Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 - y Senedd

Dyddiad:
Dydd Mercher, 25 Medi 2013

Amser:
09:15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Llinos Madeley
Clerc y Pwyllgor
029 2089 8403
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Agenda

(09:15-09:30 - Cyfarfod cyn y prif gyfarfod)

1 Cyflwyniad, ymddiheuriadau a dirprwyon

2 Gwaith craffu ar Adroddiad Blynyddol Comisiynydd Pobl Hŷn Cymru (09:30 - 10:30) (Tudalennau 1 - 11)

Comisiynydd Pobl Hŷn Cymru

- Sarah Rochira, Comisiynydd Pobl Hŷn Cymru

Sefyll Dros Hawliau ac Eirioli

3 Papurau i'w nodi (Tudalennau 12 - 14)

Lythyr gan y Pwyllgor Deisebau: Hawliau Cyfartal i Bobl Ifanc Tiwb-borthedig (Tudalennau 15 - 27)

Llythyr gan y Pwyllgor Deisebau: Gwasanaethau Ambiwlans ym Mynwy (Tudalen 28)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Yn dilyn y sesiwn graffu gyffredinol ar y Gweinidog, Gorffennaf 2013 (Tudalennau 29 - 34)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Ymchwiliad i'r achosion o'r frech goch 2013 (Tudalennau 35 - 36)

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Ymateb i Ymchwiliad y Pwyllgor i'r achosion o'r frech goch 2013 (Tudalennau 37 - 43)

Blaenraglen Waith (Tudalennau 44 - 47)

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

(Egwyl: 10:35 – 10:45)

5 Trafod y blaenraglen waith (10:45 – 11:30)

6 Mynediad at dechnolegau meddygol yng Nghymru (11:30 – 11:45)
(Tudalennau 48 - 58)

7 Memorandwm Cydsyniad Deddfwriaethol: Y Bil Gofal (11:45 – 12:00) (Tudalennau 59 - 75)

Mae cyfyngiadau ar y ddogfen hon

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – y Senedd**
Dyddiad:	**Dydd Iau, 18 Gorffennaf 2013**
Amser:	09:15 – 12:20

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_18_07_2013&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees (Cadeirydd)** **Leighton Andrews** **Rebecca Evans** **William Graham** **Elin Jones** **Lynne Neagle** **Gwyn R Price** **Lindsay Whittle** **Kirsty Williams**
Tystion:	**Mark Drakeford, Gweinidog Iechyd a Gwasanaethau Cymdeithasol.** **Dr Ruth Hussey, Chief Medical Officer** **David Sissling, Director General for Health and Social Services, Llywodraeth Cymru** **Martin Sollis, Llywodraeth Cymru** **Gwenda Thomas, Dirprwy Weinidog Gwasanaethau Cymdeithasol**
Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Mike Lewis (Dirprwy Glerc)** **Victoria Paris (Ymchwilydd)**

1 Sesiwn friffio anffurfiol

2 Cyflwyniadau, ymddiheuriadau a dirprwyon

2.1 There were apologies from Darren Millar AM. Andrew RT Davies AM substituted.

3 Craffu ar waith y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol – gwaith craffu cyffredinol

3.1 The Minister for Health and Social Services and the Deputy Minister for Social Services and their officials responded to questions of the Committee.

3.2 The Minister for Health and Social Services and his officials agreed to provide the following information:

- A note on how many staff positions have been terminated by Local Health Boards (LHBs) in recent years and in what disciplines.
- Figures from the Deanery on the recruitment of General Practitioners for each Local Health Board.

4 Craffu ar waith y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Gwasanaethau Cymdeithasol – gwaith craffu ariannol

4.1 The Minister for Health and Social Services and the Deputy Minister for Social Services and their officials responded to questions of the Committee.

4.2 The Minister for Health and Social Services, Deputy Minister for Social Services and officials agreed to provide the following information:

- A note on the review of the Townsend Formula.
- A note clarifying the evidence from the WAO as to whether any medical treatment was cancelled by LHBs for financial reasons in the last financial year.
- A note on how protected funding for social services has been used by individual local authorities for all years available.
- Figures on how many Local Authorities now charge the full capped limit of £50 a week for domiciliary care and how many Local Authorities have increased their charges to £50 a week since the cap was introduced.

4.3 The Deputy Minister for Social Services agreed to keep the Committee informed about the progress of discussions on social services funding and the future monitoring of local government expenditure in this area.

5 Papurau i'w nodi

6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitemau 7 ac 8

6.1 The motion was agreed.

7 Ymchwiliad i'r achosion o'r frech goch yn 2013 - Ystyried y prif themâu

7.1 The Committee considered the key themes of the inquiry.

8 Y dull o graffu ar gyllideb ddrafft Llywodraeth Cymru ar gyfer 2014-15

8.1 The Committee discussed their approach to scrutiny of the Welsh Government's Draft Budget 2014-15.

Y Pwyllgor Deisebau
Petitions Committee

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

David Rees AM
Chair of the Health and Social Care Committee
National Assembly for Wales

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Our ref: P-04-452

23 July 2013

Dear David

The Petitions Committee has received the following petition from Dr Tymandra Blewett-Silcock which collected 142 signatures:

We call on the National Assembly for Wales to urge the Welsh Government to ensure that funding is made available to ensure that the vital equipment and services required by tube-fed children and young people are made available to them.

For example, equal rights for tube-fed youngstersin the Caerphilly County Borough Council currently fall between 2 defined categories of need. The Aneurin Bevan Health Board say as they are not Continuing Health Care (CHC) children - 'only tube-fed' - they cannot fund the vital equipment and services we need. Caerphilly Social Services also say they cannot help as these children 'have significant health needs'. These definitions exclude and therefore discriminate against Tube-fed Youngsters and we demand an investigation into this practice in Caerphilly.Whilst our Youngsters do not 'qualify' for help from either Health or Social Services in the Caerphilly Borough we still have a Youngster with 24/7 care needs - the same as a newborn - often with disabilities due to a life-threatening illness.

Additional Information:

Our Youngsters need a 'label' in order to be able to automatically access funding for vital equipment and services. At present inter-departmental financial wrangling takes place on request for anything for a Tube-fed Youngster and this should not

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involve Parents / Carers.We just need the help for our Youngsters as quickly as possible.We ask that a quick, common-sense, long-term solution be achieved for our Youngsters and for the sake of the health and wellbeing of their Parents / Carers.

We have previously written to the Children and Young People's Committee on this petition, but as the Health and Social Care Committee are scrutinising the Social Services and Well-Being (Wales) Bill, we agreed to make you aware of this petition.

At our recent meeting on 16 July, we took oral evidence from the lead petitioner. A copy of the draft transcript is enclosed.

We would like to highlight the following issues which we heard in the evidence session in advance of your Stage 2 scrutiny of the Bill:

- Difficulties faced by families in qualifying for continuing healthcare. We heard that Tymandra was told by the Health Board that her daughter did not have any significant health needs, whereas the Local Authority told her that her daughter did have significant health needs. We are aware that the Health and Social Care Committee have recommended to the Welsh Government a separate Bill on integrated care;
- That a very small number of local authorities are still not allowing access to direct payments;
- Lack of advocacy support available to those who are non-verbal and unable to use a communication device; and
- The impact that not being able to access support easily has on families.

Yours sincerely

William.

William Powell AC / AM
Cadeirydd / Chair

Enc: Petitions Committee transcript 16 July 2013.

Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Deisebau
The Petitions Committee

Dydd Mawrth, 16 Gorffennaf 2013
Tuesday, 16 July 2013

P-04-452 Hawliau Cyfartal i Bobl Ifanc Tiwb-borthedig—Sesiwn Dystiolaeth
P-04-452 Equal Rights for Tube-fed Youngsters—Evidence Session

[1] **William Powell:** It is a great pleasure to welcome Dr Tymandra Blewett-Silcock as lead petitioner. I would also like to thank you very much for providing your paper, which will inform this session today. Perhaps I could ask you to make an initial statement, just to check the levels and so on. We will then move to questions.

[2] **Dr Blewett-Silcock:** First of all, thank you very much for having me. I will try my best to remember everything that I wanted to say. It is a very long way down there to the other end of the table.

[3] **William Powell:** Looking at the particular issues that have been flagged up by the case of Poppy Blewett-Silcock, could you please explain the health and social care needs that apply and the extent to which those were not being met?

[4] **Dr Blewett-Silcock:** If I can use my paper—

[5] **William Powell:** As a point of reference, that is absolutely fine.

[6] **Dr Blewett-Silcock:** What I have started with is the continuing healthcare label or definition process. The problem that we and many other families have—it is not just our family in the Caerphilly borough—is that even a blind, wheelchair-bound, tube-fed, degenerative and terminal condition child, and epileptic children on quite strong medication, do not qualify for continuing healthcare, which is questionable in itself, because being tube fed is not a natural state. It needs nursing and all sorts of care that are not a normal condition to be in, so being able to look at continuing healthcare processes would be interesting for the future and might solve things at a much earlier level, than going through all the other fights that we and many other families have had to go through.

[7] We are in a personal situation, as are many other families, in that you can sit in a meeting like this, only with a much smaller table, where you have the manager of the Aneurin Bevan Local Health Board and the manager of social services, and you desperately need something and have been assessed by a social services occupational therapist as needing that item and they are both saying that they cannot help you. One is citing that this child does not have enough health needs, using that phrase, and the other one is saying that your child has significant health needs. So, you are listening to that and you are thinking ‘Well, are they not listening to each other?’ You are asking them ‘Who will help us? We don’t want to have to ask for this equipment, but we have now been assessed that this is for health reasons, health and safety or a myriad other reasons. We are not the first family to have been through all of this, and we will not be the last, but we need them to look at this in a sensible way and work together. It is as if you cannot get them to work together, because they will not be told by anyone and, therefore, the only possibilities that we have are to come to this level or, even worse, families having to go to the press to get any action and resolution. We had to go to the BBC. No family should have to do that, because, quite apart from the stress that it entails,

there is come-back if you dare to speak out like that, and we should not have to go through that process when we have an awful lot going on with our daughter as it is on a daily basis, as do other families. It is a huge care burden. I am rambling on now—

[8] **William Powell:** Not at all; this is really important personal testimony.

[9] **Dr Blewett-Silcock:** So, the only thing that I can think of, and it is probably simplifying the process, is if one cannot help and the other cannot help, there needs to be a third category. It may be very simplistic—a 50:50 funded child, or if they want to go into all sorts of matrices about a 70:30 or 60:40 child, then so be it. However, there must be a middle ground. They have to accept responsibility, like we have to. We need the help. We cannot not have that equipment—a medical bed, slings and things like that.

[10] Even though people think that our whole problem has been sorted now with direct payments, because we had to go to the press, the next mini battle for us is that we need new slings. I do not want to go to social services and ask for them, because I know that it will probably take a year of exactly the same wrangling that we have been going through for two years to try to get direct payments, which were available anywhere else in Wales and the UK. We all understand the financial issues, however, we are also under a huge financial burden. If we could go out and buy that medical bed and slings for ourselves and not involve anybody and not have to beg for help, then we would. We cannot, because we are often a wage down. There are all those issues going on. I am just asking for your help.

10.15 a.m.

[11] If you need advice or any insider knowledge about what it is like to be a parent-carer, then I know a lot of parents that would gladly feed in their stories and their personal problems to try to get some solution. This is not for us; it is for everybody else that is just too tired to sit here and try to get people to see sense. I do not think that it is a complex situation. If there are children that are in that middle ground, then there must be some kind of solution to any respite and equipment problems. I will stop talking now.

[12] **William Powell:** Thank you very much. The way that you have taken on the role of being an advocate for so many other families, rooted in your own experience, is moving. It could well be that when we consider after the session the way that we can take this forward, you could be of assistance to us in providing further contacts so that we could extend the piece of work to another level.

[13] Is there a particular way in which you feel that things broke down in your own case, in terms of the way in which Poppy's case was looked at? Is there any aspect that you feel particularly needs to be urgently addressed in the way in which such cases are assessed in the future?

[14] **Dr Blewett-Silcock:** It is this definition almost of a problem child, for anything in the future, for every family. You get a meeting, you get your notes, and you want to hear someone say, 'It is not one or the other; it is this. Therefore, it is our joint responsibility to provide x within reason.' We do not expect the earth. It is about having that easy solution, but we keep thinking, 'Well, am I asking too much, because it does not seem to be very easy to get these things?' I just think that you need a quick matrix or a label for that child.

[15] **William Powell:** Yes, to have clarity of definition is really important.

[16] **Dr Blewett-Silcock:** And to be able to ask, because the big problem is if you ask, 'Well, who will help us?' or if you ask 'why' about anything, that is perceived as being so wrong. We are not the only family to be in that situation.

[17] **William Powell:** Thank you for that. We will now turn to Bethan, and then to Joyce.

[18] **Bethan Jenkins:** Thanks for giving your evidence; it was really interesting to hear and I am sorry you have had to go through everything that you have had to go through.

[19] I was just wondering whether it is less about a new category and more about health and social care potentially being joined up, so that your child would have a care pathway, as with other health definitions, so that that would follow through? For me, it should not have to be for a parent to sit in a room and watch those two separate departments fight or claim that they cannot afford it. It should be for them, before you enter the room, to already have an integrated budget, so that you do not have to define your child in a different way. It is just turning the debate around, because I really do not see why your child should have to be defined in a different way. She should be treated fairly regardless of the illness and appreciating the seriousness of it. I think that there is backroom work that those two departments have to do.

[20] There are movements for health and social care to work more closely. For example, in my area, Abertawe Bro Morgannwg health board has seconded staff to work within the council's social services team on care of the elderly, because it is closing a hospital for older people in the area. Is that something that you have thought about, or is the defined category something that you have come up with as a charity because it is something that all the parents are agreed upon? Sorry for the convoluted question.

[21] **Dr Blewett-Silcock:** It is just that the label to me seems a simplistic solution for the ideal situation that you are describing. At the moment, for example, Poppy is 10, and we have spent 10 years in the same position and nothing is changing and nothing is moving to get there. That would be ideal, but—

[22] **Bethan Jenkins:** You are looking at the short term at what you could potentially do, and if you had a defined category, where would that list end? Some people may fall out of the loop. I think that if you centre on an individual care pathway for a child, then that should cover all the individual needs, as opposed to a defined category, which could make them fall out of the system again. That is something that our committee can look at further.

[23] **Joyce Watson:** Good morning. Thanks for being here and for bringing this to our attention, because, otherwise, it is something that we might not have focused on and I am pleased that we are doing that. I am with Bethan in terms of labels and categories, because it is never a catch-all situation. That is why you are here, because you have fallen outside of something at the moment. I am not an expert and I am willing to take anybody's views on board. What I find rather disconcerting in all of this, in the situation that you find yourself in, is the fact that this particular council seems to be among a minority, according to what you are saying, in terms of local authorities that will not allow the use of direct payments. I think that there is something to be done there in terms of a framework for local authorities to work together so that people who move around get exactly the same treatment wherever it is in Wales that they, or their children, happen to reside. That is completely unacceptable behaviour in my view. So, if there is anything that we can do to tackle that one aspect straight away, then I think that we ought to do that.

[24] Also, why is it that these partners are trying to resist helping you and why is it that you cannot access any advocacy? Individuals in your situation need advocacy, because not everybody is going to be able to fight their corner. You have been able to fight your corner and it is a fight that I am sure you could have lived without. You have kept going, but there are people who are not going to be empowered, who are going to give up immediately, or not even know where to start. So, advocacy is another area that we could look at. If you could

help with those two things first, I would be grateful.

[25] **Dr Blewett-Silcock:** On advocacy, because she is non-verbal and cannot use a communication device, she falls through that loophole of not being able to get an advocate. If she was able to work with a worker and express her views, then we could have an advocate. However, because she is non-verbal and cannot make her views known, because it is our battle for her, we cannot get an advocate from anybody. I have contacted all the new advocacy groups. There are a lot of different advocacy groups now, which have been trying to address this issue over the last few years, but there is that gap for this kind of child.

[26] I have spoken to Carers UK and Carers Wales and they just cannot provide the advocacy possibility, hence my request that Cath Lewis would sit in on meetings. She has been doing that for quite a while now. She is an ex-social worker and I think that she is finding it quite interesting to see how we are treated. The rest of the people at the meetings do not necessarily know her background and what she does now. She is just there as a personal friend, if you like. She is an extra pair of ears, so that next time when you go to a meeting in six months or 12 months and they say, 'No, that is not what we agreed', then she can say, 'Well no, hang on a minute, that is what you agreed and you said you would do'. She is party to that and that is worth a lot. You start to think that you are going a little bit mad, and you think maybe that is the idea. You are almost so tired that they are trying to make you believe that that is not what was agreed at the last meeting. So, it is lovely to have that back-up and that support. Sorry, I cannot remember what your other question was.

[27] **Joyce Watson:** The other question was about the difference between Caerphilly council's approach and that of other authorities in helping with direct payments. If they are in the minority as one of very few who are not allowing that to happen, which would help, should we move to a situation where there is a framework that all local authorities work towards? If you moved, you would probably be in a better position, but if somebody moved another way, they would perhaps find that what they had was not available to them, and that is not right.

[28] **Dr Blewett-Silcock:** Going to the press and the BBC in particular meant that I got my meeting with social services and health at the very highest level, which is what I had been trying to get for probably more than two years. They have agreed to start our direct payments as a test case. I think that it was only three boroughs in Wales that I could not confirm whether they would not give direct payments for a tube-feed-trained personal assistant. Given the charity work that I do for Parents of Partially Sighted and Blind Youngsters, I am able to speak to families who are in receipt of them, so it is not just notional, assuming that it is done in the next borough; I know for sure because parents are telling me what hours they are getting, what kind of personal assistant training there is and what people they are getting to do that. I do not know why there is resistance. I can only put it down to—and saying this will be very controversial—the fact that they have never done it before and are reticent to do that. It would not mean a whole new set of things to learn. Maybe they did not want to do that for as long as they could get away with not doing it. I do not know.

[29] However, there are many families that would want to go down that route now, and I have been contacted by a few families, which is great. Having seen the press interest, they are coming to me and asking what I had to do and how to go about it. Hopefully, that will get them in the learning curve that they should have been in whenever the direct payments started, which was about 2000, I believe. It is very frustrating to battle against that resistance when you are told what direct payments are for and the flexibility that they offer and read that on national websites. You are reading all of this and yet you are encountering the polar opposite of that willingness to help and the freedom to get the help that you need. In our case, particularly, when Poppy was ill, I could not get respite, because I could not take her to that respite centre, but now, fingers crossed, I think we might be able to get direct payments set up

by December, so if and when she is ill, which she hopefully will not be, I will be able to have a break when I have not slept all night. That is the key thing for us as a family and many others I am sure. That is where we will use that possibility the most.

[30] **Joyce Watson:** Going back to my question, do you think that it would help if we had a framework that captured best practice so that that best practice would become the practice? Again, coming back around, you cannot get advocacy in your case, which might be the case for the others, and you cannot be guaranteed an outcome. We are here as Government, so what can we do to assist? Do you think that a framework might be a good idea?

[31] **Dr Blewett-Silcock:** I am sure that it would, but all the other boroughs seem to be doing it fine so what is different? Is it a mindset or is it the fact that they already have that in place? I do not know, but anything that would help that process, such as advising people to do it in a set way, would be great. Only a minority of boroughs that seem unable to do that, so the answer is 'yes'; if there was absolute set guidance on that, then they would have to do that, would they not?

[32] **Joyce Watson:** Finally, can you let us know, if you have not done so already, the number of local authorities that are not allowing access to direct payments?

10.30 a.m.

[33] **Dr Blewett-Silcock:** There were three in which I could not speak to an independent living adviser or group manager to absolutely, definitely confirm. I did not want to say that there were three—

[34] **Joyce Watson:** But, now you have.

[35] **Dr Blewett-Silcock:** Yes. Caerphilly is involved in the other two adjoining boroughs. Now, if we are setting a test case, perhaps it will be zero in 2014.

[36] **William Powell:** Russell George has indicated that he has a question, and then we will finally move to Bethan.

[37] **Russell George:** Thank you for coming to us today, for your time and for being so open with us. I appreciate that. With regard to the continuing care guidance, what, do you think, needs to be changed in that? Does that need to be changed? What are your thoughts on that?

[38] **Dr Blewett-Silcock:** I think that having to sit at a panel—and we have been through three and failed all three times. Again, does a parent need to be there? I found that, as a parent, you want to focus on the positives, but, in that process, you have to almost list every negative there is, and any potential illness or problem with your child. I do not want to do that. I would rather not. Many parents, because they do not want to do that, will play their child's condition down. Being tube-fed, and, quite apart from anything else, if a child is epileptic and needs medication—and if he or she can seize so badly that they end up in an accident and emergency department—or a child with a terminal condition, I cannot see why that does not result in a CHC label. It totally mystifies me. Then I heard recently that an autistic child with no what I would call health needs got a CHC. I do not know what it is called; the definition.

[39] **Russell George:** It is Asperger's syndrome, is it not?

[40] **Dr Blewett-Silcock:** Yes. With that system, in itself, I understand that you are talking about that middle aspect. There are all sorts of different conditions, but, basically, they are all

the same. We have been told that Poppy does not have—I cannot remember the exact phrase—any major health issues. All of them have aspiration problems. If they swallow, it goes into their lungs. All of this happens because of the tube-feeding and the lack of tone, and the terminal thing. How is that not described as significant, as well as the continuing healthcare that she will need, and because of the degenerative side of things, it will only get worse. I do not see how a CHC label cannot encompass all of that middle-ground child. It is kind of that at the background of everything. You can understand why the health service does not have the money to cover every single child. However, on the other hand, there are many different aspects to a lot of severely disabled children that perhaps should result in that CHC definition.

[41] **William Powell:** Daw'r cwestiwn olaf oddi wrth Bethan Jenkins.

William Powell: The final question comes from Bethan Jenkins.

[42] **Bethan Jenkins:** I will just come back to another question that I had earlier with regard to advocacy. I noticed that you said that, because your daughter cannot communicate, she does not qualify. I was just wondering whether you have had a discussion with the children's commissioner with regard to that, because, obviously, enshrined in our law is the rights of the child. If you are not allowed—I presume—to have a formal advocate, and your child cannot communicate, we need to really look at this as a special category. I am not a specialist in this area either, but I would like to know what you have done to look at this, so that we can potentially assess, as a committee, any options to recommend for the future.

[43] **Dr Blewett-Silcock:** We have spoken to the children's commissioner over the last few years and he was actually quoted, during the BBC interest, that it was the human rights of the child being totally ignored, because she should not be involved in that wrangle of the joint care or joint funding. So, we have spoken. I have had advice for them as to which groups to approach to try to get advocacy—each one that I have spoken to will give me another number and name. I have gone around every single person, so there is no-one I have missed in Wales to be able to provide the advocacy that we needed, hence me contacting Cath and jokingly saying that I was going to give everybody her name, even though it is not her job. This demonstrates that there is such a need. I am almost interested in doing it myself, but it is about having the time, really.

[44] **Bethan Jenkins:** Just to indulge, it is obviously something that you would want to be set in stone. As you said, you get that support to say that the minutes were true, but what we need to see is that it is agreed and formalised by any form of advocate, because you are in a position of insecurity, not knowing whether your voice is being doubted constantly just for wanting to have services for your daughter. So, these are all things that we need to look at. Thank you for coming today.

[45] **Dr Blewett-Silcock:** If there was something official, then that would be great.

[46] **William Powell:** Dr Blewett-Silcock, I would like to thank you, on behalf of the committee, very much indeed for the time that you have taken to be with us this morning, for the papers that you have presented and, indeed, your commitment to help to continue to support us in our further consideration of your petition to try to bring about some of the improvements that clearly need to happen. We are going to take time to consider this session. We would like you to have the opportunity to take your space in the gallery and we will give you the courtesy of taking your place before we start our consideration. Thank you very much indeed for being with us today.

10.37 a.m.

P-04-452 Hawliau Cyfartal i Bobl Ifanc Tiwb-borthedig—Trafod y Sesiwn Dystiolaeth
P-04-452 Equal Rights for Tube-fed Youngsters—Discussion of Evidence Session

[47] **William Powell:** That was a very powerful session. I was struck, in some ways, by some of the similar themes that arose today and in the previous evidence session in terms of issues around equality of access and bureaucracy, and the fact that it must seem so difficult to navigate your way through as a carer when you encounter such obstacles.

[48] Colleagues, I sense that there is an appetite to take this forward.

[49] **Bethan Jenkins:** We should wait for the witness to get to the public gallery. We could sing a little song in the interim. [*Laughter*.] Like being put on hold.

[50] **William Powell:** Okay. The lead petitioner is now present in the public gallery. Colleagues, what do you feel is the best way forward? I am certain that there is an appetite for us to take this matter forward in a number of different ways. As Dr Blewett-Silcock said, she is prepared to assist us in advising us on other potential stakeholders and other families who would be prepared to contribute to our work in assessing this on maybe more of an all-Wales basis. Joyce, you have indicated.

[51] **Joyce Watson:** The first thing we have to do is to look at the UN Convention on the Rights of the Child, because everything we do operates under that, as Bethan quite rightly alluded to early on, and everything that falls out from that, or does not, it seems, in this case. So, if we start with a rights-based approach, we will at least be travelling, in my opinion, in the right direction.

[52] I notice from the correspondence that we had from the Minister that there are no prescriptive—well, I am not saying that there are no prescriptive tools, but guidance is not a prescriptive tool. There is guidance, and it has been issued. I am sort of in two places here, so I would like to take some evidence about whether we ought to move guidance to prescription and, if we did, what the consequences would be of that.

[53] **Bethan Jenkins:** I am sorry, could you repeat that?

[54] **Joyce Watson:** Moving from guidance to prescription; in other words, what we were talking about. If we look at, instead of saying, ‘In these cases, you may or you may not do whatever’, and pinning it down to, ‘In this case, you will’, what I am afraid of is excluding more than we are including. I would want to examine those things with the correct bodies, whoever they might be. One thing that is obvious here is that people have tighter budgets. I am not sure, from what I have heard this morning, that we will not see more of this, and I do not want to see more of this. No-one in this room wants to see more of this. So, there has to be greater clarity for the needs of a child to be cared for and supported financially by social services and health, because there is clearly a gap here and these children are falling though. My worry is that there will be many more—maybe greater numbers—doing that as finances get even tighter. That is what I want to say.

[55] **William Powell:** I think, in a future evidence session, we need to draw on those themes. Who do colleagues feel it would be appropriate to invite in for a future evidence session? We have the possibility of other stakeholders, which the lead petitioner can advise us on, but what about from the Government side?

[56] **Bethan Jenkins:** I think that we need to do some more work first, before we have people in. With guidance, it is just that. Quite often, when we are talking about health issues,

it needs to be stronger than guidance, because if local health boards' chief executives do not have a clear target on it, they will not administer the trickle-down approach. That is true of issues that I work on with regard to muscular dystrophy and eating disorders. Until it becomes statutory—

[57] **William Powell:** Yes, central to the agenda, really.

[58] **Bethan Jenkins:** So, we need to look at that, because, if this group of people is falling outside the guidance, then it needs to be strengthened. So, that is something that I would want us to look into. Also, with regard to social care and healthcare, I would like us to write to the local health boards to see, at the moment, across Wales, what they are doing. As I mentioned, in my area, it does happen—they are working closer on some issues. Is that a trend across Wales or is it just in my area or is it patchy, especially in Caerphilly, where there are obviously tensions? Can we understand why that is? Also, with regard to the well-being Bill that is going through, we will be reaching the next stage of that soon, so are there ways that we can look to see whether there are amendments that can be put in? I know that this is bureaucratic-speak and that it is not friendly in that sense, but could we look to see whether there are amendments that we could put in on this particular issue?

[59] **William Powell:** That is the way in which business has to be done, is it not?

[60] **Bethan Jenkins:** The other thing is that I forgot to ask the lady about whether she had complained to the ombudsman with regard to this issue, because the ombudsman produces case studies and a case report on everything that he looks at. I would be curious to know, because then we can learn from best practice in the future.

[61] **William Powell:** I am sure that we can capture that. There is an indication that the answer is 'no' on that particular point. Also, I think that, in writing to the Minister, I would like to raise whether there will be a review, two to two and a half years in, by the Welsh Government of the way in which direct payments are working, because the guidance was issued to local authorities back in 2011. We are now reaching more or less the half-way point of this Assembly, and I think it would be useful to see how that is working across Wales.

[62] **Russell George:** Has the Health and Social Care Committee done any work on this at all that we know about?

[63] **William Powell:** I do not believe so.

[64] **Russell George:** I wonder whether we should, not ask it to do another piece of work, but at least write to the committee to see whether it has had any correspondence on this that has perhaps not been formally taken forward in committee but may be useful for us to take note of.

[65] **William Powell:** I am happy to write to David Rees, the new Chair, on that issue. I will happily do that.

[66] **Ms Stocks:** It might be worth saying that children's health comes under the Children and Young People Committee's responsibility in terms of committee work. This committee did write to the Children and Young People Committee, and you may recall that we got a response back from the Chair saying that the committee had capacity issues, but felt it was an important issue. That was one of the reasons why this committee chose to get Tymandra in.

10.45 a.m.

[67] **Russell George:** That is why I did not want to automatically write to that committee

and ask whether it can look at this, but just ask them what work or evidence it has received on this in the background, which would help the committee.

[68] **William Powell:** That would help to inform the next stage, would it not?

[69] **Russell George:** Yes.

[70] **Bethan Jenkins:** We have not done anything on it yet.

[71] **William Powell:** We know that.

[72] **Ms Stocks:** The health committee has been considering the social services Bill, so it may be that the committee will feel that there is a value in that.

[73] **William Powell:** We could also enquire as to whether this has been an agenda item at all in the social services advisory group, which I know is quite an important forum in taking these issues forward.

[74] **Russell George:** I think that we have a bit of information there to look at over the recess. Perhaps we can bring this back quite early when we come back.

[75] **William Powell:** Indeed. We will sift through these different issues.

[76] **Bethan Jenkins:** When I do stuff, I always collect case studies, and we have heard one case, but I know that there are other cases. Obviously, there are data protection issues, so we should not attach names, but perhaps we could collect that. When we talk to the Minister and the committee, it is always stronger if we have examples of personal experiences, I feel. If there are a number of families suffering this, that makes it much stronger than it just being about what we think.

[77] **William Powell:** Absolutely, I agree. I think that we have a whole suite of things that can usefully be done there. We will make sure that we take this forward. Again, I am sure that you would agree with me that it was a moving, but very informative session. Our total respect goes to Dr Blewett-Silcock in terms of what she has brought to this and the role that she is taking on as an advocate for those who do not have the capacity to speak for themselves. So, thank you very much to her.

[78] That concludes the final meeting of what has been a busy term, and, indeed, Assembly year for the committee. I have a couple of issues to flag up today. We have the Stop People Trafficking and Slavery in Wales presentation at 1 p.m. on the Senedd steps. Tomorrow at 1 p.m., we have the robotic assisted laparoscopic prostatectomy petition. Before my final announcement, I would also like to remind Members that we will be out and about, as I referred to earlier, at the Royal Welsh Show, the Eisteddfod and the Usk show over the summer—July, August and September—and there will also be a petitions presence at other Assembly outreach events during the summer.

[79] The final announcement that I have to make is to register my thanks to Naomi for what she has done since returning to the committee, because I received news yesterday that, as part of a review that has been undertaken of the committee service, we have been allocated some additional resource in the form of a new staff member who will join the team from the autumn. As part of that reallocation of roles, Naomi will leave us for new challenges with the Environment and Sustainability Committee, where she will be part of the clerking team as deputy clerk. So, three of the four of us will still have regular contact with you, Naomi, but I am extremely grateful to you for the work that we have had through this past year, bringing on board your earlier experience, when you were originally the committee clerk, prior to the

earlier clerking period. We are extremely grateful.

[80] **Bethan Jenkins:** Let us see how long it takes you to come back. [*Laughter.*]

[81] **William Powell:** We are extremely grateful to you for all that you have done. We look forward to the new arrangements that have been put in place for the autumn, but there will be continuity in terms of Siân and Kayleigh being with us. So, thank you very much indeed, and thank you, Members, for your attendance today and I wish you a very happy summer break, but we have two or three pretty busy days ahead. Diolch yn fawr.

Daeth y cyfarfod i ben am 10.49 a.m.
The meeting ended at 10.49 a.m.

Y Pwyllgor Deisebau
Petitions Committee

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

David Rees AM
Chair of the Health and Social Care Committee
National Assembly for Wales
Cardiff Bay

Bae Caerdydd / Cardiff Bay
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Our ref: P-04-362

23 July 2013

Dear David

We have been considering a petition which calls for a scrutiny inquiry into ambulance services in rural Wales, and particularly concerns about services around Monmouth. We have been in correspondence with your predecessor who said this would be added to the list of possible future inquiries for the Committee.

At our recent meeting on 16 July, we considered correspondence from the Minister for Health and Social Services providing an update to his response to the recent Strategic Review of Welsh Ambulance Services, alongside correspondence from the petitioner (this was a copy of correspondence that was sent to the Health and Social Care Committee).

At this meeting, we agreed to ask that you keep the Committee updated with decisions about your forward work programme, and let the Committee know if you do decide to undertake an inquiry into ambulance services.

Please forward your response to the Deputy Committee Clerk at kayleigh.driscoll@wales.gov.uk

Yours sincerely

William.

William Powell AC / AM
Cadeirydd / Chair

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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/3553/12

David Rees AM
Chair
Health and Social Care Committee

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16 August 2013

Dear David

At the Health and Social Care Committee on 18 July I agreed to provide you with information on the following:

General Scrutiny Session

i. A note on how many staff positions have been terminated by Health Boards in recent years and in what disciplines
ii. Figures from the Deanery on the recruitment of General Practitioners for each Health Board

Financial Scrutiny Session

i. A note on the review of the Townsend Formula
ii. A note clarifying the evidence from the Wales Audit Office as to whether any medical treatment was cancelled by Health Boards for financial reasons in the last financial year
iii. A note on how protected funding for social services has been used by individual local authorities for all years available
iv. Figures on how many Local Authorities now charge the full capped limit of £50 a week for domiciliary care and how many Local Authorities have increased their charges to £50 a week since the cap was introduced
v. The Deputy Minister for Social Services also agreed to keep the Committee informed about the progress of discussions on social services funding and the future monitoring of local government expenditure in this area

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General Scrutiny Session

i) A note on how many staff positions have been terminated by Health Boards in recent years and in what disciplines

This data is not routinely collected or available to the Welsh Government. I have therefore asked officials to contact the health boards for this information. Once this has been collated I will write again to the Health and Social Care Committee and provide you with this information.

ii) Figures from the Deanery on the recruitment of General Practitioners for each Health Board

I provided you with the latest information regarding GP training programmes across Wales in a separate letter on 29 July which I hope you found helpful and which I attach at **Annex 1** for your convenience.

Financial Scrutiny Session

i) A note on the review of the Townsend Formula

The Welsh Government pursued the implementation of the 'Townsend' direct needs formula between 2003/04 and 2007/08. During this period the Welsh Government received increases in its budget each year. Funding adjustments were only made to the growth element of the budget that each Health Board received.

No further progress has been made since the formation of the 7 integrated Local Health Boards in 2009. This is primarily as a consequence of there being no growth funding. However, I am keen for relevant work to be taken forward and as part of the work to introduce a new Finance Regime for the NHS, as set out in our strategic document 'Together for Health', a review of the resource allocation will be carried out. The project will include:

- Developing a resource allocation formula that can be applied both at Local Health Board level and to support further distribution of resources by Health Boards at locality level.
- Ensuring that the needs weighting reflects relevant factors such as demographics and inequalities.

This will be a substantial project that will take some time to fully develop and implement. Consequently the first stage of implementation is unlikely to be before the 2015-16 financial year.

ii) A note clarifying the evidence from the Wales Audit Office as to whether any medical treatment was cancelled by health boards for financial reasons in the last financial year

Although the Wales Audit Office (WAO) state in their report that their local work suggests that some NHS bodies reduced elective activity in order to help manage financial pressures, they have not provided my Department with any specific evidence to support this assertion.

In their report, WAO acknowledge the position is complex and whilst elective activity was below planned levels for the final quarter of 2012-13, the reduction was primarily driven by

the unprecedented demand on our unscheduled care services which required the use of beds and staff that would otherwise have been used on elective capacity. My officials specifically received formal written assurances from all NHS Chief Executives that they did not proactively cancel planned elective activity for financial reasons.

iii) A note on how protected funding for social services has been used by individual local authorities for all years available

We have information on all three years of protection, although for the period 2012 -13 and 2013 -14 this is budgeted expenditure rather than actual. All 22 Local Authorities have indicated that over the 3 year period they have delivered on, or exceeded, the expenditure protected for social services by 1% per annum above the Welsh Block Budget change. **Annex 2** shows the annual and overall percentage change by authority.

iv) Figures on how many Local Authorities now charge the full capped limit of £50 a week for domiciliary care and how many Local Authorities have increased their charges to £50 a week since the cap was introduced

I can confirm that the £50 maximum charge has been in place across all local authority areas since April 2011 and that Welsh Government has agreed an additional £3.2m (£13.3m in total) to recompense Councils for this policy. However, I can also assure the Committee that local authorities charge the service user the actual cost of the service where this is less than £50 a week in accordance with local charging policies. In all situations, where the service user is assessed against national criteria in Regulations as not having the financial means to cover the costs, they will not have to pay.

v) The Deputy Minister for Social Services also agreed to keep the Committee informed about the progress of discussions on social services funding and the future monitoring of local government expenditure in this area

I note that the Deputy Minister for Social Services also agreed to keep the Committee informed about the progress of discussions on social services funding and the future monitoring of local government expenditure in this area

I trust the above is clear and helpful.

Best wishes

Mark

Mark Drakeford AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Eich cyf/Your ref
Ein cyf/Our ref MB/MD/3596/13

David Rees AM
Chair of the Health and Social Care Committee
National Assembly for Wales

29 July 2013

Dear David,

I attended the Health and Social Care Committee on 18th July and agreed to provide you with information about GP training programmes across Wales. I set out below the latest available information.

The training posts available to commence on 1st August 2013 are as follows

Health Board	Scheme	Number of Vacancies
Abertawe Bro Morgannwg	Bridgend	16
	Neath Port Talbot	6
	Swansea	18
Aneurin Bevan	Gwent	17
Betsi Cadwaladr	Bangor	8
	Dyffryn Clwyd	4
	Wrexham	8
Cardiff & Vale	Cardiff	16
Cwm Taf	Glamorgan Valleys	15
Hywel Dda	Aberystwyth	6
	Carmarthen	10
	Pembrokeshire	6

Following the recruitment process 4 posts in Aberystwyth remain unfilled.

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The Wales Deanery have reported the vacancy fill rate for 2013 as 97%. This compares to 81% in 2012 and 80% in 2011.

In addition I can confirm that between 2008 and 2012 544 Certificates of Completion of Training (CCT) were awarded by the Wales Deanery. These are GP trainees who have completed training and obtained entry onto the specialist register. Final figures for 2013 are not yet available.

I hope this information is helpful.

Best wishes

Mark

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Social Services Budgeted Net Revenue Expenditure

	2011-12	2012-13	2013-14	3 year change
Social Services Protection Level Required	-0.33%	1.58%	2.08%	3.33%

Table 1 : Budgeted Social Services Expenditure

	2010-11	2011-12	2012-13	2013-14
Isle of Anglesey	27,542	28,355	27,591	29,813
Gwynedd	54,747	56,878	57,875	58,953
Conwy	49,421	50,703	52,529	53,620
Denbighshire	44,635	44,783	44,965	46,417
Flintshire	57,893	59,414	59,689	63,020
Wrexham	53,794	54,918	56,605	59,528
Powys	58,833	62,636	62,058	68,976
Ceredigion	27,983	29,777	30,085	33,529
Pembrokeshire	45,543	47,972	51,145	56,763
Carmarthenshire	74,380	78,419	83,107	88,561
Swansea	97,812	100,772	103,010	109,913
Neath Port Talbot	72,874	75,439	81,886	86,346
Bridgend	55,984	56,063	57,195	63,778
Vale of Glamorgan	46,598	47,667	48,686	51,548
Rhondda Cynon Taf	110,097	116,641	122,329	128,138
Merthyr Tydfil	25,560	27,755	27,112	29,675
Caerphilly	72,777	73,370	75,243	79,544
Blaenau Gwent	35,298	35,796	36,094	37,782
Torfaen	42,052	42,786	43,350	44,928
Monmouthshire	34,456	34,278	37,268	38,870
Newport	62,682	61,209	60,196	67,716
Cardiff	126,865	125,652	131,734	146,100
Total Wales	**1,277,825**	**1,311,283**	**1,349,751**	**1,443,518**

Table 2 : Year-on-Year growth by Authority

	2011-12	2012-13	2013-14	3 year change
Isle of Anglesey	3.0%	**-2.7%**	8.1%	8.2%
Gwynedd	3.9%	1.8%	1.9%	7.7%
Conwy	2.6%	3.6%	2.1%	8.5%
Denbighshire	0.3%	0.4%	3.2%	4.0%
Flintshire	2.6%	0.5%	5.6%	8.9%
Wrexham	2.1%	3.1%	5.2%	10.7%
Powys	6.5%	**-0.9%**	11.1%	17.2%
Ceredigion	6.4%	1.0%	11.4%	19.8%
Pembrokeshire	5.3%	6.6%	11.0%	24.6%
Carmarthenshire	5.4%	6.0%	6.6%	19.1%
Swansea	3.0%	2.2%	6.7%	12.4%
Neath Port Talbot	3.5%	8.5%	5.4%	18.5%
Bridgend	0.1%	2.0%	11.5%	13.9%
Vale of Glamorgan	2.3%	2.1%	5.9%	10.6%
Rhondda Cynon Taf	5.9%	4.9%	4.7%	16.4%
Merthyr Tydfil	8.6%	**-2.3%**	9.5%	16.1%
Caerphilly	0.8%	2.6%	5.7%	9.3%
Blaenau Gwent	1.4%	0.8%	4.7%	7.0%
Torfaen	1.7%	1.3%	3.6%	6.8%
Monmouthshire	**-0.5%**	8.7%	4.3%	12.8%
Newport	**-2.3%**	**-1.7%**	12.5%	8.0%
Cardiff	**-1.0%**	4.8%	10.9%	15.2%
Total Wales	2.6%	2.9%	6.9%	13.0%

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Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: SF/MD/2110/13

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales

8 August 2013

Dear David,

I am writing to provide clarification on two points about the measles outbreak raised by Kirsty Williams AM during the Committee meeting held on 10 July 2013.

The points raised were as follows:

Can you account for the difference in the figures [provided by Public Health Wales and the Welsh Government] for the number of children who were immunised during the MMR campaign in 2005/2006?

The MMR catch up campaign between October 2005 and May 2006 was undertaken in secondary schools, colleges and universities in Wales. Those not in education were offered MMR through their local general practice.

A total of 126,657 secondary school pupils in 293 schools were identified who had missed either one or both doses of MMR. Of these 53,708 received one or more doses of MMR. In addition, a total of 7,112 students in colleges and universities were also given MMR. Overall, during the campaign a total of 60,820 children and students were immunised with one or more doses of MMR.

The statement provided by Public Health Wales referred to the 53,708 school children who received one or more doses of MMR; my evidence paper referred to the figure of just over 60,800 children and young people in the wider age range of 11 – 25 years who were vaccinated as part of the campaign.

Both figures were accurate but were illustrating outcomes in different age groups.

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Was the correspondence issued by the Welsh Government following the audit of circular WHC(2005)081, generic i.e. the same going to each health board or did the Welsh Government write to each health board individually about their own plans?

Through circular WHC(2005)081, policy was put in place to reduce the health risks to children reaching school age, entering secondary school and entering adult life without protection against measles, mumps or rubella. The circular set out a number of specific, permanent steps (gateways) for follow up at certain key times for children who had not received MMR vaccination according to the national schedule.

The audit carried out in June 2008 had found that the requirements of WHC (2005) 081 had been incompletely implemented in all 22 health boards except one, and five HBs had implemented less than half of the requirements of the policy.

Following the audit, the Chief Medical Officer wrote separately to chief executives of health boards to indicate whether the measures contained in the circular had been fully implemented within their area. It was not a generic letter. Statistics were provided to show the number of children within each health board who had missed one vaccination and the number who had received no vaccinations. Health boards were asked to review the findings of the audit and to advise as a matter of priority how full implementation would be completed where this had not been achieved.

The audit for the emerging Abertawe Bro Morgannwg Heath Board area had found that implementation of the circular was largely incomplete at that time. In response, ABMU identified specific issues to be addressed within its three local health boards areas and drew up a single action plan as part of its primary and community care local delivery plan. Progress on implementing these actions were reviewed by the Welsh Government as part of the NHS Wales Annual Operating Framework (AOF) for 2009/10.

I hope this provides the clarification that was not possible during the meeting.

Best wishes

Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Ein cyf/Our ref: SF/MD/3129/13

David Rees AM
Cadeirydd
Y Pwyllgor Iechyd a Gofal Cymdeithasol
Cynulliad Cenedlaethol Cymru
Bae Caerdydd

11 Medi 2013

Annwyl David

Diolch i chi am anfon adroddiad y Pwyllgor "Ymchwiliad i achosion o'r frech goch 2013" ataf. Nodaf y materion allweddol y mae'r Pwyllgor wedi'u codi i'w hystyried ymhellach gan Lywodraeth Cymru a sefydliadau partner a byddaf yn ymdrin â'r rhain yn fwy manwl isod. Rydym yn disgwyl am ganfyddiadau'r adroddiad cynhwysfawr am yr achosion sy'n cael ei baratoi gan Iechyd Cyhoeddus Cymru, ond yn y cyfamser mae nifer o fesurau ar waith i adeiladu ar y cynnydd a wnaed eisoes.

Rwy'n llwyr gefnogi barn y Pwyllgor mai'r unig ffordd o atal achosion pellach o'r frech goch yw gwneud ymdrechion i gynnal y niferoedd sy'n cael y brechlyn MMR ar lefel lle sicrheir imiwnedd y boblogaeth. Bydd Llywodraeth Cymru yn parhau i weithio gydag Iechyd Cyhoeddus Cymru a byrddau iechyd i gwrdd ag ymrwymiad y Rhaglen Lywodraethu i ddileu'r problemau iechyd a achosir gan y frech goch, clwy'r pennau a rwbela drwy gynyddu'r niferoedd sy'n derbyn brechlyn MMR.

Mae ffigurau'r rhai sy'n derbyn brechlyn MMR arferol yn parhau i ddangos tuedd gadarnhaol. Yn sesiwn yr ymchwiliad roedd ffigurau'r rhai oedd wedi derbyn y brechlyn oedd ar gael y pryd hwnnw a gyhoeddwyd gan Iechyd Cyhoeddus Cymru ar gyfer chwarter cyntaf 2013 (COVER Ionawr-Mawrth 2013) yn dangos bod niferoedd cyfartalog cenedlaethol y rhai oedd wedi derbyn y dos cyntaf o MMR mewn plant dyflwydd oed wedi cyrraedd dros 95% am y tro cyntaf erioed. Mae data ar gyfer yr ail chwarter (COVER Ebrill-Mehefin 2013) bellach ar gael ac mae'n dangos bod niferoedd cyfartalog y rhai oedd wedi derbyn yr MMR ar draws Cymru wedi parhau i wella ar draws pob ystod oedran:

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Y niferoedd a dderbyniodd yr MMR yng Nghymru *	Chwarter 1 Ionawr-Mawrth 2013	Chwarter 2 Ebrill-Mehefin 2013
Yn ddyflwydd oed: MMR 1	 95.1%	 95.9%
Yn bum mlwydd oed: MMR1 MMR2	 96.1% 90.4%	 96.9% 92.2%
Yn 16 mlwydd oed: MMR1 MMR2	 90.7% 82.1%	 94.2% 87.0%

*Adroddiad COVER Iechyd Cyhoeddus Cymru
http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144

Er bod gwelliant amlwg wedi bod o ran cynyddu'r brechu arferol, mae angen sicrhau bod yr holl blant ac oedolion ifanc yn cael eu gwarchod yn llawn gan ddau ddos MMR a bod y rhai sydd wedi colli allan ar frechu yn cael cynnig cyfleoedd i ddal i fyny.

Mae ymrwymiad y Rhaglen Lywodraethu yn seiliedig ar Fframwaith Cyflawni newydd y GIG sy'n cynnwys, fel mesur Haen 1, yr angen i sicrhau bod 95% o blant yn cael eu himiwneiddio'n llawn erbyn eu bod yn bedair oed. Bydd bodloni'r amcan hwn yn sicrhau y bydd plant yn cael y ddau ddos o MMR ar yr amser a drefnwyd.

Ar 18 Gorffennaf ysgrifennodd y Prif Swyddog Meddygol at Brif Weithredwyr y Byrddau Iechyd yn gofyn am gopïau o'u cynlluniau ar gyfer cyflawni'r amcanion imiwneiddio Haen 1, ynghyd â chynlluniau i frechu plant hŷn nad ydynt wedi derbyn un neu ddau ddos o MMR. Mae pob bwrdd iechyd wedi cyflwyno cynlluniau ac mae'r rhain wedi cael eu gwerthuso gan swyddogion. Mae'r cynlluniau yn rhoi sicrwydd y bydd y gwaith o adnabod a dilyn i fyny plant sydd wedi colli allan ar MMR yn flaenoriaeth i fyrddau iechyd a bod mesurau yn eu lle i roi cyfleoedd i gael y brechlyn i bob grŵp oedran perthnasol, gan gynnwys y rhai sy'n fwy anodd eu cyrraedd.

Er mwyn ymateb yn fanylach i'r materion penodol y mae'r Pwyllgor wedi:

Codi ymwybyddiaeth o'r angen i gael y brechiad MMR

Mae ystod o ddeunyddiau ar gael yn barod i helpu i hyrwyddo ymwybyddiaeth o'r angen i gael y ddau ddos o MMR:

- Bob haf mae Iechyd Cyhoeddus Cymru yn e-bostio ac yn cysylltu â sefydliadau addysg bellach, addysg uwch a cholegau Cymru er mwyn eu hysbysu am bwysigrwydd sicrhau bod myfyrwyr wedi'u diweddaru gyda MMR cyn dechrau'r tymor. Mae Iechyd Cyhoeddus Cymru yn

darparu taflenni, templedi testun, llythyrau a negeseuon e-bost i'w defnyddio gan y sefydliadau.

- Rhoddwyd cyhoeddusrwydd i boster a ddyluniwyd yn unigol, gyda'r logo[1] '10 erbyn 5' arno, a ddatblygwyd yn dilyn ymgynghori gan grŵp ffocws gyda rhieni, ac a ddosbarthwyd i feddygfeydd Meddygon Teulu, canolfannau hamdden, llyfrgelloedd a lleoliadau cyn-ysgol i gynyddu ymwybyddiaeth am yr angen i blant fod wedi derbyn y brechiadau arferol cyn iddynt fod yn bump oed. Mae hwn wedi canolbwyntio ar y pigiad atgyfnerthu cyn-ysgol sy'n cynnwys yr 2ail MMR.

- Datblygwyd DVD a phecyn gwaith gan Iechyd Cyhoeddus Cymru i'w defnyddio ochr yn ochr â fframwaith Addysg Bersonol a Chymdeithasol (ABCh) Llywodraeth Cymru mewn ysgolion uwchradd - 'Imiwneiddio - Peidiwch â gadael yr ysgol hebddynt'. Mae'r rhain wedi bod ar gael ers 2009 a chawsant eu dosbarthu i bob ysgol uwchradd ac arweinwyr ABCh yng Nghymru.

- Mae Iechyd Cyhoeddus Cymru wedi datblygu pecyn adnoddau imiwneiddio sy'n cynnwys enghreifftiau o ddogfennau y gellir eu defnyddio i hyrwyddo imiwneiddio mewn lleoliadau cyn-ysgol ar gyfer plant a staff. Mae'n rhoi cyngor am fwy o ffynonellau gwybodaeth a chysylltiadau defnyddiol. Cafodd y pecyn ei ddosbarthu i bob lleoliad cyn-ysgol yng Nghymru yn 2012.

- Anfonir llythyrau templed, ffurflenni caniatâd, gwybodaeth ac arweiniad at Fyrddau Iechyd i gefnogi'r gwaith o gydlynu a hyrwyddo rhaglenni mewn ysgolion.

- Mae adnoddau addysgu ar gyfer plant / myfyrwyr mewn ysgolion ar gael i helpu pobl ifanc i ddeall eu bod yn gallu cymryd rhan mewn penderfyniadau am imiwneiddio drostynt eu hunain lle bo hynny'n briodol.

- Datblygwyd posteri gan y GIG sy'n atgoffa'r cyhoedd bod angen dau ddos o'r brechlyn MMR i roi amddiffyniad. Mae'r rhain ar gael mewn nifer o ieithoedd. Mae taflen ffeithiau ar gael hefyd sy'n tynnu sylw at ffeithiau allweddol am y frech goch.

Cynyddu cyfleoedd i dderbyn brechiad MMR

Mae cylchlythyr polisi Llywodraeth Cymru (2005) 81 yn ei gwneud yn ofynnol i ddilyn plant sydd wedi colli un neu ragor o ddosau o MMR wrth iddynt ddechrau yn yr ysgol gynradd ac uwchradd a phan fydd y pigiad atgyfnerthu i rai yn eu harddegau yn cael ei gynnig. Mae hyn yn cynnig o leiaf dri chyfle

[1] Mae'r ymgyrch "10 erbyn 5" a gynhelir gan Iechyd Cyhoeddus Cymru yn tynnu sylw at yr angen i blant gael eu himiwneiddio rhag 10 math o salwch difrifol cyn iddynt gyrraedd pump oed.

rheolaidd arall i blant sydd wedi colli dos rheolaidd o MMR i gael cynnig dal i fyny.

Mae llawer o'r byrddau iechyd lleol eisoes yn cynnig brechlyn MMR ochr yn ochr â'r pigiad atgyfnerthu i rai yn eu harddegau mewn ysgolion. Mae canllawiau a deunyddiau hyrwyddo ar gael i helpu i gyflwyno'r brechlynnau hyn i bobl ifanc. Bydd cyflwyno'r brechlyn Llid yr Ymennydd C newydd i bobl ifanc o fis Medi 2013 yn cynyddu nifer y brechlynnau y gellir eu cynnig yn y sesiynau hyn i dri mewn un cyswllt.

Mae'r Prif Swyddog Meddygol ac Iechyd Cyhoeddus Cymru yn argymell bod gweithwyr iechyd proffesiynol yn defnyddio pob math o gyfarfod gyda phobl ifanc neu oedolion ifanc fel cyfle i wirio eu statws imiwneiddio ee rhai sy'n cofrestru o'r newydd, gwasanaethau iechyd rhywiol, asesiadau ceiswyr lloches ac asesiadau teithio mewn gofal sylfaenol.

Y nifer sy'n derbyn brechiad MMR ymysg staff iechyd rheng flaen

Yn y sesiwn dystiolaeth dywedais, yn fy marn i, mai cyfrifoldeb proffesiynol pobl sy'n gweithio yn y gwasanaeth iechyd yw amddiffyn eu hunain a'r bobl y maent yn gweithio gyda nhw rhag clefydau y gellir eu hatal ac, felly, sicrhau eu bod nhw eu hunain yn cael eu himiwneiddio. Rwyf wedi dweud na fyddwn yn cefnogi gorfodaeth ond mae llawer y gellir ei wneud i berswadio ac addysgu staff gofal iechyd i sicrhau eu bod yn cael eu brechu'n llawn.

Tynnwyd sylw byrddau iechyd at yr angen i gynyddu'r niferoedd sy'n derbyn MMR ymysg staff. Ysgrifennodd y Prif Swyddog Meddygol ar 19 Ebrill yn gofyn i Brif Weithredwyr wirio statws MMR eu staff a sefydlu archwiliadau ehangach ar frechu staff yn erbyn yr holl glefydau heintus fel y darperir ar ei gyfer yn y DU. Mae Iechyd Cyhoeddus Cymru yn cefnogi byrddau iechyd trwy gynhyrchu canllawiau arfer da ar gyfer staff newydd a phresennol.

Bydd cynyddu niferoedd staff y GIG sy'n derbyn brechiad, gan gynnwys yr opsiwn o gyflwyno "pasbort iechyd" fel y mae'r Pwyllgor wedi awgrymu, yn cael ei ystyried fel rhan o'r gwaith yr ydym yn ei wneud ar hyn o bryd i wella'r amrywiaeth o wasanaethau iechyd galwedigaethol o fewn GIG Cymru.

Hyfforddiant Staff

Mae'r achosion diweddar wedi ein hatgoffa o'r angen i sicrhau bod staff yn cael eu hyfforddi'n ddigonol i adnabod a delio ag effeithiau'r frech goch.

- Mae'r hyfforddiant presennol a roddir i'r rhai sy'n brechu yn cynnwys diweddariadau am faterion cyfredol ac epidemioleg. Mae Iechyd Cyhoeddus Cymru yn diweddaru adnoddau hyfforddi craidd yn rheolaidd ar gyfer byrddau iechyd ac yn darparu sesiynau diweddaru ar gyfer yr hyfforddwyr. Mae Iechyd Cyhoeddus Cymru hefyd yn cynnal

digwyddiadau hyfforddi cenedlaethol ac yn cynnal tudalen gwe ar y pwnc hwn.

- Bwriadwyd i'r pecyn "Chwalu'r Chwedlau am MMR" gael ei ddefnyddio gan weithwyr proffesiynol gofal sylfaenol, gyda rhieni, i gefnogi staff gofal sylfaenol wrth ddarparu gwybodaeth gyson sy'n seiliedig ar dystiolaeth gyda diagramau clir i chwalu'r camsyniadau cyffredin ynghylch y brechlyn MMR a oedd yn cylchredeg ar y pryd. Cafodd ei gyhoeddi a'i ddosbarthu i bob practis yng Nghymru gan Lywodraeth Cymru yn 2000, a chafodd ei ddefnyddio hefyd yn yr Alban a Gogledd Iwerddon am nifer o flynyddoedd cyn i adnoddau eraill ymddangos.

- Mae modiwlau e-ddysgu am Imiwneiddio yn cael eu datblygu a'u gweithredu. Rhoddir ystyriaeth i gynnwys modiwl ar gyfer staff ar imiwneiddio galwedigaethol, gan gynnwys MMR a ffliw.

- Defnyddir storïau'r cleifion mewn sesiynau hyfforddi ee stori Rachel a stori Naomi (o achosion y frech goch yn Nulyn) i atgoffa staff am ddifrifoldeb ac effaith bosibl y frech goch.

- Mae Iechyd Cyhoeddus Cymru wedi datblygu a darparu pecyn hyfforddiant MMR penodol i'w ddefnyddio gan bob gweithiwr gofal iechyd proffesiynol. Mae nifer o grwpiau eisoes wedi gwneud defnydd o hwn, gan gynnwys elusennau, clinigau gofal iechyd rhywiol, carchardai a sefydliadau troseddwyr ifanc.

Rhannu data a systemau TGCh

Mae Llywodraeth Cymru yn cydnabod yr angen i wella'r dull o drin gwybodaeth a chysylltedd systemau TGCh o fewn y gwasanaeth iechyd a symud i ffwrdd oddi wrth systemau sy'n seiliedig ar bapur.

Cynhyrchwyd "Safonau Proses Imiwneiddio Iechyd Plant - CHIPS" gan Iechyd Cyhoeddus Cymru yn 2011 ac maent yn darparu safonau isafol cenedlaethol ar gyfer imiwneiddio plant a data. Mae hyn yn cefnogi trin gwybodaeth yn well a chywirdeb wrth gofnodi brechiadau o fewn systemau presennol.

Ar hyn o bryd mae Gwasanaeth Gwybodeg GIG Cymru (NWIS) yn ystyried newid system feddalwedd bresennol Iechyd Plant Cymunedol 2000 (CCH2000) a ddefnyddir gan yr holl fyrddau iechyd yng Nghymru i drefnu imiwneiddio arferol ar gyfer plant ac i adnabod y plant hynny y mae angen cynnig brechiad MMR iddynt mewn sesiynau dal i fyny. Rhagwelir y bydd NWIS yn barod i dreialu system newydd y flwyddyn nesaf.

Mae gan NWIS hefyd brosiect ar hyn o bryd sy'n edrych ar y posibilrwydd o drosglwyddo data yn electronig rhwng systemau meddygon teulu a CCH2000 neu'r hyn fydd yn cymryd ei le.

Mae cynrychiolydd o NWIS wedi ymuno â Grŵp Imiwneiddio Cymru i hwyluso adborth gan y gwasanaeth i gynorthwyo gyda datblygu'r systemau newydd hyn ar gyfer gwella cysylltedd ac effeithiolrwydd.

Mae Coleg Brenhinol Pediatreg ac Iechyd Plant wedi datblygu prototeip o fersiwn digidol o Gofnod Iechyd Personol y Plentyn (PCHR) neu "Y Llyfr Coch" sef y prif gofnod o iechyd a datblygiad plentyn sy'n cael ei ddefnyddio i gofnodi holl imiwneiddiadau plentyndod. Mae hyn yn cael ei dreialu mewn rhai ardaloedd yn Lloegr i weld pa fanteision sydd i'w cael o fformat digidol. Byddwn yn monitro canlyniad gwerthusiad y Coleg Brenhinol Pediatreg ac Iechyd Plant a byddwn yn edrych ar y goblygiadau i Gymru.

Cyfathrebu

Rwy'n cytuno gyda barn y Pwyllgor ei bod yn bwysig darparu gwybodaeth gadarn, ddibynadwy ac amserol i'r cyhoedd a'r cyfryngau. Byddwn yn adolygu ac yn datblygu'r berthynas gadarnhaol a sefydlwyd yn ystod yr achosion diweddar.

Bydd Iechyd Cyhoeddus Cymru yn adrodd maes o law ynghylch y cyfleoedd a gynigir drwy ddefnyddio cyfryngau cymdeithasol yn ystod achosion ac i hyrwyddo teuluoedd i dderbyn brechiad. Yna gellir ystyried yr adnoddau sydd eu hangen i gefnogi gweithgareddau o'r fath. Mae anghenion grwpiau sy'n fwy anodd eu cyrraedd a'r gwasanaethau imiwneiddio sy'n cael eu darparu yng Nghymru ar gyfer y grwpiau hyn yn cael eu hystyried hefyd fel y gall dulliau cyfathrebu gael eu teilwra i ddiwallu eu hanghenion cyn belled ag y bo modd. Cydnabyddir y bydd angen gwahanol ddulliau ar gyfer gwahanol grwpiau.

O ran y pwynt a gododd y Pwyllgor ynghylch effeithiolrwydd ac argaeledd gwasanaethau negeseuon testun yr ysgolion, rwy'n ysgrifennu at fy nghydweithiwr, y Gweinidog dros Addysg a Sgiliau, i weld a oes cynlluniau i ymestyn y gwasanaeth i bob ysgol ar draws Cymru. Byddaf yn rhoi'r diweddaraf i'r Pwyllgor maes o law.

Hyderaf y bydd fy atebion uchod yn rhoi sicrwydd pellach i'r Pwyllgor ynghylch y cwestiynau penodol a godwyd. Bydd Llywodraeth Cymru, Iechyd Cyhoeddus Cymru a'r byrddau iechyd yn parhau i gymryd pob cam angenrheidiol a phriodol i atal achosion tebyg rhag digwydd yn y dyfodol. Rwy'n croesawu cefnogaeth barhaus y Pwyllgor i gyflawni hyn.

Yn gywir

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

At: Y Pwyllgor Iechyd a Gofal Cymdeithasol

Gan: Gwasanaeth y Pwyllgorau Polisi a Deddfwriaeth

Dyddiad y cyfarfod: 25 Medi 2013

Blaenraglen Waith y Pwyllgor Iechyd a Gofal Cymdeithasol: Medi - Rhagfyr 2013

Diben

1. Mae'r papur hwn yn gwahodd yr Aelodau i nodi amserlen y Pwyllgor Iechyd a Gofal Cymdeithasol, sydd wedi'i atodi fel Atodiad A.

Cefndir

2. Yn Atodiad A, ceir copi o amserlen y Pwyllgor Iechyd a Gofal Cymdeithasol hyd at doriad y Nadolig.

3. Fe'i cyhoeddwyd i gynorthwyo Aelodau'r Cynulliad ac unrhyw aelodau o'r cyhoedd a hoffai wybod am flaenraglen waith y Pwyllgor. Bydd y Pwyllgor yn cyhoeddi dogfen o'r fath yn gyson.

4. Gall yr amserlen newid a gellir ei diwygio yn ôl disgresiwn y Pwyllgor pan fydd busnes perthnasol yn codi.

Argymhelliad

5. Gwahoddir y Pwyllgor i nodi'r rhaglen waith yn Atodiad A.

ATODIAD A

DYDD MERCHER 25 MEDI 2013

Bore yn unig

Gwaith craffu ar Adroddiad Blynyddol Comisiynydd Pobl Hŷn Cymru
Sesiwn dystiolaeth lafar

Trafodaeth ar flaenraglen waith y Pwyllgor
Trafodaeth breifat

Trafodaeth ynglŷn ag ymchwiliad y Pwyllgor i fynediad at dechnolegau meddygol yng Nghymru
Trafodaeth breifat

Memorandwm Cydsyniad Deddfwriaethol: Y Bil Gofal
Sesiwn friffio preifat

DYDD IAU 3 HYDREF 2013

Bore a phrynhawn

Cynlluniau i ad-drefnu gwasanaethau byrddau iechyd – Cynllun De Cymru
Sesiynau tystiolaeth lafar

Trafodaeth ar Gyllideb Ddrafft Llywodraeth Cymru 2014/15
Trafodaeth breifat

DYDD MERCHER 9 HYDREF 2013

Bore yn unig

Gofal heb ei drefnu – parodrwydd am y Gaeaf 2013/14
Sesiwn graffu gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol

DYDD IAU 17 HYDREF 2013

Bore a phrynhawn

Gwaith Arolygiaeth Gofal Iechyd Cymru
Sesiynau tystiolaeth lafar

ATODIAD A

Cyllideb ddrafft Llywodraeth Cymru 2014/15 – craffu ar Weinidogion
Sesiynau tystiolaeth lafar

DYDD MERCHER 23 HYDREF 2013

Bore yn unig

Ymchwiliad dilynol: lleihau'r risg o strôc
Sesiynau tystiolaeth lafar

Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)*
Sesiwn friffio preifat

Dydd Llun 28 Hydref – Dydd Sul 3 Tachwedd 2013: Toriad hanner tymor

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DYDD IAU 7 TACHWEDD 2013

Bore a phrynhawn

Gwaith Arolygiaeth Gofal Iechyd Cymru
Sesiynau tystiolaeth lafar

DYDD MERCHER 13 TACHWEDD 2013

Bore yn unig

Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)*
Trafodion Cyfnod 2

DYDD IAU 21 TACHWEDD 2013

Bore a phrynhawn

Mynediad at dechnolegau meddygol
Gweithgaredd cyswllt allanol (I'W GADARNHAU)

ATODIAD A

DYDD MERCHER 27 TACHWEDD 2013

Bore yn unig

Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)*
Trafodion Cyfnod 2

DYDD IAU 5 RHAGFYR 2013

Bore a phrynhawn

Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)*
Trafodion Cyfnod 2

DYDD MERCHER 11 RHAGFYR 2013

Bore yn unig

Y Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru)*
Trafodion Cyfnod 2

*Noder: Mae'r eitemau sydd wedi'u marcio â ser yn ddibynnol ar gytundeb y Cynulliad Cenedlaethol i egwyddorion cyffredinol Y Bil Gwasanaethau Cymdeithasol a Llesiant yn ystod y ddadl Cyfnod 1.

Mae cyfyngiadau ar y ddogfen hon

Yn rhinwedd paragraff(au) vii o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon