy tebygol o ddilyn y canllawiau gweithgaredd corfforol. Ac mae pobl s y'n cymryd rhan mewn chwaraeon a gweithgareddau hamdden corfforol hefyd yn llai tebygl o ysmygu, yn fwy tebygol o fwyta pum dogn o ffrwythau llysiau y dydd ac yn llai tebygol o fod yn ordew.

Mae Chwaraeon Cymru yn gyfrifol am geisio cynyddu nifer y bobl sy'n cyflawni canllawiau'r Prif Swyddog Meddygol ar gyfer gweithgarwch ac mae ganddynt nifer o raglenni sefydledig ar waith, sy'n cael eu darparu gan amrediad o bartneriaid sefydledig. Yn ogystal, mae eu rhaglen GalwAmWeithredu wedi gweithio gyda phartneriaid newydd er mwyn targedu cohortau penodol sy'n cael eu tangynrychioli, naill ai oherwydd eu rhyw, ethnigrwydd neu eu hardal o amddifadedd.

Comisiynodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol adolygiad annibynnol yn 2017 o Chwaraeon Cymru ac yn dilyn hynny gwnaeth ddatganiad polisi yn datgan ei blaenoriaethau yn glir ar gyfer y sefydliad wrth gyflawni canlyniadau gweithgarwch corfforol. Mae Chwaraeon Cymru yn cynnal gwerthusiadau yn awr o'i raglenni hirsefydledig er mwyn herio canlyniadau cyflawni ac ymateb i'r blaenoriaethau hyn. Mae'r llythyr cylch gwaith presennol yn cyfeirio Chwaraeon Cymru i ddatblygu fframwaith canlyniadau a mesurau newydd a fydd yn arddangos ei gyfraniad i Ffyniant i Bawb.

Yn ogystal, mae'r Gweinidog yn mynnu bod Chwaraeon Cymru ac Iechyd Cyhoeddus Cymru yn cydweithio i gyflawni'r ymrwymiad i gynyddu'n arwyddocaol y lefelau o weithgarwch corfforol sydd wedi'u cynnwys yn y cynllun gweithredu Iach a Gweithgarwch sy'n cael ei ddatblygu.

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Atodiad A

Sylwadau ar bob un o'r Camau Gweithredu yn y Prif Grŵp Gwariant (MEG) Iechyd, Llesiant a Chwaraeon, gan gynnwys dadansoddiad ac esboniad o'r newidiadau rhwng Cyllideb Ddrafft 2018-19 a'r Gyllideb Atodol Gyntaf (Mehefin 2017).

Ail-alinio gyda'r MEG Iechyd, Llesiant a Chwaraeon
O fewn y MEG Iechyd, Llesiant a Chwaraeon, rydym wedi adolygu strwythur cyllideb y Llinell Wariant yn y Gyllideb (BEL) a gwneud nifer o newidiadau, a oedd yn golygu gwneud nifer o drosglwyddiadau rhwng Llinellau Gwariant yn y Gyllideb. Nodir manylion y rhain isod.

Yn benodol, nodwch ein bod wedi gwneud y newidiadau canlynol:

- Mewn ymateb i geisiadau niferus gan bwyllgorau blaenorol ar dryloywder y cyllid ar gyfer iechyd, rydym wedi sefydlu BEL newydd yn dwyn y teitl "Dyraniadau Uniongyrchol Eraill y GIG", a fydd yn cynnwys cyllid ar gyfer cyrff y GIG nad yw'n ffurfio rhan o'r dyraniad refeniw craidd ar gyfer byrddau iechyd lleol, er enghraifft ariannu NWIS ac ariannu gwasanaethau gofal sylfaenol sy'n cael eu harwain gan alw megis profion llygaid.

- O ganlyniad, bydd hyn yn sicrhau gwell cyfatebiaeth rhwng y BEL "Dyraniadau Craidd" a'r dyraniad refeniw i fyrddau iechyd y byddwn yn ei gyhoeddi yn ddiweddarach yn yr Hydref.

- Rydym wedi cau nifer o BELs a oedd yn cynnwys cyllidebau penodol sy'n cael eu dyrannu yn y pen draw i sefydliadau'r GIG, er enghraifft y BEL Cyllidebau Gwybodaeth Canolog, a oedd yn cynnwys cyllid ar gyfer NWIS a'r BEL Gofal Sylfaenol, gan gynnwys cyllidebau gofal sylfaenol sy'n cael eu harwain gan alw ac sy'n cael eu rheoli'n ganolog.

Dyraniadau Craidd BEL 0020 y GIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
6,353,668	6,344,788	174,530	6,519,318	220,000	6,739,318

Esboniad o'r Newidiadau ar gyfer Cyflawni'r BEL Dyraniadau Craidd y GIG.

2018-19
Y newid rhwng Cyllideb Atodol Gyntaf a Gwaelodlin Diwygiedig 2017-18
- Dileu cyllid anghylchol yn ystod y flwyddyn (Y Gordal Iechyd Mewnfudo a Gwaed Halogedig)

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19
- Dyraniad MEG o £230,000 ar gyfer gwasanaethau'r GIG
- (£1,531) i Gyllidebau Eraill y GIG - Gwariant (BEL 0682) ar gyfer ymarferiad ail-alinio tablau BEL Iechyd, Llesiant a Chwaraeon (cyllidebau amrywiol)
- (£53,939) i Ddyraniadau Eraill Uniongyrchol y GIG (BEL 0030) ar gyfer yr ymarfer ail-alinio tablau BEL Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a chynlluniau newydd (Cyllideb Ddrafft) 2019-20
- Dyraniad MEG o £220,000 ar gyfer gwasanaethau'r GIG

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BEL 0030 Dyraniadau Uniongyrchol Eraill y GIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 ar gyfer £'000
0	0	251,935	251,935	0	251,935

Esboniad o'r Newidiadau ar gyfer Cyflawni BEL Dyraniadau Craidd y GIG 2018-19

Y newid rhwng Cyllideb Atodol Gyntaf a Gwaelodlin Diwygiedig 2017-18

- Dim newid, crëwyd BEL newydd yn y gyllideb ddrafft

Y Newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- £53,939 o Wasanaethau Craidd y GIG (BEL 0020) ar gyfer ymarfer ail-alinio Tablau Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)
- £42,319 o'r Llinell Wariant Gofal Sylfaenol y GIG (BEL Caeedig 0180) ar gyfer yr ymarfer ail-alinio
- £129,192 o Gyllidebau Eraill y GIG - Gwariant (BEL 0180) ar gyfer ymarfer ail-alinio arall o Dablau BEL Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)
- £28,369 o'r Cyllidebau Canolog Gwybodaeth (BEL Caeedig 0257) ar gyfer ymarfer ail-alinio Tablau Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)
- £1,116 o'r Cymorth Hosbis (BEL Caeedig 0286) ar gyfer ymarfer ail-alinio Tablau BEL Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd (Cyllid Hosbis))
- £1,000 o'r Cronfeydd Wrth Gefn Canolog: Cytundeb cyllideb ar gyllid Diwedd Oes.
- (£4,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer Effeithlonrwydd drwy Dechnoleg

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0250 Iechyd Cyhoeddus Cymru

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
88,880	88,880	-464	88,416	0	88,416

Esboniad o Newidiadau i BEL Iechyd y Cyhoedd

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin Diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

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- (£464) i'r BEL Diogelu Iechyd a Brechu wedi'i Thargedu (BEL 232) ar gyfer ymarfer ail-alinio y BEL Iechyd, Llesiant a Chwaraeon (Yr Asiantaeth Diogelu Iechyd)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0180 Gofal Sylfaenol y GIG – BEL CAEËDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
46,906	46,906	- 46,906	0	0	0

Esboniad o'r Newidiadau i BEL Gofal Sylfaenol y GIG

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£42,319) i Ddyraniadau Uniongyrchol Eraill y GIG (BEL 0030) ar gyfer ymarfer ailalinio tablau y BEL Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)
- (£4,587) i Gyllidebau Eraill y GIG – Gwariant (BEL 0682) ar gyfer ymarfer ailalinio tablau y BEL Iechyd, Llesiant a Chwaraeon (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd 2019-20 (Cyllideb ddrafft)

- Dim newidiadau

Bel 0257 Cyllidebau Gwybodaeth Canolog - BEL CAEËDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
28,369	28,369	28,369	0	0	0

Esboniad o'r Newidiadau i gyllidebau Gwybodaeth Canolog BEL

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau newydd 2018-19 (Cyllideb Ddrafft)

- (£28,369) i Ddyraniadau Uniongyrchol Eraill y GIG (BEL 0030) ar gyfer ymarfer ail-alinio Tablau y BEL, Iechyd, Llesiant a Chwaraeon (Dyraniad Uniongyrchol Arall y GIG (NWIS))

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2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0265 Ansawdd a Chyfranogiad Diogelwch Cleifion – BEL CAEËDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
2,588	2,588	-2,588	0	0	0

Esboniad o'r Newidiadau i BEL Gofal Sylfaenol y GIG

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£2,588) miliwn i'r BEL Gwella Iechyd a Gweithio'n Iach (BEL 231) ar gyfer ymarfer ailalinio Tablau Iechyd, Llesiant a Chwaraeon (cyllidebau iechyd amrywiol)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0275 Clefydau Cronig – BEL CAEEDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
72	72	-72	0	0	0

Esboniad o'r Newidiadau i'r BEL Clefydau Cronig

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd 2018-19 (Cyllideb Ddrafft)

- (£72) i Gyllidebau Eraill y GIG – Gwariant (BEL 0682) ar gyfer ymarfer ailalinio Tablau Iechyd, Llesiant a Chwaraeon (cyllideb iechyd amrywiol)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0682 Cyllidebau Iechyd Eraill - Gwariant

Cyllideb atodol	Gwaelodl	Newid	Cynlluniau	Newid	Cynlluniau

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gyntaf 2017-18 £'000	in Diwygiedig 2017-18 £'000	£'000	Newydd Cyllideb Ddrafft 2018-19 £'000	£'000	Newydd Cyllideb Ddrafft 2019-20 £'000
95,674	104,723	-77,368	27,355	-13,247	14,108

Esboniad o'r Newidiadau i Gyllidebau Iechyd Eraill – BEL Gwariant

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dileu cyllid anghylchol yn ystod y flwyddyn (Buddsoddi i Arbed)

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- £1,531 o Wasanaethau Craidd y GIG (BEL 0020) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (amrywiol gyllidebau amrywiol)
- (£129,192) i Ddyraniadau Uniongyrchol Eraill y GIG (BEL 0030) ar gyfer ymarfer ailalinio (dyraniadau uniongyrchol eraill cyllideb y GIG a gyhoeddwyd)
- £4,587 o BEL Gofal Sylfaenol y GIG (BEL Caeëdig 0180) ar gyfer ymarfer ail-alinio Tablau BEL Iechyd, Llesiant a Chwaraeon (amrywiol gyllidebau amrywiol)
- (£63,000) i'r BEL Gwella Iechyd a Gweithio'n Iach (BEL 0231) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (amrywiol gyllidebau amrywiol)
- (£4,190) i'r BEL Diogelu Iechyd a Brechu wedi'i Dargedu (BEL 0232) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (y gyllideb Organau a Meinwe)
- £72,000 o'r BEL Clefydau Cronig (BEL Caeëdig 0275) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon
- £140,000 o'r Cymorth Hosbis (BEL Caeedig 0286) ar gyfer yr ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (newid i gyllidebau amrywiol)
- £53,000 i Gyllidebau Eraill y GIG – Incwm (BEL 0682) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (Cyllideb Incwm PPRS)
- (£24,000) i Iechyd Meddwl (BEL 0270) ar gyfer ymarfer ailalinio Tablau Iechyd, Llesiant a Chwaraeon (cyllideb iechyd meddwl amrywiol) £230,000 miliwn o ddyraniad MEG ar gyfer gwasanaethau'r GIG
- (£278,000) ar gyfer addasiad cytunedig Buddsoddi i Arbed gyda'r MEG CSA
- (£522,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer cyllid grant Sêr Cymru
- (£300,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer cyllid peilot Dewis Fferyllfa
- (£2,129) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer cronfa wrth gefn Ganolog y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- £1,131 dyraniad MEG o ran addasiadau cytunedig Buddsoddi i Arbed gyda MEG CSA
- £20,000 o drosglwyddiad MEG i MEG ar gyfer yr Ystadau Diogeledd
- (£13,881) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer cronfa wrth gefn Ganolog y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol
- (£517,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon ar gyfer cyllid grant Sêr Cymru

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BEL 0682 Cyllidebau Iechyd Eraill - Incwm

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
0	0	-53,000	-53,000		-53,000

Esboniad o Newidiadau i Gyllidebau Iechyd Eraill – BEL Incwm

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau, crëwyd BEL newydd yn y gyllideb Ddrafft

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£53,000) o Gyllidebau Eraill y GIG – Gwariant (BEL 0682) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (Cyllideb Incwm PPRS)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0140 Addysg a Hyfforddiant

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
194,051	187,851	8,985	196,836		196,836

Esboniad o'r Newidiadau i'r BEL Addysg a Hyfforddiant

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18.

- Dileu cyllid anghylchol yn ystod y flwyddyn.

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£15,000) miliwn i'r BEL Gwella Iechyd a Gweithio'n Iach (BEL 0231) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (newid i'r cyllidebau amrywiol)
- £9,000 o'r Cronfeydd wrth Gefn Canolog: Cytundeb Cyllidebol ar gyfer Cronfa Ddatblygu Gogledd Cymru (£7,000) a chynllun peilot Buurtzorg Cymru (£2,000)

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2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0185 Cyllidebau Canolog Datblygu'r Gweithlu

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
2506	2506	-50	2,456	0	2,456

Esboniad o'r Newidiadau i'r BEL Cyllidebau Canolog Datblygu'r Gweithlu

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau newydd (Cyllideb Ddrafft) 2018-19

- (£50,000) ar gyfer trosglwyddiad cyllid grant cytunedig (Cymru o Blaid Affrica) i MEG CSA

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0270 Iechyd Meddwl

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
3,255	2,255	1,024	3,279	0	3,279

Esboniad o Newidiadau i'r BEL Iechyd Meddwl

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dileu cyllid anghylchol yn ystod y flwyddyn

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- £24,000 o Gyllideb Arall y GIG – Gwariant (BEL 0682) ar gyfer ymarfer ailalinio tablau BEL Iechyd, Llesiant a Chwaraeon (trosglwyddo'r gyllideb iechyd meddwl)
- £1,000 o Gronfeydd Wrth Gefn Canolog: Cytundeb Cyllidebol ar Anhwylderau Bwyta a dysfforia rhywedd

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

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BEL 0286 Cymorth Hosbis – BEL CAEËDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
2,256	1,256	-1,256	0	0	0

Esboniad o'r newid i BEL Cymorth Hosbis
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dileu cyllid anghylchol yn ystod y flwyddyn

Y newid rhwng Gwaealodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£1,116) i Ddyraniadau Uniongyrchol Eraill y GIG (BEL 0030) ar gyfer ymarfer ailalinio tablau BEL Iechyd, Llesiant a Chwaraeon (dyraniad uniongyrchol arall y GIG wedi'i gyhoeddi)
- (£140,000) i Gyllidebau Eraill y GIG – Gwariant (BEL 0682) ar gyfer ymarfer ailalinio tablau BEL Iechyd, Llesiant a Chwaraeon (amrywiol gyllidebau amrywiol)

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 1682 Cronfa Cynllun Gweithredu Camddefnyddio Sylweddau

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
26,975	26,975	-500	26,475	-1,980	24,495

Esboniad o'r Newidiadau i BEL Cyllid y Cynllun Gweithredu ar Gamddefnyddio Sylweddau
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwalodlin diwygiedig ar gyfer r2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£500,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o gyllid Operation Tarian. Mae hyn yn cyd-fynd â chynnydd rheolaidd i ddyraniadau'r Bwrdd Iechyd Lleol sydd wedi'u clustnodi ar gyfer gwasanaethau triniaeth camddefnyddio sylweddau.

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau newydd (Cyllideb Ddrafft) 2019-20

- (£1,980) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o Raglen Graidd Cyswllt Ysgolion Cymru Gyfan (AWSLCP)

BEL 0231 Gwella Iechyd a Gweithio'n Iach

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Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
3,903	3,903	9,641	13,544	-156	13,388

Esboniad o'r Newidiadau i'r BEL Gwella Iechyd a Gweithio'n Iach
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- £15,000 o'r BEL Addysg a Hyfforddiant (BEL 0140) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (newid i gyllidebau amrywiol))
- £63,000 o Gyllidebau Eraill y GIG – Gwariant (BEL 0682) ar gyfer yr ymarfer ailalinio (newidiadau i gyllidebau amrywiol)
- £2,588 o'r BEL Ansawdd a Gwella Diogelwch Cleifion (BEL 0265) ar gyfer ymarfer ailalinio arall Tablau BEL Iechyd, Llesiant a Chwaraeon (newidiadau amrywiol)
- £7,500 o'r BEL Bwyd Lles (BEL Caeëdig 0400) ar gyfer ymarfer alinio Tablau BEL Iechyd, Llesiant a Chwaraeon (cyllideb Cychwyn Iach)
- £125,000 o'r BEL Diogelu ac Eiriolaeth (BEL 0460) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (cyllideb Iechyd Plant)
- (£600,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r gyllideb Cychwyn Iach)
- (£50,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r gyllideb Menter Ansawdd Gofal Iechyd

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- (£156,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r gyllideb Gwella Iechyd

BEL 0232 Diogelwch Iechyd a Brechu wedi'u Targedu

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
3,987	3,987	4,597	8,584	0	8,584

Esboniad o'r Newidiadau i'r BEL Diogelwch Iechyd a Brechu wedi'u Targedu
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- £4,190 o Gyllidebau Eraill y GIG - Gwariant (BEL 0682) ar gyfer ymarfer aliniad Tablau BEL Iechyd, Llesiant a Chwaraeon (y gyllideb organau a meinwe)

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- £464,000 o BEL Iechyd Cyhoeddus Cymru (BEL 0250) ar gyfer ymarfer ailalinio BEL Iechyd, Llesiant a Chwaraeon (Yr Asiantaeth Diogelu Iechyd)
- (£57,000) cyfraniad i ostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r gyllideb Mentrau Arbennig

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newid

BEL 0400 Bwyd a Lles – BEL CAEËDIG

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
7,500	7,500	-7,500	0	0	0

Esboniad o'r Newidiadau i'r BEL Bwyd a Lles

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newidiadau

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£7,500) i'r BEL Gwella Iechyd a Gweithio'n Iach (BEL 0231) ar gyfer ymarfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (cyllideb Cychwyn Iach)

2019-20

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newidiadau

BEL 0230 Cynllunio at Argyfwng Iechyd

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
6,712	6,712	-653	6,059	-34	6,025

Esboniad o'r Newidiadau i'r BEL Cynllunio at Argyfwng Iechyd

2018-19

Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau newydd (Cyllideb Ddrafft) 2018-19

- (£53,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o gyllideb y Timau Ymateb mewn Ardaloedd Peryglus
- (£600,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r timau cynllunio at Argyfwng Iechyd

2019-20

DRAFT

Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau newydd (Cyllideb Ddrafft) 2019-20

- (£34,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o gyllidebau DHSCR

BEL 0260 Ymchwil a Datblygu

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
43,365	43,365	-860	42,505	-430	42,075

Esboniad o'r Newidiadau i'r BEL Ymchwil a Datblygu
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£860,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o gyllidebau DHSCR

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau newydd (Cyllideb Ddrafft) 2019-20

- (£430,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o gyllidebau DHSCR

BEL 0460 Diogelu ac Eiriolaeth

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
985	985	280	1,265	0	1,265

Esboniad o'r Newidiadau i'r BEL Diogelu ac Eiriolaeth
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£125,000) i'r BEL Gwella Iechyd a Gweithio'n Iach (BEL 0231) ar gyfer ailalinio Tablau Bel Iechyd, Llesiant a Chwaraeon (cyllideb Iechyd Plant)
- £405,000 o'r BEL Gwasanaethau Cymdeithasol Cynaliadwy (BEL 0920) ar gyfer ailalinio tablau BEL Iechyd, Llesiant a Chwaraeon (newid i gyllidebau amrywiol)

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau Newydd (Cyllideb Ddrafft) 2019-20

- Dim newid

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BEL 0661 Gofalwyr Pobl Hŷn a Phobl ag Anableddau

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
29,197	29,197	-27,000	2,197	0	2,197

Esboniad o'r Newid i'r BEL Gofalwyr Pobl Hŷn a Phobl ag Anableddau
2018-19
Y newid rhwng y Gyllideb Atodol Gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Dim newid

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£27,000) trosglwyddiad MEG i MEG i Lywodraeth Leol ar gyfer Grant Byw'n Annibynnol Cymru

2019-20
Y newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau newydd (Cyllideb Ddrafft) 2019-20

- Dim newid

BEL 0920 Gwasanaethau Cymdeithasol Cynaliadwy

Cyllideb atodol gyntaf 2017-18 £'000	Gwaelodlin Diwygiedig 2017-18 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2018-19 £'000	Newid £'000	Cynlluniau Newydd Cyllideb Ddrafft 2019-20 £'000
42,132	12,132	-817	11,315	0	11,315

Esboniad o'r Newidiadau i'r BEL Gwasanaethau Cymdeithasol Cynaliadwy
2018-19
Y newid rhwng y Gyllideb Atodol gyntaf a'r Gwaelodlin diwygiedig ar gyfer 2017-18

- Trosglwyddiad MEG i MEG o Grantiau Llywodraeth Leol

Y newid rhwng Gwaelodlin Diwygiedig 2017-18 a Chynlluniau Newydd (Cyllideb Ddrafft) 2018-19

- (£405,000) i'r BEL Diogelu ac Eiriolaeth (BEL 0460) ar gyfer ailalinio Tablau BEL Iechyd, Llesiant a Chwaraeon (newid i gyllidebau amrywiol)
- (£391,000) trosglwyddiad MEG i MEG i Lywodraeth Leol ar gyfer cyllid Ystadau Diogeledd
- (£21,000) cyfraniad i'r gostyngiad arbedion cytunedig i'r MEG Iechyd, Llesiant a Chwaraeon o'r gyllideb Gwasanaethau Cymdeithasol Cynaliadwy

2019-20
Newid rhwng Cyllideb Ddrafft 2018-19 a Chynlluniau newydd 2019-20 (Cyllideb ddrafft)

- Dim newid

DRAFT

AGGCC CSSIW
Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate for Wales (CSSIW)

Evidence for Health, Social Care and Sport Committee: Use of anti-psychotic medication in care homes - Additional information requested by 6 November

Details and explanation in relation to home closures:

CSSIW has a clear enforcement pathway. Where care services provide poor care and fail to improve they are identified as “services of concern”. This means they are subject to formal enforcement action. This can include pursuing cancellation of the registration of the service; this occurs in about half of the services identified as services of concern. Other options pursued include restricting further admissions or cancellation of the manager’s registration.

The process of cancellation is complex and can result in a number of outcomes;

- the service closes completely,
- the service run by the existing provider closes but is then taken on by a new provider either as a brand new services of as a going concern or
- the service improves and avoids actual closure.

Sometimes a registered provider will decide to voluntarily cancel their registration once they have received notification of CSSIW’s intentions as a means of avoiding legal action.

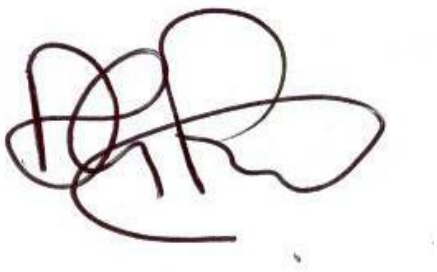
In respect of older people’s care homes and nursing homes, in just over four years CSSIW has pursued cancellation of the registration of 33 older people’s care homes in Wales. As a result the registration of 30 older people’s care homes were cancelled either directly by CSSIW or agreed through voluntary cancellation. 21 services were nursing homes, 10 were residential. These services were spread across Wales and included a number of large homes as well as some small to medium size homes.

20 of the homes completely closed, one partially closed (nursing floors). 9 of the homes were taken on by new owners as going concerns.

One service, Gibraltar House in Monmouthshire improved. CSSIW decided not to enforce the notice of cancellation. The committee may be interested to note that the concerns related to the care of people with dementia. Dementia Care Matters were brought in to provide consultancy and training which resulted in improvements in the care provided.

When considering and pursuing cancellation CSSIW must be able to demonstrate that regulations have been breached and provide evidence serious concerns which impact on the wellbeing of people living in the services or place them at significant risk. Failing to meet basic health care needs is a common theme in older people's care homes where CSSIW takes action including nutrition and hydration, pressure area and diabetes care. People with dementia are often found to be at greater risk because of the particular challenges in providing care and support.

In nine of the services above poor medication administration was one of the legal grounds on which cancellation was pursued.



David Francis

Assistant Chief Inspector

Examples of care homes which pride themselves on reducing use of antipsychotics.

Three Cliffs Care Home

Three Cliffs is a 50 bed nursing dementia care home on the Gower. On the day of a recent visit there were 48 people in the home, 27 people are funded as continuing health care, 14 funded nurse care the remainder privately funded. The home uses a dependency measurement tool which includes psychological / behavioural scales. A number have a history of mental health diagnoses for example schizophrenia. According to the manager the majority of people living at the home are assessed "top / end stage dementia". The home takes people which other homes cannot cope with. Nearly all residents need a lot of assistance to eat / drink and have mobility problems. Home prides itself on caring through to end of life.

At the time of the visit 5 of the 48 people in the home were prescribed with very low doses of antipsychotics.

The low use of antipsychotics is referenced in the last inspection report (attached).

In some ways the home is very ordinary which is what makes its achievements more remarkable. It is an old building not specially built or adapted for dementia care.

Why does this home work well:

- Excellent relationship with mental health in reach team who are very responsive and lead by a consultant who is said to really care and is very committed to reducing medication.

- Excellent relationship with GP; weekly half day in house surgery, good system for best use of GP time faxing list of residents and concerns beforehand. Also other health services; e.g. in-reach dentistry and "dementia" optician.
- Strong emphasis on building an in depth understanding of every person; their backgrounds, needs, why they behave and respond as they do. Senior carers know residents really well and spot and respond to changes early.
- Strong commitment to and investment in activities which are individually tailored. Sense of a busy home.
- A high commitment to improvement and ongoing learning stealing and trying others ideas, linking to and reading research (Stirling, Bradford, Bangor, David Sheard, Scandinavia) and taking part in projects e.g. West Wales Adverse Drug Reaction research. The home has no "model" of care as such, just a strong commitment to kindness and individualised care;

- Wide range of dementia training. Aim for level 3 in dementia for senior staff. Strong in house mentoring, very experienced managers.
- Tight grip on medication reviews; medication profile sheets highlight in red all high risk medications including antipsychotics and requiring staff to ensure they are reviewed three monthly;
- Differentiated areas to suit people with different needs. In particular the "Sea view" wing; low stimulation to reduce triggers, small numbers / high staff ratio.
- Staff ratios. Willingness to be flexible in relation to changing needs which can mean increased costs at times.

What challenges this home:

- LHB funding; protectionism between budgets community vs. hospital. LHB being unwilling to fund when levels of need increase.
- Reduced in-patient assessment facilities available to provide crisis hospital admissions puts undue pressure on the registered manager if she continues to provide a placement that may conflict with registration conditions (e.g meeting the person's needs & needs and safety of others)
- Staff turnover. Home is on the Gower but close to Swansea. As staff are trained they are poached by city based homes / NHS. Relentless effort to build and retain teams of experienced staff.

Case example:

Took a lady who could not be managed / supported elsewhere. Very high levels of confrontational behaviour. In addition to dementia she had learning disabilities and was diagnosed with schizophrenia. She spent time on Sea View, staff made careful observations, trying to understand what was causing behaviour. Concluded that the underlying issue was she had strong feelings of not being wanted, that she could never "belong" anywhere. Range of approaches tried including undertaking simple tasks about the home. In time she moved to live in communal area. She is now happier and her behaviour is settled and the use of psychoactive medication has been significantly reduced. She is able to go out to brother's house and attend church; these would have been considered impossible when she was first admitted to Three Cliffs.

<u>Clydach Court</u>

Clydach Court is a residential care home in Tonypandy registered to care for 36 people with dementia.

It is one of six Butterfly Care homes in Wales accredited with Dementia Care Matters, who have an inspirational programme for the care of people with dementia developed by David Sheard. Dependency levels are not as high as those in nursing homes although Clydach Court does take people who can have complex needs and who can be challenging to care for.

The manager reports that the home is successful in stopping / reducing the use of antipsychotic medication particularly when people come into the home from the community or hospital

Why does this home work well:

- Butterfly homes place emphasis on having a care home culture where people are respected and supported as individuals, where "people really matter", feelings are recognised and supported and the home's environment and routines are busy and adapted for individuals.
- Staff are given in depth training and the home has to work hard (often over a year) to meet the high standards which are set by Dementia Care Matters.
- Clydach Court provides responsive care and has a strong proactive relationship with the health board's consultant lead Dementia Intervention Team. When behavioural problems arise the intervention team will be asked to come in. They provide a support worker who will undertake a 12 week assessment during which they develop an individualised support plan, often based on distraction techniques. This approach is always pursued as a way to avoid the use of medication.
- Clydach Court has recently moved to allocation to a single GP practice. The GP undertakes fortnightly ward rounds and reviews each person. The manager says having consistent GP oversight is very beneficial. She says that reviewing and challenging the use of medication is uppermost in the GP's priorities.

What challenges this home:

- Not being able to care for people who are very frail towards the end of their lives and have to move into nursing care.

Case example:

A person who was admitted from home having been prescribed respiradone. When the manager questioned the reason no one could explain why. She was particularly concerned about the effect on the person's mobility. As a result of the manager's intervention the medication was withdrawn and the person has happily settled in the home.

<u>Rickeston Mill Nursing Home</u>

Rickeston Mill is a 28 bed nursing dementia home near Milford Haven caring for people with dementia. It takes people with high levels of dependency.

Why does this home work well:

- It is the commitment of the manager which really makes a difference in this home. She does not like to see people who are drowsy and will challenge the use of antipsychotics. She is also concerned about the use of lorazepam and diazepam. She says she has a good rapport with the GP and mental health team but they do not visit the home or undertake reviews unless she prompts them. The success in reducing antipsychotics and other medication is a result of her willingness to challenge.
- The staff are well trained and well lead (emphasis on the Butterfly approach).
- The home focusses on understanding individuals, finding ways round behaviours and promoting activities.

What challenges this home:

- Disputes over whether people are funded for residential or nursing care.
- Unrealistic funding levels for people requiring very high levels of care e.g. 1:1 support.

Case example:

We reference this home because of our experience of dealing with a complaint about quality of care in another dementia nursing home. A lady transferred between the homes because she had been seen as very difficult to manage. She had dementia and other underlying psychiatric problems. She could be challenging very resistive to personal care and being supported to eat and drink. As a result they were prescribed high doses of Epilim, an anticonvulsant with the effect she lost a lot of weight, was drowsy and lost mobility.

The staff at Rickeston pursued medication reviews and asked for the Epilim to be reduced and withdrawn; which it was. The person became alert, responsive and mobile. They also gained weight.

There are two others recent cases where the manager has challenged the use of medication, including antipsychotics and the medication has been withdrawn or substantially reduced.

The home has recently adopted a medication review prompt sheet for all residents.

AGGCC CSSIW
Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate for Wales

Evidence for Health, Social Care and Sport Committee: Use of anti-psychotic medication in care homes: Additional information in respect of care homes which are committed to reducing the use of antipsychotic medication

Please find attached examples of three homes which are examples of good practice. One of the homes is an accredited "Butterfly" home; additional information about the success of Butterfly homes is included.

What is evident in these examples it that care homes are dependent on the support they receive from primary care and psychiatric in-reach teams.

We have also been advised of the work being undertaken by the Four Seasons group in addressing over medication of older people in care homes. This includes the introduction of a medication "App" which care workers complete on a monthly basis for each resident. The App identifies medications / dosages which create risk (including antipsychotics) and auto-generates a letter to the GP requiring a medication review if the medication profile suggests there is a concern.

Four Seasons have also developed a comprehensive "experiential" training package for all care home staff which they believe has been successful in enabling staff to support people with dementia and reduce the use of medication.

Additional information and CSSIW's role and plans going forward:

Following CSSIW's appearance at the Committee we have reviewed our inspection frameworks in light of the feedback from the committee. We will be updating these in response to the 2016 Act and will use the opportunity to make specific reference to the timeliness of medication reviews and the use of antipsychotics as areas inspectors must consider on inspection. We will however not be able to do this for all residents. To strengthen our inspections we will be exploring how we can obtain feedback from community pharmacists linked to homes who will be funded under the new enhanced contract to check medication reviews and the use of antipsychotics in care homes.

As explained in our evidence to the committee CSSIW will be considering the use of antipsychotic medication when we undertake a thematic national review into the quality of care in residential care of people for people in 2019/20. We will be asking for pharmacist input into the design and evaluation of this thematic inspection.

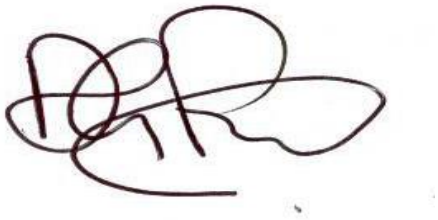
From 2019 CSSIW plans to ask care homes to report on the frequency of medication reviews and the use of antipsychotic medication in the annual on-line self assessments which are completed by care homes. This will enable inspectors to be sighted on those where usage is particularly high.

Following our recent discussions with pharmacist advisors and care home staff we note that antipsychotics are just one of a range of psychoactive drugs used to manage behaviour for people with dementia. A number of these also have adverse side effects. We also recognise that the use of the antipsychotics can have benefits. It is not the use of them per se that is the issue; it is the dosage.

The Committee raised the question of pharmacy inspectors being employed by CSSIW. CQC and Care Inspectorate Scotland have advised us that they employ pharmacists. This is primarily in an advisory role and although in CQC pharmacists are used on a small proportion of inspections where there are significant concerns about medication practice. CSSIW made the decision not to employ pharmacists in 2012 following a cost benefit exercise. CSSIW concluded that it could not justify employment of pharmacy inspectors given that £2.7m savings had to be made over 2/3 years. A further reduction in CSSIW's operating budget is envisaged over the next two financial years.

Although CSSIW does not employ pharmacists our inspectors are trained in to inspect medication practice in relation to the requirements of the regulations. In the past 12 months CSSIW issued 54 Notices of Non Compliance in relation medication practice in older people care homes. These notices are not issued for minor problems but when there is a serious risk to the health and well being of residents.

Yours sincerely



David Francis

Assistant Chief Inspector

Enc: attached profiles.

Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Three Cliffs Care Home

Cefn Bryn Lane
Penmaen
Gower
SA3 2HQ

Date of Publication

Tuesday, 25 April 2017

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Description of the service

Three Cliffs Care Home is registered to provide nursing and personal care for up to fifty one older adults with dementia, requiring nursing or personal care. Variations to the registration have been approved from time to time for individual persons who are younger.
The home is located on the cliffs above Three Cliffs Bay with panoramic views out to sea. The registered provider of the service is Heart of Wales Care Limited. The home's joint registered managers are Tom Watson and Marion Reading.

Summary of our findings

1. Overall assessment

People living at the care home receive a high standard of care from nurses and care assistants. They are treated with dignity and respect, which extends to the many visitors who are greeted and spoken to as friends. The care assistants have many skills in observations and gentle interventions, through their knowledge of each person's background and needs, which was a positive feature at this inspection.

2. Improvements

- The provider has invested in a high quality computer system for care records, accessible for nurses and care staff to enter detailed care for the people living in the home.
- The appointments of a well-being development manager and a well-being coordinator have focused staff awareness on furthering well-being development for each person.

3. Requirements and recommendations

Section five of this report sets out our requirements and recommendations to improve the service

1. Well-being

Summary

People relate well and also have good relationships with the nurses and care assistants who care for them. We saw people being treated in a kind and caring way throughout our visit. Staff took time to speak with each person and reassure them by being polite, respectful and friendly. This enabled people to feel safe and protected, if disturbed or confused. Staff are present at all times in the four day rooms around the home.

Our findings

Care staff approach people with a quiet manner, knowing that those with mental frailty may feel anxious and be confused. We observed that staff gave each person sufficient relaxed time while being assisted with eating and drinking. When a person was unsure while walking around, we noted the person was given help with unhurried kindness. Visiting family members told us they were very satisfied and variously said, for example, *'such good care'…'play nice music'….'right place for…'.* We heard so many compliments and were impressed with the really friendly interactions with staff, including some banter and laughter. We also saw people were being listened to as they expressed their thoughts, thereby being treated with dignity and respect. The home is well-staffed and staff know how to provide appropriate and compassionate care, so that people experience positive relationships.

People are provided with a good nutritional diet and supported to maintain a healthy lifestyle as appropriate. We discussed the average day with the duty nurse and others, finding that some people started getting up after the day staff arrived at 7am, although a few would have woken earlier and some remained in bed until later. Breakfast was served mainly in the four day rooms, but a few received breakfast in bed or at the bedside. Later, a fruit platter was taken around and we saw people eating small pieces of fresh fruit. Lunch would be served about 1pm, the main meal of the day, freshly prepared by the experienced catering team led by the chef. People had drinks available. Afternoon tea with homemade cakes and biscuits was followed by high tea at 5pm, which on the day was sandwiches, a popular regular option. That would be followed by milky hot chocolate and various options for snacks at 7pm. Some people were reportedly still up until 10pm, if content. We were informed that the diet included plenty of honey, butter, milk and cream and we saw evidence of that emphasis on good nutrition. We heard about and saw regular weight records, which would be done according to the nurse's assessment. Food supplements were given as needed. Many people needed total help with feeding; we saw that done quietly and with dignity. Each person is provided with an effective nutritional assessment and provision of wholesome food and regular meals to keep them as healthy as possible.

Contact with relatives and the community is encouraged. People had a daily transport service, with two drivers who were also available to collect infirm relatives from their homes three days a week and bring them in to visit and then return them home; an invaluable and thoughtful service. We were told how the drivers also collected prescriptions, or took people to appointments and also were available for trips to the village café and heritage centre, for example. At the care home, people had use of the large front and rear gardens with fine views in good weather. The managers and the team of nurses and care assistants are dedicated to providing a responsive service to each person and to their relatives.

2. Care and Support

Summary

People are provided with appropriate care and support by staff who have the skills and knowledge to carry out their roles and responsibilities; they do this with kindness and respect for the people in their care. Staff receive effective supervision and support and undertake the training and qualifications necessary to fulfil their duties.

Our findings

People are supported and cared for by trained staff in sufficient numbers working in the four units. Staffing levels on the daily rota were one nurse and thirteen care assistants. At night, there was one nurse and six care assistants. The clinical lead nurse told us that she was generally supernumerary to the staffing levels and supervised the nursing care. We spent much of our inspection going around the four units to observe the changes during the course of the day. We found that the care staff were excellent at all times in the supervision of vulnerable older people and in their interactions with individuals, with occasional wider exchanges of conversation. Their vigilance was a highlight of the inspection. However, we would like to have seen more creative action to stimulate individuals or groups of people at times. People's lives and well-being are enhanced as they are provided with safe, active and responsive care by a well-motivated care team.

People receive appropriate and good nursing and personal care. We were told about the care routines that assisted in good care provision. We examined the excellent computerised daily personal and nursing care records and noted these were in good detail in the sample viewed. We considered that the level of nursing and personal care skills were of a good standard. Staffing levels were good for the current needs of everyone on the day of inspection. People were protected by deprivation of liberty safeguards. People are cared for by a female and male team of nurses and care staff who maintain a very good service to ensure people are safe, comfortable and properly supported in their daily life.

People are protected by a safe medicine administration and storage system, with only nurses giving out medicines. We looked at the medicine arrangements and charts and found an organised system with good records completed. Drugs were correctly stored and recorded on the day of inspection. The nurse said that few anti-psychotic drugs were needed and other medicines, such as benzodiazepines were only provided for the well-being of individuals. We noted the lower prescribed use of these medicines on the charts. Medicines were given out at breakfast so the nurse could assess each person and how they were managing food. A pain assessment was also done as people could not always verbally express any pain, so the nurse said he would give paracetamol to people who could be in pain by observing their demeanour. People are safely provided with medicines by the home's registered nurses.

People receive GP, consultant psychiatrist, dental and other NHS services, including specialist nurses. We discussed dementia care services with the duty nurse; he suggested that more reminiscence therapy and exploration of suitable projects and fiddle boards would be useful. People are able to access suitable and generally responsive NHS medical and nursing specialist services, but would benefit from further dementia care activities.

3. Environment

Summary

People are supported in comfortable surroundings, as the provider has invested in improving the environment to enhance the well-being of the people living at the home. However, one or two of the many hoists should be stored with more consideration, so as to maintain safety and personal space in the corridors and bedrooms.

Our findings

The care home has sufficient space and facilities to meet the needs of the people. We saw that good standards were being maintained in general maintenance and refurbishment, although paintwork had been damaged in the narrow corridors. Individual bedrooms were variously personalised, furnished and decorated. Profiling beds were provided, being adjustable for height and positioning for comfort. Toilets, showers and bathrooms were mostly of a good standard of space and facilities, including extras, for example, a male urinal, shower trolleys and a range of hoists. In the dayrooms, we saw that people were able to move around the rooms and corridors, although most seemed content to remain in the chair they occupied. Meals were taken at individual chairs or small adjustable tables, depending on mobility and assessment. We were told that the garden had been used by some people in the summer and that it was planned to do further safety work to make it more accessible. People spend each day in a pleasant, comfortable environment.

People benefit from efficient housekeeping services provided by the laundry and domestic staff. We were pleased with the standard of knowledge and care of the experienced laundry person. She had good knowledge of infection control procedures and laundering, so that people's clothes were being well processed. She was also the home's valued hairdresser. We were impressed with the excellent labelling machine that printed and securely fixed name tags to clothing. We met two domestic cleaners who were efficiently cleaning the large home, which looked clean and did not have any odours. People are provided with a good laundry and domestic cleaning service.

The home has an on-site maintenance workshop service. The maintenance of the home was generally efficient, but we found a tool cupboard unlocked by a stairway. We also noted that some bedroom door hinges needed attention. We found a number of instruction notices for staff that should be removed from public areas. One room had some plaster damage to the wall and the manager could not explain why it was in that condition. In one bedroom, we noticed a hoist inappropriately stored that we were told was for general use. In addition, we detected a serious safety issue when we found a mobile hoist blocking a fire exit. We informed the manager that this was dangerous and that she must organise safety checks to ensure that all escape routes were kept clear at all times. The home has a problem with the storage of hoists.

People can make use of alternative facilities with a room set out like a pub, with bottled beer. We were told that Friday night was fish and chip evening during the warmer weather. The pub was situated in a nicely converted outside room by the car park with an adjoining staff training room. Overall, the home provides people with a warm and safe environment that promotes a sense of well-being for many people.

4. Leadership and Management

Summary

The home is effectively managed and run for the benefit of the people living at the care home. The managers are committed to improving the care provision and facilities. They also are committed to the professional development of the nurses and care assistants.

Our findings

People are provided with a very good level of nursing and personal care because the team is competently led by the clinical lead nurse. We found staff had a sound understanding of the aims and objectives of the service for the people who had made their home at Three Cliffs. Nurses and senior carers, on rota, supervised the many other staff employed, ensuring that each person was given appropriate nursing and personal care and other services. The management of staff is organised and efficient.

People receive care and support from staff who undergo regular training and supervision. We saw that recruitment checks were being carried out to assess whether applicants were suitable to work at the home. However, there was a vacancy for a registered nurse, requiring employing a regular agency nurse. We saw that the clinical lead nurse and the duty nurse were involved in direct care or supervision throughout the day. Staff had received regular individual supervision meetings. This indicates that people benefit from a service where staff are well-led, supported and trained.

People and their relatives are consulted about the care provision. We read some of the comments from a recent survey suggesting some small improvements, such as more proactive care at times. We viewed the online annual quality review and development plan, written to a high standard of detail and completion by the senior manager. We were assured that the responsible individual's quarterly report had been completed, but we did not view it. We asked the manager about any incidents or accidents and discussed one incident. One relative told us that they were kept informed of any changes or incidents. People and their relatives enjoy good relationships with the staff team.

Staff work really well as a team; they are valued and given support and direction in their duties. We observed how staff were confident and relaxed in their work. A training company had been employed, with a tutor who provided support for staff whose first language was not English. Local staff and overseas staff worked cohesively and respectfully together and we were heartened to see the enormous positive contribution everyone made to the lives of the people living at the home. Staff were assisted in travel to the home. Drivers collected and returned staff to and from Swansea every day. We were informed that staff were progressively trained in care qualifications to levels 2, 3,and 5. Three nurses were doing the higher qualification. In-house training had included the core topics of health & safety, moving & handling, food hygiene and first aid, with extra topics of dementia care and mental capacity provided by a MIND trainer. We met the well-being development manager who described his role as '*looking at things and if not quite right, making changes'.* He showed us the excellent *'About Me'* booklets which contained useful information about each person; information sharing was a key feature. Dementia care maybe unpredictable but the ethos of care here was to kindly and gently anticipate and interpret signs before a problem arose. The service provides leadership by ensuring everyone understands these important principles and achieves a good degree of success in caring for people with dementia.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

No areas were formally identified as non-compliant at the previous inspection.

5.2 Areas of non-compliance identified at this inspection

Regulation 24 (4) (b). Adequate means of escape. We advised the registered manager that the risks to people's health and safety had been compromised by failure to ensure that fire exits were kept free from obstruction. A notice has not been issued on this occasion as there was no immediate or significant effect for people using the service, and the obstruction was quickly removed. A daily safety check should be undertaken to remove any hazards.

5.3 Recommendations for improvement

We recommend the following:

- Immediately identify and ensure safe storage of mobile hoists around the home.
- Ensure tool cupboards are kept locked shut when unused.
- Continue to seek a registered nurse/s to join the team.
- Provide more spontaneous creative action to stimulate individuals or groups of people.
- Arrange reminiscence therapy and exploration of suitable projects, such as dementia aids and equipment like fiddle boards or similar appropriate items.
- Remove staff instruction notices from inappropriate public areas.

6. How we undertook this inspection

- This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 14 March 2017 from 10.30am to 6.15pm. The following method was used:
- We met the clinical lead nurse and registered manager and toured the home.
- We spent a considerable part of the day circulating around the home to make many observations of the care provision and to meet people in the four lounges.
- We met and had short chats with several people living at the home.
- We met with and had many conversations, some in private, at various times with the twenty care and housekeeping staff on duty.
- We met and had short or longer conversations with the eleven visitors.
- We had in depth discussions with the manager, these included the home's management and looking at a range of care and management records.
- We discussed the role of the clinical lead nurse and her management of nursing.
- We spent time talking about nursing care with the registered nurse on duty
- We viewed computerised care records to consider the content of the written records.
- We selected two staff files to check on recruitment, training and supervision.We had a discussion with the well-being development manager and the coordinator.We read the quality of care review and requested the responsible visit report.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	**Adult Care Home - Older**
Registered Person	**Heart of Wales Care Limited**
Registered Manager(s)	**Marion Reading** **Thomas Watson**
Registered maximum number of places	**53**
Date of previous CSSIW inspection	**06/07/2015 & 27/07/2015**
Dates of this Inspection visit(s)	**14/03/2017**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**No**
Additional Information:	

21 YEARS
dementia care matters®
Feelings Matter Most
Consultancy • Training • Service Development • Research

Butterfly Homes

Qualitative and Quantitative Evidence

Awards for Butterfly Care Homes

DCM is proud that Butterfly Care Homes in the UK at the end of 2016 won :

Best Dementia Care Home
Best Care Home
Best Dementia Team
Best Care Home Manager
Best Dementia Garden
Best Resident / Relative Contribution
Best Dementia Care Interior Design
Best Inspiring Dementia Care Leader

David Sheard (Dr)
CEO / Founder, Dementia Care Matters.
Director, The Butterfly Community
Visiting Senior Fellow, University of Surrey, UK

Winner 2017 with TSAACP in Singapore for Asia Pacific Eldercare Award - Best Dementia Care Philosophy

Winner in 2017 for Asia Pacific Eldercare Award – Best Dementia Programme

Shortlisted for UK NHS Patient Safety Award 2017

10 Butterfly Homes awarded 'Outstanding' by Care Quality Commission

UK Care Personality of the Year - 16th National Care Awards

TV Series Consultant - Dementiaville : Channel 4

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BUTTERFLY HOMES – SUMMARY OF EVIDENCE

• **Occupancy**	**Care Home Sector Norm 85% – 92%** **Butterfly Homes 98% - 100%**
• **Waiting Lists**	**10 to 50 people per Butterfly Home**
• **Staff Turnover**	**Care Home Norm 40% - 70% per year** **Butterfly Homes less than 20% per year**
• **Boredom Levels**	**Care Home Sector Norm 70%** **Butterfly Homes average less than 20%**
• **Falls**	**Butterfly Homes reduced incidence 43%**
• **'Behaviours'**	**Butterfly Homes reduced incidence 58%**
• **Positive Care**	**Increased evidence by 40% - 70%**
• **Weight Gain**	**Increased evidence by 40%**
• **Anti-psychotic Use**	**Care Home Sector Norm 40% - 80%** **Butterfly Homes less than 10% usage**
• **Sedatives**	**Reduced usage from 77 occasions per month to zero % usage**
• **Life Expectancy**	**Increased in Butterfly Homes x three**
• **Sustainability**	**90% of Butterfly Homes maintaining Level of care over 4 years**

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Butterfly Homes – Quantitative and Qualitative Evidence

There have been over 100 Butterfly Care Home Projects in the UK and in 90% of these Dementia Care Matters has raised the care home up a minimum of 2 levels on its Qualitative Observational Audit tool within 1 year and in the majority of cases, up more than 2 levels.

Sustainability i.e. maintaining a Level 1 or Level 2 Butterfly Quality of Life Kitemark Award is being proven in over 90% of the homes that began as Butterfly Care Home Demonstration Projects.

Four examples of Butterfly Care Homes evidence:

Landermeads Nursing Home, Nottingham

A large nursing home in Nottinghamshire with 86 people went from a **Level 6/7 to a Level 1** in one year after a Butterfly Project.

In **2013**, people were spending **73%** of the day in what Dementia Care Matters describes as 'neutral care' – sitting doing very little, tasks being done for them and with little or no meaningful interaction. **15%** of the day people living there were experiencing negative controlling care – being talked about, things being done without choice or consultation, staff focused on tasks not people. Only **11%** of the day were people experiencing either positive personal care or positive social interactions.

In **2016**, neutral care had reduced to **7%** and there was **NO controlling care** in evidence. Positive experiences had increased from **11% to 92% of which 54% of the time people were enjoying positive social** interactions.

Fairfield Nursing Home, County Cork

A privately owned nursing home for 48 people.

2013 - **29% positive** experiences to 2016 increased to **77% positive care and positive social of which 50% of the day in positive social experiences.**

2013 – **51%** of the day in **neutral care** reduced to **23% in 2016.**

In other words this represents a complete reversal in terms of quality of life indicators - half the day in 2013 people were experiencing boredom compared to two years later when over half the day people were experiencing high levels of social interaction and engagement and over three quarters of the day in general wellbeing (including positive personal care).

Wren Hall Nursing Home, Nottinghamshire

- 43% Reduced incidence of falls
- 58% Reduced incidence of displays of behaviours

© Dementia Care Matters Ltd 2017

Manor House Nursing Home, North Somerset

- Occasions of PRN medication – reduced from 77 occasions in May 2014 to 0 occasions in May 2016.
- Occasions of PRN pain relief – reduced from 213 occasions in 2014 to 0 occasion in 2016.
- Number of people with increased weight – increased from 6 people in 2014 to 23 people in 2016.

Butterfly Homes – Qualitative Evidence

Evidence below is taken from four Butterfly Care Homes who volunteered the qualitative comments below:

Lauren: Owner Manor Park Nursing Home, North Somerset

'The positives that are evident within our home at the present time are: people who live here are a lot happier they are more engaged in things that are happening throughout the day. We have seen a steady increase of people putting weight on through the last 12 months or remaining the same weight. A dramatic decrease in the use of neuroleptics, safeguarding issues and falls. The people who work at Manor Park have very positive things to say about the home - they love working here and at least 70% of them share the same vision as I do saying, it just does not feel like work it just feels like my second home with my second family. We hear this throughout the care team.

From a business aspect: for the first time in 7 years the home is making money, we don't have any empty beds and we even have a waiting list now.

Sean: Owner Fairfield Nursing Home, Drimoleague, County Cork

This culture change has been an incredible journey for all the staff and for myself personally. It has absorbed us both physically and emotionally. There were many times over the first year of the transition when we thought we would not make it. We had residents in many different stages of dementia with complex conditions and needs. How could we transform their lives? You can't half do emotional care, you can't half make people feel like they matter.

We had to accept the truth and accept the reality that what we were doing was not the best way and that there must be another way. We needed to change our attitudes, we needed to accept that even though our residents were well looked after physically and that their clinical needs were met, they spent most of their time bored. Our system and culture revolved around getting tasks completed. Our system rewarded task completion. For example mealtimes were a task to be completed, a schedule based around staff rather than residents. Now mealtimes are a social event enjoyable and relaxing.

We now understand and value what makes people feel alive, we now understand that people must feel like they matter, they must have a purpose. We understand that it is how we make people feel is what's crucial. It is what we must do every day.

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Each and every person in Fairfield has responded incredibly to this challenge. They have given of themselves emotionally. Staff now share personal stories and this resonates with our residents. They have connected with our residents, there is no longer a 'them and us'- it's a family. Our culture, our ethos, our way of living a full life is about recognizing that 'feelings matter most'. People are in our nursing home to continue living.

Dr David Sheard and his team over 12 months of training has changed us all. They have shown us a better way. They have shown us that by our behaviour with our residents and that by concentrating on making people feel better, we can ensure that our residents continue to live full and meaningful lives. We have watched our residents come alive.

For me personally David Sheard changed my attitude to growing old and changed my belief system. He showed me another way. He made me face the truth, he enlightened me to change our culture within Fairfield. He showed me another way, a way based around people's feelings - moments in Fairfield now are guided by the realization that:
'It is not what you say;
It is not what you do;
It is how you make people feel''. This is what is important.

Parkside Care Home, Caerphilly ongoing DCM Butterfly Project - 7 months in

Feedback so far; I cannot believe how much money we are saving on plastic aprons that we always thought we needed to wear at mealtimes. Now these are only used when absolutely necessary.

We don't have anyone on food record charts anymore as people are eating so well. Deputy Manager.

One woman at a later point of dementia was never helped to the table to eat; she was always supported in a reclining chair by a carer to eat. The assumption was she couldn't do this herself. One day we decided we wanted her to sit at the table with us and we made every effort to make this happen. I couldn't believe my eyes when she picked up a spoon and started to use this herself. We always assumed she couldn't do it; it was amazing to see.

One of our men, was always so tearful and sad. He would sit most of the day with a magazine in front of him or a set of dominoes but not really doing much. We looked into his life and realised he used to be a gamekeeper. We have now filled his room with objects that remind him of his job. We have his old shot gun (it isn't loaded!!) and he will sit for hours in the lounge polishing this with a cloth and now he smiles; he never smiled before. It's like he has found a new lease of life here.

One of the men here was a painter and decorator. We never really thought about what he could do and he would spend most of his time just sitting and reading a paper. But recently he has just painted his room. We have been refurbishing furniture and he has been advising us and helped us to cover two seats on chairs and has painted them. He does often talk about his dad and going home to help the family, sometimes getting a bit tearful, but we tell him we also need his help here and he soon gets stuck in and feels needed.

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Vida Healthcare, Harrogate

3 people including the manager attended **the Dementia Care Matters Culture Change Dementia Care 1 year course in York**.

At the end of this 12 months course the home achieved one of the first Outstanding CQC rated inspections. CQC reference DCM in their report under the heading 'Is the service effective' they were evaluating learning and development and this particular section received an 'Outstanding.'

Three staff had undertaken a course called 'Culture Change in Dementia.' This learning was being shared with all the staff to ensure their care practices were current and promoted a positive and innovative culture where the focus was on the person's wellbeing and not on tasks. The registered manager had completed a training course about Culture Change in Dementia Care and in their Dementia Care Matters training they had learnt about the 'language of dementia'.

Case Study Evidence below is taken from Manor Park Nursing Home, North Somerset:

Spring House - Early experience

John is in an early experience of dementia. He came to live at Manor Park after he was found in a state of neglect and depression whilst he was living alone at home, he wasn't looking after himself well. John was married twice but on both occasions his wives left John for someone else so he was alone. When John came to Manor Park initially he would urinate in places that were not the bathroom or toilet. John was a safeguarding concern as he would expose himself to some of the women in the home and on one occasion he attempted to cajole a woman into his bedroom. In the old style single shared lounge John would get frustrated by other people calling out; 'Shut up' he would shout, he wanted to watch TV in peace.

John now lives in 'Spring' a household for people in an early experience of dementia. He has a wonderful relationship with Nikki the house leader who will take him out regularly for trips in her car; John thrives on these outings. In Spring he has taken the role of 'Dad' and looks after everyone else living there as well as visitors, making and offering cups of tea. At mealtimes John serves himself his food and will often help other too. In Spring snacks of fruit and a large open mixed tin of biscuits are available over the day; Tea and homemade cake are shared together in the afternoon. In Spring John can help himself to food and drinks throughout the day. John is chatty and interested in people, he has a wicked sense of humour. John tells the team at Manor Park how happy he is. At the start of the project his weight was 79.1 kg now it is 87.1kg. He is no longer a safeguarding concern.

Spring House - Early stage

Robert is new to Manor Park, only coming in over the last three months. He came in after an admission from hospital having had a fall at the residential home he lived in. he didn't return to the residential home.

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He wasn't able to walk, he didn't talk and wouldn't eat. He needed two people to help with his personal care. On admission to Manor Park he was assessed as being in a repetitive experience of dementia and was matched to live in Autumn.

After three months Robert is flourishing he now speaks to people; he is interested in them and asks how people are; he walks and can take himself to the toilet; he doesn't need two people to support him with personal care anymore he can now do this himself. Robert has now moved to Spring the early experience House and will be great company for John to talk to. Roberts's weight has increased by over 4kg in the 3 months he has lived here from 71.2 Kg to 75.6Kg. John has come alive.

Summer House - Different reality experience.

Barbara would walk throughout the day up and down the care home in and out of the main lounge. Barbara was a thin woman who would talk with herself and mutter under her breath in angry tones as if she was having a conversation with someone else; she would often call this person a pig. Her conversation would sound angry and she would become upset. Barbara would become more anxious and unhappy as the day went often becoming tearful and looking troubled. A large full length mirror hung outside the dining room and Barbara would stand in front of this talking to her image becoming increasingly angry. She would rarely socialise with anyone. Only a visit from her husband would help to alleviate some of her distress. Barbara would be given Lorazepam daily.

Barbara was always given finger foods at mealtimes as she would rarely sit and eat a meal in the large shared dining room, preferring to get up and walk out.

Barbara now lives in Summer House with a smaller group of people who are at a similar point of dementia as she is. Barbara is a different women, she still likes to walk on occasions but when she does it is not in a state of distress; she can easily walk outside into the courtyard near Spring and enjoy the fresh air; she is happy to be with people and can even be heard singing a song with Tanya the House Leader. There is no mirror to battle with, this has been removed.

At lunch time she sits and enjoys a full cooked meal with the other people she lives with. She doesn't need finger food anymore. Her husband will come and share a meal with her at least three times a week. On occasions if he visits and his wife becomes tired he will sit and share a cup of tea with Tanya whilst Pauline sleeps. He doesn't feel he must leave and has said to the team how comfortable and relaxed he feels when he visits. He also remarks that the relationship he has with his wife is much better. At the start of the project Pauline weighed 44.2Kg and her weight has increased to 51.8kg. Barbara's BMI has increased from 19 to 23. Barbara is not given Lorazepam anymore.

Summer House – Different reality experience

There were so many safeguarding issues with Winston before the project started. He would often lie on the floor and needed two people to help him to with personal care which was not always easy.

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Since living in Summer House he doesn't lie on the floor anymore, he doesn't need two people to help him with care, he will happily let Tanya the House leader help him shave,
he trusts her and they have built a good relationship. Winston likes to sit in the aquarium corner seated area and will snooze in his chair. His weight has increased from 74.2kg to 82kg over 11 months. He is no longer given Lorazepam.

Autumn House - Repetitive experience

Joe lives at Manor Park with his wife Jill. Both live with a dementia but Joe's vascular dementia has progressed much faster than Jill's. A month before his admission Joe was driving them both around so the sudden change and progression for Joe happened rapidly. In Manor Park before the project Joe would rarely stay in one place for long, he would walk and search as he moved around the home. He was given lorazepam most days and sometimes twice a day.

His sleep cycle was erratic and he would often sleep in the day rather than night time. Joe never slept in bed he would always sleep in an arm chair.
Joe was always given finger foods at mealtimes as he would often walk, he did not want to sit in the large dining room with all the other people who lived there. Joe was given lorazepam most days.

Once Joe moved to Autumn House living with people at a similar point of dementia he changed. Joe is happy, he smiles and is busy and occupied throughout the day and now sleeps every night in his bed not an armchair. He drinks so well and has never had a urine infection. Jill likes to visit Joe in his house and sing to him.
Joe no longer takes lorazepam. At mealtimes he sits with the housekeeper Kath who helps him eat, she gently reminds him about his food and helps to keep him focused. Kath lets him have the ring off her finger to touch and hold as he eats; Joe loves this. There are snacks of fruit and a large mixed tin of biscuits available throughout the day that Joe can help himself too. In the afternoon everyone in Autumn shares pots of tea and home-made cake.

A year ago November 2014 Joe's weight was 45.1 kg, now he weighs in at healthy 59.6kg!! Joe is eating so well the team joke he may need to go on a diet!

Autumn House – Repetitive experience

Jeff was a farmer. He is a tall man at least 6 foot and has always looked thin. In the early days of the project (Sept 2014) Jeff's weight was 55.5Kg an approximate BMI of 17. The one word the team would use to describe Jeff at this point was 'unsettled'. He didn't seem happy or relaxed. Jeff was on Lorazepam regularly.

Jeff now lives in Autumn House. The hallways outside Autumn are covered in murals of rolling fields with sheep and tractors. The team know how to connect with him through his farming. There are bowls of fruit, open tins of mixed biscuits for Jeff to dip into as he wants. Afternoon tea with homemade cake is enjoyed and shared by everyone. The team in Autumn now describe Jeff as content and happy, he no longer takes lorazepam and his weight has increased to 73.2kg a BMI of approximately 22.5.

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Butterfly Project Culture Change Programme

Baseline Measures for Butterfly Project Homes - Dementia Care Matters will conduct Qualitative Observational Audits using the QUIS methodology at the beginning of each project and also at the end. The 2 audits will provide evidence of changes in terms of the lived experience of people living in each home.

As part of the audit other measurement tools will also be used; **'Environment Matters in Dementia Care Homes: The LOOK Checklist'** enabling comparisons to be made in changes in the environment based on thirty Indicators. Also, the '**Household Model of Care Inspiring Checklist'** measuring changes in 70 fundamental aspects of the model of care.

Other baseline measures to be collated and monitored throughout the duration of the culture change programme include:

- Reduction in pain
- Reduction in safeguarding alerts
- Reduction in re-admission to hospital
- Reduction of falls
- Reduction in accident forms completed
- Reduction in neuroleptic medication
- Increase in pain control
- Increase in weight gain
- Reduction in staff sickness
- Retention of staff
- Reduction in staff recruitment costs
- Lowering of hazards in Risk Assessments
- Reduction in incidents of 'Behaviours'
- Reduction in critical incidents

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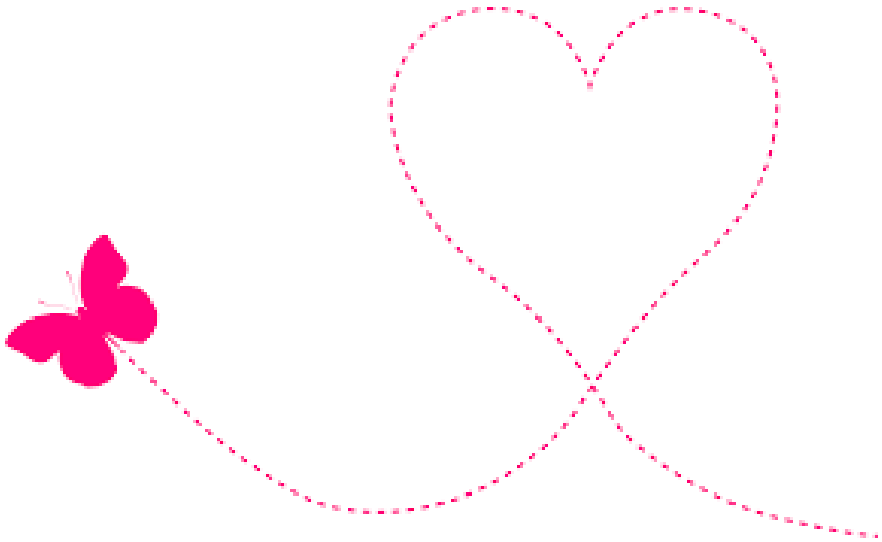
- Increase in quality of life
- Increase in well-being
- Success rate in matching
- Indicators re: Household Model
- Increase in staff well-being
- Improvements in Leadership
- Increased engagement by families
- Evidence of new relationships forming
- Time spent in meaningful occupation
- Increase in specialist skills

Gathering these statistics at the beginning of the project will provide the basis for robust evaluation.



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GMS action 2017-18

Audit of the use of Antipsychotic Medication for Patients with Dementia in Primary Care, including Patients in Care Homes in line with NICE-SCIE Dementia Guidelines Clinical Guideline

OBJECTIVES

The audit relates to the use of antipsychotic medication for patients with dementia ensuring that their use is in accordance with NICE-SCIE Dementia Guidelines 2006.

Patient confidentiality will be respected throughout the audit process.

Patients, practice staff and local pharmacists will be informed of the work being undertaken where relevant.

SCOPE

The work covers all patients with a diagnosis of dementia, where antipsychotic medication is being prescribed; the patient may be living in the community or resident in a care home.

Patients who have been prescribed antipsychotics for other psychiatric diagnoses* will be excluded.

*Patients with a confirmed diagnosis of psychotic depression; schizophrenia spectrum disorder; bipolar disorder; manic depressive psychosis or personality disorders.

*Patients who have been prescribed antipsychotics for any other indication i.e. not Behavioural and Psychological Symptoms of Dementia (BPSD), where this has been clearly documented in the clinical notes.

RESPONSIBILITIES

The **Prescribing Support Technician** is responsible for initial searches and data collection.

Pharmacist Prescribing Adviser is responsible for obtaining agreement with the GP, or prescribing lead, of each surgery, clinically reviewing the data collected for each patient and sharing the audit information with the GP.

The **Lead GP** is responsible for reviewing the audit findings with the Prescribing Support Pharmacist and informing other GP(s) within the practice (level of GP input is to be agreed with practice).

The **Practice Manager** is responsible for disseminating relevant information to prescribing clerks and other staff in the practice where relevant.

NB: The term audit used in this document refers to the procedure of searching and reviewing patient records. The audit will provide baseline data and will be re-measured.

THE PROCESS STAGES

	The copy of the audit agreement must be completed
	Informing staff involved After the audit agreement has been signed, the practice staff and the local pharmacies must be informed of the proposed work.
	Identify potential patients for the audit **For Vision system:** • From "clinical audit" screen, identify: 1. "Register of patients diagnosed with Dementia– QOF indicators 2016-17". 2. Right Click and "Print this group". 3. Or select "copy" and paste the list of names into the data collection form in Appendix 3. **Additional identifier** It has been well recognised that there may be some underestimation of the number of people with dementia if the audit relied upon the accuracy of dementia registers since in many cases a formal diagnosis of dementia may not be recorded. In order to ensure this audit captures as many patients with dementia as possible, an alternative approach to solely relying on the dementia register may be required such as outlined below: • **Search 1:** Identify all patients who have a diagnosis of dementia by using the relevant read codes in **Appendix 2**. If possible also search within the medical history field on the clinical system for the word 'dementia'. • **Search 2.** Identify all patients who have been prescribed anti-dementia drugs in the last 6 months (see list in **Appendix 2**). The population identified by these alternative approaches may be used to identify as many patients with dementia rather than solely relying upon the dementia registers.

	Identify dementia patients who have been prescribed antipsychotics • **Search 3:** Using the patient population from the previous searches, identify those who have been prescribed antipsychotics in the last 6 months (**Appendix 2**). *Note that **Prochlorperazine** is excluded as this drug is not routinely used for Behavioural and Psychological Symptoms of Dementia (BPSD*). *Also ensure brand and generic names are included in the search as well all listed strengths (check latest BNF for the most comprehensive updated list).*
	General Exclusion Criteria Patients who have been prescribed antipsychotics for other psychiatric diagnoses* will be excluded. *Patients with a confirmed diagnosis of psychotic depression; schizophrenia spectrum disorder; bipolar disorder; manic depressive psychosis or personality disorders. *Patients who have been prescribed antipsychotics for any other indication (i.e. not BPSD), where this has been clearly documented in the clinical notes.
	Data collection **Conduct medication review** • Complete data collection for each patient identified for the audit (data collection form is provided in **Appendix 3**). • Using the questions and prompts on the data collection form, systematically go through each patient's records to gather the information required for the audit. • When you have finished, record the total numbers as required on the submission form (**Appendix 4).**
	Submit the results • Send a copy of the completed Submission Form to your Prescribing Adviser by ../../.. • Measure use against the audit standards.The audit standards have been extrapolated from relevant recommendations in the NICE-SCIE Clinical Guideline on supporting people with dementia- CG042 (2006). • Feed back data to prescribers. • Discuss best practice points in relation to antipsychotic use to be carried forward into future prescribing.

This initial audit is intended to generate information regarding antipsychotic use only and is not intended to make changes to patient medication.

Introduction

Reducing inappropriate antipsychotic prescribing in patients with dementia to improve quality of life is a key priority of the NHS. Requirements for action relating to the use of anti-psychotics in care homes are also set out in the Older People's Commissioner for Wales review report, "A Place to Call Home". Recommendation 3.5 states that "Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia".

Good quality relevant information on the use of antipsychotics for patients with dementia is needed in order to work towards reducing the use of these medications, and to ensure that, when they are used, they are used according to good practice guidelines. Current NICE-SCIE guidelines recommend the time-limited use of anti-psychotic medication with some patients with dementia, despite risks to health and quality of life. Recommended use is only in relation to severe and distressing difficulties that have not responded to other interventions.

In November 2009, an independent report commissioned by the Department of Health in England "The use of antipsychotic medication for people with dementia: Time for action" was published (Banerjee, 2009)[1]. The report quantified the health risks of the use of these medications, attributing 1800 deaths and 1620 cerebrovascular accidents (CVA) to their inappropriate use. Research studies consistently show that these medications have a relatively limited therapeutic effect in relation to agitation and challenging behaviour in dementia. Only a small proportion of patients show a worsening of their behavioural symptoms when the medication is withdrawn. Banerjee's report contains 11 recommendations, all of which were accepted by the Department of Health. Recommendation 4 states that 'People with dementia should receive antipsychotic medication only when they really need it. To achieve this, there is a need for clear, realistic but ambitious goals to be agreed for the reduction of the use of antipsychotics for people with dementia. Explicit goals for the size and speed of this reduction, and improvement in the use of such drugs where needed, should be agreed and published locally following the completion of the baseline audit.."

What are the aims of the audit?

1. The purpose of the audit therefore is to generate data on the use of antipsychotic medication for patients with dementia in primary care including care home residents. The audit will provide baseline data and will be re-measured (the Banerjee report suggests repeated for the next 3 years) to gauge progress against quality standards.
2. To publish the information relating to anti-psychotic use in care homes as required by the Older People's Commissioner for Wales review report, "A Place to Call Home". Information will be published for Hywel Dda and not on an individual practice level.
3. To benchmark whether prescribing is in line with NICE-SCIE guidance and Welsh Government Intelligent Targets for Dementia **(Appendix 1)**.

[1] The use of antipsychotic medication for people with dementia - Time for action; A report for the Minister of State for Care Services by Professor Sube Banerjee – November 2009

Audit Standards

Audit criteria	**% from Audit submission form (Appendix 4)**
• The records show that (x%) dementia patients have been prescribed an antipsychotic for indication(s) in accordance with NICE recommendations	
• The records show that (x%) dementia patients prescribed an antipsychotic for BPSD have had it reviewed in the last 3 months	
• The records show that (x%) dementia patients have been prescribed an antipsychotic for BPSD for > 9 months	

Audit agreement

(GP prescribing lead for the practice only needs to sign)

All patients identified for the audit will be reviewed by the prescribing adviser. The audit information will be shared with the GP(s).

General Practitioner (prescribing lead GP)

Name_____Signature_____Date_____

Prescribing Adviser

Name_____Signature_____Date_____

Medicines Management Technician

Name_____Signature_____Date_____

Appendices

Appendix 1: Excerpt from NICE-SCIE Quick Reference Guide Dementia; Supporting People with Dementia and their Carers in Health and Social Care

NICE-SCIE Quick Reference Guide: Dementia; Supporting People with Dementia and their Carers in Health and Social Care, November, 2006

CG042quickrefguide dementia.pdf

Appendix 2: Dementia read codes, anti-dementia drugs & antipsychotics

Dementia readcodes dementia antipsycho

Appendix 3: Data collection form

Data collection form.docx

Appendix 4: Submission form

Appendix 4.Submission form.do

References and further reading

References.doc

The GMS SOPs are also available electronically via http: http://howis.wales.nhs.uk/sitesplus/862/page/55185		
The original Microsoft Word file is kept on the HDUHB Medicines Management Team Shared Drive/Interface/		
Reviewed by:		
Checked by:		
Version	1.0	
Date of development	May 2017	
Date for next review		
Approved by	MMG	

Caerphilly Behavioural Support Service – Briefing Document

Overview

The Caerphilly Behavioural Support Service (CBSS) is a pilot project consisting of an integrated multi-disciplinary team, embedded within the existing CMHT structure, who deliver behavioural based interventions to older adults with mental health problems. The service has a particular focus on individuals who live in care homes and works closely with existing in-reach and CMHT colleagues to identify appropriate referrals. Assessment and intervention is based on a holistic person-centred approach which values the individual and seeks to engage carers in creating supportive environments. Positive behaviour support seeks to implement a multi-component framework for the delivery of evidence-based supports to increase quality of life and reduce the occurrence, severity and impact of behaviours that challenge. The pilot will evaluate the resources required to support carers and mainstream services to develop skills and knowledge to better care for people who engage in behaviours that challenge services. The project commenced May 2017 and will conclude March 2018. A plan is in place to seek recurrent funding thereafter and extend the service across the five boroughs in Aneurin Bevan University Health Board.

Background

It is increasingly recognised that behaviours that challenge are often an attempt at communicating an 'unmet need'. People with dementia and other mental health problems often have a reduced ability to communicate in ways that those who care for them understand. A needs led formulation based framework to make sense of behaviour provides an evidenced based approach to meeting the person's needs and reducing the need for them to engage in behaviours that challenge (i.e., Ontario Positive Behavioural Support in Dementia Group; Newcastle Model of Challenging Behaviour Formulation). Such an approach is consistent with guidance recommending the use of non-pharmacological, psychological and psychosocial approaches in the initial stages of managing behaviours that challenge (The National Dementia Action Plan for Wales, 2009; NICE/SCIE, 2006).

Service Description

The Caerphilly Behavioural Support Service is funded via the Integrated Care Fund (ICF) and seeks to provide a clinical service to people who predominately have a diagnosis of dementia and vulnerable to exclusion due to challenging behaviour. Older people who display challenging behaviour are at significant risk of exclusion and treatment with anti-psychotic medication. This service aims to provide a viable alternative to medication to address behaviour that challenges. The service, working with key partners from private residential and nursing home establishments, social services, and the third sector supports older people with mental health problems in their local community near their families and focus on three key domains:

1. Intensive support and direct clinical work with identified individuals utilising positive behavioural support
2. Promotion of meaningful activity and therapeutic environments
3. Provision of specialist teaching and sharing of good practice

The service is comprised of a multi-disciplinary team that include a lead nurse, behavioural specialists, assistant psychologists and support workers.

Interim Evaluation

The pilot has been operational since May 2017 and preliminary feedback very encouraging. The service actively seeks to reduce medication as the sole means of addressing challenging behaviour and contributed to the wider agenda of reducing anti-psychotic use in the older adult age group. To this end, we have focused on delivering person-centred approaches to care and providing 'hands on' support to care home staff; working as partners in the application of behavioural approaches. Our initial clinical outcome evaluations have been positive as to the value of such approach.

Importantly, the service aspires to be a part of a whole system change as to how we deliver care. We have plans to facilitate training events to promote sharing good practice amongst care homes. We have built links with a range of third sector agencies with a view to developing good practice links and collaborators in the wider agenda of promoting meaningful activity and safe environments. Whilst still in the formative stages, there is encouraging evidence supportive of a shift in the way services are delivered within the borough and improved collaboration between partner agencies.

Outcome measurement and Long-term Plan

The service is monitored and evaluated on the basis of the quality standards outlined in the document Psychological Therapies in Wales: Policy Implementation Guidance (2010) and guided by the outcomes detailed in Together for Mental Health (Delivery Plan 2016-2019). The service is also collecting a range of outcome measures to evaluate individual and service benefits (i.e., clinical outcome, levels of meaningful activity, reduction in anti-psychotic medication use). This data will have clinical utility in guiding treatment decisions; moreover, it will also provide direct evaluation of clinical effectiveness. An overall evaluation of service quality will be guided using testimonial forms (completed by service users, families, carers and relevant staff who have accessed input/training). This will include user satisfaction and utility ratings from a range of partner agencies. In addition, data point comparison on inpatient admission rates and unplanned transitions of care will evaluate the cost effectiveness of the pilot service.

This information will be collated via an implementation group and a written report, detailing the implementation and evaluation of the pilot will be available for wider dissemination. Long-term, the pilot would provide valuable grounding in the application of the wider implications of the model across the five boroughs of Gwent with the long-term aim of demonstrating the value of recurrent funding.

The pilot is also working on how this team interface with the already established Inreach Nurses in each borough. The preliminary view is that the Inreach service work with the reduction of medication across large case loads , but where there are particular difficulties with reducing or maintaining a reduction in medication, then the BST can add a level of intensity of support and specific positive behavioural support to overcome any issues and in so doing add a value added service to a already effective foundation service, with both services aiming to assist in the elevation of expertise in the care homes around managing behaviours that challenge with non medication interventions .

Mike Fisher (Older Adult Directorate Manager, ABUHB)
Jimmy Jones (Consultant Clinical psychologist, ABUHB)

Supplemental Data

Individual Client Outcomes

The CBSS utilises the Clinical Global Impressions (CGI) scale to evaluate outcome of input. This scale asks respondents to rate the utility of input on a 13 point scale (from maximum deterioration to ideal improvement). The service has discharged 14 clients so far and has completed outcome data for 11 clients (3 cases were brief assessments and deemed not suitable for further input). The average score on the CGI for the recorded cases was 3.1 (representing the category 'Moderate Improvement on the scale). Similarly, the mode (or most common rating provided by respondents) was 'Moderate Improvement'. This data is suggestive of the value of input but remains preliminary. Data collection is ongoing and will be elaborated in future data reports.

Case Studies

Two brief case studies are provided below to help contextualise the work of the team:

Case Study 1

Mr E is a 82 year-old gentleman referred by a voluntary sector residential facility. The referral detailed evidence of paranoia and physical aggression directed towards staff and other residents. The behaviour was described as very unpredictable and limited personal care and participation in social activities. Mr E was already taking an anti-psychotic and an increase was considered to manage behaviours that challenge. The CBSS conducted an initial assessment; identifying good care practices and successful techniques used by the care staff team (i.e., identifying potential 'flash' points, methods of distraction). The CBSS also shared information on de-escalation techniques and provided positive feedback to staff team when utilised. This intervention resulted in a significant decrease in behaviours that challenge. This improvement resulted in no increase in medication and a positive disposition to consider review existing anti-psychotic medication.

Case Study 2

Mr W is a 69 year-old gentleman referred whilst an inpatient on a older adult mental health ward. He exhibited a number of difficult behaviours that included physical and verbal aggression, isolating himself and refusing care. A prior discharge had failed as the care home were unable to manage behaviours that challenge and Mr W had returned to the ward. The introduction of anti-psychotic medication was considered to complement existing sedative medication and help manage the situation. The CBSS became involved to support the transition from hospital to newly identified care home residence. Initial work focused on providing a positive behavioural support plan; detailing a biographical history and advising staff on effective support strategies. This was shared with the care home and guidance was provided on how to utilise effective reactive strategies. This information was incorporated within Mr W's care plan and shared with all staff. The CBSS provided direct support during the initial transition and telephone follow-up on a daily basis for a period after this. Staff were encouraged to innovate and the CBSS played an active role in supporting the care home to verbalise and share new approaches. Revisions were subsequently made to the positive behavioural support plan as the new care environment adapted to meet Mr W's emerging desire to be involved in social activities. Since the move to the new residence, there has been a significant reduction in behaviours that challenge. Anti-psychotic medication was not introduced and sedative medication significantly reduced (in terms of routine and PRN use).

PHARMACOLOGICAL MANAGEMENT OF BEHAVIOUR PROBLEMS IN PATIENTS WITH DEMENTIA (BPSD)

(Does not cover rapid tranquillisation of acutely disturbed)

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Patient has **B**ehavioural and **P**sychiatric **S**ymptoms in **D**ementia (BPSD) (eg. psychosis; agitation, aggression; irritability with steady decline in cognition

Yes → Does patient have a delirium? (short history < 1 week confusion, hallucination, delusion with fluctuating cognition)

Yes → Treat underlying acute medical problems, eg UTI, chest infection, side effect of drugs, alcohol, drug withdrawal etc

No →

Adopt a person centred approach. Apply **PAIN** approach and manage or treat:
P = Physical problems ie. Medical review for eg infection, pain
A = Activity-related eg dressing, washing
I = Iatrogenic eg side effects of drugs eg psychiatric and CNS treatments
N = Noise ie. Consider the physical environment

→ Behavioural problems unresolved

→ If mild to moderate symptoms adopt a watchful waiting approach. Contact the family for their views; consider non-pharmacological approaches eg. creative therapies; personalised activities; social interaction. Consider specialised psychosocial support for carer and patient.

→ **Only consider pharmacological treatment if there is psychosis, depression or behaviour where there is extreme risk or distress.**

Identify the dominant target symptom group

Psychosis: Delusions/Hallucinations

Depression: depressed mood and / or loss of ability to enjoy previously pleasurable activities. May or may not include apathy

Apathy: diminished motivation; listlessness; loss of drive to engage in activities. May be perceived as laziness.

Aggression

Agitation/Anxiety: wandering may be intrinsic to dementia

Sleep disturbance

Other symptoms: eg. vocalisations; sexual disinhibition; stereotypical movements etc

Could this be dementia with Lewy Bodies or Parkinsons Disease Dementia?
Key features: long term (>6 months) history of vivid visual hallucinations or parkinsonism or fluctuating cognition.

Yes / unsure → Get specialist advice

No → Follow guidance below and overleaf

In the event of continuing problems advice can be obtained from specialist older adult mental health services

There is only one drug (Risperidone) licensed specifically for the treatment of BPSD. For other symptoms drugs are used which have either been shown to improve these symptoms in subjects without dementia or are licensed for cognitive enhancement in patients with dementia.

General guidelines if pharmacological treatment is indicated.

The use of either typical or atypical antipsychotics in patients with dementia worsens cognitive function; increases the risk of cerebrovascular events (~3x) and increases mortality rate (~2x). They should only be used after full discussion with the patient (where the patient has capacity to understand) and carer about the possible benefits and likely risks. Risk is likely to increase with increasing age and if other risk factors for cerebrovascular events are present eg. diabetes; hypertension, cardiac arrythmias; smoking and existing evidence of **stroke or vascular dementia.**

If antipsychotic treatment is considered necessary avoid typical neuroleptics and start atypical doses low (usually one half normal elderly dose) and increase every 2-4 days if no response **(see specific dose suggestions overleaf).** **PATIENTS WHO RESPOND TO TREATMENT SHOULD HAVE THE DRUG WITHDRAWN AFTER 6-12 WEEKS**. Halve the dose for two weeks and if no re-emerging symptoms stop after a further 2 weeks. Review again after one week. If symptoms re-emerge reintroduce the drug at starting dose. BPSD can persist and treatment with atypical antipsychotics may be needed in the long term **BUT SHOULD BE REVIEWED ON A 3 MONTHLY BASIS.**

Patients with Dementia with Lewy Bodies or Parkinsons Disease Dementia are particularly vulnerable to neuroleptics sensitivity reactions and also have marked extrapyramidal side effects. Advice from a specialist is advised before starting neuroleptics.

The management of antidepressants and hypnotics in patients with dementia has little evidence base and should follow existing guidelines for the management of these drugs in elderly patients without dementia. Treatment doses should follow BNF guidelines.

Author: Dr Patrick Chance Consultant Psychiatrist for Older People & Honorary Lecturer – Based on original work done by Prof Clive Holmes, Southern Health NHS Foundation Trust & University of Southampton

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Prescribing Guidelines:

Alzheimer's disease

Key Symptom	*First Line*	*Evidence Type*	*Second Line*	*Evidence Type*
Depression	Citalopram, Sertraline	3	Mirtazapine	3-4
Apathy	Citalopram, Sertraline	3	Donepezil (S), Rivastigmine (S), Galantamine (S)	2
Psychosis	Risperidone	1	Olanzapine, Aripiprazole, Haloperidol, Memantine (S)	2-3
Aggression	Risperidone (L)	1	Olanzapine, Aripiprazole, Haloperidol, Memantine (S)	2
Moderate agitation/ anxiety	Citalopram	3	Trazodone, Mirtazapine, Memantine (S)	4
Severe agitation/ anxiety (after antidepressant trial)	Risperidone, Olanzapine	1	Aripiprazole, Memantine (S)	2-4
Poor sleep	Temazepam, Zopiclone	3	Zolpidem	3

Dementia with Lewy bodies or Parkinsons disease dementia

Key Symptom	*First Line*	*Evidence Type*	*Second Line*	*Evidence Type*
Depression	Citalopram, Sertraline	4	Mirtazapine	4
Apathy	Citalopram, Sertraline	4	Donepezil (S), Rivastigmine (S), Galantamine (S)	2
Psychosis*	Rivastigmine (S), Donepezil (S), Galantamine (S)	2-3	Quetiapine, Aripiprazole	3, 4
Aggression	Quetiapine	3	Donepezil (S), Galantamine (S), Rivastigmine (S)	3
Moderate agitation/ anxiety	Citalopram	3	Rivastigmine (S), Donepezil (S), Galantamine (S)	2 – 3
Severe agitation/ anxiety (after antidepressant trial)	Quetiapine	3	Rivastigmine (S), Donepezil (S), Galantamine (S)	3
Poor sleep	Temazepam, Zopiclone	3	Zolpidem	3
REM sleep behaviour (nightmares, hyperactivity)	Clonazepam**	3		

* consider reducing antiparkinsonian medication first ** 500 – 1000 microgram nocte (L) = Licensed indication (S) = Specialist initiation

Evidence levels: 1 = Metanalysis; 2 = RPCTs; 3 = Other studies; 4 = Expert Opinion;

Vascular dementia or stroke related dementia

There is little evidence for the treatment of BPSD in Vascular dementia or stroke related dementia. The cholinesterase inhibitors (Donepezil; Rivastigmine; Galantamine) and memantine are not licensed for treatment of pure vascular dementia and should not be used. Prescribers are advised to follow prescribing guidelines for Alzheimer's disease but to use with extreme caution drugs with an established increased cerebrovascular risk (ie. antipsychotics)

Other BPSD and other dementias (eg. Fronto-temporal lobe dementia)

There is little evidence base for the treatment of other BPSD or for the treatment of common BPSD in other dementias. Specialist advice should be sought.

Drug dose guidelines for use of antipsychotics in dementia

Antipsychotic	*Starting Dose*	*Optimal Dose*
Risperidone	250 microgram bd	500 microgram bd
Olanzapine	2.5mg od	5-10mg od
Aripiprazole	5mg od	10mg od
Quetiapine	25mg od	25 -150mg daily
Haloperidol	500 microgram bd	1mg bd

When antipsychotics are prescribed the 'ABHB Use of antipsychotics in dementia' information leaflet should be given to carers and relatives:
http://howis.wales.nhs.uk/sitesplus/documents/866/Dementia%20-%20The%20Use%20of%20Antipsychotics.pdf

Name:

D.O.B:

Anti-psychotic monitoring record booklet

An anti-psychotic medication is being prescribed to this individual for symptoms associated with a dementia.
This medication should be reviewed on a 3-monthly basis. At each review, **consideration should be given to** a reduction in or discontinuation of the drug.

The medication reviews may be undertaken by primary or secondary care

Risperidone	Olanzapine	Aripiprazole	Chlorpromazine
Quetiapine	Amisulpride	Haloperidol	Promazine

Flupenthixol injection (depixol)
Fluphenazine injection (modecate)
Haloperidol Injection (haldol)

Anti-psychotic initiation

NAME: ……... DATE OF BIRTH: ……/……/……

Place of medication being commenced: ……

Reason for prescribing antipsychotic:

Target symptoms (especially distress), severity & risk of harm to self/others:

Other approaches tried (including medications):

Consider physical health review/pain/infection/depression:

Current psychotropic medication:

NB. especially benzodiazepines

Capacity:

Capacity to consent to medication	yes ( )	no ( )
Discussion with patient if appropriate	yes ( )	no ( )
Best interest decision made (discussion with family/carer and staff)	yes ( )	no ( )
Patient/carer information leaflet given	yes ( )	no ( )

- Anti-psychotic prescribed (state starting dose): ……

If **not** risperidone, state rationale for drug choice: …….....

- **Date commenced**: ……. **Planned review:** …….....
- Signature (and designation): …….....

Anti-psychotic review record

NAME: ……... DATE OF BIRTH: ……/……/……

Place of medication review: ……

Date of review		
Current psychotropic medication (especially benzodiazepines)		
Patient seen? (Y/N)		
Any side effects? (describe)	Sedation/ weight gain	
	Parkinsonian effects	
	Poor posture, mobility, falls	
	Cognitive side-effects	
	other	
For how long has the drug been taken? (in weeks or months)		
Any changes in or benefit to target symptoms? (description of current presentation)		
Outcome of review (include **name and dose** of drug)	eg. continue/stop /trial off/ restart/ change dose /change drug	
With whom has the outcome been discussed?		
Next planned review (in weeks or months)		

- Signature (and designation): …….

Anti-psychotic review record

NAME: ……... DATE OF BIRTH: ……/……/……

Place of medication review: ……

Date of review		
Current psychotropic medication (especially benzodiazepines)		
Patient seen? (Y/N)		
Any side effects? (describe)	Sedation/ weight gain	
	Parkinsonian effects	
	Poor posture, mobility, falls	
	Cognitive side-effects	
	other	
For how long has the drug been taken? (in weeks or months)		
Any changes in or benefit to target symptoms? (description of current presentation)		
Outcome of review (include **name and dose** of drug)	eg. continue/stop /trial off/ restart/ change dose /change drug	
With whom has the outcome been discussed?		
Next planned review (in weeks or months)		

- Signature (and designation): …….

GIG NHS | Bwrdd Iechyd Aneurin Bevan Health Board

The Use of Antipsychotics in Dementia –

Information for Patients and their Carers

People living with dementia sometimes develop behavioural symptoms of restlessness, agitation and aggression or psychotic symptoms such as hearing voices, seeing visions or abnormal beliefs which can become distressing both for the person with dementia and their carer(s). When these symptoms are distressing, severe and/or are putting the person or others at risk, then it may become necessary to treat them. A variety of medications have been tried for these symptoms of dementia. This leaflet deals with the prescribing of anti-psychotic drugs.

When should anti-psychotics be used and what are their effects?

Behaviours that challenge (as described above) may respond to non drug treatments such as reassurance, distraction with meaningful activities, relaxation and psychological therapies. These approaches should always be tried before drug treatments are considered. Anti-psychotic medication should only be used if absolutely necessary.

How long will anti-psychotic medication take to work?

Anti-psychotics may produce some noticeable effects within a few hours but the full benefits of medication may take some weeks to develop. Ultimately it is hoped that the medication will relieve the target symptoms of restlessness, agitation, aggression, delusions and/or hallucinations so that the person living with dementia will feel calmer, less distressed, more able to interact socially, engage in activities and more able to remain living at home or in the community for as long as possible.

How will the dose be decided?

Like all drugs, anti-psychotics have possible side-effects and these will normally be related to the dose prescribed. Therefore such medication should be prescribed at a very low starting dose and increased very slowly and carefully with full evaluation of both the effects and side-effects at regular intervals.

What follow-up will be necessary?

As long as anti-psychotic medication is taken, regular follow-up will be necessary so that we can ensure that the drug is working properly, not causing unpleasant or harmful side-effects and is only used for as long as is absolutely necessary. Trials of stopping the medication may be suggested to see whether or not the target symptoms return.

What side-effects may occur?

Common side-effects of anti-psychotics include drowsiness, dizziness, unsteadiness, shaking and joint stiffness. Sometimes the prescribing of anti-psychotics is associated with increased agitation and worsening confusion, and the dose may have to be reduced, the anti-psychotic changed or even discontinued. Other side-effects are less common.

Are there serious risks associated with being prescribed antipsychotics?

The use of antipsychotics in dementia is associated with an increased risk of having a stroke and an increased risk of premature death in a small number of cases. These risks are low over short periods of treatment (up to 3 months). The Committee of Safety of Medicines in the UK, therefore, advises that anti-psychotics should only be used when considered absolutely necessary, at the lowest effective dose for the shortest possible period of time, and subject to regular review.

The benefits of trying an antipsychotic in a person living with dementia should be carefully weighed against the possible risks and side-effects of the treatment.

Which antipsychotic will be chosen?

At present only one drug "Risperidone" is specifically licensed for the treatment of the behavioural symptoms of dementia (up to six weeks). It is used to treat persistent aggression in moderate to severe Alzheimer's type dementia which is unresponsive to non-drug treatments. Risperidone will normally be started at a low dose and be increased slowly and carefully as necessary. Other antipsychotics have also been shown to be of benefit in treating behavioural symptoms in dementia and, although technically unlicensed for this, may be chosen if the treating doctor considers they are more appropriate e.g. where an individual patient has particular other physical conditions. All these drugs carry similar risks when used in people with dementia and so they should all be used in low doses for short periods and discontinued when possible.

Can any other drugs be used in dementia?

Other drugs can be used in dementia to treat depression, anxiety, sleep disturbance, agitation and aggression. These other medications may include antidepressants, sleeping tablets, antiepileptics, painkillers and minor tranquillisers. "Anti-dementia drugs" may be used for the memory decline itself and help with orientation / alertness / motivation in dementia. However the anti-dementia drugs are not often effective on their own against the more severe behavioural symptoms of dementia; some people living with dementia will need a combination of drug treatments to control their symptoms. These other medications have not been linked to an increased risk of strokes or premature deaths. All medications prescribed for a person living with dementia will be individually decided upon with the person and/or their carers following a careful individual assessment/review of their changing needs.

Tudalen y pecyn 107

Use of Antipsychotics in Older People in the Royal Gwent Hospital (RGH), Newport

Dr Kelly Adjei, Dr Patrick Chance, Dr Chandra Basavaraj, Lynne Smith, Sofia Fernandez, Lori Pietrzak-Jones

RAID (Rapid Assessment, Interface and Discharge), Aneurin Bevan University Health Board

Background

Older people on antipsychotic medications are at an increased risk of several unwanted side effects, including falls and strokes[1] . A review of the available literature suggested that:

- Not all patients admitted to general hospitals already on antipsychotics come to the attention of the psychiatric liaison service if one is available[2]
- Antipsychotics initiated in the general hospital for acute and reversible indications, e.g. delirium / agitation are often not discontinued upon discharge when the indication may have resolved[3, 4]

Locally, the **R**apid, **A**ssessment, **I**nterface and **D**ischarge (**RAID**) Older Adult Liaison Psychiatry Service is a specialist multi-disciplinary mental health service working within all general hospitals in the Aneurin Bevan University Health Board for people over the age of 65 years. In this area, it is generally known that not all general hospital inpatients over the age of 65 years who are on antipsychotics are referred to **RAID**.

It was therefore proposed that an actual exploration of antipsychotic use in elderly patients admitted to the general hospital setting, specifically Royal Gwent Hospital, Newport was undertaken.

Aims

This study sought to investigate the clinical use of antipsychotics within a general hospital in acutely unwell medical and surgical patients over the age of 65 years.

The specific study aims were:

1. To estimate prevalence and incidence of antipsychotic use among elderly patients in RGH
2. To examine the nature of antipsychotic prescriptions in these patients
3. To explore the level of **RAID** team involvement in the care of these patients

Objectives

It is anticipated that results of this exploration are used to enable further consideration of:

- How best to identify these patients to **RAID**
- Whom is best to identify these patients to **RAID** (i.e. pharmacy or the medics, for example)

Ideally, this will lead to the set up of a system to capture this patient population to ensure risks of being on antipsychotics are minimised.

Methods

All patients aged 65 years and over admitted to a medical or surgical ward of the Royal Gwent Hospital over a consecutive 3 day period were included if they were either:

1. Already on antipsychotic medication at the time of admission, or
2. Initiated on antipsychotic medication during their admission

For each of these included patients, a survey of their medical records and prescription charts was undertaken over a 3 day period.
Data was collected by ward pharmacists and the **RAID** SHO.

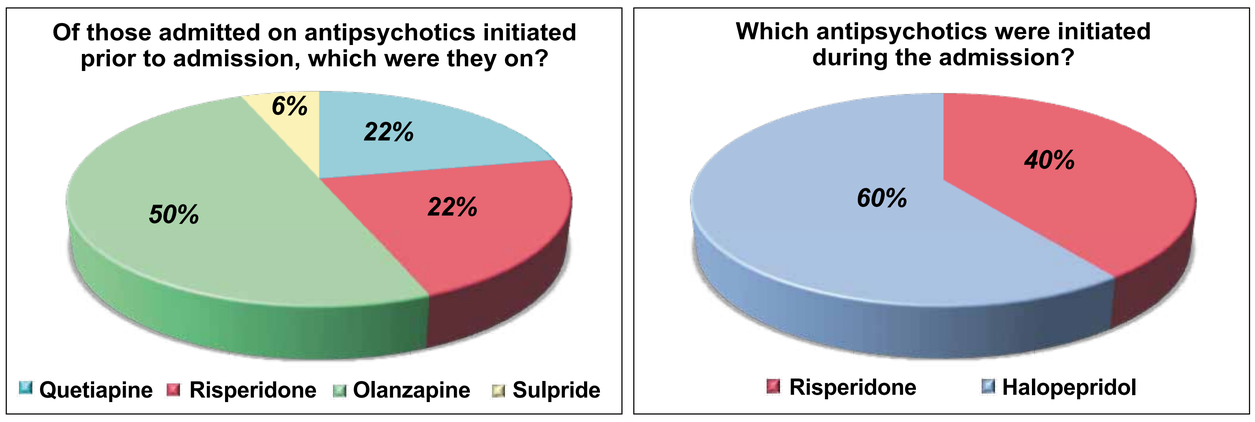
Results

Results 1: The prevalence and incidence of antipsychotic use among older adult patients admitted to general wards within RGH

	Day 1	Day 2	Day 3
Total No. of patients identified who were aged over 65 yrs	265	270	269
No. of these over 65s who were on antipsychotics	3% (n=9)	4% (n=12)	5% (n=14)
No. on antipsychotics **PRIOR** to admission	1% (n=4)	1% (n=4)	2% (n=6)
No. **INITIATED** on antipsychotics **DURING** admission	2% (n=5)	3% (n=8)	3% (n=8)

- On any day within the study period, 3 - 5 % of over 65s were on antipsychotic medication
- Most subjects were initiated on antipsychotics during admission, rather than prior to it

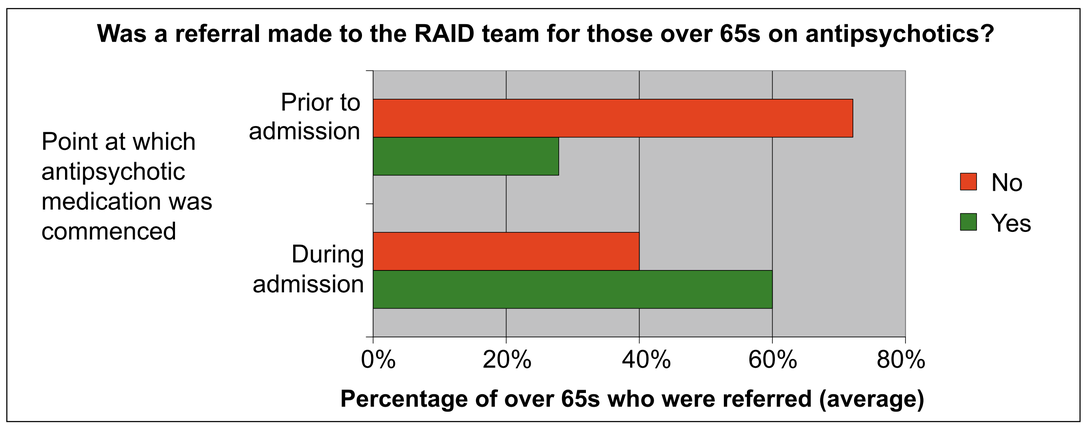
Results 2: An analysis of the prescription of antipsychotics in these patients



In those who were initiated on antipsychotics during admission:

- Indications documented for the prescriptions included agitation, sedation and nausea
- The number of PRN and regular prescriptions were equal
- Doses appropriate for older adults were prescribed
- Not more than one antipsychotic had been prescribed during the admission

Results 3: Level of RAID team involvement in the care of the patients within the sample



- Under 30% of those admitted already on antipsychotic medication were referred to **RAID** versus 60% of those who were commenced on an antipsychotic during the admission
- On average, it took 5 days for those already on antipsychotics prior to admission to be referred to **RAID** compared with 3 days for those initiated on antipsychotics during admission
- On average, it took 1 day for **RAID** to undertake their assessment of any patient referred to them, regardless of when they were initiated on an antipsychotic

Conclusions

This study identified that:

- On average, 4% of the Royal Gwent Hospital's patients over 65 years were on an antipsychotic on any given day in the study
- Most were commenced on antipsychotics during the general hospital admission (incidence of ~ 3 % compared with prevalence of ~1%)
- The first generation antipsychotic haloperidol appeared to be most commonly prescribed during an admission, most frequently for agitation, despite the associated risks

In relation to **RAID**:

- A considerable proportion of elderly inpatients in Royal Gwent Hospital on antipsychotics were not referred to RAID regardless of when their antipsychotic was initiated
- This raises the possibility that such patients are being discharged on antipsychotic medications unnecessarily, or without appropriate follow-up; **RAID** involvement would reduce such risks
- There is some delay in referring elderly patients on antipsychotics to **RAID**, but despite this delay, **RAID** responded quickly to all referrals

In an ideal world, every older adult on antipsychotic medication should be flagged to the psychiatry liaison service[2] during their admission to general hospital. There is a gap between this ideal and what is occurring currently in the Royal Gwent Hospital.

Recommendations

- Further studies, both of a longer duration and also within other general hospitals, are recommended in order to confirm this data
- A study to determine the frequency and nature of discharge prescriptions of elderly inpatients on antipsychotics from the general hospital would be useful in establishing baseline data
- Consideration could be given to the set up of a system to identify all ABUHB general hospital inpatients over 65 years who are on antipsychotics, with involvement of ward pharmacists who can then refer to the **RAID** team to make contact and take action if warranted
- Ongoing education of general hospital staff about the presence and work of **RAID** is of vital importance

References

1. Side effects of antipsychotics in the elderly. Masand PS. J Clin Psychiatry 2000:61 Suppl 8:43-9; discussion 50-1
2. Mental health team of the year. Hawkes N. BMJ 2015: 350: h1856
3. In-hospital Antipsychotic Use among Elderly Patients Discharged to Nursing Homes. Lapane, Kate L. University of Massachusetts Medical School Worcester, Worcester, MA, United States 2015 Available from http://grantome.com/grant/NIH/R21-AG046839-02
4. Use of neuroleptics in a general hospital. Barba R et al. BMC Geriatrics 20022:2 Available from http://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-2-2

COLEG BRENHINOL THERAPYDDION IAITH A LLEFERYDD
ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Royal College of Occupational Therapists
Coleg Brenhinol y Therapyddion Galwedigaethol

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff,
CF99 1NA

6 November 2017

Dear Dr. Lloyd AM,

Re: Health, Social Care and Sport Committee inquiry into the use of anti-psychotic medication in care homes

Thank you for the opportunity to give oral evidence to the committee as part of its important inquiry into the use of anti-psychotic medication in care homes. As we discussed during the session, we believe that occupational therapists and speech and language therapists have a key role to play as part of a non-pharmacological approach to managing behaviour that challenges. Following on from the detailed questioning by the committee, we would like to take the opportunity to suggest a number of recommendations to the committee.

1. **Residents of care homes should have equitable access to existing community multi-disciplinary services which should include a range of therapy professionals including speech and language therapists and occupational therapists** – Our first recommendation builds on the recommendation made by the Older People's Commissioner for Wales in her written evidence to this inquiry that;

   > 'Welsh Government should ensure that multi-disciplinary team services are made available to all residents in care homes to reduce the tendency to prescribe anti-psychotic medication, improve outcomes for residents and address current inequalities in provisions for residents and older people living in the community'.

   Care home residents have arguably the greatest health and social care needs yet currently may struggle to access community services available to those living in their own homes. It is not routine for speech and language therapists (SLTs), occupational therapists and other therapy professions to support care home staff and residents. This prevents residents from accessing provision such as reablement, non pharmacological interventions and behaviour support. Community Resource

Teams, Community Mental Health, Mental health liaison Teams and community learning disability teams should all include a range of therapy professionals (including SLTs and occupational therapists) to ensure all older people, irrespective of social, economic or housing circumstance have equality of access to allied Health Professional (AHP) support. When located in appropriately resourced teams therapists can promote person-centred care through training, on-site role modelling and working directly with care home staff. Further information on equality of access can be found in the Royal College of Occupational Therapists report Living Not Existing: Putting Prevention at the Heart of Care for Older People in Wales

2. **Welsh Government should consider piloting the request for assistance scheme which is currently in place in Scotland.** The scheme would enable care homes to access specialist support and training from AHPs and others to adapt environments and change cultures above and beyond support for individual referrals. During the oral evidence sessions, the British Psychological Society highlighted the Intervention for Dementia: Education, Assessment and Support (IDEAS) service as an example of good practice in this regard. The IDEAS team in NHS Dumfries and Galloway provide specialist support to teams working with individuals who have dementia and associated behaviours contributing to stress and distress. The team works across health, social care, third sector and independent services in a rural setting and comprises a clinical psychologist, specialist nurse practitioner, occupational therapist, social worker, a speech and language therapist and an administrator. Consultation outcomes from 2016-17 showed a 50% improvement in the use of appropriate medication, 75% improvement in communication outcomes, 50% in others wellbeing and 85% improvement in stress and distress[1].

3. **The improvement functions of 1000 Lives Plus and Social Care Wales should review access to current training provision for care homes to identify best practice and ensure equitable access to the highest quality provision**. We are aware of a number of examples of award-winning, well established training packages which have been developed for care home staff such as the Dementia Reablement Training package. For more information, please see annex A. Lessons may be learnt from the recent mouthcare improvement programme for care homes.

4. **Leadership –Welsh Government should fund an AHP Dementia Consultant post to drive improvement and ensure the contribution of AHPs in Wales to post-diagnostic support**. We wish to draw the committee's attention to RCSLT, RCOT and CSP calls around the Welsh Government Dementia Strategy. A common call of families living with dementia is a lack of early, preventative support. The practical and enabling interventions provided by therapists are a key alternative to overreliance on medication and/ or social care support. Access to and investment in AHPs is critical if the strategy is to ensure people with dementia get the post diagnosis support they need and deserve wherever their place of residence. We believe there is much to be learnt from the Scottish model of post-diagnostic support which places a strong emphasis on the skills of AHPs in enabling people to do what matters to them and was developed following a key action within the Scottish dementia strategy 2013-2016. As part of this model, a National AHP Consultant has been employed by Alzheimer Scotland to drive improvement and ensure the contribution of Scotland's AHPs to post-diagnostic support in dementia though the development of Connecting People Connecting Support – **Connecting People, Connecting Support: The Allied Health Professional Offer to people affected by dementia in Scotland**. The framework is supported by professional bodies, has been prioritised by Therapies Directors and AHP dementia champions have a key role in supporting improvement throughout NHS bodies and local authorities.

[1] NHS Dumfries and Galloway. IDEAS team annual report April 2016-March 2017. Available on request.

We believe there could be significant potential to create an AHP Dementia Consultant post in Wales, based in Alzheimer's Society Cymru and funded by Welsh Government. This post could benefit from the evidence base created in Scotland and drive improvement and better access to therapies post diagnosis, working closely with Directors of Therapies and Health Sciences, professional bodies, and crucially people affected by dementia. This post should be written into the Welsh strategy with a key action to create a framework for transforming the AHP contribution to supporting people living with dementia in Wales.

We hope these four suggestions are useful to the committee in deliberating the practical actions that can be taken to deal with this vital matter and to improve the lives of people of all ages, and with a range of challenging health and social care needs who live in care homes. The contribution of therapy professions is currently underutilised in helping care home providers and staff to enable people to live with dignity, control and meaning.

Yours sincerely,

Karin Orman, Professional Practice Manager, Royal College of Occupational Therapists

Ruth Crowder, Wales Policy Officer, Royal College of Occupational Therapists

Dr. Alison Stroud, Head of Wales Office, Royal College of Speech and Language Therapists

Dr Caroline Walters, Policy Advisor, Royal College of Speech and Language Therapists

Annex A –existing examples of high quality dementia care training

- Abertawe Bro Morgannwg University Health Board Dementia Care Training Team picked up two awards for their specialist training. The jointly funded team, based at Glanrhyd Hospital, were awarded Stage 1 Practice Innovation Unit by the Welsh Centre for Practice Innovation (WCPI) acknowledging continuing work to improve standards in dementia care. Plus, they've been Highly Commended in the National Social Care Accolades which are awarded by the Care Council for Wales.

- Helen Lambert and Alison Turner, both Occupational Therapists, and Mental Health Nurse Karyn Davies developed and delivered training to ABM and Bridgend County Borough Council staff to improve the support people with dementia received, and ensure everyone receives the same care across the area. Helen Lambert, went onto lead on the development and delivery of a Dementia Reablement Training Package for Cardiff City Council and the Social Service Improvement Agency. http://www.ssiacymru.org.uk/home.php?page_id=8644. This led to the development of a Dementia Reablement toolkit and service model: http://www.ssiacymru.org.uk/resource/english--lr.pdf. These can be translated to span care homes and the training of care home staff.

- Cwm Taf University Health Board Service News: The Mental Health Liaison occupational therapists assessments enable the multi disciplinary team to identify needs and to provide recommendations for discharge, thus reducing the length of inpatient stay within the DGH and/or community hospital settings. Data gathered has identified that 90% of patients have not been previously known to memory or mental health services prior to admission to hospital. Occupational Therapists now provide education and training to the wider multidisciplinary team including doctors and medical students. Patient's complexity and level of support required for their mental health needs is identified earlier. Patients are then offered the most appropriate service to meet their needs and hospital length of stay has been reduced on average by 3 days. The Occupational Therapy Service in Cwm Taf UHB Mental Health Liaison is seen as an exemplar of best practice which is being implemented across Wales.

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-31-17 Papur 5 / Paper 5

Eitem 3.4

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/3695/17

Dr Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

27 Hydref 2017

Annwyl Dai,

Diolch am eich llythyr dyddiedig 2 Hydref ar ran y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon ynglŷn ag amseroedd aros canser. Gallaf eich sicrhau bod amseroedd aros canser yn dal i fod yn flaenoriaeth i Lywodraeth Cymru.

Mae rheidrwydd ar fyrddau iechyd i roi diweddariad misol ar eu perfformiad mewn perthynas â chanser. Cynhelir trafodaeth rhwng Llywodraeth Cymru a'r byrddau iechyd ar y perfformiad hwn yn eu cyfarfodydd Ansawdd a Chyflenwi rheolaidd ac yng nghyfarfodydd y Cyd-dîm Gweithredol. Rwyf hefyd mewn cysylltiad rheolaidd â'r byrddau iechyd unigol ynglŷn â'u cynlluniau gwella a'r cynnydd sy'n cael ei wneud.

Er bod perfformiad mewn perthynas ag achosion brys lle ceir amheuaeth o ganser (USC) yn is na'r targed, hanes o welliant a gafwyd yn gyffredinol dros y ddwy flynedd ddiwethaf. Rwyf wedi cael sicrwydd y bydd y gwelliannau yn gynaliadwy ac y bydd y cynnydd yn parhau.

Mae nifer y cleifion sy'n cael eu trin ar y llwybr gofal USC wedi bod yn cynyddu. O gymharu'r cyfnod o 12 mis o fis Medi - Awst bum mlynedd yn ôl, amlygwyd bod nifer y cleifion sy'n cael eu trin o fewn yr amser targed eleni wedi cynyddu 40% (1,875 o gleifion).

Bae Caerdydd • Cardiff Bay
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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Vaughan.Gething@llyw.cymru
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Gwnaed 95,797 o atgyfeiriadau ar gyfer achosion brys lle ceir amheuaeth o ganser dros y 12 mis diwethaf (Medi 2016 - Awst 2017) sy'n gynnydd o 10% (8,739 o atgyfeiriadau) o'i gymharu â'r 12 mis blaenorol. Er gwaethaf hyn, ym mis Awst 2017, roedd nifer y cleifion a gafodd eu trin o fewn y targed wedi cynyddu 39% (157 o gleifion) o'i gymharu â'r un cyfnod 5 mlynedd yn ôl.

Ym mis Awst 2017 bodlonodd pedwar bwrdd iechyd y targed ar gyfer achosion nad ydynt yn rhai brys lle ceir amheuaeth o ganser (NUSC), a chofnododd y ddau arall berfformiad dros 96%. O ganlyniad, cyrhaeddwyd targed Cymru gyfan am y trydydd tro yn 2017. Mae un bwrdd iechyd yn arbennig yn wynebu heriau i gynnal perfformiad cyson.

Mae amseroedd aros canser yn ddangosydd da o ba mor effeithiol yw llwybrau gofal, ac o gapasiti. Rwyf i mewn cysylltiad uniongyrchol â Phrif Weithredwyr y byrddau iechyd i sicrhau eu bod yn ymwybodol o'm disgwyliadau ar gyfer gwella perfformiad ymhellach.

Mae perfformiad rhwng y naill fwrdd iechyd a’r llall yn dal i amrywio rywfaint. Mae'r Gwasanaeth Iechyd Gwladol (GIG) yn gweithio'n ddiwyd i fynd i'r afael â hyn, er enghraifft, drwy Rwydwaith Canser Felindre, a thrwy ei raglen o adolygiadau gan gymheiriaid ac ymyriadau uniongyrchol gan Uned Gyflawni'r GIG. Mae perfformiad yn amrywio gan ddibynnu ar ba fan yn y corff y darganfyddir tiwmor. Materion recriwtio a chadw sy'n bennaf gyfrifol am hynny ac mae yna ffactorau ymarferol ar waith hefyd, fel y diffyg a geir mewn rhai meysydd arbenigol ar draws y Deyrnas Unedig gyfan.

Mae crynodeb byr ynghlwm wrth y llythyr hwn sy'n trafod y camau gweithredu sy'n cael eu cymryd gan bob bwrdd iechyd ac sy’n amlinellu'r gwaith sy'n cael ei wneud a'r cynnydd hyd yma.

Mae llawer iawn o waith wedi'i wneud eisoes dros y tair blynedd ddiwethaf i ymchwilio i lwybrau gofal canser yn gyffredinol. Erbyn hyn, mae gwaith ar y gweill i ailwampio llwybrau gofal canser ac i helpu i roi diagnosis yn gyflymach, sefydlu clinigau un stop a lleihau nifer y camau gweithredu o fewn y llwybrau gofal eu hunain. Ymhlith y gwaith rhagorol sy'n cael ei wneud i wella canlyniadau i gleifion sydd â chanser mae'r camau a ganlyn:

- Defnyddio technegau delweddu manwl i helpu meddygon i dargedu canser y pen a'r gwddf yn fwy effeithiol mewn treial clinigol gwerth £720,000. Bydd hyn yn gwella'r driniaeth a'r cyfraddau goroesi yng Nghanolfan Ganser Felindre ac yn Ysbyty Singleton yn Abertawe.
- Gall y cleifion hynny sydd â symptomau annelwig weithiau aros yn rhy hir am ddiagnosis oherwydd nad ydynt yn "ffitio'n hawdd" i unrhyw lwybr driniaeth benodol. Gallant gael eu hatgyfeirio i gael cyfres o brofion a sganiau. O ganlyniad, gall rhai cleifion ddechrau eu triniaeth ar gam hwyrach na'r hyn a fyddai'n ddymunol. Bydd cynllun peilot newydd yng Nghwm Cynon yn canolbwyntio ar gleifion y mae eu meddygon teulu yn amau bod ganddynt ganser ond nad ydynt yn dangos unrhyw symptomau amlwg neu rai sydd angen sylw ar frys. Mae hyn yn cynnwys amryw o glinigau "un stop" newydd, lle cynhelir cymaint o brofion neu sganiau ag sydd eu hangen - ar yr un diwrnod yn ddelfrydol - i geisio cael diagnosis pendant.

Er mwyn canolbwyntio ar berfformiad, mae byrddau iechyd yn cymryd rhan mewn chwe archwiliad clinigol cenedlaethol. Mae gan y byrddau hefyd raglen o adolygiadau gan gymheiriaid sy'n cael ei hedmygu'n eang; maent yn cynnal adroddiadau blynyddol drwy'r grŵp gweithredu; ac mae ganddynt amryw o fetrigau eraill o sgrinio i ofal diagnostig i ofal lliniarol.

Rwy'n falch o weld bod gwelliannau'n cael eu gwneud o un flwyddyn i'r nesaf yn y cyfraddau goroesi un flwyddyn a phum mlynedd ar gyfer canser. Cafodd y data diweddaraf eu cyhoeddi ar 28 Medi 2017 ac roedd yn dangos y cyfraddau goroesi uchaf a adroddwyd erioed. Roedd cynnydd o 3.3 pwynt canran yn y gyfradd oroesi un flwyddyn dros gyfnod o bum mlynedd, o 69.4% ar gyfer y bobl a gafodd ddiagnosis yn y cyfnod o 2005 i 2009 i 72.7% ar gyfer y cyfnod diagnosis diweddaraf, o 2010 i 2014. Mae'r gyfradd oroesi bum mlynedd hefyd wedi cynyddu o 3.3 pwynt canran, o 53.8% i 57.1% ar gyfer yr un blynyddoedd diagnosis.

Yn ôl canlyniadau Arolwg Profiad Cleifion Canser Cymru yn 2013 a 2016, gwelwyd bod lefel profiad y claf sydd â chanser o ofal wedi bod yn gyson uchel. Ymatebodd mwy na 6,700 i'r arolwg diweddaraf, a gyhoeddwyd ar 5 Gorffennaf 2017. Dywedodd 93% o'r ymatebwyr (7 neu ragor o bob 10) fod eu profiad hwy o ofal yn un cadarnhaol. Roedd sgorau uchel tebyg ar gyfer dangosyddion yn ymwneud ag urddas, cydgynhyrchu a'r ffordd o roi gofal.

Hyderaf fod y llythyr hwn yn rhoi trosolwg defnyddiol o'r gwaith sydd ar y gweill eisoes i wella pob agwedd ar berfformiad mewn perthynas â chanser. Byddaf yn parhau i ddisgwyl i’r gwasanaeth iechyd wella ei berfformiad ymhellach dros y misoedd sydd i ddod.

Yn gywir

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Atodiad

Bwrdd Iechyd Prifysgol Aneurin Bevan

Mae'r bwrdd iechyd wedi ei chael hi'n anodd cynnal perfformiad cyson dros y 12 – 18 mis diwethaf oherwydd cynnydd yn nifer y cleifion sydd ar lwybrau gofal cymhleth, yn ogystal â'r galw cynyddol am brofion diagnostig, a rhai materion yn ymwneud â chapasiti a recriwtio a chadw staff mewn meysydd arbenigol. Fodd bynnag, mae llwybrau gofal wedi cael eu hailwampio'n sylweddol, ac mae'r bwrdd iechyd yn rhagweld y bydd yn bodloni'r targed ar gyfer achosion nad ydynt yn rhai brys lle ceir amheuaeth o ganser (NUSC) ac y bydd ei berfformiad ar gyfer achosion brys lle ceir amheuaeth o ganser (USC) yn 90% dros y misoedd nesaf. Mae'r camau gweithredu sydd ar waith i wella perfformiad yn cynnwys:

- Cyflwyno clinigau sganwyr delweddau atseiniol magnetig (MRI) a biopsi uwchsain trawsrefrol (TRUS) un stop i leihau amseroedd aros ar y llwybr gofal wroleg yn ogystal â sicrhau bod profion biopsi yn fwy cywir ac yn cael eu targedu'n well.
- Sefydlu cynllun peilot dau gam ym maes yr ysgyfaint lle mae cleifion yn cael eu hanfon yn syth o ofal sylfaenol i gael sgan tomograffeg gyfrifiadurol (CT) ac yn syth i gael sgan CT pan geir canlyniad pelydr-x annormal.
- Treialu clinig peilot y pen a'r gwddf un stop ar gyfer lympiau yn y gwddf.
- Cynnig slotiau llawfeddygol penodol erbyn hyn ar gyfer triniaethau i gleifion Gastroberfeddol Isaf er mwyn cynnal profion endosgopi a fydd yn rhoi mynediad cyflymach at sgopiau diagnostig.
- Trefniadau sydd wedi'u sefydlu eisoes i drefnu profion endosgopi drwy gontract allanol er mwyn lleihau amseroedd aros.
- Cynnal mwy o sesiynau llawfeddygol mewn wroleg i fynd i'r afael â rhestrau aros.
- Penodi wrolegydd ymgynghorol arall yn ogystal â nyrs glinigol arbenigol arall yn y maes Gastroberfeddol Uchaf. Maent hefyd yn chwilio am nyrs glinigol arbenigol arall ar gyfer wroleg.
- Treialu clinig un stop ar gyfer achosion o waedu rhefrol.

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Yn gyffredinol, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg yw'r un sydd wedi perfformio isaf o'r holl fyrddau iechyd dros y 12 – 18 mis diwethaf. Mae hyn wedi cael effaith uniongyrchol ar sefyllfa Cymru gyfan. Mae'r rhesymau a nodwyd dros hyn yn amrywiol ac maent yn cynnwys, aros am brofion ac adroddiadau diagnostig, materion gweinyddol, capasiti adrannau cleifion allanol, amseroedd aros am apwyntiadau i gleifion allanol, oedi cyn rhoi triniaeth, llwybrau gofal cymhleth, ac achosion o orfod aros am drafodaethau amlddisgyblaethol a llawfeddygol. Un ffactor pwysig i Fwrdd Iechyd Prifysgol Abertawe Bro Morgannwg yw'r twf sylweddol yn nifer yr atgyfeiriadau a dderbyniwyd, sydd wedi cynyddu 45% dros y 4 blynedd diwethaf.

Mae Uned Gyflawni'r GIG yn gweithio'n uniongyrchol â'r gwasanaeth i nodi meysydd ar gyfer gwella. Mae'r pwyslais ar wella gwasanaethau canser mewn modd sy'n gynaliadwy, yn hytrach na chynnal mentrau tymor byr i wella perfformiad. Mae'r bwrdd iechyd yn awr yn rhagweld y bydd gwelliannau cynyddol parhaus yn cael eu gwneud dros y misoedd nesaf.

Mae'r camau gweithredu i wella perfformiad yn cynnwys:

- Diwygio cynlluniau gweithredu adolygiadau gan gymheiriaid a chamau gweithredu i ddangos camau gwell, sy'n fesuradwy ac yn amserol, ac adrodd yn glir ar y broses o fonitro a pherchenogi'r modd o gyflawni.
- Adolygwyd y trefniadau ar gyfer tracio achosion o ganser ar draws y sefydliad i nodi unigolion a chadw cofnod o'r man yn y corff lle caiff pob tiwmor ei ddarganfod, gyda'r nod o sicrhau bod cyfarfodydd tracio yn fwy cadarn ac effeithiol.
- Bydd llwybr gofal ar gyfer gwaedu ar ôl y menopos yn cael ei rhoi ar waith. Llwybr gofal un stop yw hon a fydd yn gwella'r amseroedd aros rhwng profion diagnostig a nifer yr apwyntiadau sydd eu hangen ar gyfer cleifion allanol, lleihau oedi a gwella perfformiad. Bydd gweithredu dangosfwrdd radioleg yn gwella mynediad adrannau radioleg at wybodaeth fyw, a bydd o gymorth iddynt wella eu perfformiad.
- Penodwyd pedwar radiograffydd i gynyddu capasiti a gwneud y defnydd gorau posibl o ail sganiwr CT. Penodwyd staff cyflenwi graddfa ganol dros dro ym maes hematoleg i ddarparu mwy o gapasiti i glinigau. Mae proses recriwtio ar y gweill ar gyfer 3 ymgynghorydd oncoleg ac mae swyddi eraill wedi cael eu hamlinellu yn y gweithlu.
- Cynhelir mwy o glinigau diagnostig y fron a chytunwyd ar gyllid ar gyfer cyflogi radiolegydd ymgynghorol locwm am 3 mis.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Mae perfformiad NUSC y bwrdd iechyd wedi bod yn gymharol gyson dros 97% ac mae'r targed wedi'i fodloni naw gwaith yn y deuddeng mis diwethaf. Mae ei berfformiad USC wedi codi a gostwng ond, ar y cyfan, mae'n gyson uwch na'r targed o 90% ar gyfer USC. Proffil o welliant parhaus a chyson dros amser sydd gan y bwrdd iechyd, ac yn gyffredinol, dros y ddwy flynedd ddiwethaf, perfformiodd gyda'r gorau yng Nghymru. Mae'r bwrdd iechyd yn rhestru'r rhesymau a ganlyn dros beidio â chyrraedd y targed: llwybrau gofal cymhleth, oedi cyn apwyntiadau cyntaf y colon a'r rhefr, gastroberfeddol a’r glust, y trwyn a’r gwddf (ENT), oedi cyn llawdriniaethau wroleg, materion gweinyddol ac oedi cyn cynnal profion endosgopi.

Mae'r camau gweithredu i wella perfformiad yn cynnwys:

- Creu mwy o gapasiti ar gyfer llawfeddygaeth wroleg
- Gweithio ar y cyd â Lerpwl i ganiatáu i staff Bwrdd Iechyd Prifysgol Betsi Cadwaladr gynnal llawdriniaethau robotig ar gleifion y bwrdd iechyd yn Lerpwl.
- Cynnal clinigau wroleg dan arweiniad nyrsys clinigol arbenigol.
- Cynnal mwy o glinigau gastroenteroleg i leihau'r oedi ar gyfer apwyntiadau i gleifion allanol; mae apwyntiadau yn cael eu trefnu i gleifion yn awr i fodloni'r targed.
- Mwy o glinigau'r colon a'r rhefr yn ogystal â mentrau lle anfonir cleifion yn syth i gael prawf.
- Gweithio chwe diwrnod yr wythnos i gynnal profion endosgopi.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Ers mis Tachwedd 2015, pan fu cwymp sylweddol yn ei berfformiad, mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi gwneud gwelliannau graddol. Mae'r bwrdd iechyd wedi ceisio sicrhau bod yr holl welliannau yn rhai hirdymor ac yn gynaliadwy. Dangoswyd gwelliannau parhaus a'r bwrdd iechyd hwn yw'r unig un i gyflawni'r ddau darged ddwywaith yn 2017. O ganlyniad i amryw o faterion a gododd ym mis Awst mae’r bwrdd iechyd yn

rhagweld cwymp bach mewn perfformiad ond bydd yn cynnal ei berfformiad USC, sy'n dros 90%, erbyn diwedd y flwyddyn.

Mae'r camau gweithredu i wella perfformiad yn cynnwys:

- Cynnal y dull gweithredu o sicrhau bod y cleifion hynny sydd wedi bod yn aros hwyaf am driniaeth yn cael eu gweld gyntaf, a chydbwyso'r galw â'r capasiti a gwella llwybrau gofal mewn modd sy'n gynaliadwy ar gyfer y tymor hir.
- Craffu'n fanylach ar bob achos o dorri amodau.
- O dan arweiniad y Cyfarwyddwr Meddygol, gyda chymorth y tîm gwelliant gwasanaeth parhaus, mae prosiect penodol sy'n canolbwyntio ar ailwampio a gwella'r llwybr gofal ar gyfer cleifion Gastroberfeddol Isaf ac Uchaf wedi cael ei roi ar waith.
- Mae prosesau monitro a rheoli wedi cael eu hadolygu a'u safoni; proses adolygu uwchgyfeirio penodedig drwy her ganser fisol a chyfarfodydd cefnogi â byrddau clinigol – wedi'u cadeirio gan y Prif Swyddog Gweithredol.

Bwrdd Iechyd Prifysgol Cwm Taf

Mae'r perfformiad wedi amrywio dros y 12 mis diwethaf gyda pherfformiad ar y llwybr gofal 62 diwrnod yn ymestyn o 78.3% ar ei isaf (Hydref 2016) i 91.1% (Mai 2017).

Mae'r bwrdd iechyd yn rhestru'r cynnydd yn y nifer yr atgyfeiriadau a'r galw cynyddol am wasanaethau radiolegol fel y prif feysydd sy'n peri pryder o ran cynnal perfformiad.

Mae'r llwybr gofal ar gyfer cleifion yr amheuir bod ganddynt ganser y prostad wedi cael ei adolygu ac mae'r bwrdd iechyd yn hyderus y bydd cyn lleied â phosibl o symud achosion o oedi ymlaen, ac felly bydd llawer llai o gleifion yn aros mwy na 62 diwrnod am driniaeth.

Mae oedi tebyg wedi digwydd yn achos cleifion yr amheuir bod ganddynt ganser y colon a'r rhefr wrth i'r galw am sganiau CT o'r colon godi'n gyflymach ac yn gyflymach. Mae'r bwrdd iechyd yn gweithio ar hyn o bryd â'r galw am wasanaethau radioleg i greu mwy o gapasiti ar gyfer y gwasanaeth archwilio ac adrodd allweddol hwn. Mae'r bwrdd iechyd yn hyderus y bydd y newidiadau a roddir ar waith yn arwain at welliannau a gynhelir yn y tymor canolig.

Mae'r camau gweithredu i wella perfformiad yn cynnwys:

- Mynd ati o ddifrif i adolygu'r prosesau ar gyfer uwchgyfeirio achosion o oedi ar draws y llwybr gofal USC gyfan i sicrhau bod cleifion yn symud trwy eu llwybrau cyn gynted ag sy'n bosibl.
- Rhoi proses reoli a pholisi uwchgyfeirio diwygiedig a mwy diweddar ar waith, gan gadarnhau camau o'r llwybr gofal ac ailedrych ar rolau a chyfrifoldebau neilltuol aelodau staff allweddol. Bydd hyn yn sicrhau bod achosion o oedi yn cael eu huwchgyfeirio yn gynharach yn ystod y llwybr gofal ac yn arwain at ymyrraeth yn gynharach, ac yn cefnogi hynny, ar bob lefel.
- Mae'r bwrdd iechyd wedi ailystyried y galw am sganiau CT ar gyfer achosion USC ac mae ganddo gynllun i fynd i'r afael â'r diffyg mewn capasiti.
- Ailwampio llwybrau gofal sy'n gysylltiedig â gweithredu'r gwasanaeth diagnosis cynnar.

Bwrdd Iechyd Prifysgol Hywel Dda

Dros y 10 mis diwethaf, mae Bwrdd Iechyd Prifysgol Hywel Dda wedi perfformio'n uwch na 90% ar gyfer y llwybr gofal USC.

Mae'r bwrdd iechyd yn disgwyl i'r lefel hon o berfformiad gael ei chynnal. Mae'r camau gweithredu i wella perfformiad yn cynnwys:

- Canolbwyntio ar amseroedd aros am apwyntiadau cyntaf i gleifion allanol.
- Mae trefnu triniaeth i gleifion llawfeddygaeth thorasig drwy gontract allanol o dan brosiect llawfeddygaeth thorasig Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru ar fin dechrau a disgwylir i hyn gael effaith gadarnhaol drwy leihau amseroedd aros.
- O ran achosion gynaecoleg, Gastroberfeddol Isaf, wroleg a’r pen a’r gwddf, mae’r bwrdd iechyd wrthi’n cynnal trafodaethau â Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg fel y darparwr trydyddol er mwyn gwella gwasanaethau.