# Agenda - Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:
**Fideogynhadledd drwy Zoom**
Dyddiad: 10 Mawrth 2021
Amser: 09.00

I gael rhagor o wybodaeth cysylltwch â:
**Helen Finlayson**
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Yn unol â Rheol Sefydlog 34.19, penderfynodd y Cadeirydd wahardd y cyhoedd o gyfarfod y Pwyllgor er mwyn diogelu iechyd y cyhoedd. Bydd y cyfarfod hwn yn cael ei ddarlledu'n fyw ar senedd.tv.

## Rhag-gyfarfod anffurfiol (09.00-09.30)

## 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

## 2 COVID-19: Sesiwn dystiolaeth gyda Long COVID Wales

(09.30-10.15) (Tudalennau 1 - 17)

Leanne Lewis - Long Covid Wales
Lee Bowen - Long Covid Wales
Georgia Walby - Long Covid Wales
Dr Ian Frayling - Long Covid Wales

Briff ymchwil
Papur 1 - Long Covid Wales

## Egwyl dechnegol (10.15-10.20)

## 3 COVID-19: Sesiwn dystiolaeth gydag academyddion

(10.20-11.00) (Tudalennau 18 - 21)

Dr Elaine Maxwell, Arweinydd Cynnwys – Canolfan Ymgysylltu a Lledaenu'r Sefydliad Cenedlaethol dros Ymchwil Iechyd
Yr Athro Daniel Altmann, Athro Imiwnoleg – Coleg Imperial Llundain

Papur 2 – Dr Elaine Maxwell

## Egwyl dechnegol (11.00-11.05)

## 4 COVID-19: Sesiwn dystiolaeth gyda chyrff proffesiynol

(11.05-11.55) (Tudalennau 22 - 33)

Dr Mair Hopkin, Cyd-gadeirydd – Coleg Brenhinol yr Ymarferwyr Cyffredinol, Cymru (RCGP Cymru Wales)
Calum Higgins, Rheolwr Polisi a Materion Cyhoeddus Cymru – Cymdeithas Siartredig Ffisiotherapi
Dai Davies, Arweinydd Ymarfer Proffesiynol – Cymru – Coleg Brenhinol y Therapyddion Galwedigaethol
Pippa Cotterill, Pennaeth Swyddfa Cymru – Coleg Brenhinol y Therapyddion Iaith a Lleferydd

Papur 3 – Coleg Brenhinol yr Ymarferwyr Cyffredinol Cymru
Papur 4 – Coleg Brenhinol y Therapyddion Galwedigaethol
Papur 5 – Coleg Brenhinol y Therapyddion Iaith a Lleferydd
Papur 6 – Cymdeithas Siartredig Ffisiotherapi

## 5 Papurau i'w nodi

(11.55)

### 5.1 Llythyr at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch COVID hir

(Tudalennau 34 - 35)

### 5.2 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch COVID hir

(Tudalennau 36 - 39)

5.3 Ymateb Llywodraeth Cymru i adroddiad y Pwyllgor ar Gyllideb Ddrafft Llywodraeth Cymru ar gyfer 2021-22

(Tudalennau 40 - 50)

6 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn ac ar gyfer y cyfarfod ar 17 Mawrth

(11.55)

7 COVID-19: Trafod y dystiolaeth

(11.55-12.00)

8 Darparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion: Trafod yr adroddiad drafft

(12.00-12.15) (Tudalennau 51 - 142)

9 Adroddiad gwaddol: Trafod yr adroddiad drafft

(12.15-12.30) (Tudalennau 143 - 171)

Mae cyfyngiadau ar y ddogfen hon

Rwy'n ysgrifennu ar ran Long COVID Wales, grŵp ymgyrchu a sefydlwyd gan ddioddefwyr Long COVID yng Nghymru. Ein pwrpas ni fel grwp yw lobïo am gydnabyddiaeth am salwch Long COVID. Rydym yn ymgyrchu dros glinigau COVID Hir arbenigol amlddisgyblaethol yma yng Nghymru gan fod ein haelodau a ninnau'n brwydro i gael mynediad i gwasanaethau diagnostig a'c gofal arbenigol sydd eu hangen arnom er mwyn gwella.

Mae llawer o bobl â Long' COVID yng Nhymru yn cael eu troi i ffwrdd o feddygfeydd heb ymchwilio i'r faterion. Nid yw'n hysbys a yw cyflyrau iechyd sylfaenol yn achosi symptomau mor amrywiol â chrychguriadau a byrder anadl, poen difrifol yn y'r ysgyfaint, poenau cyhyrau, materion GI hirfaith, anhawster cerdded, namau gwybyddol, golwg aneglur a llawer o rai eraill. Mae'n hanfodol ein bod yn dechrau ymchwilio i'r amodau hyn yn llawn.

Mae yna hefyd syndrom tachycardia orthostatig ystumiol (POTS) a mathau eraill o ddysautonomia sy'n achosi symptomau gan gynnwys ond ymhell o fod yn gyfyngedig i dachycardias anghymesur, crychguriadau, pen ysgafn, cyfog a blinder; yn ogystal ag actifadu celloedd mast ac anoddefiad histamin. Mae'r rhain yn nodweddion sy'n digwydd yn aml iawn yn pobol sy'n dioddef o "LongCOVID" ac mae angen mewnbwn niwroleg neu imiwnoleg arbenigol arnynt gan eu bod yn annhebygol o wella heb eu trin.

Mae angen ymchwiliadau oherwydd nad yw diagnosisau cysylltiedig difrifol yn anghyffredin. Mae angen cyfranogiad aml-arbenigedd gan nad yw Long Covid yn glefyd anadlol yn anad dim - mae astudiaethau diweddar yn dangos baich cyfartal anadlol a cardio (canlyniadau cychwynnol Astudiaeth Coverscan - dolen ar waelod y dudalen)

Rydym yn teimlo bod angen clinigau COVID Hir arbenigol arnom fel y'u cyflwynwyd ledled Lloegr. Mae'r clinigau siop un stop hyn yn caniatáu i glinigwyr ddatblygu'r arbenigedd sydd ei angen i drin y salwch newydd hwn. Mae angen cymorth a thriniaeth feddygol ar ddioddefwyr hir COVID ledled Cymru i fynd yn ôl i'r gwaith gan fod nifer, gan gynnwys nifer sylweddol o staff y GIG, wedi bod i ffwrdd yn sâl am hyd at ddeng mis bellach a heb y driniaeth briodol efallai na fydd llawer yn gwella.

Dolen gweminar Astudiaeth Coverscan

https://www.facebook.com/groups/longcovidwales/?ref=share

Rwyf hefyd yn cynnwys dolen i erthygl BMJ a ysgrifennwyd gan feddygon gyda Long COVID.

https://www.bmj.com/content/370/bmj.m356

Gyda Diolch

[redacted]

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Eitem 3

# Long Covid Briefing

*Prepared for the Health, Social Care and Sport Committee, Welsh Parliament*

## Introduction

The National Institute for Health Research (NIHR) Centre for Engagement and Dissemination (NIHR CED) aims to engage people in knowledge exchange to develop and improve health and social care. One of the ways we do this is through our Themed Reviews. These are not systematic reviews of all the evidence. Nor are they guidance or recommendations for practice. Instead they are narratives based on a selection of different kinds of evidence chosen to illuminate and inform discussions focused on actions for practice. They are guided by a diverse Steering Group, including experts by experience. As far as possible, they highlight UK evidence that takes into account the UK infrastructure and culture, often funded by the National Institute for Health Research. Themed reviews include both academic study and practical wisdom from lived experience.

## Our reviews of Long Covid

In October 2020, we published our first review on enduring symptoms called "Living with Covid 19". We worked closely with a group of people with lived experience and with healthcare professionals to make sense of the limited evidence. Whilst there remain significant uncertainties, more evidence has emerged since October and our second review will be published in March 2021, including the results of our survey of 3,268 people with Long Covid.

## Incidence and Prevalence of Long Covid

Despite case definitions being produced by NICE and by the WHO International Statistical Classification of Diseases and Related Health problems. (ICD), research studies use different inclusion and exclusion criteria resulting in a wide range of estimates. Some studies have a limited list of symptoms for inclusion but Davis et al (2020) patient led survey identified 205 different symptoms related to 10 different systems. Some studies require a positive confirmation of a Covid19 infection but community antigen testing (polymerase chain reaction [PCR] swabs) was suspended in the UK in March 2020 and 82% of respondents to our survey said community testing was not available at the time of their initial infection. This lack of testing was also noted by Varsavsky et al. (2021), who reported that only 40% of those who reported classic symptoms on the Zoe Covid Symptom Study App had gone on to receive a test. Some people also test negative and in our survey, 46% who were tested (antigen or antibody) received a negative results despite have symptoms consistent with the virus. This means that current estimates are provisional and may go up.

The largest sample to date is from ONS in their random, representative sample of the community population through the Coronavirus Infection Survey (CIS). Everyone in the sample is swabbed at every follow-up visit, irrespective of symptoms or recent contacts, and thus there is no dependence on the broader community testing paradigm of the day. They stress that results are provisional and may be revised. Currently they estimate that 20% of all people who had tested positive for Covid19 exhibit symptoms for 5 weeks or longer and 10% exhibit symptoms for a period of 12 weeks or longer. ONS added a new question to the CIS survey in February 2021 allowing respondents to state the impact long COVID has had on their day-to-day activities, and including an expanded list of symptoms. Recognising

that some people with symptoms may test negative this question will not be dependent on a positive test finding and therefore may increase the estimated percentages.

At present the best we can say is that ***at least* 10%** have continuing symptoms associated with Covid19 for 12 weeks. We are less certain about how a) debilitating their symptoms are and b) how many people have enduring symptoms at nine months and one year.

Long Covid is more frequent reported by women and by younger people (including children), in a reversal of the incidence rates for hospitalisation and mortality in acute Covid19. There is little data about ethnicity and the rate of Long Covid in these groups is unclear. Seldom heard voices including traveller populations, prison populations, people with learning difficulties and frail older people are not visible in the prevalence studies.

## One syndrome or many?

The NICE case definition is based on duration of symptoms and not on the nature of the symptoms. Most studies report the incidence of a single symptom (not the same symptom for all respondents) at a given point in time. There is increasing evidence of different patterns of symptoms and evidence of different pathogenesis that has led some to hypothesise that there are different mechanisms at play. Different sub groupings of Long Covid that may require different investigations and different treatment plans.

## Stability of condition

There is evidence that some people are at risk of deterioration in their health, weeks after the initial infection appears to have resolved. Ayoubkhani et al. (2021) reported a study comparing 47,780 individuals discharged from hospital after a Covid19 infection with controls matched for demographic and clinical characteristics. People discharged from hospital following a Covid19 infection were 3.5 times more likely to be readmitted and 7.7 time more likely to die within 140 days than controls. The risks of readmission was greater for people under 70 than over 70 years, and for ethnic minority groups than the white population. Mandal et al (2020) reported that 9% of patients in a Long Covid clinic had X rays showing deterioration seven to eight weeks after discharge from hospital. Abnormal biomarkers are seen in substantial numbers of people after discharge, notably elevated D –dimer levels (a test used to help diagnose clotting) and raised levels of C-reactive protein (CRP, which measures inflammation) up to three months after discharge (Mandal et al. 2020 ;Venturelli et al. 2021)

Less is known about deterioration in people who were not admitted to hospital although emerging findings are suggesting clinical deterioration for this group as well. Prospective scans have demonstrated ongoing impairment in one or more organs in people not admitted to hospital. (Dennis et al 2020).

## Psychological impact

Tomasoni et al. (2020) found 30% of people had anxiety and/or depression between one and three months after clearance of the Covid19 virus and this was not statistically related to gender or age. This does not mean that there is no underlying and/or overlapping physical mechanisms. We know from other long term physical conditions (such as heart failure and lung disease) that adjusting to changed health status can lead to depression and anxiety and the National Collaborating Centre for Mental Health

(2018) asserted that two thirds of people with a long term condition will also have a mental health problem, mostly depression and anxiety disorders.

One of the most frequently reported symptoms is cognitive dysfunction, or 'brain fog'. Hampshire et al. (2020) found people who had recovered from Covid19 exhibited significantly more cognitive deficits when compared against controls.

## What other impact does Long Covid have?

One area of note is the impact on employment. In our survey, 67% of respondents were aged between 25 and 55 and 81% had been in paid employment at the time they became ill and 80% said it had affected their ability to work with 36% saying their symptoms were affecting their financial status. Similar findings are reported by Davis et al. (2020) and Halpin et al. (2021). 71% in our survey said Long Covid was affecting family life and relationships with 39% saying it was impacting their ability to care for their children or other dependents.

Some people are so deliberated that they cannot manage their personal care. Vaes et al. (2020) and Venturelli et al. (2021) reported that both report large increases in people are no longer independent after a Covid19 infection.

## Recommendations

Long Covid can be a multi-system disease in some and a number of researchers have identified discrete patterns of symptoms. The emergent nature of the understanding of Long Covid emphasises the need to continue to explore a range of hypotheses. We recommend that people living with Long Covid (who are experts by experience) should be equal partners in setting the research agenda.

Better understanding of the nature of Long Covid, and any sub divisions, is needed before the scale of the problem can be fully understood. We recommend that a minimum data set for recording a wide range of symptoms be agreed and used by both researchers and healthcare providers.

Long Covid is a significant health burden that is unlikely to be met by existing NHS services and new delivery models that allow rapid access are needed. We recommend rapid evaluation of different service models and skill mix for supporting people with Long Covid.

Some elements of Long Covid are similar to other conditions and interventions (pharmaceutical, psychological and physical therapies) may improve symptoms. We recommend evaluation of the use of interventions that have been effective in other conditions when used with people with Long Covid. For non-pharmaceutical interventions, a range of research methodologies should be encouraged.

Seldom heard voices are not visible in the current evidence. We recommend research that is targeted at vulnerable people (including older people and people with Learning Disabilities) as well as hard to reach groups including travellers and prison populations.

Dr Elaine Maxwell
Content Lead, NIHR CED

3rd March 2021

## References

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NIHR CED Living with Long Covid

ONS

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Eitem 4

# Addition to the evidence submitted by the Royal College of General Practitioners Wales to the Welsh Parliament Health, Social Care and Sport Committee inquiry into the Covid-19 outbreak on health and social care in Wales: Post-Covid Syndrome

Thank you for the opportunity to add to our initial written evidence to the Committee regarding the pandemic. At the time of our first submission the topic of Post-Covid Syndrome (Long Covid) was only beginning to emerge. Even today, understanding of this ailment which can manifest very differently in different patients is still to be fully understood. As such, much of our evidence to the Committee focuses less on definitive treatments and more on the necessity of support, knowledge sharing and awareness.

RCGP worked with NICE and the Scottish Intercollegiate Guidelines Network (SIGN) to produce guidelines which were published in December last year: https://www.nice.org.uk/news/article/nice-rcgp-and-sign-publish-guideline-on-managing-the-long-term-effects-of-covid-19. This best practice advice is primarily aimed at health professionals but also provides information for patients, including what they should expect in terms of care. This is important in providing them with the health literacy to engage with clinicians in an empowered manner.

The College has raised questions about care for those with Post-Covid Syndrome with the Chief Medical Officer and is of the view that it is vital there is close communication and cooperation between the health boards while we are all learning about the lasting effects of COVID-19 on some patients.

There must also be clear pathways for self-help, so that patients can be empowered to take steps towards their own recovery. As was demonstrated in the findings of the report 'Unmet needs of people with breathing and other difficulties after COVID-19' by the British Lung Foundation and Asthma UK, there remains considerable uncertainty about the nature of Post-Covid Syndrome as it does not neatly fit into the description of COVID-19 which has become the dominant discourse during the pandemic.

In addition, as Post-Covid Syndrome does not fit the narrative around COVID-19 it can present difficulties for patients in terms of their employment. They may be clear of COVID-19 and able to return to work, but not at full capacity and thus employers must treat the symptoms of Post-Covid Syndrome as they would a staged and gentle return to work following a physical injury which requires ongoing rehabilitation.

We know considerably more about this form of ailment than we did six months ago, but we are very much still in learning mode and this can make it difficult to provide the clear answers which patients would ideally desire. We need easy access to investigations for those with clinical impairment as if there is evidence of myocarditis patients should avoid exercise. At this stage it is crucial that we develop a shared knowledge base built on research and best practice from with Wales and beyond.

# Royal College of Occupational Therapists
# Coleg Brenhinol y Therapyddion Galwedigaethol

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Health, Social Care and Sport Committee
Welsh Parliament

2 March 2021

[redacted]

The Royal College of Occupational Therapists (RCOT) is pleased to provide evidence into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales.

Rehabilitation services for all
Equality of access to rehabilitation must be at the forefront of service delivery. Our members are concerned that under-resourced rehabilitation services will struggle to meet the needs of COVID patients in addition to meeting the demands of existing patients / those with non-COVID needs. For example, the British Heart Foundation's (BHF) National Audit of Cardiac Rehabilitation 2020, showed that the number of people who have been taking part in group based cardiac rehabilitation in Wales fell by around 36% as the COVID-19 pandemic first hit.

Currently, rehabilitation is crucial for:

- People recovering from COVID-19 infection.
- People deconditioned from shielding (self-isolation/social distancing), e.g. risk of falls due to reduced muscle strength and mobility.
- People experiencing mental health problems either caused or exacerbated by social isolation.
- People with a range of conditions whose rehabilitation has been interrupted due to staff redeployment and cessation of face-to-face appointments during the COVID-19 pandemic.

Occupational therapists are well equipped to address the multi-faceted nature of COVID rehab needs because of our expert physical, psychological and cognitive training.
For example, in Cardiff, occupational therapists are part of the COVID-19 rehabilitation team. The role of the team is to support a holistic co-ordinated approach to facilitate a "Your COVID Recovery" programme, which is an individualised, stepped pathway for people with enduring COVID-19 symptoms (Long COVID/Post-COVID Syndrome). The team is collaborating with existing, established rehabilitation services and those offered by third sector and national organisations. It has developed this tiered approach to rehabilitation delivery, including self-management and supported self-management, to meet demand and reduce pressure on the rehab workforce.

In the NHS Wales Operating Framework 2020-21 Quarter 3 & Quarter 4 plan, rehabilitation was deemed an essential and integral part of most health interventions and pathways and is required to maximise outcomes, as outlined in the rehabilitation framework (https://gov.wales/rehabilitation-coronavirus). This includes meeting the rehabilitation needs

of those recovering from COVID, those with other planned or unscheduled care needs and those being managed in primary and community care. It stated that local health board ongoing delivery plans should describe the actions being taken to meet this new and increasing need as well as the demand, provision and delivery of rehabilitation and prehabilitation services in essential services.

RCOT suggests that local health board delivery plans should take account of the following:

1. COVID rehabilitation requires a multi-faceted, multi-disciplinary approach, including physical and mental health approaches. Patients should have access to occupational therapy and our AHP colleagues at the earliest opportunity.
2. NHS Wales should develop a tiered approach to rehabilitation delivery, including self-management and supported self-management, in order to meet demand and reduce pressure on the rehab workforce.
3. Research showing that 100% of patients who received ICU treatment for COVID across 26 acute English hospitals needed occupational therapy input. https://journals.sagepub.com/doi/full/10.1177/1751143720988708 However, this was not the case in a number of Welsh hospitals. We recommend an urgent investment in Acute ICU rehabilitation.

IT system and service structure

Our members report that recording needs and outcomes is difficult within the current IT system. NICE COVID-19 rapid guidelines provides clear definitions for Acute COVID-19 (signs and symptoms up to 4 weeks), ongoing symptomatic COVID-19 (4-12 weeks) and Post COVID-19 syndromes (more than 12 weeks). This clarity should help healthcare professionals collect data and offer a stepped care approach. However, our staff report that IT systems within the NHS are poor and aren't compatible with those of other organisations. They are concerned that patients will be missed or not referred to the appropriate service.

Return to work support

Concern about returning to work is significant amongst COVID patients, and not least those who those who work in health and social care. There are now service pilots developing in some local health boards in Wales. Swansea Bay LHB occupational health service have started an 'Occupational Therapy Long Covid Clinic' with the aim to provide individuals with support to enable them to self-manage their symptoms more effectively and to signpost to other sources of support and advice, which should enable staff to return to work. Outcome reports from the service are:

- Improvements in functional ability have been reflected in outcome measures (mobility, self-care, usual activities and anxiety/depression).
- Feedback given that fatigue management advice had been beneficial in increasing levels of activity and managing symptoms which had improved mood and wellbeing.
- Improved confidence reported in discussing return to work with their manager.
- Many individuals who have accessed the service have not received a thorough assessment of needs or risks as recommended in the NICE guidelines.
- Feedback received from individuals has highlighted the difficulties encountered in obtaining support and where this may be accessed.

RCOT recommends that all NHS and social care staff have access to good quality occupational health support to return to work after COVID.

**Welsh Parliament Health, Social Care and Sport Committee consultation on the impact of the Covid-19 outbreak, and its management, on health and social care in Wales**

**Executive summary**

Thank you for the opportunity to give written and oral evidence as part of the committee's ongoing scrutiny of the impact of COVID-19 on health and social care in Wales. A year on from the outbreak of the pandemic, we now have a clearer picture on the impact of the virus on the swallowing and communication needs of patients.

This short paper provides further information on presentations and current access to speech and language therapy for people affected by post-COVID-19 syndrome across Wales. This paper is in addition to the written evidence we presented to the committee in July 2020 on broader rehabilitation needs.

The key points we wish to highlight are:

- Emerging data suggests that COVID-19 can lead to swallowing difficulties, voice and communication changes.
- Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.
- As experts in supporting people with swallowing and communication needs, Speech and Language Therapists have an important role to play in supporting patients post-COVID and should be viewed as key members of multi-disciplinary teams.
- We have significant concerns that the backlog from the initial lockdown, in addition to increasing numbers affected by post-COVID syndrome, will add to pressures on already stretched speech and language therapy services unless they are adequately resourced.

**About the Royal College of Speech and Language Therapists (RCSLT)**

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.

3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

4. Across Wales, SLTs have worked tirelessly to ensure that people with COVID-19 receive as much support as possible. They are promoting people's physical and mental well-being, using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support communication, swallowing and respiratory management.

**The communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19**

5. While the communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19 are emerging, early data suggests that for some there will be a prolonged impact on their quality of life. People affected more severely by the virus and those who required intensive care treatment may suffer from a range of associated problems lasting for months and even years. The consequences of life saving interventions such as sedatives, mechanical ventilation, oxygen therapies and tracheostomy may lead to a myriad of problems:

- voice disorders;
- swallowing muscle weakness with a need for restricted diets or artificial feeding via a tube;
- chronic respiratory compromise impacting on the coordination of swallowing and breathing which carries an increased risk of chest infection and further lung complications;
- cognitive communication disorders potentially limiting return to work and daily life;
- psychological trauma and post traumatic stress disorder; and
- chronic upper airway narrowing or stenosis requiring multidisciplinary team management to meet these complex needs

- neurologic symptoms manifesting in a notable proportion of patients with COVID-19. Emerging clinical data suggest approximately 25-30% of COVID-19 survivors are presenting with new neurological impairments (RCSLT, 2020).

6. These emerging findings are supported by recent studies. The COVID symptom study, using results from the Zoe app, has recently published data which reports that vocal hoarseness constitutes 19% of initial symptoms of COVID-19 (COVID symptom study, 2020). A European epidemiological study found that the 26.8 % of COVID-19 cases in their study had dysphonia (voice difficulties) (Lechien et al, 2020). The RCSLT are also currently also undertaking a UK wide survey to gather some key information about the mid to long-term speech and language therapy needs of individuals who have had COVID-19 and the demand on speech and language therapy services. We hope to be able to publish the survey results later in the Spring.

7. In addition to data on individuals with SLT needs after the onset of COVID-19, we are also receiving intelligence from services on the detrimental impact of the move to remote working and widescale usage of video conferencing applications on people's voices. Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.

8. We also as a profession continue to monitor the incidence of COVID-19 amongst children and young people. Until the emergence of the new UK variant, there was increasingly robust evidence to indicate that children were approximately 50% less likely to catch COVID-19, given the same exposure, as

adults (Munro and Roland, 2020). Children under 10 appear to have lower rates of infection than those over 10 (Munro and Roland, 2020). Up to 50% of cases in children may be asymptomatic (Han et al, 2020). Children accounted for 1.7% of hospital admissions and 0.07% of deaths in a recent, large US study (Sisk et al, 2020). The role that children play in transmission remains unclear. However, given that those with asymptomatic disease appear to play a smaller role in community transmission, large scale outbreaks in schools among children have been rare, along with few children identified as primary cases in contact tracing studies; evidence suggests that to date children have not acted as "super-spreaders" (Munro and Roland, 2020). Case rates among children have recently increased. It appears that the new UK variant is more effective at infecting children, but does not cause more severe disease (Mahase, 2020). However, computer modelling indicates generalised increased transmissibility, rather than a specific increased susceptibility in children is driving infection (Davies et al, 2020).

**Current Speech and Language Therapy Provision for post-COVID-19 syndrome**

9. As experts in supporting people with swallowing and communication needs, SLTs thus have an important role to play in supporting post-COVID-19 patients and should be viewed as key members of multi-disciplinary teams. We have obtained data from our members working within local health boards to better understand speech and language therapy provision for those affected by post-COVID-19 syndrome. It is welcome that Speech and Language Therapists are part of post-COVID-19 syndrome clinics/hubs in two local health board areas – Cwm Taf Morgannwg University Health Board and Cardiff and Vale University Health Board and that services in these areas are able to receive GP referrals in addition to supporting those who have been discharged from secondary care. The focus of the teams within these areas is on self-management and recovery. SLTs are utilising telephone and virtual technologies in addition to face to face where required and are actively signposting to the Keeping Me Well website which includes self-management advice.

10. SLTs working in these services report that they are supporting patients with a range of issues including; dry mouth which is impacting on swallowing function, voice problems such as hoarseness and communication changes such as word-finding difficulties. They have also highlighted high levels of anxiety, depression and in some cases post traumatic stress disorder amongst patients due to memories of their experience and illness etcetera. The following quotes give a sense of the issues faced.

**Service user quotes from Post-COVID-19 syndrome service, February 2021**

'I can't think of the words I want to say, this is so frustrating and I was also so quick with my words before'

'My thinking is slower and so I can't follow what people are saying to me, I find this stops me starting conversations'

'I'm forgetting names and can't concentrate'

'Communicating is such a big part of my job and it's just not the same as it was'

'My voice is weak, I don't sound like me anymore'

'I get so tired, even just doing little things around the house. This impacts on everything, how I think and how I talk.

11. The SLTs have raised differences in those who have accessed the post-COVID-19 services via different routes noting that the patients who have entered services via a GP referral route are often more complex with multiple symptoms. SLTs are finding that it is taking longer to determine the needs of those presenting and for interventions to take effect for those who contracted COVID-19 early on in the pandemic. When there are multiple areas of difficulty, the impact is likely to be multiplied resulting in a greater risk to the wellbeing of the patient and of chronic fatigue syndrome. Early intervention is key with clinicians noting that those patients who are able to be seen earlier are requiring less time and are more able to take on self-management strategies and advice. However, as referrals continue to increase, this will be a challenge for small teams to deliver.

12. Given growing evidence on the impact of COVID-19 on swallowing and communication and intelligence we are receiving from services about increased referrals across all acute services with the impact of COVID-19 exacerbating pre-existing conditions, we are concerned that to the best of our knowledge no additional monies have been awarded to speech and language therapy teams in the remaining local health boards areas.

13. At the RCSLT, we have recently carried out a major survey into the impact of the first UK-wide lockdown on people's access to speech and language therapy which found that because of the pandemic many people did not have their communication and swallowing needs identified and did not receive the speech and language therapy they require. A high percentage of survey respondents said that their communication and swallowing was either the same or became worse during COVID-19. Many respondents reported a negative impact on their mental health. The survey also asked people about the future and whether they were worried about access to speech and language therapy and the impact a lack of access would have. Again, a high percentage said they were worried, and cited the impact on their mental health as one of their main concerns. We will be publishing a Wales version of the report in the coming weeks.

14. We have significant concerns that backlog from the lockdown in addition to increasing numbers affected by post-COVID-19 syndrome will only add to pressures on already stretched speech and language therapy services unless they are adequately resourced. If these potential extra resources are not made available and rehabilitation not prioritised, there may be negative consequences for the physical and mental health of people with communication and/or swallowing needs and their families which in turn may result in greater costs to the public purse.

**Further information**

15. We hope this paper will be helpful in supporting the committee discussions around the importance of SLT rehabilitation support. We would be happy to provide further information following our oral evidence session.

Yours sincerely,

**Pippa Cotterill, Head of Wales Office, Royal College of Speech and Language Therapists**

[redacted]

**Dr. Caroline Walters, External Affairs Manager (Wales), Royal College of Speech and Language Therapists**

[redacted]

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CSP Wales Office
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Date 14/05/20

Dear Members of the Senedd,

**Re: Health, Social Care and Sport Committee, Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales**

## Introduction

The CSP welcomes this opportunity to offer its view on the current Covid-19 response and future impact of Covid on services. Physiotherapists have played a key role in responding to the virus including, working in intensive care, working in the community to prevent hospital admissions, and undertaking rehabilitation of patients who are recovering from Covid-19. Our submission to this inquiry contains comments on the response to the virus so far, and our views on the future response required from the NHS.

## Comments from the CSP

### Overview

Physiotherapists have been working across many settings in the NHS, including in acute services. Covid patients in ITU have needed physiotherapy throughout their treatment for the virus. Physiotherapists are providing acute respiratory care and advice on proning and weaning off ventilators. Rehabilitation begins in the intensive care unit for many patients, and our members are working with patients to aid their recovery from possible long term effects of covid.

Many physiotherapists in Wales have been redeployed to the community as part of the response to Covid-19. For example, a team of Physiotherapists work as part of the Community Response Teams in Conwy. At the moment, we also have members who have been redeployed into the team from MSK departments, primary and pain services, private practice, and returners. They have been able to provide an extended service over 7days a week, from 8am to 6pm, with the aim of supporting flow through the hospitals and supporting early discharges, enabling people to stay at home where possible by admission avoidance as well as then supporting rehab. We work very closely with our District nurse colleagues, social services and primary care.

Physiotherapists have proven to be adaptable and key to multi-disciplinary teams delivering health services across all settings.

The impact of this crisis on our student workforce should be monitored and mitigated as much as possible. Currently, placements have been affected which could have a longer term impact on workforce supply through further placements availability and capacity. Whilst current year 3 should be not too adversely affected in terms of being able to become fully registered physiotherapist in summer 2020, the impact on those going into their final year in academic year 2020/21 needs to be monitored.

**Testing and PPE**

In March, Alex MacKenzie, CSP Chair of Council wrote to all the Health Ministers around the UK, about PPE availability to staff. In Wales, the team shared this letter with all the Members of the Senedd and asked them to follow up with the Minister. Since then, the PPE guidance has been changed and our website reflects the guidance that should be followed. We remain concerned that physiotherapists should always have access to the appropriate PPE for an aerosol generating procedures.

The CSP supports the TUC Wales view that all key workers should know that they are entitled to testing and can access the right PPE to protect them and their colleagues

**Technology**

During the current response to Covid-19, the CSP produced a guide to implementing remote consultations. Setting up remote consultation options normally requires time, planning and incremental introduction. Our members moved rapidly to set up tele and video consultations at the start of this crisis, and have adapted their working to minimise risks to patients. Our membership has experience of using remote working and has examples of good practice to share. This includes physiotherapists using telehealth and virtual consultations in the community, with ABUHB being a good example of this. , In these extenuating circumstances the CSP endorses a more rapid approach to implementation of remote working than previously, to minimise risks of exposure to COVID-19 to patients, the public and healthcare staff.

**Innovation**

We are encouraged by the collection of innovative work, particularly by Aneurin Bevan University Health Board. The collection of this innovative work needs to result in permanent change in the future, and for this a transparent system of evaluation needs to be in place for good practice to be found and shared.

**Rehab services**

Rehabilitation, including physiotherapy, is essential in saving the lives of people with Covid-19 and in enabling people to live their lives to the full. Rehabilitation must be recognised as an unmissable part of Covid-19 recovery, and leaders and policy makers need to be taking urgent action to ensure that this is delivered. In delivering rehabilitation, the physiotherapy workforce is involved in every stage and at all levels of the Covid-19 trajectory. They have the skills and knowledge that are critical and must be deployed accordingly to support recovery.

Essential rehabilitation for patients, recovering from serious illness or injury must continue to be provided through the pandemic, with services adapting to make this possible. The CSP believes a comprehensive strategic approach to meeting rehabilitation needs is required as we work to help

the recovery from the pandemic. This includes the needs of people recovering from Covid-19 and those whose rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down.

The CSP also believes that this is an opportunity to drive improvements in rehabilitation services and development of the workforce to deliver this. This statement sets out what we believe are the priority actions required by policy makers and system leaders nationally and locally.

**Our five rehabilitation asks of policy makers and leaders**

1.Don't leave patients behind because they are out of sight. We need rapid planning, guidance and resources in place to ensure that people recovering from Covid-19 receive rehabilitation in the community after discharge. This means enabling the agile redirection of funding and redeployment of the workforce to community teams as need in the acute sector diminishes.

2.Support essential rehabilitation services to be maintained during the pandemic as much as possible to minimise negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition.

3.Ensure the physiotherapy workforce and all those delivering rehabilitation receive the right level of PPE, to work with vulnerable people in the community for whom face to face rehabilitation is essential.

4.Plan for the tidal wave of rehabilitation need as the country recovers from the pandemic. All UK Governments should develop plans to deliver expanded high quality, multi condition community rehabilitation, and training and retaining an expanded multi-disciplinary rehabilitation workforce.

5. Commit to the right to rehabilitation as a fundamental element of our health and care system and support it to develop so that everyone can access high quality rehabilitation.

**Right to Rehab**

We are concerned about the increased need for rehab services in the next few months, and the impact this will have on the availability of rehab services for all patients. Rehab services will face the challenge of meeting the needs of Covid-19 patients who are recovering, with serious and long term issues such as fatigue, respiratory issues, and PTSD. Services will also have to meet the needs of many patients who have de-conditioned when in self isolation, and a further group of patients who have avoided/delayed treatment until after the initial wave of the virus. This mixture of patient needs could place rehabilitation services under great strain.

We welcome the initial investment in rehab services of £10 million by the Welsh Government, accessible to the Regional Partnership Boards. However, this funding needs to be part of a wider strategic funding programme for rehabilitation services, in line with the objectives of a Healthier Wales Strategy. This would be best delivered by a national strategy/plan for rehabilitation services.

It is vital that the rehab needs of non Covid patients are planned for and resourced properly to avoid pressure on hospital admissions and other services which may be dealing with Covid patients.

**Regional Partnership Boards**

In a written answer to question WAQ80037 (e) by Rhun ap Iorwerth AS, the Minister stated:

"*We anticipate increasing demand for rehabilitation from people recovering from coronavirus. We are preparing to meet this and the needs of others who are recovering from other conditions and have other rehabilitation needs.*

*I have announced an extra £10m to support people recovering from coronavirus, including enhanced home care packages for people dealing with the physical and mental health effects of lockdown."*

We welcome this funding as a beginning of a wider change to the way services are delivered, in line with a Healthier Wales strategy. However, as the Minister states, we anticipate increasing demand going forward and believe an assessment and planning of the resources needed on a national scale will be beneficial. We do pose the question: How could this funding fit into a wider strategic funding programme for physiotherapy and rehabilitation services?

## Concluding remarks

Thank you for the opportunity to provide the CSP's view on the current situation, and the opportunity to highlight rehabilitation as a vital part of the NHS response. Our view is that a strategy or plan is needed to deliver the Right to Rehab that patients deserve across Wales. We would welcome the opportunity to provide oral evidence if requested.

## About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 59,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community, and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person-centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

Diolch yn fawr,

[redacted]
**CSP Public Affairs and Policy Officer for Wales**
[redacted]
[redacted]

Eitem 5.1

Senedd Cymru
**Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon**

Welsh Parliament
**Health, Social Care and Sport Committee**

**Vaughan Gething AS**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

3 Chwefror 2021

Annwyl Weinidog,

Yn ei gyfarfod ar 10 Mawrth, bydd y Pwyllgor yn clywed tystiolaeth ar effeithiau tymor hir COVID-19 (syndrom ôl-COVID neu COVID hir), fel rhan o'n hymchwiliad i effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru. Byddwn yn clywed gan ystod o randdeiliaid, gan gynnwys pobl sy'n profi effeithiau tymor hwy COVID-19, panel o academyddion a gweithwyr iechyd proffesiynol perthnasol.

Cyn y cyfarfod hwn, byddai'n ddefnyddiol pe gallech roi'r wybodaeth ddiweddaraf i ni am bolisi Llywodraeth Cymru ar reoli COVID hir, yn benodol:

1. A oes gan Lywodraeth Cymru unrhyw gynlluniau i gynnig cymorth i ddioddefwyr COVID hir mewn canolfannau arbenigol, yn debyg i'r hyn a wneir gan GIG Lloegr;
2. Sut mae Llywodraeth Cymru yn bwriadu gweithredu **canllawiau NICE ar reoli effeithiau tymor hir COVID-19**;
3. Sut mae Llywodraeth Cymru yn gweithio gyda gweithwyr iechyd proffesiynol i helpu i asesu, diagnosio a thrin dioddefwyr, gan gynnwys y rhai sy'n profi effeithiau iechyd meddwl COVID-19;
4. Pa gyllid fydd ar gael ar gyfer gwasanaethau COVID hir;
5. A yw Llywodraeth Cymru wedi cynnal unrhyw asesiad o oblygiadau posibl COVID hir ar y galw am wasanaethau gofal cymdeithasol;
6. Pa ystyriaeth y mae Llywodraeth Cymru yn ei rhoi i reoli COVID hir mewn lleoliadau gofal cymdeithasol (er enghraifft, yr effaith ar staff sy'n dychwelyd i'r gwaith, yr effaith ar ofalwyr di-dâl);
7. A yw Llywodraeth Cymru wedi comisiynu unrhyw waith ymchwil i COVID hir, gan gynnwys manylion rôl a chylch gwaith Canolfan Dystiolaeth COVID-19 Cymru;

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8. A yw Llywodraeth Cymru yn ymwybodol o unrhyw waith sy'n cael ei wneud gan fyrddau iechyd i reoli effeithiau tymor hir COVID-19, a pha rôl y bydd Llywodraeth Cymru yn ei chwarae wrth hyrwyddo dysgu neu rannu arfer gorau rhwng byrddau iechyd.

Byddai'n ddefnyddiol pe gallech ymateb erbyn **24 Chwefror 2021** i helpu i lywio ein sesiwn dystiolaeth ar 10 Mawrth.

Yn gywir

Dr Dai Lloyd AS
**Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon**

Eitem 5.2

**Vaughan Gething AS/MS**
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**
**Minister for Health and Social Services**

Llywodraeth Cymru
Welsh Government

Dai Lloyd AS
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
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24 Chwefror 2021

Annwyl Dai,

Diolch am eich llythyr dyddiedig 3 Chwefror, yn gofyn i mi roi'r wybodaeth ddiweddaraf i'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon am bolisi Llywodraeth Cymru ar reoli COVID Hir er mwyn llywio'r ymchwiliad i effaith y pandemig.

Rwy'n hapus i ymhelaethu ar y diweddariad a nodir yn fy Natganiad Ysgrifenedig ar 20 Ionawr 2021. https://llyw.cymru/datganiad-ysgrifenedig-effeithiau-hirdymor-covid-19

Mae haint COVID-19 bellach yn bwnc ymchwil byd-eang, ac wrth i'r pandemig barhau, rydym yn deall mwy am broses y clefyd a'i heffaith tymor hwy ar iechyd cleifion. Er y credid i ddechrau y gallai symptomau bara ychydig wythnosau ac, ar ôl iddynt leihau, y gallai'r unigolyn ddychwelyd i'w ffordd flaenorol o fyw, mae bellach yn dod yn amlwg bod rhai pobl yn cael effeithiau mwy hirdymor o lawer.

Mae Cymru'n cymryd rhan mewn astudiaeth yn y Deyrnas Unedig o'r enw *The Post-Hospitalisation COVID-19 Study* (PHOSP COVID), a ariennir gan y Sefydliad Cenedlaethol er Ymchwil Iechyd (NIHR) ac UK Research and Innovation MRC UK ac a arweinir gan Ganolfan Ymchwil Biofeddygol NIHR Caerlŷr. Mae'r astudiaeth Iechyd Cyhoeddus Frys hon wedi'i sefydlu i asesu effeithiau hirdymor COVID-19 ar iechyd ac adferiad cleifion mewn 10,000 o gyfranogwyr.

Mae galwad ymchwil ar y cyd ledled y DU gyda chyllid o hyd at £20 miliwn wedi'i lansio gan NIHR ac UK Research and Innovation (UKRI). Mae'r alwad am gynigion ymchwil i effeithiau corfforol a meddyliol tymor hwy COVID-19 mewn unigolion nad ydynt yn yr ysbyty. Disgwylir i brosiectau ddechrau yn gynnar yn y flwyddyn a gellir eu hariannu am hyd at 3 blynedd.

Mae tystiolaeth gynyddol a hanes profiadau pobl yn dangos bod nifer bach, ond sylweddol o bobl sy'n dal COVID-19 yn profi effeithiau am wythnosau a hyd yn oed fisoedd ar ôl mynd yn sâl. Mae rhai amcangyfrifon yn awgrymu y gallai tua 1 o bob 5 o bobl y mae COVID-19 yn effeithio arnynt barhau i brofi gwahanol grwpiau o symptomau fwy na thair wythnos ar ôl

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yr heintiad; ac y gallai 1 o bob 10 o bobl gael eu heffeithio o hyd am dri mis, neu fwy, ar ôl yr heintiad cychwynnol.

Mae'r Grŵp CyngorTechnegol (TAG) wedi cyhoeddi papur ar 3 Chwefror o'r enw '*COVID Hir' – beth ydyn ni'n ei wybod a beth sydd angen i ni ei wybod?* Mae hwn yn dwyn ynghyd y dystiolaeth a'r ymchwil ddiweddaraf yn y DU ac yn rhyngwladol i gefnogi polisïau a gweithredu lleol.

Mae'r papur yn nodi cwestiynau ymchwil pwysig pellach i ddeall a monitro effaith COVID Hir ar unigolion a gwasanaethau yng Nghymru, a datblygu llwybrau gofal effeithiol. Bydd angen adolygu'r rhain yn barhaus wrth i anghenion tystiolaeth gael eu diwallu drwy astudiaethau ymchwil yn awr ac yn y dyfodol, ac wrth i feysydd newydd o angen ddod i'r golwg.

Rwyf yn troi yn awr at eich cwestiynau penodol. Fe atebaf gwestiynau 1 i 3 gyda'i gilydd a gwneud yr un peth ar gyfer cwestiynau 5 a 6.

***1. A oes gan Lywodraeth Cymru unrhyw gynlluniau i gynnig cymorth i ddioddefwyr COVID hir mewn canolfannau arbenigol, yn debyg i'r hyn a wneir gan GIG Lloegr;***

***2. Sut mae Llywodraeth Cymru yn bwriadu gweithredu canllawiau NICE ar reoli effeithiau tymor hir COVID-19;***

***3. Sut mae Llywodraeth Cymru yn gweithio gyda gweithwyr iechyd proffesiynol i helpu i asesu, diagnosio a thrin dioddefwyr, gan gynnwys y rhai sy'n profi effeithiau iechyd meddwl COVID-19;***

Yng Nghymru, mae ein dull o ymdrin â COVID Hir yn seiliedig ar *Cymru Iachach.* Felly, mae'n seiliedig ar osgoi niwed, hyrwyddo a chefnogi hunanreoli, a gofal di-dor sy'n seiliedig ar werthoedd ac yn cael ei ddarparu gan weithwyr iechyd a gofal proffesiynol neu gan y gwasanaeth cywir, a hynny yng nghartref y claf neu mor agos â phosibl at ei gartref. Mae hefyd yn golygu cytuno ar ofal wedi'i deilwra i anghenion penodol pob unigolyn.

Ar 20 Ionawr 2021, cyhoeddais lansiad ap Adferiad COVID GIG Cymru, sy'n rhoi awgrymiadau a chymhorthion ar gyfer monitro cynnydd. Yn ogystal â'r ap hwn, mae gwefannau byrddau iechyd a gwefan Galw Iechyd Cymru/111 yn cynnig mrywiaeth o adnoddau hunangymorth a gwybodaeth ac yn cyfeirio pobl atynt.

I ategu canllawiau clinigol NICE ar nodi, asesu a rheoli effeithiau hirdymor COVID-19, mae Llywodraeth Cymru a GIG Cymru wedi cydweithio ar Lwybr Cymunedol i Gymru gyfan ar gyfer COVID Hir. Mae hyn yn cydnabod y gall fod angen cyngor mwy arbenigol ar rai pobl ag effeithiau difrifol, fel niwed i organau, gan weithwyr gofal eilaidd proffesiynol.

Mae pob bwrdd iechyd yn defnyddio'r adnoddau hyn i lunio a llywio eu llwybr lleol. Mae hyn yn golygu dod â phractisau meddygon teulu a gwasanaethau cymunedol aml-broffesiynol at ei gilydd i roi systemau ar waith, gan wneud y defnydd gorau o arbenigedd gwahanol weithwyr iechyd a gofal proffesiynol ac adnoddau eraill, megis ap Adferiad COVID newydd GIG Cymru, i ddarparu gofal di-dor ar gyfer asesu, ymchwilio, trin a a chymorth adsefydlu. Gall gwasanaethau a mynediad i'r rhain gael eu trefnu a'u cyfleu yn unol ag anghenion ac amgylchiadau lleol.

***4. Pa gyllid fydd ar gael ar gyfer gwasanaethau COVID hir;***

Rydym yn buddsoddi mewn ymchwil i effaith COVID 19 gan gynnwys ei effeithiau tymor hwy. O ran gwasanaethau i gefnogi pobl â COVID Hir, ein disgwyliad ar hyn o bryd yw y gellir diwallu'r rhan fwyaf o anghenion pobl drwy gyfrwng ap Adferiad COVID GIG Cymru a'r gwasanaethau cymunedol presennol, ac y bydd ar rai pobl angen gwasanaethau arbenigol gan ofal eilaidd. Mae Llywodraeth Cymru wedi darparu cyllid ychwanegol o £10 miliwn i'r

Byrddau Partneriaeth Rhanbarthol i hwyluso rhyddhau cleifion o'r ysbyty yn amserol i ofal gwasanaethau cymunedol sy'n cynnig cymorth adsefydlu, gan gynnwys pobl sy'n gwella o COVID-19. Rydym hefyd yn cydnabod yr angen cynyddol ledled Cymru am fynediad hawdd at gymorth haen 0/1 ar gyfer materion iechyd meddwl lefel isel a brofir gan bobl yr effeithir arnynt yn uniongyrchol ac yn anuniongyrchol gan y pandemig, ac rydym wedi buddsoddi £9.9 miliwn.

Fel rhan o'i gynllun blynyddol ar gyfer 2021-22, bydd angen i bob bwrdd iechyd nodi ei gynlluniau gweithlu a gwasanaeth i gefnogi pobl â COVID Hir wrth i ni barhau i ddysgu mwy.

***5. A yw Llywodraeth Cymru wedi cynnal unrhyw asesiad o oblygiadau posibl COVID hir ar y galw am wasanaethau gofal cymdeithasol;***

***6. Pa ystyriaeth y mae Llywodraeth Cymru yn ei rhoi i reoli COVID hir mewn lleoliadau gofal cymdeithasol (er enghraifft, yr effaith ar staff sy'n dychwelyd i'r gwaith, yr effaith ar ofalwyr di-dâl);***

Drwy gydol y pandemig, mae swyddogion a Gweinidogion wedi parhau i gadw mewn cysylltiad agos â sefydliadau sy'n cynrychioli defnyddwyr gwasanaethau, gofalwyr di-dâl, staff, darparwyr a llywodraeth leol er mwyn deall effeithiau COVID, gan gynnwys COVID hir.

Wrth fynd rhagom, fel rhan o'r gwaith o ddatblygu cynllun ar gyfer sefydlogi ac ailgodi, mae Llywodraeth Cymru yn bwriadu cydweithio'n agos â'r sector gofal cymdeithasol i sicrhau bod profiad pobl sy'n derbyn gofal a chymorth, gofalwyr di-dâl a staff yn ganolog i'n gwaith o gynllunio'r adferiad.

Bydd hyn yn arbennig o bwysig er mwyn cydnabod profiadau'r grwpiau hynny y mae'r pandemig wedi effeithio fwyaf arnynt, yn enwedig anghenion gofal cymdeithasol y rhai sy'n cael eu heffeithio gan COVID hir, ond hefyd y rhai sy'n darparu gofal a chymorth iddynt, boed yn gyflogedig neu'n ddi-dâl.

***7. A yw Llywodraeth Cymru wedi comisiynu unrhyw waith ymchwil i COVID hir, gan gynnwys manylion rôl a chylch gwaith Canolfan Dystiolaeth COVID-19 Cymru;***

Nid yw Llywodraeth Cymru wedi comisiynu unrhyw ymchwil i COVID hir yn uniongyrchol, ond mae Cymru'n cymryd rhan yn astudiaeth y DU o'r enw *The Post-Hospitalisation COVID-19 Study* (PHOSP COVID), a ariennir gan y Sefydliad Cenedlaethol er Ymchwil Iechyd (NIHR) a MRC UK Research and Innovation, dan arweiniad Canolfan Ymchwil Biofeddygol NIHR Leicester. Mae'r astudiaeth Iechyd Cyhoeddus Frys hon wedi'i sefydlu i asesu effeithiau hirdymor COVID-19 ar iechyd ac adferiad cleifion mewn 10,000 o gyfranogwyr.

Bydd astudiaethau o alwad ariannu ledled y DU a gaeodd yn ddiweddar yn canolbwyntio ar gleifion nad ydynt yn yr ysbyty ac effeithiau tymor hwy COVID-19 arnynt, a bydd astudiaeth gan y Swyddfa Ystadegau Gwladol sydd ar y gweill yn mesur ac yn nodweddu cymhlethdodau iechyd corfforol a meddyliol ôl-acíwt COVID-19.

Mae'r pandemig COVID wedi dangos mor ganolog yw ymchwil a thystiolaeth i iechyd a gofal yng Nghymru, a'u pwysigrwydd i wneud penderfyniadau ar bob lefel yn y system iechyd a gofal.

Mae Canolfan Dystiolaeth COVID-19 Cymru yn fuddsoddiad o £3m am 24 mis a bydd yn darparu rhaglen ymchwil, synthesis tystiolaeth a gwybodaeth sy'n benodol i Gymru i fodloni blaenoriaethau ac anghenion brys sy'n deillio o bandemig y coronafeirws. Bwriedir i'r Ganolfan, dan arweiniad yr Athro Adrian Edwards o Brifysgol Caerdydd ac ar ran Llywodraeth Cymru, fod yn weithredol o 1 Mawrth.

Bydd y Ganolfan yn ymateb yn gyflym i gwestiynau brys y mae angen i Weinidogion, uwch-swyddogion, ac arweinwyr y GIG a gofal cymdeithasol gael atebion iddynt, megis effeithiau hirdymor y pandemig, a bydd yn ymchwilio i heriau megis rheoli heintiau a chadw pellter cymdeithasol, canlyniadau unigedd ac effeithiau'r tarfu economaidd ar iechyd. Mae angen tystiolaeth ymchwil i'n helpu i ddeall yr effeithiau hyn a pha fesurau y gellid eu defnyddio i liniaru effeithiau andwyol.

Bydd y Ganolfan yn canolbwyntio ar yr angen am dystiolaeth yng Nghymru, lle mae bwlch clir ar hyn o bryd yn y tirlun gwybodaeth ymchwil, er mwyn gwneud cyfraniad arbennig i iechyd, lles a gofal.

Bydd y Ganolfan yn gweithio'n agos gyda Grŵp Cyngor Technegol COVID-19 i sicrhau ei bod yn mynd i'r afael â'r materion mwyaf perthnasol a brys ar gyfer polisi, ymarfer a'r cyhoedd.

**8*. A yw Llywodraeth Cymru yn ymwybodol o unrhyw waith sy'n cael ei wneud gan fyrddau iechyd i reoli effeithiau tymor hir COVID-19, a pha rôl y bydd Llywodraeth Cymru yn ei chwarae wrth hyrwyddo dysgu neu rannu arfer gorau rhwng byrddau iechyd.***

Yr hydref diwethaf, wrth inni ddechrau dysgu bod rhai pobl yn profi effeithiau hirdymor yn sgil COVID-19, ysgrifennodd Dr Andrew Goodall, Prif Weithredwr GIG Cymru, at fyrddau iechyd yn gofyn iddynt ddechrau datblygu a gweithredu llwybrau a phrotocolau lleol ar gyfer asesu ac ymateb i COVID Hir.  Gofynnodd Dr Goodall i bob Cyfarwyddwr Therapïau a Gwyddorau Iechyd arwain y gwaith o gydlynu'r cynlluniau hyn ac i roi'r wybodaeth ddiweddaraf i Lywodraeth Cymru am hynt y gwaith.

Mae gan y Cyfarwyddwyr Therapïau a Gwyddorau Iechyd grŵp cymheiriaid sefydledig sy'n hwyluso'r gwaith o rannu dysg am wasanaethau ar gyfer COVID Hir ac sy'n goruchwylio'r camau gorau a wneir 'unwaith i Gymru'. Mae hyn yn cynnwys adnoddau hyfforddiant ac addysg a 'thudalen lanio' genedlaethol gyda dolenni i ystod eang o adnoddau.  Mae fy swyddogion yn cysylltu'n agos â'r grŵp cymheiriaid hwn bob pythefnos a chyda'r grŵp cymheiriaid o Gyfarwyddwyr Meddygol Cysylltiol bob wythnos.

Hyderaf fod y llythyr hwn yn rhoi darlun clir o'r camau sy'n cael eu cymryd ar COVID Hir gan gynnwys ymchwil i lywio adolygiad parhaus o'n dull gweithredu yn y dyfodol ac yn barhaus.

Yn gywir,

**Vaughan Gething AS/MS**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

# Eitem 5.3

## Ymatebion i'r Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar y Gyllideb Ddrafft

**Argymhelliad 1. Rydym yn argymell bod Llywodraeth Cymru yn darparu mwy o fanylion am y meysydd yn eu portffolios y mae Gweinidogion yn rhagweld y bydd angen cyllid pellach arnynt yn ystod 2021-22, pa ddyraniadau pellach y gellir eu gwneud ar gyfer iechyd (gan gynnwys iechyd meddwl), gofal cymdeithasol a chwaraeon yn y gyllideb derfynol ar gyfer 2021-22, a sut y bydd dyraniadau o'r fath yn cael eu blaenoriaethu i gynorthwyo'r ymateb i'r pandemig ac adferiad tymor hwy y sectorau iechyd, gofal cymdeithasol a chwaraeon.**

**Derbyn:** Yn ystod paratoadau ar gyfer y gyllideb, y dull gweithredu fu sicrhau'r effaith fwyaf posibl ar yr adnoddau sydd ar gael i gyflawni gwerthoedd y Llywodraeth, gan gydnabod y bydd angen inni barhau i ddelio ag effaith y pandemig ochr yn ochr â sbarduno newid tymor hwy. Cyfarfu'r Gweinidog Cyllid a'r Trefnydd â Gweinidogion yn rheolaidd i drafod materion cyllidebol a phwysau ariannu sy'n dod i'r amlwg gan ystyried materion a cheisiadau ariannu, ochr yn ochr ag effaith COVID-19. Mae Gweinidogion hefyd wedi ystyried tystiolaeth gan y Pwyllgorau a'r rhai a roddodd dystiolaeth iddynt.

O ystyried y dewisiadau anodd yr ydym wedi'u hwynebu, ac wrth inni weithio gyda'n gilydd i ailadeiladu, bydd rheoli cyllideb mewn modd cyfrifol yn hanfodol er mwyn diogelu'r hyn sydd bwysicaf a mynd ar drywydd y newid sydd nid yn unig yn bosibl, ond sy'n hanfodol.

O ganlyniad, rydym wedi mabwysiadu dull gofalus a strategol unwaith eto i ddarparu'r cyllid iawn ar yr adeg iawn. O ran iechyd, gofal cymdeithasol a chwaraeon, rydym yn cydnabod pwysigrwydd enfawr y gwasanaethau hyn ac mae dyraniadau ychwanegol wedi'u gwneud ym mhob maes yn y Gyllideb derfynol i'w cefnogi yn ystod y pandemig ac wrth i ni symud i adferiad. Yn benodol, mae £430m ychwanegol wedi'i ddyrannu i'r GIG i'w cefnogi yn ei ymateb parhaus i'r pandemig. Gan gydnabod rôl hanfodol Cronfa Galedi Llywodraeth Leol, dyrannwyd £206.6m yn ychwanegol i ymestyn y cymorth am 6 mis gan gynnwys cymorth gofal cymdeithasol. Gan gydnabod pwysigrwydd chwaraeon ar gyfer lles corfforol a meddyliol, rydym wedi buddsoddi £2m o gyllid cyfalaf fel rhan o'r pecyn ysgogi cyfalaf i adeiladu a gwella cyfleusterau er mwyn sicrhau effaith gadarnhaol a pharhaol ar berfformiad a chyfranogiad cymunedol.

Mae lefel ddigynsail o ansicrwydd yn parhau i mewn i 2021-22 ynghylch llwybr y pandemig a'r cyfyngiadau sydd eu hangen mewn ymateb yn ogystal ag effeithiau parhaus perthynas fasnachu newydd y DU â'r UE ochr yn ochr ag ansicrwydd ynghylch y cyllid sydd ar gael gyda chyllideb y DU ar 3 Mawrth. Felly, mae'n bwysig ein bod yn cadw lefel o hyblygrwydd i ymateb i heriau wrth iddynt grisialu'r flwyddyn nesaf gyda'r weinyddiaeth newydd.

**Goblygiadau ariannol:** Bydd y rhain yn cael eu gosod allan yn y Gyllideb Derfynol sydd i'w chyhoeddi ar 2 Mawrth

**Argymhelliad 2. Rydym yn argymell bod Llywodraeth Cymru yn darparu manylion am ei strategaeth ar gyfer buddsoddi'r dyraniad cyfalaf o £382.5m yn y Prif Grŵp Gwariant Iechyd a Gwasanaethau Cymdeithasol yng nghyllideb ddrafft 2021-22.**

**Derbyn:** Mae Rhaglen Gyfalaf GIG Cymru Gyfan wedi'i rhannu rhwng cynlluniau a gymeradwywyd gan y Gweinidog a chyllid dewisol.

Mae cyllid cyfalaf dewisol yn cyfateb i tua £84m ar draws yr holl Fyrddau Iechyd ac Ymddiriedolaethau'r GIG ac mae ar gael ar gyfer

- bodloni rhwymedigaethau statudol, megis iechyd a diogelwch a chod tân;
- cynnal adeiladwaith yr ystâd; a
- gosod cyfarpar newydd yn amserol.

O ran cynlluniau cymeradwy presennol, mae £134m o gyllid eisoes wedi'i gymeradwyo – y prif gynlluniau yw:-

- Gwaith sy'n weddill yn Ysbyty Athrofaol y Faenor gan gynnwys Uned Sterileiddio a Dadhalogi yr Ysbyty;
- Datblygiad Gofal Sylfaenol Sunnyside ym Mhen-y-bont ar Ogwr;
- Y prif waith adnewyddu ar gyfer Llawr Gwaelod a Llawr Cyntaf Ysbyty'r Tywysog Siarl ym Merthyr tua £50m;
- Gwaith Seilwaith Trydanol Mawr yn Ysbyty Brenhinol Morgannwg;
- Gweddill y gwaith sy'n gysylltiedig â'r cynllun Newyddenedigol yn Ysbyty Glangwili;
- Gwaith gwrth-grogi ar draws ystadau Cwm Taf Morgannwg, Bae Abertawe a Phowys;
- Costau datblygu parhaus sy'n gysylltiedig â gweithredu'r gwasanaeth 111; a
- Diweddaru Blynyddol y Fflyd Ambiwlans

Yn erbyn y £382.5m, ar ôl cynlluniau dewisol a chynlluniau cymeradwy, nid yw £164.5m wedi'i ddyrannu'n ffurfiol eto er bod £124m wedi'i neilltuo ar gyfer y mentrau canlynol:-

Gan gymryd gwersi o gamau cynnar yr ymateb i Covid, mae pwysigrwydd cael seilwaith cadarn wedi dod yn gynyddol glir. I'r perwyl hwnnw, neilltuwyd £62m i sefydliadau wneud cais yn erbyn y meysydd canlynol:-

- Seilwaith safle £10m
- Gwaith Atal Tân £5m
- Seilwaith Iechyd Meddwl £6m
- Rhaglen amnewid Cyflymwr Unionlin £5m
- Adnewyddu Offer Diagnostig £20m
- Gweithfeydd datgarboneiddio £16m

Yn ogystal â hyn, £37m yw'r amcangyfrif presennol ar gyfer gofynion ariannu cynlluniau sy'n rhan o'r Biblinell Gofal Sylfaenol. Bydd yr arian hwn yn golygu y gall y

prosiectau adeiladu newydd yn Nhredegar a Machynlleth symud ymlaen yn gyflym, yn amodol ar Gymeradwyaeth y Gweinidog. Bydd cyllid hefyd yn cael ei ddefnyddio i barhau i gefnogi datblygu achosion busnes ar gyfer Canolfannau Iechyd a Lles yn Nwyrain Casnewydd a Cross Hands ynghyd â Chanolfan Iechyd Da Abertawe sy'n gysylltiedig ag adfywio Stryd Fawr Abertawe.

Neilltuir £25m ar gyfer y buddsoddiad parhaus mewn gwasanaethau digidol ledled Cymru a bydd yn allweddol ar gyfer y gwasanaeth newydd, Gofal Iechyd Digidol Cymru.

Ar ôl yr uchod, mae tua £40.5m o gyllid cyfalaf ar ôl i'w ddyrannu. Nid yw'n syndod bod rhestr hir o gynlluniau sy'n ceisio cyllid drwy Raglen Gyfalaf Cymru Gyfan. Mae'r cynlluniau sy'n cael eu datblygu yn cynnwys Canolfannau Diagnostig a Thriniaeth yn y Gogledd, cynllun Ysbyty Brenhinol Alexandra yn y Rhyl, Genomeg yng Nghaerdydd a'r Fro yn ogystal â mentrau Cymru gyfan gan gynnwys ail-ddarparu Trawsnewid Mynediad at Feddyginiaethau (TRAMS) a Golchdy dan arweiniad Partneriaeth Cydwasanaethau GIG Cymru. Yn ogystal â'r uchod, byddai angen cyllid cyfalaf hefyd yn gysylltiedig ag unrhyw gytundeb Gweinidogol i Ganolfan Ganser newydd Felindre.

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 3. Rydym yn argymell bod Llywodraeth Cymru yn darparu manylion fformiwla ddiwygiedig Townsend a'i heffaith ar yr adnoddau sydd ar gael i bob BILl. Dylai hyn gynnwys gwybodaeth am sut mae'r fformiwla ddiwygiedig yn ystyried gwahanol anghenion ledled Cymru, dadansoddiad o'r goblygiadau ar gyfer yr adnoddau ariannol sydd ar gael i bob BILl sy'n nodi'r gwahaniaeth rhwng yr adnoddau a ddyrennir i bob BILl dan y fformiwla ddiwygiedig o'i gymharu â'r fformiwla flaenorol, ac eglurhad sy'n nodi sut y bydd unrhyw newidiadau yn y dyraniadau i bob BILl yn cael eu cyflawni.**

**Derbyn:** Wrth ymateb i argymhellion y Pwyllgor Cyfrifon Cyhoeddus, mae Llywodraeth Cymru wedi disodli fformiwla Townsend gyda fformiwla ddyrannu ddiwygiedig ar gyfer y GIG. Nid oedd fformiwla Townsend yn addas i'r diben bellach, yn bennaf oherwydd bod Arolwg Iechyd Cymru wedi dod i ben, sef y prif ddangosydd o anghenion iechyd a ddefnyddiwyd yn y fformiwla. Goruchwyliwyd y gwaith ar ddiwygio fformiwla gan Grŵp Cynghori Technegol, sy'n cynnwys uwch swyddogion Llywodraeth Cymru a chynrychiolwyr y GIG, gan ychwanegu cyngor economaidd arbenigol annibynnol.

Mae'r fformiwla sydd wedi'i datblygu yn fformiwla dryloyw a modiwlaidd sy'n seiliedig ar dystiolaeth, yn seiliedig ar y boblogaeth, yr anghenion a'r wybodaeth ariannol sydd ar gael, yn gywir ac yn gyson. Mae wedi'i seilio ar y fethodoleg a fabwysiadwyd ar gyfer dyrannu adnoddau'r GIG yn yr Alban, ac wedi'i haddasu fel y bo'n briodol ar gyfer ein hanghenion yng Nghymru. Mae'r fformiwla wedi'i chymhwyso hyd yma i ddyrannu £110 miliwn ychwanegol i fyrddau iechyd lleol yn 2020-21, a £105 miliwn arall yn 2021-22. Nid oes bwriad ar hyn o bryd i ddefnyddio'r fformiwla i gydraddoli

dyraniadau gwaelodlin – ar hyn o bryd dim ond i ddyrannu cyllid twf newydd y mae'n cael ei ddefnyddio.

Mae'r fformiwla'n berthnasol i'r gwasanaethau ysbytai a chymunedol dewisol craidd a chyllid rhagnodi gofal sylfaenol. Ar hyn o bryd, nid yw'n cwmpasu'r dyraniad iechyd meddwl sydd wedi'i neilltuo, na dyraniadau gofal sylfaenol ar gyfer gwasanaethau meddygol, deintyddol a fferylliaeth gymunedol cyffredinol.

Mae'r fformiwla'n cynnwys yr elfennau canlynol:

- Poblogaeth – prif elfen y fformiwla
- Pwysoliad demograffig – pwysoliad oedran/rhyw sy'n adlewyrchu'r gost wahanol yn ôl oedran a rhyw
- Anghenion Ychwanegol - y ffactorau sy'n rhagweld yr angen am ofal iechyd yn ychwanegol at oedran a rhyw (e.e. afiachedd uwch)
- Costau gormodol na ellir eu hosgoi – er enghraifft, costau cyflenwi gofal iechyd mewn ardaloedd anghysbell a gwledig

Mae'r cyfrannau fformiwla ar gyfer pob BILl o dan y fformiwla ddiwygiedig o gymharu â chyfrannau poblogaeth fel a ganlyn:

| **Bwrdd Iechyd Lleol** | **Cyfran o'r boblogaeth (%)** | **Cyfran o'r Fformiwla (%)** |
|---|---|---|
| Aneurin Bevan | 18.88% | 18.84% |
| Betsi Cadwaladr | 22.14% | 22.58% |
| Caerdydd a'r Fro | 15.91% | 13.30% |
| Cwm Taf Morgannwg | 14.26% | 15.35% |
| Hywel Dda | 12.25% | 12.79% |
| Powys | 4.18% | 4.42% |
| Bae Abertawe | 12.39% | 12.71% |

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 4. Rydym yn argymell bod Llywodraeth Cymru yn cadarnhau'r amserlenni sy'n dynodi erbyn pryd y mae'n disgwyl bod â'r trefniadau diwygiedig ar waith ar gyfer olrhain a monitro gwariant iechyd meddwl gan BILlau.**

**Derbyn:** Dechreuodd gwaith i ddatblygu fformiwla dyrannu adnoddau iechyd meddwl yn gynnar yn 2020, ond cafodd ei oedi yn ystod cyfnod cynnar y pandemig. Ailddechreuodd y gwaith yn yr Hydref 2020, gan gynnwys proses o ymgysylltu â rhanddeiliaid y GIG ac ymarferwyr iechyd meddwl. Mae'r gwaith yn y cam datblygu ar hyn o bryd, gyda'r bwriad o ymgysylltu'n eang eto yn dilyn etholiadau'r Senedd, gyda'r bwriad o ddefnyddio'r fformiwla ddiwygiedig i ddyrannu cyllid twf yn 2022-23.

Ochr yn ochr â'r gwaith ar y fformiwla dyrannu adnoddau, mae gwaith yn cael ei wneud i adolygu'r manylion sydd ar gael ar hyn o bryd ar wariant ar wasanaethau iechyd meddwl a'r canlyniadau a geir yn sgil y gwariant hwnnw. Bydd y gwaith hwn, ynghyd â'r gwaith dyrannu adnoddau, yn golygu y bydd modd rhoi ystyriaeth i ailgyfeirio gwariant yn y dyfodol tuag at wasanaethau a all wella canlyniadau a thargedu'r meysydd a'r sectorau hynny o'r gymuned sydd â'r angen mwyaf.

**Goblygiadau ariannol:** Dim

**Argymhelliad 5. Rydym yn argymell bod Llywodraeth Cymru yn ymrwymo i gyhoeddi gwybodaeth fanwl am wariant BILlau ar iechyd meddwl, ac effaith gwariant o'r fath ar ganlyniadau a phrofiad cleifion. Dylai hyn gynnwys dadansoddiad o lefelau'r gwariant ar wasanaethau ar gyfer oedolion a'r rhai ar gyfer plant a phobl ifanc.**

**Derbyn:** Mae Llywodraeth Cymru eisoes wedi cyhoeddi manylion am wariant BILlau ar iechyd meddwl yn y Dadansoddiad o Wariant Cyllideb Rhaglenni'r GIG, sydd ar gael fel datganiad ystadegol blynyddol: https://llyw.cymru/cyllidebau-rhaglenni-gwariant-y-gig-ebrill-2018-i-mawrth-2019 yn ogystal â dadansoddiad mwy manwl sydd ar gael ar StatsCymru https://statscymru.llyw.cymru/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget?_ga=2.114547399.1392938797.1613990515-1331613919.1613990515 Mae'r dadansoddiad hwn yn cynnwys manylion o'r gwariant ar wasanaethau iechyd meddwl oedolion, yr henoed a phlant a'r glasoed.

Yn ogystal, ynghyd â'r gwaith ar y fformiwla dyrannu adnoddau, byddwn yn ystyried pa wybodaeth bellach am wariant iechyd meddwl y GIG y gellir ei chyhoeddi yn y dyfodol.

**Goblygiadau ariannol:** Dim

**Argymhelliad 6. Rydym yn argymell bod Llywodraeth Cymru yn darparu manylion ynghylch sut y bydd yn monitro ansawdd a chysondeb gwasanaethau iechyd meddwl Haen 0, a sut y bydd yn sicrhau bod gan feddygon teulu hyder ynddynt.**

**Derbyn:** Bydd meithrin capasiti o fewn haen 0 yn cynyddu mynediad at wasanaethau anghlinigol sydd â'r nod o gefnogi'r rhai ag anghenion iechyd meddwl lefel isel. Drwy gydol y flwyddyn hon, rydym wedi gwella'r cynnig hwn, er enghraifft drwy gyflwyno Silvercloud, sydd hefyd yn adeiladu ar weithgarwch a oedd eisoes yn digwydd, er enghraifft, drwy'r cynlluniau peilot rhagnodi cymdeithasol iechyd meddwl a thrwy brosiectau a ariennir o fewn grant iechyd meddwl adran 64. Bydd yn ofynnol i bob prosiect sy'n derbyn cyllid ar gyfer gweithredu ddarparu adroddiadau cynnydd rheolaidd ar gyfer monitro / gwerthuso. Rydym yn cydnabod y bydd angen parhau i ymgysylltu ag atgyfeirwyr hefyd, gan gynnwys meddygon teulu, er mwyn sicrhau bod pobl yn ymwybodol o'r hyn sydd ar gael a'r hyn y gellir ei ddisgwyl gan y gwasanaethau hyn.

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 7. Rydym yn argymell bod Llywodraeth Cymru yn egluro a fydd y £4m llawn a nodwyd ar gyfer gwasanaethau iechyd meddwl Haen 0 o fewn y cyllid o £20m yn y Prif Grŵp Gwariant Iechyd a Gwasanaethau Cymdeithasol i gefnogi gwelliannau pellach mewn gwasanaethau iechyd meddwl yn cael ei ddyrannu i ddarparwyr trydydd sector yn rownd gynigion Ebrill 2021**.

**Derbyn mewn egwyddor.** Er bod bwriad i ddyrannu swm sylweddol o'r arian hwn i gefnogi gweithgarwch a ddarperir gan y trydydd sector, cydnabyddir y gallai elfennau o hyn gael eu dyrannu i'r sector statudol. Mae swyddogion yn gweithio drwy fanylion gweithredu a bydd rhagor o wybodaeth yn cael ei gwneud ar gael.

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 8. Rydym yn argymell bod Llywodraeth Cymru yn darparu gwybodaeth bellach am sut y bwriedir i'r modd y bydd Byrddau Partneriaeth Rhanbarthol yn gwario'r £9m a ddyrannwyd ar gyfer rhoi Cynllun Gweithredu Dementia 2018-22 ar waith yn cael ei fonitro a'i werthuso i sicrhau ei fod yn cyflawni blaenoriaethau Llywodraeth Cymru. Dylai pob BPRh gyhoeddi'r wybodaeth hon yn barhaus.**

**Derbyn.** Rydym wedi comisiynu gwerthusiad annibynnol mewn perthynas â gweithredu Cynllun Gweithredu ar Ddementia 2018-2022 a bydd y canfyddiadau'n llywio unrhyw ddogfen olynol. Mae Llywodraeth Cymru eisoes yn cyhoeddi adroddiad blynyddol ICF bob blwyddyn i hyrwyddo'r gweithgarwch a gyflawnir gan ranbarthau a byddwn yn gweithio tuag at ddarparu adran fanylach ar wariant Dementia fesul rhanbarth mewn adroddiadau yn y dyfodol. Byddwn hefyd yn sicrhau bod dolenni i adroddiadau blynyddol unigol y BCA hefyd ar gael yn yr adroddiad hwn.

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 9. Rydym yn argymell bod Llywodraeth Cymru yn darparu rhagor o wybodaeth am sut y bydd adnoddau'n cael eu darparu i gyflawni'r Cod Ymarfer Statudol ar Gyflenwi Gwasanaethau Awtistiaeth, gan gynnwys sicrwydd y bydd adnoddau ychwanegol ar gael os bydd angen.**

**Derbyn**. Bydd cynllun cyflenwi awtistiaeth yn cael ei gyhoeddi ochr yn ochr â'r Cod Ymarfer Statudol ar Gyflenwi Gwasanaethau Awtistiaeth pan gaiff ei weithredu o fis Medi 2021. Nid yw'r cod yn creu dyletswyddau ychwanegol, mae'n atgyfnerthu'r gofynion presennol a osodir ar Awdurdodau Lleol, Byrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG sydd wedi'u cynnwys yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 a Deddf GIG (Cymru) 2006.

Ar gyfer 2021-22 mae cyfanswm o £3.716m ar gael i gefnogi'r gwaith o gyflawni blaenoriaethau ein polisi awtistiaeth. O'r swm hwn, bydd £3m yn cefnogi parhau i ddarparu'r Gwasanaeth Awtistiaeth Integredig, bydd £598k yn cefnogi staffio a chynllun gwaith blynyddol y Tîm Awtistiaeth Cenedlaethol, a bydd y gweddill yn cefnogi adolygiad galw a chapasiti o wasanaethau niwroddatblygiadol a chefnogaeth i weithredu'r Cod. Bydd cynllun gwaith NAT eleni yn canolbwyntio ar gefnogi

Byrddau Partneriaeth Rhanbarthol, Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG a Byrddau Iechyd Lleol i baratoi ar gyfer gweithredu'r Cod Ymarfer. Yn ogystal, rhoddir ystyriaeth bellach i'r angen i roi cymorth ychwanegol i Fyrddau Partneriaeth Rhanbarthol i ddatblygu seilwaith awtistiaeth rhanbarthol fel sy'n ofynnol yn rhan pedwar o'r Cod.

Eleni rydym yn cynnal adolygiad o alw a gallu gwasanaethau niwroddatblygiadol, bydd cam dau'r gwaith hwn yn cynnwys datblygu opsiynau ar gyfer gwasanaethau cynaliadwy yn y dyfodol gan gynnwys dadansoddiad o anghenion y gweithlu. Mae ymrwymiad hefyd wedi'i wneud i werthuso effaith y Cod Ymarfer pan fydd wedi bod yn ei le ers dwy flynedd.

**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 10. Rydym yn argymell bod Llywodraeth Cymru yn darparu rhagor o wybodaeth am weithrediad y Gronfa Unigrwydd ac Arwahanrwydd, a sut y bydd effeithiolrwydd y Gronfa yn cael ei asesu.**

**Derbyn.** Ar hyn o bryd mae swyddogion yn gweithio ar fanylion sut y bydd y gronfa'n gweithredu a sut y caiff effeithiolrwydd ei asesu. Caiff ei lansio yn ystod chwarter cyntaf 2021-22 a bydd £500,000 ar gael ym mhob un o'r ddwy flwyddyn ariannol nesaf.
**Goblygiadau ariannol:** Dim goblygiadau ariannol ychwanegol

**Argymhelliad 11. Rydym yn argymell bod Llywodraeth Cymru yn darparu gwybodaeth am gyfran y gwariant ar wasanaethau i ofalwyr di-dâl sydd (1) yn cael eu darparu'n uniongyrchol gan awdurdodau lleol a (2) yn cael eu comisiynu gan awdurdodau lleol i gael eu darparu gan y trydydd sector, a bod Llywodraeth Cymru yn gwerthuso a yw'r arian a ddyrennir yn ddigonol i ddiwallu anghenion gofalwyr o ran cymorth yn effeithiol.**

**Derbyn mewn egwyddor.** Nid yw Llywodraeth Cymru yn casglu data ar gyfran gwariant awdurdodau lleol ar ofalwyr di-dâl rhwng gwasanaethau a ddarperir yn uniongyrchol, gwasanaethau a gomisiynwyd gan y trydydd sector ac a ddarperir ganddo, a gwasanaethau a gomisiynwyd gan bartneriaid eraill ac a ddarperir ganddynt. Awdurdodau lleol sy'n cefnogi gofalwyr di-dâl o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Gall gofalwyr di-dâl o bob oed elwa'n uniongyrchol neu'n anuniongyrchol ar wariant awdurdodau lleol mewn meysydd fel addysg a thai, nid gofal cymdeithasol yn unig. Awdurdodau lleol, fel cyrff annibynnol ac atebol yn ddemocrataidd, sy'n gyfrifol yn statudol am reoli eu materion ariannol, gan adlewyrchu mai hwy sydd yn y sefyllfa orau i farnu anghenion lleol eu cymunedau, ac i ariannu a chomisiynu gwasanaethau yn unol â hynny. Mae'r system ariannu sydd gennym ar waith yn rhoi'r hyblygrwydd iddynt wneud y penderfyniadau hynny, wedi'u hysbysu gan eu hasesiad o anghenion eu poblogaethau lleol a digonolrwydd y gwasanaethau sydd ar gael.

Rydym yn cynnal gwerthusiad ffurfiol o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 i'n helpu i wella dyfodol gofal cymdeithasol yng Nghymru ac

fel rhan o hyn, i ddeall ei heffaith ar ofalwyr di-dâl. Roedd Deddf 2014 yn cael ei mesur drwy ddau ddull gwahanol, ond cyflenwol. Roedd Mesur y Mynydd (MtM), prosiect wedi'i gyd-gynhyrchu a lansiwyd ym mis Ionawr 2018, yn edrych yn benodol i ddadansoddi profiadau pobl o ofal a chymorth. Casglodd tîm MtM tua 500 o straeon yn 2019-20 gan unigolion yng Nghymru. Roedd tua hanner y rhain gan ofalwyr di-dâl. Cyhoeddwyd canfyddiadau'r prosiect, sydd bellach wedi dod i ben, ym mis Rhagfyr 2020. Mae'r gwerthusiad annibynnol, ffurfiol parhaus o Ddeddf 2014 yn cael ei gynnal gan Brifysgol De Cymru, a bydd ar waith tan 2022. Er nad yw'n edrych yn benodol ar ariannu gwasanaethau, bydd yn ystyried gweithrediad ac effaith Deddf 2014 a'r gwahaniaeth y mae wedi'i wneud i ddinasyddion yng Nghymru, yn ogystal ag edrych ar ystyriaethau ariannol Deddf 2014 yn erbyn yr Asesiad Effaith Rheoleiddiol cychwynnol. Bydd y prosiect yn dechrau gwaith maes ym mis Ebrill 2021 ar gyfer y gwerthusiad effaith. Bydd hyn yn cynnwys ymgysylltu â rhanddeiliaid ac unigolion allweddol, gan gynnwys gofalwyr di-dâl. Cyhoeddir canfyddiadau interim o'r cam hwn ar ddiwedd 2021.

Goblygiadau ariannu – Dim. Bydd asesu goblygiadau posibl ariannu yn y dyfodol mewn perthynas â newidiadau ym maes polisi'r llywodraeth a allai effeithio ar gyllidebau'r llywodraeth a chyrff statudol neu sefydliadau eraill, yn cael ei ystyried fel rhan o'r gwaith parhaus o ddatblygu polisi gofalwyr, yr ydym yn bwrw ymlaen ag ef gan gyd-gynhyrchu â rhanddeiliaid. Mae costau'r gwerthusiad a'r ymchwil cysylltiedig yn dod o dan gyllidebau rhaglenni presennol.

**Argymhelliad 12. Rydym yn argymell bod Llywodraeth Cymru yn darparu mwy o fanylion am ei gweledigaeth strategol ar gyfer yr agenda trawsnewid gwasanaethau, a sut y bwriedir ei chyflawni'n ymarferol, ac am sut y bydd yn sicrhau bod y ffocws ar symud tuag at ofal sylfaenol ac atal yn cael ei gyflawni a'i gynnal yn ystod blwyddyn ariannol 2021-22.**

**Derbyn.**

**Cyllid wedi'i dargedu ar gyfer 2021-22**

Rhan o ffocws strategol *Cymru Iachach* yw creu a chryfhau dulliau cenedlaethol o ymdrin ag agweddau amrywiol ar sut y caiff iechyd a gofal cymdeithasol eu darparu yng Nghymru, gan gynnwys gofal sylfaenol. Mae nifer o brosiectau cenedlaethol nad ydynt yn dod o fewn cwmpas y Gronfa Trawsnewid ond sy'n cyfrannu'n sylweddol at nodau ac amcanion *Cymru Iachach*. O ran cryfhau gofal sylfaenol, mae'r rhain yn cynnwys gweithio gydag AaGIC i ddatblygu galluoedd optometryddion i ddarparu gofal llygaid yn y gymuned (a gynhelir yn bennaf ar hyn o bryd mewn lleoliadau arbenigol), cynllun peilot cenedlaethol podiatreg yn y gymuned, a chyllid ar gyfer cyswllt gofal sylfaenol penodol i sicrhau bod cysylltiadau rhwng *Cymru Iachach* a strategaeth gofal sylfaenol Cymru yn cael eu cryfhau ymhellach. Ym mlwyddyn ariannol 2021-22, rydym wedi neilltuo £167,368 ar gyfer y gweithgareddau hyn ac rydym yn gweithio'n agos ar draws meysydd polisi a gyda phartneriaid rhanbarthol i ddatblygu a chefnogi'r gweithgareddau hyn.

Mae gwaith yn mynd rhagddo i ddatblygu ysgoloriaethau i staff rheng flaen ddefnyddio technoleg ddigidol a gweithredu llwybrau gofal digidol modern yn y system gofal iechyd yng Nghymru. Mae'r rhain yn cysylltu llythrennedd digidol yn ein cymunedau er mwyn manteisio i'r eithaf ar gyfleoedd i'r boblogaeth gymryd rhan ddigidol mewn gwasanaethau iechyd, gofal cymdeithasol a hunangymorth a chyflawni yn erbyn y Rhaglen Strategol ar gyfer Data Gofal Sylfaenol a Digidol. Rydym hefyd yn cefnogi'r GIG i ddiwallu'r anghenion iechyd meddwl newidiol yn eu hardaloedd, gan gynllunio ar gyfer ail don a sicrhau y gall gwasanaethau iechyd meddwl sefydlogi ac adfer ar gyfer yr hirdymor. Cyflwynir gweithgareddau drwy'r rhaglen iechyd meddwl a'r Rhaglen Strategol ar gyfer Gofal Sylfaenol ar wasanaethau Haen 0/1. Drwy'r Gronfa Trawsnewid byddwn yn cefnogi amrywiaeth o weithgareddau pontio ledled Cymru, gan gynnwys cryfhau clystyrau gofal sylfaenol, parhau i ymgorffori technoleg ddigidol mewn gofal sylfaenol (megis systemau ymgynghori rhithwir ac archebu apwyntiadau), a datblygu ac ymgorffori timau gofal cymunedol integredig yn barhaus. Mae'r gweithgareddau hyn wedi'u cynnwys yn y £41,740,845 sydd wedi'i ddyrannu i'r BPRhau o'r Gronfa Trawsnewid gwerth £50m yn 2021-22.

Yn ystod 2021-22 rydym yn parhau i hyrwyddo graddio modelau gofal newydd, gyda phwyslais arbennig ar wasanaethau sy'n ymwneud ag Adre o'r Ysbyty; Gofal seiliedig ar Le; Iechyd Emosiynol a Meddyliol; a Gofal a Alluogir gan Dechnoleg. Ochr yn ochr â chyflwyno'r Gronfa Trawsnewid, sefydlwyd Cymuned Ymarfer Adre o'r Ysbyty i rannu arferion gorau, heriau a chyfleoedd ar draws BPRhau. Bydd Cymunedau Ymarfer hefyd yn cael eu cynnal dros y misoedd nesaf mewn perthynas â'r tair thema sy'n weddill.

Er mwyn helpu i gyflymu modelau newydd, mae Llywodraeth Cymru yn darparu £6m o'r Gronfa Trawsnewid gwerth £50m yn 2021-22 i helpu i raddio modelau adre o'r ysbyty ar lefel ranbarthol i helpu i sefydlu model gweithio cenedlaethol. Bydd yr arian yn cael ei ddefnyddio i gefnogi graddio Llwybrau 'Rhyddhau i Adfer yna Asesu' yn gynaliadwy a fydd yn ystyried sut y gellir darparu gweithgarwch yn y gymuned neu yng nghartrefi pobl i gyflawni'r hyn sy'n bwysig i bobl; hwyluso mwy o ffocws seiliedig ar leoedd ar ddarparu gofal a chymorth ar ôl Covid-19; a lleihau'r angen am ymyriadau gofal sylfaenol ac eilaidd.

**Adolygu ac adnewyddu Camau Gweithredu Rhaglen Drawsnewid Cymru Iachach**
Pan gyflwynwyd Papur y Cabinet 'Cymru Iachach: Ddwy Flynedd yn Ddiweddarach' ym mis Medi 2020 i ddarparu diweddariad cynnydd a sicrhau cytundeb y Cabinet i gyfeiriad Cymru Iachach yn y dyfodol, ymrwymodd Swyddogion Llywodraeth Cymru i adolygu'r 40 cam gweithredu yn *Cymru Iachach* ac i adnewyddu'r rhain yn unol â'r blaenoriaethau a nodwyd ym Mhapur y Cabinet.

Cynhaliwyd yr adolygiad a'r adnewyddu hwn ac mae bellach yn destun ymgynghoriad â rhanddeiliaid cyn cael ei gyflwyno i'w gymeradwyo gan y Gweinidog. Fel rhan o'r gwaith adnewyddu rydym wedi drafftio camau gweithredu newydd lle mae'n ofynnol i'r rhain gefnogi sefydlogi ac adfer gwasanaethau yn dilyn Covid-19 yn ogystal ag elfennau o *Cymru Iachach* a ddaeth i'r amlwg drwy'r pandemig. Mae'r camau newydd hyn yn ceisio adeiladu cymunedau gwydn yng

Nghymru a chanolbwyntio ar anghydraddoldebau iechyd, atal clefydau, iechyd meddwl, plant a phobl ifanc a datgarboneiddio.

Bydd cam gweithredu penodol ar atal clefydau yn sicrhau ffocws ar adeiladu ar yr ymddygiadau a'r cyfrifoldeb personol a ddangoswyd yn ystod pandemig Covid-19 i gefnogi pobl i gadw'n iach drwy ddull integredig o wella iechyd a lles y genedl.

Byddwn yn cynnig datblygu llwybrau gofal system gyfan cytûn sy'n seiliedig ar werthoedd ar gyfer atal, canfod, trin a gofal parhaus, gan gynnwys adsefydlu, rheoli poen a gofal diwedd oes, mor agos i'w cartrefi â phosibl fel rhan o adferiad ac ailadeiladu Covid-19, a sicrhau bod mesurau perthnasol yn cael eu datblygu i gofnodi'r canlyniadau sy'n bwysig i gleifion.

Bydd camau pellach yn cael eu cynnwys i gasglu arferion arloesol a ffyrdd newydd o weithio a gyflawnwyd yn ystod Covid-19 a sicrhau bod manteision yn cael eu cynnal yn y system Iechyd a Gofal Cymdeithasol.

**Argymhelliad 13. Rydym yn argymell bod Llywodraeth Cymru yn darparu mwy o fanylion am y trefniadau sydd ar waith i fonitro sut mae'r cyllid a ddyrennir i Chwaraeon Cymru yn cael ei wario, sut mae canlyniadau'n cael eu gwerthuso, a sut mae Chwaraeon Cymru yn rhoi sicrwydd iddi bod y cyllid yn cyflawni blaenoriaethau Llywodraeth Cymru**.

**Derbyn.** Mae Llywodraeth Cymru yn cael diweddariadau rheolaidd drwy gydol y flwyddyn ar fuddsoddiad arian a ddyrennir i Chwaraeon Cymru i gyflawni'r blaenoriaethau a nodir yn y llythyr cylch gwaith blynyddol. Darperir y diweddariadau hyn mewn cyfarfodydd monitro chwarterol rhwng Llywodraeth Cymru a Chwaraeon Cymru, ac yn y cyfarfodydd ddwywaith y flwyddyn rhwng y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth a Chadeirydd a Phrif Weithredwr Chwaraeon Cymru. Mae swyddogion Llywodraeth Cymru hefyd yn mynychu cyfarfodydd Bwrdd Chwaraeon Cymru drwy gydol y flwyddyn. Mae'r buddsoddiad ychwanegol a roddwyd i Chwaraeon Cymru i gefnogi'r heriau sy'n deillio o'r pandemig wedi arwain at fonitro ychwanegol i gefnogi'r trefniadau monitro mwy ffurfiol.

**Goblygiadau ariannol:** Dim

**Argymhelliad 14. Rydym yn argymell bod negeseuon iechyd cyhoeddus Llywodraeth Cymru yn ystod y pandemig yn pwysleisio pa mor bwysig ydyw i bobl o bob oed fod yn gorfforol egnïol, ac yn helpu pobl ledled Cymru i adnabod ffyrdd iddynt barhau i fod yn gorfforol egnïol o fewn cyfyngiadau COVID-19**.

**Derbyn.** Mae Llywodraeth Cymru wedi pwysleisio'n gyson bwysigrwydd ymarfer corff i les corfforol a meddyliol pobl yn ystod y pandemig. Mae Chwaraeon Cymru yn parhau i hyrwyddo'r cyfleoedd sy'n bodoli i bobl gymryd rhan mewn ymarfer corff ac i barhau i fod yn egnïol drwy eu sianeli cyfathrebu amrywiol, gan gynnwys eu platfformau cyfryngau cymdeithasol amrywiol. Mae rhai cynlluniau, megis y Gronfa Iach ac Egnïol, wedi'u haddasu i gefnogi'r gwaith o ddarparu dewisiadau amgen ar-lein neu ddigidol i bobl wneud ymarfer corff. Rydym wedi buddsoddi mwy na £40m

yn 2020-21 i sicrhau bod y sector yn goroesi'r pandemig ac yn gallu cefnogi pobl i fyw bywydau corfforol egnïol pan fyddwn yn gallu dychwelyd i'n gweithgareddau arferol o ddydd i ddydd.

**Goblygiadau ariannol**: Dim

**Argymhelliad 15. Rydym yn argymell, wrth wneud penderfyniadau ynghylch cyfyngiadau COVID-19, a'r rheoliadau a chanllawiau cysylltiedig, bod Llywodraeth Cymru yn ystyried pwysigrwydd gweithgarwch corfforol ac yn ceisio sicrhau, lle y bo'n bosibl ac yn ddiogel gwneud hynny, nad yw cyfleoedd ar gyfer gweithgarwch corfforol yn cael eu lleihau yn ddiangen.**

**Derbyn.** Mae Llywodraeth Cymru wedi blaenoriaethu pwysigrwydd gweithgarwch corfforol pan fydd cyflyrau iechyd y cyhoedd yn caniatáu hynny. Rydym yn cydnabod pwysigrwydd ymarfer corff i iechyd a lles pobl, a byddwn yn parhau i gydbwyso hynny â'r angen i gadw pobl yn ddiogel ac i ddiogelu'r GIG.

**Goblygiadau ariannol**: Dim

**Argymhelliad 16. Rydym yn argymell bod Llywodraeth Cymru yn darparu manylion y cyllid a fydd ar gael, naill ai o'r dyraniadau presennol neu ddyraniadau cyllid pellach, er mwyn sicrhau, wrth i'r cyfyngiadau COVID-19 ddechrau cael eu llacio, bod pobl o bob oed, ac yn enwedig y rhai o gymunedau sy'n ddifreintiedig yn economaidd-gymdeithasol, yn cael eu hannog a'u cynorthwyo i gynyddu eu gweithgarwch corfforol yn ddiogel.**

**Derbyn.** Mae Llywodraeth Cymru wedi cynnal lefel ei buddsoddiad mewn gweithgarwch corfforol drwy chwaraeon. Byddwn yn parhau i adolygu effaith y pandemig ar chwaraeon ar bob lefel a byddwn yn archwilio cyfleoedd i sicrhau cyllid ychwanegol yn 2021-22 i gefnogi'r sector. Bydd ein cynlluniau buddsoddi ar gyfer chwaraeon yn 2021-22 yn cael eu mynegi drwy gynllun busnes Chwaraeon Cymru a'u cyfathrebu drwy ei sianeli cyfryngau cymdeithasol.

Yn 2021-22, bydd Chwaraeon Cymru yn arwain y sector ac yn cydweithio ag eraill i annog a hwyluso cynnydd mewn gweithgarwch corfforol yn y boblogaeth. Y flaenoriaeth fydd buddsoddi ymdrech ac adnoddau lle mae ei angen fwyaf, lle ceir amrywiadau sylweddol o ran cyfranogiad a lle mae diffyg cyfle neu ddyhead i fod yn egnïol. Mae strategaeth Chwaraeon Cymru yn cael ei llywio gan ddull o gydraddoldeb, amrywiaeth a chynwysoldeb sy'n canolbwyntio ar yr unigolyn. Mae holl natur y dull ariannu wedi'i ailwampio i ysgogi camau gweithredu yn benodol o fewn y sector i hyrwyddo cyfle cyfartal yn rhagweithiol. Bydd chwaraeon sy'n gallu dangos cyrhaeddiad ac effaith ar draws rhywedd, hil ac anabledd yn cael lefelau buddsoddi uwch fel ffordd o sbarduno camau gweithredu i gefnogi grwpiau heb gynrychiolaeth ddigonol. Mae amddifadedd hefyd yn faen prawf allweddol ar gyfer sut y caiff cyllid ei ddyrannu ar draws partneriaid daearyddol, er mwyn ariannu'r cymunedau hynny sydd â'r angen mwyaf yn gymesur.

**Goblygiadau ariannol**: Mae cyllid eisoes ar gael ar gyfer 2021-22 a chaiff ei fonitro'n rheolaidd.

**Argymhelliad 17. Rydym yn argymell bod cyllideb Llywodraeth Cymru ar gyfer 2022-23 yn dangos yn gliriach y rôl sylweddol y gall cynyddu cyfranogiad mewn gweithgarwch corfforol ei chwarae wrth gyflawni'r agenda atal.**

**Derbyn.** Mae Llywodraeth Cymru yn cydnabod pwysigrwydd cynyddu cyfranogiad ar gyfer lles meddyliol a chorfforol. Bydd strategaeth pum mlynedd Chwaraeon Cymru yn ystyriaeth allweddol i Lywodraeth nesaf Cymru wrth asesu gofynion y gyllideb ar gyfer 2022-23 a thu hwnt.

**Goblygiadau ariannol**: Wrth ddyrannu unrhyw gyllid yn y dyfodol bydd ein dull gweithredu yn parhau i gael ei lywio gan y blaenoriaethau ar gyfer y weinyddiaeth newydd, ymgysylltu â Chwaraeon Cymru a'r sector lleol, tystiolaeth a fforddiadwyedd o fewn dyraniad y gyllideb pan gaiff ei gadarnhau gan Lywodraeth y DU ar gyfer 2022-23.

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon