Agenda - Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad: Ystafell Bwyllgora 5, Tŷ Hywel a fideogynadledda drwy Zoom

Dyddiad: Dydd Iau, 29 Mehefin 2023

Amser: 09.00

I gael rhagor o wybodaeth cysylltwch a:

Helen Finlayson

Clerc y Pwyllgor

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Rhag-gyfarfod preifat

(09.00-09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Canserau gynaecolegol: Panel 7

(09.30-10.30) (Tudalennau 1 - 20)

Yr Athro Dyfed Huws, Cyfarwyddwr Uned Gwybodaeth ac Arolygaeth Canser Cymru (WCISU)

Helen Thomas, Prif Weithredwr, Iechyd a Gofal Digidol Cymru

Tystiolaeth gan Iechyd Cyhoeddus Cymru

Briff Ymchwil

Egwyl

(10.30-10.45)

3 Canserau gynaecolegol: Panel 8

(10.45-11.45) (Tudalennau 21 - 25)

Natasha Wynne, Uwch-reolwr Polisi, Marie Curie

Dr Jo Hayes, Cyfarwyddwr Meddygol

Papur 1 - Marie Curie

4 Papurau i'w nodi

(11.45)

4.1 Llythyr at Addysg a Gwella Iechyd Cymru ynghylch canserau gynaecolegol

(Tudalennau 26 - 27)

4.2 Llythyr gan Addysg a Gwella Iechyd Cymru ynghylch canserau gynaecolegol (Saesneg yn unig)

(Tudalennau 28 - 30)

4.3 Llythyr at Adran Iechyd a Gofal Cymdeithasol Llywodraeth y DU ynghylch canserau gynaecolegol

(Tudalennau 31 - 32)

4.4 Llythyr gan Adran Iechyd a Gofal Cymdeithasol Llywodraeth y DU ynghylch canserau gynaecolegol (Saesneg yn unig)

(Tudalennau 33 - 36)

4.5 Llythyr at y Gweinidog Iechyd a Gofal Cymdeithasol ynghylch Deintyddiaeth

(Tudalennau 37 - 39)

4.6 Llythyr gan y Gweinidog Iechyd a Gofal Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol ynghylch Canllawiau ar gyfer Rhyddhau Cleifion o Ysbytai

(Tudalennau 40 - 47)

4.7 Gwybodaeth ddilynol gan yr Athro Mark Llewellyn ynghylch Gwerthuso Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (Saesneg yn unig)

(Tudalennau 48 - 56)

5 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

(11.45)

6 Canserau gynaecolegol: trafod y dystiolaeth

(11.45-12.00)

7 Blaenraglen waith

(12.00-12.15) (Tudalennau 57 - 76)

Papur 2 - Blaenraglen waith (Saesneg yn unig)

Mae cyfyngiadau ar y ddogfen hon

Health & Social Care Committee: Gynaecological Cancer Inquiry

January 2023

Organisation: Marie Curie
Contact details: Bethan Edwards, Senior Policy Manager
Happy for response to be publicly shared? Yes

Introduction

Improving prevention and treatment of gynaecological cancers is a vital part of ensuring women and those assigned female at birth (AFAB) are living well for longer. However, it is also important to recognise that some gynaecological cancer diagnoses are terminal. Where those diagnoses are terminal, we need to ensure that the best end of life experience possible is achieved, in line with the person's wishes and preferences, and that no disproportionate barriers are facing women and those AFAB when they need end of life care and support. Therefore, we urge the health and social care committee to consider palliative and end of life care (PEOLC) throughout this inquiry and that evidence gathering takes a truly cradle to grave approach.

Research exploring gender inequalities at end of life is still fairly limited, particularly in relation to the situation in the UK and in Wales. As a result, this response is unable to present the specific challenges faced by patients with a terminal gynaecological cancer diagnosis but will put forward the challenges facing women with a terminal illness more generally, many of which will apply to those with terminal gynaecological cancer.

Context

Research has previously forecast a drastic increase in demand for PEOLC in the next two decades[1]. The Office for National Statistics project that by 2040, there will be an additional 5,000 deaths per year in Wales (from 36,136 in 2021 to 41,000 in 2040-41)[2]. This is partly due to an ageing population and a rise in the number of people living with more than one complex condition.

By 2040, the biggest proportion of those in need of PEOLC is likely to be those over 85 years old, and the leading cause of death is set to be dementia[i,3]. We know that women typically have a longer life expectancy than men, but also live with a greater number of 'years with a disability'[ii].

The above research and projections point towards an increasing number of women in need of PEOLC in the imminent future, and with 546 females dying from gynaecological cancer in 2021 alone[4], it is crucial that the health and social care committee's inquiry includes a focus on women with a terminal diagnosis.

Challenges faced by women at end of life according to international research

[i] Estimates show that by 2040, dementia deaths will be more than three times higher than the current mortality rate.

[ii] In Wales, life expectancy at birth for males in 2017 to 2019, is 78.5 years old, whereas for females it is 82.3 years. Between 2017 and 2019 in Wales, females lived an average of 22.1 years with a disability, in comparison to males who lived with an average of 17.1 years with a disability.

Pain management and symptom burden

Recent Marie Curie research asked people in Wales what their biggest priority would be when thinking about the end of their life; being pain free was most people's top answer[5]. One of the key pillars of PEOLC is a focus on quality of life and pain management as being pain free enables people to experience a good quality of life for as long as possible. However, research shows that there are factors relating to sex and gender which have led to discrepancies in how some women report symptoms, the pain they experience, and the treatment they receive as they approach end of life.

Evidence shows that women often report more severe daily feelings of pain, nausea, and fatigue[6,7,8], but may also have to report greater symptom distress than men for their pain to be acknowledged[9]. Evidence suggests that this is partly a result of gender bias and women's pain sometimes being underestimated, with healthcare professionals being less likely document symptoms[10]. Research also discusses how women are more likely to have pain attributed to psychological rather than physical needs and to then be prescribed sedatives rather than the appropriate pain relief[11]. The gender bias at play when it comes to how women and men are expected to cope with symptoms can directly affect some women's access to pain management medications, meaning some women may be suffering from unwarranted pain and severe unmet palliative care needs when approaching the end of their life.

Biological differences when it comes to how females and males experience pain and respond to pain management is not a new phenomenon[12], but research now suggests that this could negatively impact women right up until their death. Studies have demonstrated that there are disparities in how the male and female body receives and responds to the main pain relief drug prescribed at end of life - opiates[13]. If women are prescribed opiates with no consideration of how their biology could be impacting the effects of the drug, their quality of life could be disproportionately affected. However, more research is needed here to fully understand how women could be responding to end of life pain management differently to men, to ensure no one is suffering from avoidable pain in their last months, weeks and days of life.

End of Life Care Interventions

PEOLC can be initiated at any point during a patient's journey and can include a range of holistic treatments focusing on psychological, social, and spiritual aspects of care[14]. When it comes to choices around end of life care interventions, the understanding and views of women appear to be affected by social norms and gender bias. While some research shows that terminally ill women tend to be more open, accepting of palliative support, and engaged with their end of life journey[15,16], other studies show that some women are less likely than men to state a preference for end of life care treatments such as chemotherapy, cardiopulmonary resuscitation and artificial feeding[17,18]. The evidenced reasons behind this are not yet substantive and should be fully explored, however such findings do highlight potential inequalities in the way women are approaching, deciding on, and ultimately accessing treatments which could improve their quality of life.

One example of this is how females may not be benefitting from early palliative care (EPC) in the same way as males[19]. EPC is believed to be best practice and is attributed to better

quality of life and lower rates of depression[20,21], but findings have shown that females in some instances report lower quality of life and mood than male counterparts receiving similar treatment[22].

End of life care clinical decisions continue to rely on research and assumed best practice which is majorly based on male biology, neglecting any potential differences in sex and gender. To ensure everyone is able to access the EOLC interventions which will benefit them and enable a better quality of life for longer, more research is needed into how sex and gender impacts on care and treatment decisions.

Place of care and death

We know that over half of all people would prefer to die at home[23], but research suggests that for many women this is often not possible or the case. Social norms have dictated a society where it is women who are the natural caregivers and many even feel it is their duty when it comes to providing care[24]. Nonetheless, many women express fears around feeling like a burden if they themselves need care from family and loved ones[25]. In fact, studies report more women receiving care and support from healthcare professionals and specialists rather than unpaid carers[26].

The fact that women have longer life expectancy and are more likely to outlive their partner (in a heteronormative relationship), reinforces this trend. Additionally, those who have been carers (of which the majority are women), are less likely to want to die at home[27]. This is assumed to be due to a greater understanding of the reality of caring for someone at home.

A wider challenge in supporting women to die at home if this is their preference, is insufficient resources and capacity in health and social care community provision. Recent research projects a substantive increase in demand for care in the community by 2040 in Wales and England, with deaths at home increasing by 88.6%, and deaths in care homes projected to increase by as much as 108%[28]. The insufficient capacity in community provision could also be impacting on women's ability to die at home if this is their preference. Everyone in Wales should be able to die where they wish, if safe and feasible, and more research is needed to understand whether gender norms are currently inhibiting this.

Ongoing work

For future reference, Marie Curie Cymru is currently carrying out research looking into any potential gender differences in access to their services across Wales; diagnosis and reason for admission are two of the many variables being analysed and may be useful and relevant to the inquiry into gynaecological cancer. Findings are expected to be published in early 2023.

In addition, the Marie Curie Palliative Care Research Centre at Cardiff University are working on developing a PEOLC data dashboard. This is likely to be public in 2023 and will be able to provide data on how patients with gynaecological cancer interacted with end of life care services in their last year of life. Initial research show some interesting insights but are currently unable to be formally published.

If these current pieces of work are of interest to the health and social care committee in gathering evidence for the inquiry, please get in touch with bethan.edwards@mariecurie.org.uk to ask for updates over the coming months.

Conclusion

Although the above international findings are not specific to terminal gynaecological cancer patients, it is likely that many of the issues discussed are hugely relevant. With the increasing numbers of people reaching older ages, and with complex conditions, it is vital that we are able to provide sex and gender-specific care to women and those AFAB who are approaching the end of their life with terminal gynaecological cancer.

References

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Eitem 4.1

Y Pwyllgor Iechyd a Gofal Cymdeithasol
–
Health and Social Care Committee

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Alex Howells
Prif Weithredwr
Addysg a Gwella Iechyd Cymru

17 Mai 2023

Annwyl Alex

Ymchwiliad i ganserau gynaecolegol

Mae'r Pwyllgor Iechyd a Gofal Cymdeithasol yn edrych ar brofiadau menywod sydd â symptomau o ganser gynaecolegol, o ran sut mae gweithwyr gofal iechyd proffesiynol yn gwrando arnynt ac yn eu trin, a sut mae gwasanaethau yn grymuso ac yn gofalu am fenywod sydd wedi cael diagnosis o ganser gynaecolegol i sicrhau y caiff eu hanghenion corfforol, eu hanghenion seicolegol a'u hanghenion ymarferol eu diwallu.

Yn ystod sesiwn dystiolaeth lafar ar 27 Ebrill 2023, codwyd nifer o faterion mewn perthynas â'r gweithlu, a byddai o gymorth i'n hymchwiliad pe baech yn gallu rhoi'r wybodaeth y gofynnir amdani yn yr atodiad ynghlwm. Er mwyn helpu i lywio sesiynau tystiolaeth yn y dyfodol, byddem yn ddiolchgar i gael eich ymateb erbyn dydd Llun 12 Mehefin 2023.

Yn gywir

Russell George AS
Cadeirydd, y Pwyllgor Iechyd a Gofal Cymdeithasol

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Atodiad: Ymchwiliad i ganserau gynaecolegol

Yn ystod ein sesiwn dystiolaeth ar 27 Ebrill 2023 fel rhan o'n hymchwiliad i ganserau gynaecolegol, codwyd nifer o faterion yn ymwneud â'r gweithlu. Byddem yn croesawu cael rhagor o wybodaeth am y materion a restrir isod. Byddem yn ddiolchgar pe baech yn anfon eich ymateb erbyn dydd Llun, 12 Mehefin 2023.

1. Mae Cynllun Gwella Canser Cymru yn dweud bod angen gwell cynllunio o ran y gweithlu, gan gynnwys gwell dealltwriaeth o anghenion gweithlu'r dyfodol. A allech roi'r wybodaeth ddiweddaraf am y cynllun gweithlu canser ac yn benodol fanylion am gynllunio'r gweithlu mewn perthynas â'r gweithlu canser gynaecolegol.

2. Data ar nifer y nyrsys canser gynaecolegol arbenigol sy'n gweithio yn GIG Cymru. Dywedwyd wrthym hefyd nad oes unrhyw lwybrau addysgol â chymorth i ganiatáu i nyrsys band 5 cymwysedig ddatblygu i fod yn nyrsys canser arbenigol. A allech gadarnhau a yw hynny'n wir.

3. Data ar nifer y swyddi oncolegwyr gynaecolegol ymgynghorol, nifer y swyddi gwag, a nifer perthnasol y swyddi hyfforddi meddygon ymgynghorol fesul bwrdd iechyd yng Nghymru.

4. Dywedwyd wrthym fod llawer o nyrsys clinigol arbenigol yn prysur agosáu at oedran ymddeol. A yw AaGIC wedi gwneud unrhyw ragamcanion ar nifer y nyrsys clinigol arbenigol sy'n debygol o ymddeol yn y 5-8 mlynedd nesaf a phwy a fydd yn cymryd eu lle/eu harbenigedd.

5. Pa fynediad at hyfforddiant sydd ar gael i nyrsys newydd a nyrsys profiadol ddod yn nyrsys canser arbenigol.

Eitem 4.2

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Addysg a Gwella Iechyd Cymru (AaGIC)
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Our Ref: JR/cw

Date: 9 June 2023

Russell George MS
Chair
Health & Social Care Committee

Sent by email via SeneddHealth@senedd.wales

Dear Russell

Inquiry into Gynaecological Cancers

Thank you for your letter dated 17 May 2023 informing of the workforce related issues raised during the evidence session on 27 April. In our Chief Executive's absence, I have responded to each one in turn.

1. **The Wales Cancer Improvement Plan says, "workforce planning needs to be better, including a greater understanding of the future workforce needs". Could you provide an update on the cancer workforce plan and specifically details of planning in relation to the gynaecological cancer workforce.**

   The National Workforce Implementation Plan (NWIP) produced by Welsh Government recognises the importance of refining our longer-term approach to workforce planning within NHS Wales. There are a number of Strategic Workforce Plans in development as set out in the NWIP including the development of nursing workforce plan which incorporates all nurses working within NHS Wales.

   Specifically on cancer services, we are working with the Wales Cancer Network (WCN) and have developed and tested a pathway workforce planning methodology for Health Boards to use which supports implementation of the Single Cancer Pathway and a guide and resources are now available. We are now focussing on the analysis of data in specific pathway areas including GI, Urology and Lung Cancer which will inform pathway planning and the identification of workforce solutions. As yet, we have not done any specific work in relation to gynaecological cancers, but this is something that we can consider as part of the forward work programme.

2. **Data on the number of gynaecological cancer specialist nurses working in NHS Wales. We were also told that there is no supported educational pathways to allow qualified band 5 nurses to develop into cancer specialist nurses. Could you confirm whether that is the case.**

   Regrettably, our national workforce reporting system, ESR, does not hold information at this level. NHS Wales is exploring opportunities to improve data quality in relation to specific job roles. We are

aware of a recent piece of work conducted by the Wales Cancer Network which attempted to capture data on the size and shape of the specialist workforce through a census. The dataset is not comprehensive, but it does provide a baseline provision and indicates that there are around 22 gynaecological cancer specialist nurses working in Wales currently. Given that one HB has not submitted data to the census, this under-represents the true position.

In terms of educational pathways, this is an area that we have prioritised within our Integrated Medium-Term Plan for 2023/24 and we will be working collaboratively with the Wales Cancer Network over the next two years to develop a competency framework for both nurses and allied health professionals supported with funding by Macmillan. This will include work to understand the future demand and capacity needed across a number of areas including the surgery and oncology cancer nursing workforce areas. Further information on education development is set out in response to point 5 below.

3. Data on the number of consultant gynaecological oncologist posts, the number of vacant posts, and relevant number of consultant training posts by health board in Wales.

We do not hold information on the number of consultant gynaecological oncologist posts and vacancies as this information will be held at a Health Board level. We can confirm that there are 77 trainees within the Obstetrics and Gynaecology specialty and a further 12 medical oncology and 27 clinical oncology trainees in Wales.

4. **We were told that many clinical nurse specialists are fast approaching retirement age. Has HEIW done any projections on the number of clinical nurse specialists who are likely to retire *in the next 5-8 years and who will replace them/their expertise.***

The nursing workforce plan that is in development will consider the wider demand and supply side factors and this plan will provide the framework for the consideration of all nursing roles including those working within cancer services. As data on clinical nurse specialists is not specifically recorded within ESR we have not been able to undertake any detailed work on clinical nurse specialists yet. The recent piece of work conducted by the Wales Cancer Network on the data capture on the size and shape of the specialist workforce identified that approximately 44% of the Gynaecology specialist cancer nursing workforce were over the age of 50. However, as part of our work with the Wales Cancer Network we will seek to improve data capture in this area. In addition, within the NWIP there was a specific requirement for HEIW to work with partners to develop a national retention plan for nursing and we anticipate that this will be published in summer 2023.

5. What access to training there is for new and experiencing nurses to become cancer nurse specialists.

HEIW supports a range of professionals to develop and extend skills through our postgraduate funding route. Each year, we allocate a sum of £2.5m to Health Boards across Wales which supports registered staff in being able to undertake post-graduate training. A significant proportion of this funding supports individuals to undertake Advanced or Consultant level qualifications.

We have also recently reviewed our Advanced and Consultant level Practice Frameworks and a new Framework for Extended, Advanced and Consultant Level Clinical Practice in Wales is being launched in June 2023. This will provide a more flexible route for individuals to develop within their specialist areas and defines levels of practice, the education required at each level and how employers can provide governance and support to practitioners. Again, working with the Wales Cancer Network, we will ensure that this is aligned with the joint programme of work to be taken forward from 2023/24. In addition, we are finalising a Continuing Professional Development (CPD) Strategy within HEIW and anticipate that this will be published in the summer of 2023.

A Career Pathway, Core Cancer Capabilities in Practice (CiP) and Education Framework for the Nursing and Allied Health Professions Cancer Workforce (the 'Framework') has recently been published as part of a UK wide programme called the Aspirant Cancer Career and Education Development programme (ACCEND). The ACCEND programme aims to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the nursing and allied health professional cancer workforce. As part of our joint programme of work with the Wales Cancer Network we will map the ACCEND framework against educational resources available with the aim of developing appropriate cancer educational resources in Wales.

I hope you find this information helpful.

Yours sincerely

JULIE ROGERS
DEPUTY CHIEF EXECUTIVE/
DIRECTOR OF WORKFORCE & OD

Y Pwyllgor Iechyd a Gofal Cymdeithasol
—
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Maria Caulfield AS
Y Gweinidog Iechyd Meddwl a'r Strategaeth Iechyd Menywod
Y Gweinidog Menywod

17 Mai 2023

Annwyl Maria

Ymchwiliad i ganserau gynaecolegol

Mae'r Pwyllgor Iechyd a Gofal Cymdeithasol yn edrych ar brofiadau menywod sydd â symptomau o ganser gynaecolegol, o ran sut mae gweithwyr gofal iechyd proffesiynol yn gwrando arnynt ac yn eu trin, a sut mae gwasanaethau yn grymuso ac yn gofalu am fenywod sydd wedi cael diagnosis o ganser gynaecolegol i sicrhau y caiff eu hanghenion corfforol, eu hanghenion seicolegol a'u hanghenion ymarferol eu diwallu.

Rydym yn deall bod cyllid newydd ar gael gan Lywodraeth y DU i greu canolfannau iechyd menywod newydd, fel rhan o'r Strategaeth Iechyd Menywod yn Lloegr. Dylai'r canolfannau wella mynediad at ofal ar gyfer menywod a merched sydd â phroblemau mislif, materion atal cenhedlu, poen yn y pelfis, menopos ac ati.

Byddai gennym ddiddordeb mewn cael rhagor o wybodaeth am y canolfannau iechyd menywod, yn arbennig mewn clywed:

- A yw'r canolfannau'n canolbwyntio'n bennaf ar ofal iechyd rhywiol ac atgenhedlol, neu a ydynt yn cael eu hystyried yn ateb i'r heriau y mae menywod yn eu hwynebu o ran mynediad at ofal canser gynaecolegol hefyd.
- Manylion am yr hyn y mae'r canolfannau yn ei gynnig, sut y gall claf gael mynediad at y gwasanaethau, pwy sy'n staffio'r canolfannau a faint maent yn ei gostio i'w cynnal.
- A oes unrhyw dystiolaeth bod y canolfannau'n cefnogi diagnosis cyflymach o ganserau gynaecolegol. P'un a oes unrhyw un o'r canolfannau iechyd menywod wedi'u gwerthuso.

Er mwyn helpu i lywio sesiynau tystiolaeth yn y dyfodol, byddem yn ddiolchgar i gael eich ymateb erbyn **dydd Llun 12 Mehefin 2023**.

Yn gywir

Russell George AS
Cadeirydd, y Pwyllgor Iechyd a Gofal Cymdeithasol

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Department of Health & Social Care

Eitem 4.4

From Maria Caulfield MP
Parliamentary Under Secretary of State
Department of Health & Social Care

39 Victoria Street
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16 June 2023

Dear Mr George,

I hope you are well. I am writing in response to your letter dated 17 May on the Inquiry into gynaecological cancers. I am pleased to update you on our work in this area and provide responses to your questions on women's health hubs. Please find the updates below.

Ambitions on cancer as part of the Women's Health Strategy for England

Last Summer, we published the Women's Health Strategy for England, which sets out our 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to all women. We have appointed Professor Dame Lesley Regan as the Women's Health Ambassador for England to work with us to raise awareness of women's health issues, including gynaecological cancers, and to support implementation of the strategy.

In the call for evidence public survey, gynaecological cancers were the seventh most popular topic selected for inclusion in the strategy. Only 14% of respondents felt they had enough information on gynaecological cancers, and this dropped to 5% of respondents aged 16 to 17, and 7% of respondents aged 18 to 19 and 20 to 25. Cancer is a priority chapter in the strategy.

Current work to improve prevention, diagnosis and care for gynaecological cancers

Improving the diagnosis and treatment of cancer, including gynaecological cancer, Is a priority for the government and the NHS. One of the core ambitions of the NHS Long Term Plan is to diagnose 75% of cancers at stage 1 or 2 by 2028, and to ensure that by 2028, an additional 55,000 people will survive their cancer for five years or more. The UK also supports the 2020 World Health Organisation global strategy to accelerate the elimination of cervical cancer as a public health problem.

A Best Practice Timed Pathway for gynaecological cancers, including cervical cancer, was published by NHS England (NHSE) in March 2023, and Cancer Alliances are now responsible for delivering it. The pathway will support the delivery of a diagnosis or ruling out of cancer within 28 days, in line with the recently introduced Faster Diagnosis Standard. This pathway aims to implement rapid patient triage so they can access the right tests, first time, through the use of appropriately staffed one-stop clinics.

NHSE has also allocated funding to support treatment and pandemic recovery, including £2.3 billion to improve diagnostic care and £1.5 billion through the Targeted Investment Fund to support our wider elective recovery plan. In addition to this, NHSE has also aimed to create a further reduction in cancer waiting times by setting a target for systems to increase cancer treatment capacity by 13% in 2023/24.

The UK National Screening Committee (UK NSC) makes recommendations for all four nations of the UK. Regarding cervical screening, the UK NSC reviewed the evidence on the use of human papillomavirus (HPV) self-sampling as a programme modification within the NHS Cervical Screening Programme in February 2019. The Committee recognised that HPV self-sampling offered a promising test, but that further work was required to ensure its feasibility and value.

The YouScreen project aims to provide evidence on the acceptability of self-testing. GP practices across North Central and North East London were given the opportunity to take part in the YouScreen study offering HPV self-sampling to non-attenders aged 25-64 and those at least 6 months overdue for cervical screening. A separate piece of work, HPValidate, aims to see if self-testing provides the same level of accuracy as an HPV test undertaken by a clinician. These pieces of work will inform a UK NSC recommendation and, if the outcome proves positive, self-sampling could lead to an increase in people being screened for cervical cancer as it will reduce some of the barriers that prevent people from attending.

Human papillomavirus (HPV) is the cause of 99.7% of cervical cancers. The HPV immunisation programme has contributed to a dramatic reduction of HPV infections across the population in England. There has been an 87% reduction in cervical cancers in women who have been vaccinated against HPV when compared to previous generations. Since 2019, HPV immunisation is available to all children, including boys. This supports strong individual protection as well as strengthened population protection as it breaks the chains of transmission.

HPV vaccine coverage decreased during the pandemic and in subsequent years. This was due to school closures and then competing priorities where providers were tasked with delivering COVID-19 and flu vaccines as well as HPV vaccines. Catch-up efforts to make sure that anyone who has missed their HPV immunisation for any reason are underway and amongst those who have previously missed their immunisation, the coverage has gone up. Despite this, uptake remains lower than what we would like to see.

Women's health hubs

Expanding women's health hubs across England is a key commitment in the Women's Health Strategy, with an initial aim to see at least one hub within every integrated care system (ICS). We recently announced a £25 million investment over the next two years to accelerate the development of women's health hubs. Women's health hubs aim to improve access and quality of care for services for menstrual problems, contraception, pelvic pain, menopause care and more.

We have commissioned through the National Institute of Health and Care Research (NIHR) the Birmingham, RAND and Cambridge Evaluation Centre to conduct a scoping evaluation of existing women's health hubs. Please see responses to your questions about women's health hubs below, as informed by the interim report of the evaluation. The final report is expected to be published later this year.

1. *Whether the hubs are primarily focused on reproductive and sexual health, or if they're seen as a solution to the challenges faced by women accessing gynaecological cancer care too.*

As far as we are aware, the existing women's health hubs do not offer gynaecological cancer services. Existing hubs provide services for sexual, reproductive and gynaecological health including those for menstrual health conditions such as heavy menstrual bleeding, menopause consultation and treatment, provision of long-acting reversible contraption, and ring pessary fitting and removal. A full list of services currently offered in hubs is available on page 23 of the interim evaluation report.

2. *Details about what the hubs offer, how a patient can access them, who staffs the hubs and how much they cost to run.*

Existing women's health hubs have a variety of delivery models, with some offering open access to women and some available through referral. The interim evaluation report outlines the current workforce within hubs, with GPs with a special interest in women's health as the most common professionals working in hubs, followed by administrators and healthcare assistants. The report highlights the diversity in clinical leadership in hubs, with the most common model being GP led.

We do not have cost figures for the small number of hubs currently in existence. Costs are likely to vary however given the variety in delivery models and services offered. As part of our plans to support the wider roll-out of hubs we are developing a cost-benefit analysis to highlight the expected efficiencies available through implementing hub models.

3. *Whether there is any evidence that the hubs are supporting faster diagnosis of gynaecological cancers. Whether any of the women's health hubs have been evaluated.*

We currently do not have any evidence on if hubs are supporting faster diagnosis of gynaecological cancers. Women may be seen in a women's health hub for menstrual or other problems that could be symptoms of a gynaecological cancer, for example unusual vaginal discharge or bleeding. Women's health hubs should refer into specialist and/or urgent care where required, for example into cancer pathways, in line with recommendations in relevant National Institute for Health and Care Excellence (NICE) guidelines.

I hope this information is helpful

Yours sincerely,

MARIA CAULFIELD

Y Pwyllgor Iechyd a Gofal Cymdeithasol
—
Health and Social Care Committee

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Eluned Morgan
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Llywodraeth Cymru

16 Mehefin 2023

Annwyl Eluned

Deintyddiaeth

Diolch am eich ymateb i adroddiad y Pwyllgor ar ddeintyddiaeth. Trafodwyd eich ymateb yn ein cyfarfod ar 14 Mehefin 2023, a chytunwyd i ysgrifennu atoch cyn y ddadl yr wythnos nesaf ar adroddiad y Pwyllgor i ofyn am eglurhad ar nifer o faterion sy'n codi o'ch ymateb. Byddai'n ddefnyddiol ateb y pwyntiau hyn naill ai yn eich cyfraniad i'r ddadl, neu yn ysgrifenedig wedi hynny.

Argymhelliad 3: Dylai Llywodraeth Cymru ystyried yr opsiynau ar gyfer creu rhestr aros ganolog, gan adrodd yn ôl i'r Pwyllgor hwn am y cynnydd erbyn diwedd 2023. Fel cam dros dro, dylai Llywodraeth Cymru sicrhau bod pob bwrdd iechyd yn creu rhestr aros ganolog ar gyfer ei ardal erbyn diwedd 2023.

Yn eich ymateb i argymhelliad 3, rydych chi'n dweud bod swyddogion eisoes mewn trafodaethau gydag Iechyd a Gofal Digidol Cymru (IGDC) i gwmpasu dyluniad ar gyfer rhestr aros ddeintyddol Cymru gyfan. Mae'r arwyddion cychwynnol yn awgrymu bod modd cyflawni hyn o fewn y flwyddyn ariannol nesaf a bod cyllid wedi'i neilltuo i ariannu'r prosiect. Fodd bynnag, yn y Cyfarfod Llawn ar 24 Mai, dywedoch chi eich bod yn gobeithio y bydd cofrestrfa ddata ganolog ar waith erbyn diwedd y flwyddyn hon.

1. A allwch chi egluro pryd y caiff rhestr aros ganolog ei chyflwyno.

Argymhelliad 5: Dylai Llywodraeth Cymru adolygu'r gofynion ar gyfer casglu data drwy ddeintyddion y GIG er mwyn symleiddio'r broses a lleihau dyblygu gwaith. Dylid cwblhau'r adolygiad hwn erbyn mis Rhagfyr 2023, a dylid rhoi gwybod i ni beth yw'r canfyddiadau erbyn mis Mawrth 2024 fan bellaf.

Yn eich ymateb i argymhelliad 5, rydych chi'n dweud y byddwch chi'n gofyn i'r gweithgor perthnasol adolygu'r argymhelliad hwn a nodi opsiynau i leihau'r baich gweinyddol.

2. A allwch chi gadarnhau y byddwch yn adrodd yn ôl i'r Pwyllgor gyda chanfyddiadau'r grŵp erbyn y dyddiad sydd wedi'i bennu yn ein hargymhelliad?

Argymhelliad 8: Dylai Llywodraeth Cymru sicrhau bod y strategaeth ar gyfer y gweithlu deintyddol yn adlewyrchu'r dyheadau newydd a'r angen am fwy o gymysgedd sgiliau yn y gweithlu, a dylid cyhoeddi'r strategaeth hon cyn gynted â phosibl. Gan fod disgwyl i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol gael y drafft ym mis Rhagfyr 2022, dylid cyhoeddi'r strategaeth derfynol erbyn gwanwyn 2023 fan bellaf.

Yn eich ymateb i argymhelliad 8, rydych chi'n dweud na fydd cynllun y gweithlu yn cael ei gyhoeddi'n ffurfiol tan fis Gorffennaf 2023.

3. A allwch chi roi rhagor o fanylion am gynnwys cynllun y gweithlu ac a yw'n adlewyrchu'r dyheadau newidiol a'r angen am gymysgedd sgiliau ehangach yn y gweithlu, fel y mae'r argymhelliad yn ei nodi?

Argymhelliad 9. Dylai Llywodraeth Cymru fynd ati ar frys i gyflwyno'r newidiadau deddfwriaethol angenrheidiol i alluogi therapyddion deintyddol i gael rhif perfformiwr, a dylai roi amserlen i ni ar gyfer gwneud hyn.

Yn eich ymateb, rydych chi'n dweud, yn dilyn cyhoeddiad GIG Lloegr y bydd therapyddion deintyddol a hylenyddion bellach yn cael agor a chau cyrsiau triniaeth, nad oes angen newid deddfwriaethol ar hyn o bryd, ac mae swyddogion bellach yn paratoi cyfathrebiadau i fyrddau iechyd i egluro sut y bydd y newid hwn yn cael ei weithredu ar gyfer y flwyddyn ariannol nesaf.

4. A allwch chi gadarnhau nad oes bellach angen rhif perfformiwr ar therapyddion deintyddol i agor a chau cyrsiau triniaeth?

5. A allwch chi hefyd egluro beth yw ystyr 'y flwyddyn ariannol nesaf', h.y. a fydd y newid yn dod i rym o fis Ebrill 2024?

Argymhelliad 14. Dylai Llywodraeth Cymru ystyried yr opsiynau ar gyfer ehangu'r rhaglen Gwên am Byth i leoliadau preswyl eraill, fel cartrefi gofal i bobl iau sy'n agored i niwed, tai gwarchod a thai gofal ychwanegol, gan adrodd ei ganfyddiadau yn ôl i'r Pwyllgor hwn erbyn diwedd 2023..

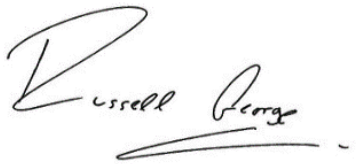
Mae eich ymateb yn nodi, ers derbyn yr argymhelliad, eich bod wedi canfod bod rhai byrddau iechyd eisoes yn ymgysylltu â'r mathau hyn o wasanaethau, a hynny drwy eu gwasanaethau deintyddol cymunedol. Ar ben hynny, er bod y rhaglen ei hun wedi'i hanelu at bobl hŷn sy'n byw mewn cartrefi gofal, mae'r adnoddau ar gael am ddim drwy wefan Iechyd Cyhoeddus Cymru - Gwên am byth - Iechyd Cyhoeddus Cymru (gig.cymru).

6. A allwch chi roi manylion am ba fyrddau iechyd y cyfeirir atynt, a nifer a math y lleoliadau?

7. A allwch chi gadarnhau hefyd pa gynlluniau sydd gan Lywodraeth Cymru i ehangu'r rhaglen Gwên am Byth yn y byrddau iechyd sy'n weddill?

Byddai'n ddefnyddiol pe gallech fynd i'r afael â'r materion hyn yn eich ymateb i'r ddadl. Os nad yw'n bosibl i chi grybwyll yr holl faterion hyn yn ystod y ddadl, byddem yn ddiolchgar pe gallech ymateb yn ysgrifenedig erbyn 6 Gorffennaf 2023.

Yn gywir



Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Llywodraeth Cymru
Welsh Government

Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol
Senedd Cymru,
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15 Mehefin 2023

Annwyl Russell,

Diolch ichi am eich llythyr 21 Ebrill ynghylch ein canllawiau wedi'u diweddaru ar ryddhau cleifion o'r ysbyty. Rydym yn falch o ddarparu'r diweddariadau canlynol ar statws a chyhoeddi'r canllawiau a nodir yn eich llythyr.

Canllawiau Rhyddhau o'r Ysbyty

Mae gwaith yn mynd rhagddo ar hyn o bryd i ddatblygu canllawiau wedi'u diweddaru ar ryddhau cleifion i'r ysbyty a fydd yn disodli'r canllawiau sydd ar gael sef *COVID-19: Gofynion Gwasanaeth Rhyddhau o'r Ysbyty (Cymru)*. Mae'r canllawiau diwygiedig yn cael eu datblygu ar y cyd gan dimau iechyd a gofal cymdeithasol i adolygu a diweddaru'r canllawiau presennol, gan sicrhau ein bod yn cryfhau cysylltiadau â chanllawiau eraill sy'n cael eu paratoi yn y maes hwn o dan raglen waith Chwe Nod Gofal Brys a Gofal mewn Argyfwng. Bydd y canllawiau diweddaraf yn adlewyrchu'n helaeth y prosesau llwybr cleifion diweddaraf megis Rhyddhau i Adfer yna Asesu (D2RA), SAFER a Choch i Wyrdd.

Agwedd allweddol arall ar y canllawiau fydd sicrhau bod y diweddariad diweddaraf yn adlewyrchu'r sefyllfa bresennol o ran arferion atal a rheoli heintiau (IP&C). Mae'r amgylchedd iechyd a gofal cymdeithasol wedi newid yn sylweddol yn sgil pandemig Covid ac ers i'r canllawiau presennol gael eu cyhoeddi. Felly, rydym am sicrhau bod y canllawiau bellach yn ystyried yr wybodaeth a'r cymorth diweddaraf sydd ar gael o ran arferion rhyddhau mewn perthynas â Covid, yn ogystal â feirysau anadlol eraill. Bydd hyn yn golygu bod y canllawiau rhyddhau yn cyd-fynd â chanllawiau IP&C eraill sy'n arddel ymagwedd debyg sy'n ehangu eu ffocws y tu hwnt i ymateb i Covid yn unig.

Yn ogystal â hyn, rydym hefyd yn defnyddio'r cyfle hwn i ymchwilio i'r potensial i ehangu ein canllawiau fel bod gennym gynnwys mwy perthnasol sy'n ymwneud â gwasanaethau cymdeithasol, i'r claf, eu teuluoedd a gofalwyr di-dâl. Er mai'r gynulleidfa graidd ar gyfer y canllawiau rhyddhau wedi'u diweddaru fydd staff a gweithwyr proffesiynol sy'n gweithio ym maes iechyd a gofal cymdeithasol, mae'n debygol y bydd sefyllfaoedd lle gallai fod ar unigolyn, sy'n symud tuag at gael ei ryddhau, angen cymorth gofal cymdeithasol nad oedd yn ei gael o'r blaen, naill ai'n barhaol neu dros dro. Bydd y canllawiau wedi'u diweddaru yn

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cynnwys gwybodaeth i staff y gellir naill ai ei darparu'n uniongyrchol i'r unigolyn/teulu/gofalwyr di-dâl, neu sy'n gallu eu cyfeirio at sefydliadau sy'n gallu eu cefnogi. Mae gwaith yn cael ei ddatblygu gyda sefydliadau fel yr Ymddiriedolaeth Gofalwyr, Gofal a Thrwsio Cymru, Swyddfa'r Comisiynydd Pobl Hŷn a'r Groes Goch Brydeinig i sicrhau ein bod yn cynnwys gwybodaeth, canllawiau a chymorth defnyddiol perthnasol y gellid eu cyfleu i gefnogi'r claf.

Mae'r gwaith i bennu manylion terfynol y canllawiau hyn yn mynd rhagddo ac rydym yn disgwyl cyhoeddi'r canllawiau dwyieithog ym mis Awst. Byddwn, wrth gwrs, yn rhoi copi ichi cyn gynted ag y bydd y canllawiau ar gael.

Asesydd Ymddiriedadwy

Mae canllawiau i gefnogi'r defnydd o swyddogaeth yr Asesydd Ymddiriedadwy wedi'u datblygu a'u rhannu â'r awdurdodau lleol a'r byrddau iechyd ar 21 Rhagfyr 2022. Mae copi o'r canllawiau hyn wedi'i atodi yn unol â'ch cais.

Mae canllawiau'r Asesydd Ymddiriedadwy hefyd yn cael eu cefnogi gyda phecyn cymorth ar-lein a fydd yn cynnwys modiwlau canllawiau gwybodaeth, matrics cymwyseddau a rhai enghreifftiau o achosion i gefnogi'r sector ymhellach mewn rolau neu swyddogaethau Asesydd Ymddiriedadwy sydd wedi'u rhoi ar waith. Disgwylir i ddau fodiwl gwybodaeth cyntaf y pecyn cymorth ar-lein a'r canllawiau gael eu lanlwytho i wefan 6 Nod Gofal Brys a Gofal mewn Argyfwng yn yr wythnosau nesaf. Arweinir y gweithgarwch hwn gan weithgor bach sy'n cynnwys cynrychiolwyr o bob rhan o ofal cymdeithasol ac iechyd, AaGIC, Gofal Cymdeithasol Cymru, Uned Gyflawni'r GIG a Llywodraeth Cymru. Bydd hyn yn sicrhau bod partneriaid yn cael eu galluogi i ymwreiddio ymestyn y trefniadau presennol i gyflawni rolau asesydd ymddiriedadwy.

Rhyddhau Cleifion Cyndyn

Mae canllawiau wedi'u diweddaru ar ryddhau cleifion cyndyn bellach wedi'u drafftio ac maent wrthi'n cael eu cwblhau'n barod i'w cyhoeddi. Mae'r canllawiau hyn wedi cael eu datblygu o dan arweiniad timau Uned Gyflawni'r GIG mewn cydweithrediad â thimau iechyd a gofal cymdeithasol. Mae'r cynnwys wedi cael ei ystyried gan dimau cyfreithiol i sicrhau bod y cynnwys yn cael sêl bendith briodol ac i sicrhau ei fod yn cyd-fynd ag arferion priodol. Cyn bo hir, byddwn yn dosbarthu'r canllawiau i'r Byrddau Iechyd ac yn eu cyhoeddi er mwyn iddynt fod ar gael yn llawn i dimau a staff gael mynediad atynt yn ystod yr wythnosau nesaf. Bydd copi o'r canllawiau hyn yn cael ei rannu gyda chi cyn gynted ag y bydd y manylion terfynol wedi'u pennu.

Hyderwn fod yr wybodaeth hon wedi ymateb i'ch cais a byddwn yn rhannu'r canllawiau ar ryddhau cleifion cyndyn a'r canllawiau cyffredinol ar ryddhau cleifion o'r ysbyty maes o law.

Yn gywir

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Canllawiau Rôl Aseswr Dibynadwy

1. Diben

Un o'r camau blaenoriaeth ar gyfer creu rhagor o allu cymunedol yw cefnogi effeithlonrwydd yn y system. Mae hyn yn cynnwys datblygu canllawiau ar sail 'unwaith i Gymru' er mwyn helpu i fynd i'r afael â materion sy'n achosi oedi ar adegau allweddol yn y llwybr.

Lle mae sefydliadau'n "ymddiried" mewn eraill i gynnal asesiad ar eu rhan ac yn hyderus bod aseswyr yn ddigon medrus, gall rôl yr Aseswr Dibynadwy fod yn ddefnyddiol mewn pob math o sefyllfaoedd gwahanol i leihau dyblygu ymdrechion a darparu mynediad mwy amserol i wasanaethau asesu.

Un rhwystr posibl i'r trosglwyddiad amserol i leoliad gofal mwy priodol neu i gael mynediad at wasanaethau amgen yw'r amser mae'n cymryd i atgyfeirio at dimau eraill am asesiad neu wasanaethau. Gall hyn ychwanegu dyddiau diangen cronnus at arhosiad cleifion mewnol, gan achosi niwed posibl i'r sawl dan sylw a chyfyngu hefyd ar y gallu sydd ar gael i'r rhai sydd angen gwasanaethau gofal acíwt.

Mae'n ymddangos bod cyfle sylweddol ledled Cymru i ystyried rôl yr Aseswr Dibynadwy er mwyn helpu i gefnogi ymateb mwy effeithlon ac amserol gan wasanaethau. Yn dilyn cais am wybodaeth ar draws yr holl Fyrddau Iechyd ym mis Mehefin 2022, gwelwyd mai dim ond dau fwrdd iechyd oedd yn mynd ati i ddatblygu rolau Aseswr Dibynadwy. Hyn er gwaethaf gofyniad gan Lywodraeth Cymru yn y Canllawiau Cynllunio ar gyfer Rhyddhau Unigolion o Ysbyty yn gysylltiedig â COVID-19 y dylai timau rhyddhau o ysbytai wneud y canlynol:

Os nad oes perthnasoedd a threfniadau Aseswr Dibynadwy ar waith, gweithiwch gyda'r tîm rhyddhau ar fyrder i weithredu'r rheolau a'r prosesau hyn

Mae'r ddogfen hon yn nodi gofynion allweddol rôl aseswr dibynadwy fel y nodwyd mewn canllawiau polisi ac ymarfer cenedlaethol allweddol. Anogir partneriaid rhanbarthol i ddefnyddio hyn i gefnogi ystyriaeth weithredol o werth ychwanegol rôl Aseswr Dibynadwy; os yw rolau Aseswr Dibynadwy eisoes ar waith, gofynnir i bartneriaid ystyried a oes modd ychwanegu gwerth ychwanegol drwy unrhyw un o'r egwyddorion a amlinellir yn y ddogfen hon.

Mae enghreifftiau o rolau a ddatblygwyd o dan ofynion yr Aseswr Dibynadwy hefyd wedi'u cynnwys er mwyn sicrhau bod modd rhannu arferion da a'u cyrchu'n eang.

2. Canllawiau Polisi ac Ymarfer Cenedlaethol

Mae'r term 'aseswr dibynadwy' yn cael ei ddefnyddio mewn dwy ddogfen genedlaethol yng Nghymru:

1. Cyfeirir at Aseswr Dibynadwy fel un o'r blociau adeiladu ac un o'r saith egwyddor allweddol yn *Gartref yn Gyntaf.*
2. Mae **Gofynion Gwasanaeth Rhyddhau o Ysbyty COVID-19 Llywodraeth Cymru**[1] hefyd yn cyfeirio at rôl Aseswr Dibynadwy. Disgwylir i'r gofyniad hwn gael ei gadarnhau

[1] Gofynion Gwasanaeth Rhyddhau o Ysbyty COVID-19 (Cymru) Cyhoeddwyd Ebrill 2020

yn y fersiwn ddiwygiedig o Ofynion Rhyddhau o Ysbyty Llywodraeth Cymru a ddisgwylir.

a) Gofynion a diffiniad *Gartref yn Gyntaf*

Mae asesiad dibynadwy yn cynnwys aseswr dibynadwy – rhywun sy'n gweithredu ar ran a chyda chaniatâd nifer o sefydliadau – yn cynnal asesiad o anghenion iechyd a/neu ofal cymdeithasol mewn amryw o leoliadau iechyd neu ofal cymdeithasol.

Gall aseswyr dibynadwy ddeillio o unrhyw asiantaeth a dylent fod â mynediad uniongyrchol at wasanaethau ac offer. Mae defnydd o'r model hwn wedi tyfu yng Nghymru, ond i raddau amrywiol mewn rhanbarthau gwahanol. Mae profiad pandemig COVID-19 wedi hwyluso'r defnydd o'r model aseswyr dibynadwy, gyda rhai ardaloedd yn nodi canlyniadau cadarnhaol.

Rhaid i'r model bob amser:

- Gael ei wneud o fewn cymwyseddau proffesiynol.
- Amddiffyn diogelwch cleifion.
- Bod â ffiniau clir.
- Bod wedi'i gynllunio o amgylch cyflawni'r canlyniadau gorau i'r unigolyn, nid fel mecanwaith o lenwi'r bylchau mewn gwasanaethau.

b) Gofynion Canllawiau Gwasanaeth Rhyddhau o Ysbyty COVID-19 Llywodraeth Cymru

Mae'r ddogfen hon yn mynnu y dylai timau rhyddhau ysbytai wneud y canlynol:

- Gweithredu fel cyswllt allweddol i ddatrys problemau rhwng timau ysbyty a thimau cymunedol.
- Lle nad yw eisoes yn ei le, hyfforddi staff rhyddhau (rhai nad ydynt yn gorfod gwneud asesiadau CIC mwyach o bosibl) i weithredu 'Asesiadau Dibynadwy' ar gyfer cleifion yn yr ysbyty o gartrefi gofal, fel y gallan nhw ddychwelyd i'w cartref gofal yn brydlon, a chefnogi pob cartref gofal gyda'r trefniadau rhyddhau newydd hyn.
- Os nad oes perthnasoedd a threfniadau Aseswr Dibynadwy ar waith, gweithio gyda'r tîm rhyddhau ar fyrder i weithredu'r rheolau a'r prosesau hyn.

(Mae Gofynion Canllawiau Rhyddhau o Ysbyty COVID-19 Llywodraeth Cymru yn gyfredol adeg drafftio'r papur hwn. Fodd bynnag, disgwylir i ddiweddariad o Ganllawiau Rhyddhau o Ysbyty Llywodraeth Cymru barhau â'r gofyniad i ddatblygu Rolau Aseswyr Dibynadwy)

3. Rôl yr Aseswr Dibynadwy: Egwyddorion allweddol:

Nid yw'r ddwy set o ganllawiau y cyfeirir atynt uchod yn disgrifio unrhyw un rôl unigol fel yr Aseswr Dibynadwy. Yn hytrach, mae'n cyfeirio at **swyddogaeth** y mae modd ei chyflawni ar ran eraill lle mae hynny wedi'i nodi a'i gytuno a bod y gofynion uchod o ran cymwyseddau, ffiniau a chanlyniadau yn cael eu bodloni.

Gallai'r rôl fod **o fewn** sefydliad, er enghraifft rhwng adrannau neu grwpiau proffesiynol gwahanol o fewn bwrdd iechyd neu'n gweithredu **ar draws** ffiniau sefydliadol a/neu sectoraidd.

Nid yw cynlluniau asesiadau dibynadwy yn dileu nac yn disodli cyfrifoldebau statudol. Mae'n hanfodol bod y rhai sy'n ymddiried yn eraill i gynnal asesiad ar eu rhan yn ddigon

hyderus bod dealltwriaeth ddigonol o'r risgiau, y costau a'r farchnad leol, a bod aseswyr yn ddigon medrus i wneud y gwaith.

Mae'n hollbwysig bod llwybr clir a chyflym ar gyfer herio, uwchgyfeirio a datrys problemau neu faterion a godir gan unrhyw bartïon sy'n ymwneud â'r cynllun asesiadau dibynadwy. Dylid datrys unrhyw anghydfod cyn gynted â phosibl ac o fewn amserlen y cytunwyd arni'n lleol.

Dylai bod rhagolygon clir o'r nifer a'r mathau o asesiadau sy'n addas ar gyfer swyddogaeth asesiadau dibynadwy, a'r effaith y dylai hyn ei chael ar wella'r llif drwy'r system gyfan.

Gan ystyried y gofynion polisi a chanllawiau cenedlaethol, byddai disgwyl i rôl yr Aseswr Dibynadwy adlewyrchu'r egwyddorion allweddol canlynol:

- Gwerth ychwanegol a ffocws ar yr unigolyn
- Gwaith cydgysylltiedig / integredig ar draws iechyd, gofal cymdeithasol a'r trydydd sector er mwyn gwella profiad a chanlyniadau defnyddwyr gwasanaethau.
- Prosesau a llwybrau symlach y cytunwyd arnynt, gan osgoi ailadrodd asesiadau rhwng grwpiau proffesiynol a phartneriaid; canolbwyntio ar ddiogelwch cleifion, gan atal oedi wrth drosglwyddo i dimau / lleoliadau eraill.
- Cael ffiniau clir a gweithredu o fewn cymwyseddau proffesiynol.[2]
- Mae cytundebau pendant rhwng partneriaid, gyda threfniadau llywodraethu (Memorandwm Cyd-ddealltwriaeth neu gytundeb partneriaeth) ar waith e.e. er mwyn gwneud ymrwymiadau ariannol ar ran un neu fwy o bartneriaid.
- Wedi'i ategu gan gytundebau llywodraethu gwybodaeth, gyda mynediad at systemau gweithredu cyfrifiadurol partner er mwyn helpu gyda chofnodi a phrosesau eraill.
- Ymreolaeth ac atebolrwydd am gomisiynu / darparu offer a gwasanaethau eraill ar ran y partneriaid i gefnogi cam nesaf llwybr gofal yr unigolyn.
- Yn gallu cefnogi, ar ran partneriaid, gynnydd dros dro i'r gwasanaethau presennol wrth ddisgwyl am adolygiad.
- Nodi a gweithredu mesurau canlyniadau a fyddai'n nodi effeithiolrwydd rôl yr Aseswr Dibynadwy, wedi'u dylunio o gwmpas sicrhau'r canlyniadau gorau i'r unigolyn, nid fel dull o lenwi bylchau mewn gwasanaeth.

4. Enghreifftiau o Rolau Aseswr Dibynadwy

Dyma enghreifftiau syml o le y gall swyddogaeth Aseswr Dibynadwy wella prydlondeb ac effeithlonrwydd a ddarparwyd yng Nghymru:

- Therapyddion Galwedigaethol, Ffisiotherapyddion a Nyrsys yn cynnal asesiad cymesur cychwynnol i gomisiynu gofal tymor byr yn y cartref. Yn yr enghraifft hon mae staff bwrdd iechyd yn cwblhau asesiad awdurdod lleol ar gyfer cychwyn gofal a chwblhau'r dogfennau gofynnol, a defnyddio system gyfrifiadurol yr awdurdod lleol i gofnodi gwybodaeth yng nghofnodion yr unigolyn. Yna mae'r awdurdod lleol yn derbyn yr asesiad hwn, ac yn comisiynu gwasanaethau i'r unigolyn, ac yn cynnal yr adolygiad ar gyfnod priodol neu y cytunwyd arno, gan ychwanegu at gofnod presennol yr unigolyn.
- Yn achos unigolion newydd, mae'r aseswr dibynadwy yn "creu" ac yn llenwi cofnod unigol newydd y person.
- I unigolion sydd â gwasanaethau eisoes, byddai'r aseswr dibynadwy, yn seiliedig ar ei asesiad cymesur, yn gallu cynyddu dros dro y gwasanaethau a gomisiynwyd yn flaenorol am gyfnod penodedig, wrth aros am adolygiad.
- Yn dilyn yr asesiad cymesur, gallai'r aseswr dibynadwy gomisiynu gofal cam i lawr er mwyn adfer byrdymor naill ai mewn gwelyau a nodwyd mewn cartrefi gofal neu ofal ychwanegol, neu mewn cyfleuster gwelyau cymunedol cam i lawr er mwyn adfer.

[2] Dylai'r holl sefydliadau sy'n cymryd rhan gytuno ar broffil cymhwysedd ar gyfer yr aseswr dibynadwy.

- Defnyddir dull tebyg i ddechrau ymyriadau Tîm Ymateb Cymunedol llawn.
- Mae nyrsys Tîm Ymateb Cymunedol wedi cael hyfforddiant awdurdodau lleol i gyflawni rôl Aseswr Dibynadwy o ran cynnal asesiadau meddyginiaeth. Cafodd hyn ei weithredu i ddechrau oherwydd salwch / absenoldeb staff a oedd yn effeithio ar y gallu i ryddhau'n brydlon o'r ysbyty gleifion a oedd angen asesiad meddyginiaeth.
- Trefniadau mewnol Bwrdd Iechyd sy'n caniatáu i staff technegydd Ffisiotherapi a Therapi Galwedigaethol Band 4 gynnal ymyriadau lefel isel annibynnol â chleifion y Tîm Ymateb Cymunedol, yn hytrach na gorfod cynnwys yr aelod staff cofrestredig yn y lle cyntaf. Caiff hyn ei oruchwylio gan strwythur cymhwysedd a goruchwylio rheolaidd gan y staff cofrestredig.
- Symleiddio'r broses o gael gafael ar gymorth ailalluogi trwy asesiad gan y lleoliad atgyfeirio.
- Sefydliadau trydydd sector fel Gofal a Thrwsio yn asesu'r angen am offer ac yn archebu offer fel rhan o gytundeb wedi'i gomisiynu gyda chymorth tuag at hyfforddiant cymhwysedd staff.

Mae **manteision** rôl yr Aseswr Dibynadwy yn cynnwys:

- Llai o ddyblygu ymdrechion a thasgau (osgoi costau, cynyddu gwerth).
- Hwyluso'r rhyngwyneb atgyfeirio.
- Lleihau atgyfeiriadau anaddas.
- Darparu un asesiad o anghenion person.
- Seiliedig ar gymhwysedd a meini prawf.

Atodiad 1: Rhestr wirio gweithredu asesiad dibynadwy:

(addaswyd o ddogfen "Developing trusted assessment schemes: essential elements" NHS England, LGA ac ADASS, Gorffennaf 2017)

Ystyried cryfder ac aeddfedrwydd perthnasoedd ac ymddiriedaeth rhwng comisiynwyr a darparwyr iechyd a gofal cymdeithasol lleol, a chytuno ar unrhyw gamau i'w cymryd i gefnogi gwell ymddiriedaeth a pherthnasoedd fel rhan o gynlluniau i ddatblygu a gweithredu gwasanaeth asesiadau dibynadwy.

 Mae rhanbechnogaeth o risg yn gofyn am berthynas gadarnhaol, llawn ymddiriedaeth ar draws systemau iechyd a gofal cymdeithasol a rhwng sefydliadau comisiynu a darparu.

 Mewn sawl ardal bydd fforwm darparwyr o ryw fath, gan gynnwys fforymau gwerth cymdeithasol. Mae hwn yn debygol o fod yn lle ardderchog i ddechrau trafodaethau a chynnwys darparwyr y sector annibynnol wrth ganfod ateb hyfyw o'r cychwyn cyntaf. Os nad oes fforwm darparwyr lleol, efallai yr hoffai systemau lleol chwilio am gyfranwyr parod posibl ymhlith darparwyr cartrefi gofal a gofal yn y cartref drwy gomisiynwyr lleol, cymdeithasau cenedlaethol neu Arolygiaeth Gofal Cymru (AGC).

Dod â'r holl randdeiliaid at ei gilydd i ddechrau'r broses gyd-ddylunio:

 Er mwyn i'r asesiad a'r aseswr fod yn ddibynadwy, mae angen i'r holl randdeiliaid fod yn rhan o'r broses o ddylunio a datblygu'r rôl a'r broses/gweithdrefnau y cytunir arnynt.

Pennu set o amcanion cyffredin/a rennir ar gyfer y gwasanaeth asesiad dibynadwy:

 Dylai hyn gynnwys disgrifiad o'r boblogaeth darged, a dylai'r holl sefydliadau sy'n cymryd rhan ymrwymo i amcanion y cynllun, gyda chyfrifoldeb ar y cyd am eu cyflawni.

Sicrhau bod proses o'r dechrau i'r diwedd ar gyfer cynnwys cleifion a gofalwyr:

 Yn y bôn mae asesiad dibynadwy yn ffordd o gefnogi gwell profiad a chanlyniadau i gleifion a gofalwyr. Dylai cleifion a gofalwyr fod yn rhan o'r gwaith o ddylunio'r gwasanaeth ac adolygiad parhaus.

Cytuno ar ba fathau o asesiad fydd yn rhan o'r gwasanaeth:

 Mae'r term 'asesiad' yn cael ei ddefnyddio am bob math o asesiadau, felly er mwyn osgoi dryswch a help gyda chydymffurfio, dylai pob system leol nodi'n union pa asesiadau sy'n rhan o gynllun lleol - gall enghreifftiau gynnwys:

- ✓ Trosglwyddo'n ôl i becyn cymorth presennol, gan gynnwys gofal yn y cartref neu mewn cartref gofal.
- ✓ Trosglwyddo i becyn cymorth interim, e.e. ailalluogi neu D2RA.
- ✓ Pennu lleoliad cam i lawr er mwyn adfer.
- ✓ Asesiadau ar gyfer cymorth a gofal (cymdeithasol) [gan gynnwys cymorth i ofalwyr di-dâl allu parhau â'u rôl gofalu].
- ✓ Asesiadau ar gyfer offer, cymhorthion neu addasiadau e.e. model aseswr dibynadwy Iechyd Galwedigaethol mewn perthynas ag addasiadau mewn cartrefi.

Cyd-ddylunio proses symlach o'r dechrau i'r diwedd:

 adolygu'r broses o'r dechrau i'r diwedd er mwyn nodi unrhyw oedi a'u hachosion. Craffu ar yr holl waith papur a chael gwared ar ddyblygu. Os oes modd, cytuno ar broses asesu generig ar gyfer sawl gwasanaeth a diben.

 Dylai systemau hefyd ystyried taith gyfan y claf yn hytrach nag un pwynt asesu penodol yn unig.

Cytuno pwy all fod yn aseswr dibynadwy:

 Ystyried a yw'n hanfodol i'r gwasanaeth bod gweithiwr cymdeithasol, clinigwr neu therapydd yn cynnal yr asesiad. Mae'n debygol na fydd hyn yn wir yn y mwyafrif o achosion, a bod modd ystyried grŵp ehangach o staff ar gyfer y rôl. Bydd fframwaith cymhwysedd clir yn hanfodol. Er enghraifft, gall asesiadau ar gyfer offer, cymhorthion ac addasiadau gael eu cynnal gan ddarparwyr cymorth tai / tai a /neu wasanaeth trydydd sector fel Gofal a Thrwsio, y Groes Goch Brydeinig.

Cytuno ar gymwyseddau a rhoi gofynion hyfforddiant ar waith:

 Bydd angen naill ai fframwaith cymhwysedd cytûn y gellir mesur aseswyr posibl yn ei erbyn a/neu raglen hyfforddi i sicrhau bod aseswyr yn cyrraedd y cymhwysedd gofynnol, gan gynnwys dealltwriaeth o ddarpariaeth cartrefi gofal lleol a darpariaeth gwasanaethau gofal yn y cartref. Mae annog aseswyr i weithio ochr yn ochr â'r darparwyr cartrefi gofal a gofal yn y cartref sy'n bartïon i'r cynllun, ac ymgyfarwyddo â nhw, yn debygol o helpu i

ddatblygu'r ymddiriedaeth ofynnol. **Mae angen i systemau sicrhau eu hunain bod unrhyw un sy'n gweithio mewn rôl aseswr dibynadwy yn gymwys yn alwedigaethol.**

 Ar ôl cytuno ar ofynion o ran cymwyseddau a gwybodaeth ar gyfer aseswr dibynadwy, gellir gwirio'r rhain yn erbyn proffiliau rôl presennol i nodi bylchau. Bydd hyn yn llywio unrhyw gynllun hyfforddiant.

Cynnwys fframweithiau clir a dolen adborth/llinell frys yn y model:

 Bydd gwasanaeth da yn defnyddio dull sy'n canolbwyntio ar yr unigolyn ac yn helpu pob unigolyn i gyflawni'r canlyniadau y mae'n eu dymuno. Gallai hynny olygu gweithio mewn ffyrdd newydd a gwahanol, gydag elfen o fentro weithiau - er enghraifft, ceisio cael rhywun adref o'r ysbyty hyd yn oed os yw'n eiddil iawn. Mae angen i'r aseswr dibynadwy gael ei gefnogi gan fframwaith clir ar gyfer cymryd risgiau, a gytunwyd gan yr holl bartneriaid sy'n rhan o'r gwasanaeth. Bydd hyn yn cael ei wneud mewn trafodaeth â'r claf a'i deulu, gyda chynlluniau wrth gefn clir ar gyfer unrhyw risgiau a nodwyd.

 Os yw'r gwasanaeth y mae'r aseswr dibynadwy yn gweithio ar ei ran yn credu bod asesiad yn anghywir, rhaid cael llwybr cyflym a hwylus i drafod a datrys y pryderon. Gallai hyn gynnwys, er enghraifft, linell frys i gydweithiwr neu reolwr arall mwy profiadol gyda chytundeb i ddod o hyd i gymorth arall neu ychwanegol pan fo angen.

 Sefydlu proses datrys problem/anghydfod agored/dryloyw, a gytunwyd gan bob parti sy'n rhan o'r cynllun.

Cynnwys gwerthusiad yn nechrau'r broses:

Cytuno ar fetrigau i'w defnyddio i fonitro sut mae'r gwasanaeth yn gweithredu a'i effaith:

Er enghraifft, pa ganran o'r rhai sy'n mynd adref fyddai disgwyl i wasanaeth asesiadau dibynadwy eu hasesu? Pa gyfran o'r rhain na ddylai gael unrhyw gefnogaeth barhaus? Pryd fydd hyn yn digwydd ym mhob rhan o'r ysbyty neu'r gwasanaeth? Pa ganran o'r rhai sy'n cael eu rhyddhau o'r ysbyty neu eu derbyn i'r ysbyty fydd yn cael asesiad dibynadwy?

 Pa effaith ddylai hyn ei chael ar oedi wrth drosglwyddo gofal a hyd arosiadau? Ydy adborth cleifion yn gadarnhaol? Ydy adborth gweithwyr proffesiynol yn gadarnhaol?

Cytuno lle mae modd rhoi'r gwasanaeth ar waith yn gyflym:

 Gall gymryd amser i feithrin ymddiriedaeth rhwng sefydliadau ac unigolion, felly dylid dechrau gan bwyll gydag un ward neu wasanaeth a'i gyflwyno'n raddol wedyn, ond gydag amserlen glir ar gyfer cyflwyno i wasanaethau neu leoliadau eraill.

Eitem 4.7

Feedback to the Health and Social Care, and Public Accounts and Public Administration Committees - 25 May 2023

At the meeting you agreed to provide the following:

- Your views on how well you think assessments for care and support are currently working and whether improvements are needed in this area; and
- The evaluation identified problems with multi-agency working – what were the main barriers you found, what actions are you calling for and why.

In addition, we would welcome your views on the effectiveness of the Act's eligibility criteria/regulations and whether they are fit for purpose.

ASSESSMENTS FOR CARE AND SUPPORT

Overview

From qualitative evidence (from service users and carers and the workforce) across the IMPACT Evaluation Study, there is a mixed picture of how assessment processes are working, and as well, some intelligence of where improvements might be made.

Whilst there are positive views on the framework for assessments and the inherent co-productive processes, and examples were given of supportive outcomes, there were also views from people who use services and carers of negative and disempowering experiences.

There was an identified need for reduction in assessment related to bureaucracy, for time to have and co-produce respectful 'what matters conversations', more promotion (and in simpler ways) of the availability of assessments for care and support, and greater focus on continuity of care and relationship focused practice. Issues were also raised about portability of assessments across local authorities and the need for improvements including timely communication and information sharing between local authorities.

This evidence is from the following study reports:

- Llewellyn M., Verity F., Wallace S. and Tetlow S. (2022) *Expectations and Experiences: Service User and Carer perspectives on the Social Services and Well-being (Wales) Act*. Cardiff. Welsh Government, GSR report number 16/2022. (Qualitative findings from 170 people; carers and people who use social services).
- *The Expectations and Experiences of Black, Asian and Minority Ethnic Service users and carers Report* (2022), an account of qualitative research
- Llewellyn M., Verity F., Wallace S. and Tetlow S. (2021) *Evaluation of the Social Services and Well-being (Wales) Act 2014: Process Evaluation.* Cardiff. Welsh Government, GSR report number 2/2021.
- Andrews N., Calder G., Blanluet N. and Baker R. (2023) *Co-production: Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014.* Cardiff. Welsh Government, GSR report number 38/2023.

Expectations and Experiences Service User and Carer perspectives on the Social Services and Well-being (Wales) Act (gov.wales)

Assessment Processes

Perspectives and experiences of the process of assessments are discussed in Section 3.10-3.15, and Section 3.44 of the *Expectations and Experiences of Service Users and Carers* Report.

Key messages

- There are positive accounts where assessments are described as supportive, acknowledging, and empowering, and negative and frustrating experiences where assessment processes are seen by some as overly about completing 'forms and paperwork', disempowering, judgemental and hard to access. (See Section 3.10-3.15).
- There are also stories of people having to repeat assessments because social workers had moved on and with a new worker the process started again. This raises issues about how continuity of care is being implemented. (See Section 3.44)
- There were also experiences of assessments not translating into any timely practical support as outlined in Section 3.22 of the report.

- Suggestions for improvement by the people we spoke with included a closer link between assessment processes and well-being outcomes, more emphasis on relationship-based practices, stronger continuity of care and less focus on the technical tasks of paperwork.

Knowledge of the Act

The need for knowledge about entitlements and the means to access assessments for care and support is a theme discussed in Sections 3.2-3.9 of the above report.

Key messages

- Some study participants found it hard to locate and access this information and if they did locate it, to make sense of it. They speak of the language describing entitlements under the Act being complicated, general, and unclear. From their perspectives, this was a barrier to engagement in the assessment processes and understanding entitlements under the Act.

Interpretations of the Act

Key messages

- Examples were given of inconsistencies between local authorities in the way that they interpreted the requirements and duties of the Act and how it was applied, leading to service users and carers pointing out variation in the processes of care and support between different authorities in Wales.
- For example, carers gave examples of the process for carers assessments being different in different parts of Wales. (See Section 3.35)

Evaluation of the Social Services and Well-being (Wales) Act 2014: expectations and experiences of Black, Asian and Minority Ethnic service users and carers | GOV.WALES

Drawing on the findings of qualitative research with 10 Black, Asian and Minority Ethnic older people, the following key messages were identified:

- The difficulties in accessing care and support, including assessments.
- Feeling let down by the care system and disconnect between expectations and what happened in practice.
- Having to 'battle' to be heard and receive care and support.
- Lack of responses to care needs.
- Impact of racial stereotyping on care and support.

Evaluation of the Implementation of the Social Services and Well-being (Wales) Act: process evaluation (gov.wales)

Assessments are discussed under Chapter 6 in the pre COVID-19 Evaluation report (2021, p.46-52).

Key messages

- Overall, and 'on balance' from the perspective of the workforce members interviewed pre COVID-19, the assessment processes were working well. Some participants noted examples of empowering outcomes as a result.
- The focus on strengths and asset-based conversations were positively noted. What matters conversations were viewed as a 'return to good practice' (2021, p.50)
- The focus on less risk aversion in assessments was noted as positive (2021, p. 49).
- There was also a view that the assessment processes require more time which can hard to realise with a system under pressures.

- There was a view expressed that the assessment forms and paperwork needed to be less complicated, and also that there are systems issues across local authorities which impede the 'portability of assessments. (2012, p. 50).
- Some participants spoke about carers 'not accessing carers' assessments' (2021, p.48).
- Tensions were discussed between voice and control when needing to facilitate/undertake challenging conversations e.g., safeguarding 2021, p.49).

Co-production: research to support the final report of the evaluation of the Social Services and Well-being (Wales) Act 2014 | GOV.WALES

Key messages

- Co-production is a key aspect of the undertaking of assessments.
- The IMPACT co-production study found that:

  '…the value of participation, and what makes it work well, were often expressed in terms of principles and virtues, such as respect and inclusion and good listening' (2023, p.23).

  Conversely, as the report author's state where there were experiences where *'…a lack of participation were articulated in terms of feeling marginalised, discriminated against, or being 'done to' rather than respected'. (2023, p.24)*
- Some perspectives that co-production is ambiguous with implications for what it means in practice. (2023, p.15)
- 'Organisational rigidity' has a bearing on how co-production happens. (2023, p.16) and power dynamics and hierarchies.
- When it works well the process is as important as the outcome.

From Act to Impact? Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014 (gov.wales)

In closing, the 'test' questions posed in the final report have a relevance to the question around assessments for care and support, directly Qs1-4, which sit under Strategic Intention 1:

Strategic Intention 1: Providing help and support to people to assess their needs and organise and secure the care and support services they require

What needs to be done to ensure there is improvement in the:

1. delivery of social care such that it reinforces compassionate, relationship centred forms of care and support services?

2. way that assessments for social care support are undertaken, when, and by whom so that they are better able to deliver the best possible well-being outcomes for individuals and carers?

3. sufficiency, appropriateness and sustainability of funding so that everyone who has needs as defined by the Act can be supported and cared for?

4. workforce recruitment and retention, to ensure workforce quality, sufficiency and sustainability?

MULTI-AGENCY WORKING

This is an issue which appears in a number of the documents in the study, and in the response we identify the key points that are of note in response to the question.

Evaluation of the Social Services and Well-being (Wales) Act 2014 Literature Review (gov.wales)

Key messages from the literature review are:

- Terms are often used interchangeably but have common characteristics and success factors.
- Building equal relationships with common language and purpose, culture (trust, honesty, reciprocity), managing expectations, permissions and processes are key although can be resource (including time) intensive.
- Working together across agencies is challenging but it provides opportunity to problem solve by sharing each other's knowledge and skills, so benefitting individuals, families, and communities.
- There is a gap in the multi-agency literature on the views and experiences of the individual, but especially family and carers and the workforce as the literature focusses mainly on care organisations, policy, and governance.
- Integrated care has mainly focussed on health service delivery until recent years where it is now moving towards health and social care integration.
- Not one study has sought to identify the success factors of a country's workforce working towards multiagency working.

Evaluation of the Implementation of the Social Services and Well-being (Wales) Act: process evaluation (gov.wales)

Key messages from the pre-COVID process evaluation, examining workforces perspectives on the implementation of the Act were broken down into two sections – strategic and operational multi-agency working relationships:

Strategic relationships with partners

Findings were that:

- Boards and structures have been a key aspect enabling the formalising and strengthening of partnerships between social care, health, and other agencies
- Regional Safeguarding Boards were especially viewed as positive developments to enable regional working
- Work is required to continue to develop the structure of RPBs, and to improve relationships between the RPB and the PSB
- The size of the region presents challenges to in-depth discussions about health and social care integration
- Applying 'a one size fits all' regional approach is problematic in responding to sub-regional and locality issues

Operational relationships with partners

Findings were that:

- The importance of leadership to initiate and sustain change is clear
- There is great value placed on positive, reciprocal working relationships with partners

- The Act is a driver and lever for developing partnerships with health
- The Act has, to an extent, enabled the integration of social care and health to develop in respect of collaborative regional approaches, commitment and buy-in from leaders, integrated working spaces, mutual respect and trust, and consistent messages to both organisations
- Time and resource are required to build effective partnerships
- The voluntary sector is an excellent partner on the whole, but concerns over capacity, funding and sustainability persist
- Competing 'cultures' of different organisations – especially social care and health – need to be further reconciled

Expectations and Experiences Service User and Carer perspectives on the Social Services and Well-being (Wales) Act (gov.wales)

There is a chapter in the 'Expectations and Experiences' report about the service user and carer experience of multi-agency working (Chapter 4, pp.59-70) which concluded that:

- Overall, there was a shared perspective on the importance of agencies not only working well together with each other, but also with the people in receipt of care and support.
- Yet, across the interviews and focus groups, there were frequent experiences of a lack of effective multi-agency working within and between LAs, and between different sectors. In particular, poor multi-agency working practices between social services and health featured heavily in the accounts of participants.
- Further, despite a significant value placed on third sector support, it was felt these services are not fully recognised by statutory services, which is especially problematic given that there were a number of positive examples of third sector support cited by participants.
- As demonstrated in this chapter, an absence of effective multi-agency working in the provision of care and support was the norm rather than the exception for the service users and carers we heard from.
- Their evidence focused on issues of variation like disparities of care and support between LAs and other agencies, differing interpretations of the Act, and delayed information sharing. Ineffective working, communication and information sharing between and within LAs, and between and within sectors, were all identified as issues to the detriment of service users and carers. For example, disruptions to the continuity of care when moving between LAs, and repeating information and experiences to multiple professionals, leading to feelings of frustration and distress.
- Whilst there were few positive experiences of multi-agency working, aspects seen as supporting effective multi-agency working included the introduction of dedicated transition workers for those moving between children and adult services, and single point of access teams.

One of the concluding statements of the report also reflected this:

Statement	Comment
There was absolutely no warning ahead of hospital discharge. We were kept out of the multi-disciplinary team meeting where all of the key decisions were taken.	Multi-agency working is an area that was identified as especially problematic. The feeling of being on the outside when a multi-agency meeting is happening and important decisions are being taken is a symptom of sub-optimal working relationships. The Act requires that people are at the heart of the decisions about them, but there is distance to travel before this is consistently achieved.

Multi-agency working Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014 (gov.wales)

There is an entire report focused on multi-agency working which was produced as part of the study. There is considerable detail in the document, but turning to 'next steps' for multi-agency working in the Welsh health and social care system, the authors identified six issues as a basis for further discussion on how the effectiveness of multi-agency working can be improved:

1. **Performance measures, outcomes and evaluation information need to be more robust to inform decision making**. At present, the development of effective outcome measures is an ongoing issue. Determination of effective methods at an organisational level needs to be coupled with consideration of how agencies can adopt measures on the basis of joint accountability.
2. **Multi-agency and cross-border processes should be clear to individuals, their families and carers**. Navigating the health and social care "system" is difficult for people seeking access to care and support. It is made more difficult when that care and support is provided by more than one agency.
3. **Further guidance on how to achieve sector-leading multi-agency working should be produced**. This should be developed for use by Regional Partnership Boards and agencies, and include a multi-agency 'checklist' of critical success factors that are considered most important with most impact, thereby facilitating a sense-check of where they are in relation to achieving excellence.
4. **A community of practice across Wales should be established to share ideas and solutions for challenges encountered.** The development of communities of practice for other purposes, such as achieving implementation of the national models of care being supported through the Regional Integration Fund, should be extended to include fulfilment of the Act's aspirations for improved multi-agency working, alongside the other principles.
5. **A champion for multi-agency working should be identified within each Regional Partnership Board across all population groups.** This should be undertaken with the Commissioners for Older People, and Children and Young People.
6. **Mandatory refresher training on the Act should be provided for all operational and strategic partners, in a multi-agency setting, together.** In addition, mandatory training on multi-agency working should be provided through inter-professional education (IPE) and through higher education and further education professional programmes in health and social care.

From Act to Impact? Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014 (gov.wales)

In closing, it is worth pointing to the 'test' questions posed in the final report – many of the 19 have a relevance to the question around multi-agency working, but in particular Q18 and Q19, which sit under Strategic Intention 7:

> **Strategic Intention 7: Achieving integration of local government services and between local authorities and their partners, particularly the NHS, to achieve better outcomes for individuals, carers and communities**
>
> What needs to be done to ensure there is improvement in:
>
> 18. multi-agency working and practice (including safeguarding), and in the practices of remote and distant working for some forms of interaction?
>
> 19. technological solutions that enable people to live independently, especially in a post-pandemic context of system pressures and workforce shortages?

ELIGIBILITY CRITERIA/REGULATIONS

There is limited evidence within the study on the effectiveness of the Act's eligibility criteria / regulations and whether they are fit for purpose. The following excerpts provide some insights in this regard, but do not provide sufficient evidence for us to make a determination as to whether they are fit for purpose.

Evaluation of the Implementation of the Social Services and Well-being (Wales) Act: process evaluation (gov.wales)

New approaches which embodied the emphasis on strengths- and asset-based assessment under the Act in understanding people's eligible need around well-being were evident

Paragraph 6.2

There was an overall approach described by many which embodied the new emphasis on strengths- and asset-based assessment under the Act in understanding people's eligible need around well-being, and an honest reflection that at the time of implementation there were (ultimately unfounded) worries about this leading to 'flood gates' opening.

> *…having those strengths based conversations with them [citizens] is almost like planting a seed I guess, allowing that person time to think about what you've said and what the impact is on them and promoting trust and confidence (Operational Manager, LA, Locality 2) There was an anxiety, I think, as there is with all aspects of change around 'what's that going to mean for me'? Are we going to open the flood gates of loads of things all coming in through the front door because everybody is going to be asking for an assessment and they have to have one […] That didn't actually bear out in reality (Senior Manager, Regional, Locality 4)*

Paragraph 6.32

Key to outcomes-focused working was the judgement of practitioners which has received a challenge in respect of linking outcomes to eligible need:

> *[T]he staff are having to have uncomfortable conversations and I think for staff to be able to do that well, they need to be well supported, they need to be confident in their ability and clear in what the expectation is on them really isn't it. (Operational Manager, LA, Locality 2)*

Expectations and Experiences Service User and Carer perspectives on the Social Services and Well-being (Wales) Act (gov.wales)

Paragraph 3.13

In contrast, some participants expressed their frustration that assessments felt like a 'tick box' exercise with the priority being the completion of forms and paperwork. There were experiences recounted where carers had not been able to gain an assessment, despite being eligible and wanting one. This was the case for the two carers below, as seen in extracts from their interviews:

> *…the Act specifically says that you know, carers have a right to an assessment and that assessment should be, is carried out by law to ensure that carers have the same outcomes and treatment that the person that they care for has. I think what has happened is the Act and the actual carers assessment has become, uh, disfranchised. It's become just a loose thing that happens, that possibly happens, when you become a carer (Carer, South West Wales, Male).*

I mean just to give you an example, under the Act we are legally entitled to a Carer's needs Assessment and let me tell you my experience of carers needs assessment and I can tell you a great deal of other people, you can't get them ok (Carer, South East Wales, Adult).

Paragraph 3.21

Some respondents had opposing interpretations to social service staff on what they were eligible to receive under the Act. The first excerpt below illustrates this point through an experience of direct payments, where the offer from the social service department contrasted with the respondent's own wishes for the provision of support as noted in the excerpts below:

I think the way that social services interpret the Act is very, very different to how an individual would interpret it. They're often using it to shut things down rather than open them up because their argument is 'ok you could find a personal assistant for £12.66 an hour therefore that is a reasonable direct payment to give you', whereas I'm saying 'a) I can't find one and b) I don't want one'. So it was easier for them to then contract the agency themselves and pay them directly which closes the whole thing down (Carer, South West Wales, Female, Adult).

…they're [LAs] just not doing what you know, those things that they say that they are supposed to do. They're just not doing it (Service User and Carer, South West Wales, Female, Older person).

I think to be honest it is since lockdown everybody is using excuses […]. … there's so many more excuses used about COVID as a reason not to do things now and that's in all aspects of disabilities full stop (Service User and Carer, South West Wales, Female)

Paragraph 3.53

Experiences were relayed where participants perceived that the social services managers were making care and support decisions based on the money available, not the assessment process:

…the social workers don't decide on you know what support you get, the managers do. I think it just depends on how much money they've got in the budget at that particular time you know and basically whether you're eligible in inverted commas or not (Carer, South East Wales, Adult).

As far as we know this request was turned down by a panel of middle/senior managers. To date, we have not been formally informed of this decision. This to me suggests that our views and wishes, as a family, in respect of the type of care and support we need are listened to at a ground roots level. Unfortunately these views can be overridden further up the decision making chain. These decisions and the reasons behind them are seldom communicated to the service users. These are factors that I believe are contrary to the aims of what is on the whole a good and empowering Act (Carer).

Mae cyfyngiadau ar y ddogfen hon