Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 5 – Tŷ Hywel	**Sarah Beasley**
Dyddiad: Dydd Iau, 21 Tachwedd 2019	Clerc y Pwyllgor
Amser: 09.15	0300 200 6565
	SeneddIechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.15-09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Darparu gofal iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion: Sesiwn dystiolaeth gyda Cymdeithas Llywodraeth Leol Cymru a Chymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru

(09.30-10.15) (Tudalennau 1 – 36)

Jackie Davies, Pennaeth Gwasanaethau Oedolion ym Mhen-y-bont ar Ogwr, Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru

Y Cyngnorydd Huw David, Llefarydd Cymdeithas Llywodraeth Leol Cymru dros Iechyd a Gofal Cymdeithasol ac Arweinydd Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Briff ymchwil

Papur 1 – Cymdeithas Llywodraeth Leol Cymru a Chymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru

Egwyl (10.15-10.20)

3 Darparu gofal iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion: Sesiwn dystiolaeth gyda byrddau iechyd lleol

(10.25-11.10) (Tudalennau 37 - 48)

Rob Smith, Cyfarwyddwr Ardal y Dwyrain, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Rob Lightburn, Dirprwy Bennaeth Gofal Iechyd, CEM Berwyn, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Alan Lawrie, Cyfarwyddwr Iechyd Sylfaenol, Iechyd Cymunedol ac Iechyd Meddwl, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Carmel Donovan, Rheolwr Gwasanaeth Cymunedau Integredig, Bwrdd Iechyd Prifysgol Carmel Donovan

Papur 2 – Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Papur 3 – Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Egwyl (11.05-11.10)

4 Darparu gofal iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion: Sesiwn dystiolaeth gyda byrddau iechyd lleol

(11.20-12.05) (Tudalennau 49 - 78)

Alison Ryland, Uwch-nyrs/Rheolwr Gofal Iechyd ym maes Gofal Sylfaenol, Bwrdd Iechyd Prifysgol Aneurin Bevan

Dr Mair Strinati, Cyfarwyddwr Clinigol Grwpiau Agored i Niwed, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Dr Anjula Mehta, Meddyg Teulu a Chyfarwyddwr Dros Dro Gwasanaethau Iechyd Sylfaenol a Chymunedol, Bwrdd Iechyd Prifysgol Bae Abertawe

Emily Dibdin, Arweinydd Clinigol ar gyfer Amgylcheddau Diogel a Chamddefnyddio Sylweddau, Bwrdd Iechyd Prifysgol Bae Abertawe

Papur 4 - Bwrdd Iechyd Prifysgol Aneurin Bevan

Papur 5 – Bwrdd Iechyd Prifysgol Bae Abertawe

Papur 6 - Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

5 Papurau i'w nodi

(12.05)

5.1 Llythyr gan y Gweinidog Iechyd a Gofal Cymdeithasol ynghylch iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu

(Tudalennau 79 - 80)

5.2 Llythyr gan y Gweinidog Iechyd a Gofal Cymdeithasol at y Gweinidog Gwladol dros Iechyd a Gofal Cymdeithasol ynghylch Cynllun Pensiynau'r GIG

(Tudalennau 81 - 84)

5.3 Llythyr gan y Gweinidog Iechyd a Gofal Cymdeithasol ynghylch gwasanaethau awtistiaeth yng Nghymru

(Tudalennau 85 - 101)

6 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn a'r cyfarfodydd ar 27 Tachwedd (ar gyfer digwyddiad anffurfiol i randdeiliaid ar ddarparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion), ac ar 05 Rhagfyr 2019 (ar gyfer blaen-gynllunio rhaglen waith)

(12.05)

7 Darparu gofal iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion: Trafod y dystiolaeth

(12.05-12.20)

8 Effaith Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 mewn perthynas â gofalwyr: Lansio'r adroddiad (lleoliad allanol)

(12.30-14.30)

Mae cyfyngiadau ar y ddogfen hon

TYSTIOLAETH CLlLC AC ADSS CYMRU I YMCHWILIAD Y PWYLLGOR IECHYD, GOFAL CYMDEITHASOL A CHWARAEON I'R DDARPARIAETH IECHYD A GOFALCYMDEITHASOL YNG NGHARCHARDAI CYMRU.

CLILC • WLGA

ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

Mai 2019

Amdanom ni

1. Mae Cymdeithas Llywodraeth Leol Cymru (CLlLC) yn cynrychioli'r 22 awdurdod lleol yng Nghymru, ac mae'r tri awdurdod parc cenedlaethol a'r tri awdurdod tân ac achub yn aelodau cyswllt.

2. Mae CLlLC yn sefydliad trawsbleidiol wedi'i arwain yn wleidyddol, a'r arweinwyr o bob awdurdod lleol sy'n penderfynu ar bolisi drwy'r Bwrdd Gweithredol a Chyngor ehangach CLlLC. Mae CLlLC hefyd yn penodi uwch aelodau fel Llefarwyr a Dirprwy Lefarwyr i ddarparu arweinyddiaeth genedlaethol ar faterion polisi ar ran llywodraeth leol.

3. Mae CLlLC yn gweithio'n agos gydag ymgynghorwyr proffesiynol a chymdeithasau proffesiynol o lywodraeth leol ac mae'n cael cyngor ganddynt yn aml, fodd bynnag, CLlLC yw corff cynrychioladol llywodraeth leol ac mae'n darparu llais cyfun, gwleidyddol llywodraeth leol yng Nghymru.

4. Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol (ADSS Cymru) yw sefydliad arweinyddiaeth broffesiynol a strategol ar gyfer Gwasanaethau Cymdeithasol yng Nghymru ac mae'n cynnwys Cyfarwyddwyr Gwasanaethau Cymdeithasol statudol a Phenaethiaid Gwasanaeth sy'n eu cefnogi i gyflawni cyfrifoldebau ac atebolrwydd y Gwasanaethau Cymdeithasol; grŵp o fwy nac 80 o arweinwyr y Gwasanaethau Cymdeithasol ar draws 22 awdurdod lleol Cymru.

5. Fel y sefydliad arweiniol cenedlaethol ar gyfer y gwasanaethau cymdeithasol yng Nghymru, rôl Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru (ADSS) yw cynrychioli un llais awdurdodol Cyfarwyddwyr Gwasanaethau Cymdeithasol, Penaethiaid Gwasanaethu Oedolion, Gwasanaethau Plant a Gwasanaethau Busnes ynghyd â gweithwyr proffesiynol sy'n cefnogi plant

ac oedolion diamddiffyn, eu teuluoedd a chymunedau, ar ystod o faterion cenedlaethol rhanbarthol polisi, ymarfer ac adnoddau gofal cymdeithasol. Dyma'r unig gorff cenedlaethol sy'n gallu lleisio barn y gweithwyr proffesiynol hynny sy'n arwain ein gwasanaethau gofal cymdeithasol.

Cyflwyniad

6. Dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (y Ddeddf), mae gan gynghorau lleol ystod o ddyletswyddau i'w cyflawni o safbwynt asesu a chwrdd ag anghenion gofal a chymorth unigolion yn yr ystâd ddiogeled. Mae angen iddynt fod ag ymagwedd holistaidd pan fo unigolion yn cwblhau eu dedfrydau ac wrth gynllunio iddynt gael eu rhyddhau.

7. Dan y Ddeddf, rhaid i gynghorau lleol ymgysylltu â sefydliadau partner i nodi sut orau i ddefnyddio adnoddau presennol. Gall cynghorau lleol gomisiynu neu drefnu fod eraill yn darparu gwasanaethau gofal a chymorth neu, dirprwyo'r gwaith o gyflawni'r swyddogaeth i barti arall, ond y cyngor lleol fydd yn parhau i fod yn gyfrifol am gyflawni'r ddyletswydd.

8. Rhaid i gynghorau lleol gefnogi plant ac oedolion gydag anghenion gofal a chymorth yn yr ystâd ddiogeledd yng Nghymru yn union fel y byddent ar gyfer rhywun yn y gymuned. Fodd bynnag, efallai y bydd rhaid addasu trefniadau darparu gofal a chymorth sy'n gweithredu mewn lleoliad cymunedol i ddiwallu anghenion y boblogaeth a chyfundrefn yr ystâd ddiogeledd.

9. Mae hyn yn newid mawr, yn flaenorol nid oedd yn glir pwy oedd yn gyfrifol am asesu a chwrdd ag anghenion gofal cymdeithasol yr unigolion hynny sydd yn yr ystâd ddiogeled, a'r canlyniad yw bod anghenion o'r fath yn aml heb eu cydnabod neu heb eu cyflawni'n effeithiol. O ystyried y newid sylweddol a'r dyletswyddau a'r cyfrifoldebau ychwanegol a osodir ar awdurdodau lleol, mae CLlLC ac ADSS Cymru yn croesawu'r cyfle i wneud sylw ar ymchwiliad y Pwyllgor i ddarpariaeth iechyd a gofal cymdeithasol yn yr ystâd garchardai oedolion.

Yr hyn mae'r cyfrifoldebau newydd yn ei olygu i awdurdodau lleol

10. Mae'r newid i'r ddeddfwriaeth wedi golygu fod cyfrifoldebau yn cael eu roi i awdurdodau lleol ac mae'n rhaid ystyried dulliau newydd o ddarparu gwasanaethau. Mae hyn yn cynnwys:
    - Rhaid darparu gwybodaeth, cyngor a chymorth i'r rhai hynny sydd yn yr ystâd ddiogeledd pan eu bod wedi eu carcharu, yn barod am gael eu rhyddhau ac wrth eu rhyddhau.
    - Rhaid darparu gwasanaethau ataliol a lles i'r rhai hynny yn yr ystâd ddiogeledd yn yr un modd â'r rhai hynny yn y gymuned;
    - I'r rhai hynny na ellir diwallu eu hanghenion gofal a chymorth drwy gyfeirio at wasanaethau ataliol a lles, rhaid i awdurdodau lleol ddod o hyd i ffyrdd i gynnal asesiad ar gyfer y rhai hynny yn yr ystâd ddiogeledd;

- Mae angen gweithio ar y cyd â sefydliadau fel Iechyd, Tai, y Trydydd Sector ac Addysg i sicrhau ymateb cyson ac wedi'i gydgrynhoi;
- Angen i Awdurdodau Lleol ystyried gwerth datblygu dull integredig gydag Iechyd i ymateb i'r anghenion iechyd a gofal cymdeithasol;
- Mae'r dull asesu'r un fath ar gyfer pobl yn yr ystâd ddiogeledd fel y mae i bobl mewn unrhyw ran arall o'r gymuned a chaiff cyswllt gyda gwarchodwyr a theulu ei gynnal yn y dull arferol. Fodd bynnag, mae cyfyngiadau ar hawliau gofalwyr am bobl yn yr ystâd ddiogeledd, er enghraifft nid oes rhwymedigaeth arnoch i ddarparu cynlluniau cymorth ar gyfer gofalwyr am bobl yn yr ystâd ddiogeledd;
- Mae'r Offeryn Asesu a Chymhwysedd Cenedlaethol a ddatblygwyd i'w ddefnyddio ar draws awdurdodau lleol yng Nghymru'r un mor berthnasol i'r rhai hynny yn yr ystâd ddiogeledd;
- Mae angen i Awdurdodau Lleol ddarparu adnodd staff priodol gyda sgiliau priodol ac wedi eu hyfforddi i gyflawni dyletswyddau dan Ddeddf 2014.

Galw a Phwysau

11. Mae'r Adroddiad Thematig ar y cyd diweddar gan Arolygiaeth Garchardai Ei Mawrhydi (HMIP) a'r Comisiwn Ansawdd Gofal (CQC) i ofal cymdeithasol mewn carchardai yng Nghymru a Lloegr yn amlygu'r ffaith fod carchardai wedi eu hail-lunio yn ystod y blynyddoedd diwethaf yn sgil poblogaeth gynyddol y carchardai, ynghyd â dedfrydau hirach a dedfrydau sy'n cael eu rhoi am droseddau hanesyddol. Ym mis Rhagfyr 2017, roedd 13,522 o bobl dros 50 oed yn y carchardai, sy'n 16% o gyfanswm poblogaeth y carchardai oedolion (rhai dros 18 oed). Mae'r amcanestyniadau'n nodi fod y nifer o bobl 50 oed a hŷn sy'n cael eu dal mewn lleoliadau gwarchodol yn debyg o gynyddu. Gan hynny, mae anghenion yn newid, gan effeithio ar ddarpariaethau a chodi cwestiynau am addasrwydd a hyfforddiant staff i ofalu am boblogaeth sy'n gynyddol hŷn.

12. Mae amryw o astudiaethau wedi defnyddio gwahanol feincnodau i ddiffinio oedran hŷn mewn lleoliadau carchar, ond cydnabyddir yn eang fod yr hyn yr ystyrir yn oedran hŷn mewn carchardai yn wahanol i'r hyn a ystyrir yn y gymuned. Yn ôl sawl adroddiad, mae carcharorion yn profi proses heneiddio gyflymach oherwydd ystod eang o ffactorau sy'n digwydd yn ystod eu dedfryd o garchar a chyn iddynt gael eu carcharu. Credir fod y carchar ei hyn yn amgylchedd sy'n gallu arwain at ddatblygu amhariadau corfforol a meddyliol. Yn ogystal, cydnabyddir yn eang fod iechyd meddyliol a corfforol carcharorion yn waeth na'r boblogaeth ehangach.

13. Mae poblogaeth sy'n heneiddio yn golygu fod carchardai yn gorfod delio'n gynyddol gydag eiddilwch ymhlith carcharorion. Mae Cymdeithas Geriatrig Prydain yn diffinio eiddilwch fel 'stad iechyd unigryw yn ymwneud â'r broses heneiddio, lle mae systemau corfforol lluosog yn colli eu cronfeydd mewnol yn raddol'. Mae eiddilwch yn lleihau gallu person i ffynnu os bydd iechyd yn dirywio neu her, fel mynd i awyrgylch carchar. Yn y boblogaeth gyffredinol, mae'n amcangyfrif y

bydd oddeutu 10% o'r rhai dros 65 oed yn dioddef o eiddilwch, gan godi i 25–50% o unigolion dros 85 oed.

14. Fel yr amlygir hefyd yn yr adroddiad thematig, mae nifer y carcharorion gyda dementia yn bryder pellach. Yn y boblogaeth gyffredinol, mae dementia yn effeithio ar oddeutu 5% o rai dros 65 oed a 20% o rai dros 80 oed. Mae nifer achosion dementia yn lleoliad y carchar yn anhysbys i raddau helaeth ac efallai na fydd dementia yn cael ei nodi.

15. Mae'r boblogaeth hŷn mewn carchardai, ynghyd â'r eiddilwch cynyddol a'r achosion o ddementia, wedi cyflymu'r angen i garchardai fynd i'r afael ag anghenion gofal cymdeithasol a hefyd addasrwydd yr amgylchedd ffisegol y caiff carcharorion eu cadw ynddi. Yn ogystal, mae gan gyfran arwyddocaol o garcharorion anableddau dysgu, awtistiaeth, anhwylderau iechyd meddwl neu anawsterau a allai hefyd effeithio ar eu gallu i ymdopi â bywyd yn y carchar. Ar draws y DU, amcangyfrifir bod[1]:
    - 36% o garcharorion ag anabledd;
    - 11% ag anabledd corfforol;
    - 18% â gor-bryder neu iselder; a
    - 8% ag anabledd corfforol a gor-bryder neu iselder.

16. Yn arwyddocaol, nodwyd hefyd bod gan 9 o bob 10 carcharor broblem iechyd meddwl a / neu gamddefnyddio sylweddau y gellir rhoi diagnosis iddynt.

17. Amlygwyd mewn asesiadau anghenion iechyd blaenorol ar gyfer carcharorion yng Nghymru:
    - lefelau arwyddocaol o iechyd meddwl gwael ac anhwylderau personoliaeth;
    - perygl cynyddol o hunan-niwed a hunanladdiad o'i gymharu â'r boblogaeth gyffredinol;
    - lefelau sylweddol o gamddefnyddio sylweddau, camddefnyddio alcohol a defnydd tybaco;
    - lefelau uchel o gyflyrau cronig lluosog ymhlith carcharorion hŷn;
    - lefelau sylweddol o heneiddio cynamserol, 'wedi'i gyflymu', a lefelau sylweddol o salwch ac anabledd y gellid bod wedi ei osgoi;
    - lefelau uchel o firysau a gludir yn y gwaed;
    - ychydig dystiolaeth i awgrymu mynediad arferol i wasanaethau ac ymyriadau ataliol cynradd ac eilaidd cyn mynd i'r carchar; a
    - lefelau isel o lythrennedd a rhifedd.

18. Roedd canfyddiadau allweddol eraill ymchwil blaenorol (May et al., 2008[2]; Stewart[3], 2008) hefyd wedi nodi'r canlynol:

[1] https://gofalcymdeithasol.cymru/cms_assets/file-uploads/SCW-NPAR-CYM.PDF
[2] May, C., Sharma, N. a Stewart, D. (2008) 'Research Summary 5: Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 a 2004'.
[3] Stewart, D. (2008) 'The problems and needs of newly sentenced prisoners results from a national survey'.

- Roedd bron i hanner y sampl wedi bod yn ddi-waith yn y flwyddyn cyn cael eu carcharu ac nid oedd 13% erioed wedi cael swydd;
- Roedd wyth deg pump y cant wedi chwarae triwant o'r ysgol yn rheolaidd ac nid oedd unrhyw gymwysterau gan 46%;
- Roedd pymtheg y cant yn byw mewn llety dros dro neu'n ddigartref cyn cael eu carcharu; roedd hyn yn gyffredin ymhlith carcharorion byrdymor ac oedolion;
- Dywedodd chwarter fod ganddynt o leiaf un salwch neu anabledd hirdymor, cwynion cyhyrysgerbydol ac anadlu oedd y problemau iechyd mwyaf cyffredin a adroddwyd;
- Dywedodd dros bedwar o bob pump yn y sampl (82%) fod ganddynt un neu ragor o symptomau iechyd meddwl, ac roedd gan draean (36%) rhwng chwech a deg o symptomau;
- Roedd y rhan fwyaf o garcharorion wedi defnyddio cyffuriau anghyfreithiol yn ystod y flwyddyn cyn cael eu carcharu; roedd merched, carcharorion sy'n oedolion a'r rhai a ddedfrydwyd am lai na blwyddyn yn fwy tebygol o ddweud eu bod yn defnyddio herion neu gocên;
- Nododd 36% o'r sampl eu bod yn yfed yn drwm ac roedd yn fwy amlwg ymhlith carcharorion tymor byr a dynion;
- Roedd tuedd i garcharorion flaenoriaethu cyflogaeth a diffyg sgiliau dros faterion iechyd a theuluol o safbwynt yr help oedd ei hangen arnynt yn ystod eu dedfryd;
- Dywedodd bron hanner (48%) y sampl fod angen help arnynt i ddod o hyd i gyflogaeth. Nododd 42% a 41% yn y drefn honno bod angen help arnynt i gael cymwysterau a gwella sgiliau'n ymwneud â gwaith. Roedd angen help ar tua thraean gyda thai a'u hymddygiad troseddol.

19. Mae hefyd cysylltiadau rhwng iechyd gwael ac aildroseddu. Er enghraifft, mae troseddwyr sy'n gaeth neu â chyflwr iechyd meddwl yn fwy tebygol o fod angen cymorth gyda thai, addysg neu waith i newid eu bywydau ac atal ymddygiad troseddol yn y dyfodol. Fodd bynnag, ar yr un pryd, mae ymchwil yn dangos y bydd y troseddwyr hyn yn ei chael yn anoddach i gael cymorth prif ffrwd na'r boblogaeth gyffredinol. Mae anghydraddoldebau iechyd cynyddol felly'n cael eu gwaethygu gan rwystrau mwy rhag cael mynediad i wasanaethau i ddiwallu'r anghenion hynny.

20. Y realiti yw bod sawl carchar hŷn yn anaddas i garcharorion mewn cadeiriau olwyn, neu gydag anawsterau symud. Mae rhai carcharorion yn ei chael yn anodd golchi ac edrych ar ôl eu hunain ac mae eraill sydd wedi syrthio yn methu cael help yn ystod y nos. I'r rhai hynny sydd wedi eu carcharu, ond sydd angen cymorth gyda'u gofal cymdeithasol neu bersonol, mae'n arbennig o heriol a brawychus. Cynlluniwyd carchardai fel man preswyl i unigolion corfforol ffit a meddyliol sefydlog, gyda bywyd carchardai yn cael ei drefnu i fynd i'r afael ag anghenion y mwyafrif. Mae carcharorion gydag anghenion gofal cymdeithasol – sy'n methu gofalu'n llwyr am eu hunain, ac angen help i fynd o amgylch y carchar neu gymryd rhan yn gymdeithasol - dan anfantais sylweddol.

Sut mae awdurdodau lleol yn cwrdd ag anghenion

21. Er mwyn cyflawni'r dyletswyddau a'r cyfrifoldebau sydd eu hangen gan y Ddeddf, mae rhai awdurdodau lleol, fel Pen-y-bont ar Ogwr a Wrecsam wedi sefydlu timau bach penodol sy'n eistedd o fewn y carchar, sy'n cynnwys ystod o staff, gan gynnwys: uwch ymarferydd gwaith cymdeithasol; gweithiwr cymdeithasol; a therapyddion galwedigaethol sy'n cynnal asesiadau a datblygu cynlluniau gofal a chymorth a reolir ar gyfer pobol yn yr ystâd ddiogeledd, yn ogystal â chefnogi gwaith tîm iechyd o fewn cyrraedd presennol y bwrdd iechyd. Mae hyn yn cynnwys darparu gwasanaethau gwybodaeth a chyngor, a mentora cyfoedion a chefnogaeth.

22. I eraill, mae cyfrifoldeb am y dyletswyddau newydd hyn o fewn y timau presennol. Er enghraifft, yn Sir Fynwy mae'r cyfrifoldeb gyda Thîm Gwasanaethau Integredig Sir Fynwy sy'n ffurfio partneriaethau newydd gyda OMS Cenedlaethol a'r Gwasanaeth Iechyd Carchardai (ABUHB) a datblygu, meithrin/ sefydlu dulliau ataliol, creadigol (y 'Cynllun Cyfeillio', Ioga, Ymwybyddiaeth Ofalgar, gweithgareddau Dydd, sesiynau cefnogaeth gan gymheiriaid), sy'n cynnwys poblogaeth y carchardai gydag anghenion gofal a chymorth.

23. Amlygodd yr adroddiad thematig HMIP a CQC bryderon ynghylch y gofal anghyson a dderbyniwyd gan garcharorion hŷn, ynghyd â diffyg cynllunio ar gyfer poblogaeth sy'n heneiddio, fodd bynnag, cydnabyddir hefyd fod rhywfaint o welliant wedi bod yn y gofal am garcharorion hŷn ac anabl ers y newid yn y ddeddfwriaeth.

24. Mae'r adroddiad yn nodi fod carcharorion gydag anghenion gofal cymdeithasol wedi eu nodi gan fwyaf wrth gyrraedd sefydliadau, naill ai drwy ddulliau sgrinio generig y carchar neu drwy ddulliau sgrinio gofal iechyd penodol. Roedd tystiolaeth fod carcharorion gydag anghenion gofal cymdeithasol yn cael eu nodi'n briodol ac yn cael eu cyfeirio'n brydlon yn y rhan fwyaf o sefydliadau sydd wedi eu cynnwys yn yr adroddiad. Yn ogystal, yng Ngharchardai Brynbuga a Prescoed, amlygwyd staff gofal cymdeithasol i fynychu'r cyfnod ymsefydlu cyffredinol i hyrwyddo'r gwasanaeth a nodi unrhyw anghenion a allai fod wedi eu methu wrth gael eu derbyn.

25. Cafwyd hyd i arferion da yng Ngharchardai Caerdydd, Brynbuga a Phrescoed lle'r oedd model Cymru Gyfan wedi cymell targed ar gyfer asesiad sgrinio cychwynnol yn ôl timau gofal cymdeithasol penodol yr awdurdod lleol o fewn 24 awr i'r atgyfeiriad.

26. Nodwyd Carchar Caerdydd hefyd am ei waith ar y cyd rhwng y darparwr iechyd a'r carchar i wella'r cyfleoedd cyfyngedig yn yr amgylchedd ffisegol y carchar i wneud addasiadau i ddiwallu'r anghenion. Yma roedd systemau sefydledig i'w hadolygu, gyda chomisiynwyr gwasanaeth a oedd yn ymwneud â'r adolygiadau ac unrhyw newidiadau oedd angen i gynlluniau gofal oedd yn cael eu rhoi i gomisiynwyr i gytuno arnynt.

27. Yng Ngharchardai Brynbuga a Phrescoed, roedd y therapydd galwedigaethol wrthi'n asesu pob cell i ganfod anghenion. Y prif broblemau a nodwyd oedd y gwlâu bync a'r toiledau isel. Roedd y therapydd yn archwilio'r defnydd o blinthau i godi'r toiledau gan nad oedd unrhyw fecanwaith arall ar gael. Roedd cerddwyr pedair olwyn gyda seddau wedi'u cynnwys ynddynt wedi eu neilltuo i garcharorion. Roedd rhain yn caniatáu gorffwys mwy cyfforddus gan fod y seddi'n gwiltiog, ac yn cynyddu annibyniaeth y carcharorion gan y gellid cario hambwrdd ar y cerddwr. Roedd hyn yn lleihau gorddibyniaeth ar gyfeillion carcharorion.

28. Fodd bynnag, mae'r enghreifftiau hyn yn dangos, gan mai pob Bwrdd Iechyd unigol ac Awdurdod Lleol cysylltiedig sydd â throsolwg dros ddarpariaeth gwasanaethau iechyd a gofal cymdeithasol yn lleol, nad oes trosolwg cenedlaethol ar hyn o bryd. Mae'r diffyg trosolwg cenedlaethol hwn yn golygu yn aml nad oes proses glir o sicrhau cytundeb cenedlaethol ar faterion yn ymwneud ag iechyd mewn carchardai. Mae polisïau a llwybrau gwahanol yng ngwasanaeth iechyd pob carchar ar gyfer materion fel rhagnodi, sgrinio a chamddefnyddio sylweddau. Mae hyn yn golygu y bydd cleifion yn derbyn gwasanaeth gwahanol yn dibynnu ble maen nhw wedi eu lleoli; gall hyn fod am sawl rheswm, gan gynnwys adnoddau neu wahanol fodelau gofal yn dibynnu ar y broses iechyd neu'r awdurdod lleol. Gallai hefyd fod gwahanol anghenion iechyd yn dibynnu ar yr anghenion iechyd lleol. Gan fod cryn dipyn o symud rhwng carchardai, mae hyn yn golygu y gall yr amrywiad o ran polisïau a llwybrau fod â goblygiadau arwyddocaol o ran sefydlogrwydd rheolaeth y rhai a garcharwyd. Gallai trosolwg genedlaethol helpu darparu parhad gwasanaethau ar draws carchardai, dysgu gan wahanol wasanaethau a datblygu safonau isafswm gofal.

Meysydd i'w gwella

29. Er y cydnabyddir fod cynnydd wedi'i wneud i gwrdd ag anghenion gofal cymdeithasol carcharorion, mae awdurdodau lleol yn parhau i amlygu meysydd ar gyfer gweithredu neu wella, mae'r rhai yn cynnwys yr angen i:
    - wella mynediad i, a pharhad, gwasanaethau gan gynnwys gwasanaethau ataliol, rhwng yr ystâd ddiogeledd a'r gymuned. Mae hyn yn cynnwys gwasanaethau yn mynd i'r afael â chamddefnyddio sylweddau, materion iechyd meddwl, ac iechyd rhywiol, mewn oedolion a phobl ifanc;
    - cryfhau gwasanaethau ataliol aml-asiantaeth, gan gynnwys cynnig sefydlogrwydd a chefnogaeth teuluol, er enghraifft drwy Teuluoedd yn Gyntaf a mynd i'r afael â Phrofiadau Niweidiol yn ystod Plentyndod (ACEs);
    - parhau i wella gwaith mewn partneriaeth, e.e. rhwydweithio, cyfathrebu a gweithio ar y cyd lle bo hynny'n briodol;
    - gwella 'gwasanaethau cymunedol' ehangach (e.e. Nyrsys Ardal) i alluogi adnoddau ychwanegol i gael eu cyflwyno 'tu mewn i'r giât' pan fo'r angen yn codi (e.e. rheoli cleifion lliniarol) a chynnal yr egwyddor o 'ofal yn nes at y cartref';

- datblygu llwybrau triniaeth ar gyfer y rhai hynny sy'n defnyddio sylweddau seicoweithredol newydd; a
- sicrhau fod cwnsela ar gael yn ehangach ar gyfer carcharorion sydd ar ddedfrydau hirach.

30. Nodwyd fod cefnogaeth yn ymwneud ag ailsefydlu yn flaenoriaeth, gydag adsefydliad effeithiol yn cael ei ystyried yn allweddol i leihau aildroseddu. Mae tystiolaeth wedi dangos fod:
    - Mae 45% o oedolion yn cael ail gollfarn o fewn blwyddyn i gael eu rhyddhau;
    - ar gyfer y rhai hynny sy'n cwblhau dedfrydau o lai na 12 mis, mae hyn yn codi i 58%; ac
    - mae dau draean o rai dan 18 oed yn cael ail gollfarn o fewn blwyddyn i gael eu rhyddhau.

31. Mae hyn yn golygu fod angen datblygu sgiliau galwedigaethol a chyflogadwyedd sydd â galw amdanynt yng Nghymru yn sgil yr anawsterau o ran datblygu cysylltiadau gyda chyflogwyr a sefydliadau addysgol a hyfforddiant. Ynghyd â'r angen i ddatblygu gweithio effeithiol mewn partneriaeth a threfniadau adsefydlu lleol da.

32. Gall tai sefydlog weithredu fel porth i adsefydlu ac mae cysylltiad rhwng bod yn ddigartref neu fyw mewn llety dros dro ac aildroseddu. Gall diffyg llety leihau cyfleoedd cyn-garcharorion i ddod o hyd i waith. Mae pobl sydd â llety wedi ei drefnu erbyn eu rhyddhau bedair gwaith yn fwy tebygol o fod â swydd, addysg a hyfforddiant wedi eu trefnu ar eu cyfer na'r rhai lle nad yw hyn yn wir.

33. Er bod nifer o raglenni adsefydlu da yn bodoli, mae'n dal i fod angen gwella'r pontio rhwng carchar a'r gymuned. Mae angen datblygu darpariaeth llety priodol pellach yn y gymuned yn barod i bobl gael eu rhyddhau o'r carchar, yn ogystal â gwella mynediad i gymorth iechyd meddwl a chamddefnyddio sylweddau ar ôl iddynt gael eu rhyddhau.

Heriau

34. Mae heriau sylweddol i ddarparu'r gwasanaethau gofal sy'n ofynnol dan Ddeddf Gwasanaethau Cymdeithasol a Lles (Cymru) 2014 yn yr Ystâd Ddiogeledd; mae hyn yn sgil natur amgylchedd y carchar fel safle Diogel dan glo. Er mwyn cael mynediad i'r carchar, mae angen i staff asiantaethau allanol fynd drwy brosesau clirio caeth er mwyn ymweld ag unigolion sydd angen cymorth gofal cymdeithasol. Mae cael cliriad yn cymryd oddeutu wyth wythnos i'w gwblhau ar gyfer pob gofalwr a gyflogir i ddarparu gofal a chymorth yn y carchar; nid oes modd felly i ddarparu gwasanaethau yn yr un modd ag y byddent yn cael eu darparu yn y gymuned.

35. Mae Awdurdodau Lleol wedi cael golwg ar ddulliau o oresgyn yr heriau hyn. Un dull a gymerwyd gan Ben-y-Bont ar Ogwr, er enghraifft oedd comisiynu gofal gan wasanaethau meddygol G4S o'r tu mewn i Garchar y Parc, sydd wedi cefnogi'r Awdurdod i gyflawni ei

ddyletswyddau a'i gyfrifoldebau. Mae'n debygol, pe na bai'r carchar yn cael ei redeg yn breifat, y byddai'r Awdurdod wedi gorfod darparu'r gofal yn uniongyrchol ac oherwydd rheolau diogelwch yn y carchar, byddai hyn wedi golygu y byddai'n rhaid i staff ddarparu gofal mewn parau a fyddai wedi chwyddo cost y gofal yn sylweddol. Fodd bynnag, mae'r cynigion gwreiddiol wedi profi ers hynny i fod yn afrealistig oherwydd gwrthdaro rhwng blaenoriaethau am y tîm gwasanaethau meddygol ac effaith gweithdrefnau cloi yn y carchar. O ganlyniad, mae'r trefniadau gofal yn destun adolygiad gyda'r bwriad o ddarparu dull mwy cynaliadwy o symud ymlaen; mae'n anochel y bydd y trefniadau diwygiedig, boed nhw'n cael eu darparu gan G4S neu gan yr Awdurdod, yn golygu costau ychwanegol.

36. Darparwyd £412,000 o gyllid ychwanegol yn wreiddiol fel grant penodol i'r Awdurdodau hynny gydag ystadau diogeledd o fewn eu ffiniau gan Lywodraeth Cymru i gefnogi cyfrifoldebau newydd, fodd bynnag, mae rhai awdurdodau wedi nodi nad yw hyn yn talu'n llawn am gostau darparu gwasanaethau gofal cymdeithasol yn amgylchedd yr ystâd ddiogeledd. Er enghraifft, mae Tîm Iechyd Meddwl Mewnol y Carchar (MHIRT) sy'n cynnig darpariaeth i Garchar y Parc a Charchar Abertawe, yn dîm amlddisgyblaethol sy'n cynnig gwasanaethau Iechyd Meddwl Eilaidd i garcharorion sy'n oedolion rhwng 18-65 oed. Roedd y model gwreiddiol ar gyfer gwasanaethau yn cydnabod ei bod yn afrealistig i ddisgwyl gwasanaeth Iechyd Meddwl cynhwysfawr i gwrdd â holl anghenion y grŵp oedran 18- 65 oed, felly cytunwyd y byddai'r MHIT yn cynnig gwasanaethau asesu/trin ar gyfer carcharorion gydag afiechydon meddwl difrifol aciwt, neu barhaus, ond yn bennaf yn ymwneud â'r asesiad o anghenion iechyd meddwl ar y pryd. Mae'r MHIT yn cynnwys: Seiciatrydd ymgynghorol (0.3wte), Nyrsys Cofrestredig Band 6 (3.0wte), Therapydd Galwedigaethol Band 6 (1.0 wte), Seicolegydd (0.2wte) a Rheolwr Tîm (1.0 wte).

37. Fodd bynnag, pan gomisiynwyd y gwasanaeth hwn yn wreiddiol yn ôl yn 2004, roedd y dyraniad refeniw a gytunwyd arno yn seiliedig ar boblogaeth o 800 yn unig o garcharorion yng Ngharchar y Parc. Mae'r carchar wedi gweld datblygiadau wedi eu cynllunio ers cynnwys y gwasanaeth carchardai a Llywodraeth Cymru sydd wedi arwain at i boblogaeth y carchar godi i dros 1,700 o garcharorion. Yn y cyfnod ers sefydlu'r carchar yn wreiddiol, ni fu unrhyw gynnydd yn yr adnoddau ar gyfer y tîm Iechyd Meddwl Mewnol. Mae hyn yn gosod y cefndir ar gyfer her Gwasanaethau Iechyd Meddwl Eilaidd i gynnig gwasanaeth cadarn i Garchar y Parc a Charchar Abertawe y mae'r MHIT wedi bod yn ceisio ei reoli o'r adnodd presennol a ariennir. O ystyried y pwysau ariannol presennol y mae awdurdodau lleol yn parhau i'w wynebu, credwn y byddai'n adeg briodol i archwilio'r lefelau cyllido sydd wedi eu nodi i gwrdd â'r cyfrifoldebau newydd hyn ac a ydynt yn ddigonol ai peidio er mwyn cwrdd ag anghenion gofal cymdeithasol carcharorion, yn arbennig o ystyried yr angen i fuddsoddi mewn meysydd ychwanegol er mwyn cefnogi a gwella darpariaeth gwasanaeth.

38. Oherwydd yr amgylchedd gwaith heriol, mae'n anodd recriwtio a chadw gweithwyr cymdeithasol a therapyddion galwedigaethol cofrestredig cymwys i fod yn rhan o weithlu

carchar. Yn hanesyddol, nid yw gwaith cymdeithasol a therapi galwedigaethol mewn carchardai wedi bod yn ddewisiadau gyrfa sefydledig i'r gweithwyr proffesiynol hynny ac mae wedi bod yn gryn dipyn o her i ddod o hyd i staff gyda'r cymhelliant i weithio yn y lleoliadau hyn. Ar ôl recriwtio, mae'r gweithdrefnau fetio yn hir ac mae cynnal cymhelliant staff a benodwyd drwy'r broses honno hefyd wedi bod yn heriol.

39. Mae cynllun a natur ein hystâd bresennol o garchardai hefyd yn amgylchedd eithriadol o heriol i ddarparu gofal. I ddynion sydd angen gwlâu ysbyty, offer codi, cadeiriau arbenigol ac ati, mae'r heriau'n sylweddol. Er efallai nad oes angen gwely aciwt mewn ward ysbyty, y dewis arall yw cell arferol mewn carchar neu adain gyda'r offer yn ei le; gall hwn fod yn ofod cyfyng iawn i ddarparu gofal. Felly, o ystyried y demograffeg lle mae carcharorion yn heneiddio a'r galw cynyddol i gael unedau gofal lliniarol ar y safle, mae'n mynd i fod yn gynyddol bwysig i sicrhau fod cynllun ein mannau diogel yn iawn yn y dyfodol, fel eu bod yn addas i'r diben.

40. Mae natur cymhleth iechyd carcharorion hefyd yn heriol, yn arbennig pan ddaw i asesu Gofal Iechyd Parhaus (CHC) gan nad oes unrhyw brotocolau clir o ran sut y gellir darparu hyn yn yr Ystâd Ddiogeledd. Er enghraifft, mae staff Cyngor Pen-y-Bont ar Ogwr wedi cefnogi'r tîm Gofal Iechyd yng Ngharchar y Parc i archwilio cymhwysedd ar gyfer Gofal Iechyd Parhaus y GIG yn y carchar gyda'r Bwrdd Iechyd Prifysgol. Ar hyn o bryd, nid oes canllawiau clir o bwy sy'n gyfrifol am gynnal Asesiadau Nyrsio ar gyfer carcharorion sy'n ymddangos eu bod yn cwrdd â chymhwysedd ar gyfer Cyngor Iechyd Cymuned y GIG: ac mae hyn yn arbennig o berthnasol os yw'r carcharor wedi cyrraedd diwedd ei oes ac eisiau neu'n gorfod aros yng Ngharchar y Parc nes eu bod yn marw. Byddai'n gymorth felly, yn y maes hwn, pe gallai canllawiau gael eu hadolygu ar fyrder.

41. Gyda demograffeg lle mae carcharorion yn heneiddio, mae costau asesu, darparu a rheoli gofal ar yr Ystâd Ddiogeledd yn codi. Bydd cost darparu asesiad a gofal a chymorth wedi ei reoli o fewn y carchar yn sylweddol uwch na chost darparu gofal cyffelyb yn y gymuned ehangach; mae'r effaith felly yn anghymesur o uchel ar awdurdodau sy'n cefnogi carchardai yn eu hardaloedd nac awdurdodau sydd ond yn derbyn carcharorion yn ôl i'w poblogaethau ar ôl iddynt gael eu rhyddhau. Mae CLlLC ac ADSS Cymru yn credu y dylai'r adnoddau ar gyfer iechyd a gofal cymdeithasol o fewn yr Ystâd Ddiogeledd yng Nghymru gael eu halinio â'r awdurdodau lleol a'r byrddau iechyd sy'n darparu er mwyn sicrhau nad yw lleoliad a'r boblogaeth o garcharorion yn yr ystâd ddiogeled yn eu cymunedau yn cael effaith niweidiol anfwriadol arnynt.

Betsi Cadwaladr University Health Board response to the Health, Social Care and Sport Committee inquiry into the provision of Health and Social Care in the adult prison estate

Introduction

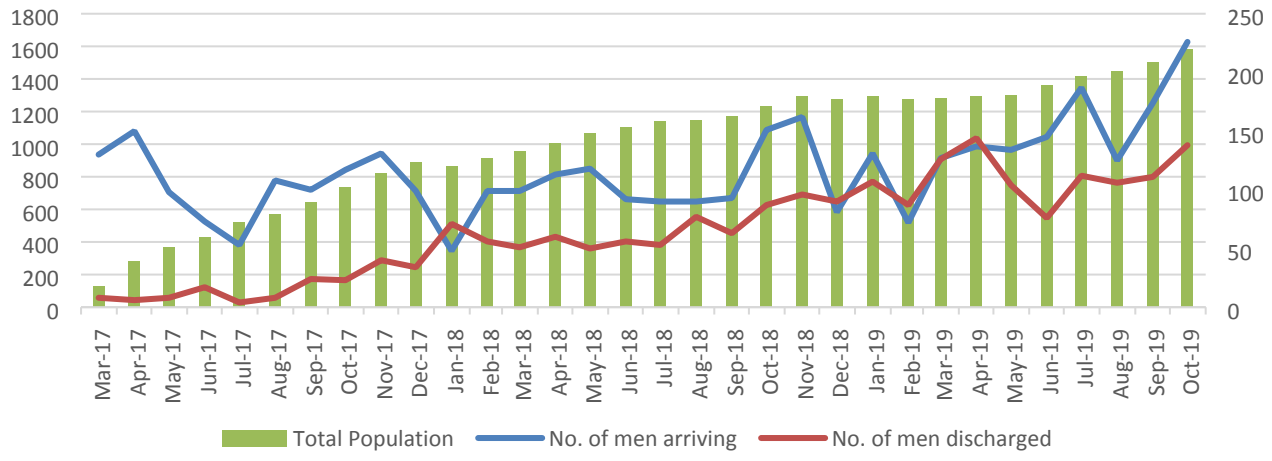
Betsi Cadwaladr University Health Board (BCUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into the provision of Health and Social Care in prisons in Wales. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry.

Overview of HMP Berwyn

HMP Berwyn is a Category C training and resettlement prison located on the outskirts of Wrexham, North Wales. HMP Berwyn opened in February 2017 and is the only prison provision in North Wales. The Health and Wellbeing services are provided directly by BCUHB and Adult Social Care provision is provided by Wrexham County Borough Council (WCBC).

HMP Berwyn will become a remand facility from 2nd December 2019 serving the North Wales courts. The remand provision is for approximately 100 men who have previously been remanded in the North West prisons, primarily HMP Altcourse in Liverpool.

The planned full occupancy of 2,106 has not been reached to date, current capacity at month end October 2019 was 1,584. However, the prison is planning to reach capacity in early 2020. Due to the nature of the ramp up there are a high number of men arriving at HMP Berwyn which creates an average of 154 receptions per month.



The age profile of the current population has been consistent since the prison opened with the majority of men within the 30-49 age range. The following provides a breakdown of the current population in terms of age demographics; there are 2 men over the age of 80 within HMP Berwyn at present.

BCUHB provides an extensive range of services on site to men within HMP Berwyn. These include:

GP	In and out of hours provision
Primary Care	Service includes nurses, health care support workers and phlebotomist
Mental Health & Learning Disabilities	Service includes psychiatrist, nurses, health care support workers, clinical psychologists, psychology assistants and practitioners
Integrated Substance Misuse	Service includes both clinical and psychosocial with nurses, health care support workers, psychosocial practitioners, community practitioners and programme facilitators
Therapies	Service includes full time physiotherapists, speech and language therapists, occupational therapists, radiographer and sessional dietician, audiologist and podiatrist. There is a contracted Optometry service which provides 2 sessions per week
Dental	Service includes dentist, dental hygienist, nurses and support worker
Pharmacy	Full pharmacy service including pharmacists, pharmacy technicians and pharmacy assistants
Additional sessional	Sexual health service visit for 2 sessions per week

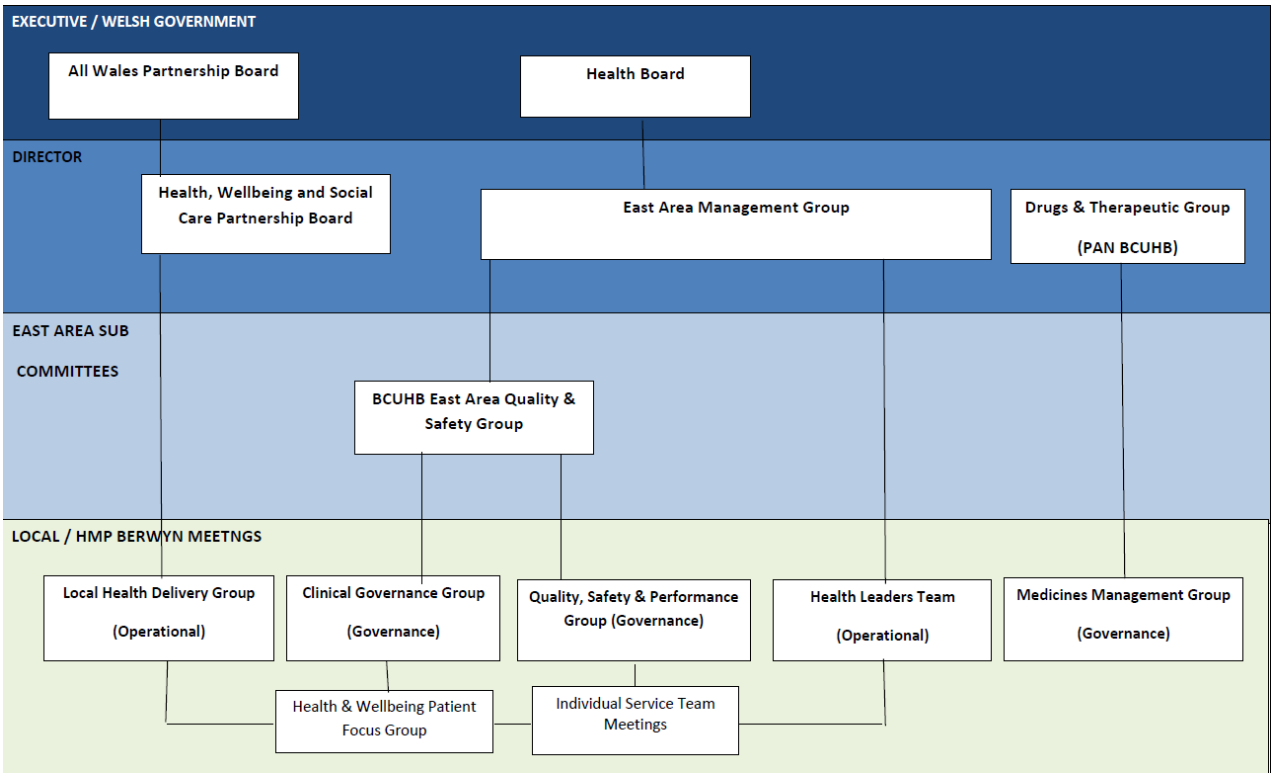
There are approximately 135 FTE BCUHB staff within the Health and Wellbeing Service at HMP Berwyn representing a range of grades and professions, as detailed above. However, all posts are not filled at present due to a number of vacancies.

Section 1: The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

A prospective Health and Social Care Needs Assessment was undertaken by Public Health Wales in May 2015 ahead of HMP Berwyn opening in February 2017. This was used by BCUHB to develop the service specification and delivery model of the Health and Wellbeing Services.

A full Health and Social Care Needs Assessment was conducted by Tamlyn Cairns Partnership in March 2019 commissioned by BCUHB to better understand the needs of the men at HMP Berwyn, two years since opening. The service specification is being reviewed in light of the recent Health and Social Needs Assessment to ensure that service provision meets the needs of the current and predicted population.

HMP Berwyn received its first Her Majesty's Inspectorate of Prisons (HMIP) Inspection in March 2019 which reported that 'the health provision was integrated and well led, and its quality and governance were very good overall'. The following shows the governance arrangements in place for the Health and Wellbeing Services within HMP Berwyn which provides good oversight by BCUHB.



The Health, Wellbeing and Social Care Partnership Board meets on a quarterly basis and is attended by all key partners including BCUHB, Her Majesty's Prison Probation Service (HMPPS), Public Health Wales, Wrexham County Borough Council, Welsh Ambulance Service Trust and Welsh Government. The meeting is jointly chaired by the Prison Governor and the BCUHB Area Nurse Director.

Working relationships between key partners are robust and BCUHB and HMPPS work effectively to resolve day to day operational issues to ensure Health and Wellbeing services are delivered to the men at HMP Berwyn.

A monthly comprehensive Quality, Safety and Performance Report is completed in relation to the Health and Wellbeing Service at HMP Berwyn. This is discussed within the monthly Quality, Safety and Performance Group and shared with the HMP Berwyn HMPPS Senior Management Team and BCUHB Senior Managers with an aim of providing an update on the delivery of health and well being services at HMP Berwyn, identifying current performance, and highlighting any areas for improvement alongside any area of good practice.

Robust action planning is in place to inform service improvements following inspections, death in custody's and serious incidents with reviews built into the governance arrangements.

The Health and Wellbeing Service review risks throughout the governance processes detailed and manage risks in line with the BCUHB risk management process.

Section 2: The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

All men who arrive at HMP Berwyn receive a comprehensive, robust health screening which includes physical and mental health, alongside substance misuse history. All men within HMP Berwyn have been received from another prison but this is due to change with the introduction of remand men from December 2019.

Access to services is good, with men able to obtain an urgent appointment with the GP the same day and an effective out of hour's service in place from the same provider which provides consistency. The therapies service consistently meets the Welsh Government Referral to Treatment Times (RTT) target of 14 weeks. The Dental team is currently the only service experiencing high demand and long waiting times due to the service not being in place when the prison opened due to issues with the build. This is resulted in extensive waiting times for a routine appointment, all parties are cited and working in partnership to resolve, the longest waiting time at end of October 2019 is 35 weeks since request for appointment.

The Mental Health and Learning Disabilities team utilise the Mental Health Measure and are monitored against their adherence to Welsh Government targets under Part 1 with all referrals received during October being assessed within the 28 day target. Compliance of men under Part 2 receiving care and treatment plans is not in line with targets due to significant vacancies within the Mental Health and Learning Disabilities team.

There is a current demand for therapeutic groups which are unable to be delivered at present due to vacancies for clinical psychologists. The recent Health Needs Assessment also identified access to counselling services as a need within HMP Berwyn.

All men within HMP Berwyn have access to national screening programmes in line with guidelines.

The delivery model and range of services provided within HMP Berwyn support men accessing health and wellbeing services in line with community equivalence as there is a reduction in the reliance on HMPPS to support escorting officers to external appointments.

There is an effective Peer Engagement Service in place within HMP Berwyn, supported by a Service User Engagement Officer, which is made up of four trained Peer Mentors. Their role involves conducting the Health and Wellbeing induction for all men arriving at HMP Berwyn, carrying out welfare checks on all men during their induction period and being able to answer any queries or resolve any concerns in relation to Health and Wellbeing services. This is either in person whilst on communities or via the Health and Wellbeing Helpline which is manned from 7.45am-3.30pm Monday to Friday by Peer Mentors. This service has been

in place for one year and has been a well used resource by the men in HMP Berwyn with over 5,000 contacts made.

Section 3: What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital – based care for inmates

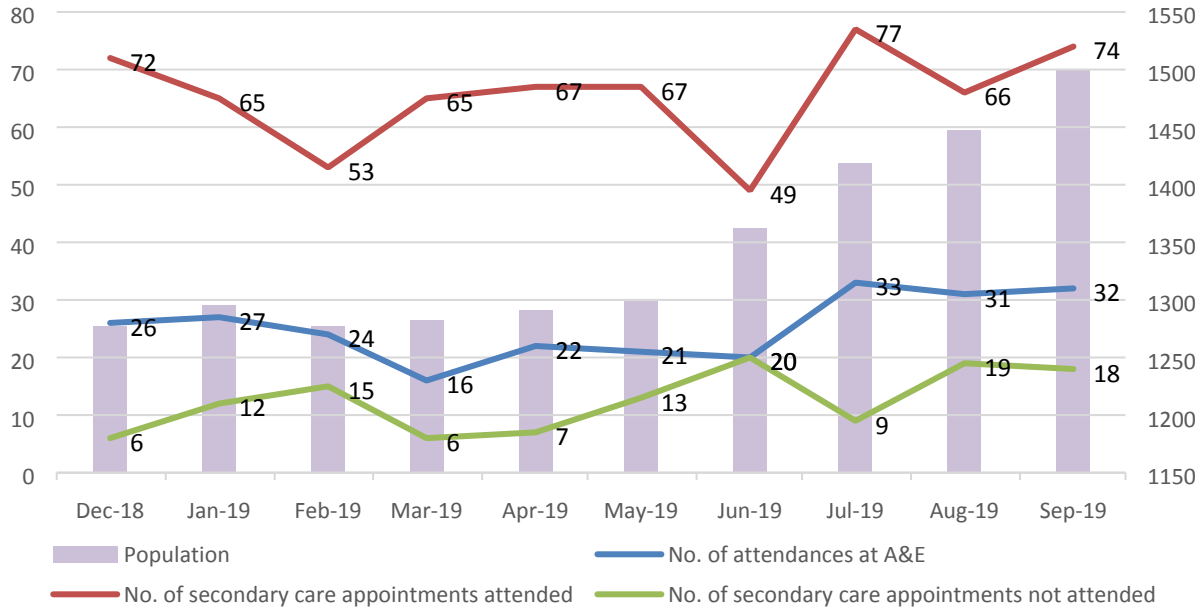
Health and Wellbeing services within a prison are highly complex. Services within HMP Berwyn are 24/7 and although there are a range of services on offer, planned clinics are required to be cancelled due to staff responding to emergencies or alternative pressures from 'core duties' such as medication administration.

In line with all services within BCUHB, and nationally, recruitment and retention of registered nurses is an issue which has impacted on the provision of services at HMP Berwyn. HMP Berwyn have reviewed their staffing structure with a view to recruiting allied health professionals (AHP's) and pharmacy technicians to compliment the nursing roles and ensure that the health and wellbeing services are delivered to the men, this has included utilising occupational therapists within the mental health and learning disability team and pharmacy technicians to support long term condition reviews.

Training and development opportunities have been plentiful for staff employed within HMP Berwyn which has aided retention to date, however as the service has been in place for 3 years with many staff in place since the opening of the prison, retention is now a challenge, particularly within the Mental Health and Learning Disability team.

Men accessing health and wellbeing services within a prison environment has added complexity due to the reliance on HMPPS to facilitate their attendance; this does impact on the number of men not attending their appointments. Within HMP Berwyn, the Peer Mentors are utilised to ascertain whether non attendance was due to prison operational issues or men choosing to not attend their appointments. Did not attend (DNA) rates are reviewed monthly within the Quality, Safety and Performance report and discussed at monthly partnership meetings with HMPPS colleagues.

Access to external secondary care services is good, although reliant on the prison operational team to facilitate access, either planned or unplanned. There are four planned appointments allocated escorting prison staff per day with emergency attendance in addition. Good working relationships have been formed to support additional emergency attendance when required, however there are instances where men do not attend their appointments due to prison operational issues. All non-attendances at planned hospital appointments are reported within the monthly Quality, Safety and Performance reports and to the monthly Local Health Delivery Group partnership meeting and quarterly Partnership Board.



Discussions are ongoing with the Emergency Department at the local acute hospital for key staff to access SystmOne, which is the prison clinical system and patient record. This development will support continuity of care and improved discharge information.

There are good working relationships with the BCUHB Palliative Care service and a secondment is being progressed in partnership for a specialist palliative care nurse to join the HMP Berwyn Health and Wellbeing team to lead on the implementation of the Dying Well in Custody Charter.

The physiotherapy service within HMP Berwyn have strong links with the community and acute BCUHB teams to avoid external appointments were possible, this includes triaging all orthopaedic referrals in house and working with the cardiac rehabilitation service to oversee all men following an assessment, reviewing and monitoring to avoid routine follow up appointments off site.

There are robust arrangements in place at HMP Berwyn in relation to release planning with all men released from HMP Berwyn receiving contact from a discharge co-ordinator 12 weeks in advance of planned release, organisation of referrals where relevant resulting in a personalised discharge summary and health promotion advice on day of release along with any required medication. There are challenges in relation to release and transfer, in that accurate and timely information is required from the prison to ensure that this process is completed.

Section 4: How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services

There are low numbers of older men at HMP Berwyn as detailed in the introduction.

Facilities within the prison environment as not conducive to caring for men with complex health and social care needs. There are a limited number of rooms which are classed as low mobility at HMP Berwyn, however following an assessment by the Occupational Therapist there are a number of changes required to ensure the room meets the needs of older men with complex needs. The inadequate facilities are included on the health and wellbeing risk register.

The lead physiotherapist within HMP Berwyn has developed a falls pathway based on the model in place within the community, to ensure that any men at risk of falls are identified and supported appropriately. The physiotherapy team work in partnership with the prison gym staff to support older men with walking groups and increased mobility exercises.

Adult Social Care services are provided by Wrexham County Borough Council and there is a process in place for BCUHB Health and Wellbeing staff to complete referrals for an adult social care assessment.

As detailed in section 2, any men that attend the BCUHB Cardiac Rehabilitation Service for assessment, are then monitored and reviewed by the in house physiotherapy team to avoid multiple follow up appointment externally.

Dementia friends training is available to all staff as two members of staff have completed the train the trainer course to facilitate delivery in house.

There are two audiology sessions provided on site per week, this supports men who require appointments in relation to hearing aids. There is an established process in place for hearing aid battery replacements which does not require an audiology input so is available at all times.

Section 5: If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board need to be reviewed

All associated costs are fully funded by HMPS on a monthly basis as outlined in a Memorandum of Understanding (MOU). This agreement has been in place since the prison became operational. As part of the MOU, quarterly reviews are carried out in relation to funding to ensure all costs are captured and invoiced accordingly. As a result the allocated budget is under constant review. The MOU outlines a financial envelope of £9.5M for costs associated with healthcare at HMP Berwyn.

Section 6: What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

Sufficient space for delivery of the Health and Wellbeing service is a barrier to improving provision at HMP Berwyn, there is currently a shortfall of office accommodation, clinic space and group rooms. Increased accommodation would enable the Health and wellbeing service to deliver a wider range of services to the men at HMP Berwyn.

Recruitment and retention of staff, particularly registered nurses as documented above is a significant barrier to improvement of services at present.

The delivery of health and wellbeing services within a prison setting are reliant on HMPPS colleagues, resulting in health and wellbeing services being impacted by issues beyond BCUHB's control such as by prison staff shortages and regime issues such as lock downs and restricted movement.

Continuity of care is a challenge within HMP Berwyn but is echoed across the prison estate due to the unpredictable movement of men between establishments. This affects a number of men who have engaged with services for treatment which may not continue if the receiving prison cannot provide the same offer.

The Health Needs Assessment which was completed in March of this year has identified areas where provision could be developed further and is available on request.

Enquiry into the provision of health and social care in the adult prison estate

Response from Cwm Taf Morgannwg University Health Board (CTMUHB)

Dear Committee,

Firstly, sincere apologies for the significant delay in responding to the inquiry and a thank you for allowing the Health Board to provide an outline submission.

BACKGROUND

As you will be aware Cwm Taf Morgannwg University Health Board (CTMUHB) came into existence on 1st April 2019 as a direct result of a boundary change which saw the healthcare responsibilities for the population of Bridgend County Borough Council (BCBC) come under the auspices of CTMUHB, having been previously provided by the former AMBUHB.

This boundary change saw the former Cwm Taf University Health Board change quite considerable in size and sphere of responsibility. The new organisation CTMUHB covers three local authority areas namely Merthyr CBC, RCT and BCBC and equates to a population of some 450,000 plus.

The former CTUHB did not have a prison within its geography and as such would not have been placed to respond to the inquiry. The new organisation now has HMP Parc within its geography and as such now has some responsibilities for healthcare within the prison.

However, the direct provision of many of the services are by other organisations. As you are probably aware G4S healthcare provides primary care services to the prison including dental care, Swansea Bay UHB provides Mental Health Services (under an SLA) with CTMUHB and services such as sexual health are in fact commissioned from an alternate provider. CTMUHB does however provide secondary care level services, some of which visit the prison.

GOVERNANCE AND OVERSIGHT

As part of the boundary change transition programme, documentation was provided outlining the work of the partnership board, its remit and membership and the actions that were being tracked.

A number of initial meetings with services that had and interest with HMP Parc took place and a variety of staff from primary care, CAMHS, Mental Health and recently Public Health have visited and interacted with the prison and its healthcare arrangements.

However a formal partnership board has not be convened due to a number of other pressing issues to which the HB as needed to attend. This is in the process of being rectified and a first meeting of the HMP Parc Partnership Board will take place before the Christmas break.

A key issue for the first meeting will be to establish service levels, service relationships, the outcomes of the health needs assessments (HNA) and the desired modus operandi moving forward. This may be more complex than in other parts of the prison estate due to the variety of service providers and the associated funding sources.

Until CTMUHB is fully sighted on this it is difficult to say whether the governance and oversight arrangements are efficient and effective. They do, however, based upon documentation have the apparent ability to be so as long as funding partners can be aligned with service goals and outcomes.

SERVICE DELIVERY: Demands and Future Delivery

Primary Care

These services including dental services are provided by G4S healthcare through a contract with the Ministry of Justice. CTMUHB primary care staff have visited HMP Parc to gain knowledge of the service delivery and its potential gaps in comparison to such services delivered in the community. It is of note that the scale and potential capacity of the primary care service may well not have kept pace with increasing prisoner volumes, demand and complexity, especially in older prisoners.

Mental Health services

Mental health services are provided by an In-Reach team. There are some concerns that this team seem to do not ordinarily see anyone with dementia, severe personality disorders or ADHD. This is clearly an area where there is growing demand and will need to be addressed either through the SLA or through direct provision of such by CTMUHB in conjunction with G4S. There are some cases of inmates with quite significant dementia who were not being reviewed with limited access to dementia medication.
The delivery of care to end-stage dementia patients which were difficult to manage in a prison setting is a key issue and the general view is that these will be more appropriate for older age psychiatric services as well as the specialist dementia teams that have been established across CTM in the community.

Sexual Health services

These are privately commissioned to a sexual health consultant on a private basis who provides care to HIV positive inmates at the prison bimonthly. This private arrangement has limitations, e.g. handing over care when patients are discharge. This is an issue that needs addressing through the partnership board and will feature as part of the HNA.

BBV services

Whilst under ABMU a BBV nurse visited the prison and helped them manage their Hep B and C patients. This service is fragile and will need to be developed under the auspices of the CTMUHB team.

Substance Misuse Services
At this point the HB has little knowledge of such services. Interaction with the new APB covering the area is due to take place over the next month.

CONCLUSIONS

1. CTMUHB has only very recently assumed a responsibility and oversight role for delivery of any form of prisoner healthcare.

2. Whilst there was hand over from the former ABMUHB the Partnership Board didn't not become reconstructed and this is an urgent action for this calendar year

3. CTMUHB is cognisant of the service inputs to HMP Parc very few of which are direct provision. The complexity of the healthcare arrangements, potential for handoff and gap is considerable and needs to be addressed.

4. CTMUHB along with the HMP Parc Management Team will need in this year to review the nature of the service delivery and assess whether this is providing both quality care and value.

5. The knowledge of CTMUHB in regard to prisoner healthcare is still relatively new, however the conclusion of the responses made by other HBNs and notable Cardiff and the Vale and Swansea Bay would seem to mirror the initial assessments by key clinical personnel in CTMUHB

ALAN LAWRIE

EXECUTIVE DIRECTOR OF PRIMARY COMMUNITY AND MENTAL HEALTH SERVICE

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Eitem 4

Health, Social Care and Sports Committee Inquiry into the Provision of Health and Social Care in the Adult Prison Estate

Aneurin Bevan University Health Board Response

The Health, Social Care and Sport Committee has agreed to undertake an inquiry into the provision of health and social care in the adult prison estate. The response below provides information with regard to the scope of the inquiry from the position of Aneurin Bevan University Health Board and its partners.

The terms of reference for the inquiry are:

Question	Response
Question 1 **The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.**	
Prison Health and Social Care Needs Assessment A Health and Social Care Needs assessment was undertaken by the Public Health Team in 2017/18 at HMP Usk and Prescoed. This has been used to prioritorise health and social care planning. In HMP Usk and HMP Prescoed there are very effective arrangements in place for planning and overseeing of the health services for prisoners. **Access to Healthcare** The Prison Healthcare Department is open between the hours of 8am and 4.30 pm Monday to Friday (excluding Bank Holidays). Access to healthcare outside of these hours is provided by the GP Out of Hours Service. The core **Nursing Healthcare Team** consists of: • 1 senior nurse • 4 prison healthcare nurses • 2 Healthcare Support Workers • 0.8 WTE Forensic Community Psychiatric Nurse • 1 Pharmacy Technician • 1 Administrator Based on prisoner need, nursing staff have undergone additional training to meet the changing physical health needs of the prison population. These include training in Blood Bourne Virus screening, long term conditions, dementia, spirometry, diabetic foot checks/foot care, skills for nutrition, Advance Care Planning etc. **Mental Health Services** There is 0.8 WTE Forensic Psychiatric Nurse who covers both sites. There are 2 dedicated Mental Health sessions at HMP Prescoed prison and 6 sessions in	

HMP Usk. There are robust referral processes to specialist secondary care mental health services and the consultant psychiatrist from these services in-reaches into the prison as clinically required. Mental Health representation is embedded onto the Prison Partnership Board.

General Practitioner Services
General Medical Services are provided through contracted GP sessions. There are 3 weekly sessions at HMP Usk and 2 weekly sessions at HMP Prescoed. The sessions are between 08.00 hours and 12.00 hours. GPs are available for telephone consultation up until 18.30 each day Monday to Friday. Outside of GP contracted hours, prisoners access GPs through the Out of Hours GP Service.

Optometry Services
Optometrists provide 4 sessions per month which consists of a whole day on each site.

Dental Services
The dentists provides 3 dedicated sessions per week. 2 sessions are at HMP Usk and 1 session at Prescoed.

Physiotherapy Services
In-reach physiotherapy services have been secured at HMP Usk. There are 2 sessions per month. This has significantly reduced the need for visits to secondary care services.

Pharmacist Reviews
A pharmacy technician is employed full time and covers both prison sites. A dedicated pharmacist who is also an independent prescriber provides sessions for complex medication reviews.

Other In Reach Services
These include:

- 3 monthly AAA screening
- 3 monthly podiatry
- Annual Diabetic Retinopathy
- Complex Respiratory Reviews by the Respiratory Clinical Nurse Specialist as required
- Complex Diabetic Reviews by the Diabetes Clinical Nurse Specialist as required
- Palliative Care as required
- District Nursing as required
- Occupational Therapy as required
- Sexual Health Services

Hospital Appointments
There are 2 allocated hospital appointment slots per day (excluding Friday afternoon) equating to an average of 9 per week. However, this is often

more likely to be 3 hospital escorts per day. Healthcare work very closely with the prison staff to ensure all hospital Out Patient slots are arranged.

Social Services
With the duty under the Social Services and Well Being Act to provide social services to prisoners, the effectiveness of current arrangements for the planning of social care is sufficient. However, it continues to require some flexibility on the part of the local Monmouth Integrated Team and wider Social Services, in order to respond to a changing profile of prisoners. For example, the anticipated ageing of the population in HMP Usk and Prescoed identifies the need to assess the suitability of the environments, as well as individual care and support needs and the offer of meaningful activities for a changing population.

To promote the existing strengths of the community to offer some support (prisoner-to prisoner) we have also seen a significant benefit in the development of a cohort of trained and supervised "Buddies".

Governance and Oversight
There is a Prison Health and Social Care Partnership Board which oversee the delivery of the Health Needs Assessment and relevant Inspection recommendations. A partnership action plan, governed and overseen by the Partnership Board has been reviewed to incorporate the Health and Social Care Needs Assessment (HSCNA) recommendations for both Prison Sites. The recommendations of the HSCNA have been used in planning health services for prisoners, specifically in regards to in reach and end of life care services. Recent inspections by HM Inspector of Prisons and Public Health suggest that there has been positive outcomes emanating from that productive collaboration, with further developments planned.

The Prison Partnership Board is co-chaired by the Prison Governor and Health Board's Divisional Director of Primary and Community Care and consists of representation from Aneurin Bevan University Health Board, Prison Officers, Health Care, Primary Care, Mental Health, Social Services, Policy Leads, Public Health Wales and Independent Monitoring Board (IMB) representation.

Prison healthcare is included in the Integrated Medium Term Plan (IMTP) to prisoners within the prison establishment as far as possible. All prisoners have access to secondary care services and Out Patient Departments as required.

There is an established Prison Delivery Group that oversees the operational delivery of health and social care. This group provides assurance and escalates concerns to the Prison Partnership Board.
Quality and patient safety concerns are subject to internal escalation processes to ensure timely responses to emerging concerns and DATIX Reporting.

There is an established Medicines Management Group that oversees prescribing and associated policy changes e.g. changes to Gabapentin schedule.

Additionally the nursing staff are now attendees at the prison meetings including Safer Custody, Reducing Reoffending and Resettlement meetings.

Reports and presentations on prison healthcare have been made over recent years to the Health Board's Quality and Patient Safety Committee and its Public Partnerships and Well Being Committee.

Question 2
The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

In 2017/18 a Health and Social Care Needs assessment was undertaken at HMP Usk and HMP Prescoed. This Health Needs Assessment and associated action plan are available on request.

The qualitative and quantitative research undertaken in the needs assessment process indicated that at the time of research the demand and need for Healthcare, Social Care and Substance Misuse Services were generally being met. However, it was also noted that the demand for dentistry and optometry services at the time of the study were not being fully met. This issue has since been addressed through additional sessions and access has significantly improved.

The demand for social care has been limited in the last three years, but has benefitted over the past 12 months from the preventative work being undertaken, such as the provision of training in activities and techniques deliberately offered to enhance well-being e.g. Mindfulness, yoga, supervised individual fitness programmes, social group activities, etc. The feedback from prisoners and consultation/questionnaires also seek to engage service-users in future planning.

The 'joined-up' approach of partner agencies in the provision of collective services was especially notable during the support of two palliative prisoners who required palliative care in recent years.

There are no current restrictions in regard to the provision of health and social care at HMP Usk and Prescoed. However we believe that there is a need to afford prisoners more interactive sessions through specific patient education groups, health and wellbeing/health promotion days etc.
The prison population are ageing and the prison environment is not conducive in totality to the care of older people. However, adaptations are being/have been made and there is now for example, a designated older persons cell and stair lift.

Question 3
What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

As in question 1, current healthcare needs are being met either from existing services, in reach services or hospital based care. However, there is an expanding and increasing prevalence of the ageing population in HMP Usk. This will lead to the need for an increasing amount of services regarding Dementia and Cognitive Decline, Chronic Disease Management, Physical Disability, Pain Management, End of Life Care Provision and Palliative Care.

Previously hospital-based physiotherapy clinics are now being provided through regular in-reach from the Monmouth Integrated Team and this has proven an effective change of approach, as well as an improved experience for the patient and may offer a template for the consideration of other services.

There is an impact on prison officer escorts should prisoners need access to Out of Hours services. However, there is currently limited demand on Out of Hours services.

Although the core prison healthcare service is appropriately staffed, this has required the Health Board to allocate £20,000 p.a. additional to the core funding to secure appropriate nurse staffing levels. Prison nursing is not perceived as a 'job for life' and the average time nurses remain in prison nursing is around 3 years. Additionally, there is an aging workforce within prison nursing. With a 'flat' structure, career development can be limited, one of the reasons cited for nurses leaving the service. Local workforce planning is being undertaken to ensure that a) a team leader is available to deputise for the senior nurse allowing the senior nurse to be more involved in national strategic work and b) afford career progression opportunities.

The nursing team has needed to undergo significant training to meet the changing health needs of prisoners being transferred to HMP Usk and Prescoed notably dementia training, management of chronic conditions/co-morbidities and end of life care.

There is probably a need to focus more on prison nursing as a rewarding career. One way to do this would be to have a focussed recruitment campaign and ensure there is a Welsh competency framework for prison nurses and Health Care Support Workers. Both HMP Usk and Prescoed have recently secured student placements that will hopefully enable students to consider prison healthcare as an attractive career option.

Question 4
How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

It is suggested that all prisons in Wales need to ensure that their infrastructure, policies and services are age friendly and dementia friendly including adopting primary and secondary falls prevention strategies.

The inclusion of the voluntary sector in the work of the partnership operating in HMP Usk, in particular in the development of an older people centre for activities, is a timely expansion of resources, energy and ideas, which bodes well for the immediate future. It also resonates with the need to develop resettlement functions, which have been adopted locally since April 2019.

More focus needs to be placed on ageing well plans and engaging prisoners with complex conditions in Advance Care Planning, alongside locally agreed palliative care pathways and in reach palliative care services. This is something that we have progressed in HMP Usk and Prescoed.

Question 5
If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

A summary of the baseline Prison budget and additional contributions made by the division can be seen in the below table. This excludes mental health and further dental investment made which is explained in the narrative below.

Prison Budget (excluding MH & Dental)	**2016-17 £,000**	**2017-18 £,000**	**2018/19 £,000**
Core Budget	520	547	550
Nursing Investment	20		
Pay Award/Uplifts	7	3	7
Total	**547**	**550**	**557**

Locally, the Health Board has contributed an additional £20,000 to the ring-fenced prison budget to ensure core nursing staffing and the employment of Health Care Support Workers. Additional monies have been allocated to increase primary care services including dental and optometry.

The dental service commissioned prior to 2017/18 cost approximately £36,000 per annum (2 sessions per week). The dental service commissioned from 2018/19 costs approximately £79,000 per annum and is funded from the dental budget. The additional investment is due to additional sessions (3 sessions per week) being provided to meet the needs of the prison population.

Additional investment was made to reduce the waiting list that was inherited from the previous providers in order to achieve the 6 week target stipulated by the inspection team in 2017/18. An additional £40,000 was invested.

Priorities for the investment would be to provide health promotion training for the residents of both prisons to help enable them to develop resilience, coping strategies and self-care options for physical and mental health issues, where appropriate.

It is also likely that the social care budget will need to be revisited as a result of the recently delegated resettlement functions, which may require the need for additional social work resources.

Question 6
What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales.

Locally we are considering how to better link prison nursing/healthcare with the wider 'community services' (e.g. District Nurses) to enable additional resources to be deployed 'inside the gate' when the need arises (e.g. the management of palliative patients) and maintain the principle of 'care closer to home'. Although this happens as the need arises, there needs to be further consideration of the total community resource over 24 hours.

Although there are currently no significant barriers, the HSCNA has indicated that services and prisoner outcomes may be improved if:

1) The use of telemedicine/technology enabled care needs to be further explored. This may prevent avoidable outpatient appointments through teleconsultations
2) A standardised IT system where everyone can share the residents wellbeing details to plan and target appropriate interventions needs to be further explored
3) Outcome measures for health care processes at the expenses of collecting process measures e.g. opt out system for BBV screening recording. There is ongoing National discussion around consistent all Wales outcome measures
4) Enhanced communication between prisons, particularly in relation to medication management and handover on transfers
5) The potential to secure mobile X-ray services.
6) There is a variable amount of time for vetting, meaning there could be delays in staff being able to take up employment
7) Patient education and health promotion for prisoners to better 'self-care' to be further considered/developed.

Response to the Health, Social Care and Sport Committee Inquiry into the provision of health and social care in the adult prison estate.

http://senedd.assembly.wales/mgConsultationDisplay.aspx?id=344&RPID=1515455566&cp=yes

HMP Swansea Health Care

Section 1: The effectiveness of current arrangements for the planning of health services for prisoners in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

1. Oversight for local delivery of prison health services is held by each individual Health Board. Welsh Government provides oversight through a Shared Priorities Working Group and through assurance arrangements, such as Health Care Standards and joint HIMP/HIW inspections.

2. Prison health service policies and pathways for issues such as prescribing, screening and substance misuse can vary across the prison sector. This means patients may receive a different service depending on where they are located. Reasons for this may be due to resources or differing care models dependent on health or Local Authority process. There also may be different health needs dependent on the prison population.

3. There is a great deal of movement between prisons, meaning that the variation in policies and pathways can have significant implications for stability of management for those imprisoned.

4. HMP Swansea Partnership Board is Joint chaired by the Prison Governor and Head of Nursing. The principle officer for the local authority attends. The Partnership Board has in recent years moved to a health and social care governance structure to strengthen service improvement.

5. Within Swansea Bay University Health Board (SBUHB), the HMP Swansea healthcare lead completes a quality and safety paper bi monthly. This is reported within the quality and safety meeting and reported back to the health board senior team in primary and community care directorate.

6. There is a Shared Priorities working group chaired by Welsh government and Public Health Wales and attended by representatives of all Welsh prisons. At these meetings reports on developments and national needs are highlighted. Liaison is then undertaken with Her Majesty's prison and probation service to develop needs and work streams. The first work streams have included substance misuse and mental health. There has been discussion at the meeting in relation to health performance indicators and development of an overarching governance structure for prisons that will allow oversight of all partnership boards.

Section 2: The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons

7. The evidence is clear about the increased complex health and social care needs of those residing in prisons, compared to the general community. Within the City of Swansea there are specialist health services for the homeless and those seeking asylum as examples, the prison will link with those services to help with care need. The prison has good links with the city and the services it offers.

8. However, it must be noted that not all the men at HMP Swansea will return to the city. The prison catchment area is a large one covering West Wales, Swansea, Neath and Port Talbot, but the prison will also have men from out of area -Cardiff and Newport as well as outside Wales. The healthcare centre will often be liaising with care services all over the country to try to establish continuity, often in areas where the services are unfamiliar to the referrer.

9. Local health and social care services can struggle to provide those residing in prisons with comparative services to those in the community partly because of restrictions prison life places on patients. This is exacerbated by the practicalities of how services are provided (with an increased emphasis on self referral/opting in, and access via internet, apps and phones which are not available within the prison environment).

10. The prison setting provides an opportunity to address complex health issues and contribute towards reducing inequalities. However, community services also have a key role in supporting the needs of vulnerable individuals before and after prison. Prison (or imprisonment) should not be solely relied upon to address multiple and complex needs which often stem from the community. There have been recent moves to deter sending those with less than 6 months sentence to prisons. This may have a positive effect as often those who are homeless and/or alcohol dependent or who have poor mental health will fall into a short sentence category (public disorder offenses etc). The care needs may be best assessed within the community using court diversion, housing and other wrap-around community care. Access is not always as quick once the person is sent to prison; despite services being available the sense of urgency is often changed with the prison often wrongly being seen as a place of safety.

11. The numbers of men held in prisons in Wales has increased over the last decade. Recent figures on prison overcrowding demonstrate that three Welsh prisons (HMP Swansea, HMP Usk/Prescoed and HMP Cardiff) are within the top twenty prisons in England and Wales in terms of prison population relative to certified normal accommodation[1]. This creates increased demand on prison health services.

12. Referrals to social work support are made through the Common Access Point by telephone. Healthcare prison staff and the patient can also self-refer. Referrals are very few. The Local

[1] https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf

Authority work closely with the prison and health care team. The access and provision of social care varies across the Welsh prison estate with different models being used in different prisons. Some have staff based within the prison.

Substance Misuse

13. Criminal Justice substance misuse services in prisons and in the community are commissioned by Her Majesty's Prison and Probation Services and the South Wales Police and Crime Commissioner. In Swansea Bay the contract is delivered by the Dyfodol consortium, covering interventions, assessment and also liaison within the prison. (Across Wales there are other service providers, and in West Wales no service specifically providing Criminal Justice Substance misuse clinical care). There are no clinicians associated with the in-prison contract at HMP Swansea and so healthcare services work with Dyfodol to deliver treatments. In Wales there is no Integrated prison Drug Treatment Services for substance misuse.

14. At HMP Swansea a working group established to review Drug Treatment Services for substance misuse looked at HMP Swansea's existing process and services. A revised service model commenced on 29th May 2018 and has been well received by those who have taken up the treatment option. Public Health Wales are evaluating the pilot and so far 289 men have benefited from this early treatment. This "early days opiate pathway" first morning medication is often supported by community drug teams and has led to stability and maintaining prescriptions for a large number of men aiding quicker recovery and improved mental health. It is noted that the significant additional work for prescribing, monitoring, dispensing and supervising has an impact on the nursing team, the establishment itself and on the workload of prescribers.

15. As noted above, within Swansea Neath Port Talbot the consortium Dyfodol provides the community Criminal Justice (CJ) drug services for people on release, as well as providing the psychosocial support within the prison. There is not usually access to the Community drug and alcohol team. Dyfodol supports the prescribing by the Health Care Team well and has been helpful during our pilot of treatment for those being released on medication.

West Wales no longer has a CJ service and the community Drug and Alcohol team provide the prescribing and clinical support for prison leavers in that area, although not set up to do so. This results in less seamless provision in West Wales with limited access to prescribers and very specific prescribing preferences. As a result the pilot has had a greater impact on resources in West Wales and there have been regular meetings with this team to plan care and allow the same opportunities for maintenance of Opiate Substitution prescribing on release that have been experienced by Swansea and Cardiff areas for example.

16. The ongoing monitoring of care for those in treatment has been a whole team approach within healthcare in HMP Swansea. Currently it is difficult to provide regular review by

prescriber/specialist clinician for those on substitute prescribing, as would be recommended[2] and appropriate to ensure safe on-going prescribing.

To improve this position, the Health Board has supported one of the nursing team to complete training as a Non Medical Prescriber. The Health Board is looking to create a senior nursing post within the team to help with the ongoing care, liaison and prescribing needs of those in treatment, and without this risk losing this experienced and valuable member of staff. Ensuring a strong educational framework and career progression for the nursing team is key to support retention.

17. Substances and alcohol dependence are reported as common conditions in new arrivals to HMP Swansea. The whole team are involved in assessment, treatment, medication administration and review. There are often other conditions alongside dependence which can impact as well such as depression, dual diagnosis of Significant Mental Illness, poor liver health from alcohol and other drugs as well as viral hepatitis. There is a need for improved Blood Bourne Virus testing in this high risk population, as well as other chronic disease management. Additional funding to help us continue to develop and do this work well within prison healthcare would be welcome.

18. Dual diagnosis services need further development to allow mental health needs and substance misuse problems to be managed in a seamless and effective manner providing the best support from both substance misuse and mental health services to deliver effective care.

Learning Disability

19.

The best evidence available suggests that around 7% of prisoners would be likely have IQs below 70 (a proxy for Learning Disability) and a further 25% who score between 70-79 (borderline requiring assessment)[3]. This compares to a national adult population rate of about 2% with Learning Disability[2].

We have sought to appoint a learning disability nurse at HMP Swansea. Such a nurse would support further development of systems. This would help us with care planning and nursing craft care for those with a learning disability. Such an appointment would need to be supported by a wider Learning Disabilities team.

Those who are already known to services that have social workers or nurses in the community healthcare services benefit from continuity of care and a visit from the care co coordinator.

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[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[3] https://www.choiceforum.org/docs/hmpliverpool.pdf

[2] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

20. Assessment for Learning Disability would often be appropriate and the recommended process would be through the mental health in-reach secondary care system and/or local authority and then onto the learning disability team. At Swansea we are looking to review this process to improve the pathway and the unmet need in the service to allow the opportunity of residing in a supported environment for assessment to be used and to link with services on discharge.

Mental Health

21. It is well recognised that levels of mental health disorder including severe and enduring mental illness are much higher in the prison population than outside. However, neither the UK nor Welsh government have definite data on numbers[3].

22. The Prison Mental Health In-Reach Team (MHIRT) is a multi-disciplinary team that provides Specialist Secondary Mental Health services to adult prisoners aged between 18- 65. The In-Reach team provide provision to both HMP Parc and HMP Swansea. The original service model recognised it was unrealistic to expect a comprehensive mental health in-reach service to meet all demands of the 18-65 age group, so it was agreed the MHIT provide assessment/treatment services for inmates with acute, or enduring serious mental Illness, but mainly relating to the mental health needs assessment at that time. The MHIT consists of: Consultant Psychiatrist (0.3wte), Band 6 Registered Nurses (3.0wte), Band 6 Occupational Therapist (1.0wte), Psychologist(0.2wte) and a Team Manager (1.0 wte).

23. The introduction of the Mental Health Measure 2010 placed additional responsibility on the In-Reach team as prisoners who had previously been seen can re-refer under Part 3 of the Measure. In addition the In-Reach team also provides care coordination to prisoners under secondary care which requires care and treatment planning and also planning for those prisoners already subject to 117 aftercare. In order to do this effectively, there needs to be liaison with other agencies involved in all surrounding resettlement needs.

24. There is very clear evidence that the prison population have a high incidence of mental disorder. Generally the evidence indicates that about 70% have a diagnosable mental disorder, however there are already clear issues relating to the capacity of the In-Reach team and risk management processes for the group of inmates of which they currently provide services for.

25. Traditionally, the prison core healthcare team has been referred to as primary mental healthcare. In HMP Swansea the services are run specially for prisons and there can be limited access to these much needed external services to allow those with mental health issues to have best treatment. The Health Board is exploring how treatment could be provided by the

[3] https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/mental-health-prisons-17-19/

mental health directorate on a visiting basis or it could be developed to allow the team to expand and take over such intervention.

26. The prison service has a safer custody team with support of the ACCT (Assessment custody care team) document a care map is put in place to support those at risk of suicide and or self-harm. HMP Swansea is currently piloting the new document. There has been liaison with the prison service in reach and the prison healthcare team on how best to deliver the requirements. There is a bigger focus on mental health assessment and incorporation of health plans and interventions into the document. This has a resource implication. Within the community the equivalent would be mental crisis teams would undertake much of this support and assessment.

27. There are other requests that add to the strain on resources for mental health work within the core team. This may include MAPPA public protection requirements and possible reports for MAPPA or probation. This is becoming more frequent as is information for resettlement and housing to help with finding placement for the vulnerable or for those with health needs. Although welcomed in order to provide best care these much needed reports take time and resource.

Section 3: What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours and issues relating to secondary, hospital based care for inmates

28. The service within a prison is rather different from those elsewhere in health. There is a requirement for 24/7 nursing presence (including responding to emergencies) and for drug rounds like in hospital. But there is also a requirement for long term health care for example with chronic disease management like in primary care (assessment for asthma, COPD, IHD, hypertension etc) and wound management such as is usually provided by Community nurses. Because all of these services are provided by the same team of nurses, some elements which are less urgent can lose out to those which are time sensitive such as drug rounds.

29. Difficulties with retention of nursing staff in prisons in Wales is apparent. Most nurses at Swansea work at Band 5. As the service requires a range of specialities to be covered a nurse will often develop a skill in a key area such as sexual health, mental health, CBT for example. Support (in releasing time for training and in mentoring and allowing time within the prison) is offered to develop the skills. Often after a couple of years the nurse will leave for promotion in a job outside the prison utilising the skills gained. It is positive that nurses usually leave HMP Swansea with more skills than when they arrived. This does mean that training and development is constant and ongoing also it can leave a gap if a person with a similar skill set does not apply for the vacant post. In 2018 / 2019 there has seemed to be less mental health

nurses applying for posts and this has left the team more weighted towards general trained nurses.

30. There are also difficulties in the retention of staff within the Mental Health Prison In-Reach Team. This is largely to do with the capacity of the team and the pressures of attempting to meet the service demand. The workforce are often working over and above their contracted hours to ensure they are addressing risk and safety issues, whilst working in a custodial environment where the prison regime is a priority. Staff retention can be an issue for health care provision in prison estate.

31. Supporting career progression for nurses and doctors working in custodial environments will help with retention. At Swansea most staff will leave to progress in experience of alternative area or for promotion. We have developed a post to be evaluated as a nurse prescriber for substance misuse within the prison. This area of work is vast due to substance misuse need. There are other health conditions where by external clinic could be set for visiting practitioners. For care of chronic conditions asthma epilepsy diabetes and some primary care clinics.

32. There are no healthcare assistants at HMP Swansea in order to provide the service additional resource would be needed as all staff available are needed to run the full range of duties needed to deliver care. This role has been discussed in relation to social care and self-care need. The role of the care assistant would help the local authority and healthcare in delivering personal care for example, Swansea does not have much need for personal care but this is often to its disadvantage as when the need does arise there can be difficulty in asserting who is best placed to deliver the care. In some other prisons some of the tasks which are done by nurses in Swansea are completed by other types of staff – for example pharmacy technicians in some prisons are used to administer medication freeing up time for nurses to complete other duties. If this were to be modelled at Swansea extra resources would be needed as the pharmacy team is small. Paramedics are being employed at some prisons and health settings consideration to this roll should be given at Swansea.

33. Nurses often work in high-pressured busy days being expected to administer 3 medication rounds daily and often delivering vaccinations or triage clinics in between as well as providing emergency response. This can leave little time for supervision and reflection, vital aspects of nursing that need to be developed at HMP Swansea. The nurse workforce at Swansea has been the primary provider as the team is small and so the nurse is probably more able to complete all care needs however expansion and addition to the team could help with retention and take away some of the pressure if other disciplines were added to the existing team.

34. The pharmacy team within HMP Swansea has benefited from a long-term and experienced senior pharmacist at the top but rather a high turnover of more junior team members. This impacts on the ability of the senior pharmacist to use all her skills and training to assess and prescribe and this is a loss to the service. Work needs to be done to support retention of pharmacy staff.

35. Access to external secondary care services for men in prison is reliant on the prison's ability to provide staff to escort to appointments. At Swansea, we are allowed two appointments in one day. If an emergency presents on the day, core prison staff are expected to arrange this on top. If staff levels are low there are suggestions to look to cancel the routine appointment to allow the emergency to go. This can delay care and causes missed appointments in hospitals where consultant time and appointments are already stretched and involve long waits, causing additional costs to the NHS. This results in a delay to the patients care, a DNA for the secondary care service and an administrative resource to rearrange.

36. Where possible, many secondary care services will provide services within the prison to prevent the need for escorts, for instance consultant for sexual health services, the nurse specialist for Hepatitis C treatment, visiting psychiatrist clinics, visiting optician, and dentist all attend the prison for regular clinics. At Swansea we hope to attract physiotherapists to attend, podiatrists and specialists for pain clinics.

37. The medical provision for HMP Swansea has been reviewed and a contract placed out to tender in 2018.

Section 4: How well prisons in Wales are meeting the complex health and social care needs of a growing population of older people in prison, and what potential improvements could be made to current services

38. As highlighted, HMP Swansea has to develop the responsibilities and could improve its' service in relation to personal care. There are few older people at Swansea despite the prison population getting older. HMP Swansea is a local remand centre. However when older people are in prison it must be noted that they may need help with social care the environment is also a tricky one as it's an old Victorian prison making location an issue to ensure best safety. Local authority help with environment checks and providing OT assessments for equipment needed to enable those older persons.

39. In relation to dementia and assessment of early stages, this can be complex. If the person is already known to older person's services, the social worker or CPN will visit and liaise for care need. In order to refer new people, this can be a different matter as the secondary care mental health in reach team does not work with older persons. However the older person's mental health team again would usually expect a referral for assessment by the mental health in-reach team or social worker. There is a visiting psychiatrist who helps with mental health primary care need who often helps us with this process.

40. Help with self-care needs to be developed. A review should take place to establish if provision could be made by local authority or if this should be built into the existing team providing additional health support workers.

41. Both social care and mental health services in reach and community older persons services should look at referral pathways to ensure swift access to services are obtained. This would need to be a review of process inclusion criteria and responsibility.

42. The prison has responsibility for environment and will often use its works department to make physical adjustments to cells to fit need.

43. As highlighted above the Secondary Care Mental Health In-Reach team does not contain an element for the provision of specialist older person's mental health services to older persons at HMP Parc or HMP Swansea. The Mental Health In-Reach team do not have the experience, skills or expertise in dealing with older adults with cognitive decline, including dementia type illnesses. There is developing work to meet the health needs of a growing population of older people at both HMP Parc and HMP Swansea.

44. There is no clear pathway for Older Adults Mental Health within HMP Swansea and HMP Parc, with the aging population that HMP Parc hosts referrals are likely to continue to rise, subsequently identifying further unmet needs within this specialist service of Mental Health within the prison estate. There are currently a number of older adults within prisons suffering from chronic, persistent disorders such as Dementia, with some prisoner's progressive conditions deteriorating to a complex state. There are a group of older prisoners who require a full assessment of function and mental health and require Care and Treatment Planning under the Mental Health Measure that the MHIT are not resourced, or funded to deliver.

45. Those aged over 60 are the fastest-growing segment of the prison population, increasing 125% between 2004 and 2014 (2). The Ministry of Justice projects the population in prison aged over 60 to increase from 4,100 in 2015 to 5,500 in 2020. Dementia is a condition often associated with the ageing population. There have been relatively few investigations into deaths in custody which have highlighted issues relating to dementia, but this will be a growing issue as the prison population continues to age. The number of prisoners affected is unknown, although the Mental Health Foundation has estimated it at approximately 5% of prisoners over 55 years old. If this is the case, there are likely to be several hundred prisoners with dementia.

46. The inmate population within HMP Parc is 1600, 64 of whom are 65 and over. Statistics for the general population indicate that 7.1 % of this age group will develop a form of dementia (1). The needs of this population are not being met by the current configuration of prison in reach services. Prevalence among those age 85 and above, for example, is likely to be considerably higher than estimates based on those age 65 and above. In addition, prevalence data are often categorized more broadly or more narrowly than "dementia."

Over 42,000 of people under 65 have dementia in the UK, 5.2% of the total population (3), which would suggest up to a further 75 inmates may have a form of early on set dementia.

47. It is highly likely that the prison regimes mask the onset or early signs of dementia. The ratio of prison officers to prisoners make it very unlikely that they would recognise early symptoms and there are no screening opportunities or primary services for dementia in HMP Parc. This does not fit with the wider community's expectation of early diagnosis and support or that of Welsh Government Dementia Action Plan 2018-22. Prison staff need the

support of psychiatric services to be able to manage needs appropriately and reduce anxiety and emotional distress where possible.

Section 5: If there are sufficient resources available to fund and deliver care in the Welsh prison estate. Specifically whether the baseline budget for prison healthcare across Local Health Boards needs to be reviewed

48. The baseline budget for health services within the prison estate does need to be reviewed. Working through the services and needs of the population and having working knowledge of where we need to improve it is apparent that often these are the areas that need additional resource to achieve the best service for prison health.

Section 6: What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

49. Technology can help with some aspects of healthcare. However, there are practical limitations to this – no telephones in consulting rooms; cameras connected to the computers to enable telehealth or skype consultation which are not compatible with the computers currently in use. This will need support from the prison and engagement from secondary care providers, but could be an opportunity to meet care needs whilst in the prison and would be more effective for some external practitioners time to enable them to complete consultations without the need for travel. It is hoped the awaited IT upgrade will resolve this issue.

50. Consulting rooms are not designed to an agreed specification resulting in inadequate size and number, poorly laid out, with restrictive access and without telephone access. The level of equipment is limited. Computers are dated and do not run up to date versions of browsers, limiting access to online resources for clinicians.

51. There is a National Prison IT system, which makes continuity of clinical records easier to maintain.

52. A national structure would provide continuity of services across prisons, learning from different services, and the development of minimum standards of care. This would aid LHBs in understanding what is required in terms of healthcare provision in secure environments.

53. Prison health services are reliant on the support of the custodial services to deliver all aspects of care. Prison staff shortages, overcrowding and prison lock-downs will have repercussions for the provision of care beyond the control of prison health teams.

54. In relation to Secondary Care Mental Health In-Reach, the current barriers are aligned with capacity and the lack of investment and resource that would improve the health outcomes of those patients under our care within the prison estates at both HMP Parc and HMP Swansea.

55. The Secondary Care Mental Health Prison In-Reach Team have sought peer review from the Royal College of Psychiatry, Quality Network for Prison Mental Health, in order to obtain a benchmark of standards to work toward and compare performance and best practice from other secure estates as to date, there are no standards of care locally or nationally. This would be useful to improve practice and patient experience.

Cardiff and Vale University Health Board response to the Health, Social Care and Sport Committee inquiry into the provision of health and social care in the adult prison estate

Introduction

1. Cardiff and Vale University Health Board (CVUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into health care provisions in prisons in Wales. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry.

Background

2. HMP Cardiff, is a category B prison serving the courts in the Eastern half of South Wales. The prison is a remand facility with high turnover of prisoners. It has an average of 252 receptions per month and an estimated 3024 annually. The age distribution of the prison population on 1st May 2019 was:

Age Range	Number of Prisoners
18 – 30	295
31 – 40	252
41 – 50	112
51 – 60	38
61 – 70	5

3. CVUHB provides a range of services to men residing at the prison. These include:
    - 24/7 primary health care services comprising nursing and GP staff. The out of hours services at weekends is a contract service through which a GP is either available by phone or in person.
    - Mental health team based on site during weekday daytime hours, comprising a range of nursing, medical and allied health professionals staff.
    - Visiting community dental service.
    - Visiting optician.
    - Sexual health services including patient testing and education sessions.
    - Visiting podiatrist.

4. Approximately 45 WTE CVUHB staff representing a range of grades and professions are permanently based at HMP Cardiff, focusing on physical and mental health needs.

Responses to each of the areas being addressed by the inquiry are as follows:

The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

5. There is a Partnership Board in place, agreed and established between CVUHB and HMPPS, which meets on a quarterly basis and is supported by a range of operational groups (either health led, prison service led, or jointly managed). Over the last two years our organisations have taken steps forward in developing our relationship and partnership working. Annually agreed objectives are in place, reflecting issues at the health and justice interface. The Partnership Board reports back into each organisation through corporate business routes.

6. CVUHB is confident that the governance arrangements for conducting business are robust. Both organisations work well together to address and resolve day to day operational challenges and the Governors at HMP Cardiff are good patient advocates.

7. Future planning of health services and future proofing of services is challenging. Configuration and classification of prisons as well as daily regime changes are led by the prison service.

8. Whilst there has been good partnership working to respond to the day to day requirements, it is recognised that there is more work to do to on the future planning of health services to ensure they are able to meet the needs of the men at the prison. This includes looking at the models of care and the resources required. CVUHB and HMPPS are jointly committed to progressing this.

The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

9. As HMP Cardiff is a remand facility, there is a high proportion of prisoners who have short sentences and therefore being able to meet all their needs during the time they are at the prison can be challenging. There are good working arrangements in place to respond to the day to day requirements, however there are plans to undertake a more detailed assessment of need to inform the planning of services on a longer term basis. This will take into account the way in which services are currently delivered and whether these need to be revised, as well as considering the resource requirements.

10. All of the men received at HMP Cardiff are provided with an initial health screen, which takes place over the first two days from arrival and involves an assessment of all physical and mental health needs. Most of the men arriving at HMP Cardiff have poorer health than the general population but being a remand prison the men are generally young. We see high numbers who are alcohol and drug dependant (including prescription drug), and have mental health needs. We also see high rates of Blood Borne Viruses (BBV), such as Hepatitis C. Chronic diseases such as diabetes and asthma are also common amongst this population. As part of the review of services we will be undertaking this year, we will look in particular at the needs in relation to substance misuse and mental health.

11. The table below illustrates the demand for primary care services:

	January 2019	**February 2019**	**March 2019**
Admissions to HMP Cardiff	324	308	300
Number of referrals to In-reach Mental Health Team	246	161	216
Number of GP Appointments Available *NB this is the number of GP appointments (including urgent appointments) that were available as there is no way currently of counting requests for appointments.*	408	432	372

12. In terms of delivering equivalence, in many areas our delivery of services is equivalent to the services offered in the community. We can, for example, offer a

same day GP appointment for urgent needs and a GP service is available out of hours.

Month 2018	Average days waiting for a routine GP appointment
January	8
February	7
March	9
April	10
May	14
June	12
July	11
August	16
September	16
October	16
November	10
December	14

13. There are other areas where we struggle to meet demand, including our Primary Mental Health and Substance Misuse services.

14. Mental Health services work towards providing primary mental health support at an equivalent level to those received in the wider community. The Welsh Government targets under Part 1 of the Mental Health Measure require an assessment to be undertaken within 28 days but this can be a challenge. Whilst the vast majority of men are seen within this timeframe, many leave prison without the assessment taking place due to the level of turnover.

15. The Mental Health team have very limited resources to meet the Primary Mental Health targets as it was historically set up and funded to provide secondary mental health care and treatment. It is unable to provide the short term treatment and support as comprehensively as the Measure requires due to a lack of trained Psychological Therapists within the service.

16. There is also a lack of Crisis Resolution support within Mental Health services at HMP Cardiff. The Mental Health team struggle to find capacity to support urgent responses and there is no out of hours provision for Mental Health crisis support within the prison.

What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

AND

How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

17. There are a number of pressures and challenges around providing healthcare in a prison setting, including:

a. The difficulty in ensuring prisoners are able to complete treatment as they are usually housed at HMP Cardiff for a short period due to its remand function.

b. Reliance on prison staff to support clinics within the prison (such as escorting men to and from clinics, and providing a security presence at clinics) which can impact on the number of patients who can be seen during health care sessions. This hampers delivery of care and can lead to patients missing required treatment. Justice and Health appointment systems are not aligned/integrated, and men also frequently do not attend health appointments due to a clash with other appointments such as legal or family visits.

c. High numbers of prisoners who are drug dependant and/or have mental health needs.

d. Blood Borne Viruses (BBV) testing is a challenge due to no designated staff to do this, and this impacts directly on the Health Board's ability to deliver against the World Health Organisation (WHO) BBV elimination targets.

e. Prisons have a significant role to play in helping to deliver elimination of Hepatitis C (and B) in Wales. The prevalence in most Welsh prisons is

approximately 10%. Many of these individuals come from marginalised communities and/or are individuals that do not access traditional health care models very easily or readily. Prison provides a good opportunity to test and treat these individuals and thereby reduce the number of infected individuals in Wales.

f. Prison lock-downs or custodial staff shortages can result in BBV sessions/clinics within the prison being cancelled. This means that we miss opportunities to test at risk individuals and treat those that are infected. Each missed opportunity is also a general risk to the wider community due to the risk of onward transmission.

g. Due to the movement of prisoners across the prison estate the healthcare staff can experience challenges in ensuring that the prisoners receive the appropriate treatment and follow up. Lack of timely notification about movement of men or release dates also hampers forward planning of care (e.g. being released without medications).

h. Missing medication or not completing treatment is a problem because patients may not achieve cure but also may develop resistance, which means they may be more difficult to treat. This also threatens the whole elimination programme as resistant infection could then be spread in the community.

Workforce

18. We have a number of main workforce challenges, including:

a. Retaining staff at Band 5 nurse level due to a lack of varied work and a lack of progression opportunities.

b. Lack of varied work for the small staff complement means that nursing work focuses on the dispensing of medication to large numbers of men, taking up approximately half the nursing time each day. Due to the remand status of the prison, men cannot have their medication ‘in possession’ as readily as

in prisons with more stable populations. While dispensing medication is a routine nursing duty, a disproportionate number of hours are given to this, with nurses finding more job satisfaction in providing more 'hands-on' care to patients, e.g. wound care or the management of chronic illness.

c. Lack of progression opportunities – prison nursing often attracts talented, caring and resilient nurses who thrive in the challenging custodial environment. The low staffing complement means that higher banded roles rarely become available, and excellent staff are quickly recruited by other clinical teams. There is work in progress to support a sustainable future workforce plan.

d. Attracting salaried General Practitioners (GPs) – we consider ourselves fortunate that our service is supported by 2.18 WTE GPs (four individuals) but are aware that this is a specialist area which has been hard to recruit into.

e. Whilst we have nurses who have been trained in asthma and diabetes care we currently do not run Chronic Disease Nurse-led Clinics due to staffing/resourcing pressures.

19. Referrals can be made to Local Authority Social Care if we feel that we cannot meet the complex needs of a prisoner within the healthcare service. If extra support is needed for their discharge into the community we have a single point of contact.

20. We have excellent links with Palliative Care services and work jointly with District Nursing services when caring for those at end of life.

21. Our vision is to enhance the skills of our nurses through training programmes that are available through Macmillan following a meeting with the Macmillan Strategic Partnership Manager of Wales.

Mental Health

22. The Mental Health team has been fortunate to have a stable workforce over the past few years. There have been no major issues with recruitment and retention of staff.

23. There has been an increasing demand for more dedicated prescribing time from Mental Health services and a review of the workforce is currently being undertaken by the Mental Health Clinical Board to ensure resources are being used effectively.

Substance Misuse

24. The UHB currently provides specialist substance misuse services including substance misuse prescribing, and a substance misuse specialist nurse. This is supplemented by an additional full time substance misuse nurse, funded through the Substance Misuse Action Fund and commissioned by Cardiff and Vale Area Planning Board. The Police and Crime Commissioner also funds a substance misuse Tier 2 service within the prison as part of the Dyfodol contract which provides psycho-social interventions and liaises with other services to ensure continuity of support on release from prison.

25. Total receptions in HMP Cardiff from 1 April 2018 – 31 March 2019 was 3993. This number may not be unique individuals as some men come in multiple times during a year. The substance misuse nursing service accepted 1835 men onto their caseload during this period and there are currently 150 men on the nursing caseload requiring opiate substitute treatment.

26. All individuals requiring substance misuse interventions are assessed by the tier 2 team on the first and second day of admission, with the relevant treatment for that individual being initiated as quickly as possible, which is usually within 2 weeks due to the numbers of men and limited nursing capacity. Following a review of substance misuse treatment in 2018, prisoners now have access to opioid substitution treatment prior to release, in order to reduce the risk of individuals being released and overdosing on narcotics. The nursing and medical team in the prison also arrange for prescriptions to be continued for individuals on release.

27. The main issues in relation to substance misuse are:

a. Capacity, due to the large percentage of prisoners with substance misuse issues

b. Communication between the various elements of the substance misuse service (NHS staff/Dyfodol workers and community substance misuse services use different IT systems)

c. Individuals being released or moved at short notice which impacts on planned treatment/arrangements for continuity of care

Primary Care Out of Hours

28. There are pressures in ensuring provision of Primary Care Out of Hours services due to the limited options for providing this service. In Cardiff this is currently a contracted out service and there are not many providers who specialise in this area. We are conscious that although our current arrangements are robust there is a risk in this area, due to the limited field of alternative providers, should the current provider withdraw from the contract at any point. Due to the stringent vetting requirements needed in the prison incorporating this service into the UHB's general out of hours service would be difficult.

Secondary Care, (hospital based services)

29. The main challenge is transferring men to hospital and the pressure this places on the prison to provide security escorts. CVUHB has commitment from the Prison Service of up to four escorts per day. The current level of resource does not always enable all requests for clinic appointments outside the prison to be accommodated; therefore prisoners are reviewed and prioritised based on their level of need.

30. The workforce levels and overall funding for the prison healthcare service has an impact on the provision of hospital based services. For instance, the service does not currently have an on-site physiotherapist so all patients with possible musculoskeletal (MSK) issues have to be sent to hospital, which can frustrate prison staff and impact on their relationship with healthcare staff. A greater provision of nursing staff would also allow for improved triaging of patients,

resulting in more efficient use of GPs and ensuring that health issues are tackled in a preventative, rather than reactive, fashion, reducing the number of patients who deteriorate and need to access hospital-based care.

Date	Total external (hospital) appointments	CVUHB	Other Health Boards
Jan 2019	51	38	13
Feb 2019	50	36	14
March 2019	59	54	5

If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

31. The baseline budget for prison healthcare does need to be reviewed. Expenditure for healthcare at HMP Cardiff for 2018-19 was as follows:

Pay Non-Pay or Income	Income/Expenditure type	Total Budget (£)	Total Income / Expenditure (£)
Income	Substance Misuse Grant Other income	(58,876) (5,952)	(58,876) (6,776)
Total Income		**(64,828)**	**(65,652)**
Direct Pay	Management, admin & clerical Medical and Dental Nursing (registered) Nursing (unregistered) Other pay Mental Health Inreach provision	82,295 302,392 864,701 215,072 124,426 280,548	84,084 295,279 892,722 258,268 162,988 280,548
Total Pay		**1,869,434**	**1,973,889**
Non-pay	Clinical Other	174,886 107,978	196,389 112,925
Total Non-pay		**282,864**	**309,314**
Grand Total		**2,087,470**	**2,217,551**

32. The current budget allows for the provision of the existing service, which doesn't deliver in all areas e.g. chronic disease management. There is little scope for innovation. The budget level was historically set when health staff TUPE'd into heath boards in 2012 when there was a lower level of remand related receptions

33. As HMP Cardiff is a remand facility, staffing establishments have not been changed to reflect the change in service model being delivered.

34. Despite the acknowledged high level of mental ill health within the prison population it should be noted that the funding for Mental Health services is only 13.5% of the overall prison health allocation.

What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales

35. We have made some good progress in terms of improved number of GP daytime clinics, maintenance on opiate substitution therapy, and BBV screening but this has been done without any additional resource to prison health services. As a consequence some areas of our services are extremely fragile as a result. We need to ensure that services are properly resourced so that the healthcare provision is robust and can be delivered reliably and consistently.

36. We are very good at responding to operational issues, but having better foresight into establishment changes and the overall direction of HMPPS would be helpful.

37. Recruitment and retention of staff to work in a prison environment, as detailed above.

38. The electronic records system used in prison, System 1, does not provide the level of information reporting desired to ensure good information with which to plan healthcare services for the prison. This is partly due to the resource available to operate and analyse the system.

Summary and Key Messages

39. We have a positive working relationship with colleagues at HMPPS Wales and the Governor and her team at HMP Cardiff. Together we are aligned in our work to keep men safe and treated with dignity and respect. However this is a challenging environment. In summary:

    a. It is difficult to future plan services

    b. The impact of prisoner movement through the prison estate has an impact on Health Boards' ability to deliver healthcare

    c. Mental health provision, particularly primary care mental health, is inadequate

    d. Substance misuse provision is not in line with services provided in the community

    e. We have great staff but we struggle to retain certain groups.

40. We recognise the need of all sectors (health, housing, probation) to work together, supporting health outcomes to ensure we do not solely rely on prison health (or imprisonment) to meet health needs. This is critical given the issues faced in prison in terms of completing treatment and because patients can often move between services before, during and after treatment. This is an area which nationally we would welcome more focus on.

Eitem 5.1

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/VG/5169/19

Dai Lloyd AC
Cadeirydd
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
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6 Tachwedd 2019

Annwyl Dai,

Ysgrifennaf atoch i roi'r diweddaraf i'r Pwyllgor yn dilyn fy nhystiolaeth ysgrifenedig ar 15 Mawrth mewn perthynas ag ymchwiliad y Pwyllgor i iechyd meddwl a phlismona, ac iechyd meddwl yn nalfa'r heddlu.

Yn fy nhystiolaeth ysgrifenedig, rhoddais wybod i'r Pwyllgor fod Grŵp Sicrwydd y Concordat Gofal mewn Argyfwng wedi sefydlu grŵp gorchwyl a gorffen i gyd-gynhyrchu set ddata ddiwygiedig ar gyfer adrannau 135 a 136 o Ddeddf Iechyd Meddwl 1983. Mae'r gwaith hwn wedi cael ei ddatblygu gan gynrychiolwyr o feysydd plismona, y byrddau iechyd, awdurdodau lleol ac ymarferwyr y Ddeddf Iechyd Meddwl yng Nghymru. Nod y set ddata ddiwygiedig yw ystyried y newidiadau i'r Ddeddf Iechyd Meddwl mewn perthynas â phwerau a chyfrifoldebau plismona a chryfhau'r data presennol.

Yn dilyn cyfnod peilot, mae'r data wedi cael eu cymeradwyo gan Fwrdd Safonau Gwybodaeth Cymru a chawsant eu rhoi ar waith ym mis Ebrill 2019. Bydd y data yn cael eu cyhoeddi yn chwarterol, gan ddechrau ar 5 Rhagfyr. Byddant yn cynnwys mwy o wybodaeth na'r hyn a gyhoeddwyd yn y gorffennol, fel ethnigrwydd, oed cleifion a dulliau trawsgludo. Rydym yn parhau i weithio gyda phartneriaid plismona, y Gwasanaeth Iechyd Gwladol ac awdurdodau lleol i wella cysondeb yr holl ddata er mwyn gallu cyhoeddi proffil mwy cyflawn yn y dyfodol.

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Bydd rhagor o fanylion yn cael eu darparu yn y digwyddiad ffurfiol cyn y cyhoeddi a gynhelir mis cyn cyhoeddi'r data. Fodd bynnag, gan ystyried bod gan y Pwyllgor fuddiant yn y maes hwn, roeddwn am roi diweddariad cynnar cyn y cyhoeddi ffurfiol ac ymateb Llywodraeth Cymru i adroddiad *Iechyd meddwl yng nghyd-destun plismona a dalfa'r heddlu* y Pwyllgor.

Yn gywir,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Eitem 5.2

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref 0031/19

Edward Argar MP
Minister of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

5 November 2019

Dear Edward,

NHS Pensions Scheme: pension flexibility consultation response

Thank you for your letter dated 30 October in response to my letter of 23 September.

I wanted to send you directly a copy of our response to the Pension Flexibility Consultation since I have written to you and colleagues on a number of occasions. As you are aware from my previous correspondence to you and your colleagues, NHS Wales faces very challenging consequences directly from the pension/tax changes introduced by the UK Government. As you will be aware similar challenges are faced across the whole NHS system in each UK nation.

We are in close touch with our Health Boards and Trusts as they confront the reality of the significant adverse consequences of the pension tax changes. These are having a very negative impact upon our staff who deliver NHS care and treatment and of course upon the people who require NHS care and treatment.

Welsh Government and NHS Wales employers are keen to resolve this matter as soon as possible. In the meantime we want to ameliorate the impact on individuals and service delivery as much as possible. My officials were aware that UK Treasury were going to contact Devolved Administrations separately on their review of the taper. However as far as I am aware no one has yet been in contact. I am therefore copying this letter to Sajid Javid as Chancellor of the Exchequer.

As you are aware I have significant concerns over the application of the Lifetime and Annual Allowances which need to be urgently reviewed and in my view changed.

The impact upon the NHS is real and undeniable. The situation has been created by a UK Treasury rule change on Lifetime and Annual Allowances. The UK Treasury now need to act to resolve the problem that they have created before the purdah period. If they do not then the NHS will start winter with an entirely avoidable handicap. The impact on staff morale and patient care are already obvious as set out in my previous letter. The damage being done will only worsen at the most demanding time of the

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year when we rely upon the extraordinary commitment of our staff to care for our most vulnerable citizens.

My officials look forward to continuing to engage with your officials on the proposed consultation response. I look forward to prompt action being taken.

I am also copying this letter to the Secretary of State for Wales, Scottish Government Cabinet Secretary for Health and Sport, Permanent Secretary at the Department for Health in Northern Ireland and the Chair of the National Assembly for Wales' Health, Social Care and Sport Committee.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

NHS Pension Scheme: Pension Flexibility Consultation Response from Welsh Government

Please find below our response from Welsh Government to your consultation on NHS Pension Scheme Flexibilies. Whilst we have not answered all the consultation questions directly as we may not hold the specific evidence you are looking for we expect NHS Wales Employers to respond to the consultation with real examples and evidence for you.

Question 1: The case for pension flexibility

We want the pension flexibility to apply to all members of the NHS Workforce regardless of their tax position.

As our Minister for Health and Social Services has outlined on a number of occasions we have strong objections regarding the justification on the grounds of equality that only senior clinicians are afforded the flexibility given the recent judgements on other public sector pension schemes not being lawful on the grounds of equality. The McCloud judgements highlights the potential risk of unlawful discrimination and the risks to open challenge.
We are also mindful that excluding other staff groups is a huge risk and does not help us in Wales in building on our Team Wales approach for a cohesive and inclusive NHS that is fit for the future. Limiting the flexibility to senior clinicians does not address the broader point that a wider group of staff may reach the lifetime allowances not just the very high earners.
We have seen in Wales that the tax implications are also having an effect on our senior managers in Wales in relation to withdrawing from leadership responsibilities and choosing not to progress further up the structures. NHS Employers in Wales will be providing real examples of this, however we do have data on those or are currently in or out of the pension scheme by pay band which we will forward in due course.
We should not at this stage be responding only to a specific staff group but in our view ensuring that any arrangement equitably applies to all those staff working in the NHS in key positions.

Question 2, 3 & 4: Proposed pension flexibility

Yes we do think the proposals are flexible enough within the constraints of the pension scheme but it is the effect of the tax allowance taper that is contributions to the issues and needs to also be addressed by UK Government. Allowing people to choose the level of accrue rate in 10% increments rather than the previous 50:50 option is much more flexible. We are also supportive of the approach that once people know what their exact level of earning will be towards the end of the financial year then there will be an option to increase their accrual rate for the year to be able to save the most in their pension before tax implications and the modeller you propose to support people to do this, however we do have concerns if this approach is the best use of people's time against delivering vital NHS services.
We also agree with the proposal to spread the effective of pay raises over a few years so that individuals do not hit the tax allowance thresholds, if that's what individuals choose to do.

Question 5: Improving Scheme Pays

We would expect this is more appropriate for NHS Employers in Wales to comment on, however in general terms we are supportive in terms of increased transparency and consistency with other public sector pension schemes so the approach seems sensible.

Question 6 and 7: Equality Impact Assessment

As we have already highlighted we have concerns on the ground of equality and legal advice on the grounds of the proposals being lawful is critical. The data provided in your consultation if the proposal do go ahead does impact on people with one of more protected characteristics, by the nature of limiting the proposal to senior clinicians this will impact on gender and age due to the current workforce profile across the NHS.

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Eitem 5.3

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/3156/19

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Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
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12 Tachwedd 2019

Annwyl Dai,

Gwasanaethau Awtistiaeth yng Nghymru

Diolch am eich llythyr dyddiedig 29 Hydref, yn dilyn fy mhresenoldeb yng nghyfarfod y Pwyllgor ar 23 Hydref i roi'r newyddion diweddaraf am ddatblygiadau mewn gwasanaethau awtistiaeth. Yn y cyfarfod, cytunais y byddwn yn darparu mwy o wybodaeth am ddau faes, fel yr amlinellir yn eich llythyr. Mae'r wybodaeth isod:

Cytunais i ddarparu manylion am y gwaith ymgysylltu sy'n cael ei wneud fel rhan o'r ymgynghoriad a fydd yn llywio'r Cod Ymarfer ar gyfer Gwasanaethau Awtistiaeth.

Yn y sesiwn a'r papur tystiolaeth, rhoddais enghreifftiau o'r gwaith ymgysylltu sydd wedi'i wneud. Roedd hyn yn cynnwys y grwpiau technegol rhanddeiliaid, mynd i ddigwyddiadau megis ADFest ar gyfer pobl ag anableddau dysgu, cyfarfodydd â'r Adran Gwaith a Phensiynau, Gofal Cymdeithasol Cymru, Addysg a Gwella Iechyd Cymru a chynrychiolwyr o sawl un o'r Colegau Brenhinol. Rydym wedi bod yn gweithio hefyd gyda'n partneriaid mewn awdurdodau lleol a byrddau iechyd i wrando ar safbwyntiau grwpiau rhanddeiliaid lleol. Er enghraifft, yn ddiweddar cyfarfu fy swyddogion â grŵp o oedolion awtistig ym Mhowys i drafod eu safbwyntiau a'u profiadau i helpu i lywio datblygiad y Cod. Byddwn yn parhau i ymgysylltu ag oedolion awtistig ar draws rhanbarthau.

Mae "pecyn cymorth" ar gyfer ymgysylltu â phobl awtistig a'u teuluoedd/gofalwyr wedi'i ddatblygu a'i anfon at bob arweinydd Anhwylderau'r Sbectrwm Awtistig a phob arweinydd Gwasanaeth Awtistiaeth Integredig awdurdodau lleol i alluogi sgwrs ac adborth ar ddatblygiad y Cod.

Amgaeaf gopi o ddogfen sy'n darparu gwybodaeth am y cyfarfodydd a gynhaliwyd hyd yma a chynlluniau ar gyfer cyfarfodydd yn y dyfodol. Mae hon yn ddogfen waith, a bydd yn datblygu ymhellach wrth i gyfleoedd ymgysylltu eraill ddod i'r amlwg yn y dyfodol.

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Mae'r Tîm Awtistiaeth Cenedlaethol wedi cyhoeddi strategaeth ymgysylltu a chyfranogi, sydd i'w gweld o dan y ddolen ganlynol:
https://www.asdinfowales.co.uk/resource/Engagement-and-Participation-Strategy-march-19_final_cym_2.pdf

Mae fy swyddogion yn parhau i weithio gyda gwasanaethau gofal sylfaenol ar y gofrestr meddygon teulu. Cytunais i ddarparu diweddariad ar y sefyllfa o ran cyhoeddi'r data ar amseroedd aros ar gyfer gwasanaethau niwroddatblygiadol plant.

Ein bwriad oedd cychwyn cyhoeddi data Niwroddatblygiadol Plant a Phobl Ifanc yn ffurfiol ym mis Ebrill 2019. Fel ystadegau swyddogol, maent yn amodol ar y data yn cyflawni safonau ansawdd angenrheidiol Gwasanaeth Gwybodeg GIG Cymru. Dylai Ystadegau Swyddogol fod yn addas i'r diben ac yn gadarn. Yn yr achos hwn, er ein bod wedi gweithio gyda byrddau iechyd yn ystod y cynllun peilot, ni chawsom y sicrwydd digonol bod y data yn addas i'w gyhoeddi.

Nododd yr adolygiad o'r data gan Wasanaeth Gwybodeg GIG Cymru (NWIS) feysydd o anghydraddoldeb nad ydynt wedi'u datrys hyd yma. Mae Llywodraeth Cymru a NWIS yn gweithio gyda byrddau iechyd i ddatrys y materion hyn. Yn y cyfamser, mae byrddau iechyd yn parhau i grynhoi ac adrodd y data hwn fel gwybodaeth reoli fel rhan o fframwaith y GIG, a byddwn yn defnyddio'r wybodaeth honno i wella ansawdd a chysondeb.

Rydym yn gweithio gyda Byrddau Ieachyd Lleol i cyflawni data sydd yn cyson ac o ansawdd da. Ar ol i'r data cael ei cytuno, bydd data sydd o ansawdd dda ac yn y safon cryfach yn cael eu cyhoeddi drwy modd arferol y byrddau. Y prif ffocws yw dod a data byrddau iechyd i safon gydnabyddedig er mwyn cyflawni data cenedlaethol.

Byddwch yn ymwybodol fy mod i eisoes wedi darparu'r data rheoli o Ebrill 2018 - Ebrill 2019 i'r Pwyllgor Plant, Pobl Ifanc ac Addysg yn ystod ei waith dilynol ar ei adroddiad *Cadernid Meddwl*:
http://www.senedd.assembly.wales/documents/s92916/Letter%20from%20Minister%20for%20Health%20and%20Social%20Services%20following%20the%20evidence%20session%20on%2020%20June%202019.pdf

Yn gywir,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

COD YMARFER AR GYFER GWASANAETHAU AWTISTIAETH – YMGYSYLLTU

Dyma ddadansoddiad o'r gweithgareddau ymgysylltu a gynhaliwyd ac a gynlluniwyd wrth ddatblygu'r Cod Ymarfer ar gyfer Gwasanaethau Awtistiaeth, a chyrraedd y gweithgareddau hynny.

Mis: Mehefin 2019

Ymgysylltu	Dyddiad	Gweithgarwch yn y digwyddiad/cyfarfod	Cyrraedd
Cyfarfod â Pobl yn Gyntaf Cymru – Prif Weithredwr	4 Mehefin 2019	Diweddariad ar ddatblygiadau – y Cod, grwpiau technegol a chynllun grantiau'r trydydd sector.	Prif weithredwr – partner trydydd sector allweddol
Grŵp Rhanddeiliaid Cenedlaethol Niwroddatblygiadol (ND)	5 Mehefin 2019	Diweddariad ar y Cod Ymarfer	Amrywiaeth o randdeiliaid niwroddatblygiadol – gweithwyr proffesiynol, y trydydd sector a'r Gwasanaeth Awtistiaeth Integredig (IAS).
Cysylltiadau ag Addysg a'r cod Anghenion Dysgu Ychwanegol (ADY)	10 Awst 2019	Trafod y Cod Ymarfer a chroesgyfeirio â'r Cod ADY.	Gwaith trawsadrannol gydag addysg yn Llywodraeth Cymru.

Mis: Gorffennaf 2019

Ymgysylltu	Dyddiad	Gweithgarwch yn y digwyddiad/cyfarfod	Cyrraedd
Cyfarfod â chynrychiolwyr y colegau Brenhinol.	9 Gorffennaf 2019	Trafod yr ymgynghoriad ar yr hyn i'w gynnwys yn y cod, a	Cynrychiolwyr o'r Colegau Brenhinol a Chonffederasiwn GIG Cymru.

		chyfarfodydd y grwpiau technegol.	
Grŵp Technegol y Cod Ymarfer: Asesiad a Diagnosis	11 Gorffennaf 2019	Adborth ar yr ymgynghoriad ar gynigion ar gyfer y cod. Cyfle i rannu safbwyntiau ar yr hyn y dylid ei gynnwys yn yr adran asesiad a diagnosis yn y cod.	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Grŵp Technegol y Cod Ymarfer: Cael Gafael ar Ofal a Chymorth	16 Gorffennaf 2019	Adborth ar yr ymgynghoriad ar gynigion ar gyfer y cod. Cyfle i rannu safbwyntiau ar yr hyn y dylid ei gynnwys yn yr adran cael gafael ar ofal a chymorth yn y cod.	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith;

			• Therapyddion Galwedigaethol
Grŵp Technegol y Cod Ymarfer: Codi Ymwybyddiaeth a Hyfforddiant	17 Gorffennaf 2019	Adborth ar yr ymgynghoriad ar gynigion ar gyfer y cod. Cyfle i rannu safbwyntiau ar yr hyn y dylid ei gynnwys yn yr adran asesiad a diagnosis yn y cod.	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Cyfarfod ag Arweinwyr y Gwasanaeth Awtistiaeth Integredig	18 Gorffennaf 2019	Diweddariad ar y Cod Ymarfer	Cyfarfod â holl arweinwyr y Gwasanaeth Awtistiaeth Integredig a'r Tîm Awtistiaeth Cenedlaethol (NAT).
Grŵp Technegol y Cod Ymarfer: Cynllunio, Monitro ac Ymgysylltu â Rhanddeiliaid	22 Gorffennaf 2019	Adborth ar yr ymgynghoriad ar gynigion ar gyfer y cod. Cyfle i rannu safbwyntiau ar yr hyn y dylid ei gynnwys yn yr	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector;

		adran asesiad a diagnosis yn y cod.	• Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Cyfarfod â chynrychiolwyr Bwrdd Iechyd Powys	24 Gorffennaf 2019	Trafod darpariaeth gwasanaethau awtistiaeth a diweddariad ar y Cod	Bwrdd Iechyd Powys – goblygiad o ran darparu gwasanaethau i bobl awtistig sy'n byw yn rhanbarth Powys
Diwrnod datblygu'r Tîm Awtistiaeth Cenedlaethol	31 Gorffennaf 2019	Cynllunio gwaith i'r dyfodol	Y Tîm Awtistiaeth Cenedlaethol a thîm Awtistiaeth Llywodraeth Cymru. Cynllunio gwasanaethau awtistiaeth i'r dyfodol ledled Cymru.

Mis: Awst 2019

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cyfarfod â'r Adran Gwaith a Phensiynau (DWP) – Ymwybyddiaeth o Awtistiaeth	5 Awst 2019	Trafod Ymwybyddiaeth o Awtistiaeth a chysylltiadau â'r Cod Ymarfer	Yr Adran Gwaith a Phensiynau a'r Tîm Awtistiaeth Cenedlaethol.

Cysylltiadau ag Addysg a'r cod ADY	6 Awst 2019	Trafod y Cod Ymarfer a chroesgyfeirio â'r Cod ADY.	Gwaith trawsadrannol yn Llywodraeth Cymru.
Cyfarfod â'r Tîm Awtistiaeth Cenedlaethol	7 Awst 2019	Diweddariad ar y cynllun cytunedig	Y Tîm Awtistiaeth Cenedlaethol a Llywodraeth Cymru.
Cyfarfod – Datblygu'r Gweithlu Awtistiaeth/ND	15 Awst 2019	Trafod goblygiadau'r Cod Ymarfer a Strategaeth ddrafft y Gweithlu Iechyd a Gofal Cymdeithasol i'r gweithlu.	Gofal Cymdeithasol Cymru ac Addysg a Gwella Iechyd Cymru (AaGIC)
Gofal Sylfaenol a'r Cod Ymarfer	28 Awst 2019	Trafod y Cod a'r camau cyntaf o ran ymgysylltu â chyfarwyddwyr y bwrdd iechyd ar gyfer gofal sylfaenol.	Gofal Sylfaenol a Chymunedol Llywodraeth Cymru.
Cyfarfod ag adran Gyfreithiol Llywodraeth Cymru	28 Awst 2019	Diweddariad ar y Cod – goblygiadau cyfreithiol.	Llywodraeth Cymru – y tîm Awtistiaeth a'r adran Gyfreithiol.
Cyfarfod ag AaGIC	29 Awst 2019	Cyfarfod i drafod datblygiad y Cod Ymarfer ar gyfer Gwasanaethau Awtistiaeth a mewnbwn a chysylltiadau ag AaGIC.	HEIW

Mis: Medi 2019

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**

Cyfarfod Addysg	10 Medi 2019	Trafod atgyfeiriadau Awtistiaeth o ysgolion	Llywodraeth Cymru - Addysg
Cymuned Ymarfer	11 Medi 2019	Rhannu cynnydd o ran datblygiad y Cod Ymarfer.	Clinigwyr ar draws y Gwasanaeth Awtistiaeth.
Cyfarfod â Gwasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS) a Grwpiau Agored i Niwed	13 Medi 2019	Trafod y capasiti a'r galw am gymorth a diagnosis awtistiaeth.	Llywodraeth Cymru – Iechyd, goblygiadau i'r Cod
Grŵp Rhanddeiliaid Cenedlaethol ND	18 Medi 2019	Diweddariad ar y Cod Ymarfer	Amrywiaeth o Randdeiliaid ND – gweithwyr proffesiynol, y trydydd sector a'r Gwasanaeth Awtistiaeth Integredig.
Cyfarfod Cyflogaeth a Sgiliau.	19 Medi 2019	Trafod cyflogaeth a hyfforddiant.	Llywodraeth Cymru – Cyflogaeth a Sgiliau.
Cyfranogiad ac Ymgysylltu (Powys - Gogledd)	19 Medi 2019	Profi'r pecyn cymorth a ddatblygwyd i ymgysylltu â phobl ag awtistiaeth.	Pobl awtistig
Lansio'r Rhaglen Dysgu Seiliedig ar Waith	24 Medi 2019	Lansio: *Autism: A Guide for Work-Based Training Providers* a *Autism: A Guide for Work-Based Learners and Providers*.	Amrywiaeth o randdeiliaid – addysg, cyflogaeth a phobl awtistig.
Cyfarfod ag Arweinwyr y Gwasanaeth Awtistiaeth Integredig	25 Medi 2019	Diweddariad ar y Cod Ymarfer	Cyfarfod â holl arweinwyr y Gwasanaeth Awtistiaeth

			Integredig a'r Tîm Awtistiaeth Cenedlaethol.
Cyfarfod â Chymdeithas Genedlaethol Awtistiaeth Cymru (NAS)	23 Medi 2019	Cyfarfod i drafod cynnydd gyda'r cod ymarfer.	Mae NAS yn bartner a chynrychiolydd rhanddeiliaid allweddol
Y Cod Ymarfer Awtistiaeth a'r gweithlu awdurdod lleol	26 Medi 2019	Trafod goblygiadau'r Cod Ymarfer a Strategaeth ddrafft y Gweithlu Iechyd a Gofal Cymdeithasol i'r gweithlu.	Gofal Cymdeithasol Cymru
Cyfarfod â Grŵp Cynghori ar Weithredu Anhwylderau'r Sbectrwm Awtistig	30 Medi 2019	Diweddariad ers y cyfarfod blaenorol ym mis Chwefror 2019. Cyfle i ddiweddaru ar ddatblygiad y Cod Ymarfer – yn dilyn ymgynghoriad ar gynigion a chylch cyntaf y grwpiau technegol ym mis Gorffennaf. Mae'r cyfarfod yn gyfle hefyd i rannu'r camau nesaf a chynlluniau ar gyfer y grwpiau ym mis Tachwedd.	Amrywiaeth o randdeiliaid, gan gynnwys y Tîm Awtistiaeth Cenedlaethol, y Trydydd Sector, NAS, pobl awtistig a rhieni a gofalwyr.

Tudalen y pecyn 101

Mis: Hydref 2019

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cyfarfod â'r Tîm Awtistiaeth Cenedlaethol	2 Hydref 2019	Diweddariad ar gynllun gwaith y Tîm Awtistiaeth Cenedlaethol	Llywodraeth Cymru a'r Tîm Awtistiaeth Cenedlaethol
Cyfarfod â Law yn Llaw at Blant a Phobl Ifanc (T4CYP)	3 Hydref 2019	Rhwydweithio / trafodaethau anffurfiol ar y Cod	Ymarferwyr ND, yr heddlu, pobl ifanc awtistig a'u

			gofalwyr ac Uned Gyflawni'r GIG.
Cyfarfod â holl Gyfarwyddwyr Byrddau Iechyd Gofal Sylfaenol a Chymunedol	4 Hydref 2019	Papur ar y Cod – a chodi ymwybyddiaeth cyfarwyddwyr byrddau iechyd o ofal sylfaenol a chymunedol.	Cyfarwyddwyr Byrddau Iechyd Gofal Sylfaenol a Chymunedol, y Cyfarwyddwr Cenedlaethol a'r Rhaglen Strategol ar gyfer Gofal Sylfaenol.
Pobl yn Gyntaf Cymru – Adfest Gwesty'r Village Caerdydd	18 Hydref 2019	Cyfle i gyflwyno araith fer yn y gynhadledd a bwrdd yn y brif ardal.	Pobl awtistig a'u teuluoedd / gofalwyr. Sefydliadau eirioli'r trydydd sector.
Prifysgol Caerdydd	28 Hydref 2019	Trafod canlyniadau gwerthusiadau o ymchwil addysgu a chodi ymwybyddiaeth.	Ymchwilwyr ym Mhrifysgol Caerdydd.
Grŵp Technegol y Cod Ymarfer: cyfarfod â chynrychiolwyr y Colegau Brenhinol.	29 Hydref 2019	Cyfarfod y Grŵp Technegol i rannu ymgynghoriad ar adborth cynigion ac i rannu strwythur drafft y cod a'r ddogfen ganllawiau i gael adborth.	Aelodau/cynrychiolwyr y Colegau Brenhinol canlynol: • Seiciatryddion; • Pediatreg ac Iechyd Plant; • Therapyddion Galwedigaethol; • Therapyddion Lleferydd ac Iaith; • Conffederasiwn GIG Cymru.

Polisi Cyflogadwyedd Llywodraeth Cymru	30 Hydref 2019	Gweithio ar draws meysydd polisi Llywodraeth Cymru.	Llywodraeth Cymru – Cyflogaeth a Sgiliau.

Mis: Tachwedd 2019

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Prifysgol Abertawe – SAIL	4 Tachwedd 2019	Archwilio'r dadansoddiad data sydd ar gael mewn gofal sylfaenol.	Rhanddeiliaid – ar gyfer darparu gwasanaethau yn y dyfodol
Grŵp Technegol y Cod Ymarfer: Asesiad a Diagnosis	5 Tachwedd 2019	Rhannu drafft o'r adran asesiad a diagnosis yn y cod a chanllawiau cysylltiedig gyda rhanddeiliaid.	Rhanddeiliaid allweddol yn cynnwys: • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Grŵp Technegol y Cod Ymarfer: Cael Gafael ar Ofal a Chymorth	7 Tachwedd 2019	Rhannu drafft o'r adran cael gafael ar ofal a chymorth yn y cod a chanllawiau cysylltiedig gyda rhanddeiliaid.	Rhanddeiliaid allweddol yn cynnwys: • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig;

			• Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Lleisiau Rhieni yng Nghymru	11 Tachwedd 2019	Cyfle i gyfarfod â rhieni a gofalwyr i drafod profiadau a safbwyntiau ar yr hyn y dylid ei gynnwys yn y Cod Ymarfer.	Rhieni a Gofalwyr
Grŵp Technegol y Cod Ymarfer: Codi Ymwybyddiaeth a Hyfforddiant	12 Tachwedd 2019	Rhannu drafft o'r adran codi ymwybyddiaeth a hyfforddiant yn y cod a chanllawiau cysylltiedig gyda rhanddeiliaid.	Rhanddeiliaid allweddol yn cynnwys: • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol

Grŵp Technegol y Cod Ymarfer: Cynllunio, Monitro ac Ymgysylltu â Rhanddeiliaid	14 Tachwedd 2019	Rhannu drafft o'r adran cynllunio, monitro ac ymgysylltu â rhanddeiliaid yn y cod a chanllawiau cysylltiedig gyda rhanddeiliaid.	Rhanddeiliaid allweddol yn cynnwys: • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Penaethiaid Gofal Sylfaenol a chyfarwyddwyr meddygol cyswllt	15 Tachwedd 2019	Ymgysylltu i godi proffil awtistiaeth mewn byrddau iechyd	Bwrdd Iechyd / timau gofal iechyd sylfaenol
Grŵp Technegol y Cod Ymarfer – Digwyddiad Gogledd Cymru (Gwesty St George, Llandudno)	20 Tachwedd 2019	Digwyddiad undydd i gwmpasu'r pedair pennod yn y cod ac i roi adborth ar yr ymgynghoriad a'r gwaith hyd yma. Cyfle i'r rhai sy'n bresennol wneud sylwadau ar unrhyw feysydd y mae angen i'r cod fynd i'r afael â nhw.	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith;

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			• Therapyddion Galwedigaethol
Cynhadledd 1000 o Fywydau – Gwasanaeth Gwella	25 Tachwedd 2019	Rhwydweithio – codi ymwybyddiaeth o awtistiaeth.	Gweithlu Iechyd Cymru
Grŵp Technegol y Cod Ymarfer – Digwyddiad Gorllewin Cymru (Canolfan Halliwell, Caerfyrddin)	26 Tachwedd 2019	Digwyddiad undydd i gwmpasu'r pedair pennod yn y cod ac i roi adborth ar yr ymgynghoriad a'r gwaith hyd yma. Cyfle i'r rhai sy'n bresennol wneud sylwadau ar unrhyw feysydd y mae angen i'r cod fynd i'r afael â nhw.	Rhanddeiliaid allweddol yn cynnwys: • Pobl awtistig a'u teuluoedd; • Y Trydydd Sector; • Y Gwasanaeth Awtistiaeth Integredig; • Addysg; • Awdurdod Lleol; • Iechyd Cyhoeddus Cymru • Therapyddion Lleferydd ac Iaith; • Therapyddion Galwedigaethol
Grŵp Rhanddeiliaid Cenedlaethol ND	29 Tachwedd 2019	Diweddariad ar y Cod Ymarfer	Amrywiaeth o randdeiliaid niwroddatblygiadol – gweithwyr proffesiynol, y trydydd sector a'r Gwasanaeth Awtistiaeth Integredig.

Mis: Rhagfyr 2019

Digwyddiad	Dyddiad	Gweithgarwch yn y Digwyddiad	Cyrraedd
Cyfranogiad ac Ymgysylltu (Powys - Gogledd)	4 Rhagfyr 2019	I ddilyn y cyfarfod blaenorol ar 19 Medi 2019 i rannu adrannau drafft o'r Cod Ymarfer i gael adborth.	Pobl awtistig
Cyfarfod ag arweinwyr y Gwasanaeth Awtistiaeth Integredig ac Anhwylderau'r Sbectrwm Awtistig	5 Rhagfyr 2019	Diweddariad ar y Cod	Arweinwyr y Gwasanaeth Awtistiaeth Integredig ac Anhwylderau'r Sbectrwm Awtistig
Adolygiad o ganllaw gofalwyr / rhieni y Tîm Awtistiaeth Cenedlaethol	12 Rhagfyr 2019	Digwyddiad ymgysylltu i adolygu / diweddaru'r canllawiau presennol	Gofalwyr/rhieni plant/oedolion awtistig

Mis: Ionawr 2020

Digwyddiad	Dyddiad	Gweithgarwch yn y Digwyddiad	Cyrraedd
Grŵp Rhieni a Gofalwyr	13 Ionawr 2020	Cyfle i gyfarfod â rhieni a gofalwyr i drafod profiadau a safbwyntiau ar yr hyn y dylid ei gynnwys yn y Cod Ymarfer.	Rhieni a Gofalwyr

Arweinwyr Gweithlu Awdurdodau Lleol	Dyddiad i'w gadarnhau	Ymgysylltu mewn perthynas â'r cod ac adolygiad o'r galw a chapasiti	Cynllunio'r gweithlu
Cymuned Ymarfer	23 Ionawr 2020	Rhannu cynnydd o ran datblygiad y Cod Ymarfer.	Clinigwyr ar draws y Gwasanaeth Awtistiaeth.
Grŵp gorchwyl a gorffen adolygu'r galw a chapasiti	Cyfarfod wedi'i gynllunio	Cyfarfod y grŵp gorchwyl a gorffen.	Rhanddeiliaid allweddol

Mis: Chwefror 2020

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cyfarfod â'r Adran Gwaith a Phensiynau – Ymwybyddiaeth o Awtistiaeth	4 Chwefror 2020	Trafod Ymwybyddiaeth o Awtistiaeth a chysylltiadau â'r Cod Ymarfer	Yr Adran Gwaith a Phensiynau a'r Tîm Awtistiaeth Cenedlaethol.
Symposiwm Awtistiaeth / CAMHS	25 Chwefror 2019	Trafod y ddarpariaeth gwasanaethau i oedolion ifanc a'i ddarpariaeth yn y Cod	Ymarferwyr Awtistiaeth / CAMHS, Llywodraeth Cymru, y Tîm Awtistiaeth Cenedlaethol, y Gwasanaeth Awtistiaeth Integredig.

Mis: Mawrth 2020

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cymuned Ymarfer	12 Mawrth 2020	Rhannu cynnydd o ran datblygiad y Cod Ymarfer.	Clinigwyr ar draws y Gwasanaeth Awtistiaeth.

Grŵp Cynghori ar Weithredu Anhwylderau'r Sbectrwm Awtistig	23 Mawrth 2019	Diweddariad a thrafodaeth ar y Cod	Gweithwyr proffesiynol a chynrychiolwyr sefydliadau a phobl awtistig a'u gofalwyr

Mis: Ebrill 2020

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cod Ymarfer – digwyddiadau ymgynghori	I'w gadarnhau		

Mis: Mai 2020

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cod Ymarfer – digwyddiadau ymgynghori	I'w gadarnhau		

Mis: Mehefin 2020

Digwyddiad	**Dyddiad**	**Gweithgarwch yn y Digwyddiad**	**Cyrraedd**
Cod Ymarfer – digwyddiadau ymgynghori	I'w gadarnhau		