Pecyn dogfennau cyhoeddus

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 - y Senedd

Dyddiad:
Dydd Iau, 3 Hydref 2013

Amser:
09:15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Policy: 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 Cynlluniau i Ad-drefnu Gwasanaethau Byrddau Iechyd Lleol - Cynllun De Cymru: Rhaglen De Cymru (09:30 - 11:00) (Tudalennau 1 - 24)

Rhaglen De Cymru
- Paul Hollard, Cyfarwyddwr y Rhaglen
- Andrew Goodall, Prif Weithredwr Arweiniol
- Hamish Laing, Cyfarwyddwr Strategaeth Glinigol Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg / Aelod o Dîm Rhaglen De Cymru

(11.00 - 11.10 Egwyl)

3 Cynlluniau i Ad-drefnu Gwasanaethau Byrddau Iechyd Lleol - Cynllun De Cymru: Deoniaeth Cymru a'r Fforwm Clinigol Cenedlaethol (11:10 - 12:10) (Tudalennau 25 - 46)

Deoniaeth Cymru
- Yr Athro Peter Donnelly, Dirprwy Ddeon
- Dr Helen Fardy, Arweinydd Clinigol Ad-drefnu Gwasanaethau Pediatrig
- Dr Jeremy Gasson, Arweinydd Clinigol Ad-drefnu Gwasanaethau Obstetreg a

Gynaecoleg
- Dr Michael Obiako, Arweinydd Clinigol Ad-drefnu Gwasanaethau Meddygaeth Frys

Y Fforwm Clinigol Cenedlaethol
- Yr Athro Mike Harmer, Cadeirydd

4 Papurau i'w nodi (Tudalennau 47 - 49)

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Llythyr gan Ddirprwy Weinidog Gwasanaethau Cymdeithasol (Tudalennau 50 - 56)

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

6 Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Trafodaeth ar y drefn o ystyried trafodion Cyfnod 2 (12:10 – 12:25) (Tudalennau 57 - 61)

Sylwer: Bydd trafodion Cyfnod 2 o'r Bil hwn ond yn mynd yn eu blaen os y cytunir ar yr Egwyddorion Cyffredinol ar 8 Hydref 2013.

7 Trafodaeth ar waith allgymorth ar yr ymchwiliad ar fynediad at dechnolegau meddygol yng Nghymru (12:25 – 12:30) (Tudalennau 62 - 66)

(12.30 – 13.30 Egwyl)

8 Paratoi ar gyfer Cyllideb Ddrafft 2014–15 (13:30 – 15:00)
(Tudalennau 67 - 95)

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

GIG CYMRU NHS WALES

Together for Health:
South Wales Programme
Law yn Llaw at Iechyd:
Rhaglen De Cymru

RHAGLEN DE CYMRU
CYNNIG YSGRIFENEDIG I'R PWYLLGOR IECHYD A GOFAL CYMDEITHASOL
DYDD IAU 3 HYDREF 2013

Cefndir

Ym mis Tachwedd 2011, cyhoeddodd y Gweinidog dros Iechyd a Gofal Cymdeithasol ar y pryd y ddogfen bolisi "Law yn Llaw at Iechyd: Gweledigaeth 5 Mlynedd ar gyfer y GIG yng Nghymru". Roedd y ddogfen hon yn nodi gweledigaeth am ofal iechyd yng Nghymru a oedd yn herio'r GIG a'r cymunedau y mae'n eu gwasanaethu i ymdrechu i fod cystal â'r gorau yn y byd ac i anelu at gyflawni rhagoriaeth ym mhob man. Roedd y polisi'n disgrifio'r heriau pwysig y mae GIG Cymru'n eu hwynebu yn awr ac yn y blynyddoedd i ddod.

Law yn Llaw at Iechyd: Rhaglen De Cymru

Mae Rhaglen De Cymru (RhDC) yn rhan o'r ymateb gan Fyrddau Iechyd i greu cynlluniau ar gyfer gwasanaethau cynaliadwy ac fe'i sefydlwyd yn Ionawr 2012. Mae'r Rhaglen yn cynnwys pum Bwrdd Iechyd yn cynnwys Bwrdd Addysgu Iechyd Lleol Powys, er bod canolbwynt y cyflenwi yn y prif ysbytai mewn pedwar Bwrdd: Abertawe Bro Morgannwg, Aneurin Bevan, Caerdydd a'r Fro a Chwm Taf. Yn ogystal, mae Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru yn bartner llawn ar Fwrdd y Rhaglen ac yn Nhîm y Rhaglen. Dyma'r tro cyntaf yng Nghymru i gydweithredu o'r fath gael ei sefydlu i rannu heriau ar draws ffiniau bwrdd iechyd ac i ymateb yn gyfunol i freuder rhai o'n gwasanaethau clinigol pwysicaf. Mae'r Rhaglen yn seiliedig ar onestrwydd o fewn ac ar draws partneriaid RhDC a'r cyhoedd yr ydym yn eu gwasanaethu a phartneriaeth effeithiol gyda chlinigwyr a rhanddeiliaid eraill sy'n hollbwysig i gynllunio a chyflenwi'r gwasanaethau hyn. Mae gwrando ar ac ymateb i bryderon a godir gan glinigwyr ynghylch breuder gwasanaethau a'r gweithlu sydd ar gael ar gyfer y gwasanaethau hyn wedi bod yn ganolog i'n ffordd o weithio.

Nid yw'r rhaglen yn cynnwys pob gwasanaeth iechyd ar draws De Cymru ond mae'n gyfyngedig i wasanaethau sy'n frau yn nhermau'r gallu i gyflenwi modelau gofal diogel a chynaliadwy yn y dyfodol ac sy'n sylfaenol anghynaladwy mewn rhai ardaloedd.

Mae Rhaglen De Cymru'n canolbwyntio ar nifer o wasanaethau cymharol fach sy'n allweddol ond eto'n frau ac sy'n rhoi cyfrif am oddeutu 6% o wariant y GIG yn Ne Cymru.

- Gwasanaethau Mamolaeth dan arweiniad Ymgynghorwyr,
- Gwasanaethau Newydd-anedig dan arweiniad Ymgynghorwyr
- Gwasanaethau Cleifion Mewnol Pediatrig
- Gwasanaethau Meddygaeth Frys (Damweiniau ac Achosion Brys) dan arweiniad Ymgynghorwyr

Mae gan bob Bwrdd Iechyd gynllun ar gyfer y gwasanaethau y bydd yn eu darparu yn ei ardal ei hun. Mae'r cynlluniau hyn yn cynnwys datblygu gwasanaethau lleol, cydbwyso ac ehangu'r gwasanaethau sylfaenol a chymunedol a modelau gofal lleol amgen, integreiddio gwell gyda gwasanaethau cyhoeddus eraill, fel y gwasanaethau cymdeithasol, a rolau cyfleusterau lleol eraill yn y dyfodol.

Mae gwasanaethau sylfaenol a chymunedol effeithiol yn rhan allweddol o gynlluniau lleol pob Bwrdd Iechyd, a'u datblygu a'u ehangu yw sylfaen y Rhaglen hon ar gyfer ystyried patrwm gwasanaethau ysbyty arbenigol yn y dyfodol. Mae rhai Byrddau Iechyd o fewn y gydweithrediaeth wedi cynnal ymgynghoriadau gwasanaeth lleol ehangach ochr yn ochr â Rhaglen De Cymru, ac mae gan eraill gynlluniau cadarn sydd eisoes wedi eu datblygu ac yn cael eu gweithredu o fewn eu poblogaethau lleol.

Y Rhaglen

Prif nod y rhaglen yw helpu Byrddau Iechyd i ddatblygu barn a rennir ynghylch sut i greu patrwm cynaliadwy o wasanaethau i genedlaethau'r dyfodol ar draws De Cymru ar gyfer y gwasanaethau brau hyn.

Mae'r Rhaglen wedi dilyn proses pum cam:

1. Adolygu cyngor, arweiniad a thystiolaeth ynghylch sut y dylid trefnu'r gwasanaethau hyn i gynhyrchu'r gofal gorau i gleifion.
2. Profi'r cyngor, arweiniad a thystiolaeth hwn gyda meddygon, nyrsys, bydwragedd a therapyddion sy'n darparu gofal i bobl De Cymru ar hyn o bryd.
3. Crynhoi'r canfyddiadau a ddaw i'r amlwg a thrafod gyda'r cyhoedd.
4. Myfyrio ar y themâu sy'n codi o'r drafodaeth â'r cyhoedd.
5. Creu cynigion ar gyfer, ac ymgymryd ag, ymgynghoriad cyhoeddus ffurfiol yn unol â chanllawiau Llywodraeth Cymru.

Mae'r Rhaglen wedi casglu gwybodaeth am y gwasanaethau hyn ac anghenion y bobl sy'n eu defnyddio ac wedi edrych ar gyngor ac arweiniad ynghylch y ffyrdd gorau o drefnu gofal. Mae hyn wedi cynnwys edrych ar bolisïau Llywodraeth Cymru fel 'Gosod y Cyfeiriad' (Chwefror 2010) a 'Law yn Llaw at Iechyd' (Tachwedd 2011) ac adolygu cyngor cyrff proffesiynol fel y Colegau Brenhinol meddygol, nyrsio a bydwreigiaeth. Mae hefyd wedi edrych ar gyngor gan gyrff Cymreig a Phrydeinig sy'n ymwneud ag effeithiolrwydd ac effeithlonrwydd gwasanaethau cyhoeddus fel adroddiad Y Swyddfa Archwilio Genedlaethol "Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland" (Mehefin 2012) ac adroddiad Swyddfa Archwilio Cymru "Cyllid Iechyd" (Gorffennaf 2012).

Yn ogystal â hyn mae'r Rhaglen wedi ystyried tystiolaeth arall, yn genedlaethol ac yn rhyngwladol, sy'n ymdrin â chynllunio a datblygu modelau gwasanaeth cynaliadwy yn yr arbenigeddau perthnasol a sut y gall hyn effeithio ar ganlyniadau cleifion.

Egwyddorion y mae Rhaglen De Cymru wedi eu mabwysiadu

- Rhaglen gydweithredol ond pob Bwrdd Iechyd Lleol sy'n rhan ohono'n cadw sofraniaeth dros wneud penderfyniadau;
- Cynigion newid gwasanaeth yn seiliedig ar ansawdd, diogelwch a chynaliadwyedd;
- Bydd y Rhaglen ond yn canolbwyntio ar y materion hynny y mae'r Bwrdd wedi cytuno sydd angen ymdrin â nhw ar lefel ranbarthol. Bydd yr holl fanylion eraill e.e. gofal sylfaenol, gwasanaethau cymunedol a gwasanaethau ysbyty eraill, yn cael eu cynllunio a'u rheoli gan Fyrddau Iechyd unigol;
- Bydd gwaith y Rhaglen dan arweiniad clinigol ble bynnag y bo hynny'n bosib, ac yn ymgorffori ymrwymiad clinigol mor eang ag sy'n ymarferol;
- Er bod 'Law yn Llaw at Iechyd' yn cael ei ysgogi gan uchelgais am ansawdd gofal, bydd y sefyllfa economaidd ac ariannol hefyd yn gyd-destun arwyddocaol i'r Rhaglen hon. Gall gwasanaethau ond bod yn gynaliadwy os ydynt yn fforddiadwy.

Gwrando ar Feddygon, Bydwragedd, Nyrsys a Therapyddion

Penderfynodd Bwrdd y Rhaglen bod Rhaglen De Cymru'n galw am ffordd newydd o weithio gyda'r staff proffesiynol sy'n darparu gofal iechyd i gleifion mewn ysbytai a chymunedau ar draws De Cymru. Trefnwyd cyfres o gynadleddau ac uwchgynadleddau clinigol ym Mai a Mehefin 2012 i agor y Rhaglen. Daeth y digwyddiadau hyn a phobl at ei gilydd i drafod sut yr oedd y cyngor, arweiniad a thystiolaeth yn cyd-fynd â'u profiad uniongyrchol nhw o weithio i ddarparu'r gofal iechyd gorau i'r cleifion.

Gwahoddwyd cynrychiolwyr meddygon, bydwragedd, nyrsys a therapyddion o'r holl brif ysbytai ynghyd â chynrychiolwyr Ymarferwyr Cyffredinol. Ymunodd cynrychiolwyr o Gynghorau Iechyd Cymunedol ac uwch staff o Fyrddau Iechyd â nhw. Cymerodd dros 300 o bobl ran yn y digwyddiadau hyn, llawer ohonynt mewn dau neu dri digwyddiad. Nid yw hyn wedi digwydd ar y raddfa hon erioed o'r blaen ac rydym wedi gwerthfawrogi'r agwedd broffesiynol a welwyd a gonestrwydd y trafodaethau a ddigwyddodd. Mae'r agwedd hon wedi parhau a chynhaliwyd cynadleddau clinigol yn Chwefror a Mawrth 2013 a digwyddiad rhanddeiliaid ehangach yn Ebrill 2013.

Er mwyn ymchwilio'r materion clinigol o fewn pob maes arbenigol yn llawn, sefydlodd y Rhaglen Grwpiau Cyfeirio Clinigol (GCC) dan arweiniad Cyfarwyddwr Meddygol o un o'r Byrddau Iechyd oedd yn cymryd rhan ac yn cynnwys gweithwyr clinigol proffesiynol blaenllaw o bob rhan o Dde Cymru. Rôl bob GCC oedd ystyried y safonau clinigol oedd yn sail i'r gwasanaethau, y canlyniadau clinigol a ddylai gael eu cyflenwi, y model clinigol mwyaf addas ar gyfer cyflenwi a'r gweithlu angenrheidiol i gyflenwi'r modelau gofal newydd. Roedd y GCC hyn yn gweithredu y tu allan i, ond ochr yn ochr â threfniadau'r gynhadledd glinigol a chafwyd adborth ar gyfer cyd-glinigwyr a rhanddeiliaid eraill trwy gyfrwng y digwyddiadau mawr hyn.

Roedd canlyniadau argymhellion y GCC a gwaith yr uwchgynadleddau a chynadleddau clinigol yn awgrymu, er mwyn darparu gwasanaethau diogel, cynaliadwy i'r dyfodol, byddai angen i Dde Cymru ganoli elfennau arbenigol gwasanaethau mamolaeth, pediatrig, newydd-anedig a meddygaeth frys ar 4 neu 5 safle. Ni roddwyd ystyriaeth ar yr adeg hon i'r safleoedd unigol a allai gyflawni'r elfennau gwasanaeth hyn gan fod yr argymhellion yn seiliedig ar dystiolaeth glinigol ac ystyriaethau gweithlu ac nid daearyddiaeth.

Yn ogystal â'r egwyddorion a phrosesau sefydliadol, fel uchod, gweithiodd Bwrdd Rhaglen De Cymru'n agos gyda staff, clinigwyr, y cyhoedd a rhanddeiliaid allweddol eraill i ddatblygu a chytuno ar set o feini prawf buddion a fyddai'n cael ei mabwysiadu i ystyried y modelau darpariaeth gwasanaeth yn y dyfodol. Y meini prawf hyn oedd:

- Ansawdd
- Diogelwch
- Mynediad
- Tegwch
- Cynaliadwyedd
- Cydweddu strategol

Y farn gyfunol oedd yn penderfynu ar bwysoliad cyffredinol y meini prawf ac fe gymeradwywyd y meini prawf buddion gan bob Bwrdd Iechyd Lleol cyn eu cais i ddatblygu ac ysgogi'r opsiynau ar gyfer ymgynghoriad.

Ymgysylltu â rhanddeiliaid

Mae'r berthynas â'r Cynghorau Iechyd Cymuned sy'n cefnogi pob un o'r Byrddau Iechyd Lleol sy'n rhan o'r Rhaglen yn gryf iawn, gyda Chyfarwyddwyr Cynllunio, Prif Swyddogion Cynghorau Iechyd Cymuned a Chyfarwyddwr y Rhaglen yn cyfarfod yn rheolaidd. Anogwyd presenoldeb y Cynghorau Iechyd Cymuned fel arsylwyr hefyd ac mae eu safbwynt a'u craffu "cyhoeddus" trwy gydol y gwaith wedi bod yn gefnogol iawn ond hefyd yn briodol o heriol. Mae wedi bod yn bwysig iawn i'r holl bartïon adnabod a chynnal rôl annibynnol y Cynghorau Iechyd Cymuned trwy gydol y broses.

Gan adnabod yr heriau y mae'r Byrddau Iechyd Lleol yn Ne Cymru'n eu hwynebu, dechreuodd Bwrdd y Rhaglen ar adolygiad sylweddol o'u gwasanaethau. Dechreuodd gydag ymarfer gwrando ac ymgysylltu helaeth 'Cydweddu â'r Gorau yn y Byd' http://www.wales.nhs.uk/SWP/how-we-got-here

Digwyddodd hyn rhwng 26 Medi a 19 Rhagfyr 2012 a chanolbwyntiodd ar chwe senario posib – tri man penodol, Ysbyty Athrofaol Cymru, Caerdydd, Ysbyty Treforys, Abertawe a'r Ganolfan Gofal Arbenigol a Chritigol arfaethedig ger Cwmbrân, yn ogystal ag un neu ddau o'r ysbytai sy'n weddill – Ysbyty'r Tywysog Siarl, Merthyr Tudful, Ysbyty Brenhinol Morgannwg, Llantrisant; ac Ysbyty Tywysoges Cymru, Pen-y-bont ar Ogwr.

Nod cyffredinol y broses ymgysylltu a gwrando oedd hysbysu'r Byrddau Iechyd yn well trwy ddarparu cyfleoedd i staff, rhanddeiliaid a'r cyhoedd ddatgan eu syniadau ynglŷn â'r ffordd y mae rhai gwasanaethau iechyd arbenigol a brys yn cael eu darparu.

Yn y cyd-destun hwn, ar y cyd fe benododd y Byrddau Iechyd yn Ne Cymru Opinion Research Services (ORS) i gynllunio cwestiynau addas a rhoi cymorth iddynt reoli ac adrodd ar gasglu barn gan y cyhoedd a rhanddeiliaid.

Hefyd, cynhaliodd y Byrddau Iechyd Lleol nifer o gyfarfodydd gyda'r cyhoedd, staff a grwpiau rhanddeiliaid eraill i egluro'r cefndir, gwrando ar eu barn a deall eu pryderon.

Derbyniodd y Byrddau Iechyd nifer sylweddol o ymatebion ysgrifenedig hefyd fel rhan o'r broses gwrando ac ymgysylltu, a chafodd y rhain eu hystyried ar wahân yn ychwanegol i adborth yr holiadur.

Amlygodd canlyniad y broses ymgysylltu:

- Bod **mwyafrif sylweddol o blaid** y nodweddion a nodwyd gan y Byrddau Iechyd i sicrhau bod gwasanaethau iechyd yn gynaliadwy. Roedd y lefel uchel o gytundeb yn gyson ar draws y pum bwrdd iechyd.
- Roedd **mwyafrif llwyr o blaid** y patrwm o wasanaethau ysbyty oedd wedi ei argymell ar gyfer y dyfodol; gyda chanoli'r gwasanaethau arbenigol a brys mewn llai o ganolfannau fel y gellir darparu gofal gwell. Fodd bynnag, roedd ymatebion yn amrywio'n dibynnu ar leoliad gyda nifer o ymatebwyr yn pryderu ynghylch canoli, ac eisiau cadw gofal yn lleol, yn arbennig oherwydd pellter teithio a goblygiadau cost.
- Roedd **mwyafrif llwyr o blaid** teithio i dderbyn gofal gan dîm arbenigol yn hytrach na derbyn triniaeth mewn ysbyty lleol er bod ymatebion eto'n amrywio yn ôl ardal. Er bod rhai ymatebwyr yn cytuno, mewn egwyddor, bod teithio i dderbyn gwasanaethau arbenigol o ansawdd yn gwneud synnwyr, roedd eraill yn teimlo, yn ymarferol, y bydd angen gwella trafnidiaeth gyhoeddus, rhwydweithiau ffyrdd a pharcio.

Cafwyd **llai o gonsensws** ynghylch a ddylai rhai canolfannau gofal mewn argyfwng gael eu darparu mewn llai o ganolfannau yn hytrach na sicrhau bod pob canolfan yn darparu ystod lawn o wasanaethau. Ni chafwyd fawr ddim gwahaniaeth yn yr ymatebion yn ôl ardal Bwrdd Iechyd. Mae ymatebion pellach yn dangos bod ymatebwyr yn pryderu am gau Adrannau Damwain ac Achosion Brys ac eisiau cadw gofal brys yn lleol, yn ogystal â chymryd goblygiadau teithio i ystyriaeth.

Ymgymerwyd ag ystyriaeth bellach o'r chwe senario gwreiddiol rhwng Ionawr ac Ebrill 2013 cyn ymgynghoriad ffurfiol. Cafodd hyn ei lywio gan ganlyniadau'r broses ymgysylltu a thrwy gynadleddau clinigol a rhanddeiliaid pellach yn defnyddio'r meini prawf buddion cytûn. Canlyniad hyn oedd i ORS gyhoeddi'r gwaith hwn yn "Towards a Preferred Option" ar ran Bwrdd Rhaglen De Cymru oedd yn disgrifio'r dadansoddiad pellach yr ymgymerwyd ag ef. http://www.wales.nhs.uk/SWP/supporting-documents

Llywiodd yr adborth o'r ymrwymiad a'r gwaith pellach yr ymgymerwyd ag ef ddatblygiad y pedwar dewis ar gyfer ymgynghoriad cyhoeddus ffurfiol ac opsiwn "ffit gorau" a nodwyd gan Fwrdd y Rhaglen. Cafodd argymhellion Bwrdd y Rhaglen eu cymeradwyo ar gyfer ymgynghoriad gan bob un o'r Byrddau Iechyd, a chawsant eu cadarnhau gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, ar 22 Mai 2013

Ymgynghoriad Cyhoeddus Ffurfiol

Mae RhDC wedi dilyn 'Canllawiau ar gyfer Ymgysylltu ac Ymgynghori ar Newidiadau i Wasanaethau Iechyd' (Mawrth 2011) Llywodraeth Cymru ac mae'r Sefydliad Ymgynghori wedi darparu canllawiau ac wedi monitro'r ffordd y mae'r Rhaglen yn cydymffurfio â'r canllawiau hyn.

Dechreuodd yr ymgynghoriad ffurfiol ar 23 Mai 2013 a gorffennodd ar 19 Gorffennaf 2013. Cyn cyhoeddi dogfen yr ymgynghoriad ar y diwrnod hwnnw cynhaliodd arweinwyr y Rhaglen ddigwyddiad briffio gydag Aelodau'r Cynulliad (ACau) gyda chyflwyniad byr a sesiwn holi ac ateb agored. Roedd hyn yn cwblhau cyfres o drafodaethau gydag unigolion a grwpiau o ACau trwy gydol y broses o ymgysyllu i'r ymgynghoriad. Dilynwyd y digwyddiad briffio hwn gan sesiwn briffio'r wasg a'r cyfryngau ar yr un fformat cyn i bob Bwrdd gymeradwyo'r fframwaith ymgynghori a'r dogfennau ategol yn ddiweddarach y bore hwnnw.

Mae'r ymgynghoriad wedi bod ar sawl ffurf i roi'r cyfle gorau i'r cyhoedd a phartïon eraill â diddordeb allu ymgysylltu a chyfrannu at y drafodaeth ynghylch patrwm gwasanaethau ysbyty arbenigol yn y dyfodol. Cynhyrchwyd dogfen ymgynghorol ar dair ffurf yn Gymraeg a Saesneg - dogfen lawn, fersiwn gryno a fersiwn "Hawdd ei Darllen" - cafodd y ddogfen lawn a'r fersiwn gryno hefyd eu darparu ar sawl fformat yn cynnwys braille a Llyfrau Llafar. http://www.wales.nhs.uk/SWP/consultation-documents.

Mae'r Cynghorau Iechyd Cymuned ar draws De Cymru unwaith eto wedi hwyluso a chadeirio'r cyfarfodydd cyhoeddus a chynhaliwyd hanner cant o gyfarfodydd cyhoeddus agored unigol trwy ardal De Cymru dros y cyfnod o wyth wythnos gyda 2,331 o bobl yn mynychu. Roedd presenoldeb yn y cyfarfodydd yn amrywio rhwng cymunedau o fewn ardal Rhaglen De Cymru yn dibynnu beth oedd y cyhoedd yn ei feddwl byddai'r effaith ar eu gwasanaethau lleol. Yn ogystal â'r dogfennau ymgynghori, ategir y broses gan ddogfennau technegol manwl. http://www.wales.nhs.uk/SWP/supporting-documents.

Yn ogystal â'r cyfarfodydd cyhoeddus agored, cynhaliwyd trafodaethau ffocws gyda grwpiau cydraddoldeb penodol e.e. grwpiau Pobl Dduon a Lleiafrifoedd Ethnig, pobl ag amrywiaeth o anableddau, yr ifanc a'r henoed, yn ogystal â grwpiau eraill sy'n cael cymorth gan y Cynghorau Gwasanaethau Gwirfoddol ar draws De Cymru.

Hefyd, fel rhan o'r broses ymgysylltu helaeth, cynhaliwyd cyfarfodydd gyda, a gwnaed cyflwyniadau i, Aelodau'r Cynulliad ac Aelodau Seneddol, yn ogystal ag Awdurdodau Lleol a'u haelodau etholedig, Byrddau Gwasanaeth Lleol a fforymau eraill.

Mae'r diddordeb ymysg staff wedi bod yn sylweddol hefyd ac mae trafod gyda grwpiau staff, fforymau proffesiynol, Pwyllgorau Partneriaeth Lleol a Grwpiau Cyfeirio Rhanddeiliaid hefyd wedi chwarae rhan fawr yn Rhaglen De Cymru.

Cafwyd ymateb digyffelyb i'r ymgynghoriad gyda **59,726 ymateb** trwy gyfrwng yr holiadur agored (27,710), arolwg aelwydydd (820), llythyrau templed wedi eu llofnodi (24,303), deisebau (6,367 o lofnodion) a chyflwyniadau unigol (526) gan sefydliadau amrywiol fel y Colegau Brenhinol a'r Fforwm Clinigol Cenedlaethol a chan grwpiau proffesiynol eraill.

Mae Bwrdd Rhaglen De Cymru wedi comisiynu ORS eto i ymgymryd â dadansoddi'r ymatebion a choladu'r adborth a dderbyniwyd yn ystod y cyfnod ymgynghori. O ystyried lefel yr ymateb, mae Bwrdd Rhaglen De Cymru gyda chefnogaeth y Cynghorau Iechyd Cymuned wedi cytuno i ymestyn y cyfnod adolygu o fis er mwyn sicrhau ystyriaeth briodol i'r ymatebion cyn gwneud penderfyniad erbyn diwedd y flwyddyn galendr.

Mae'r Rhaglen wedi cynhyrchu diweddariadau rheolaidd ar gyfer y cyhoedd a rhanddeiliaid eraill trwy gydol y rhaglen a bydd y rhain yn parhau yn dilyn yr ymgynghoriad a'r adolygiad. http://www.wales.nhs.uk/SWP/press-releases-and-updates

Ystyried Cydraddoldeb

Mae Bwrdd Rhaglen De Cymru'n ystyriol o'r ddyletswydd statudol ar bob Bwrdd Iechyd yn unol â Dyletswydd Cydraddoldeb y Sector Cyhoeddus yng Nghymru 2011 ac, yn unol â hynny, mae asesiad effaith cydraddoldeb yn cael ei gynnal ar gynigion y Rhaglen. Cyhoeddwyd Dogfen Tystiolaeth Asesiad Effaith Cydraddoldeb ar wefan Rhaglen De Cymru pan gafodd yr ymgynghoriad ei lansio. Yn ystod y broses ymgynghori cynhaliwyd ystod eang o drafodaethau gyda grwpiau â diddordeb a fforymau allweddol ynghylch y cynigion. Yn ogystal, cafwyd cyfarfodydd a digwyddiadau wedi eu targedu'n benodol i sicrhau bod y Byrddau Iechyd yn rhoi pob cyfle i grwpiau cydraddoldeb ac amrywiaeth leisio barn ar y dewisiadau, nodi unrhyw effeithiau penodol oherwydd eu nodwedd warchodedig a nodi ffyrdd posibl o leihau neu gael gwared ar yr effeithiau hyn. Bydd dogfen tystiolaeth Asesiad Effaith Cydraddoldeb yn cael ei hadolygu a'i diweddaru yng ngoleuni'r adborth o'r ymatebion i'r ymgynghoriad a bydd yn elfen bwysig o'r broses gwneud penderfyniadau gan y Byrddau Iechyd yn nes ymlaen yn y flwyddyn.

Craffu a Chyngor Annibynnol

Ble bynnag y bu'n ymarferol a phosibl mae Bwrdd Rhaglen De Cymru wedi ceisio cyngor annibynnol arbenigol a phroffesiynol ar ystod o waith.

Y Sefydliad Ymgynghori

Mae RhDC wedi gweithio'n agos gyda'r Sefydliad Ymgynghori mewn perthynas â'r broses ymgysylltu ac ymgynghori. Mae'r Sefydliad wedi rhoi arweiniad a chyngor arbenigol ar arfer gorau i lywio ein ffordd o weithio a thrwy gynnal asesiad

cydymffurfio i gadarnhau bod y ffordd o weithio a fabwysiadwyd yn bodloni ei safonau caeth o ran ymgysylltu ac ymgynghori. Mae RhDC wedi bod yn destun adolygiadau carreg filltir allweddol gan y Sefydliad ac mae wedi cwblhau adolygiad canol tymor yn llwyddiannus yn ystod y cyfnod ymgynghori. Mae'r Rhaglen bellach wedi cydymffurfio'n llwyddiannus â cham 4 o broses 6 cham.

Prifysgol Caerdydd, Yr Ysgol Fathemateg
Cyn dechrau ar yr ymgynghoriad, ceisiodd Rhaglen De Cymru adolygiad annibynnol gan Ysgol Fathemateg, Prifysgol Caerdydd o'r fethodoleg a ddefnyddiwyd i asesu'r data fel y cafodd ei ddefnyddio ar gyfer y dewisiadau ar gyfer gwasanaethau'r dyfodol. Nododd ei adroddiad:

"Yn seiliedig ar fynediad i ddefnyddiau a gwybodaeth a ddarparwyd, mae gennym lefel uchel o hyder ym mhriodoldeb y dull modelu sylfaenol a dilysrwydd y canlyniadau."

Prifysgol Abertawe – Y Ganolfan Wybodaeth, Ymchwil a Gwerthuso Iechyd
Yn dilyn y broses ymgysylltu ac yn ystod yr ymgynghoriad cafodd y mater o drafnidiaeth gyhoeddus a'i phwysigrwydd yn cefnogi mynediad i wasanaethau ei atgyfnerthu. Comisiynodd RhDC Brifysgol Abertawe i ymgymryd ag ymarfer mapio o'r rhwydwaith drafnidiaeth bresennol ar draws De Cymru a mapio hyn yn erbyn pob un o'r dewisiadau a gynigiwyd o fewn yr ymgynghoriad cyhoeddus. Roedd hyn er mwyn canfod heriau presennol y rhwydwaith a chanfod y bylchau posibl o ran argaeledd trafnidiaeth gyhoeddus ym mhob un o'r dewisiadau arfaethedig. Bydd canlyniadau'r gwaith ymchwil hwn yn cael eu hystyried gan Fwrdd y Rhaglen cyn gwneud penderfyniad.

Opinion Research Services
Mae Opinion Research Services (ORS) wedi ymgymryd â'r gwaith o ddadansoddi a chyflwyno canfyddiadau'r ymgysylltu a'r ymateb i ymatebion yr ymgynghoriad ar ran RhDC. Sefydlwyd ORS ym 1988 o fewn Prifysgol Abertawe ac ar ôl deng mlynedd daeth yn gwmni deillio o'r Brifysgol gan gadw ei ogwydd tuag at ymchwil. Mae'n sefydliad ymchwil cymdeithasol uchel ei barch a rheoledig ac mae'n darparu dadansoddiad annibynnol o'r ymatebion a dderbyniwyd.

Canolfan ar gyfer Cydraddoldeb a Hawliau Dynol GIG Cymru
Mae Canolfan ar gyfer Cydraddoldeb a Hawliau Dynol GIG Cymru yn adnodd strategol i sefydliadau'r GIG sy'n eu helpu i ddatblygu gallu a medr i sicrhau eu bod yn gallu bodloni eu gofynion cydraddoldeb a hawliau dynol statudol, a'u bod yn dangos eu bod yn bodloni anghenion amrywiol cleifion a staff wrth gynllunio a chyflenwi gwasanaethau iechyd. Mae'r Ganolfan wedi cydweithio'n agos â RhDC i sicrhau ein bod yn gallu dangos ein bod yn bodloni ein rhwymedigaethau yn unol ag ysbryd ac anghenion y ddeddfwriaeth.

Adolygiad Gateway
Mae adolygiad Gateway o'r broses hyd yn hyn yn cael ei gynnal gan dîm annibynnol ar ddiwedd Medi 2013 a bydd canlyniad yr adolygiad hwn yn cael ei gyflwyno i'r Uwch-swyddog Cyfrifol a Bwrdd y Rhaglen ym mis Hydref.

Effaith ar Gynlluniau

Yn ystod nifer o gyfarfodydd ymgynghori, nododd aelodau'r cyhoedd bryder am y wybodaeth a ddefnyddiwyd i benderfynu ar y modelau a gyflwynwyd ar gyfer ymgynghoriad e.e. modelau llif cleifion ac effaith gwasanaethau cynnal fel trafnidiaeth a gwasanaethau gwybodaeth. Mae'r adborth hwn wedi ei ddefnyddio i lywio rhywfaint o waith ychwanegol sydd ar y gweill ar hyn o bryd ynghylch dadansoddiad llif diwygiedig yn seiliedig ar farn gyhoeddus a llif "naturiol", dadansoddiad pellach o'r rhwydwaith trafnidiaeth gyhoeddus ar draws De Cymru a'r angen i allu trosglwyddo gwybodaeth cleifion yn ddiogel rhwng byrddau iechyd a sefydliadau eraill. Bydd hyn yn cael ei ystyried gan Dîm y Rhaglen a Bwrdd y Rhaglen yn ystod mis Hydref a bydd yn cyfrannu ymhellach at y dystiolaeth ar gyfer gwneud penderfyniad gan y Byrddau Iechyd Lleol yn ddiweddarach eleni.

Y Berthynas â'r Ddeoniaeth a'r Fforwm Clinigol Cenedlaethol

Mae Deoniaeth Cymru'n aelod o'r Bwrdd Rhaglen ac yn cael ei gynrychioli gan y Deon neu'r Is-ddeon ym mhob cyfarfod. Hefyd mae arweinyddion deoniaeth yn aelodau o'r Grwpiau Cyfeirio Clinigol ac yn rhoi cyngor ar anghenion hyfforddiant ac addysg yn ymwneud â'r modelau a threfniadau clinigol yn y dyfodol. Mae arweinyddion ad-drefnu'r ddeoniaeth ar gyfer pediatreg ac obstetreg hefyd wedi rhoi cyflwyniadau arbennig i'r Prif Swyddogion Gweithredol, Cyfarwyddwyr Meddygol ac arweinyddion cynllunio ar batrwm addysg a hyfforddiant yn y meysydd arbenigol hyn yn y dyfodol.

Mewn perthynas â'r Fforwm Clinigol Cenedlaethol, mae RhDC wedi gwneud cyflwyniadau ffurfiol i'r Fforwm ar 16 Ionawr 2013 yn dilyn y cyfnod ymgysylltu ac eto ar 23 Ebrill a 15 Mai 2013 cyn lansio'r broses ymgynghoriad cyhoeddus ffurfiol. Mae'r Fforwm wedi cadarnhau cefnogaeth i'r newidiadau arfaethedig i wasanaethau yn Ne Cymru ac wedi cydnabod arweinyddiaeth sylweddol clinigwyr yn datblygu'r modelau gwasanaeth a dewisiadau dilynol. Mae'r fforwm wedi mynegi pryderon o ran effeithiau posibl ar wasanaethau gofal sylfaenol, y gweithlu sydd ar gael i gyflenwi model pum safle o wasanaethau arbenigol a'r angen i ddatblygu model gweithlu anfeddygol newydd ym mhob maes o'r GIG.

Y Camau Nesaf

Daeth ymgynghoriad Rhaglen De Cymru i ben ar 19 Gorffennaf 2013 ac mae ORS wrthi'n coladu'r ymatebion er mwyn datblygu adroddiad cynhwysfawr i Fwrdd Rhaglen De Cymru ei ystyried ym mis Hydref 2013. Mae'r gwaith o ystyried y dadansoddiad llif cleifion diwygiedig yn parhau, wedi ei lywio gan sylwadau'r cyhoedd yn ystod y cyfnod ymgynghori. Cynhelir cynhadledd glinigol arall ym mis Hydref i adrodd ar ganlyniad cychwynnol yr ymgynghoriad i'r staff clinigol sydd wedi cydweithio i ddatblygu'r modelau gwasanaeth a'r dewisiadau sydd wedi cael eu hystyried. Mae cyfarfodydd yn dal i gael eu cynnal bob pythefnos gyda'r Cynghorau Iechyd Cymuned ar draws De Cymru cyn gwneud penderfyniad erbyn diwedd y flwyddyn galendr hon.

Wales Deanery Deoniaeth Cymru

Tystiolaeth Ysgrifenedig gan Ddeoniaeth Cymru ar gyfer y Pwyllgor Iechyd a Gofal Cymdeithasol

1. Barn y Ddeoniaeth ar faterion staffio sy'n wynebu'r GIG yng Nghymru ar hyn o bryd:

Efallai ei bod yn bwysig gosod rôl Deoniaeth Cymru ('y Ddeoniaeth') mewn cyd-destun cyn dechrau cynnig sylwadau ar y cwestiynau a amlinellwyd yn yr ohebiaeth â'r Pwyllgor Iechyd a Gofal Cymdeithasol. Diben y Ddeoniaeth yw cefnogi, comisiynu a sicrhau ansawdd addysg a hyfforddiant i hyfforddeion, Ymarferwyr Cyffredinol, Deintyddion a Gweithwyr Proffesiynol Gofal Deintyddol yng Nghymru. Mae hyn yn cyfrif am oddeutu 2700 o feddygon dan hyfforddiant a 330 o hyfforddeion deintyddol yng Nghymru.

Mae'r Ddeoniaeth yn atebol i'r Cyngor Meddygol Cyffredinol (GMC) ac mae'n rhaid iddi sicrhau ei bod yn bodloni ei rhwymedigaethau ar gyfer lles ei hyfforddeion a chleifion yng Nghymru. Erbyn hyn, mae un set o safonau ar gyfer llwybr cyfan hyfforddiant meddygol i ôl-raddedigion, o'r Rhaglen Sylfaen i fyny at ddyfarnu Tystysgrif Cwblhau Hyfforddiant (CCT). Mae'r Ddogfen 'The Trainee Doctor,'[1] a gyhoeddwyd yn 2011, yn cynnwys y safonau y bydd y GMC yn dal deoniaethau ôl-raddedig yn gyfrifol amdanynt yn unol â Deddf Meddygol 1983.

Mae'r Ddeoniaeth yn darparu tystiolaeth yn rheolaidd i'r GMC y cydymffurfir â'r safonau hyn, er enghraifft Adroddiadau Blynyddol a Ffurflenni Data. Hefyd, mae'r GMC yn cynnal Ymweliad Arolygu Sicrhau Ansawdd â phob deoniaeth yn y DU, ac ym mis Tachwedd 2011 fu'r ymweliad diweddaraf yng Nghymru. Mae'r GMC hefyd yn cymeradwyo cwricwla a systemau asesu, a ddyfeisiwyd gan y Colegau Brenhinol Arbenigeddau, rhaglenni hyfforddi a swyddi.

O ganlyniad, mae'r Ddeoniaeth mewn sefyllfa lle gall ond gynnig sylwadau ar faterion yn ymwneud â recriwtio graddau hyfforddi, a ni sy'n rheoli'r broses ar gyfer GIG Cymru. Ni all y Ddeoniaeth gynnig sylwadau ar faterion staffio ar gyfer graddau nad ydynt yn raddau hyfforddi.

Yn dilyn methiant y Gwasanaeth Ymgeisio ar gyfer Hyfforddiant Meddygol (MTAS) yn 2007, mae'r broses i recriwtio i swyddi Hyfforddiant Arbenigol yn parhau i ddatblygu. Mae'r broses wedi'I symleiddio ledled y DU. Ar gyfer pob arbenigedd, mae hyfforddeion bellach yn gwneud cais i un porth mynediad ac yn nodi eu dewis maes. Mae'r broses hon wedi lleihau'n sylweddol nifer y ceisiadau y bydd pob Deoniaeth yn ymdrin â nhw; fodd bynnag, mae hyn bellach yn adlewyrchu'n fwy realistig nifer yr ymgeiswyr sy'n dymuno gwneud cais i Gymru am arbenigedd neu radd benodol.

Ledled y DU, mae anawsterau o ran recriwtio i rai arbenigeddau, sef Pediatreg, Seiciatreg, Arbenigeddau Meddygol Craidd ac Uwch a Meddygaeth Frys. Nid yw Cymru ar ei phen ei hun o ran ei hanawsterau yn llenwi rotâu yn yr arbenigeddau hyn; fodd bynnag, dylid nodi bod cyfraddau llenwi ar gyfer Cymru gryn dipyn yn is na'r cyfraddau ar draws Lloegr.

1. *Y Cyngor Meddygol Cyffredinol (2011) The Trainee Doctor, GMC*

Er enghraifft, ledled y DU, hysbysebwyd 269 o swyddi Meddygaeth Frys ar gyfer mis Awst 2013; derbyniodd 105 o hyfforddeion gynigion gan gynhyrchu cyfradd lenwi o 39%[2]. Hysbysebodd Cymru 8 o swyddi ar gyfer 2013, a dim ond un o'r swyddi hyn a gafodd ei llenwi.

Mae bylchau o ran recriwtio yn effeithio'n drwm ar rotâu, ac mae hynny wedyn yn rhoi gormod o bwysau gwasanaethau ar yr hyfforddeion, ar draul eu profiad addysgol. Argymhelliad y Ddeoniaeth, ar sail canfyddiadau o Adroddiad Temple[3], yw y dylai rotâu hyfforddi gynnwys 11 o gyfranogwyr er mwyn osgoi bod mewn sefyllfa fregus yn sgil bylchau recriwtio, hyfforddiant llai nag amser llawn, absenoldeb salwch, cyfleoedd hyfforddi y tu allan i raglen ac absenoldeb mamolaeth. Gall cyfranogwyr gynnwys hyfforddeion, meddygon graddau nad ydynt yn raddau hyfforddi, ac er enghraifft, lle bo'n briodol, ymarferwyr uwch. Dylai'r ymagwedd hon ddarparu rhaglenni hyfforddi cynaliadwy i Gymru i'r dyfodol.

Ar gyfer y rhan fwyaf o arbenigeddau, caiff hyfforddeion eu gosod ar draws 15 o Unedau yng Nghymru lle mae rotâu yn cynnwys llai nag 11 o gyfranogwyr. Golyga hyn felly bod ein hyfforddeion yn yr arbenigeddau hyn wedi'u lledaenu'n rhy denau ar draws gormod o ysbytai.

Er mwyn cydymffurfio â safonau'r GMC o ran hyfforddiant a gofynion y Cwricwla Arbenigeddau unigol, mae angen i hyfforddeion gael y profiad perthnasol gyda chleifion, a gweld hyd a lled ymgyflwyniadau a rheolaeth ar gleifion sâl. Mae hyn yn golygu nad oes modd rhoi hyfforddeion ym mhob adran ym mhob ysbyty ledled Cymru, gan fod y cyfleoedd hyfforddi a gynigir iddynt yn ystod eu cyfnod hyfforddi cymharol fyr yn annigonol i fodloni gofynion y cwricwla. Os yw hyfforddeion yn methu â bodloni gofynion cwricwla, maent yn methu â symud ymlaen i'r lefel hyfforddi nesaf, maent yn fwy tebygol o fethu arholiadau'r Coleg Brenhinol a bydd hyn yn ei dro yn arwain at Gymru yn cael enw gwael yn gynyddol am hyfforddiant, sy'n effeithio ar ein hatyniad ar gyfer cylchoedd recriwtio yn y dyfodol.

Mae tensiwn bob amser rhwng darparu gwasanaethau ac addysg o fewn y GIG, ac mae'n hanfodol bwysig ein bod yn taro'r cydbwysedd cywir rhwng ein hyfforddeion yn dysgu yn y gweithle a gwneud cyfraniad at ddarparu gwasanaethau, ond gan sicrhau eu bod yn y bôn yn cael yr hyfforddiant gorau posibl. Er mwyn sicrhau darparu meddygon o safon uchel yn y dyfodol i gyflwyno gofal cleifion diogel yng Nghymru, mae angen i hyfforddeion gael amser wedi'i neilltuo ar gyfer eu haddysg er mwyn eu galluogi i gyflawni'r llwyddiant gofynnol yn arholiadau'r Coleg Brenhinol a symud ymlaen yn hwylus drwy eu rhaglen hyfforddi.

2. Y ffordd orau o esbonio anawsterau staffio:

Y drefn orau yw parhau i ganolbwyntio ar yr anawsterau yr ydym yn eu hwynebu o ran recriwtio meddygon iau, yng Nghymru yn y lle cyntaf. Mae'r GIG yng Nghymru wedi dibynnu gormod ar bresenoldeb meddygon iau i ddarparu gwasanaethau, yn

[2] Health Education England – Specialty Training 2013 Recruitment Fill rates. Gorffennaf 2013.
[3] *Temple, J (2010). Time for Training. Adolygiad o effaith y Gyfarwyddeb Oriau Gwaith Ewropeaidd ar ansawdd hyfforddiant*

dyddio 'nôl flynyddoedd lawer. Fe wnaeth y Gyfarwyddeb Oriau Gwaith Ewropeaidd yn 2005 leihau nifer yr oriau a oedd ar gael i feddygon weithio i 56 yr wythnos, a'r unig ffordd y gallai'r gwasanaeth ymdopi â'r lleihad hwn oedd cynyddu nifer y meddygon iau. Yn anffodus, yng Nghymru bu cryn gynnydd yn nifer y swyddi i Uwch-swyddogion Preswyl (gelwir yn hyfforddiant craidd erbyn hyn) ar draws pob un o'r Ymddiriedolaethau er mwyn sicrhau bod y rotâu'n cydymffurfio. Cafodd hyn effaith ganlyniadol niweidiol ar recriwtio i hyfforddiant arbenigeddau uwch yng Nghymru, gan y golygai bod ein cymarebau cystadleuaeth yn mynd o hyfforddiant craidd i hyfforddiant uwch yn anghyson â gweddill y DU.

Wrth benderfynu ar ba arbenigedd ac ardal i wneud cais iddynt ar gyfer hyfforddiant Arbenigol, gall ymgeiswyr gael gwybodaeth o ffynonellau amrywiol erbyn hyn. Ar gyfer ymgeiswyr heddiw, mae cyfleoedd i gamu ymlaen yn eich gyrfa yn ffactor pwysig. Po fwyaf o swyddi craidd sydd ar gael o gymharu â swyddi uwch, y lleiaf tebygol yw hi y bydd hyfforddai yn symud ymlaen o hyfforddiant craidd i hyfforddiant uwch. Er enghraifft, yn 2013 fe wnaeth cymarebau ymgeiswyr i swyddi ar gyfer arbenigeddau llawfeddygol uwch gyrraedd uchafbwynt ar 17 o ymgeiswyr fesul swydd yn cael ei hysbysebu. Mae'r wybodaeth hon yn hysbys i hyfforddeion; gellir ei holrhain ac mae ar gael ar y we.

Yn sgil blynyddoedd olynol gyda swyddi gweigion, mae paneli recriwtio wedi gostwng y trothwy goddefiant gan arwain at benodedigion o safon is. Mae'r meddygon hyn yn cael anhawster llwyddo yn arholiadau'r Coleg Brenhinol; mae tablau cynghrair yn cael eu cyhoeddi ar gyfer y rhain, ac maent at gael ar y we ledled y DU; mae hyn eto yn ffactor negyddol wrth ymgeisio i ardal gyda chyfraddau llwyddo isel. Cefnogir hyn gan dystiolaeth o adolygiadau blynyddol o gynnydd hyfforddeion. Yn 2012, roedd cynnydd o 35% yn nifer yr hyfforddeion yr oedd angen estyniad ffurfiol i hyfforddiant arnynt o ganlyniad i fethiant i symud ymlaen, ac fe wnaeth nifer yr hyfforddeion a dynnwyd allan o hyfforddiant gynyddu 44%.

Newidiodd y rheolau mewnfudo yn 2007 a ataliodd nifer sylweddol o raddedigion meddygol rhyngwladol rhag dod i mewn i Gymru. Cyn hynny, gwasanaethwyd Cymru yn dda gan nifer fawr o raddedigion meddygol rhyngwladol a oedd gan amlaf yn help mawr o ran darparu gwasanaethau, ac nid oeddent mewn swyddi hyfforddi. Yn 2008, derbyniodd Cymru geisiadau gan 1466 o raddedigion meddygol rhyngwladol; yn 2012, derbyniodd y DU gyfan geisiadau gan 1777. Wrth droi'r ffynhonnell draddodiadol hon o feddygon i ffwrdd, roedd Cymru unwaith eto yn or-ddibynnol ar bresenoldeb hyfforddeion i ddarparu gwasanaethau.

Mae materion eraill hefyd nad ydynt yn gwneud Cymru yn lle deniadol o ran ymgeisio am waith a hyfforddiant, ac mae daearyddiaeth yn un mater nodedig. Mae ymgeiswyr yn pryderu pan fyddant yn symud i Gymru y gall fod rhaid iddynt gylchdroi dros bellteroedd mawr, er mwyn cwblhau eu hyfforddiant. Er nad ydym, ar y cyfan, yn cael unrhyw broblem o ran llenwi'r ysbytai ar hyd coridor yr M4, rydym yn cael anawsterau cynyddol yn recriwtio i Orllewin Cymru a Gogledd Cymru. Rydym wedi ceisio mynd i'r afael â'r mater hwn gyda Gogledd Cymru trwy gysylltu â Deoniaeth Mersi i drefnu cylchdroadau nad ydynt mwyach yn mynnu bod yr hyfforddeion yn teithio i Dde Cymru i gael y profiadau angenrheidiol i fodloni gofynion y cwricwlwm. Rydym felly yn gobeithio cynnal cylchdroadau ar draws Gogledd Cymru, ond cymer hyn gryn amser i ymsefydlu'n iawn.

Mae canfyddiadau eraill gan hyfforddeion, ac yn wir staff eraill, o ran dod i Gymru. Un yw camddeall yr angen i allu siarad Cymraeg, ac yn wir adroddwyd bod rhai pobl yn meddwl bod gennym arian cyfred gwahanol i weddill y DU.

Mae'r gronfa cyflogaeth feddygol yn datblygu. Fe wnaeth nifer y graddedigion yn y DU gynyddu 76% yn y 10 mlynedd hyd at 2006, ac roedd dwy ran o dair o'r rheiny yn ferched. Ar hyn o bryd, mae 52% o'r holl hyfforddeion yng Nghymru yn ferched. Mae'r galw am hyfforddiant llai nag amser llawn, naill ai oherwydd afiechyd neu anabledd, neu o ganlyniad i gyfrifoldebau gofalu naill ai am blant neu ddibynyddion, wedi codi o 87 yn 2007 i 232 yn 2013. Ar hyn o bryd, mae 232 o hyfforddeion yn gweithio'n rhan-amser, a rhagwelir y bydd 22 arall yn dechrau erbyn diwedd 2013. Mae hyn yn gyfwerth ag oddeutu 8% o'r hyfforddeion yng Nghymru.

Hyd yn hyn yn 2013, mae 106 o hyfforddeion wedi cymryd absenoldeb mamolaeth, ac mae 56% o'r rhain wedi dychwelyd i'r gwaith yn rhan-amser. Yn ystod rhaglen hyfforddi gyfartalog, gall hyfforddeion gymryd absenoldeb mamolaeth fwy nag unwaith, a gallant weithio bob yn ail rhwng cyflogaeth lawn a chyflogaeth lai nag amser llawn.

Mae data gweithlu GIG Cymru yn dangos nad yw benyweiddio'r gweithlu wedi cael effaith lawn ar y GIG eto, ac mae mwy o ferched i gyrraedd eto yn y blynyddoedd gradd ganol o ran gwasanaeth a hyfforddiant.

O ran strategaeth farchnata, mae'n annhebygol iawn y byddai gan fwyafrif y bobl sy'n ymgeisio am swyddi ddealltwriaeth go iawn o ble yn union yn ddaearyddol y mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr nac yn wir Bwrdd Iechyd Hywel Dda. Mae cyfleoedd addysgol rhagorol ar gael gan y ddau, ac maent yn lleoliadau hardd i gael eich lleoli ynddynt a byw ynddynt er mwyn sicrhau cydbwysedd rhagorol rhwng bywyd a gwaith, ond nid yw buddion y lleoliadau hyn wedi cael eu hyrwyddo i'r eithaf.

Mae'n bwysig tynnu sylw at y ffaith fod recriwtio a chadw hyfforddeion Ymarfer Cyffredinol (GP) yn broblem yng Nghymru. Hyn ar adeg pan fo darpariaeth Ymarfer Cyffredinol yn gynyddol allweddol i wasanaeth iechyd modern integredig. Mae patrymau tebyg yn bodoli, lle nad yw dewisiadau hyfforddeion yn cynnwys Gogledd Cymru na Gorllewin Cymru.

1. Sut orau i fynd i'r afael ag anawsterau staffio yng Nghymru:

Yr agwedd bwysicaf ar gyfer denu a chadw meddygon dan hyfforddiant yng Nghymru yw gwella'r profiad hyfforddi iddynt pan fyddant yn y wlad. Golyga hyn dibynnu llai ar eu presenoldeb ar gyfer darparu gwasanaethau, a chontractau addysgol cytûn gyda'u hawdurdodau cyflogi, yn hytrach na'u contract presennol sy'n fwy seiliedig ar ddarparu gwasanaethau. Mae angen amser wedi'i neilltuo ar gyfer addysg ar hyfforddeion yn ystod yr wythnos waith i fynychu ystafell llawdriniaeth neu glinigau cleifion allanol, a chymryd amser astudio.

Mae angen proffesiynoli rôl goruchwylwyr addysgol. Gellir cyflawni hyn gan y cytundeb Goruchwyliwr Addysgol y mae'r Ddeoniaeth yn ei roi ar waith ar draws pob un o'r Byrddau Iechyd. Mae'n amlinellu cytundeb rhwng goruchwylwyr addysgol, Byrddau/Ymddiriedolaethau Iechyd a'r Ddeoniaeth, gan ddiffinio rolau a chyfrifoldebau ar gyfer darparu goruchwyliaeth addysgol. Bydd cynnwys

goruchwyliaeth addysgol fel rhan o'r broses arfarnu, gyda goruchwylwyr yn ymrwymo i wella'u sgiliau trwy ddatblygiad proffesiynol parhaus yn y rôl, yn arwain at brofiadau addysgol gwell i hyfforddeion.

Cred y Ddeoniaeth hefyd y dylai hyfforddiant gael ei gynnal ar lai o safleoedd er mwyn galluogi màs critigol o hyfforddeion. Bydd hyn yn sicrhau bod hyfforddeion yn cael digon o brofiad clinigol, bod eu rotâu ar gyfer gwasanaeth y tu allan i oriau yn gadarn gydag ymrwymiad y tu allan i oriau o 1 mewn 11 fan lleiaf, ac yn sicrhau y byddant yn cael amser wedi'i neilltuo yn ystod y diwrnod gwaith ar gyfer addysg, i fynychu clinigau cleifion allanol a chael amser ystafell llawdriniaeth o fewn yr arbenigeddau crefft. Credwn y bydd hyn yn gwella eu profiad, yn gwella cyfraddau llwyddo mewn arholiadau ac yn gwella gofal i gleifion.

Hyd yn hyn, mae'r Ddeoniaeth wedi cyflwyno nifer o fentrau i gynorthwyo recriwtio a chyfraddau cadw ledled Cymru. Mewn rhai arbenigeddau, mae'r Ddeoniaeth wedi lleihau nifer y swyddi cyfnod penodol. Mae'r swyddi anneniadol hyn wedi'u troi yn swyddi cynaliadwy tymor hir sy'n cynnig y sicrwydd sydd ei angen ar hyfforddeion.

Mae'r Ddeoniaeth wedi datblygu Cofnod Academaidd Clinigol Cymru sy'n darparu rhaglen unigryw 8 mlynedd gyda ffocws cyfartal ar hyfforddiant clinigol ac academaidd. Mae hon yn rhaglen boblogaidd iawn sy'n denu ac yn cadw hyfforddeion o safon uchel yng Nghymru.

Mewn rhai arbenigeddau, rydym wedi cychwyn a chynnal peilot o flynyddoedd ychwanegol er mwyn cynnig cyfleoedd i feddygon gryfhau eu profiad hyfforddi a'u paratoi'n well i gystadlu ar gyfer hyfforddiant uwch.

Mae'r Ddeoniaeth wedi ymrwymo hefyd i leihau nifer y swyddi hyfforddiant craidd mewn arbenigeddau sydd â chymarebau cystadlu arbennig o uchel, er mwyn sicrhau eu bod yn fwy cyson â chyfleoedd hyfforddiant uwch. Mae'r swyddi hyn naill ai wedi'u troi yn hyfforddiant uwch o fewn yr arbenigedd hwnnw, neu defnyddiwyd y cyllid i ddatblygu swyddi mewn arbenigeddau newydd datblygol, fel Meddygaeth Frys Cyn-Ysbyty, Meddygaeth Gofal Dwys, Meddygaeth Strôc a datblygu'r rhaglen Cymrawd Arweinyddiaeth Glinigol a fydd yn cefnogi dilyniant gyrfa a dysgu gydol oes ar gyfer arweinwyr meddygol a deintyddol uchelgeisiol. Cred y Ddeoniaeth y bydd buddsoddi yn yr arbenigeddau hyn yn dangos Cymru mewn golau cadarnhaol mewn perthynas â gweddill y DU.

Mae mentrau eraill yn cynnwys Prosiect iDoc Rhaglen Sylfaen Cymru Gyfan sy'n darparu dyfais ffôn clyfar i feddygon dan hyfforddiant i alluogi mynediad at wybodaeth feddygol gywir er mwyn cynorthwyo cyflwyno gwybodaeth glinigol a dysgu mewn union bryd [just-in-time learning].

Yn 2009, lansiwyd y Gwobrau Goruchwyliwr a Hyfforddwr Addysgol Gorau gan y Ddeoniaeth, gyda'r nod o sicrhau rhagoriaeth mewn hyfforddiant meddygol trwy ddatblygu a chefnogi goruchwylwyr addysgol a chlinigol o ansawdd uchel ar hyd a lled Cymru. Mae'r gwobrau blynyddol hyn wedi mynd o nerth i nerth ac maent yn fodel a ddilynir gan ddeoniaethau eraill ledled y DU.

Mae Gwasanaeth Gwybodaeth Iechyd ac Estyniad Llyfrgelloedd Cymru Gyfan (AWHILES), sy'n unigryw i Gymru, yn darparu mynediad i feddygon a deintyddion pob gradd hyfforddi at gyfleusterau ôl-raddedig a chymorth addysgol o ansawdd

uchel fel eu bod yn gallu cyflawni eu potensial wrth ddarparu gwasanaethau i'r GIG yng Nghymru.

Mae'r Ddeoniaeth yn cydnabod y dylid tynnu sylw darpar ymgeiswyr at y nifer fawr iawn o agweddau cadarnhaol ar hyfforddiant yng Nghymru. Mae'r Ddeoniaeth yn hyrwyddo 'Hyfforddiant yng Nghymru' mewn amryw o ffeiriau gyrfaoedd meddygol ar hyd a lled y wlad. Mae'r Ddeoniaeth yn cydnabod, fodd bynnag, bod angen gwneud mwy o waith i bwysleisio'r cyfleusterau ymchwil rhagorol ac uchel eu parch, yr hyfforddwyr rhagorol a'r cyfleusterau addysgu a hyfforddi rhagorol sydd ar gael ledled Cymru.

Yn 2012, roedd Uned Cefnogaeth Broffesiynol y Ddeoniaeth, y mae ei gwaith yn cefnogi datblygiad meddygon a deintyddion, yn yr ail safle yng Ngwobrau Rhagoriaeth y Gymdeithas Rheoli Pobl Gofal Iechyd (HPMA) o dan y categori: gwobr Perfformiad Gofal Iechyd am y strategaeth hyfforddiant a datblygiad personol orau. Cafodd yr Uned Cefnogaeth Broffesiynol ei chymeradwyo ar fod yn gyflwyniad cyntaf gan Ddeoniaeth yn y DU ar gyfer gwobrau HPMA.

Mae'r Ddeoniaeth yn parhau i roi cyhoeddusrwydd hyd eithaf ei gallu i ansawdd hyfforddiant yng Nghymru, ac yn 2012 enillodd Wobr y Ffederasiwn Menywod Meddygol am fod y Ddeoniaeth fwyaf Gyfeillgar i Deuluoedd yn y DU. Dyma'r ail flwyddyn yn olynol i ni fod yn enillydd llwyr y wobr honno, ac mae'n adlewyrchiad o'n hymrwymiad i ddarparu nid yn unig yr hyfforddiant gorau posibl i hyfforddeion yma yng Nghymru, ond i gynnig cydbwysedd cadarnhaol rhwng bywyd a gwaith hefyd er mwyn hyrwyddo cadw meddygon sy'n dod i Gymru.

Cydweithia'r Ddeoniaeth yn agos ag Ysgolion Meddygol a Chlinigol ledled Cymru. Law yn llaw ag Ysgol Feddygaeth Prifysgol Caerdydd, mae'r Ddeoniaeth yn chwarae rhan flaenllaw yn cydgordio blwyddyn olaf meddygaeth israddedig gyda'r flwyddyn gyntaf Sylfaen. Nod y fenter hon yw sicrhau bod meddygon sydd newydd gymhwyso, pan fyddant yn graddio, yn addas i'r diben ar gyfer eu rôl yn y GIG a'u bod yn gymwys ac yn hyderus yn glinigol.

2. I ba raddau y mae'r aildrefnu arfaethedig presennol i wasanaethau yn cael ei ysgogi gan yr angen i ymateb i heriau staffio?

Mae'r Ddeoniaeth wedi gweithio'n agos â phob un o'r Byrddau Iechyd mewn perthynas â'u cynlluniau i aildrefnu gwasanaethau. Dechreuodd cynlluniau aildrefnu hyfforddiant y Ddeoniaeth ei hun ar 1 Mawrth 2010, ac roedd hynny cyn y problemau aildrefnu gwasanaethau yr ydym bellach yn eu hwynebu. Amlinellwyd y sail resymegol y tu ôl i aildrefnu hyfforddiant yn barod, o ran llai o safleoedd, rotâu cynaliadwy, amser addysgu wedi'i neilltuo a llai o ddibynnu ar hyfforddeion i ddarparu gwasanaethau.

Yn amlwg, gyda nifer y meddygon sy'n hyfforddi, nid ydynt yn cyfrannu'n sylweddol at gyflwyno gwasanaethau o hyd. Yr allwedd i Gymru yw taro'r cydbwysedd iawn, ac mae hynny'n anhawster ledled y DU. Er bod y Ddeoniaeth wedi tynnu sylw at yr angen i gynnal hyfforddiant ar lai o safleoedd, nid ydym erioed wedi rhoi cyfarwyddyd i unrhyw un o'r Byrddau Iechyd o ran ar ba safleoedd y credwn y dylid cynnal

hyfforddiant, gan mai'r gwasanaeth sydd i benderfynu ar union fanylion aildrefnu'r ddarpariaeth gwasanaethau ar gyfer Cymru.

Mae cysylltiad y Ddeoniaeth â'r Byrddau Iechyd, a'r cynlluniau cyfredol yr ydym wedi'u gweld (trefnir ein bod yn cael cyfarfodydd ymgysylltu parhaus gyda phob un o'r Byrddau Iechyd yng Nghymru, mae gennym gynrychiolaeth ar Fwrdd Rhaglenni De Cymru a'r Fforwm Clinigol Cenedlaethol) yn awgrymu y bydd aildrefnu gwasanaethau yn creu budd mawr o ran gofal cleifion a darparu gofal. Cred y Ddeoniaeth y caiff hyn effaith gadarnhaol ar hyfforddiant, recriwtio a chadw meddygon, y gobeithiwn eu cadw yng Nghymru fel gweithlu'r dyfodol, yn cyflwyno'r gofal gorau posibl i'n cleifion.

Er ein bod yn sylweddoli bod y Byrddau Iechyd yn gweithio yn ôl amserlen benodol, credwn fod aildrefnu hyfforddiant mewn rhai arbenigeddau yn debygol o ddigwydd cyn y raddfa amser sy'n cael ei phennu ar gyfer aildrefnu gwasanaethau. Mae hyn yn arbennig o berthnasol ym maes Pediatreg, Meddygaeth Frys a Seiciatreg, lle nad oes digon o feddygon yn hyfforddi ar hyn o bryd i gydymffurfio â'r holl rotâu nac yn wir i sicrhau eu bod yn cael yr hyfforddiant gorau posibl yn y safleoedd gorau posibl ar draws Cymru.
Rydym wedi ymrwymo i weithio gyda'r Byrddau Iechyd, yn enwedig pan fo'u cynlluniau i aildrefnu gwasanaethau yn seiliedig ar bresenoldeb hyfforddeion, er mwyn sicrhau bod yr hyfforddeion yn cael yr addysgu a'r hyfforddiant gorau posibl, a'n bod ni'n darparu'r gofal gorau posibl i gleifion.

Rydym yn ddiolchgar iawn am y cyfle i gyflwyno ein cynlluniau a'n syniadau yn ymwneud ag anghenion hyfforddi meddygon a deintyddion yng Nghymru, a'r effaith gadarnhaol y gall y rhain ei chael ar gyflwyno gwasanaethau nawr ac yn y dyfodol, er mwyn sicrhau'r safonau gofal gorau posibl i'n cleifion.

3. I ba raddau y mae'r cynlluniau aildrefnu gwasanaethau presennol yn bodloni'r her staffio.

Mae'r opsiwn a ffefrir, fel y'i disgrifir yn ymarferiad ymgynghori Bwrdd Rhaglenni De Cymru, yn gyffredinol yn cynllunio yn ôl y trefniadau arfaethedig i aildrefnu hyfforddiant yn ardal De Cymru. Yn hanfodol, bydd nifer lai o unedau hyfforddi lle gellir atgyfnerthu meddygon dan hyfforddiant a darparu gwasanaeth ar alwad 24/7 yn galluogi rotâu cynaliadwy a diogel; fodd bynnag, mae'n rhaid i ni bwysleisio na ellir dibynnu ar hyfforddeion ar eu pennau'u hunain i ddarparu gwasanaeth y tu allan i oriau ar gyfer pob un o'r unedau hyn, a bydd angen cynnydd mewn graddau nad ydynt yn raddau hyfforddi. Hefyd, bydd y rotâu hyn yn galluogi hyfforddeion i gael mynediad at brofiadau academaidd ac addysgu a fydd yn gwella eu canfyddiad cyffredinol o'u dysgu o fewn GIG Cymru. Drwy alluogi hyfforddeion i fynychu cyfleoedd addysgol, bydd hyn yn eu helpu i baratoi ar gyfer arholiadau'r Coleg Brenhinol, sy'n ddangosydd perfformiad allweddol.

Mae'r Ddeoniaeth yn cynnal trafodaethau ffurfiol rheolaidd â'r Byrddau Iechyd, ac ynddynt archwilir y cynnig i symud at fodel hyfforddi 'both ac adenydd' lle bydd hyfforddeion yn ymgymryd â'r rhan fwyaf o'u gwaith a'u dyletswyddau y tu allan i oriau yn yr ysbyty 'both', a bydd gwaith 9-5 yn ystod y dydd, gwaith dewisol neu waith clinig sy'n bodloni'r gofynion cwricwlwm yn digwydd yn yr ysbyty 'adenydd'. Mae Deoniaeth Cymru wedi dweud yn eglur iawn ar ddechrau aildrefnu gwasanaethau na fyddem yn pennu nac yn enwi unrhyw ysbytai penodol a fyddai yn foth 24/7 na'r adenydd. Y Byrddau Iechyd biau'r penderfyniad hwn. Rydym wedi

dweud yn eglur nad yw nifer lai o unedau hyfforddi yn gwahardd unrhyw Fwrdd Iechyd rhag gwneud penderfyniad i ddatblygu neu gynnal gwasanaethau clinigol presennol, ond bod rhaid i hyn fod ar y sail nad oes meddygon dan hyfforddiant ar gael 24/7 o angenrheidrwydd i ddarparu'r gwasanaethau hynny. Mae'r Ddeoniaeth wedi dweud yn glir wrth bob un o'r Byrddau Iechyd ein bod yn cefnogi model both ac adenydd lle gall yr ysbytai o fewn y trefniant adenydd ddarparu profiad addysgol yn ystod y dydd, cyhyd â bod hynny'n cyfateb i ofynion cwricwlwm yr hyfforddeion.

Dylai Rhaglen De Cymru ystyried y newidiadau posibl i strwythur addysg a hyfforddiant meddygol ôl-raddedig a'r effaith y gallai hyn ei chael ar gyflwyno gwasanaethau, yn fwy penodol, adolygiad *The Shape of Training* dan arweiniad yr Athro David Greenaway sy'n anelu i adrodd yn yr Hydref eleni. Mae arwyddion cynnar wedi cynnwys yr angen am feddygon gofal mwy cyffredinol i gyflwyno mewn lleoliadau lleol a chymunedol a darparu gofal acíwt a gofal nad yw'n acíwt.
Mae gan Ddeoniaeth Cymru gynrychiolaeth ar y Bwrdd Noddi a'r Grŵp Cynghori Arbenigol ar gyfer yr adolygiad hwn, a byddwn yn rhoi'r wybodaeth ddiweddaraf i Fwrdd Rhaglenni De Cymru ar y casgliadau a'r effaith bosibl pan fydd y rhain wedi'u cwblhau.

Deoniaeth Cymru
Medi 2013

HEALTH AND SOCIAL CARE COMMITTEE CONSIDERATION OF LHB SERVICE RECONFIGURATION PLANS

THE ROLE OF THE NATIONAL CLINICAL FORUM IN THE REFORM PROCESS

EVIDENCE SUBMISSION BY THE NATIONAL CLINICAL FORUM

1. Introduction and Background

This paper updates the previous evidence submission to the Health and Social Care Committee on the 25th January 2013.

The National Clinical Forum (NCF) was established at the request of the NHS Wales Chief Executives in November 2011 to provide expertise, advice and challenge to service change plans developed by NHS organisations that would impact on populations in Wales. Initially it was established to run for one year from November 2011 to November 2012. In September 2012, due to the on-going service change planning processes, the NHS Wales Chief Executives asked the Forum to continue for a further year.

The NCF has its own formal Terms of Reference, which were reviewed in February 2013. **The revised Terms of Reference are attached as Appendix 1.**

The NCF is made up of healthcare professionals from across Wales who are experts within their own field and are generally part of the national advisory structure. Professor Mike Harmer was appointed as an independent Chair of the Forum for two days per month and in this role is responsible for both chairing the meetings and coordinating the views of the Forum in responding to LHB plans. To support the Chair, Dr Mike Tidely was appointed Vice-Chair in February 2013.

Whilst the majority of members of the NCF work within NHS Wales, the Forum itself is autonomous of both Welsh Government and Local Health Boards and Trusts. This enables the Forum to provide impartial advice based upon expert knowledge to assist LHBs in scrutinising and developing plans to deliver safe, high quality, effective and sustainable clinical services. Where individual members are commenting on plans developed by their employer organisations, interests are declared and due diligence applied.

The NCF costs the NHS £12,000 per year to run, which consists mainly of expenses for members attending the meetings.

2. Governance Arrangements

The Chair of the Forum reports to the LHB Chief Executive (the 'lead Chief Executive') who chairs the LHB Chief Executive peer group and therefore represents the LHBs in Wales.

The official views and opinion of the NCF are only communicated by the Chair or Vice-Chair, or through the National Director, Together for Health, at the request of the Chair.

The official views and opinion of the NCF will be communicated in writing to the relevant LHB or LHB's. In order to facilitate the Forum assessing all plans it is asked to consider against the same criteria, the NCF has established a set of Evaluation Criteria. These Evaluation Criteria will be used to formally assess all plans that are put forward by LHB's for formal Public Consultation. **The Evaluation Criteria are attached as Appendix 2.**

At any time, via the lead Chief Executive, LHBs or the NHS Wales Chief Executive's can request a progress update or an overview commentary from the NCF.

Any costs and expenses incurred by the NCF are split equally between the LHB's.

All publically available documents of the NCF can be found on the National Clinical Forum website.

3. The Role Of The NCF In The Reform Process

As part of change management plans within and across LHBs, the NCF is a key stakeholder in the engagement and consultation process and has the unique ability to provide impartial clinical advice to Boards.

When it was established in 2011, this was a new arrangement in Wales and, as such, the NCF's working has continued to evolve as the process has progressed within the scope of its Terms of Reference. One of the benefits of the Forum is that it can provide advice and scrutiny of the changes being proposed by NHS organisations and it is also able to provide challenge and commentary on any issues that may be yet to be fully considered by the LHB(s).

The NCF has effectively established an on-going relationship with all LHBs and Trusts through the service planning process, and is there to be used as frequently as those organisations feel it is necessary to obtain expertise, advice and guidance on their emerging plans. As a minimum it has been agreed by the LHBs with the NCF, that they will attend a meeting with the NCF at the pre-engagement and pre-consultation stages of the process. These meetings and subsequent correspondence are held in

confidence with the LHB's, although the LHB's can choose to release that correspondence at a later stage in the reconfiguration process. The NCF provides its formal public response to the LHB consultation process as any other stakeholder would do during the formal consultation period.

The NCF is purely advisory in function, and has no right or power of veto over any of the proposals or plans it considers.

In providing feedback to LHBs, it has been determined by the NCF that it will do so in two distinct parts:

1. Formally respond to those issues that the LHB is engaging and/or consulting upon including advising on any critical dependencies that the Forum considers have been omitted from the process;
2. Formally advise when it feels necessary and appropriate, under separate cover, on those issues the Forum considers the LHB must also address but which are not yet part of any on-going engagement and consultation.

The NCF has determined that when required these two distinct parts will be issued separately, but simultaneously. It is important that these responses are given equal importance but are issued separately so that they do not cut across any formal consultation processes.

The NCF uses its meetings with the respective LHB's, and any other information that the LHB submits to it to develop its views and opinions on proposed plans. During those meetings, members of the Forum have the opportunity to question LHB's as to their thinking, rationale and evidence behind advancing any given proposal.

The NCF's Evaluation Criteria are used to help formulate the formal responses. Each member of the NCF is asked to respond on each plan using the criteria as a template for assessment. This ensures consistency of approach to the evaluation by all, and ensures the Chair can co-ordinate the response to a standard format. This is usually done outside of the meetings and submitted to the Chair due to the considered comments members wish to make. This process will be commenced after a broad discussion on the proposals, both with and without the presence of the presenting LHB at a scheduled NCF meeting. Members are provided the opportunity to comment on the drafts of the co-ordinated response prior to formal submission, as it is very much an iterative process.

4. Lifespan Of The National Clinical Forum

As stated previously, the NCF was initially established by the NHS Wales Chief Executives, for one year from November 2011 until November 2012. This was extended to November 2013 by the NHS Wales Chief Executives due to the on-going service change planning, engagement and consultation processes happening across Wales.

Over the coming months, the NHS Wales Chief Executives will again consider the future lifespan of the NCF, and any role it might have, in providing LHB's and Trusts with impartial expert clinical advice beyond November 2013.

The NCF believes it is adding value to the current service change planning process, and could see how such a role might be of benefit in the longer term. Feedback to it from within the NHS is that it has added value to the service reconfiguration process, in the challenge and advice it has provided. In the future, the NCF believes that in addition to the advice and support role during the planning process, an independent clinical body could have a valuable role to play in the implementation of agreed plans.

APPENDIX 1

NATIONAL CLINICAL FORUM

Terms of Reference and Operating Arrangements

Introduction

All NHS Organisations are developing service plans to improve quality, responsiveness and accessibility of care across Wales. These plans will develop new sustainable models of care that integrate the NHS in Wales as a whole system, encompassing primary, community, secondary and specialist care services. The focus is on locally - based services wherever possible maximising the opportunities highlighted in *Setting the Direction*, with access to high quality specialist services when needed, through a network of specialist centres and centres of excellence.

This may involve some significant change to the current pattern of healthcare delivery in Wales. Although it is for the Local Health Boards and Trusts (LHBs) to plan, lead and implement any service changes required, there is a need for them to be supported nationally. This will ensure a consistent approach to service standards and models of care across Wales.

Purpose

The National Clinical Forum (NCF), hereafter referred to as “the Forum” will be an advisory task and finish group. **The NCF therefore has no decision making powers or right of Veto over any proposals/plans it considers**. Its role will be to advise LHBs if as a result of their service change plans, standards and policy requirements will be met, improved outcomes can be achieved and patients will be better served.

The Forum will consider if proposals for service change:

- are appropriately influenced by relevant evidence and best practice;
- provide a basis for sustainable delivery of services; and
- combine to create a realistic and ambitious way forward for healthcare in Wales.

In undertaking this role, the Forum may also be asked to consider any external/international expert advice the LHBs may decide to commission to support their plans.

Its role does not include consideration of professional terms and conditions of service.

Scope and Duties

The Forum will, in respect of its provision of advice to LHBs:

- offer advice and feedback to LHBs on an individual organisation, regional or all-Wales basis on any aspect of all service change plans that will impact across Health Board Boundaries or have impacts for Wales as a whole;
- Offer advice and feedback to LHBs on any local service change plans they request the Forum to review;
- Offer advice to LHBs on the development and content of the national narrative describing the clinical case for change.
- Offer advice to LHBs on the adoption of best practice service models and innovative practice across Wales, inclusive of best practice in training and education across all professions;

The Forum may provide advice to the LHBs:

- at Chief Executive Officer Group meetings, through the attendance of the Forum's Chair or a nominated representative;
- in written advice; and
- in any other form agreed with the LHBs.

The Forum may determine if it requires to be supported by any subgroups or additional sources of specialist advice to assist it in the conduct of its work, and may itself, determine any such arrangements.

Membership

Membership of the Forum will comprise healthcare professionals from within NHS Wales, but will be independent of individual organisations. Any member of the Forum should not therefore be an executive or independent member of any LHB/Trust. Its membership will be drawn from a wide range of multi-disciplinary clinical specialists.

Chair
The Forum will be Chaired by an independent Chair from Wales identified by the NHS Wales Chief Executives, and a Vice Chair will be identified to provide support to the duties of the Chair.

Vice Chair
The Vice Chair will be chosen by the Chair from the existing Forum members with the agreement of the Forum members.

Members

The following clinical groups will be represented:

- Public Health
- Ambulance Services

- Members drawn from WMC NSAG, representing the following specialties:
    - child health
    - women's health
    - mental health
    - medicine
    - surgery
    - anaesthesia / critical care
    - general practice
- NJPAC, Welsh Scientific Advisory Committee
- NJPAC, Welsh Therapies Advisory Committee
- NJPAC, Welsh Nursing and Midwifery Committee
- NJPAC, Welsh Pharmaceutical Committee
- Welsh Dental Committee
- General Practitioner (nominated by BMA)
- Nurse (nominated by RCN)
- Heads of Midwifery Advisory Group
- Postgraduate Dean
- Academy of Medical Royal Colleges in Wales
- The Rural Health Plan Implementation Group
- The Institute of Rural Health

Members will be invited to nominate a named deputy in the event that they are unavailable for a forum meeting.

Secretariat

As determined by the National Director, *Together for Health*.

In attendance

- National Director, *Together for Health*
- The Medical Director, NHS Wales, Nurse Director, NHS Wales and Director of Therapies and Health Sciences, NHS Wales may be in attendance as observers. The Forum may also determine that other Welsh Government officials or LHB/Trust staff be in attendance.
- The Forum Chair may also request the attendance, from time to time, of Board members or LHB/Trust staff, subject to the agreement of the relevant Chief Executive.
- The Forum Chair may, from time to time, invite external/international experts to aid discussion and review of specific service change issues.

Terms and Length of Office

Appointments to the Forum will be made through the National Director, *Together for Health* on behalf of the LHB Chief Executives. Members will either be invited on to the Forum in their role as Chair of an All Wales Professional Group/Committee, or as a nomination from such a group, committee or stakeholder organisation. The Forum is a task and finish group

which is anticipating needing to meet for a minimum of one year. The need for the continued role of the group will be reviewed regularly. In the interests of consistency in discussion and review of plans/information, Members will serve for the duration of the Forums' work, even if during the life of the Forum, they cease to be Chair of the Group or Committee that led to the original invitation. In this situation the Chair will have the option to invite the new Chair of that Committee to the Forum, if it is felt that the Committee concerned is no longer appropriately represented.

The appointed Chair and Vice - Chair of the Forum will hold those positions for the life of the Forum.

Members Responsibilities and Accountability

The Chair is responsible for the effective operation of the Forum:

- chairing meetings;
- ensuring all business is conducted in accordance with its agreed operating arrangements;
- developing positive and professional relationships amongst the Forum's membership and between the Forum and LHB/Trust Chief Executives and any other relevant groups;
- ensuring that any formal feedback to LHB's and notes of meetings accurately record the decisions taken and where appropriate, the views of individual members.

The Chair and Vice-Chair will cover for their colleague in their absence for any reason. If for some unforeseen reason, neither the Chair or Vice Chair can attend the meeting, but sufficient members are present to make the meeting quorate, then an attending member will be nominated by those present to chair the meeting.

Members – all members shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for any advice agreed by the Forum. All members are accountable to the Forum Chair for their performance as group members and to their nominating body or group for the way in which they represent the views of their body or group at the Forum.

The role of the Forum will necessarily mean that Members will, from time to time, receive highly sensitive and confidential information about health services across Wales from LHB's. The highly confidential nature of this information must be respected.

Resignation and removal of members

A member of the Forum may resign office at any time during the period of appointment by giving notice in writing to the Forum Chair.

If the Forum Chair and the nominating body or group, considers that:

- it is not in the interests of the health service that a person should continue to hold office as a member; or
- it is not conducive to the effective operation of the Forum. (This could include an attendance rate considered to be poor by the Chair, or evidence that confidential information has been shared outside of the Forum without explicit permission to do so).

it shall terminate the membership of that person by giving notice in writing to the person and the relevant nominating body or group.

A nominating body or group may request the removal of a member appointed to the Forum to represent their interests by writing to the Chair setting out an explanation and full reasons for removal.

Handling Conflicts of Interest

All members should declare any personal or business interest which may or may be perceived (by a reasonable member of the public) to influence their judgement. A register of interests will be established, kept up to date, and be open to the public. A declaration of any interest should also be made at any Forum if it relates specifically to a particular issue under consideration, for recording in the notes of the meeting.

Relationship with LHBs Chief Executives

The Forum's main link with the LHBs Chief Executives is through the Chair.

The Chair and Lead Chief Executive shall determine the arrangements for any joint meetings between the LHBs and the Forum, should it be required.

The lead Chief Executive shall put in place arrangements to meet with the Forum Chair as required to discuss the Forum's activities and operation.

Relationship with Local Healthcare Professionals Fora

The Forum Chair and Vice Chair will liaise with local Fora as he/she deems appropriate. It is expected that the Local Healthcare Professionals Fora would be an integral part of any local "continuous engagement" during the development of service change proposals, as per the National Guidance on Engagement and Formal Public Consultation. Therefore, the Forum would not anticipate being asked to consider plans that hadn't yet been advised upon locally by the Local Healthcare Professionals Fora.

The Forum may delay review of any LHB Service Change Plans, until it has received assurance that the Local Fora have been consulted, and their advice taken into account.

Support to the Forum

The National Director, *Together for Health*, will ensure that the Forum is

properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the Forum Chair and Vice Chair on the conduct of its business and its relationship with the LHBs and others;
- ensuring the provision of secretariat support for Forum meetings;
- ensuring that the Forum receives the information it needs on a timely basis; and
- facilitating effective reporting to the LHBs Chief Executives.

Forum meetings

At least the Chair or Vice - Chair plus 6 members must be present to ensure the quorum of the Forum.

Meetings should be held no less than monthly and otherwise as the Chair deems necessary. The requirement to meet and frequency of meetings will be reviewed on a regular basis.

To facilitate attendance, Video Conferencing Facilities will be made available at all meetings.

The LHBs commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others which advise it. Meeting dates, agendas and minutes should therefore be publically available unless there are any specific, valid reasons for not doing so.

Following each Meeting, the Chair or Vice Chair will produce a report summarising the items taken, discussions held and any advice being provided to the Health Boards. This will be available to the Public, and Members may use it to brief their respective committees.

Withdrawal of those in attendance

The Forum may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussions of particular matters.

8th February 2013.

Appendix 2

National Clinical Forum

Evaluation of Service Reconfiguration Plans

Introduction

The National Clinical Forum (NCF) was established at the request of the Local Health Boards (LHBs) to provide an independent group to evaluate the clinical aspects of the various reconfiguration plans. In considering the proposals put forward by the various LHBs, the NCF has attempted to view them in the light of the brief given to them by Welsh Government through a number of criteria.

The criteria are not intended to be totally inclusive of the many factors that may influence service delivery plans, but are based around the clinical delivery potential of such plans.

The Forum appreciates that the individual LHBs may face issues over public and political acceptance of plans but feels that its role is to concentrate on the clinical feasibility and sustainability of the service plan proposed.

The responses given from the NCF to the LHBs prior to and during the public consultation period will be based upon the application of the evaluation criteria outlined below. These evaluation criteria will be made available to the LHBs and any other interested parties prior to the completion of the consultation process.

Criteria for the Evaluation of Service Reconfiguration Plans

The key underpinning of the evaluation is based on the following components of the proposals:–

- Are the aims and objectives set out in the plan SMART (specific, measurable, achievable, realistic, and timely)?
- Do they specify what you want to achieve?
- Will it be possible to measure whether or not the objectives are being met?
- Is the plan going to be able to achieve these objectives? Are they attainable?
- Can they be realistically achieved with the resources you have available? Do they show value for money/ cost effectiveness?
- When should the objectives be met? Has timescale been set out?

Evaluation Criteria

Questions are set out to test the robustness and practicality of the Plans

Access and Integration of Services

- Is the Plan based on population needs with particular emphasis on addressing any known inequalities of provision?
- Does the plan show evidence-based practice as the main underpinning component of the revised care proposals, including where appropriate National guidance?
- Is there evidence that structures are/will be be in place to facilitate and develop integration between specialist, general and community services for all aspects of healthcare?
- Will the proposed service configurations provide timely and appropriate access to care?
- Is there an appreciation in the plan that primarily clinical need rather than the current estate configuration (service rather than hospital site) should be the founding basis?
- Has the plan been submitted to a process of 'rural-proofing' using a suitable tool such as that developed by the Institute of Rural Health?
- Has sufficient consideration been shown for distance and travel time from point of care and the transport implications for both routine and emergency care? This is particularly important for those Boards with a large rural population.
- Is the plan 'patient-centred' taking into account the 'patient journey' and the impact on relatives, especially for children?
- Does the plan include consideration of local public transport infrastructure?
- Is there evidence of appropriate collaboration with adjoining LHBs and other statutory bodies to consider fully the best care pathway for patients?
- Does the plan demonstrate evidence of working with other relevant services such as Local Authorities, Social Services and the Third Sector?
- Are Plans for increasing the community care of patients based on sound logistic and financial considerations?
- Is there evidence of pilot work or sharing of good practice for solutions in these areas?

- Is there clear and realistic evidence that there is sufficient capacity, both in terms of staff and ability to allow such change?

- Where appropriate, are the role of 'telemedicine' and other IT support mechanisms included?

Workforce

There must be evidence of a cohesive workforce plan.

- Is the workforce planning consistent with UK National and WG policies?

- Is it sustainable e.g. does it consider the availability of trainee staff in the future? Failure to address this matter may lead to training recognition being withdrawn centrally by Colleges, deanery and training committees with serious consequences.

- Are training plans aligned to National regulations and requirements of professional bodies (Royal Colleges, etc)?

- Does the plan take account that the positioning of trainees, in all fields of healthcare, is based on the experience available to the trainee in a particular setting rather than the service requirement? This must be taken into account in any plans. This might also include 'context experience' to ensure a broad breadth of experience.

- Is the provision of services by non-trainee, non-consultant clinicians considered in the light of the suitability and availability of the proposed workforce?

- Where appropriate, does the plan meet the training needs of existing staff in new developments and changing configuration? In particular, moving services to the community will impact upon the training needs of primary care professionals?

- Has consideration been given to the potential for extended roles for health professionals in the provision of care and have the training implications for such been given due consideration along with the necessary shift of resources?

- Is the timescale of such developments laid out and are they feasible?

Quality and Safety

Safety in patient care must be the priority in plan development.

- Is there clear evidence of patient involvement and consultation in the development of plans?

- Is there evidence of how the principles of 'Dignity in Care' underpin the strategy?

- Are all areas of care provision based upon accepted standards provided by appropriate bodies e.g. Statutory Professional Organisations, Royal Colleges, other professional bodies, advisory boards, etc?

- Is there sufficient assurance that services will be delivered in facilities that provide appropriate environments and support to ensure safety of patients and staff?

- Has sufficient emphasis been placed on the potential impact on configuration of integrating services, as appropriate?

- Does the plan maximise the potential for prevention and admission avoidance?

- Linked with the workforce plan, have governance issues relating to changing and enhanced staff roles, and working with joint agencies been considered.

Buildings and Facilities

- Has consideration been given to the appropriateness and sustainability of current estate and facilities to provide both current and projected care modalities?

- Is the strategy for the future of community hospitals clearly set out and to a timeline?

Compatibility across Wales

- How do the proposals for a specific LHB fit within an overall structure for NHS Wales its partner services?

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Lleoliad:	**Ystafell Bwyllgora 1 – y Senedd**
Dyddiad:	**Dydd Mercher, 25 Medi 2013**
Amser:	**09:30 – 11:09**

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_25_09_2013&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees (Cadeirydd)** **Leighton Andrews** **Rebecca Evans** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Gwyn R Price** **Lindsay Whittle** **Kirsty Williams**
Tystion:	**Sarah Rochira, Comisiynydd Pobl Hŷn Cymru**
Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Sarah Sargent (Dirprwy Glerc)** **Stephen Boyce (Ymchwilydd)**

TRAWSGRIFIAD
Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniad, ymddiheuriadau a dirprwyon

1.1 Ni chafwyd ymddiheuriadau.

2 Gwaith craffu ar Adroddiad Blynyddol Comisiynydd Pobl Hŷn Cymru

2.1 Ymatebodd Comisiynydd Pobl Hŷn Cymru i gwestiynau gan aelodau'r Pwyllgor.

3 Papurau i'w nodi

3.1 Nododd y Pwyllgor gofnodion y cyfarfod blaenorol.

3.1 Lythyr gan y Pwyllgor Deisebau: Hawliau Cyfartal i Bobl Ifanc Tiwb-borthedig

3a.1 Nododd y Pwyllgor y llythyr a gafwyd gan Gadeirydd y Pwyllgor Deisebau; bydd y Cadeirydd yn ymateb, gan nodi'r ohebiaeth.

3.2 Llythyr gan y Pwyllgor Deisebau: Gwasanaethau Ambiwlans ym Mynwy

3b.1 Nododd y Pwyllgor y llythyr a gafwyd gan Gadeirydd y Pwyllgor Deisebau; bydd y Cadeirydd yn ymateb, gan nodi'r ohebiaeth.

3.3 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Yn dilyn y sesiwn graffu gyffredinol ar y Gweinidog, Gorffennaf 2013

3c.1 Nododd y Pwyllgor y llythyr a gafwyd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol.

3.4 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Ymchwiliad i'r achosion o'r frech goch 2013

3d.1 Nododd y Pwyllgor y llythyr a gafwyd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol.

3d.2 Cytunodd y Pwyllgor i ysgrifennu at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol er mwyn gofyn iddo:

- am yr effaith y mae cwtogi'r gyllideb diogelu iechyd ac imiwneiddio o £1.9 miliwn, fel y nodir gan Swyddfa Archwilio Cymru'n yn ei hadroddiad, 'Cyllid Iechyd 2012-13 a Thu Hwnt' [tudalen 16], wedi ei chael; ac
- am ffynhonnell yr arian a ddefnyddiwyd i fynd i'r afael â'r achosion diweddar o'r frech goch, ac a oedd yr arbedion o £1.9 miliwn yn parhau i fodoli ar ddiwedd y flwyddyn.

3.5 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol: Ymateb i ymchwiliad y Pwyllgor i'r achosion o'r frech goch 2013

3e.1 Nododd y Pwyllgor y llythyr a gafwyd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol.

3.6 Blaenraglen Waith

3f.1 Nododd y Pwyllgor y flaenraglen waith ar gyfer tymor yr hydref.

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

4.1 Derbyniwyd y cynnig.

5 Trafod y flaenraglen waith

5.1 Trafododd y Pwyllgor yr opsiynau a'r cynigion ar gyfer ei flaenraglen waith ar gyfer y cyfnod yn dilyn y Nadolig:

6 Mynediad at dechnolegau meddygol yng Nghymru

6.1 Trafododd y Pwyllgor sut y bydd yn cynnal ei ymchwiliad i fynediad at dechnolegau meddygol, a chytunodd y byddai'n ceisio penodi cynghorwr arbenigol. Cytunodd hefyd ar swydd-ddisgrifiad ddrafft ar gyfer y rôl gynghorol hon.

7 Memorandwm Cydsyniad Deddfwriaethol: Y Bil Gofal

7.1 Trafododd y Pwyllgor y Memorandwm Cydsyniad Deddfwriaethol diwygiedig ar gyfer y Bil Gofal.

7.2 Cytunodd y Pwyllgor i ysgrifennu at y Dirprwy Weinidog Gwasanaethau Cymdeithasol i ofyn am eglurhad ynghylch pam yr ymddengys nad yw'r Bil Gofal yn cynnwys gofyniad cyfatebol ar awdurdodau lleol yn yr Alban i ddiwallu anghenion gofal a chymorth oedolion a leolir yno gan awdurdodau lleol Cymru.

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LF/GT/0897/13

David Rees AC
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol

25 Medi 2013

Annwyl David,

Rwy'n ysgrifennu i gofnodi fy niolch i'r Pwyllgor am ei waith craffu manwl ac ystyriol o'r Bil Gwasanaethau Cyhoeddus a Llesiant (Cymru) a ddarllenais gyda diddordeb mawr. Byddwch wedi gweld o'ch gwaith yn casglu tystiolaeth, y diddordebau helaeth sydd gan bobl sy'n gweithio ym maes gofal cymdeithasol a byddwch wedi gwerthfawrogi eu hymrwymiad a'u brwdfrydedd tuag at yr hyn a wnânt. Roeddwn yn falch iawn eich bod wedi derbyn tystiolaeth gan ystod mor eang o randdeiliaid ac rwy'n siŵr bod gwneud hyn wedi bod yn gymorth mawr i ddeall pa mor bwysig yw'r ddeddfwriaeth hon a'r hyn y mae'r Llywodraeth yn dymuno'i gyflawni drwyddi.

Deallaf fod fy Swyddfa Breifat wedi cysylltu â chi i drefnu cyfarfod i drafod yr adroddiad ymhellach cyn y drafodaeth yn y Cyfarfod Llawn ar 8 Hydref, ond cyn hynny, roeddwn i eisiau rhannu fy ymatebion i nifer o'r argymhellion a wnaed, ac rwy'n ystyried gosod diwygiadau ger bron yn eu cylch fel a ganlyn:

- Eiriolaeth Annibynnol, y gwneuthum ddatganiad ysgrifenedig yn ei gylch ac y dynodwch chi eich cefnogaeth iddo (Argymhelliad 28);
- rhoi dyletswydd ar awdurdodau lleol i hyrwyddo Taliadau Uniongyrchol (Argymhellion 31 a 32);
- newid y weithdrefn ddeddfwriaethol i uwchgadarnhaol mewn perthynas ag unrhyw benderfyniad i uno byrddau diogelu oedolion a phlant rhanbarthol yn adran 117 o'r Bil (Argymhelliad 37);
- ychwanegu cyfeiriad at y gwasanaeth prawf fel Partner Bwrdd Diogelu statudol (Argymhelliad 39) cyn belled ag y bo modd o fewn cymhwysedd deddfwriaethol y Cynulliad Cenedlaethol;
- darpariaethau i gryfhau trefniadau ar gyfer cydweithredu a gweithio mewn partneriaeth (Argymhelliad 50); a
- chynnwys 'cymhorthion ac addasiadau' yn adran 20(2) (Argymhelliad 59).

Fel y gwyddoch, cafwyd rhai galwadau pellach am ddiwygiadau, megis dirprwyo'r broses asesu (Argymhelliad 10). Yn yr achosion hyn, er ein bod yn cefnogi bwriad yr argymhellion, drwy ddadansoddi, daethom i'r casgliad fod y ddarpariaeth yn ddigonol ar gyfer cyflawni'r bwriadau a nodwyd gan y Pwyllgor.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Gwenda.Thomas@wales.gsi.gov.uk

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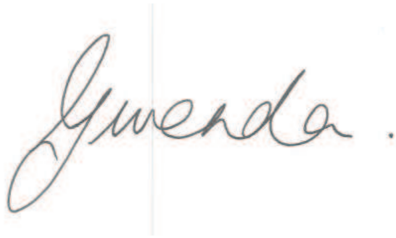
Hoffwn fanteisio ar y cyfle hwn hefyd i gyflwyno tabl sy'n rhoi crynodeb o'r categorïau o ddiwygiadau rwy'n argymell eu gosod ger bron ar ran y Llywodraeth yn ystod Cyfnod 2. Roeddwn i eisiau gwneud hyn cyn i'r broses gychwyn yn ffurfiol ym mis Hydref er mwyn i chi gael cymaint o amser ag y bo modd i ystyried effaith bosibl y newidiadau hyn.

Gobeithio eich bod yn cytuno bod y diwygiadau uchod a'r rhai sydd wedi'u cynnwys yn y tabl a atodwyd yn ddarlun clir o'm hymrwymiad i wrando ar y Pwyllgor ac ar randdeiliaid.

Rwy'n anfon copi o'r llythyr hwn a'r tabl o fy ymatebion i'ch argymhellion at Gadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol.

Yr eiddoch yn gywir



Gwenda Thomas AC
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol

Proposed Stage 2 Government Amendments

Topic	Amendments relate to…	Proposed Change / Purpose	Effect	Reason	Estimated number of drafting amendments	Tabling Tranche	Bill Part
1	**ASSESSMENT & ELIGIBILITY LF/GT/0442/13**	**Assessment**: To amend Section 10, 12 and 15 in order to require that an assessment includes an assessment of whether, and if so, to what extent other factors could contribute to meeting any needs identified; Amend Sections 10, 12 and 15 in order to require a local authority to assess whether the provision of preventative services or information, advice or assistance could contribute to meeting a person's needs or desired outcomes. Amend Sections 10 and 12 in relation to the persons who are required to be involved in the assessment. Amend Sections 10, 12 and 15 to ensure consistency across the Sections; consistency with the language used in Sections 26, 27 and 29; and to change references to 'consult' to 'involve'. **Eligibility**: Amend Section 19 to remove the power for Local Authorities to set their own (lower) eligibility level. Also amend Section 19 to include a regulation making power to specify eligible needs, including describing those needs by reference to the effect that those needs have, and the person's circumstances. Amend Sections 22 and 24 so that the duty to meet needs does not apply to needs that are being met by a carer. **Eligibility and Preventative Services**: Amend Section 19 to include an additional requirement on Local Authorities, following their determination of whether a person's needs meet the eligibility criteria. That requirement will be to consider whether the person would benefit from the provision of services under Sections 6 or 8 of the Bill. This requirement would apply, regardless of the determination of eligibility.	The intended effect of these amendments is to strengthen the connections between assessment; eligibility; preventative services; and information, advice and assistance. The changes will require Local Authorities to take into account a wider range of factors when considering if a person has eligible needs; and will ensure that the person being assessed has other options, even if the Local Authority has determined that they do not meet the eligibility criteria for care and support. The amendments will also ensure consistency with section 15, which already makes provision for the persons who are required to be involved in relation to the assessment of the needs of a carer.	Following extensive work with the Social Services Improvement Agency (SSIA) and stakeholders, and the publication of their report: Access to Care and Well-being; in addition to working closely with the Department of Health on the development of their framework for the Care Bill; the Deputy Minister agreed to amend the Bill in order to meet the principles of the SSIA report, and to achieve the flexibility required to deliver the new core services for assessment and eligibility in Wales.	29	**1**	**3 and 4**
2	**Section 117 of MHA (1983)** LF/MD/0476/13	To amend Section 37 to remove subsection (5).	The effect of this amendment is the removal of a regulation making power in relation to the interface between direct payments under the Bill and after-care services provided under Section 117 of the Mental Health Act 1983.	Technical amendments for consistency.	1	**1**	**4**
3	**FOSTER TO ADOPT LF/GT/0425/13**	To amend section 65 in a way that would enable looked after children to be placed with 'matched' prospective adopters at an earlier stage in the adoption process.	It is intended that these amendments would remove the necessity for prospective adopters to undergo the lengthy assessment process for Local Authority foster parent registration. This would reduce the delay in the placement of children in such cases, thereby ensuring earlier placement with their adoptive parent(s) (under a fostering placement) and avoid the need for changes of placement for the child. Those relevant prospective adopters would also receive the same entitlements as regular approved foster carers, including support and any appropriate fees.	We have proposed these amendments in an attempt to tackle the issue of delay without the potential risk of adverse effects on the child or prospective adopters. This is also something that was raised by Stakeholders and the Children and Young People's Committee during Scrutiny as something they wished to see within the Bill.	19	**3**	**6**

4.1	**CARE LEAVER ENTITLEMENTS - PART 1**	Section 88 - Young people entitled to support – to amend the Categories of young person entitled to support and assistance from 5 to 6. The amendment effectively splits the "former relevant children" definition into two separate Categories as opposed to a single Category:- Category 3, former relevant children who has passed the age of 18 and for whom the LA is providing support and assistance (previously 23CA of the Children Act 1989); and Category 4, former relevant children who have ceased contact with the local authority but before reaching the age of 25 wish to re-engage with the local authority and seek support and assistance to pursue a programme of education or training (previously 23CA of the Children Act 1989). Section 88(6) which prescribes the circumstances whereby the duties for Category 3 and 4 young people cease, is deleted and is re-stated in Sections 94C and 94D. Section 89 - Keeping in touch amends duties to "keep in touch" to reflect the revised Categories of children from 5 to 6; limits the duty to "keep in touch" with Category 3 young people to the provisions of 94C; amends existing Children Act 1989 references from "assistance" to "advice and other support" to provide greater consistency of language with the Bill; Section 90 – Personal Advisors: Pathway assessment and Plans: amends existing Children Act 1989 references from "assistance" to "advice and other support" to provide greater consistency of language with the Bill and limits the duty to keep the pathway plan of Category 3 and 4 young people under review to the provisions of 94C and 94D. Section 91 - Pathway assessment and Plans: amends existing Children Act 1989 references from "assistance" to "advice and other support" to provide greater consistency of language with the Bill.	The intended effect of these amendments is to preserve the entitlements currently under the Children Act 1989 for each of the current categories of care leavers – "eligible child", "relevant child", "former relevant child", "(young persons entitled to) further assistance to pursue education or training" and "persons qualifying for advice and assistance". These have been translated within the Bill into Category 1 - 6 young persons.	The reason for the amendments proposed follows further analysis of the consolidation of entitlements for care leavers under the Children Act 1989 into the Bill, has identified a number of issues where the preservation of entitlement has not been fully achieved. These amendments are required in order to achieve that preservation. LF/GT/0495/12 identified that there would likely be a requirement for amnedments to the Children's provisions to ensure compatability with extant children's legislation.	78	4	6
4.2	**CARE LEAVER ENTITLEMENTS - PART 2**	Section 92 - Support for Category 2 young people - Desirable "stylistic" amendment to subsection (1). Section 93 - Support for Category 3 young people - • desirable "sylistic" amendments to subsections (1), (4), (7) and (8); • clarifies that "support" under this section extends to the contribution it makes to individuals' well-being, and education and training; • limits the duty to provide support to Category 3 and 4 young people under review to the provisions of 94C; • clarifies that duties to pay relevant to young people pursuing higher education is additional to duties under this section; and • section 936) is deleted but restated as section 94B. Section 93A - Support for Category 4 young people - Inserts provisions to re-state existing Children Act entitlements resulting from revised definition of Category 4 young people. Section 94 - Support for Category 5 and former Category 5 young people - desirable "sylistic" amendments to subsections (1), (4) and (5) andprovides that a LA may disregard interruptions in education or training; Section 94A - Support for Category 6 and former Category 6 young • Inserts provisions to re-state existing Children Act entitlements resulting from revised definition of Categories of young people. Section 94B – Supplementary provision about support for young people in further or higher education • Re-states Welsh Ministers regulation making power to define "full-time", "further education", "higher education" and "vacation" for the purposes of this Part (previously section 93(6).	See Part 1 above	See Part 1 above	\	4	6
4.3	**CARE LEAVER ENTITLEMENTS - PART 3**	Section 94C - Cessation of certain duties in relation to Category 3 young persons • Inserts provisions to re-state existing Children Act entitlements resulting from revised definition of Categories of young people including provision for local authorities to dis-regard interruptions to programmes of education or training. Section 94D - Cessation of certain duties in relation to Category 4 young persons • Inserts provisions to re-state existing Children Act entitlements resulting from revised definition of Categories of young people including provision for local authorities to dis-regard interruptions to programmes of education or training. Section 95 - Charging: amends existing Children Act 1989 references from "accommodation maintenance and support" to "support" to provide greater consistency of language with the Bill. Section 96 Information: amends existing Children Act 1989 references from "accommodation maintenance and support" to "support" to provide greater consistency of language with the Bill. Section 157 – Representations relating to former looked after children etc: Inserts provisions to re-state existing Children Act entitlements resulting from revised definition of Categories of young people. Policy has asked Counsel to consider renumbering the highlighted provisions, to immediately follow the provisions specifying "Support for Category 3 and 4 young people" (which are currently s93 and 93A respectively.)	See Part 1 above	See Part 1 above	\	4	6
5	**VISITS - Looked after and Accommodated Children** DC/GT/0396/13	Amend Subsection 81(1) to insert a regulation making power after 81(1)(b). The new subsection - 81(1)(c) - will allow Welsh Ministers to specify in regulations other categories of children for which the duty under Section 81 would apply.	The amendment will allow Welsh Ministers to prescribe in regulations additional categories of children to whom the duty should apply. These children, whilst not current or former LAC, may be considered vulnerable, or may otherwise benefit from a visit and assessment on entering the secure estate; and subsequently in preparation for their release and re-integration into the community. It is intended that this will assist with reducing re-offending; whilst also, in conjunction with Regulations under subsection (4), help to clarify the balance of responsibilities of all agencies engaged with such children, such as the secure estate in which the child has been placed, the broader Local Authority, LHBs and Youth Offending Teams.	Section 81 of the Bill, as currently drafted does not provide the power to prescribe those circumstances in which the duty extends. The proposed amendment, therefore, is required in order to ensure that specific groups of children, such as those on remand, are appropriately supported by the Local Authority through the duty under S.81.	1	3	6

6	**SAFEGUARDING - Duty to report Children at Risk** LF/GT/0427/13	Amend S.108 to extend the duty to report children at risk to 'relevant partners' of Local Authorities. Amend S.106 (duty to report adults at risk) to align the wording of the two duties and provisions at 106 and 108. Amend section 145 to align with the revised definition of 'relevant partner'.	The intended effect of these amendments is to align the duty to report children at risk with the duty to report adults at risk; and to align the revised definition of 'relevant' partner' throughout the Bill, so far as is possible.	The reason for these amendments is to align the duty to report children at risk at S.108, with the duty to report adults at risk at S.106.	5	**1**	**7**
7	**ADVOCACY** LF/GT/0433/13	To extend provision for statutory advocacy and meet the Deputy Minister's intention to provide: For a regulation making power to place duties on Local Authorities to make advocacy available in prescribed circumstances to prescribed persons; A duty to require Local Authorities to promote and inform people of their right to advocacy; A duty to require registered care home providers to inform people about the availability of advocacy services by the Local Authority; and A power to charge for the provision of those advocacy services.	The intended effect is to give the Welsh Ministers power to require Local Authorities to arrange for advocacy services to be made available to certain persons with need for care and support, to ensure that those persons are aware of their right to those advocacy services and to enable Local Authorities to charge for those services.	These amendments are being pursued following significant feedback and evidence submitted from stakeholders and opposition parties during stage 1 scrutiny . This will provide an enabling power to ensure that Local Authorities provide advocacy for some people who may have complex needs and do not have the capability or the wider support network to advocate on their behalf in decisions about their care. This will strengthen the 'voice and control' element of the Bill.	5	**1**	**10**
8	**Definition of Third Sector (Promoting Social Enterprise)** LF/GT/0508/13	To amend the wording of Subsection 7(1)(d) to clarify that 'promoting the availability of care and support and preventative services from third sector organisations' can encompass, but not exclusively, social enterprises and co-operative organisations.	It is intended that the re-wording of this Section will clarify that social enterprises and co-operatives come within the term 'third sector organisations'.	This amendment is being pursued following feedback and evidence submitted from stakeholders throughout the Scrutiny process.	1	**4**	**2**
9	**REGISTERS (Terminology used)** GT/0372/13	To amend the wording of Section 9 and the corresponding reference in Section 1 to remove references to 'blind' and 'deaf' and replace with 'sight-impaired' and 'hearing-impaired'.	The proposed amendments will bring the Bill in line with modern language, whilst further reflecting the broad range and levels of hearing and sight loss.	These amendments are being pursued following feedback and evidence submitted from stakeholders throughout the Scrutiny process.	5	**1**	**2**
10	**Safeguarding, Co-operation and Guidance**	1. Amend subsection (4) of Section 25 of the Children Act 2004 to include, as a relevant partner, any other Local Authority with which the authority agrees it would be appropriate to co-operate under this Section. 2. Amend Section 144 of the Bill to remove subsections (6) and (8). 3. Include a new guidance power in the Bill, to enable Welsh Ministers to issue guidance to Local Authorities and 'relevant partners' in the context of safeguarding and co-operation.	1. The intended effect of 1 is that the arrangements for co-operation and the relevant partners in relation to those arrangements for both adults and children are aligned. 2. The intended effect of 2 in the case of 144(8) is to retain the provision within subsection 25(9) of the Children Act 2004, in order that Secretary of State consent is required in order to issue guidance under this Section. In the case of 144(6), it will no longer insert the provision to enable local authorities and their relevant partners to share information for the purposes of co-operation to improve well-being. 3. The intended effect of 3 is to enable Welsh Ministers to issue statutory guidance to all relevant partners in relation to safeguarding and co-operation.	1. The reason for 1 is to align the co-operation arrangements for both adults and children. 2. The reason for 2 and the removal of subsections (6) and (8) of Section 144 of the Bill is an issue of competence. Consent has not been provided by the Secretary of State for this provision – which is required as it, in the case of 144(8), removes a pre-commencement power from a Minister of the Crown; and in the case of 144(6) confers a function on a Minister of the Crown. Therefore these subsections need to be removed in order to keep the Bill within competence. 3. The reason for 3 and the new guidance power is that on further reflection of the introduced Bill, it was felt that it did not adequately meet the policy needs required in relation to the ability of the Welsh Government to issue statutory guidance to all relevant partners listed in Section 143; and its impact on safeguarding and co-operation.	4	**1**	**9**
11	**Changes to procedures for Regulations** LF/GT/0548/13	Amend the Bill in order to effect a change in procedure for the following regulation making powers: Negative to Affirmative for Sections – 3(6); 7(3); 9(3); 23(1); 26(1); 27(1); 105(9); 112(4) Affirmative to Super-Affirmative for Section 117 To apply a Negative procedure to Section 25 of the Children Act 2004, by amending Section 66 of that Act. The regulation making power will be inserted into Section 25 of the 2004 Act following commencement of Section 144 of the Bill. To amend Section 85 to remove subsection (2), which states that the Lord Chancellor requires the consent of Welsh Ministers in order to make regulations under this Section. To amend section 77 to clarify that directions can be varied or revoked by later directions.	The effect of these amendments is that all of the regulation making powers contained within the Sections and subsections referenced will be subject to revised levels of procedure; and that the direction-making power in section 77 will be clarified.	The reason for these amendments follows requests and recommendations by the Health and Social Care; and Constitutional and Legislative Affairs Committees to reconsider the procedures for these powers during their scrutiny of the Bill during Stage 1 proceedings; and their subsequent Stage 1 reports. HSC Recommendation 37; and CLAC Recommendations 3, 5, 9, 10 and 13 refer. In relation to Section 85 (Referred cases – family procedures) - This is a technical matter which was discussed with Whitehall counterparts during discussions regarding consent in other areas of the Bill. Welsh Government and Whitehall officials agreed that it would be inappropriate to provide that the Lord Chancellor's regulation making power under this section be subject to Welsh Ministers' consent. The amendment to section 77 is being made to ensure that there is clarity throughout the Bill as to the ability to vary or revoke codes.	13	**2**	**11**

12	**Provider Failure (Market Management)** LF/GT/0387/13 & LF/GT/0524/13	To include provisions to place temporary duties on Local Authorities in Wales to meet the needs of an adult/carer; or help the adult/carer to meet those needs; which immediately prior to business failure, were being met by the failed business, where the business is an establishment or agency registered under Part II of the Care Standards Act 2000. To provide a power for the Local Authority on which the temporary duty is placed, to recover costs from the Local Authority in which the person is ordinarily resident, or, where the person is funding their own care, a power to impose a charge upon that person. To place duties on other Local Authorities and Local Health Boards to co-operate with the Local Authority on which the temporary duty is placed.	It is intended that the proposed amendments will ensure continuity of care for adults in receipt of residential care or domiciliary care, where a provider in the Local Authority's area has ceased to provide that care due to business failure. Details were set out in LF/GT/0287/13 and LF/GT/0524/13.	The main reason for including these provisions is to protect those people that would be affected should another provider fail, such as those affected by the recent issues with Southern Cross and Castle Beck. The Department of Health in England have sought to protect against these issues in Clauses 47-49 of their Care Bill, in addition to some amendments that are currently being planned. Those provisions, however, place duties on Local Authorities in Wales to arrange emergency care for those people that have been placed with a provider located in a Welsh Local Authority area, by a Local Authority in England, Scotland or Northern Ireland, where that provider ceases operation due to business failure. Failure to include the proposed provisions within our Bill would create an inequity of protection between those adults that have been placed by a Local Authority in Wales, and those that have been placed by a Local Authority in England, even though the provider may be based in a Welsh Local Authority area. The legal provision by which Local Authorities have assisted adults in these circumstances previously, was contained in a power under Section 47(5) of the NHS and Community Care Act 1990. Section 47 of that Act will be repealed by the Social Services and Well-being Bill, with the effect of Section 47(5) having been replicated in Section 22 of our Bill. This, however, is not considered to be sufficient in these circumstances, as it is a power and not a duty to meet needs. There is no current requirement for a Local Authority to meet needs in these circumstances; and no clear distinction of duty.	3	**2**	**11**
13	**Exception for provision of health services**	Amend subsections (1) and (2) of Section 31 of the Bill to add reference to "a health enactment" which is then defined in subsection (10) and which adopts a four nation approach, referring to (a) the National Health Service (Wales) Act 2006, (b) the National Health Service Act 2006, (c) the National Health to the National Health Service (Scotland) Act 2006, (d) the Health and Personal Social Services (Northern Ireland) Order 1972 and (e) the Health and Social Care (Reform) Act (Northern Ireland) 2009:.	The effect is that the scope of a local authority's power or duty to provide care and support, or its power to secure preventative services, does not extend to services or facilities which are required to be provided under the NHS whether this is under an NHS enactment applying not just to Wales or England, but also to Scotland or Northern Ireland.	The adoption of the four nation approach, which will allow persons to be placed in Wales by local authorities or health bodies in England, Scotland and Northern Ireland requires the augmentation of the healthcare exception in section 31 of the Bill to include reference to the health legislation in the other home nations to avoid the risk of over-lapping duties arising.	8	**4**	**4**
14	**Research**	To amend the Bill to include provisions equivalent to the provisions in the Children Act 1989 for Welsh Ministers, local authorities and local health boards to conduct or assist in research relating to their functions under the Bill and to transmit information relating to their functions under the Bill to Welsh Ministers.	To ensure that Welsh Ministers, local authorities and local health boards are able to conduct, commission or assist in the conduct of research in relation to matters connected with functions under the Bill; and that local authorities and local health boards are able to transmit information about the performance of their functions to Welsh Ministers. Key examples include the shared duty to assess the need for care and support etc of their population (under section 6) as well as their duties of co-operation and partnership (under Part 9).	Technical amendment to ensure current ability in relation to research are preserved.	3	**4**	**11**
15	**Non- Consequential Repeals**	**Expenses of Council Officers** – The proposal is to place a new provision within the Bill that would dis-apply S.49 of NAA '48 in relation to Local Authorities in Wales.	**Expenses of Council Officers** – The effect of this amendment is the dis-application of S.49 of NAA '48 in relation to Local Authorities in Wales.	The decision for the dis-application in relation to Wales, in this instance, has been taken to improve the coherence of the legal framework in relation to social services in Wales – one of the key objectives of the Bill. The disapplication of s.49 NAA is not consequential on any provision in the Bill, and so cannot be addressed by means of regulations under section 167 of the Bill.	2	**4**	**M**
16	**PUBLIC SERVICE OMBUDSMAN WALES** LF/GT/0024/13	Section 34Y forms part of what will become Part 2B of the Public Services Ombudsman for Wales (PSO(W)) Act 2005, upon commencement of Section 160 of the Social Services and Well-being (Wales) Bill/Act. The current provision provides a power to a Minister of the Crown to prohibit the Public Services Ombudsman for Wales from disclosing documents or information which may be prejudicial to the safety of the State or contrary to public interest. Subsection (3) of 34Y limits that power to only such information that is in relation to an investigation under what is currently Part 2 of the PSO(W) Act. This amendment will remove subsection (3) from Section 34Y of Schedule 3.	It is intended that this proposed amendment will widen the powers of a Minister of the Crown under Section 34Y to include the ability to prohibit the disclosure of such information that is in connection with investigations under the new, broadened powers of the Public Services Ombudsman for Wales, for which the Bill legislates.	The reason for this amendment arises from a previous competence issue. Consent from the Secretary of State was required due to a conferral of new functions on a Minister of the Crown, as a result of the widened powers of the PSOW brought about by the Bill. As consent was not provided prior to introduction, subsection (3) was added to the proposed new section 34Y of the PSO(W) Act 2005 in order to bring the Bill into competence. This amendment seeks to return this section of the Bill to that that was originally intended, prior to introduction. N.B. The Secretary of State for Wales has agreed in principle to provide consent for the conferral of new functions in this instance; and noted that formal clearance will be provided by the UK Government after the summer recess.	1	**4**	**10**
17	**Ordinary Residence**	Amend section 163(1) to clarify that its purpose is to make provision about the ordinary residence of adults living in accommodation of a specified type in Wales and insert new provision to deal with situations where an adult lives in such accommodation for consecutive periods. Amend section 163(2) to make provision about the ordinary residence of persons provided with accommodation under the health enactments of any of the four nations. Amend section 163(4) so as to disregard any periods spent in accommodation provided by or on behalf of a local authority in England when determining a child's ordinary residence.	The effect of the amendment to Section 163(1) is to ensure there is no overlap between the Bill and Schedule 1 of the Care Bill when determining an adult's ordinary residence. The effect of the amendment to section 163(2) is to ensure a consistent approach when determining the ordinary residence of persons provided with accommodation under the four nations' health enactments. The amendment to the current subsection (4) in relation to children will ensure parity with the current legislative provision (within section 105 of the Children Act 1989).	These amendments are being made in part as a consequence of the provisions in Schedule 1 of the Care Bill and mirror provisions in Sections 22 and 31 of the Care Bill. Others will ensure that the is continuity in the way in which the place of a child's ordinary residence is determined which will ensure that the Bill will operate in tandem with the Children Act 1989.	9	**4**	**4**

18	**Part 3 Children Act 1989, Miscellaneous**	1. To amend the Bill to ensure there is comprehensive equivalence in the definitions between the Bill and those provisions of the 1989 Act that are not being repealed / dis-applied in relation to Wales. 2. Amend section 67 to provide that a care and support plan prepared under section 67 can be used as the plan for the purposes of section 31A of the 1989 Act. 3. To amend the reference in section 79(4) to section 60. 4. To amend sections 98(5), 99(3) and 100(3) to require local authorities to consider whether their continuing duties or functions under the Children Act 1989 in relation to children duties should be exercised. 5. To amend the reference in section 59(3) to section 60(1).	1. The overriding policy aim remains to maintain the rights and entitlements currently available within the 1989 Act within the context of the Social Services & Well-being Bill and for ensuring that our Bill dovetails with those provisions of the 1989 Act that are not being repealed / dis-applied in relation to Wales. 2. The policy requirement is that local authorities should not be required to prepare multiple plans. Relevant information contained within the Care and support plan prepared under section 67 of the Bill will be capable of extraction in order to formulate the care plan provided to the Court under section 31A of the 1989 Act. 3. To provide appropriate cross reference. 4. The overriding policy aim remains to maintain the rights and entitlements currently available within the 1989 Act within the context of the Social Services & Well-being Bill. 5. To provide appropriate cross reference.	1. There is insufficient congruence with parallel interpretation section of the Children Act 1989. 2. Part 4 of the Children Act 1989 creates duties for local authorities in relation to care plans for children in public law family proceedings. Despite the different purposes for which care plans for children are prepared under the 1989 Act adn this Bill, this provision will avoid unnecessary duplication of effort. 3. Technical. Inappropriate cross reference. 4. Sections 98 and 99 are derived from sections 85 and 86 of the Children Act 1989. As currently drafted, the duty to assess is too narrowly drawn. 5. Technical. Inappropriate cross reference.	25	**3**	**6**
19	**Direct Payments**	1. To amend Section 37 to include new subsections that state any regulations made under Sections 34, 35 or 36 must require local authorities to take specified steps to enable relevant persons to make informed choices about Direct Payments. A 'relevant person' in this context is anyone whose consent must be obtained as set out under Sections 34, 35 and 36. 2. To make miscellaneous minor technical changes.	1. The effect of these amendments is that any regulations under Sections 34, 35 and 36 must place a duty on local authorities to ensure that they enable relevant persons to make informed choices about Direct Payments. 2. To clarify the intended meaning.	1. This was a request made under Recommendation 31 in the Health and Social Care Committee's Stage 1 report. 2. Technical	6	**2**	4
20	**Safeguarding - Board Partners**	Amend Section 111 to include the Probation Service as a partner in the context of Safeguarding Boards, insofar as is possible within the legislative competence.	The effect of this amendment is that any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 will be included as a partner in relation to Safeguarding Boards.	This was a request made under Recommendation 39 in the Health and Social Care Committee's Stage 1 report.	1	**2**	7
21	**Co-operation and Partnership**	Amend Section 147 to clarify the elements that any Regulations made under 147(1) **must** make provision for; and what those Regulations **may** make provision for. Amend Section 150 to place a duty on Welsh Ministers to issue guidance in relation to any partnership arrangements made under regulations under Section 147.	The effect of these amendments is a strengthening of co-operation and partnership arrangements under the Bill, in that any Regulations made in relation to partnership arrangements under 147(1), must make provision that specifies the local authorities and Local Health Boards that are to take part in partnership arrangements; the form of and the responsibility for the operation and management of those arrangements; the sharing of information; and the guidance that must be issued by Welsh Ministers in relation to those arrangements.	This was a request made under Recommendation 50 in the Health and Social Care Committee's Stage 1 report.	6	**2**	9
22	**Aids & Adaptations**	To amend Section 20 to include 'aids and adaptations' in the list under subsection (2).	The effect of this amendment is that aids and adaptations will be included as an example of what may be provided or arranged to meet needs under Sections 21-29.	This was a request made under Recommendation 59 in the Health and Social Care Committee's Stage 1 report.	1	**2**	4
23	**S.12**	To amend the Bill to clarify that the references to 'a child looked after by a local authority' within subsections 12(7), 23(4) and 24(4); (which disapply the duties and power under Sections 12, 23 and 24 in relation to those children); are taken to mean a child who is 'looked after' by a local authority in either Wales, England, Scotland, or Northern Ireland.	The effect of these amendments will be that the duty to assess the needs of a child for care and support under Section 12; the duty to meet care and support needs of a child under Section 23; and the power to meet care and support needs of a child under Section 24; are disapplied in relation to any child who is 'looked after' by a local authority in any of the countries referenced.	As currently drafted, the duties and power under these sections of the Bill do not apply where children are looked after by a local authority in Wales; but do apply where children are looked after by a local authority outside of Wales, but who have been placed within the area of a Welsh local authority – effectively discriminating against children who are looked after by Welsh local authorities. These amendments seek to rectify that issue.	TBC	**4**	3
24	**S.23**				TBC	**4**	4
25	**S.24**				TBC	**4**	4
26	**S.54 Technical**	To amend Subsection (1) of Section 54 to remove the word 'under', and replace with the term 'by virtue of' before the word 'Section' in both (1)(a) and (1)(b).	N/A - Technical amendment.	The reason for this amendment is to achieve consistency in drafting throughout the Bill.	1	**4**	5
27	**Consequential & Transitional provision**	To amend 167(1) to provide greater clarity in relation to the power it provides. It will be re-worded so as to read: "If the Welsh Ministers consider it necessary or expedient for the purposes of giving full effect to any provision of this Act or in consequence of any such provision, they may by regulations make-"	This amendment will ensure clarity in relation to the Welsh Ministers' powers to make regulations in order to put in place transitional or consequential provisions.	The reason for this amendment is to ensure clarity in relation to the Welsh Ministers' powers to make regulations in order to put in place transitional or consequential provisions.	1	**4**	11
28	**S.154 Welsh change**	To amend Section 154 of the Welsh text of the Bill to clarify the difference between 'support' and 'assistance'.	The effect of this amendment will be the clarification of the difference between 'support' and 'assistance' in the Welsh version of the Bill.	This amendment is a correction to the Welsh text only, there is no change required to the corresponding English text.	7	**4**	10
29	**Safeguarding - Technical**	Amend Sections 106 and 108 to remove the word 'including', and replace with the word 'or'.	N/A - Technical amendment.	The reason for this amendment is to achieve consistency in drafting throughout the Bill.	2	**4**	7
30	**Enactment Amendments**	Amend section 166 to widen the definition of 'enactment' to include legislation from Scotland and Northern Ireland, in addition to Wales and England. Amend sections 117, 153(7) and 167 to limit the definition of 'enactment' for those provisions to only legislation from Wales and England.	The effect of these amendment is that where a provision in the Bill relates to an enactment, this will include legislation from all 4 nations, rather than Wales and England only; except for sections 117, 153(7) and 167, where that definition will be limited.	The reason for these amendments is that the definition of 'enactment', as currently set out in Section 166 of the Billl, places unneccesary and unintended limitations on our legislation. These amendments seek to rectify that issue. There are also links to the way in which Cross Border issues are being dealt with.	TBC	**4**	V

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Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

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