Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 – y Senedd

Dyddiad:
Dydd Mercher, 2 Mai 2012

Amser:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Llinos Dafydd
Clerc y Pwyllgor
029 2089 8403
HSCCommittee@wales.gov.uk

Agenda

1. Cyflwyniad, ymddiheuriadau a dirprwyon

2. Ymchwiliad i ofal preswyl i bobl hŷn – tystiolaeth gan sefydliadau a darparwyr y trydydd sector ac ar fodelau amgen (09.00 – 11.30)

2a. Ymchwiliad i ofal preswyl i bobl hŷn – tystiolaeth gan Gartrefi Cymunedol Cymru (09.00 – 09.50) (Tudalennau 1 – 19)
HSC(4)-13-12 papur 1- Cartrefi Cymunedol Cymru a Care & Repair Cymru

HSC(4)-13-12 papur 1a – Cymorth Cymru

Nick Bennett, Prif Weithredwr, Cartrefi Cymunedol Cymru
Richard Davies, Cyfarwyddwr Gweithredol, Grŵp Tai Gwalia
Kevin Hughes, Grŵp Tai Pennaf

2b. Ymchwiliad i ofal preswyl i bobl hŷn – tystiolaeth gan Gynghrair Henoed Cymru (09.50 – 10.30) (Tudalen 20)
HSC(4)-13-12 papur 2

Rachel Lewis, Swyddog o Gynghrair Henoed Cymru
Angela Roberts, Is-gadeirydd

EGWYL 10.30 – 10.40

2c. Ymchwiliad i ofal preswyl i bobl hŷn – tystiolaeth gan y Gymdeithas Alzheimer's a Parkinson's UK Cymru (10.40 – 11.30) (Tudalennau 21 – 35)
HSC(4)-13-12 papur 3 – Cymdeithas Alzheimer's
Sue Phelps, Cyfarwyddwr Cymru Dros Dro
Chris Quince, Uwch Swyddog Polisi

HSC(4)-13-12 papur 4 – Parkinson's UK Cymru
Steve Ford, Prif Weithredwr
Val Baker, Parkinson's UK Cymru

3. Papur Gwyn ar Roi Organau – Sesiwn friffio ddilynol gan swyddogion Llywodraeth Cymru (11.30 – 12.00)
HSC(4)-13-12 papur 5

4. Papurau i'w nodi

4a. Llythyr gan Archwilydd Cyffredinol Cymru – Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (Tudalennau 36 – 53)
HSC(4)-13-12 papur 5

4b. Goblygiadau iechyd cyhoeddus o ddarpariaeth annigonol o doiledau cyhoeddus – Llythyr gan y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol (Tudalennau 54 – 56)
HSC(4)-13-12 papur 6

4c. Llythyr gan Ysgrifennydd Gwladol Cymru – Confensiwn ar hawliau pobl hŷn (Tudalennau 57 – 58)
HSC(4)-13-12 papur 7

4d. Deiseb: P-04-359 Problemau gyda'r GIG ar gyfer y Byddar (Tudalennau 59 – 61)
HSC(4)-13-12 papur 8

Health and Social Care Committee

HSC(4)-13-12 paper 1

Inquiry into residential care for older people – Evidence from Community Housing Cymru and Care & Repair Cymru

A Response by Community Housing Cymru (CHC) and Care & Repair Cymru (CRC) to the Inquiry into Residential Care for Older People

1.0 About CHC

Community Housing Cymru (CHC) is the representative body for housing associations and community mutuals in Wales, which are all not-for profit organisations. Our members provide over 130,000 homes and related housing services across Wales. In 2010/11, our members directly employed 6,500 people and spent over £800m in the Welsh economy. Our members work closely with local government, third sector organisations and the Welsh Government to provide a range of services in communities across Wales.

Our objectives are to:

- Be the leading voice of the social housing sector.
- Promote the social housing sector in Wales.
- Promote the relief of financial hardship through the sector's provision of low cost social housing.
- Provide services, education, training, information, advice and support to members.
- Encourage and facilitate the provision, construction, improvement and management of low cost social housing by housing associations in Wales.

Our vision is to be:

- A dynamic, action-based advocate for the not-for-profit housing sector.
- A 'member centred' support provider, adding value to our members' activities by delivering the services and advice that they need in order to provide social housing, regeneration and care services.
- A knowledge-based social enterprise.

1.1 Last year CHC formed a group structure with Care & Repair Cymru and the new Centre for Regeneration Excellence Wales in order to jointly champion not-for-profit housing, care and regeneration.

2.0 About CRC

Care & Repair Cymru is the "Older People's Housing Champion". We are a national charitable body and actively work to ensure that all older people have homes that are safe, secure and appropriate to their needs, helping them to remain living independently in their own homes.

We provide services to the network of 22 Care & Repair Agencies across Wales. Our services to Agencies include policy information and briefing, training and networking events, co-ordination of the national database (CARIS), agency support, national PR and communications, funding allocation and performance evaluation.

Through our work, and close relationship with the 22 Agencies, we listen to the needs and desires of older people and on the national stage articulate this information to policy makers at the Welsh Government. This advocacy work helps inform thinking on older people Housing Policy and wider Health and Social Care policy which is intrinsically linked to appropriate, good quality housing.

Our Vision is:

All older people in Wales shall have warm, safe, secure homes that meet their individual needs.

Our Mission is:

Care & Repair Cymru exists to ensure that all older people have access to housing services that enable them to live in housing that meets their individual needs

3.0 Our Joint Response

3.1 Community Housing Cymru and Care & Repair Cymru commissioned a study to identify opportunities for the community housing sector to support health outcomes, particularly in meeting the needs of our 'ageing society'. The findings of this study will be useful to inform this inquiry. Through a series of interviews and focus groups, involving professionals from both health and housing, we developed an understanding of the barriers to closer health and housing collaboration and five key practical opportunities that may be realised. The key opportunities relevant to this inquiry are:

3.2 Early discharge support in Extra Care schemes and nursing homes

Extra Care schemes and Registered Social Landlord (RSL) nursing homes located near district general hospitals may offer an effective option for high quality care to enable earlier hospital discharges of frail older people.

RSLs in at least three areas are in active talks to create or consolidate such services. Others have shown interest but conversations have not yet been held. To date, most such bookings have tended to be ad hoc and involve a handful of beds. Many RSLS are keen to explore the possibility of annualised block bookings for planning and cost reasons. However, some Health Boards are wary of block booking, wanting to retain maximum financial flexibility.

The partnership arrangement to support this form of early discharge will depend on the scheme involved. Nursing homes have existing trained healthcare capacity, and arrangements with local GPs, and there is scope to up skill staff in Extra Care schemes to some degree.

3.3 Expansion of not for profit nursing care

Three RSLs have made the strategic shift to make 'care' part of their core offer alongside housing. All three offer nursing care, aiming for a mid-market price – aiming cheaper than publicly provided services but maintaining quality standards. Such nursing homes can form the hub for a range of other services. For example, day care is offered from several homes (if the residents are content). They can also host other teams such as out of hours teams.

The opportunity for RSLs to offer nursing care across Wales seems significant, yet the move into a highly regulated service area can be daunting and many RSLs may decide to remain focused on their core housing mission. For those already committed to nursing care, and for those considering the move, clarity about the potential demand would be welcomed.

3.4 Increasing the level of care available in sheltered housing and Extra Care schemes

A number of RSLs interviewed as part of this research, particularly those who do not offer Extra Care, stated that their organisations would like to offer a wider range of care within a sheltered housing setting. They would like to be able to support residents to stay in the sheltered housing homes for as long as possible, as they become increasingly frail. Enabling sheltered housing schemes to cope with greater levels of frailty could meet people's preference for staying at home, for couples to stay together, and reduce the risk of institutionalisation in a nursing home.

Interviewees anticipate that residents of Extra Care schemes will become increasingly frail too, and reluctant to move from what are now their homes. Bringing additional (continuing) healthcare into these schemes may help prevent admissions to hospital and provide a community case for other services.

3.5 Ongoing support to enable older people to live more independently and healthier at home

Cartrefi Cymunedol Community Housing Cymru

Care & Repair Cymru

Adaptations don't only ensure that older people can remain living independently in their own home for longer, they also alleviate pressure and financial strain on NHS and social services budgets. It is estimated that for every £1 spent on adapting a person's home, £7.50 is saved from health and social services budgets.

The value of investment in services that enable people to live at home for longer has been recognised by the Welsh Government, most recently in the form of a £4.77m package awarded directly to Care & Repair agencies in Wales for 2011-12.

The trusted access that Care & Repair agencies have into older people's homes can be used as a channel for other forms of support too. For example, in Monmouthshire, the Healthy Homes project has seen the initial assessment expanded to a more holistic case assessment, supporting older people to access additional care support, benefits etc. This has been highlighted as good practice within the Gwent Frailty project but, as a classic 'cinderella service', it is now at risk of losing funding. The Hospital to Home projects in Conwy and Caerphilly offer similar support, but target people before they leave hospital.

The key opportunities to support older people to live healthier at home via Care & Repair breaks down into three parts:

1. Increasing the current rapid response adaptation programme (RRAP) to meet demand;
2. Expanding RRAP to all tenure, from its focus on private housing;
3. Expanding the programme to have a wider preventative purpose, building on models such as the Monmouthshire Healthy Homes and hospital to home type schemes.

All these opportunities should save / delay NHS spend on frail older people and, more importantly, improve people's lives. A recognised challenge is that such preventative work requires investment alongside ongoing increasing demand for acute care.

4.0 Other opportunities:

4.1 Expanding and protecting telecare provision

Several RSL interviewees highlighted their interest in increasing the provision of telecare to residents across their stock. Telecare varies from scheme to scheme, but generally involves a community alarm service and regular contact by telephone. Further technology may be included such as detectors which monitor motion, falls or fire and gas risks. When activated, these technologies then trigger action by a response centre.

Some current telecare schemes are at risk because they are not statutory and are voluntarily funded by local authorities. One RSL highlighted that their scheme supports hundreds of vulnerable people in the city, both their own residents and people in private housing. As a recent stock transfer organisation,

they were pleased to inherit operational responsibility for the scheme but cannot afford to finance the scheme.

Some RSL interviewees point out that should telecare be removed, there is likely to be an immediate cost implication for the NHS – for example, owing to an increase in severity of need following a fall at home.

5.0 Specific Comments

Our comments below mainly relate to our ambition to keep older people out of an institutional care setting wherever possible, whilst acknowledging that for some older people remaining at home may not be the most appropriate or desirable option. Comments follow the headings provided for this initial response.

- **Process by which older people enter residential care and the availability and accessibility of alternative community-based services, including re-ablement services and domiciliary care.**

Whilst acknowledging that for some older people remaining at home may not be the most appropriate or desirable option, evidence suggests that most people as they age would prefer to remain living in their own home[i1]. Care & Repair Cymru have long been concerned about older people being placed in residential care, when it is both unnecessary and undesirable for the older person. Care & Repair work and provide services across all 22 local authority areas in Wales to maximise the independence of older people to enable to them remain living at home. This is achieved by providing tailored advice, brokering local solutions and providing and accessing grants and charitable funding that improve the home environment to meet individual needs and improve safety.

Care & Repair agencies have also supported many thousands of older people in Wales to return safely home from hospital after illness or injury (including falls and strokes) through the Rapid Response Adaptations Programme (RRAP). The programme facilitates an immediate response to specific needs by providing minor works and adaptations such as ramps and handrails, shower seats, door entry and repairs to paths and steps to enable people to return to their own homes following hospital discharge. Such adaptations can also prevent the need for admission to hospital or residential care. The programme is a fast-response initiative, with an average time of 8 days achieved in 2010/11. Older people in hospital can feel extremely vulnerable and fear returning home without support. This may

[1] Wanless D (2006) Securing Good Care for Older People: Taking a long term view. Kings Fund

lead to consideration of a residential placement. With the advice and practical support of Care & Repair, however, many people have felt confident enough to return home. During 2010/11 alone, 13,605 jobs were completed for older people through the Rapid Response Adaptations Programme, with some 9,500 preventing hospital or residential care admission and 4,200 being supported to return home from hospital.

Remaining at home is not only desirable but often cheaper than moving to a supported living environment. Care & Repair can evidence outcomes for older people that save both the older person being somewhere they don't want and need to be, and subsequently contribute a cost saving benefit to Health and Social Care. Services delivered by Care & Repair across Wales are estimated to save the NHS and social services £7.50 for every £1 spent by keeping older people out of hospital and residential care, and by helping them to return home from hospital quicker. A recent study by the Wales Audit Office of adaptation services in a Welsh Local Authority also concluded that providing a housing adaptation through a DFG delayed entry into residential care by an average of 4 years, with significant cost savings given that the average DFG cost is £7000, and an approximate 4 year cost of residential care is in the region of £110,000.

Care & Repair Cymru would welcome improved provision of community-based resources, which are tailored to the needs of older people, and advocate for greater resources to help older people remain living independently in their own homes.

New models of integrated community care would require a more 'joined up' approach, including adequate targeted local investment to ensure that home safety, wellbeing and independence are maximised through a proactive approach from statutory and third sector preventative services. Care & Repair Cymru would advocate that this integrated community service perspective should be clearly reflected in commissioning arrangements.

- **New and emerging models of care provision.**

We support increased diversity and mutual ownership of services such as domiciliary care that would help support the objective of older people remaining living in their own homes and communities.

- **Balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.**

Stronger mutual, co-operative, third sector and RSL involvement in residential care and domiciliary care would be desirable. Care & Repair Cymru are happy to be involved in partnership arrangements that

facilitate more efficient access and exit into and out of residential care, with a strong desire to help older people move to the accommodation and setting they prefer as quickly as possible.

6.0 Conclusion

We appreciate the need for a rational approach to preventing ill health in older people and supporting their independence. This can mean providing a range of holistic services to keep people active and involved in their communities, rather than having acute treatment or residential care.

Registered Social Landlords have shown themselves to be a new and emerging model of care provision who can aid in meeting the future needs of the ageing population.

CHC are CRC would welcome involvement in future discussion in this area.

CHC & CRC
December 2011

Health and Social Care Committee

HSC(4)-13-12 paper 1a

Inquiry into residential care for older people- Evidence from Cymorth Cymru

Cymorth Cymru Evidence to: Health and Social Care Committee

Inquiry into residential care for older people

12/12/2011

Background

Cymorth Cymru is the representative body for providers of housing-related support, homelessness and supported living services in Wales. We have over 120 organisational members who all work to assist people who are vulnerable, isolated or experiencing housing crisis, including:

- people who are homeless, or at risk of homelessness
- families fleeing domestic abuse
- people dealing with mental or physical health problems, or learning disabilities
- people with alcohol or drug problems
- refugees and people seeking asylum
- care leavers and other vulnerable young people, and
- older people in need of support

This list isn't exhaustive, and individuals may often face a range of challenges that make it difficult for them to find or maintain a stable home and build the sort of lives we all aspire to.

Cymorth Cymru's members help people address these issues, supporting them in finding both emergency accommodation and long-term, secure homes, where they may fulfil their potential and build happy and fulfilling lives.

We have three overarching objectives:

- To improve the links between policy and practice by ensuring that those working in frontline service delivery understand and are influenced by the wider policy context, and those working in policy development understand and are influenced by the experiences and knowledge of those working on the ground.
- To ensure that the sector maximises its contribution to the lives of citizens and the communities in which they live by helping to build and develop the sector's capacity and professionalism.
- To increase public understanding and support for the sector and the work it does in helping people build the lives they aspire to within the community.

Acronyms used in this response:
HWC – Housing with care
BASW – British Association of Social Workers
RSL – Registered Social Landlord
CSSIW – Care and Social Services Inspectorate Wales
LD – learning disabilities
LGB&T – Lesbian, Gay, Bisexual & Transgender

Overview of evidence

It is understandable that reviews or inquiries into residential care tend to focus on issues relevant to mainstream care provision. Cymorth Cymru is particularly grateful to the Committee for not limiting its remit in this way and for giving us the opportunity to highlight issues regarding the care needs of more marginalised older people and also to draw attention to alternative models of housing with care (HWC) provision that exist which can help meet the future care needs of older people in Wales.

In drafting this response we are grateful to our members working within housing associations, third sector organisations and local authorities for their input.

We have also liaised with partner organisations and would like to take this opportunity to endorse the evidence provided by Community Housing Cymru.

Our evidence is presented in the following format:

- General comments
- Responses to the Inquiry's specific points
- Summary of our key points

General comments

Cymorth Cymru's vision is that all people in Wales are able to build and maintain happy, successful lives that maximise their independence within welcoming and supportive communities. With an ageing population, many of our members who work with older people are seeing and anticipating further increases in demand for services. Some members are specialists working in housing, support and care for older people, and others specialise in particular services that we are seeing increasing numbers of older people accessing such as those responding to homelessness, drug and alcohol issues, domestic abuse, learning disabilities/autistic spectrum disorders, mental ill-health and services working with people with a history of offending/prison leavers.

As well as outlining the issues faced by older people in relation to residential care, our evidence will pay particular attention to the experiences of marginalised older people and the future provision of residential care to meet the changing needs of older people in Wales.

Our main points are:

- We need to see a move away from care provision that is driven by profit in favour of ethically run, mutual based models. Although we recognise the advantages of some private sector providers, third sector organisations have proved to be a new and emerging model of care provision and can aid in meeting the future needs of the ageing population and, as such, should be further developed.

- More choice and control is needed so that individuals can access the right type of housing with care that best meets their needs. Provision such as Extra Care schemes and care at home needs to be a real option for individuals. Better use should be made of assistive technology to help people meet their health and care needs without having to move or lose their home.

- A characteristic of more marginalised older people is that they have difficulties in engaging with statutory services. This is often due to both a lack of appropriate services and a lack of willingness of health and social care professionals to work with people with complex needs. Service provision needs to take account of the needs of more marginalise older people and services need to be tailored appropriately.

Responses to the Inquiry's specific terms of reference

Terms of reference 1 - The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.

Feedback from our members indicates that there is great disparity around the range of provision offered to an individual. Access to different types of provision is largely determined by the local knowledge of the social worker or person advising as to the range of services that are offered. As a result, the offer of provision within a locality can differ vastly.

As a direct result of the lack of knowledge of different types of provision available, many individuals have found themselves entering residential care settings when more independent forms of housing with care would have been more suited to their needs and helped them to maximise their independence for longer. We are aware of a number of instances where individuals have been inappropriately placed in a residential care setting due to their social worker not being aware of other more suitable options. In the current economic climate, this issue is even more pertinent now as we do not know how many other people are living in inappropriate situations which are both expensive for the public purse and limit the individual's independence unnecessarily.

Evidence shows that supporting a person to remain independent has an important role to play in the health and wellbeing of an individual – this reduces the burden and cost to other areas of spending such as the Welsh NHS. There needs to be further work into determining how many people in Wales have been inappropriately placed and we suggest that the Welsh Government (WG) commission research into the range of options that individuals are made aware of in order to fully maximise the return on public spend.

We would also endorse the recent study carried out by the Care Council for Wales around person centred planning which resulted in guidance to the sector. This guidance points to the positive outcomes of taking a structured person centred approach in terms of choice and wider information to

inform better care and support. The guidance is available at: http://www.ccwales.org.uk/development-and-innovation/adult-workforce/older-people-workforce.

Terms of reference 2 – The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource level.

In light of the recent Winterbourne View case, there are serious concerns around staffing skills and levels within residential care. The use of poorly paid and under-qualified care staff is an ongoing cause for concern as highlighted by a recent BASW survey in which 81% of social workers stated having come across abuse within adult residential care homes across the UK.[1]

Poor levels of pay for frontline workers in older persons services, in comparison to equivalent positions in adult services, does not allow care services to attract and retain ambitious staff. As a result, the skill mix of staff tends to focus on delivering a task focussed rather than an outcome focussed service. This results in staff doing things for, rather than with, the client.

One of the barriers often faced by organisations in relation to staff training can be ensuring that there is a comprehensive training plan in place for all of their staff when places on approved training courses are limited. In some instances, local authorities insist on providing their own training courses of which usually only 2 places are allowed on a quarterly basis. This can make it difficult for provider organisation to meet their statutory requirements as they are unable to gain access to enough local authority provided training courses and therefore struggle to adequately train the whole of their workforce.

Terms of reference 3 – The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

Residential care services vary widely across Wales in the level of the quality of the service that they provide. We support the intention of the Care and Social Services Inspectorate Wales (CSSIW) to place more focus on the experiences of service users and their families. Other initiatives such as CareChecker in Wales (www.carechecker.co.uk) are playing a crucial role in raising the standards of care provision through training volunteers – made by of people receiving care, their relatives, visiting

[1] British Association of Social Workers Survey - http://www.basw.co.uk/media/shocking-state-of-care-for-vulnerable-adults-revealed/

professionals, or local community members – to make judgements about the quality of the service being provided. Central to their approach is judging how committed a service is to person centred working.

Care home closures cause much distress, especially for vulnerable people and we strongly feel that a more robust oversight of finances would prevent closures from happening as a surprise and would therefore limit the distress caused.

For more marginalised older people who often experience greater discrimination and isolation and that sometimes don't enjoy the support or understanding of the general public (such as people with offending behaviour and/or drug/alcohol issues, those requiring gender specific care, LGB&T people, or ethnic minority groups), mainstream residential care services are often unsuitable for a variety of reasons. For older people with alcohol dependency issues, residential care is can be an unattractive option due to the financial implications accompanying it – for example, some individuals may not want to give up drinking but would not be able to afford to continue if they moved to a residential care setting. The mix of residents in mainstream residential care often acts as a further barrier as many individuals fear that their lifestyle may be acceptable to other residents.

It is often the case that the needs of more marginalised older people – such as those with substance misuse issues – are often not recognised and, as such, there needs to be greater awareness within the care sector of such issues as Korsakoff's syndrome – a brain disorder usually associated with heavy alcohol consumption over a long period which is not always manifest due to the confabulations (inventing stories to fill the gaps in memory) that it causes – in order to better tailor service provision.

As more and more people with learning disabilities (LD) are living longer, they are increasingly suffering from age related conditions such as Dementia. A recent report[2] in England has highlighted the need for a "significant improvement" in the training of nursing staff in relation to issues around caring for those with Dementia, adding that nursing staff need more support, training and recognition for the difficult job they do**.** In addition to this, mainstream residential care is often unsuitable given that staff are rarely skilled in relation to LD issues. There can also be an age imbalance it is the case that, with some forms of LD, individuals may suffer from Dementia at a relatively young age and would therefore be wholly unsuited to a mainstream residential care setting.

In order to meet this diversity of need both now and in the future, there needs to be improvement in the quality and spread of specialist care services in Wales that are underpinned by an understanding of the specific needs of socially excluded older people. We would also like to see national strategy and

[2] Report of the National Audit of Dementia Care in General Hospitals 2011

policy development better recognise and meet the needs of socially excluded, marginalised and vulnerable older people.

Terms of reference 4 - The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

We are keen to support the move to a more outcomes driven approach to regulation and inspection arrangements for residential care as such an approach can make services more client focused and needs led by identifying what works well, and what could be improved.

It is felt that there is not enough scrutiny on the quality of the service provided, such as care planning and whether clients are treated with respect and dignity. There is no method that accurately captures the viewpoints that families and clients hold towards the service. We would like to stress the importance of actually speaking with service users in relation to inspection as opposed to simply focusing on what may be contained within paperwork. In this way, inspections can gain a fuller picture of the service provided and better identify any need for improvement.

In addition, the quality of inspection reporting can be poor and not be of a high enough standard. The same inspector may visit a service on several occasions and build up personal relationships with staff, which can impact on the outcome of the inspection report and produce inconsistencies. A consideration towards alternative methods of inspection and regulation, such as mystery shopping, could help alleviative inconsistencies in reporting and result in reviews that reflect experiences more accurately.

In light of the Southern Cross case, serious concerns around the financial viability of other residential care homes that are driven primarily by profit still remain. Given that inspections do not consider whether services are applying their resources flexibly, there is currently no way of knowing whether service providers are experiencing financial difficultly.

We would urge the WG to consider much more robust regulation in terms of the financial information that organisations are required to provide on an annual basis. Third sector organisations are required to conform to 'open book accounting' as in the sense that registration with the Charity Commission[3] makes their accounts open to public scrutiny and it is essential for any organisation that works with vulnerable people to be accountable in the same way.

[3] http://www.charitycommission.gov.uk/publications/cc15.aspx

Terms of reference 5 – New and emerging models of care provision

In order to fully meet the care and support needs of older people in Wales, we strongly believe that a range of service provision is needed as opposed to a 'one size fits all' type of approach. Where as good residential care services are suited to some individuals, more independent models of care are needed to satisfy others. Having your own home gives you a level of independence that it is impossible to achieve in other, more institutional settings.

Extra Care

For this reason, many people are choosing Extra Care as their preferred option of dealing with their increasing care needs as it allows individuals to have their own tenancy or 'own front door', allowing them the control to dictate who does or does not enter their home at any given time. Also, for older people in receipt of benefits, it gives them a higher income which in itself increases independence.

Extra Care are one type of housing with care provision that offer a model of housing, support and care provision that promotes independence and provides older people with a home for the rest of their lives. The ethos behind Extra Care is that it enables people to live fuller, healthier lives with the emphasis on improving quality of life rather than only providing a safe, caring environment as offered by traditional models of residential care. Extra Care housing is popular with people whose disabilities, frailty or health needs make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes). Although older people make up the majority of users of extra care, people with disabilities that are not age related are increasingly making use of this type of housing. Extra care provision comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'.

Whilst a concerted effort is made to make Extra Care a home for life, there are many cases where individuals are forced to move into more dependant forms of provision when their care needs increase to a level where funding is no longer available to meet their needs within an Extra Care setting. For instance, if the needs of an individual increase considerably on an intermittent basis then such occurrences can be dealt with but where this is ongoing it creates difficulties. Therefore, limitations are sometimes caused by the pre-conceived level of need that comes with the block contact of funding. It appears that that model itself is able to meet increasing and decreasing support, care and health needs but current funding arrangements may be limiting this flexibility.

We suggest that further work needs to be done to consider how financial arrangements could be configured to allow greater flexibility in terms of what is offered to residents to ensure the changing range of needs are met over their lifetime.

Increasingly Extra Care housing is recognised as an essential component of joint commissioning by health and social care with Extra care now being used for reablement as well as longer term housing. Extra Care schemes and also Registered Social Landlord (RSL) nursing homes located near district general hospital may offer an effective option for high quality care to enable earlier hospital discharges of frail older people. The partnership arrangement to support this form of early discharge will depend on the scheme involved but despite the growing need to ease demand for Secondary Care services, most arrangements of this type tend to be informal arrangements on a small scale. Many RSLs are keen to explore the possibility of annualised block bookings for planning and cost reasons but some Health Boards are wary of committing to such arrangements in order to retain maximum financial flexibility.

There is generally a lot of support for this approach as it allows individuals to regain the confidence to live independently. We suggest that the WG supports this approach by rolling out the current good practice in this area across Wales.

Care at home

An increasing number of people are choosing to remain in their own home and wish to receive care and support within this setting. Therefore, many providers of sheltered accommodation who provide housing-related support to their tenants would also like to offer care services to support their tenants in general needs housing to remain in their own home for as long as possible. Bringing additional (continuing) healthcare into these schemes may help prevent admissions to hospital and provide a community base for other services.

A key element of being able to remain and receive care at home is the availability of adaptations. Adaptations enable people to stay in their own homes and in their own communities with their existing support networks and also support peoples' rights to make a real choice about where they live and can avoid the trauma and cost of more institutional provision types. They also produce a range of lasting positive effects such as improved dignity, privacy, independence, health (physical and mental) and social inclusion.

As such, it is estimated that for every £1 spent on adapting a person's home, £7.50 is saved from health and social services budgets. The value of investment in services that enable people to live at home longer has been recognised by the WG, most recently in the form of a £4.77 million package awarded directly to Care & Repair agencies in Wales for 2011-12. However, as Care & Repair services are focused on private housing, we support CHC's call for its expansion to all tenure.

As with housing adaptations, the demand for telecare and telehealth provision is increasing as both technologies offer the potential to reduce visits by patients to health care providers (and vice versa), facilitate more localised health care and services, providing more timely diagnosis and intervention, and even reductions in costs.

Telecare uses a combination of alarms, sensors and other equipment to help people live more independently by monitoring for changes and warning the people themselves or raising an alert at a control centre. (Examples of telecare devices include personal alarms, fall detectors, temperature extremes sensors, carbon monoxide detectors, flood detectors and gas detectors). Telehealth covers the remote monitoring of physiological data e.g. temperature and blood pressure that can be used by health professionals for diagnosis or disease management. (Examples of telehealth devices include blood pressure monitors, pulse oximeters, spirometers, weighing scales and blood glucometers). Telehealth also covers the use of information and communication technology for remote consultation between health professionals or between a health professional and a patient e.g. providing health advice by telephone, videoconferencing to discuss a diagnosis or capturing and sending images for diagnosis).

We envisage technology such as the above being used more and more to help people meet their health and care needs without having to move or lose their home. Despite the benefits brought by assistive technologies, some schemes in Wales are currently at risk as they are not statutory funded. Should these schemes be removed, we anticipate an immediate cost implication for the NHS – for example, owing to an increase in severity of need following a fall at home.

It would seem that there are real savings to be made from further investment in this area as both a preventative measure and in responding to immediate need. Given the current strains on public spending, we suggest that more attention is given to assistive technology as a compelling method of delivering care at home.

Term of reference 6 - The balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

Increasing numbers of residential care homes for adults are being privatised despite the growing opinion that care homes should not be run for private profit. In contest of this, many RSLs in Wales are making the strategic shift to include ‘care’ as part of their core offer alongside the spectrum of accommodation that they provide. RSL run nursing care homes aim to deliver mid-market price care services whilst maintaining quality standards. Such nursing homes can also become a hub for a range of other services such as day care or hosting other out of hours teams.

Support for ethically run, not for profit care provision is gathering pace in Wales as they purport to be a better use of public (and services users') money given that all income is spent on care and support and any surplus is reinvested in the organisation. They are also service driven by values and principles and crucially not by profit – therefore delivering higher standards of care and dignity to those using their services. The third sector is also able to work together more effectively and flexibly to deliver joined up services, provide extensive infrastructure and provide quality services across the continuum of care. Organisations' services are normally rooted in the communities which they serve, providing local holistic and outcome focussed services for people.

As such, the opportunity for Third Sector run nursing care across Wales seems significant; yet the move into a highly regulated service area can be daunting. For those already committed to nursing care, and for those considering the move, clarity about the potential demand would be welcomed.

Cooperative Models of Care

Cymorth Cymru recently hosted a master class with Mutual Advantage who have carried out a number of projects looking at how cooperative models of care can be used to provide better services and more control to older people and people with disabilities. There is much to learn from such initiatives and we would suggest that the principles and approach could be adapted to the Welsh context: http://www.mutual-advantage.co.uk/CMS/uploads/CoopsUK_Care_Report.pdf

However, to achieve this in Wales the citizen directed support agenda needs to be taken forward. We would like to see the WG take advantage of this opportunity to effectively combine cooperative models of care and personalisation in order to transform care provision in Wales.

Summary of key points

In summary, reviews or inquiries into care provision understandably tend to focus on the needs of the general population and we welcome the invitation to contribute to the Inquiry so that we can highlight the specific issues that our most vulnerable citizens experience in accessing residential care.

In relation to residential care for general needs older people, we feel that improvements can be made through:

- Better awareness of the range of care provision available to individuals by social workers/person advising;
- Further work into determining how many people in Wales have been inappropriately placed in residential care;

- More robust regulation in terms of the financial information that organisations are required to provide;
- The development of alternative models of care such as Extra Care and increased availability of receiving care at home;
- The expansion of Care & Repair services to all tenures;
- More investment in assistive technologies
- The development of ethically run, not for profit and cooperative care provision.

Although it is important to challenge the prevalence of negative images of ageing, it's equally important to recognise that for some marginalised older people, ageing can be far from a positive experience. In order to better meet the care needs of more socially excluded older people in Wales, we would like to see:

- Increased availability and better quality staff training (especially in relation to understanding the more complex needs of marginalised individuals) and;
- Increased range of service provision to cater for the needs of more marginalised older people.

Taking a broad approach to this issue and exploiting all possible vehicles for meeting the growing need for a range of care provision is, we believe, the best way forward in the current climate and as part of that we would suggest further exploration of what cooperative models of housing with support/care could deliver. We would like to assist the WG in taking this forward and would be more than happy to arrange visits to new models of Third Sector care provision in Wales.

Once again, thank you for the opportunity to give evidence. In the current economic climate organisations working with people facing a range of challenges and conditions are worried that without a lead from the Welsh Government, those with the most acute care needs will be forgotten and face lives spent in institutions or on the streets when they could and should be able to achieve rewarding, independent lives within the community.

Nicola Evans
Policy & Information Officer

Cymorth Cymru
Norbury House
Norbury Road
Fairwater
Cardiff, CF5 3AS

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-13-12 papur 2

Ymchwiliad i ofal preswyl i bobl hŷn – Tystiolaeth gan Gynghrair Henoed Cymru

Mae Cynghrair Henoed Cymru yn gynghrair o sefydliadau gwirfoddol cenedlaethol sy'n gweithio, yn gyfan gwbl neu yn bennaf, gyda phobl hŷn yng Nghymru ac ar eu rhan.

Rhoddodd y sefydliadau isod, sy'n aelodau o Gynghrair Henoed Cymru, dystiolaeth ysgrifenedig mewn ymateb i ymgynghoriad y Pwyllgor i ofal preswyl i bobl hŷn:

Age Cymru (RC 41)

Cymdeithas Alzheimer's (RC 50)

Gofal a Thrwsio Cymru (RC 45)

Gofal Croesffyrdd (RC 27)

RNIB (RC 54)

Action on Hearing Loss (RC 54)

Gwasanaeth Brenhinol Gwirfoddol y Merched (RC 21)

Mae'r ymatebion wedi'u cyhoeddi ar wefan y Pwyllgor, a gellir eu gweld drwy fynd i'r dudalen we isod:

http://www.senedd.cynulliadcymru.org/mgIssueHistoryHome.aspx?IId=2222

Gwasanaeth y Pwyllgorau

Alzheimer's Society

Leading the fight against dementia

Alzheimer's Society

Health and Social Care Committee

HSC(4)-13-12 paper 3

Inquiry into residential care for older people – Evidence from the Alzheimer's Society

National Assembly for Wales Inquiry into residential care for older people

16 December 2011

Inquiry submission

1. About Alzheimer's Society

Alzheimer's Society is the UK's leading support services and research charity for people with dementia and those who care for them. It works across England, Wales and Northern Ireland. The Society provides information and support for people with all forms of dementia and those who care for them through its publications, dementia helplines and local services. It runs quality care services, funds research, advises professionals and campaigns for improved health and social care and greater public awareness and understanding of dementia.

2. About dementia

There are over 42,000 people with dementia in Wales and this is forecast to increase to 56,000 by 2021.[1] There are currently 750,000 people with dementia living in the UK, over one-third of these people live in residential care.[2] Two-thirds of people in residential care services are living with dementia. The role of care homes has now become the provision of late stage dementia care and the primary task of the care home sector is providing good quality care to people living with dementia. On average each council in Wales spends 37% of their budgets on residential care for older people.[3]

Dementia currently costs the UK £20 billion per annum. This is an average of £25,472 per person with late onset dementia. By 2018 dementia will cost the UK £27 billion per annum if nothing is done to improve the cost-effectiveness of dementia services.[4] The majority of the costs of dementia care come from institutional care, such as residential care and hospital care.

3. Policy context

In Wales, the Health Minister has identified dementia as an area for action. The Welsh Assembly Government has launched a National Dementia Vision for Wales and published four Dementia Action Plans, which includes objectives to improve the quality of general hospital care for people with dementia, reduce their length of stay in hospital and to develop more closely integrated services.

In the past, services for people with dementia in Wales have often been inadequate and poorly funded. A decade-long review of social services in Wales found gaps in the provision of services for people with dementia, from intensive specialist care through to day care and respite.[5] The availability of

[1] Tesco, Alzheimer's Society and Alzheimer's Scotland (2011) Mapping the Dementia Gap – study produced by Tesco, Alzheimer's Society and Alzheimer's Scotland

[2] Alzheimer's Society (2007) Dementia UK, a report to the Alzheimer's Society by King's College London and the London School of Economics

[3] SSIA, (2011), Better Support at Lower Cost: Improving efficiency and effectiveness in services for older people in Wales

[4] Alzheimer's Society (2007) Dementia UK, a report to the Alzheimer's Society by King's College London and the London School of Economics

[5] Care and Social Services Inspectorate Wales and the Wales Audit Office (2009) Reviewing

services in the community is vital to prevent inappropriate admissions to hospitals and care homes. Better coordination of care, greater rates of diagnosis and earlier intervention are essential to improving the quality of life of people with dementia in Wales. There is much that can be done to improve dementia care, as laid out in the Dementia Action Plans. Dementia is a public policy priority and the implementation of this guidance must be fully integrated with work to improve dementia care.

The framework for action, 'Sustainable Social Services for Wales', takes account of the fact that for some people a care home is the right answer, but care and support services must work within a proactive model. This framework also recognises the challenges in providing services to an increasing number of people with dementia.

The forthcoming Social Services Bill will need to meet the needs of people with dementia and their carers or it will fail a core group of service users.

4. The process by which people with dementia enter residential care

Often people with dementia enter residential care as a result of insufficient support to remain independent in their own home. The importance of the support that carers provide is demonstrated by research which found living with a carer means that people with dementia are 20 times less likely to enter a care home.[6] However, good quality community services are also important in providing care as they can delay entry into residential care. Inadequate care services in the home mean that a person with dementia will often enter a care home at a time of crisis.

Alzheimer's Society Home from Home (2008) report found that a significant number of carers said that it became clear the care home could not meet the individuals' needs soon after admission. This highlights the need for thorough pre-admission assessment to ensure the place of discharge can meet the individuals' needs. This can be neglected, especially when there is pressure to find a care home place quickly for that individual.

Delayed transfers of care from hospitals often mean people with dementia enter residential care. The National Audit Office (2007) has highlighted that whilst there has been significant progress in reducing the number of older patients whose discharge from hospital is delayed, people with dementia are estimated to constitute one half of people who remain in hospital unnecessarily.[7] The longer people with dementia are in hospital, the worse the effect on their symptoms of the dementia and the individual's physical health and discharge to a care home becomes more likely.[8] Over a third of

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Social Services in Wales 1998-2008. Cardiff.

[6] Banerjee S, Murray J et al, (2003) Predictors of institutionalisation in older people with dementia

[7] National Audit Office (2007). Improving services and support for people with dementia. National Audit Office: London.

[8] Alzheimer's Society (2009) Counting the cost: caring for people with dementia on hospital wards. Alzheimer's Society: London.

people with dementia who go into hospital from their own homes are discharged to a care home setting.[9]

5. Availability of alternative community-based services

The SSIA report, 'Better Support at Lower Cost', states that some councils are beginning to look at more community-based services for people with dementia and some councils include dementia care as part of their reablement services helping people manage their conditions. One or two councils have established specialist dementia domiciliary care teams that are specifically trained to help people with the condition manage at home. The statistics show that some councils support around 10% of older people to live in the community, whereas others support less that 6%. This shows that the availability of alternative community-based services across Wales is inconsistent. Some areas have good services, whereas others have none at all.

The example of Monmouthshire County Council used in the afore-mentioned report shows that it is possible to reduce the use residential services and increase the number of people supported to live at home. The future of their success depends on developing reablement services, remodelling residential care and building further working partnerships with other bodies.

The report also notes that Welsh councils' biggest challenge is how to change the prevailing culture within adult social care. The old system has created a paternalistic and protective set of services based on institutions and has built dependency both from service users and staff. The report goes on to say that building a care and support system that focuses on keeping older people out of residential care and using reablement models of care may assist not only in achieving better outcomes for individuals but also in reducing demand for services that may have otherwise occurred.

6. Quality of residential care services

Despite the hard work of many care staff and care providers there are many thousands of people who cannot access the quality care and support that they need to have a good quality of life. The latest report from Age UK[10] and others show that the system is not simply in need of repair but is fundamentally broken. Two thirds of people living in care homes are people with dementia. Therefore, the provision care and support in residential services has to respond to the care and support needs of people living with dementia and their family carers.

Alzheimer's Society recently carried out research into the quality of care for people with dementia. One carer highlighted the importance of the consistency of care. In order for the person with dementia to build trust with staff, there should only be a small number of carers looking after them.

[9] ibid
[10] Age UK (2010) *Care in Crisis: causes and solutions*. Age UK. London

In the Home from Home report, inactivity was identified a major issue for carers. An Alzheimer's Society survey found that the typical person in a home spent only two minutes interacting with staff and other residents over a six-hour period of observation, excluding time spent on care tasks.

The same report also identified poor standards of personal care in some homes. Carers found this to be particularly upsetting and cited that their relative would be unhappy that their standards of personal hygiene were not met. In its recent research one carer told the Society of basic nursing care standards not being met in a range of nursing homes, for example a soiled commode, a catheter with mould growing in it and a blocked catheter leading to hospital admission. Other carers told of examples of residents being harmed for example by mistakes in drug administration made and covered up and of a serious sexual assault by another resident.

Activities and engagement

Inactivity can lead to loss of physical function, social isolation, behavioural symptoms and a poor quality of life. In the Home from Home report, Alzheimer's Society found out that activity and engagement is an unmet need. Research shows that residents with more severe cognitive impairment had their physical needs attend to, but little time was left for social, emotional or occupational needs.[11]

Access to gardens can be beneficial to people with dementia living in care homes. For example, they can continue with their gardening hobby or benefit from taking exercise or being in the fresh air. Evidence from carers of people with more severe dementia often report that the gardens were off limits to their friend or relative as there were no care staff to accompany them to the garden. Nevertheless, many care staff consider having more time to spend chatting and interacting with residents would bring more job satisfaction.

As the Dementia Action Plan states, the CSSIW will inspect care home on their availability of meaningful activities for people with dementia. Ensuring that people's personal preferences are taken into account, this measure should improve people's experiences of care homes.

Involvement of friends and families

A majority of carers still want to be involved in care of their relative after they have moved into a care home as this helps to maintain good relationships and can be linked to quality of life and engagement in activity. In the Home from Home report, nearly a third of carers said they did not get enough information and updates from the home about their relative or friend's medical condition and treatment. In fact, carers often face an uphill struggle to find out what happened after seeing their loved one with bruises.

[11] Ballard et al (2002) in Alzheimer's Society (2008), Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes

In addition, a number of carers feel unable to make complaints as they fear that this would make life even more difficult for their friend or relative. Some carers complain after their relative has moved to another home or has died.

Conversely, many carers see relatives groups as an important resource in improving services in the care home. They also provide a forum for interaction between carers and give them opportunities to compare experiences.

Management of care home closures
Local authorities have a duty to provide care home places for people in need of them, meaning, should a care home close, residents have to be found an alternative place in another care home. If there is not capacity in the local area, people may be moved some distance to an alternative care home. However, human rights law means that people cannot be forced to move care homes where there is significant risk to their health; this applies even when care homes face closure.

There is little research evidence on moving people with dementia from one care home to another and the impact this can have on their health and wellbeing. However, the Society knows such moves can be unsettling and confusing for people with dementia and risk disrupting continuity of care. Staff in a person's new care home may not understand their preferences and needs and even in the best cases, will take time to deliver quality care.

7. Capacity of the residential care sector to meet the needs of people with dementia, in terms of staffing resources

According to the Alzheimer's Society report Home from Home, carers think that the staff team is the key to a dementia care home. In fact, according to the report, care managers believe that the biggest challenges they face relate to developing a staff team with the right attributes and skills and keeping them motivated.

Good induction and ongoing training are needed to develop a good staff team and this has benefits for both staff and residents. Research from Alzheimer's Society and other organisations shows that dementia care training can reduce staff turnover and increase job satisfaction.[12] Training can help staff to overcome some of the challenges they face while supporting people with dementia. The Welsh Assembly Government's commitment to improving training is welcome. This will help to prevent staff sickness and a high staff turnover.

People with dementia dominate the care home population; therefore, the impact of dementia can be felt in most care homes. In a report from Alzheimer's Society, staff in care homes found communication with people with dementia can be particularly challenging. People with dementia communicate through behaviour that may be seen as challenging. As a

[12] NICE / SCIE (2007), Dementia: the NICE SCIE guideline on supporting people with dementia and their carers in health and social care, London

result, people with dementia are increasingly vulnerable to exclusion and isolation. They may even be neglected and ignored if care staff do not have the skills to communicate effectively.

As pointed out in the National Dementia Vision for Wales, some people with dementia will only be able to understand or communicate in their first language as their illness progresses. Therefore, the need for bilingual provision of services may be a necessity for someone diagnosed with dementia.

The National Dementia Vision for Wales states that people with dementia have the right to be treated with dignity and respect. However, Alzheimer's Society has found examples of staff showing a lack of respect to people with dementia, for example by making fun of residents or talking about them in a disparaging way. Some carers reported that residents were treated like objects while personal care tasks were carried out.

Staff working in care homes are accorded a low status. Therefore, it is difficult to attract staff, which is a major issue. The status given to care home staff is also reflected in the level of pay and rewards. Working with people with dementia can be emotionally and physically demanding and there are other jobs which are less stressful and pay a similar wage.

8. Regulation and inspection arrangements and scrutiny of service providers' financial viability

Better market intelligence and improved information sharing can highlight any potential problems before they arise. However, Alzheimer's Society would like to see information publicly available in accessible formats. This is so that people with dementia and carers can make an informed decision when choosing a care home. Improved transparency is key to detecting providers at risk of failure. Therefore, it should be mandatory for providers to publish audited accounts and enhanced information.

In the current financial climate, local authorities may not have the resources to intervene and manage a situation to avoid the failure of a provider. There must be measures in place for central government to take control of a situation if a single local authority is not able to do so.

The role of CSSIW inspectors is central to improving dementia care. Regular inspections could help to detect providers who may be at risk of failure and inspectors could feed this information back to the relevant body.

9. Recommendations

- Ensure good quality community services are available to delay entry into residential care.
- Develop specialist assessment procedures which are systematic and standardised in approach.

- Introduce a thorough pre-admission process to ensure the person with dementia finds a residential service which best meets the individual's needs.
- Monitor the available of meaningful activities for people with dementia through CSSIW Inspections.
- Encourage the involvement of relatives and carers in the care of the person with dementia.
- Introduce mandatory training in dementia care for all care home staff.
- Introduce systems for sharing good practice among care homes.
- Recognise the need for bilingual provision of services for some people with dementia.

For more information, please contact:

Laura Cook
Policy Officer, Alzheimer's Society

T: 020 7423 3578
E: laura.cook@alzheimers.org.uk

Health and Social Care Committee

HSC(4)-13-12 paper 4

Inquiry into residential care for older people – Evidence from Parkinson's UK Cymru

Parkinson's UK's response to National Assembly for Wales' health and social care committee inquiry into residential care for older people

Parkinson's UK welcomes the opportunity to provide input to the inquiry into residential care for older people. Our submission comprises information provided by people with Parkinson's, and staff members. It includes a separate submission from a relative – *please see appendix at the end.* Our responses relate primarily to the first three points of the inquiry, with one relating to the fourth point on regulation and inspection.

1. **Process by which older people enter residential care and availability and accessibility of alternative community-based services**
2. **Capacity of residential care sector to meet the demand for services from older people in terms of staffing resources**
3. **Quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of needs amongst older people.**
4. **effectiveness of regulation and inspection arrangements**

- There is a lack of quality and practical information and support on tap for people and their families on the cusp of making the transition from their familial home to a residential/nursing one. Self funders are often given even less information and support than others. If they're lucky, they or a family member may be given a written list of local care homes, but we are aware of someone who was told by social services that such a list exists and that was it – no further help was provided. Many people don't have information or help in claiming any benefits they are entitled to.
- Little or no thought is given to the input a partner/carer could have in assisting the care package e.g. psychological and emotional support. e.g. how far to travel for visiting etc
- Counselling and support for carers to deal with feelings of guilt and change of lifestyle is needed.
- There is poor monitoring of a person's well being/progression of condition to aid provision of quality care and cases for continuing health care.
- There are poor levels of cleanliness in many homes
- There is a lack of consistency of staff – probably due to low pay, poor working terms and conditions, long shifts and little chance of promotion.

- There is a lack of awareness and understanding of Parkinson's amongst staff, particularly how the condition varies from day to day.
- In one residential home, feedback from partners/carers indicated a general caring attitude by staff, but a lack of attention to detail and a great variation in care according to which carers were on duty. They often seemed to be short staffed and there were issues with one client who did not appear to be properly cared for in terms of personal hygiene
- Those homes that are well run and put the resident first are usually managed by individuals with a strong sense of duty to their service users and their families and have an open door policy. A very positive step used by some is to include family members on interview panels.
- We recommend that spot check inspections should be the norm in order to gain a true picture of how homes are being run and to ensure consistency of good practice.

The following is an extract from our policy statement on Funding and delivering long term care, developed with people with Parkinson's. It provides further information and evidence on some of the issues being looked at by the inquiry:

Delivering care

- Social care must be clear and easy to understand, access and use, free of stigma, with a national system of assessment and eligibility in each country.
- Local authorities and local health bodies must work together to deliver joined-up support for people with Parkinson's.
- The contribution of carers should be properly recognised, with appropriate support, including respite, provided to those who need it.
- Services should be flexible and built around the needs of the individual, who must have the ability to choose and control the type of support provided and how it is delivered.
- Encouraging preventative measures should be central to any system and proper account must be taken of the real cost of not providing services.
- A long term approach must be taken to assessing need and providing support, recognising that Parkinson's is long term fluctuating condition.
- Information about what support may be available and how to get it must be accessible to all, including those funding their own care, with advocacy and brokerage for those that need these services.
- Assessments should explore ways to ensure independence and avoid unnecessary admission to residential care and include self-management where appropriate.
- National standards for commissioners and providers must be in place to ensure high quality care services, and performance against these standards should be monitored, regulated and enforced against where people's experiences of care are poor.
- People should be safeguarded from abuse and neglect and have their dignity protected, with clear complaints and appeals procedures in place.
- Staff in health and social care settings must have information about Parkinson's and services must be appropriate for people with long term, fluctuating conditions.

- There should be a national approach to adult social care workforce, to ensure they have an equal status to the healthcare workforce and meet national standards of care.

Why we believe this

Parkinson's can have a big impact on all aspects of daily living as the condition progresses. Many people with Parkinson's become increasingly reliant on care and support in order to maintain their quality of life. Ultimately care needs are such that a person is likely to need a comprehensive package of care at home, or in long term residential care. However people with Parkinson's face a number of barriers to good quality long term care:

Funding

As care arranged by social services is means tested, the outcome of any decision can have significant financial consequences for the person with Parkinson's and their family.[1] If a person is just over the means testing limit, they may face a lifetime of paying for care and may have to sell their home to enter residential care. This can seem extremely unfair. The rapid increases in charges for social care, and differences in charging policies also adds to the complexity and variation in the system.

Information and choice

Information about services and support is often not easily available, and for those organising and paying for their own care it is particularly difficult to get advice and information. Despite encouragement for people to exercise choice, including equipping them with their own budgets, there may be little real choice of services in a locality, especially for younger people with Parkinson's. Where people are given their own budgets or payments, these may not be of a level to ensure they can buy a service of their choice.

Rationing

There is a perception that the current system is driven by local authority budgets and services available rather than meeting the needs of users. This is most commonly expressed in the social care eligibility criteria in operation, with a number of authorities providing services only for those with "critical" or "substantial" care needs. This has led to people with Parkinson's being unable to get the support they need or who have been told that support was being withdrawn for no reason.

Joining up health and social care

There is a lack of joined up working between health and social care, with people repeating their needs to many different people. The lack of integration means health and social care budgets can become a battleground, with the person at the centre confused as to where the boundary between health and social care lies. This is most apparent with NHS

[1] Note that free personal and nursing care in Scotland for those over 65 may mean less of a financial impact on those who are eligible for social care, as the state is contributing towards people's care costs in nursing homes, care homes and in their own homes.

continuing care.[2] People say that their long term care needs are ignored – preventative measures and early interventions are given a low priority in most areas. Simple things like aids and adaptations that can provide cost-effective "low level" support are subject to long waits.

Quality

Despite regulation and assessment of services, there remain concerns over the quality of care services locally and whether information on services can be trusted. There are concerns that the way services are commissioned can be rigid and inflexible, leaving people feeling rushed and neglected. Issues around protection of vulnerable adults remain a concern. The shortfall in funding exacerbates low pay in the workforce, which suffers from high turnover and this damages continuity of care. People with Parkinson's say that many staff working in care settings have insufficient understanding of the condition.

What's the evidence?

Findings from survey and inquiry

There is clear evidence of unmet need amongst people with Parkinson's. A survey of Parkinson's UK members[3] found, for example, that of the 26% of people with Parkinson's who needed personal care services, such as help with dressing or bathing, one in five (19%) were not receiving this support. One in ten respondents said that their home was unsuitable to live in, because it needed adaptations or because of steps or stairs. Of those who purchased the equipment they needed to live at home, many did so without professional advice, for example 49% of those purchasing bathroom aids and 43% of those installing ramps or rails outside their house.

There is a need for better information. People with Parkinson's and their carers do not know about the support available and their right to assessment. For example, our recent membership survey identified that only 11% of carers were actually receiving support from social services, a fall from 16% in the 1997 survey. Seven out of ten carers were not aware of their right to a carer's assessment.

These findings were reiterated in a parliamentary inquiry[4] on services for people with Parkinson's.

[2] Please see our policy position statement NHS continuing care (2010)
[3] Parkinson's UK. *Life with Parkinson's today – room for improvement*. (2008)
[4] All Party Parliamentary Group for Parkinson's Disease. *Please mind the gap – Parkinson's disease services today* (2009).

About Parkinson's UK

Every hour, someone in the UK is told they have Parkinson's. Because we're here, no one has to face Parkinson's alone.

We bring people with Parkinson's, their carers and families together via our network of local groups, our website and free confidential helpline. Specialist nurses, our supporters and staff provide information and training on every aspect of Parkinson's.

As the UK's Parkinson's support and research charity we're leading the work to find a cure, and we're closer than ever. We also campaign to change attitudes and demand better services.

Our work is totally dependent on donations. Help us to find a cure and improve life for everyone affected by Parkinson's.

Response submitted by Carol Smith, Campaigns, Influence and Service Development Officer for Wales
Email: csmith@parkinsons.org.uk
Tel: 0844 225 3715

15 December 2011

Appendix

The following was submitted by a relative:

In response to your request for feedback you are welcome to make any use you wish of info below and I am happy to give oral evidence if required.

Re paragraph 1: 'accessibility of alternative community-based services'
Though extremely and unfairly expensive I found this support very easy to access, generally of good quality and very effective. (I set up my own care plan to keep my Mum in her home as was her wish, building up from an hour's support a day to 24/7 using a number of private domiciliary care agencies over

a period of 5 years.) Mum's assessed entitlement to care by Social Services was far from adequate for a number of reasons. Although the personnel did their best, the system they are locked into does not, from my observations, work in the best interests of those they serve. This is basically because the system is understaffed and under resourced (resulting unreliable punctuality, inappropriate visiting times which are far too short anyway, many carers over stressed, many not properly trained, low morale, lack of continuity because of frequent staff changes, lack of communication, not enough flexibility to meet individual needs……).
With regards to access to community based OTs and Physio advice – I always had a prompt and excellent response to requests for assessment/advice to carers as Mum's health/mobility declined. I also had an excellent response from the District Nurse team but there were times when they were understaffed meaning that insufficient visits could be made to monitor and treat Mum's pressure sore. Services providing items such as handrails, slip sheets, pressure cushions, bath lifts, hoists etc – all excellent with the exception of the acquisition of a hospital bed and a ripple mattress (apparently these are 'post code lottery' items). Gwent Care and Repair Service - fantastic.

Re paragraph 3: 'the experience of service users and their families'
Mum presently receiving excellent care in a residential/nursing home though from what I understand (talking to many carers/friends with parents in homes) most homes, though 'task efficient' regarding physical care, lack in the provision of supporting individual 'emotional well being' – life is too institutionalised. While making residential care more like 'home' is an undoubted challenge I doubt there is much transfer of expertise from 'beacon' homes or enough finance to access advice from Specialist Nurses (e/g Parkinson's Nurses). Catering for a diversity of needs requires additional staff, physical care is just not enough. ***There's something huge missing between living at home and being in a home*** ... there's got to be a way we can improve this (greater interaction with local community especially local schools, better accommodation to allow quality whole family visits in a private comfy room, additional staff to allow time to encourage greater independence and purposeful activities.... improved indoor environment and greater access to garden areas). My greatest heart ache is the tremendous change in Mum's emotional/well being between what a home provides and what was provided for her at home.

Parkinson's UK Cymru
Maritime Offices, Woodland Terrace, Maesycoed, Pontypridd CF37 1DZ
T 0844 225 3784 F 01443 408970 E wales@parkinsons.org.uk W parkinsons.org.uk/cymru

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Wales Audit Office / Swyddfa Archwilio Cymru

24 Cathedral Road / Heol y Gadeirlan
Cardiff / Caerdydd
CF11 9LJ
Tel / Ffôn: 029 20 320500
Fax / Ffacs: 029 20 320600
Email / Ebost: wales@wao.gov.uk
www.wao.gov.uk

Dyddiad: 30 Mawrth 2012
Ein cyf: HVT/1604/fgb
Tudalen: 1 o 3

Mr Darren Millar AC
Cadeirydd y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd CF99 1NA

Annwyl Gadeirydd

AROLYGIAETH GOFAL A GWASANAETHAU CYMDEITHASOL CYMRU

Fel y cofiwch mae'n siŵr, roedd fy rhaglen o astudiaethau gwerth am arian yn cynnwys ymrwymiad i gynnal adolygiad o Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (AGGCC). Fodd bynnag, fel y nodais yn fy mhapur briffio diweddar a ystyriwyd gan y Pwyllgor ar 31 Ionawr 2012, rwyf bellach wedi penderfynu peidio â mynd ati i gynnal adolygiad manwl o AGGCC. Mae'r llythyr hwn yn esbonio fy rhesymau dros y penderfyniad hwnnw ac yn crynhoi canfyddiadau'r gwaith ar AGGCC a gyflawnwyd gan fy staff yn ystod 2011.

Nodwyd pryderon ynglŷn ag effeithiolrwydd system reoleiddio AGGCC, yn enwedig mewn perthynas â chartrefi gofal i oedolion (gan gynnwys y rhai sy'n darparu gofal nyrsio), gan raglen Week In Week Out BBC Cymru a ddarlledwyd ar 25 Tachwedd 2009. Roedd ymchwiliad y BBC a oedd yn sail i'r rhaglen wedi canolbwyntio ar dystiolaeth a gasglwyd mewn perthynas â Chartref Gofal Glyndŵr yn Ystrad, Rhondda Cynon Taf. Ysgrifennodd Jonathan Morgan, fel Cadeirydd y Pwyllgor ar y pryd, at Jeremy Colman, yr Archwilydd Cyffredinol ar y pryd, yn gofyn i Swyddfa Archwilio Cymru gynnal ymchwiliad o berfformiad AGGCC mewn perthynas â'r materion a gododd yn rhaglen y BBC. Aethoch hefyd ati i ysgrifennu at Mr Colman ynglŷn â'r mater hwn ym mis Rhagfyr 2009, yn eich rôl fel Cadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol ar y pryd.

Yn dilyn y rhaglen Week In Week Out, bu AGGCC yn adolygu a gweddnewid yn llwyr ei gweithgareddau rheoleiddio. Yn ogystal â mynd i'r afael â'r materion a'r pryderon penodol a godwyd mewn perthynas â Chartref Gofal Glyndŵr, aeth AGGCC ati i gynnal 'Adolygiad o Reoleiddio' a arweiniodd at ddatblygu 'Rhaglen Foderneiddio' eang yn 2011 a fydd yn effeithio ar holl weithgareddau rheoleiddio AGGCC a strwythur y sefydliad cyfan. Mae'r achos dros newid hefyd yn deillio o'r ffaith bod angen i AGGCC sicrhau ei bod yn gallu cyflawni ei swyddogaethau rheoleiddio'n effeithiol ac ymateb i'r pwysau ariannol sy'n wynebu pob gwasanaeth cyhoeddus. Mae AGGCC hefyd yn

cymryd camau i gydymffurfio â rheoliadau'r UE a bodloni disgwyliadau defnyddwyr trwy wella'r gwaith o ddarparu gwasanaethau ar-lein ac, yn fwy cyffredinol, mae wedi angen ymateb i'r materion a nodwyd yn y papur a gyhoeddodd Llywodraeth Cymru ym mis Chwefror 2011, *Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu*, a'r *Bil Gwasanaethau Cymdeithasol (Cymru)* newydd.

O ystyried lefel yr adolygiad a'r newid sydd bellach ar waith yn AGGCC, penderfynais na fyddai'n ddefnyddiol nac yn gynhyrchiol ceisio cynnal adolygiad cyfochrog o AGGCC. Wrth ddod i'r penderfyniad hwn, ystyriais gwmpas ymchwiliad presennol y Pwyllgor Iechyd a Gofal Cymdeithasol i ofal preswyl i bobl hŷn, sy'n rhoi sylw i effeithiolrwydd y system reoleiddio bresennol. Deallaf fod AGGCC wedi cyflwyno papur i'r Pwyllgor hwnnw ac y bydd yn cyflwyno tystiolaeth bellach ym mis Mai 2011.

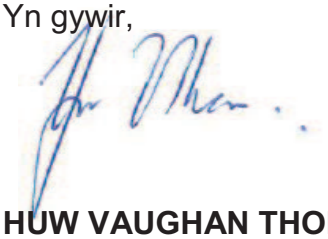
Gyda'r llythyr hwn, rwy'n atodi ein hasesiad o'r camau mae AGGCC wedi'u cymryd dros y ddwy flynedd diwethaf i fynd i'r afael â rhai o'r materion sy'n peri pryder a nodwyd tua diwedd 2009, a'r gwaith a gyflawnwyd fel rhan o brosiect yr Adolygiad o Reoleiddio a'r Rhaglen Foderneiddio barhaus. Mae ein canfyddiadau a'n casgliadau'n seiliedig ar adolygiad o amrywiaeth o ddogfennau a ddarparwyd gan AGGCC sy'n sôn am y gwaith o ddarparu ei swyddogaethau rheoleiddio, gan gynnwys amgylchiadau penodol rheoleiddio Cartref Gofal Glyndŵr, a'r camau mae AGGCC wedi'u cymryd i wella ei phrosesau. Mae fy staff wedi trafod materion perthnasol mewn cyfarfodydd gydag uwch reolwyr, cyfarwyddwyr rhanbarthol a rheolwyr rheoleiddio rhanbarthol AGGCC. Maent hefyd wedi cyfarfod â staff eraill AGGCC sy'n gyfrifol am y Rhaglen Foderneiddio, llywodraethu a thechnoleg gwybodaeth, yn ogystal â chyfarfod â staff tîm gwasanaethau cyfreithiol Llywodraeth Cymru.

Mae hyd a lled rhaglen newid AGGCC wedi bod yn sylweddol ac mae'r trywydd yn un cadarnhaol. Mae cyflymder cyffredinol y newid wedi'i gyfyngu gan gapasiti, gan gynnwys yr angen i sicrhau cydbwysedd rhwng datblygu newid sefydliadol a gofynion y busnes o ddydd i ddydd. Er hynny, mae AGGCC wedi gwella ei pherfformiad o ran darparu ei chyfundrefn arolygu arfaethedig. Mae'n disgwyl cwblhau 100 y cant o arolygiadau arfaethedig yn 2011-12, ac mae'n hyderus bod y camau mae wedi'u cymryd i wella ei phrosesau rheoleiddio ers diwedd 2009 wedi arwain at gyflawni gwaith i safon broffesiynol uwch. Mae AGGCC wedi gwneud cynnydd da gyda'i Rhaglen Foderneiddio yn ystod 2011-12 ac mae bellach yn bwriadu cyflwyno prosesau rheoleiddio newydd, gyda chymorth strwythur sefydliadol newydd, ddechrau 2012-13.

Mae gen i ddiddordeb brwd yn y cynnydd mae AGGCC yn ei wneud o ran gweithredu ei rhaglen newid a'r effaith mae hynny'n ei chael ar effeithiolrwydd ei swyddogaethau rheoleiddio. Mae Swyddfa Archwilio Cymru eisoes yn cael ei chynrychioli ar fwrdd rhanddeiliaid cenedlaethol AGGCC ar gyfer y Rhaglen Foderneiddio a byddaf yn cyflwyno adroddiad i'r Pwyllgor os bydd unrhyw faterion o bwys yn codi. Yn y cyfamser, rwy'n siŵr y bydd y wybodaeth hon yn ddefnyddiol i chi fel adroddiad ar y cynnydd mae AGGCC yn ei wneud mewn perthynas â'r pryderon a nodwyd yn flaenorol gan y Pwyllgor.

Rwyf hefyd yn anfon y llythyr hwn at Gadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol i lywio ei ymchwiliad presennol, ac yng ngoleuni'r pryderon a nodwyd pan oeddech yn Gadeirydd y Pwyllgor a oedd yn ei ragflaenu.

Yn gywir,



HUW VAUGHAN THOMAS
ARCHWILYDD CYFFREDINOL CYMRU

Amg

cc *Mr Mark Drakeford AC, Cadeirydd, y Pwyllgor Iechyd a Gofal Cymdeithasol*

Atodiad: Crynodeb o gamau allweddol a gymerwyd gan AGGCC a ddylai fynd i'r afael â gwendidau yn y ffordd y mae'n rheoleiddio cartrefi gofal

Mae gweithgareddau rheoleiddio AGGCC yn ceisio sicrhau y darperir gofal o safon uchel mewn cartrefi gofal

1. Crëwyd Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (AGGCC) ym mis Ebrill 2007, ar ôl uno Arolygiaeth Gwasanaethau Cymdeithasol Cymru ac Arolygiaeth Safonau Gofal Cymru. Mae AGGCC yn gyfrifol am arolygu ac adolygu gwasanaethau cymdeithasol awdurdodau lleol a rheoleiddio ac arolygu safleoedd ac asiantaethau gofal cymdeithasol a blynyddoedd cynnar. Mae AGGCC yn cyflawni ei swyddogaethau ar ran Gweinidogion Cymru. Er ei bod yn annibynnol yn broffesiynol, mae AGGCC yn rhan o Gyfarwyddiaeth Llywodraeth Leol a Chymunedau Llywodraeth Cymru.

2. Mae swyddogaethau rheoleiddio AGGCC mewn perthynas â chartrefi gofal i oedolion, a safleoedd gofal eraill, yn cynnwys:

- *Cofrestru*: penderfynu pwy all ddarparu'r gwasanaethau hyn;
- *Arolygu*: arolygu gwasanaethau cofrestredig yn erbyn y rheoliadau yn Neddf Safonau Gofal 2000, a chyflwyno adroddiad ar ganlyniadau'r arolygiadau hyn;
- *Cwynion*: ymchwilio i gwynion a cheisio eu datrys - os na all y darparwyr eu datrys;
- Cydymffurfiaeth: sicrhau cydymffurfiaeth â rheoliadau perthnasol; a
- *Gorfodi*: cymryd camau gorfodi i sicrhau bod gofynion Deddf Safonau Gofal 2000 a rheoliadau cysylltiedig yn cael eu bodloni.

3. Ar 31 Rhagfyr 2011, roedd AGGCC yn gyfrifol am reoleiddio 6,240 o safleoedd gwasanaeth, gyda thua un o bob naw ohonynt yn gartrefi gofal i oedolion 65 oed a hŷn[1].

4. Nod gweithgareddau rheoleiddio AGGCC yw sicrhau bod darparwyr cartrefi gofal yn darparu gofal o safon uchel ac yn cydymffurfio â gofynion statudol. Fodd bynnag, mae *Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu*[2] yn pwysleisio: *"bod y prif gyfrifoldeb am sicrhau ansawdd, llais clir a rheolaeth yn nwylo defnyddwyr y gwasanaethau, a hefyd am ddiogelu ac amddiffyn ar ysgwyddau'r cyrff eu hunain, y gweithwyr proffesiynol a'r rhai sy'n comisiynu'r gwasanaethau – nid ar ysgwyddau'r rheoleiddwyr a'r arolygwyr"*.

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[1] *Lleoliadau Gwasanaeth a Lloedd a Reoleiddir gan AGGCC, 31 Rhagfyr 2011*, AGGCC, Chwefror 2012.

[2] *Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu*, Llywodraeth Cymru, Chwefror 2011.

5. Mae yna ofyniad rheoleiddio sy'n ei gwneud hi'n ofynnol i ddarparwyr cofrestredig cartrefi gofal gyflawni eu gwaith monitro ansawdd eu hunain. Dylai sefydliadau comisiynu (awdurdodau lleol a byrddau iechyd) hefyd fod yn cyflawni eu gwaith eu hunain i fonitro ansawdd eu darpariaeth gwasanaethau. Yn ddiweddar, gofynnodd Cyfarwyddwr Cyffredinol Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant Llywodraeth Cymru i Fyrddau Iechyd am wybodaeth am eu trefniadau ar gyfer monitro ansawdd gofal mewn cartrefi gofal, ac mae wedi gofyn iddynt gynnwys eu harchwilwyr mewnol wrth adolygu'r trefniadau hynny. Mae AGGCC hefyd yn bwriadu cynnal adolygiad cenedlaethol o drefniadau comisiynu llywodraeth leol.

Nododd adolygiad AGGCC o'r ffordd yr oedd wedi cyflawni ei swyddogaethau mewn perthynas â Chartref Gofal Glyndŵr, a gyhoeddwyd yn 2009, rai gwendidau clir a oedd yn annhebygol o fod yn unigryw i'r safle gofal hwn

6. Ar 25 Tachwedd 2009, canolbwyntiodd rhaglen Week In Week Out y BBC ar a oedd AGGCC yn gwneud digon i ddiogelu hawliau pobl hŷn sy'n agored i niwed. Roedd ymchwiliad y BBC a oedd yn sail i'r rhaglen wedi canolbwyntio ar dystiolaeth a gasglwyd mewn perthynas â Chartref Gofal Glyndŵr yn Ystrad, Rhondda Cynon Taf. Roedd y pryderon a gododd o ganlyniad i raglen Week In Week Out yn ymwneud â'r canlynol:

- i ba raddau mae trefniadau rheoleiddio cartrefi gofal AGGCC yn darparu sicrwydd digonol eu bod yn cael eu rheoli gan staff sydd wedi eu gwirio ac sydd wedi ac yn derbyn hyfforddiant a rheolaeth briodol, ac sy'n gallu cael gafael ar yr adnoddau priodol;
- a oedd gweithdrefnau monitro ac arolygu AGGCC yn ddigon cadarn i sicrhau bod cartrefi gofal yn cydymffurfio â'u rhwymedigaethau statudol;
- a oedd y cosbau sydd ar gael i AGGCC yn cael eu defnyddio'n effeithiol; ac
- a oedd prosesau rheoli gwybodaeth AGGCC yn ddigon cadarn i asesu perfformiad yn llawn, gan gynnwys hyd a lled unrhyw berfformiad gwael, diffyg cydymffurfiaeth a throseddu dro ar ôl tro.

7. Mewn ymateb i'r materion a godwyd yn rhaglen Week In Week Out, aeth AGGCC ati'n syth i adolygu sut roedd wedi rheoleiddio Cartref Gofal Glyndŵr. Daeth yr adolygiad i'r casgliad bod materion a oedd yn destun pryder yn y cartref wedi'u nodi dros sawl blwyddyn, yn enwedig mewn perthynas â rheoli meddyginiaethau. Ar sawl achlysur, gan gynnwys ar ôl dau atgyfeiriad Amddiffyn Oedolion Agored i Niwed (POVA)[3] ym mis Ebrill a mis Awst 2009 a'r arolygiad blynyddol ym mis Mai 2009, nododd AGGCC ei bod wedi colli sawl cyfle i gymryd camau rheoleiddio mwy cadarn. Nododd yr adolygiad lawer o ddiffygion yn AGGCC, gan gynnwys:

[3] Ystyr atgyfeiriad POVA yw pan fo honiad, pryder neu ddatgeliad – yn ymwneud â chamdriniaeth bosibl – yn cael ei adrodd yn uniongyrchol i sefydliad statudol (gwasanaethau cymdeithasol awdurdod lleol, yr heddlu neu gorff y GIG).

- Pwysau gwaith oherwydd prinder staff. Roedd tîm rheoleiddio rhanbarthol y Canolbarth a'r De wedi bod yn mynd i'r afael â nifer o bryderon gorfodi mewn safleoedd gofal eraill, ac mae'n ymddangos bod y rheiny wedi cael blaenoriaeth.

- Amharodrwydd staff i gymryd camau gorfodi gan eu bod yn poeni efallai na fyddai gwasanaethau cyfreithiol Llywodraeth Cymru'n cefnogi camau o'r fath, ac oherwydd goblygiadau cymryd camau gorfodi i adnoddau.

- Tensiwn rhwng rôl reoleiddio unigryw AGGCC a rôl asiantaethau eraill; er enghraifft, yn yr achos hwn, rôl yr heddlu mewn perthynas ag ymchwiliadau POVA.

- Cwynion ac atgyfeiriadau POVA yn cael eu hatgyfeirio'n amhriodol i'w datrys yn lleol. Mae'n ofynnol i gartrefi gofal unigol ddangos bod ganddynt weithdrefn gwyno glir, effeithiol a theg ar waith sy'n hyrwyddo datrys y materion hynny yn lleol lle bo hynny'n bosibl. Fodd bynnag, yn ôl adolygiad AGGCC, o ystyried eu natur ac yng ngoleuni pryderon ynglŷn â pherfformiad y rheolwr cofrestredig, roedd rhai cwynion ac atgyfeiriadau POVA mewn perthynas â Chartref Gofal Glyndŵr wedi'u hatgyfeirio'n amhriodol i'w datrys yn lleol.

- Pryderon ynglŷn â'r ffordd y cafodd gofynion rheoleiddio[4] eu nodi a'u trafod ar ôl yr ymweliad arolygu ym mis Mai 2009 (cyhoeddwyd yr adroddiad ym mis Awst 2009). Roedd y pryderon hyn yn ymwneud â: diffyg canolbwyntio ar ofynion a godwyd mewn arolygiadau blaenorol; cyfleoedd i wneud yr adroddiad arolygu'n gliriach a chanolbwyntio mwy ar nodi tramgwyddau rheoleiddio penodol: a chyflwyno hysbysiadau cydymffurfio adeg cyflwyno'r adroddiad yn hytrach nag adeg yr arolygiad.

- Gwendidau o ran ategu systemau sicrhau ansawdd a gwybodaeth reoli. Nododd staff nad oedd hi'n hawdd cael gafael ar wybodaeth am safleoedd gofal unigol. Hefyd, roedd yr adolygiad o'r farn bod yna ddiffyg dadansoddiad cynhwysfawr o achosion neu o gronoleg digwyddiadau mewn perthynas â Chartref Gofal Glyndŵr, ac absenoldeb cyffredinol proses rheoli risg strwythurol a system rybuddio a systemau i fonitro gweithgarwch. Roedd trosiant a/neu absenoldeb staff yn y tîm sy'n gyfrifol am reoleiddio Cartref Gofal Glyndŵr wedi gwaethygu'r diffygion hyn yn y system rheoli gwybodaeth.

8. Daeth yr adolygiad i'r casgliad bod angen dysgu gwersi ar bob lefel yn AGGCC a'i bod hi'n annhebygol bod y materion a gododd yn gwbl unigryw i'r

[4] Mae adroddiadau arolygu AGGCC yn amlinellu unrhyw ofynion ffurfiol ar gyfer y safle gofal o ran sicrhau cydymffurfiaeth â rheoliadau penodol. Mae'r adroddiadau hefyd yn nodi'r amserlenni ar gyfer hysbysu AGGCC am gamau i sicrhau cydymffurfiaeth. Yn ogystal â'r gofynion ffurfiol hyn, gall adroddiadau arolygu nodi camau eraill sydd angen eu cymryd i wella gofal yn unol ag arferion da.

un safle gofal hwn, neu'r gwaith o reoli gweithgareddau yn rhanbarth y Canolbarth a'r De.

Yn ôl yr arolygiad diweddaraf o Gartref Gofal Glyndŵr, yr adroddwyd arno ym mis Mehefin 2011, roedd yr holl ofynion a godwyd mewn arolygiadau blaenorol wedi'u bodloni'n briodol, ond nodwyd fod angen gwneud gwelliannau pellach mewn rhai meysydd, yn enwedig mewn perthynas â chynllunio gofal a staffio

9. Ar ôl rhaglen Week In Week Out ar 25 Tachwedd 2009, cynhaliodd AGGCC ymweliad dirybudd â Chartref Gofal Glyndŵr ar 27 Tachwedd 2009, a chynhaliwyd ymweliadau dirybudd pellach ym mis Rhagfyr 2009, mis Mawrth 2010 a mis Mai 2010. Yn ystod arolygiad ffurfiol nesaf AGGCC, defnyddiwyd canfyddiadau tri ymweliad dirybudd pellach a gynhaliwyd ym mis Gorffennaf a mis Awst 2010. Yn ogystal â'r prosesau arolygu arferol, roedd ymweliadau mis Gorffennaf a mis Awst 2010 yn cynnwys ffocws arbennig ar drefniadau rheoli heintiau. Aeth y gwaith hwn ymlaen i lywio adolygiad thematig AGGCC o safonau rheoli heintiau ym mhob cartref gofal i oedolion.

10. Cyhoeddodd AGGCC ei adroddiad arolygu ym mis Hydref 2010. Pwysleisiodd yr adroddiad welliannau ers yr arolygiad blaenorol (yr adroddwyd arno ym mis Awst 2009) mewn perthynas ag: arferion recriwtio a dogfennau cysylltiedig; cydymffurfiaeth â gofynion i gyflwyno cadarnhad ysgrifenedig i ddefnyddwyr gwasanaethau, yn dilyn asesiad cychwynnol, y gall y cartref ddiwallu eu hanghenion; cynhyrchu adroddiad sicrhau ansawdd blynyddol (er bod yna ofyniad i'r darparwr cofrestredig gynnal ymweliadau monitro chwarterol); a darparu gwell gweithgareddau yn ystod y dydd i breswylwyr. Fodd bynnag, daeth yr adroddiad i'r casgliad y gellid gwella'r gwasanaethau a safon y gofal yn gyffredinol trwy ddarparu mwy o staff. Pwysleisiodd hefyd fod angen gwella'r gwaith cadw cofnodion a'r gwaith adfer mewn perthynas â'r system galw nyrsys a gosodiadau trydanol. Ystyriwyd fod y trefniadau rheoli mewnol yn anfoddhaol hefyd.

11. Roedd yr adroddiad arolygu'n cynnwys 12 o ofynion penodol, gyda phump ohonynt yn ymwneud â chanfyddiadau AGGCC ar reoli heintiau. O'r saith gofyniad arall, roedd pedwar yn deillio o arolygiadau blaenorol. Roedd AGGCC wedi nodi'n wreiddiol y dylai gofyniad mewn perthynas â sicrhau cysondeb rhwng cynlluniau gofal defnyddwyr gwasanaethau a ddatblygir gan staff yn y cartref a dogfennau cysylltiedig a gynhyrchir gan wasanaethau comisiynu gael ei fodloni erbyn canol mis Ebrill 2007.

12. Roedd yr adroddiad arolygu diweddaraf ar gyfer Cartref Gofal Glyndŵr, a gyhoeddwyd ym mis Mehefin 2011, yn seiliedig ar ymweliad arolygu dirybudd ym mis Ebrill 2011. Pwysleisiodd yr adroddiad bryderon parhaus ynglŷn â threfniadau recriwtio a chadw staff, yn enwedig mewn perthynas â nyrsys cofrestredig. Mae'r pryderon hyn wedi'u nodi gan AGGCC a chyrff comisiynu lleol fel rhan o weithdrefnau 'pryderon sy'n dwysáu' a gyflwynwyd ers arolygiad 2010. O ganlyniad, roedd adran gwasanaethau cymdeithasol yr awdurdod lleol a'r Bwrdd Iechyd Lleol wedi rhoi embargo ffurfiol ar dderbyniadau. Roedd AGGCC hefyd wedi bod mewn cysylltiad rheolaidd â'r cartref ers yr adroddiad arolygu blaenorol ym mis Hydref 2010. Nododd adroddiad mis Mehefin 2011 fod gwelliannau wedi'u gwneud a bod yr

embargo wedi'i godi, ond pwysleisiodd fod angen cynnal y gwelliannau hyn er mwyn darparu sefydlogrwydd a pharhad gofal i ddefnyddwyr gwasanaethau.

13. Nododd adroddiad mis Mehefin 2011 lawer o feysydd i'w gwella, yn enwedig mewn perthynas â chynllunio gofal a staffio. Fodd bynnag, nid oedd y materion a godwyd yn gofyn am osod unrhyw ofynion rheoleiddio penodol a newydd ar y darparwr cofrestredig mewn perthynas â hysbysu cydymffurfiaeth. Mae'r adroddiad yn nodi bod y gofynion yn deillio o arolygiadau blaenorol wedi'u bodloni'n briodol.

14. Ers arolygiad diweddaraf AGGCC, yr adroddwyd arno ym mis Mehefin 2011, mae'r darparwr cofrestredig wedi newid enw'r cartref gofal i Gartref Gofal Mill View.

Mae AGGCC wedi mynd i'r afael â rhai o'r prif bryderon a nododd yn 2009 ynglŷn â'r ffordd yr oedd wedi cyflawni ei swyddogaethau mewn perthynas â Chartref Gofal Glyndŵr, ond mae ymateb llawnach i'r materion hyn wedi'i gynnwys mewn prosiect Adolygiad o Reoleiddio yn 2010 ac, ers dechrau 2011, mewn Rhaglen Foderneiddio ehangach

15. Roedd y meysydd ar gyfer gweithredu a nodwyd gan AGGCC tua diwedd 2009 yn ymwneud â rheoli perfformiad a systemau cysylltiedig; niferoedd staff a hyfforddi a datblygu staff; gwella systemau gwybodaeth; gweithio gydag eraill; a goblygiadau polisi ehangach. Ers hynny, mae sawl un o'r camau a nodwyd wedi'u cynnwys yng nghwmpas prosiect Adolygiad o Reoleiddio AGGCC yn 2010 ac, ers dechrau 2011, yn y Rhaglen Foderneiddio ehangach. Fodd bynnag, mae camau mwy uniongyrchol a gymerwyd y tu allan i gwmpas y gwaith hwnnw wedi cynnwys y canlynol:

- Ar lefel safle cenedlaethol, rhanbarthol ac unigol, mae AGGCC wedi cryfhau ei threfniadau o ran monitro ac adrodd ar gynnydd a mynd i'r afael ag unrhyw bryderon yn ymwneud â chyflawni ei swyddogaethau rheoleiddio. Fodd bynnag, mae yna gyfyngiadau yn ei systemau gwybodaeth o hyd ac mae mesurau perfformiad allweddol AGGCC yn canolbwyntio ar allbynnau yn hytrach na chanlyniadau. Mae datblygu mesurau perfformiad sy'n canolbwyntio ar ganlyniadau'n rhan o Raglen Foderneiddio AGGCC.

- Wrth gryfhau ei threfniadau rheoli, mae AGGCC wedi cyflwyno prosesau sicrhau ansawdd mwy cadarn i oruchwylio'r gwaith o adrodd ar ganfyddiadau arolygiadau a'r gofynion a osodir ar ddarparwyr o ganlyniad.

- Mae AGGCC wedi darparu canllawiau a hyfforddiant ychwanegol i staff, yn ymwneud yn benodol â thrafod cwynion a materion amddiffyn oedolion. Mae hyn yn dilyn canllawiau a gyhoeddwyd ym mis Tachwedd 2009 ar rôl AGGCC mewn perthynas â chyrff statudol eraill mewn cysylltiad â pholisïau a gweithdrefnau amddiffyn oedolion. Hefyd, yn 2010, datblygwyd Polisi a Gweithdrefnau Interim Cymru Gyfan ar gyfer Amddiffyn Oedolion Agored i Niwed, sy'n berthnasol i asiantaethau sy'n rhan o'r gwaith hwn, yn dilyn gwaith a gomisiynwyd

gan y pedwar fforwm amddiffyn oedolion yng Nghymru[5]. Mae'r gwaith o ddatblygu'r polisïau a'r gweithdrefnau hyn yn rhan o gorff ehangach o waith ar drefniadau amddiffyn oedolion yng Nghymru. Mae'r gwaith hwn wedi cynnwys arolygiad cenedlaethol AGGCC o drefniadau amddiffyn oedolion[6], ac adroddiad gan Fwrdd Prosiect Amddiffyn Oedolion Agored i Niwed Llywodraeth Cymru[7]. Gan adeiladu ar y gwaith hwn, bydd *Bil Gwasanaethau Cymdeithasol (Cymru)* Llywodraeth Cymru'n cynnwys fframwaith statudol ar gyfer amddiffyn oedolion a phlant.

- Penododd AGGCC staff ychwanegol i gryfhau trefniadau rheoli yn rhanbarth y Canolbarth a'r De ac i fynd i'r afael â phrinder staff. Fodd bynnag, roedd yna bryder ynglŷn â chapasiti a llwythi gwaith ym mhob rhanbarth o hyd, ac roedd hyn yn cael ei ddwysáu gan effaith strategaeth leoli a mentrau diswyddo gwirfoddol Llywodraeth Cymru. Yn ogystal, roedd gwaith a gynhaliwyd gan AGGCC yn 2010 yn amlygu diffyg cysondeb yn y ffordd roedd arolygwyr yn treulio'u hamser. Roedd AGGCC hefyd wedi nodi pryderon mwy cyffredinol ynglŷn â'r amser roedd staff yn ei dreulio'n rheoli cwynion, er gwaethaf y ffaith y bydd yna adegau pan na fydd hi'n briodol datrys y mater yn lleol, ac wrth reoli cofrestriadau. Mae cynlluniau AGGCC ar gyfer ad-drefnu'r sefydliad a chyflwyno prosesau mwy darbodus fel rhan o'r Rhaglen Foderneiddio yn darparu sail i reoli llwythi gwaith mewn ffordd fwy cynaliadwy.

- Bu AGGCC yn adolygu'r holl ofynion a osodwyd ar ddarparwyr ar ôl ymweliadau arolygu. Amlygodd y gwaith hwn faterion yn ymwneud â gofynion yr oedd angen eu bodloni. Fodd bynnag, yn ôl AGGCC, roedd darparwyr wedi bodloni'r gofynion hyn mewn rhai achosion, ond nid oedd ei systemau gwybodaeth wedi'u diweddaru i adlewyrchu hynny.

- Mae AGGCC wedi datblygu canllawiau diwygiedig i staff ar ddefnyddio cronolegau digwyddiadau, a phwysleisiodd y rheolwyr rhanbarthol fod staff bellach yn fwy ymwybodol o'u pwysigrwydd, yn enwedig o ran cefnogi unrhyw gamau posibl gan wasanaethau cyfreithiol. Er eu bod yn cydnabod cyfyngiadau'r system wybodaeth a ddefnyddir i gadw data rheoleiddio, yn ôl rhai o reolwyr rhanbarthol AGGCC, o'i defnyddio'n gywir, gall y system ddarparu trosolwg o weithgarwch rheoleiddio dros amser.

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[5] Mae'r pedwar prif fforwm aml-asiantaeth yn gyfrifol am ddatblygu a chytuno ar bolisïau a gweithdrefnau i amddiffyn oedolion agored i niwed, a'u rhoi ar waith. Mae'r pedwar fforwm yn cyd-fynd yn ddaearyddol â'r pedwar awdurdod heddlu yng Nghymru (De Cymru, Gwent, Dyfed Powys a Gogledd Cymru).

[6] *Arolygiad Cenedlaethol o Amddiffyn Oedolion - Trosolwg Cymru Gyfan*, AGGCC, Mawrth 2010.

[7] *Adroddiad Bwrdd Prosiect Amddiffyn Oedolion Agored i Niwed*, Bwrdd Prosiect Amddiffyn Oedolion Agored i Niwed, Chwefror 2011.

- Yn ystod 2010-11, datblygodd AGGCC brosesau newydd ar gyfer adolygu 'gwasanaethau sy'n peri pryder', sy'n darparu dull mwy cadarn o adolygu'r wybodaeth sydd ar gael am safle penodol a chamau pellach mewn perthynas â chydymffurfio a gweithgarwch gorfodi posibl. Bydd AGGCC yn cynnal yr adolygiadau hyn os bydd y darparwr gofal, ar ôl arolygiad ac unrhyw gyfarfodydd dilynol gydag AGGCC, yn dal i fethu â dangos ei fod yn cydymffurfio â gofynion rheoleiddio.

Yn dilyn pryderon ynglŷn â'r rhagolygon ar gyfer darpariaeth lwyddiannus, aeth AGGCC ati i gryfhau trefniadau rheoli ei Rhaglen Foderneiddio a newid blaenoriaethau'r Rhaglen

Prif ddiben y prosiect Adolygiad o Reoleiddio yn 2010 oedd datblygu'r achos dros brosesau busnes newydd a buddsoddi mewn systemau gwybodaeth newydd, yn hytrach na rhoi newid ar waith

16. Roedd y pryderon a nodwyd yn 2009 wedi amlygu nad oedd prosesau busnes a systemau gwybodaeth presennol AGGCC yn gwbl addas i'r diben. Prif ddiben prosiect Adolygiad o Reoleiddio AGGCC yn 2010 oedd cefnogi penderfyniadau ar hyfywedd rhoi prosesau busnes newydd a systemau gwybodaeth cysylltiedig ar waith. Nod y prosiect cwmpasu y bwriadwyd ei gynnal yn 2010 oedd cefnogi'r achos dros newid, yn hytrach na sbarduno newid. Cafodd y prosiect ei reoli gan staff AGGCC a'i gefnogi gan ymgynghorwyr allanol (am gost o £311,000, a TAW).

17. Parodd y prosiect Adolygiad o Reoleiddio yn hwy na'r disgwyl. Ar ddechrau'r prosiect ym mis Chwefror 2010, rhagwelwyd y byddai'r achos busnes amlinellol yn cael ei baratoi erbyn diwedd mis Gorffennaf 2010. Yna, cafodd yr amserlen hon ei hymestyn fel y gellid casglu tystiolaeth o'r ateb TGCh arfaethedig ar gyfer AGGCC a phennu a oedd Llywodraeth Cymru eisoes wedi caffael ateb TGCh addas i'w ddefnyddio mewn rhan arall o'r sefydliad.

18. Pan ystyriodd Bwrdd Prosiect yr Adolygiad o Reoleiddio yr achos busnes amlinellol ym mis Rhagfyr 2010, cydnabu fod angen gwneud mwy o waith i egluro'r manteision disgwyliedig. Amcangyfrifwyd y byddai darparu ateb TGCh AGGCC, gan gynnwys gwerth amser staff, yn costio £8.3 miliwn (heb gynnwys TAW). Roedd y ffigur hwn yn cynnwys rhai elfennau o'r gwaith y disgwylir iddo gael ei gynnwys fel rhan o brosiect ar wahân gan Lywodraeth Cymru i gefnogi datblygiad gwasanaethau ar-lein diogel (y prosiect Galluogi Gwasanaethau Ar-lein). Yn achos AGGCC, byddai gwasanaethau ar-lein o'r fath yn cynnwys cofrestru darparwyr gofal.

19. Argymhellodd yr Adolygiad o Reoleiddio y dylid sefydlu rhaglen newid AGGCC yn llawn – lansiwyd y Rhaglen Foderneiddio ym mis Ionawr 2011 – gan recriwtio i swyddi rheoli rhaglenni a phrosiectau newydd i gefnogi'r rhaglen[8]. Hefyd, ar ôl ei sefydlu, argymhellodd yr Adolygiad o Reoleiddio y dylai trefniadau rheoli'r Rhaglen Foderneiddio gael eu hadolygu gan Dîm

[8] Erbyn hyn, mae Cyfarwyddwr Prosiectau a Rheolwr Prosiectau AGGCC ar gyfer yr Adolygiad o Reoleiddio wedi gadael y sefydliad.

Adolygiad Gateway Llywodraeth Cymru. Mae argymhellion eraill yn ymwneud â dulliau cyfathrebu staff a gwaith pellach ar broffilio budd-daliadau a mapio prosesau wedi'u datblygu yng nghwmpas y Rhaglen Foderneiddio, sydd wedi'i threfnu o gwmpas tair ffrwd waith graidd:

- datblygu prosesau (yn cwmpasu holl swyddogaethau rheoleiddio AGGCC);
- datblygu sefydliadol (strwythurau rheoli, cynllunio'r gweithlu a dysgu a datblygu); a
- datblygu technoleg gwybodaeth a chyfathrebu (TGCh).

20. Datblygodd AGGCC yr Achos Amlinellol Strategol dros y Rhaglen Foderneiddio rhwng mis Ionawr a mis Ebrill 2011. Nododd y ddogfen honno gynlluniau i roi prosesau rheoleiddio newydd ar waith yn llawn erbyn dechrau 2012-13, gyda gwaith datblygu sefydliadol yn parhau hyd at ganol 2012-13 a gwaith datblygu TGCh i'w gwblhau erbyn diwedd 2012-13.

Nododd Adolygiad Gateway ym mis Mai 2011 bryderon sylweddol ynglŷn â rhagolygon AGGCC ar gyfer darparu'r Rhaglen Foderneiddio o fewn yr amserlen arfaethedig, ac aeth ati i gwestiynu'r ffocws ar y pryd ar ddatblygu TGCh

21. Ym mis Mai 2011, cwblhaodd swyddogion Llywodraeth Cymru Adolygiad Gateway[9] o gynlluniau AGGCC ar gyfer y Rhaglen Foderneiddio. Nododd Adolygiad Gateway bryderon sylweddol ynglŷn â rhagolygon AGGCC ar gyfer darparu'r Rhaglen o fewn yr amserlenni arfaethedig. Rhoddodd tîm yr adolygiad farc 'coch' i'r Rhaglen mewn perthynas â hyder yn y gallu i gyflawni. Roedd y marc hwn yn adlewyrchu'r asesiad canlynol: *"Mae'n ymddangos na ellir cyflawni'r Rhaglen yn llwyddiannus. Mae yna bryderon mawr ynglŷn â'r diffiniad o'r rhaglen, yr amserlen, y gyllideb ac ansawdd y gwaith o ddarparu budd-daliadau ac, ar hyn o bryd, mae'n ymddangos na ellir eu rheoli na'u datrys. Efallai y bydd angen creu llinell sylfaen a/neu ailasesu hyfywedd cyffredinol y Rhaglen".* Cydnabu Adolygiad Gateway fod gwaith datblygu sylweddol eisoes ar waith, ond ei fod yn cael ei gyflawni'n bennaf y tu allan i unrhyw raglen rheolaeth ffurfiol, er enghraifft, mewn perthynas â threfniadau i gytuno ar flaenoriaethau, adrodd ar gynnydd a rheoli rhyngddibyniaethau.

22. Yn ôl Adolygiad Gateway, fel y gwelwyd gyda ffocws yr Adolygiad o Reoleiddio, roedd ffocws cynnar y Rhaglen Foderneiddio ar ddiffinio'r achos busnes llawn i ariannu'r gwaith o ddatblygu TGCh. Er hynny, prin oedd y bobl o fewn AGGCC y siaradodd tîm Adolygiad Gateway â nhw a oedd wedi nodi mai datblygu TGCh oedd y brif flaenoriaeth. Nododd Adolygiad Gateway bryderon bod y deunydd a ddefnyddiwyd i ddiffinio'r gofynion TGCh eisoes yn

[9] Datblygwyd proses Adolygiad Gateway gan Swyddfa Masnach y Llywodraeth (sydd bellach yn gweithredu trwy Wasanaeth Caffael y Llywodraeth, asiantaeth weithredol o Swyddfa Cabinet Llywodraeth y DU). Diben y broses yw archwilio rhaglenni a phrosiectau ar bwyntiau allweddol yn eu cylch bywyd a darparu sicrwydd o ran cynnydd tuag at y cam datblygu nesaf. Cynhaliwyd Adolygiad Gateway o raglen foderneiddio AGGCC gan swyddogion Llywodraeth Cymru sy'n gweithredu'r tu allan i AGGCC.

hen ac nad oedd wedi'i ddiweddaru i adlewyrchu datblygiadau'r broses. Cwestiynodd a fyddai tîm Hwyluso Llywodraeth[10] Llywodraeth Cymru'n barod i dderbyn cais am adnoddau gan AGGCC i gefnogi'r gwaith o ddatblygu a chaffael system newydd. Hefyd, mynegodd Adolygiad Gateway bryder ynglŷn â'r rhyngddibyniaeth rhwng dyheadau AGGCC a'r amserlenni ar gyfer prosiect Galluogi Gwasanaethau Ar-lein Llywodraeth Cymru.

Cryfhaodd AGGCC drefniadau rheoli ei Rhaglen Foderneiddio a newidiodd flaenoriaethau'r Rhaglen, gan arwain at Adolygiad Gateway dilynol cadarnhaol ym mis Medi 2011

23. Mewn ymateb i Adolygiad Gateway, bu AGGCC yn ailystyried blaenoriaethau'r Rhaglen Foderneiddio a phenderfynodd ganolbwyntio ar ddatblygu a gweithredu newidiadau arfaethedig i brosesau a strwythurau, a gwaith datblygu sefydliadol cysylltiedig, ar sail y ffaith na ellid deall na diffinio'n llawn y gofyniad TGCh ar ei ben ei hun. Cafodd y gwaith o benodi rheolwr prosiect ar gyfer y ffrwd waith datblygu TGCh ei ohirio hyd nes y gwanwyn 2012. Yn y cyfamser, mae AGGCC wedi bod yn gweithio o fewn cyfyngiadau ei system TGCh gyfredol i ddiwallu anghenion busnes yn y tymor byr. Pa bynnag system a ddefnyddir, mae rheolwyr AGGCC yn cydnabod mai'r her fydd sicrhau bod staff maes a rheolwyr yn gallu ei deall a'i defnyddio'n well na'r system bresennol.

24. Cynhaliodd tîm Adolygiad Gateway adolygiad dilynol ym mis Medi 2011 i ystyried y camau roedd AGGCC wedi'u cymryd mewn ymateb i'r argymhellion yn adolygiad mis Mai 2011. Yng ngoleuni newid pwyslais y Rhaglen a chymryd camau i ffurfioli trefniadau rheoli'r Rhaglen a threfniadau Bwrdd y Rhaglen, uwchraddiodd yr adolygwyr eu hasesiad o hyder yn y gallu i gyflawni i farc 'gwyrdd'.

Mae'r trywydd cyffredinol wedi bod yn gadarnhaol ac mae AGGCC bellach yn bwriadu cyflwyno prosesau rheoleiddio newydd, gyda chymorth strwythur sefydliadol newydd, ddechrau 2012-13

25. Yn Adolygiad Gateway a gyhoeddwyd ym mis Mai 2011, cafwyd sylwadau ar farn rhai aelodau staff maes bod y Rhaglen Foderneiddio wedi dod i stop. Hefyd, nododd rhai o'r rheolwyr rhanbarthol y siaradwyd â nhw fod yr Adolygiad o Reoleiddio, o bosibl, wedi addo gormod yn rhy gyflym a bod hyn wedi effeithio ar forâl y staff. Fodd bynnag, yn ystod 2011, bu staff AGGCC a chynrychiolwyr o wasanaethau cyfreithiol Llywodraeth Cymru'n cymryd rhan mewn digwyddiadau gyda'r nod o gefnogi'r gwaith o ddatblygu cynigion ar gyfer prosesau rheoleiddio newydd a gwell. Wrth ddod â staff ynghyd i helpu i ddatblygu prosesau newydd, gwelwyd yr amrywiadau mewn arferion a dealltwriaeth leol. Mae'r gwaith o hyfforddi staff ar y prosesau rheoleiddio newydd sy'n codi o'r gwaith hwn eisoes ar waith.

[10] Sefydlwyd portffolio 'Hwyluso Llywodraeth' Llywodraeth Cymru yn 2007-08 (fel y Portffolio Datblygu Busnes). Ei ddiben yw datblygu portffolio o raglenni a phrosiectau newid sylweddol, gan gynnwys newid busnes TGCh.

26. Fel y nododd Adolygiad Gateway a gyhoeddwyd ym mis Mai 2011, mae'r achos dros newid yn gadarn ac mae'n ymddangos bod y trywydd wedi'i dderbyn yn gyffredinol gan y sefydliad a rhanddeiliaid allanol. Mae rhai o'r cynigion allweddol mewn perthynas ag ailgynllunio prosesau a strwythur sefydliadol yn cynnwys:

- Ar 1 Ebrill 2012, caiff AGGCC ei had-drefnu'n ffurfiol o bedwar tîm rheoli rhanbarthol i dri, er bod dull tri rhanbarth wedi bod ar waith yn ymarferol ers mis Hydref 2011. Bydd nifer y swyddi Prif Arolygydd Cynorthwyol hefyd yn lleihau o bedwar i dri (gan gwmpasu gweithrediadau, strategaeth a swyddogaethau galluogi). Caiff y strwythur newydd ei 'ddad-haenu', sy'n golygu na fydd mwy na thair haen reoli rhwng y Prif Arolygydd a'r rhai a gyflogir ar y lefel 'band tîm'. Mae'r dad-haenu hwn yn cyd-fynd â newidiadau ehangach ledled Llywodraeth Cymru. Mae disgrifiadau a graddfeydd swydd wedi'u hadolygu, ac mae ymgynghoriad pump wythnos ffurfiol wedi dechrau. Mae AGGCC yn disgwyl cwblhau'r gwaith o baru staff â swyddi erbyn mis Mehefin 2012, gyda'r nod o roi'r broses ar waith yn llawn erbyn mis Hydref 2012.

- Fel rhan o'r ad-drefnu, bydd gan bob rhanbarth dîm cofrestru a gorfodi penodedig. Nod y newid hwn yw gwella effeithlonrwydd a chysondeb y prosesau hyn a sicrhau bod adnodd pwrpasol ar gael i gyflawni'r swyddogaethau hyn, ar wahân i'r aelodau staff hynny sy'n gyfrifol am arolygiadau. Y bwriad yw y bydd timau cofrestru a gorfodi AGGCC yn gweithio'n agos gyda Chyngor Gofal Cymru i gydgysylltu gweithgareddau gorfodi er mwyn sicrhau bod rheolwyr cofrestredig neu drwyddedig yn atebol am dangyflawni. Mae AGGCC hefyd wedi bod yn trafod cyfleoedd i symleiddio trefniadau cofrestru neu drwyddedu gyda'r Cyngor Gofal[11]. Mae prosesau i asesu a chwblhau ffurflenni cais yn cael eu symleiddio, er nad yw gwasanaethau ar-lein llawn yn uchelgais yn y tymor byr mwyach. Mae AGGCC yn disgwyl canlyniadau ymgynghoriad ar y Bil Gwasanaethau Cymdeithasol (Cymru) cyn gwneud penderfyniad terfynol ar ad-drefnu prosesau cofrestru.

- Hefyd o dan y cynigion ad-drefnu, caiff cyfrifoldebau ar gyfer rheoli a chyflawni gwaith arolygu mewn perthynas â safleoedd gofal unigol a gwasanaethau cymdeithasol awdurdodau lleol eu hintegreiddio, gan fynd i'r afael â gwahaniad sydd wedi bodoli ers sefydlu AGGCC yn 2007.

[11] Yn ei chyflwyniad i'r Pwyllgor Iechyd a Gofal Cymdeithasol, dywedodd AGGCC ei bod wedi bod yn datblygu rhaglen ehangach o gydweithio gyda'r Cyngor Gofal mewn ymateb i bapur Llywodraeth Cymru a gyhoeddwyd ym mis Chwefror 2011, *Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu*. Bydd y rhaglen yn cynnwys cyfuno gwybodaeth er mwyn deal yn well yr adnoddau staffio sydd ar gael ym maes gofal preswyl i oedolion hŷn.

- Mae AGGCC wedi bod yn archwilio dewisiadau ar gyfer defnyddio arolygwyr lleyg i'w helpu i arolygu cartrefi gofal, ac mae gwaith cynllunio'r gweithlu hefyd wedi nodi'r angen i recriwtio a datblygu arolygwyr dan hyfforddiant.

- Er bod gan AGGCC ddyletswydd i leihau unrhyw faich rheoleiddio diangen ar ddarparwyr gwasanaethau, mae'n ymddangos nad oes llawer o awydd i leihau'r gofyniad ar gyfer arolygiadau blynyddol mewn cartrefi gofal. Fodd bynnag, mae AGGCC yn bwriadu newid ffocws yr arolygu tuag at ansawdd y profiad i bobl sy'n defnyddio gwasanaethau. Mae AGGCC yn bwriadu ad-drefnu ei phrosesau arolygu cartrefi gofal a chanolbwyntio ar y pedair thema graidd ganlynol mewn perthynas â safleoedd gofal a reoleiddir:

    - *Ansawdd bywyd*: Mae hyn yn cynnwys hawliau a rheolaeth (o ran dewis a dylanwad dros ofal), cyflawniad, lles corfforol a lles emosiynol defnyddwyr gwasanaethau.

    - *Ansawdd staffio*: Mae'r thema hon yn canolbwyntio ar hyder a chymhwysedd proffesiynol, digonedd, cymorth a goruchwyliaeth mewn safleoedd a reoleiddir. Mewn perthynas â'r *thema* hon, daeth Rheoliadau Cartrefi Gofal (Cymru) (Diwygiadau Amrywiol) 2011 i rym ar 1 Mehefin 2011. Mae'r rheoliadau newydd hyn yn ei gwneud hi'n ofynnol i reolwyr cartrefi gofal i oedolion yng Nghymru, gan gynnwys y cartrefi hynny sydd wedi cofrestru i ddarparu gofal nyrsio, gofrestru fel rheolwr gyda'r Cyngor Gofal.

    - *Ansawdd arweinyddiaeth a rheolaeth*: Mae'r thema hon yn rhoi sylw i eglurder gweledigaeth a diben, sicrhau ansawdd, diwydrwydd a chydymffurfiaeth, gwelliant a chynaliadwyedd. Mae AGGCC wedi ad-drefnu'r hunanasesiadau blynyddol a ddychwelir gan ddarparwyr cofrestredig i ddangos cyfrifoldeb corfforaethol a'i hymrwymiad i wella.

    - *Ansawdd yr amgylchedd*: Mae'r thema hon yn rhoi sylw i awyrgylch, hygyrchedd, cyfleusterau a diogelwch.

  Mae AGGCC wedi gweithio gyda Phrifysgol Bradford i ddatblygu dull 'Fframwaith Arsylwi Byr ar gyfer Arolygu' yn seiliedig ar y themâu uchod. Mae hyfforddiant ar gyfer arolygwyr wedi dechrau, gyda'r nod o'i gyflwyno'n llawn ym mis Mehefin 2012, ac mae cynlluniau i ddatblygu dyfarniadau gwerthuso clir yn erbyn pob un o'r themâu hyn yn cael eu trafod. Mae AGGCC yn awyddus i sicrhau bod y cynlluniau hyn yn cyd-fynd â'r fframwaith canlyniadau cenedlaethol ar gyfer gofal cymdeithasol a gynigiwyd yn *Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu*.

- Er mwyn cefnogi dull arolygu sy'n fwy seiliedig ar risg, mae AGGCC wedi datblygu offeryn asesu risg electronig newydd sy'n canolbwyntio, i gychwyn o leiaf, ar y themâu a amlinellir yn y safonau gofynnol cenedlaethol ar gyfer cartrefi gofal i bobl hŷn[12]. Hyd yma, mae'r offeryn, a ddefnyddiwyd am y tro cyntaf ym mis Hydref 2011, wedi'i ddefnyddio mewn perthynas â phob safle, ac eithrio safleoedd gofal dydd i blant lle ystyriwyd y byddai'n amhriodol. Cynhelir asesiad risg wrth gofrestru ac yn flynyddol ar ôl hynny. Hefyd, defnyddir yr offeryn pan ddaw pryderon penodol i'r amlwg ac mae AGGCC yn disgwyl, yn y tymor canolig i'r tymor hir, y bydd yn cefnogi system arolygu fwy effeithlon a dargedir yn well.

- O fis Ebrill 2012 ymlaen, bydd methodoleg arolygu AGGCC hefyd yn gwahaniaethu rhwng arolygiadau llinell sylfaen, gan roi sylw i amrywiaeth lawnach o faterion, ac arolygiadau â ffocws sy'n targedu pryderon penodol.

- Mae AGGCC hefyd yn datblygu offeryn i fesur ansawdd gwasanaeth o safbwynt defnyddiwr gwasanaethau, i'w ddefnyddio mewn cydweithrediad â'r offeryn asesu risg. Mae AGGCC yn bwriadu ymgynghori â rhanddeiliaid ar ei chynigion ar gyfer yr offeryn mesur ansawdd yn gynnar yn 2012-13.

- Gan adeiladu ar waith a gyflawnwyd cyn sefydlu'r Rhaglen Foderneiddio yn ffurfiol ym mis Ionawr 2011, mae AGGCC wedi rhoi prosesau diwygiedig ar waith ar gyfer hunanasesiad gan ddarparwyr, a chasglu data gan ddarparwyr, mewn perthynas â safleoedd gofal unigol. Trafodwyd y trefniadau newydd gyda darparwyr mewn gweithdy ym mis Chwefror 2011, a chawsant eu cyflwyno fel y sail ar gyfer arolygu safleoedd gofal yn 2011-12. Maent yn cynnwys:

    - casglu data blynyddol am ddefnyddwyr gwasanaethau, staff a nodweddion cyffredinol y safle; a

    - ffurflen hunanasesu'r gwasanaeth i archwilio sut mae darparwyr yn adolygu a chofnodi ansawdd eu gwasanaethau, sut maent yn cynnwys defnyddwyr gwasanaethau a rhanddeiliaid eraill yn y gwaith hwnnw a chynlluniau i ddatblygu'r gwasanaeth yn y dyfodol.

  Yn ystod 2011-12, mae AGGCC wedi bod yn adolygu effeithiolrwydd y prosesau hunanasesu a chasglu data diwygiedig hyn gyda'r nod o gyflwyno newidiadau pellach ar gyfer 2012-13, a sicrhau eu bod yn cyd-fynd â'r newidiadau arfaethedig i brosesau arolygu a'r gwaith o ddatblygu'r offeryn asesu risg. Ar hyn o bryd, mae amseru'r prosesau

[12] *Safonau Gofynnol Cenedlaethol ar gyfer Cartrefi Gofal i Bobl Hŷn*, Llywodraeth Cymru, Mawrth 2004. Mae AGGCC yn defnyddio'r safonau hyn i helpu i bennu a yw cartrefi gofal yn darparu gofal digonol, yn diwallu anghenion defnyddwyr gwasanaethau ac yn gweithredu'n unol â gofynion rheoleiddio.

hunanasesu a chasglu data'n gysylltiedig ag amserlen arolygu AGGCC ar gyfer safleoedd unigol. Mae AGGCC wedi nodi ei bod yn bwriadu dechrau casglu data ar-lein, gyda darparwyr yn cyflwyno gwybodaeth ar gyfer pob safle yn ystod cyfnod penodol. Nod y newidiadau hyn yw helpu AGGCC i flaenoriaethu ei gwaith arolygu blynyddol yn seiliedig ar y wybodaeth a gasglwyd a chefnogi'r gwaith o agregu a chyhoeddi gwybodaeth gryno.

- Mae prosesau gorfodi newydd wedi'u datblygu, i'w rhoi ar waith yn llawn ym mis Ebrill 2012, ac mae prosesau ar gyfer asesu a llenwi ffurflenni cofrestru'n cael eu symleiddio, er nad yw gwasanaethau ar-lein llawn yn uchelgais yn y tymor byr. Mae AGGCC yn disgwyl canlyniadau'r ymgynghoriad ar y Bil Gwasanaethau Cymdeithasol (Cymru) cyn mynd ati i ad-drefnu ei phrosesau cofrestru.

- Ochr yn ochr â datblygu prosesau cofrestru, arolygu a gorfodi newydd, mae AGGCC hefyd wedi bod yn ymgynghori ar strategaeth ymgysylltu newydd i gefnogi ei bwriad i roi defnyddwyr a gofalwyr wrth wraidd yr hyn y mae'n ei wneud. Mae AGGCC yn bwriadu sefydlu bwrdd cenedlaethol a thri bwrdd rhanddeiliaid rhanbarthol i ymgysylltu â defnyddwyr gwasanaethau, darparwyr, comisiynwyr a sefydliadau eraill yn y trydydd sector. Nod AGGCC yw annog aelodau'r grwpiau hyn i gefnogi'r swyddogaeth arolygu leyg a chyfrannu at y gwaith o sicrhau ansawdd adroddiadau arolygu AGGCC.

- Mae AGGCC hefyd wedi bod yn treialu prosesau newydd ar gyfer trafod cwynion ac amddiffyn oedolion sy'n cyd-fynd â chynigion a amlinellwyd yn yr ymgynghoriad ar y Bil Gwasanaethau Cymdeithasol (Cymru). Caiff y prosesau newydd hyn eu rhoi ar waith yn llawn ar 1 Ebrill 2012.

Mae'r her sy'n wynebu AGGCC o ran ei gallu i ddatblygu a gweithredu prosesau a strwythurau newydd a rheoli ei busnes o ddydd i ddydd ar yr un pryd yn parhau o hyd

27. Hyd yn oed pe bai AGGCC wedi gallu ymrwymo mwy o adnoddau i gyflymu'r gwaith o ddatblygu a chyflawni'r Adolygiad o Reoleiddio a'r Rhaglen Foderneiddio, mae uwch reolwyr wedi mynegi pryderon ynglŷn â'r perygl o geisio sicrhau newid yn rhy gyflym i barhad busnes. Mae pryderon ynglŷn â gwydnwch ariannol yn y sector cartref gofal, yn enwedig mewn perthynas â Southern Cross, ac ymateb AGGCC i'r materion a gododd rhaglen Panorama y BBC ar Gartref Gofal Winterbourne View ym Mryste ym mis Mai 2011, hefyd wedi tynnu sylw ac adnoddau oddi wrth waith arfaethedig. Fodd bynnag, mae'r digwyddiadau hyn hefyd wedi llywio'r cynlluniau ar gyfer newid, fel yn achos y rhaglen Week In Week Out ym mis Tachwedd 2009. Er enghraifft:

- Mae AGGCC yn bwriadu gwella'r arbenigedd ariannol yn ei thimau cofrestru a gorfodi i sicrhau bod gan ddarparwyr fusnesau cynaliadwy â strwythur cyfrifol; ac

- Ymatebodd AGGCC i'r digwyddiadau a amlygwyd yn y rhaglen Panorama trwy arolygu 13 o gartrefi gofal sy'n eiddo i'r un cwmni yn y Gogledd ym mis Gorffennaf 2011. Bu'r gwaith hwnnw yn gyfle i brofi methodolegau arolygu newydd, gan ddod ag arolygwyr o bob cwr o Gymru ynghyd, a nodi manteision cyflawni gwaith arolygu cydgysylltiedig sy'n canolbwyntio ar ddarparwyr unigol yn hytrach na safleoedd unigol, er enghraifft, wrth nodi gwendidau cyffredin. Un o ganfyddiadau allweddol yr arolygiadau oedd nad oedd y darparwr gwasanaethau'n cynnal ei ymweliadau monitro ansawdd ei hun mewn ffordd effeithiol.

28. Mae AGGCC hefyd wedi gorfod ymdopi â cholli staff oherwydd mentrau diswyddo gwirfoddol a strategaeth leoli ehangach Llywodraeth Cymru, yn ogystal â'i hymateb i'r gostyngiad arfaethedig yn ei chyllideb. Er bod y datblygiadau hyn yn atgyfnerthu'r achos dros newid, maent wedi cyflwyno heriau o ran cynnal gweithrediadau o ddydd i ddydd.

- Yn nhermau arian parod, disgwylir y bydd cyllideb flynyddol AGGCC yn gostwng yn raddol o £16.5 miliwn yn 2010-11 i ychydig yn llai na £14.5 miliwn yn 2013-14 (gostyngiad o 12.5 y cant yn nhermau arian parod, ond gostyngiad o 19 y cant mewn termau real).

- Yn ôl ffigurau a ddarparwyd gan AGGCC tua chanol 2011, yn gymesur â'r gostyngiadau yn y gyllideb, bydd angen i niferoedd staff ostwng o 309 o swyddi yn 2010-11 i tua 270 o swyddi yn 2013-14. Roedd y rhagamcaniadau hyn yn dibynnu ar benderfyniadau terfynol ar ad-drefnu sefydliadol a chyflymder newid o ran symleiddio prosesau rheoleiddio a chyflwyno systemau gwybodaeth newydd.

- Er bod cynlluniau diswyddo gwirfoddol a strategaeth leoli Llywodraeth Cymru'n cefnogi'r trywydd o ran niferoedd staff, ar y cyfan, mae eu heffaith wedi bod y tu hwnt i reolaeth uniongyrchol AGGCC. Gadawodd 20 o aelodau staff AGGCC y sefydliad o dan y cynllun diswyddo gwirfoddol yn ystod yr hydref 2010, gyda 31 o aelodau staff pellach yn gadael yn ystod yr haf 2011. Dywedodd AGGCC y byddai'n well ganddi pe na bai wedi colli rhai o'r aelodau staff sydd wedi gadael y sefydliad.

- Yn unol â strategaeth leoli Llywodraeth Cymru, mae AGGCC wedi lleihau nifer y swyddfeydd o 13 i ddim ond tair. Daeth y broses o gau swyddfeydd i ben ym mis Rhagfyr 2011. Mae rhai aelodau staff wedi dewis dilyn cyfleoedd mewn rhannau eraill o Lywodraeth Cymru yn hytrach nag adleoli o fewn AGGCC. Mae rheolwyr rhanbarthol wedi nodi effaith benodol colli staff cymorth busnes profiadol. Er bod AGGCC wedi parhau i recriwtio staff i rai o'r swyddi hyn, mae rheolwyr AGGCC wedi mynegi rhwystredigaeth oherwydd arafwch prosesau recriwtio Llywodraeth Cymru.

29. O ystyried heriau'r gweithlu, mae'n anochel bod llwythi achos arolygwyr unigol wedi cynyddu. Fodd bynnag, mae'r newidiadau mae AGGCC wedi bod yn eu cyflwyno i'w phrosesau rheoleiddio wedi'u cynllunio i helpu i gyflawni'r gwaith

hwn yn fwy effeithlon ac effeithiol, a rheoli llwythi gwaith mewn ffordd gyfrifol. Felly, mae AGGCC yn ffyddiog ei bod yn darparu ei gwaith i safon broffesiynol uwch.

30. Yn 2010-11, nododd AGGCC ei bod wedi cwblhau 98 y cant o'r arolygiadau arfaethedig ar draws pob safle, o gymharu â 92 y cant yn 2008-09 a 97 y cant yn 2009-10[13]. Roedd y diffyg mwyaf yn 2010-11 yn rhanbarth y Canolbarth a'r De, a gwblhaodd 93 y cant o'r arolygiadau. Mae ffigurau ar gyfer cartrefi gofal i oedolion dros 65 oed yn dangos cyfradd gwblhau o 100 y cant. Ar gyfer 2011-12, mae AGGCC yn disgwyl y bydd yn gallu cwblhau 100 y cant o'i rhaglen arolygu arfaethedig, gyda'r rhan fwyaf o'r arolygwyr wedi cwblhau eu llwythi achos arolygu erbyn diwedd mis Chwefror 2012.

31. Yn 2010-11, cyhoeddwyd 91 y cant o adroddiadau arolygu o fewn 63 diwrnod (dim ond 80 y cant yn rhanbarth y Canolbarth a'r De) yn erbyn targed o 100 y cant. Yn 2009-10, cyhoeddwyd 90 y cant o adroddiadau arolygu o fewn 63 diwrnod. Dim ond 30 y cant o ymchwiliadau i gwynion a gwblhawyd ac a adroddwyd arnynt o fewn 42 diwrnod, o gymharu â 48 y cant yn 2009-10 ac yn erbyn targed o 100 y cant. Roedd ffigurau ar gyfer ymchwiliadau i gwynion a gwblhawyd ac a adroddwyd arnynt o fewn 42 diwrnod wedi gostwng o 53 y cant yn 2009-10 i 38 y cant yn 2010-11. Er ei bod wedi adrodd y dangosyddion perfformiad allweddol hyn ar gyfer cwynion, dywedodd AGGCC nad yw llawer o'r cwynion a dderbynnir yn ymwneud yn uniongyrchol â phryderon ynglŷn â safonau gofal, ac felly nad oes ganddi unrhyw locws go iawn i ymchwilio i faterion o'r fath. Bydd y prosesau newydd y bydd AGGCC yn eu cyflwyno ar 1 Ebrill 2012 (paragraff 26, pwynt bwled olaf) yn egluro rôl a chylch gwaith AGGCC ar gyfer trafod cwynion.

DIWEDD

[13] Mae'r ffigurau hyn yn ymwneud ag ymweliadau arolygu arfaethedig yn unig, ac nid ag ymweliadau eraill y gellir eu cynnal rhwng arolygiadau ffurfiol, er enghraifft, gwaith dilynol ar ganfyddiadau arolygiad. Ni all systemau gwybodaeth AGGCC ddarparu manylion nifer yr ymweliadau a gynhelir ar draws pob safle.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-13-12 papur 6

Goblygiadau iechyd cyhoeddus o ddarpariaeth annigonol o doiledau cyhoeddus - Llythyr gan y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol

Ynghlwm fel atodiad i'r papur hon, ceir llythyr gan y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol yn ymateb i'r adroddiad gan y Pwyllgor Iechyd a Gofal Cymdeithasol ar y dystiolaeth a dderbynwyd ar y goblygiadau iechyd cyhoeddus o ddarpariaeth annigonnol o doiledau cyhoeddus.

Gwasanaeth y Pwyllgorau

Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol

Communities, Equality and Local Government Committee

Mark Drakeford, AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

20 April 2012

Dear Mark

Health and Social Care Committee – Inadequate public toilet facilities

Thank you for your letter of 5 March, in relation to the Health and Social Care Committee's inquiry into public toilet facilities.

The Communities, Equality and Local Government Committee considered and noted the contents of your report in its meeting on 15 March 2012.

Given that the evidence you collected suggests that there is a case for further investigation of local authority provision of public toilet facilities, I will be writing to the Minister for Local Government to make further inquiries in relation to this issue.

I will, of course, provide you and the Health and Social Care Committee with an update once the Minister's response is received.

Yours sincerely

Ann Jones AC / AM
Cadeirydd / Chair

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh
Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol / Communities, Equality and Local Government Committee
Gwasanaeth y Pwyllgorau / Committee Service
Ffôn / Tel : 029 2089 8429
Ebost / Email : Communities.Equality&LocalGov@wales.gov.uk

Wales Office | Swyddfa Cymru

Discovery House
Scott Harbour
Cardiff CF10 4PJ

Tŷ Discovery
Harbwr Scott
Caerdydd CF10 4PJ

Email/Ebost: wales.office@walesoffice.gsi.gov.uk
Phone/Ffôn: 020 7270 0538

Mark Drakeford AM
Chair
Health and Social Care Committee
National Assembly for Wales

HSCCommittee@wales.gov.uk

Ref: 40SOS 12 19 April 2012

Dear Mark

Thank you for your letter of 12 March.

I am grateful to you for keeping me informed about the work your Committee is undertaking into residential care for older people.

I have read with interest the written evidence submitted by the Older People's Commissioner for Wales, as well as the transcript of proceedings of 23 February when the Commissioner appeared in front of the Committee.

I have had a very positive working relationship with the outgoing Commissioner who has provided me with invaluable advice on the views of older people in Wales about the issues affecting them. I am pleased the Committee had the opportunity to hear first hand from Mrs Marks and appreciate the role the Committee is also playing in raising the profile of key issues around residential care for older people in Wales.

Turning to your view on the possibility of a Convention on the rights of older people, the Government is not convinced of the need for a specific UN Convention on the Rights of Older People. There are existing mechanisms aimed at ensuring older people's rights, including the Universal Declaration for Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention on Social and Political Rights, and the Madrid International Plan of Action on Ageing (MIPAA). We believe that these existing instruments contain all the basic

requirements to ensure the rights of older people and our priority is to ensure that they are enforced and respected.

It is worth noting that those pressing for a Convention do not take in to account the different definitions and requirements of ageing societies around the world and many of the concerns raised are regional rather than global issues. It is a relatively small number of countries who are in favour of a Convention – the majority of the UN Member States believe that a new instrument would only duplicate efforts. Alternatively, a coordinated approach across all Member States to enforce MIPAA would offer stronger support.

I look forward to the Committee's Report on its Inquiry in due course. I would be grateful if you could ensure I am provided with a copy of the final report once available.

Yours sincerely

Rt Hon/Y Gwir Anrh. Cheryl Gillan MP/AS
Secretary of State for Wales
Ysgrifennydd Gwladol Cymru

Y Pwyllgor Iechyd a Gofal Cymdiethasol

HSC(4)-13-12 papur 8

Llythyr gan y Pwyllgor Deisebau: Deiseb P-04-359 Problemau gyda'r GIG ar gyfer y Byddar

Ynghlwm fel atodiad i'r papur hon, ceir llythyr gan y Pwyllgor Deisebau ynghylch Deiseb P-04-359 Problemau gyda'r GIG ar gyfer y Byddar.

Gwasanaeth y Pwyllgorau

Y Pwyllgor Deisebau
Petitions Committee

Mark Drakeford AM
Chair, Health & Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Our ref: P-04-359

19 April 2012

Dear Mark

Petition: P-04-359 Problems with the NHS for the Deaf

The Petitions Committee has recently been considering a petition relating to problems experienced by NHS patients with hearing impairments. The petition called on the National Assembly 'to urge the Welsh Government to provide a better service for the hearing impaired (HI) in the NHS' and collected 68 signatures.

Supporting information submitted with the petition described the difficulties faced by a person with a hearing impairment when trying to book a GP or hospital appointment, or an interpreter and raised concerns regarding the lack of hearing loops in hospitals and the way in which hearing impaired patients in waiting rooms are called in to appointments.

The Committee wrote to the Minister for Health and Social Services on this issue. In her response, the Minister described the work that had been done on this issue and stated that a delivery plan would be available in the spring that would take forward the recommendations of the 'Accessible Healthcare for People with Sensory Loss in Wales' report that was launched on 9 January this year.

Given the work being done in this area, the Committee agreed to close the petition and to write to you to highlight the matter and ask that you keep a watching brief on the work being done on this important issue.

Yours sincerely

William Powell
Committee Chair