

Agenda – Y Pwyllgor Cyllid

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – Senedd	Bethan Davies
Dyddiad: Dydd Mercher, 21 Mawrth 2018	Clerc y Pwyllgor
Amser: 09.00	0300 200 6372
	SeneddCyllid@cynulliad.cymru

- 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**
(09.00)
- 2 Cost Gofalu am Boblogaeth sy'n Heneiddio: Sesiwn dystiolaeth 3**
(Age Cymru ac Ymddiriedolaeth Gofalwyr Cymru)
(09.00–09.50) (Tudalennau 1 – 37)
Victoria Lloyd, Prif Swyddog Gweithredol Dros Dro, Age Cymru
Kate Cubbage, Uwch Reolwr Materion Allanol, Ymddiriedolaeth Gofalwyr Cymru

Papur 1 – Tystiolaeth ysgrifenedig: Age Cymru
Papur 2 – Tystiolaeth ysgrifenedig: Ymddiriedolaeth Gofalwyr Cymru
- 3 Cost Gofalu am Boblogaeth sy'n Heneiddio: Sesiwn dystiolaeth 4**
(Fforwm Gofal Cymru)
(09.50–10.30) (Tudalennau 38 – 53)
Mary Wimbury, Prif Weithredwr, Fforwm Gofal Cymru
Mario Kreft, Cadeirydd, Fforwm Gofal Cymru
Sanjiv Joshi, Aelod o'r Bwrdd, Fforwm Gofal Cymru

Papur 3 – Tystiolaeth ysgrifenedig: Fforwm Gofal Cymru
- 4 Cost Gofalu am Boblogaeth sy'n Heneiddio: Sesiwn dystiolaeth 5**
(Comisiynydd Pobl Hŷn Cymru)
(10.30–11.10) (Tudalennau 54 – 89)
Sarah Rochira, Comisiynydd Pobl Hŷn Cymru



Papur 4 – Tystiolaeth ysgrifenedig: Comisiynydd Pobl Hŷn Cymru

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

(11.10)

6 Cost Gofalu am Boblogaeth sy'n Heneiddio: Trafod y dystiolaeth

(11.10–11.20)

7 Trafod y flaenraglen waith

(11.20–11.40)

(Tudalennau 90 – 96)

Papur 5 – Blaenraglen waith

8 Proses y gyllideb ar gyfer deddfwriaeth – Papur cwmpasu

(11.40–12.00)

(Tudalennau 97 – 102)

Papur 6 – Proses y gyllideb ar gyfer deddfwriaeth – Papur cwmpasu

9 Deddf Casglu a Rheoli Trethi (Cymru) 2016: Offerynnau Statudol ym maes treth

(12.00–12.10)

(Tudalennau 103 – 107)

Papur 7 – Rheoliadau Casglu a Rheoli Trethi (Cofnodion Treth Gwarediadau Tirlenwi) (Cymru) 2018

[Rheoliadau Casglu a Rheoli Trethi \(Cofnodion Treth Gwarediadau Tirlenwi\) \(Cymru\) 2018](#)

[Rheoliadau Casglu a Rheoli Trethi \(Cofnodion Treth Gwarediadau Tirlenwi\) \(Cymru\) 2018 – Memorandwm Esboniadol](#)

Papur 8 – Rheoliadau Deddf Casglu a Rheoli Trethi (Cymru) 2016 (Darpariaethau Canlyniadol ac Atodol) 2018

[Rheoliadau Deddf Casglu a Rheoli Trethi \(Cymru\) 2016 \(Darpariaethau Canlyniadol ac Atodol\) 2018](#)

[Rheoliadau Deddf Casglu a Rheoli Trethi \(Cymru\) 2016 \(Darpariaethau
Canlyniadol ac Atodol\) 2018 – Memorandwm Esboniadol](#)



Consultation Response

The Cost of Caring for an Ageing Population

Finance Committee

January 2018

Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe that older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We welcome the opportunity to respond to the Finance Committee's Inquiry into the Cost of Caring for an Ageing Population.

We would like to make the following comments in relation to the terms of reference cited for the Inquiry:

To examine patterns in demand for social care services for those of pension age and the related costs of delivery of residential and non-residential care, taking account of the role of informal carers who provide unpaid services to those requiring care;

1. By 2019, the population of Wales aged 65-84 years is expected to rise by 27% and the population aged 85+ years, by 127%¹.
2. In Wales, healthy life expectancies are increasing, but the number of years spent living with poor health is also increasing². Public Health Wales states that men and women are likely to spend on average 17 and 20 years respectively living in poor health. Worryingly, differences in both life expectancy and healthy life expectancy between different areas in Wales are not reducing. In fact, men and women in the most deprived areas of Wales

¹ Public Health Wales Observatory (2018) Health and its determinants in Wales.

² Public Health Wales Observatory (2018) Health and its determinants in Wales.

spend approximately 19 and 18 years less in good health respectively, and die on average 9 and 7 years earlier respectively, than those living in the least deprived areas³.

3. The instance of diseases people in Wales are living with is changing. Although the number of disability adjusted life years (DALYs) due to cardiovascular disease has fallen by 42% over the last 26 years, there has been a rise of 25% in DALYs associated with neurological conditions including dementia. 45% of adults aged over 75 in Wales report having two or more long term illnesses.
4. Wales Public Services 2025 states that local authority spending on social care for older people is not keeping up with population growth. It estimates that spending may need a 2.5% year-on-year increase until 2021 to return to the per head spend in 2009 - 10⁴. Although spending on local authority adult social care since 2009 has remained static in Wales, the growing number of older people means that spending per older person has actually fallen by over 12%.⁵
5. The statistics cited above indicate that demand for residential and non residential care will undoubtedly increase. Social care has historically suffered as a consequence of under-funding and this situation has been further aggravated in recent years as a result of widespread reductions in public sector budgets. The continued provision of good quality social care is unsustainable without a significant investment of funding to address the issue of persistent under-investment.
6. Although it is clear that caring for Wales' ageing population will require significant investment, the cost of not caring could be much higher. A failure to invest in services that keep people safe and healthier for longer will undoubtedly increase pressure on emergencies services, already struggling to cope with demand. (More than 82,500 people went to A&E in the month of November 2017, an increase of just over 2,660 compared to November 2016⁶).
7. In order to maintain the cost of caring at a manageable level, the Welsh Government must ensure that older people in every part of Wales can access effective hospital discharge programmes, support for carers and locally managed preventative services that are agile and responsive to need.

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⁴ Wales Public Services 25 (2017) A delicate balance? Health and Social Care Funding in Wales.

⁵ Wales Public Services 25 (2017) A delicate balance? Health and Social Care Funding in Wales.

⁶ NHS Confed (2017) Available @ <http://www.nhsconfed.org/news/2017/12/numbers-of-people-attending-accident-and-emergency-in-wales-are-up>

8. Informal carers

The increase in the number of years people spend in poor health will inevitably place additional pressures on unpaid carers. According to recent figures there are more than 370 000 carers⁷ living in Wales, representing 12.1% of the Welsh population. It is estimated that unpaid carers save the economy £8.1 billion a year⁸.

9. Too often in these financially difficult times, carers are increasingly relied upon to fill gaps in provision. As eligibility criteria has tightened year on year, fewer and fewer people are eligible for state-provided social care. Sadly, many carers and those they care for do not receive help until they are at crisis point. By this stage, not only are the health – physical and mental – and the financial future of the carer deeply compromised, but the required intervention is significantly more costly and intensive than preventive measures implemented at an earlier point. Carers play a vital role, both economically and socially. The health and social care systems simply could not cope without them. Reliance on carers is not a sustainable basis for meeting growing demand. Without adequate support for carers, pressures on the NHS and the social care system can only continue to grow.
10. Age Cymru believes that the Welsh Government must make greater provision for older carers across Wales in order to ensure they achieve an acceptable quality of life, in terms of mental and physical health and wellbeing, and opportunities for social and financial inclusion.

To examine the financial pressures on the social care system, such as increases in wages, automatic pension enrolment and staff recruitment and retention difficulties, including the related financial impacts arising from the UK leaving the European Union

11. Commissioning practices are fundamental to ensuring good quality social care is provided. One area in which difficulties have been evident in recent years has been with the practice of task and time based commissioning.
12. Commissioning needs to shift to an outcomes-based approach, reflecting the intention of the Social Services and Well-being Act. Purchasing care in units of time, or simply according to cost, makes it increasingly difficult for staff to delivery good quality care and preserve the dignity of the person being supported.

⁷ Carers Trust (2018) Wales Available @ <https://carers.org/country/carers-trust-wales-cymru>

⁸ Carers Trust (2018) Wales Available @ <https://carers.org/country/carers-trust-wales-cymru>

13. The price paid to the service provider by the local authority also has implications for the terms and conditions of those employed in the sector, and can impact upon recruitment, retention and staff morale. Social care is a sector in which zero hours contracts and the minimum wage are widespread. As a consequence, recruitment and retention of staff are both difficult, undermining the ability to provide good quality care. There are also implications for the ability to provide continuity of care. This is especially problematic in light of the fact that a growing number of those receiving support are living with dementia. Providing appropriate care to people with dementia requires continuity in terms of the staff providing care, as unfamiliar faces can lead to confusion, fear and even an exacerbation of difficult behaviour.
14. It is clear that the commissioning process needs to be led by people who have knowledge about, and experience of, the personal care services that they are commissioning. Without appropriate knowledge, there is a continued risk that the level and type of service commissioned are unsuitable to provide the necessary support to those on whose behalf they are being commissioned.
15. Domiciliary care services face a number of challenges if they are to provide a high quality service to the vulnerable older people of Wales. The care they provide is not 'basic', which suggests low-level, but rather 'fundamental' – essential to an older person living a more independent life and maintaining their dignity. The relationship between quality and dignity is critical – it is not just about what support is provided, but about the way in which it is provided. We have high expectations of our domiciliary care workers, which are not reflected in the way in which the role is viewed in broader terms. It is a difficult job yet society does not always appear to value the contribution these essential workers make in providing care for the vulnerable.
16. Conducting difficult work for low pay creates problems in recruitment and retention. Indeed, it is a testament to the dedication of many domiciliary care workers that they continue to do their job. Low pay, in combination with the perceived low social status of the role, is off-putting for many. This problem will only exacerbate the difficulty of delivering quality care as demand grows.
17. A high turnover within the work force is viewed as a significant factor exacerbating threats to the human rights of older people. Many of the issues that make it difficult to recruit domiciliary care workers also make it difficult to retain domiciliary care workers, especially when the difficulty of the role is not adequately compensated in comparison with jobs in other sectors that appear to be easier and which receive equal or higher levels of pay.
18. A core element of both recruiting and retaining domiciliary care workers is to

improve the terms and conditions relating to the role, to make the job both more attractive and also more competitive with the terms and conditions offered in other sectors to which staff could be lost, for example retail.

19. However, it is not clear that terms and conditions can be improved sufficiently to make the role more attractive to people without tackling the difficulties relating to commissioning processes and sustainable funding that must underpin improvement in those terms and conditions and provide sufficient rewards and incentives for undertaking a challenging role.

To consider the financial impact of current Welsh Government policies - including recent social services legislation and reforms to social care funding - on local authorities, care providers and service users; (section from Crisis in Care.)

20. Paying for care

Regulations derived from the Social Services and Well-being Act aim to introduce a single framework for both residential and non-residential care with regard to financial assessment and charging. However, there is a fundamental debate over the basic fairness of charging people for the care and support they have been assessed as needing. Age Cymru's longstanding view is that a far more equitable system would be to ensure that care services are provided free at the point of use in the same way as NHS services. This would ensure that care is available to everyone at their time of need and spread the cost of care services across the population, instead of the cost simply falling on those people unfortunate to develop care needs.

21. Currently in Wales there is a maximum weekly charge for non-residential care, which increased from £60 to £70 per week in April 2017. This policy represented a clear step forward in seeking to make non-residential care services affordable and eliminating large amounts of regional inconsistency in charging levels and practices. Paying for residential care in later life is a cause of concern for many older people wishing to pass on a financial legacy to the next generation. Consequently, Age Cymru recognises that the proposed increase to the capital limit will be welcomed by many. Although the local government financial settlement provided £4.5m to fund the commitment of increasing the capital limit used by local authorities that charge for residential care, our key concern is to ensure that the social care system is funded to meet the needs of our ageing population.

22. Eligibility criteria

Age Cymru has concerns about how the eligibility criteria contained within the Social Services and Well-being Act is being implemented by local authorities. The new criteria states that people are only eligible for care and support if their needs 'can and can only' be met by social services. However we have

heard from older people who feel that the assessors have made unreasonable assumptions about their ability to cope without formal support.

23. For example, Mrs G's husband was discharged from hospital with advanced dementia but no care assessment was carried out. Unable to cope without night time support, Mrs G arranged for a private care service to assist her husband for several nights per week. The bill for this support was over £2000 a month. When Mr G was finally assessed, the care plan did note the need for night time care, but did not treat this as a responsibility of the local authority as it was judged that the family had managed to cover these requirements themselves. The expense of this privately arranged care meant that Mrs G tried to carry out as much of the care responsibility as she could manage, a situation she found very difficult. (See appendix 1 for case study).
24. Mrs G's lack of formal support and respite had a very negative impact on her health and well-being and she confessed to feeling lonely and desperate. Our concern, illustrated by this case, is that unreasonable assessments made by local authorities about the level of support needed, are pushing more and more individuals and carers to crisis point, ultimately costing the NHS more. The aim of the eligibility criteria is to increase access to and use of locally based preventative services, but we fear that it is actually being used as a means to deny much needed formal support.
- 25. Residential care 'top up' charges**

People entering residential care should have choice over their accommodation. In reality, choice is often limited, particularly in rural areas. Older people can be placed in a situation where there are no places available within a close proximity of where they or their family members live at a rate that their local authority is willing to pay. This can result in people being faced with little actual choice, and having to arrange third-party top-up payments in order to stay living locally or moving to an unfamiliar location that may be far away from friends and family.
26. Although the Social Services and Well-being Act's Code of Practice⁹ requires authorities to assess an individual's and their relatives' ability to pay prior to placing a person in a home requiring third party payments, it is nevertheless found that relatives can be issued with unexpected bills. Age Cymru has been informed that even relatives in receipt of welfare benefits have been asked to contribute to their relative's care costs. It appears that in some cases, local authorities are failing to explain the requirement for relatives to pay top ups

⁹ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 2 – April 2017)

and are simply passing the additional payment requirements to relatives without their prior agreement or knowledge. (See appendix 2).

To consider future social care needs and related costs, including the projected increase in the proportion of the population of Wales of pension age;

and

To assess the fiscal levers available to the Welsh Government to reform the arrangements for funding social care. This will include the consideration of alternative models, including international examples, for the funding of social care to ensure a good quality, fair and sustainable service in a time of increasing demands on the health and social care systems;

27. The Institute of Welsh Affairs has predicted that the number of people aged 65 and over receiving residential care services would increase by 82% between 2015 and 2035, and the numbers receiving community based services by 67%. However the Welsh Government's *Assessments and Social Services for Adults in Wales, 2015-16* shows that;

- the provision of adult community-based care services is falling year on year
- the provision of home care is falling year on year and
- the provision of respite care is also falling.

28. Age UK has drafted these principles for reform which Age Cymru supports:

- A guarantee of sufficient quality and quantity of care for low income older people
- New financial products to meet the remaining costs of care for middle to high income older people, such as private insurance
- Payments to support the additional costs of disability continue to be available on a non means-tested basis as a national, legal entitlement
- Adequate funding for advice, assessment and support to arrange services
- An end to age discrimination in the provision of care and support
- A system which supports rather than penalises families and carers
- Alignment with the NHS and other local government services such as housing support
- A flexible system which gives users control and permits different types of care services, such as advocacy, to develop.

29. Reform cannot be achieved without a large investment of new money.

If we merely maintain the current funding level, the projected rise in older people living with complex needs means that we will cause misery and danger for hundreds of thousands of frail older people.

30. The Health Foundation found that adult social care funding in Wales as a whole (i.e. younger adults as well as older) would need to rise by 4% each year to a near doubling by 2030 and pushing spending up to £2.3 billion. Wales Public Services 2025, also found that local authority spending per older person has declined over the last seven years by around 13% and that £134 million a year more would be needed by 2020-21 to get back to 2009-10 per-capita levels¹⁰.

To consider the findings and conclusions of the Parliamentary Review

31. Age Cymru welcomed the Parliamentary Review of Health and Social Care and its finding that too much care is reactive. Although we have stated earlier in this response that local authorities seem to be struggling to implement the Social Services and Well-being Act, adherence to the legislation which promotes preventative services should prevent families and individuals from reaching crisis point and save money in the long term.
32. We therefore support the Review's recommendation that *'care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality.....delivering what users and the wider public say really matters to them.'*
33. We also fully support the vision of a *'one seamless system for all.'* In our response to the Parliamentary Review, Age Cymru recommended that this could be achieved by the following steps;
 - Regional partnership boards must identify areas where pooled budgets and joint commissioning can be effective by increasing the focus on the provision of person-centred care.
 - The Welsh Government, local authorities and other funders must work together and with third sector organisations, to ensure that the preventative services they provide are maintained on a sustainable footing.
 - Where successful pilot programmes have been implemented, local authorities, local health boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.

¹⁰ Wales Public Services 2015 (2017) A delicate balance? Health and social care spending in Wales.

- Local authorities and local health boards should develop effective mechanisms for the sharing of information and data.
- Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive.

Appendix 1

Case study regarding eligibility criteria

Mr G is in his 80s, has dementia, severe mobility difficulties and is heavily reliant upon his wife for personal care throughout the day and night. When Mr G was discharged following a lengthy period in hospital, Mrs G (also in her 80s) was told her husband would require two night time carers, as well as daytime care provision.

Although Mr G was assigned a social worker for a short period after discharge, a care needs assessment was not carried out for over 8 months. The couple were not provided with the resulting care plan for over 6 months and although the local authority claimed a financial assessment had been carried out, it was never located.

Unable to cope without night time support, Mrs G arranged for a private care service to assist her husband for several nights per week. The bill for this support was over £2000 a month. When Mr G was finally assessed, the care plan did note the need for night time care, but did not treat this as a responsibility of the local authority as it was judged that the family had managed to cover these requirements themselves.

The expense of this privately arranged care meant that Mrs G tried to carry out as much of the care responsibility as she could manage, a situation she found very difficult. Despite this, the authority did not assess her needs as a carer until Age Cymru's intervention, whereupon social services arranged and paid for night time care provision for two nights per week as a means to allow Mrs G to rest. This took place over a year after her husband's original discharge from hospital.

Appendix 2

Case study regarding top up fees for residential care

Over the last few years Trish's mother, who is living with dementia, became increasingly confused and was often found wondering the streets of Cardiff, sometimes without a coat. As her condition worsened, it became clear that she could no longer cope with living on her own.

Trish contacted Cardiff Social Services and explained that her Mum's case was now an emergency and that she needed to be placed in a home that would offer some form of safety and security. A temporary place was found for her at a care home, albeit at the opposite side of the City.

Trish's Mum was then assessed by Cardiff Social Services and found to be in need of stimulating activities because of her levels of intelligence, as well access to her own shower and toilet due to previous surgical procedures.

Three care homes in Cardiff were found to be suitable but Cardiff Social Services stated that Trish would need to agree to pay a top up fee of £550 a week before her mum could move in. Trish's financial situation means that she has no way of meeting such a 'top-up fee. Instead the local authority suggested a number of care homes that did not match the assessed needs of her mother.

Trish's mother was forced to spend 10 weeks in a care home that did not meet her specific needs. Her communication skills deteriorated and she lost the means to undertake simple tasks such as using a door handle.

Finally, after a raft of letter writing and a series of frantic telephone calls, the local authority agreed to pay the top-up-fee for Trish's mother which allowed her to move into a home that can deal with the complex needs of advanced dementia. As a result, Trish's mum is now physically active, communicative and content.



Cost of caring for an ageing population

Carers Trust Wales exists to improve support, services and recognition for unpaid carers in Wales. With our Network Partners – local services that deliver support to carers – we work to ensure that information, advice and practical support is available to carers across the country.

Carers Trust Wales delivers practical support and information to carers and to those who work with them including: schools, social workers, nurses, pharmacists and physiotherapists. We also seek to influence decision-makers, the media and the public to promote, protect and recognise the contribution carers make, and the support they deserve.

We welcome the opportunity to contribute to the Finance Committee's inquiry into the cost of caring for an ageing population.

Whilst we are not best placed to comment on all aspects of the inquiry's terms of reference in detail, we believe that the below evidence falls within the scope of the inquiry, providing a broad insight into the challenges facing un-paid carers in Wales.

Key recommendations:

- Develop mechanisms to support uptake of Carers Allowance so it is actively encouraged and promoted in Wales and consider the potential benefits of seeking to devolve relevant legislative tools to Wales (including Carers Allowance)
- Introduce a national Carer Well-being Fund to provide for greater flexible 'respite' and breaks for carers across Wales, coordinated by the third sector and delivered in partnership with local authorities and local health boards.
- Press the Welsh Government on the capacity and ability of local authorities and health boards to deliver the duties outlined for carers in the Social Services and Wellbeing (Wales) Act
- A significant shift in funding to support local authorities deliver preventative services and long-term consideration of the role of the third sector in planning to support older carers over the next 30 years

To examine patterns in demand for social care services for those of pension age and the related costs of delivery of residential and non-residential care, taking account of the role of informal carers who provide unpaid services to those requiring care;

To consider future social care needs and related costs, including the projected increase in the proportion of the population of Wales of pension age;

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To assess the fiscal levers available to the Welsh Government to reform the arrangements for funding social care. This will include the consideration of alternative models, including international examples, for the funding of social care to ensure a good quality, fair and sustainable service in a time of increasing demands on the health and social care systems;

Scale of the contribution made by carers

1. 3 in 5 of us will become a carer at some point in our lives. There are millions of unpaid carers providing support across the UK with the last census showing that there are at least 370,000 in Wales: the highest proportion of carers in the UK.¹
2. In almost every category, Wales has the highest proportion of carers in the UK – including the highest proportion of older carers and the highest proportion of carers providing over 50 hours of care a week.
3. One in five people aged 50–64 are carers in the UK. 65% of older carers (aged 60–94) have long-term health problems or a disability themselves. 68.8% of older carers say that being a carer has an adverse effect on their mental health. One third of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities.²
4. Unpaid carers contribute £8.1 billion to the Welsh economy each year (this is calculated at the cost of an hour of unpaid care being paid at the minimum wage) and it is important that this valuable contribution is recognised and appreciated.³

Support currently available

5. Whilst Welsh Government has made great progress towards better supporting carers through innovative policy and legislative change, recognition and implementation has been slow and inconsistent. Too often, there has been a failure to understand the complex relationship that exists between carers and services and the importance of developing systems and structures that recognise, support and empower carers both to deliver good care and to prioritise their own wellbeing and life goals.
6. Strong legal rights, for example those delivered through the Social Services and Wellbeing (Wales) Act, have yet to be consistently delivered to the spirit and letter of the law at the point of implementation. For example, Carers Trust Wales and our local Network Partners, have been made aware of waiting lists for carers needs assessments, low levels of awareness amongst carers of their entitlement to an assessment or a clear understanding of when an assessment has been

¹ <https://carers.org/key-facts-about-carers-and-people-they-care>

² <https://carers.org/key-facts-about-carers-and-people-they-care>

³ <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

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undertaken. In some cases, “what matters” conversations are being held instead of formal needs assessments and carers have reported being steered away from a needs assessment because services would not be available to meet support needs should they be formally identified.

7. Carers Wales’ Track the Act briefing provides clear evidence to support our concerns regarding the extent to which the Social Services and Wellbeing (Wales) Act is ensuring that Carers’ needs are being identified and met in all Local Authorities across Wales.⁴

Why supporting carers is a good investment

8. Carers are unpaid. Carers are not, however, “cost-free”. They require care and support in their own right to enable them to care without risking their work, health and wellbeing. It is important, when considering the cost of caring for an ageing population, that meeting the associated needs of unpaid carers is expressly factored in.
9. Carers’ own health and wellbeing needs are often exacerbated or caused because of their caring role.⁵ If carers’ health continues to deteriorate it will have a negative impact on their own wellbeing, and also the wellbeing of the person or people they care for. It may also have an impact on the health and social care services as they may be required to provide unplanned, emergency care to the people with care and support needs.
10. The un-paid work of carers props up the health and social care system in Wales⁶. If we do not move quickly to get the right support, to the right people, at the right time, significant additional pressures will inevitably be placed on health and social services as more and more carers feel forced to give up their unsustainable caring roles.
11. Supporting carers appropriately delivers benefits for carers and the people they care for. For example:
 - supporting carers by providing breaks and emotional support helps to prevent burnout and keep carers caring for longer;
 - working to encourage carers into or to continue in education improves their emotional well-being and personal fulfilment as well as widening their options for future employment, education or training;
 - involving carers in hospital treatment and clinical decisions improves communication and planning which results in better outcomes for both patient and carer.

⁴ <https://www.carersuk.org/files/section/5763/track-the-act-briefing-2-final-draft-year-1.pdf>

⁵ <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>

⁶ <http://www.wales.nhs.uk/carers>

However, too often carers are not supported in any of these ways.

12. The roles undertaken by carers are of clear benefit to the Welsh economy and contribute to easing pressure on local authorities and NHS Wales in a challenging financial climate. To maintain their caring role, and their own health and wellbeing, different carers need different kinds of support.
13. The specific support individual carers need to thrive will be as diverse as their circumstances. In our experience, this can range from requiring better information on managing medicines to having access to reliable services to provide a much-needed break from caring.⁷ However, the first step in delivering appropriate support will always stem from individuals and professionals being equipped with the information and tools they need to identify carers and to understand the barriers they face.
14. Failing to address the pressures currently facing carers will undoubtedly have economic consequences. Additionally, failure to change will risk the health, wellbeing, financial security and life chances of a whole generation of carers. Carers provide 96% of care in the communities of Wales and too often their own needs are not acknowledged or met⁸.
15. We believe that in order for vital health and social care services to survive carers and the services they rely on must be placed on a sustainable footing and given the tools to thrive.
16. In England, the Royal College of General Practitioners has worked with Baker Tilly to identify the social return on investment which can be made when CCGs invest in services which support carers. The study shows that this could equate to a saving of almost £4 for every £1 invested.⁹
17. Additionally, an Impact Assessment published by the Department of Health in England in October 2014 makes an estimate of the “monetised health benefits” of additional support for carers. This estimates that an anticipated extra spend on carers for England of £293 million would save councils £429 million in replacement care costs and result in “monetised health benefits” of £2.3 bn. This suggests, as a ratio, that each pound spent on supporting carers could save councils £1.47 on replacement care costs and benefit the wider health system by £7.88.¹⁰
18. The services carers receive and require are diverse and include a wide range of

⁷ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

⁸ <http://gov.wales/about/cabinet/cabinetstatements/2017/carersfriendlywales/?lang=en>

⁹ <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx>

¹⁰ Department of Health (2014) Impact Assessment (Carers)
http://www.legislation.gov.uk/ukia/2014/407/pdfs/ukia_20140407_en.pdf

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local and national services. Services include:

- information, advice and support
- short breaks
- replacement care
- palliative care
- employment support
- training
- benefit support.

The preventative value of these services, both in securing the well-being of individuals, and in avoiding additional costs to local authorities and local health boards, is well-established. For example:

A longitudinal study of 100 people with dementia found a 20-fold protective effect of having a co-resident carer when it comes to preventing or delaying residential care admissions¹¹

Carers providing more than 50 hours of care per week are twice as likely to report ill health as those not providing care. Wales has the highest proportion of carers providing more than 50 hours of care per week in the UK.¹²

19. One study found that problems associated with the carer contributed to readmission in 62% of cases¹³

20. Additionally, many carers are unaware of the extra financial support they are entitled to. In 2010, a working paper by the Department for Work and Pensions estimated that uptake of Carer's Allowance across the UK was around 65%.¹⁴

21. Out of carers surveyed, 9% had missed out on Carer's Allowance for 3–5 years, 10% for 5–10 years and 14% for over ten years, because they did not realise they were entitled to it.¹⁵

Prioritising and funding respite care

22. We know that carers value flexible breaks and respite care. Breaks can help to ensure that the carer remains well and is able to continue to provide care. The Social Services and Well-being (Wales) Act places carers on the same legal

¹¹ Banerjee, S, Murray, J, Foley, B, Atkins, L, Schneider, J, Mann, A (2003) Predictors of institutionalisation in people with dementia, *Journal of Neurology, Neurosurgery & Psychiatry* 2003, 74, 1315–1316.

¹² <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>

¹³ Williams, E, Fitton, F (1991) Survey of Carers of elderly patients discharged from hospital, *British Journal of General Practice*, 41, 105–108.

¹⁴ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

¹⁵ <https://carers.org/key-facts-about-carers-and-people-they-care>

footing as those they care for, and places a duty on local authorities to promote and provide preventative services.

23. Despite this, services across Wales that provide quality breaks and respite for carers have been squeezed, and commissioning has focused increasingly on price rather than quality. We have also seen a significant decrease in individuals accessing day services or respite care since 2012.¹⁶
24. We believe that there would be value in introducing a national Carer Well-being Fund to provide additional breaks for carers across Wales, coordinated by the third sector and delivered in partnership with local authorities and local health boards.
25. Introducing a modest fund of approximately £1.4million a year would be able to generate over 53,000 hours of additional breaks for carers in Wales. This relatively small investment would also provide a powerful base upon which third sector preventative services could build and develop. Such a fund would have the long-term benefit of helping mitigate against additional or unsustainable demand on local health and social care services.

To examine the financial pressures on the social care system, such as increases in wages, automatic pension enrolment and staff recruitment and retention difficulties, including the related financial impacts arising from the UK leaving the European Union;

26. We know that many unpaid carers could not manage without the high-quality support of paid care support workers. The government must ensure that enough paid staff are available to support carers – wherever these workers come from in the world.
27. Planning for the different scenarios possible after the UK leaves the European Union in March 2019 must be considered. Plans must be put in place to ensure that there is no rapid or sudden decrease in numbers of paid care support workers, as they help many carers get the break from caring that they need, or provide the reassurance to carers that the person they care for is having their needs met. It is vital for the health and wellbeing of unpaid carers to get a break from, or support with, their caring role. It is important that after Brexit, carers still have access to this support from paid care support workers.

To consider the financial impact of current Welsh Government policies - including recent social services legislation and reforms to social care funding - on local authorities, care providers and service users;

¹⁶ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

28. Funding for Carers services is insufficient, and narrowly restricted to the implementation of the Social Services and Wellbeing Act. It is also short term in nature and lacking in transparency at the point of allocation.
29. Consideration needs to be given to the cost benefit of properly mapping, commissioning and resourcing appropriate services throughout Wales. In particular, as highlighted above, it is important to more sustainably fund respite care and breaks.
30. Further funding is needed for respite and short breaks. This must be ring fenced to Local Authorities, and part of a long-term funding stream. We have been funded by Welsh Government to undertake a Wales wide study to investigate the ways in which flexible support (including emergency support and short breaks) could best be provided longer term. It is important that these report findings are used to deliver a step-change in the funding and commissioning of appropriate respite services for carers across Wales.
31. The challenges facing unpaid carers in Wales today are significant and have growing potential to impact on our public services if they are not robustly addressed. The demand on health and social care services is growing and projected to grow further still. If just a small percentage of carers stopped caring, health and social care services could easily become unsustainable. Supporting our unpaid carers is the definition of a preventative integrated health and social care service.
32. At a national level, in particular within Welsh Government, unpaid carers are largely considered within the parameters of the Social Services and Integration department. Current thinking, and policy development within other departments fails to be fully cognisant of the fact that public services, particularly our NHS, are increasingly being challenged by carer-related issues and will be challenged further still if carer relationships breakdown as a result of lacking support.
33. It is important to address the wider issues facing carers in a way that is mindful of the significant impact failing to support carers could have on the wider economy, health and social care services. There are significant social and economic advantages to supporting carers to live health and fulfilling lives. It is important that policy, legislation and practice work together effectively to deliver a truly carer friendly Wales.
34. We believe that a new Carers Act for Wales could be a key piece of legislation that could usefully bring together many of the unconnected strands of carer support and deliver some much-needed funding. Crucially, legislation would give Wales the opportunity to address some challenges in a clear and definitive way including:

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- delivering carers needs assessments
- informing carers about support
- supporting carers in education
- supporting carers in employment
- recognising carers as partners in the care of the person they care for in medical settings

35. Such legislation would build on the legislative progress already made by Welsh Government in social care by delivering more focus and funding to the carers elements of the Social Services and Wellbeing (Wales) Act.

A similar Act in Scotland is at pre-implementation stage but is already ensuring that the issues are being addressed jointly by different departments across Scottish Government.

It also includes elements designed to address many of the structural barriers to supporting carers in the longer term which we also face in Wales, such as:

- a lack of data collection for carers.
- a lack of identification of carers of all ages in a variety of contexts (including schools and healthcare settings).
- a lack of self-identification.
- a lack of information and support.

A Carers Act for Wales could help to deliver collaboration, joined up thinking and appropriate funding for many of the practical day to day requirements for local authorities in particular: how to fund, train and support delivery and promotion of carers needs assessments.

A Wales Carers Act would be an opportunity to address the issues in detail for the long term. Delivered properly, it would not only save public services huge sums of money, it would send out an important statement that Welsh Government is addressing and acting on a critical issue for the nation's future.

Additional information

Groups of carers with specific needs

36. It is important that the committee is mindful of some of the specific challenges facing older carers and carers of people with dementia when considering evidence in relation to this inquiry.

Key Issues for Carers of People with Dementia

37. Carers Trust's research into the experiences and needs of carers of people with dementia, demonstrates clearly what the issues faced by this group of carers experience. A Road Less Rocky¹⁷, sets ten key crisis points when carers of people with dementia need specific, information, advice and support in their own right to prepare for and cope with their caring journey. These are:

- When dementia is diagnosed,
- When the carer takes on an "active" caring role,
- When the capacity of the person with dementia declines,
- When the carer needs emotional support and/or a break from caring,
- When the person with dementia loses their mobility,
- When the person with dementia has other health problems,
- When the carer has to cope with behavioural problems,
- When the carer's own circumstances change,
- When the person with dementia becomes incontinent,
- When decisions about residential care and end of life care have to be made

38. Carers are still going unidentified at an early enough point whereby they reach crisis point at one of these later points which has long term implications for their own health and wellbeing and often leads to the person they care for being admitted to residential care.

39. Carers of people with dementia experience particular challenges that are in addition to the wider issues experienced by all carers. Often due to their age, the nature and complexity of dementia and their own health needs they are a particularly vulnerable group who need attention in their own right.

40. It is important that all hospitals in Wales develop their carer awareness to ensure that carers are included throughout the care pathway which would reduce poor discharge practices.

41. Additionally, Commissioners must ensure carers of people with dementia are included in commissioning decisions including ensuring their own needs (as identified in the Road Less Rocky) are taken into account when commissioning services.

Older carers

42. The numbers of older carers is growing all the time, those aged 85 and over grew by 128% in the last decade (Carers UK and Age UK, 2015).

¹⁷ Newbronner. L, Chamberlain. R et al, A Road Less Rocky – Supporting Carers of People with Dementia, Carers Trust, 2013

43. Older carers have their own specific needs and have tended to be a forgotten group, often going unidentified because they do not recognise themselves as a carer or are not recognised by services. With an aging population and the increase in the life expectancy of people with learning disabilities which is to be celebrated; people are caring for longer and later in their lives¹⁸.

44. Key issues for older carers include:

- Lack of recognition of their own health needs and the impact of caring on their own health and wellbeing.
- Isolation and loneliness, especially in relation to unavailable, inappropriate or inaccessible transport.
- Complex management and navigation models of health and social care systems with no support.
- Lack of preparation including a lack of awareness of the likelihood for caring in later life, especially so for carers who have been caring for children with long term conditions whose life expectancy meant they were unlikely to reach old age but increasing numbers now are.
- Older carers have a strong sense of “duty to care”, this can be reinforced by health and social care professionals which means they may feel they have no choice or continue to do so longer than they are able.
- Lack of information on financial planning, including information on lasting powers of attorney are not provided at an early enough point.

It is also worth referring to a number of reports produced by Carers Trust which support this^{19,20}:

To support older carers it is important that:

45. Primary and secondary care services identify older carers as early as possible and ensure they are referred for a carers need assessment.

46. Planning for caring in later life should be considered as a public health priority and the public supported to plan for their own care needs and the potential for becoming a carer in later life.

47. Health and social care systems must be aligned and integrated to ensure older carers are not required to navigate the complex systems for both their own and the person they care for's health needs. This presents particular challenges when discharging an unpaid carer from hospital.

¹⁸ Marks. L, Retirement on Hold, Carers Trust, 2016 (due to be published January 2017)

¹⁹ Fraser. M, Always on Call, Always Concerned, Carers Trust, 2011

²⁰ Caring about Older Carers: Providing Support for People Caring in Later Life, Carers Trust, 2015

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48. There must be improved information and guidance on financial planning including information on Lasting Powers of Attorney to ensure carers are prepared for the future and are not required to address these issues too late in their caring journey.
49. Public, community and hospital transport must be improved to address issues of isolation and loneliness which are particularly acute issues for older carers.
50. Clearer support and guidance to help carers navigate a complex health and care system.

Mae cyfyngiadau ar y ddogfen hon

**RESPONSE TO THE NATIONAL ASSEMBLY FOR WALES
FINANCE COMMITTEE
INQUIRY INTO THE COST OF CARING FOR AN AGING POPULATION**

Who are we?

Care Forum Wales is the leading professional association for independent sector social care providers in Wales with over 450 members. Of particular relevance to this enquiry is the fact that our membership includes those who provide care homes and domiciliary care services for older people. Our members come from both the private and third sectors and we aim to engage and professionally support independent providers, to spread good practice, and help members provide a high quality service.

Our members include a variety of structures: large corporate groups, home-grown small and medium enterprises (SMEs), registered social landlords, and voluntary or charitable bodies.

Our members include organisations providing support to older people in a variety of ways:

- Residential care homes
- Nursing homes
- Domiciliary care providers, which provide social care to people in their own homes
- Extra care housing providers, offering varying levels of support facilities for tenants living in their own apartments.

The purpose of the inquiry is to assess, in the context of the major economic and strategic challenges facing the Welsh Government in its development of policy, the financial impact of the cost of caring for an ageing population

The Social Services and Wellbeing Act (Wales) gives an emphasis on early intervention and prevention and re-ablement, but we need to be realistic about the amount of paid-for care that will still be required. We need a system where we know what standards we expect and those are commissioned, paid for and inspected against. The public debate needs to move on from who inherits what when the older person who needs care is gone and instead discuss the standard of care they should receive, what it realistically costs and how we pay for that.



To examine patterns in demand for social care services for those of pension age and the related costs of delivery of residential and non-residential care, taking account of the role of informal carers who provide unpaid services to those requiring care

Our response focusses on the role of our members in providing paid for residential and non-residential care. That we are living longer is incontrovertible: Social Care Wales' National Population Assessment Report https://socialcare.wales/cms_assets/file-uploads/SCW-NPAR-ENG.PDF anticipates a 119% increase in those aged over 85 by 2035, and although healthy life expectancy is rising faster than life expectancy we can expect to see a growth in the number of people affected by dementia or physical frailty. Frailty can lead to increased falls, which can lead to increased dependence and lack of agility creating a vicious circle. Understandably, policy has emphasised keeping people independent and in their own homes as long as possible. However, it is clear there will always be those who need to enter a care home – and indeed as people become frailer, this can reduce the tendency to isolation and loneliness for some people.

Keeping people in their own homes for longer means providing not just more support but more complex support. Increasingly we are seeing domiciliary care workers needing to be trained to undertake some healthcare tasks. This extra training itself has a cost and in addition the nature of the tasks can also, for example, increase insurance premiums for providers. Additionally staff with increased skills and responsibility for higher level tasks will understandably expect some recognition of that in their own reward package. Some commissioners seem to find difficulty in recognising that they are not just commissioning a standard domiciliary care worker, but commissioning people to take on higher level tasks requiring more training and a greater taking of responsibility.

Similarly as we are able to keep people in their own homes for longer, those who do enter care homes are on average significantly frailer. This is leading to a requirement for both more and better trained staff in care homes, but this has not been sufficiently recognised in fees by public sector commissioners. It could be seen as a hidden efficiency saving over the ten to fifteen years and a significant factor in the pressure on providers and lack of sustainability of those relying on public sector fees.

To examine the financial pressures on the social care system, such as increases in wages, automatic pension enrolment and staff recruitment and retention difficulties, including the related financial impacts arising from the UK leaving the European Union



Providing care is a people intensive business. 60-70% of provider costs relate to staffing, with domiciliary care costs even more dependent on staffing costs than care homes where the building is also a significant proportion of the costs. Over recent years we have seen decisions of UK Government put a significant upward pressure on staffing costs with pensions auto-enrolment, changes to sickness pay and significant increases in the legal minimum wage. While all good social care providers recognise that in order to recruit and retain staff they need to offer terms and conditions above the legal minimum, the reality is that most public sector commissioners pay rates based on the assumption that staff will be paid at or near the legal minimum. It is an ongoing source of frustration for independent providers that local authorities and health boards will recruit staff they have trained because they offer them better terms and conditions than those same local authorities and health boards enable providers to pay through the fee levels they commission at.

The significant increases in the legal minimum wage mean that providers have had to prioritise resources to keep up wages for the lowest paid staff, but this has had an effect of eroding differentials and making it harder to reward staff appropriately for taking on additional roles or undertaking training to improve their skills. Recruitment and retention is an issue in the sector for care workers, but also for nurses and managers. Providers are competing with supermarkets and the hospitality industry for care workers who can often earn more stacking shelves. We know that the NHS itself struggles to recruit nurses and it is even harder for independent providers who cannot match the benefits in terms of sick pay, maternity pay, pensions etc. Meanwhile there are not enough qualified social care managers to fill every vacancy in Wales and the requirement for managers from England to undertake additional qualifications is not helpful. The uncertainty around immigration status post-Brexit is already having an effect in terms of recruitment as many providers need to recruit from overseas to fill posts. When the income thresholds were introduced it became impossible to recruit care workers from outside the EU; it would be disastrous if the same were to happen with those from within the EU. But the uncertainty around immigration status going forward is already having an effect and putting potential recruits off. The difficulties in recruitment are leading to increasing numbers of providers needing to use agency staff, who come at a high cost, patchy reliability and in the worst cases can create concerns about safety. The sector also has difficulty recruiting sufficient Welsh speakers to meet the needs of our elderly population, particularly outside areas with a significant Welsh speaking population of working age. Welsh speakers are in high demand and can thus obtain terms and conditions over and above what most care providers are able to raise.



There are of course other pressures on costs too. For example, care homes have seen significant increases in food and fuel costs. The cost of borrowing for capital expenditure to build, equip and maintain care homes is also significant and we have seen fluctuations based on concerns about the riskiness and viability of the sector going forward.

To consider the financial impact of current Welsh Government policies - including recent social services legislation and reforms to social care funding - on local authorities, care providers and service users

In the previous section we have commented on the pressures and difficulties in recruiting and retaining an appropriate workforce. The regulations under the Regulation and Inspection of Social Care (Wales) Act will create a registered workforce. While we support this in principle, and want to see an increasingly professionalised workforce, we do have concerns that this will add pressure to the ability to recruit and retain the workforce needed on current terms and conditions. These measures will also create additional costs for the sector in terms of training, administration and registration fees.

The Regulation and Inspection of Social Care (Wales) Act also requires increased physical standards for new build care homes and extensions, with every room requiring an ensuite including a shower as well as increased space requirements. These will obviously increase the costs of any new additions to care home stock. In general we are only seeing new provision being built for the private payer market and it is likely under these requirements, without a change in public sector fees that this will continue. The recent Competition and Markets Authority report <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report> which looked at care home provision across the UK was very clear “The current model of service provision cannot be sustained without additional public funding; the parts of the industry that supply primarily local authority (LA)-funded residents are unlikely to be sustainable at the current rates LAs pay. Significant reforms are needed to enable the sector to grow to meet the expected substantial increase in care needs.” It is not just the costs of borrowing per se that restrict new care home building, but the restricted proportion of a care homes costs that banks will lend, meaning that other money must be sourced from other sources, and restrictive covenants on areas such as profit, occupancy which can be punitive even for an outwardly successful enterprise. It may be that the recognition of the sector as a sector of national strategic importance may open up borrowing opportunities to help.



The Welsh Government has also taken decisions to cap the domiciliary care costs paid by an individual and increase the capital limit which is retained by those in care homes. While understandable and attractive to individuals and families, both these policies have taken money out of the care system which has not been replaced.

To consider future social care needs and related costs, including the projected increase in the proportion of the population of Wales of pension age

While there are savings to be made and duplications that could be removed from the system the likelihood is that the projected population increase will lead to increased needs and increased requirements for paid-for care. We must be ambitious about what standards we want for that care but also realistic about what it will cost. Providers are adept at providing what is requested and paid for but frustrated by an increasing and understandable pressure to improve standards without the means to fund doing so.

To assess the fiscal levers available to the Welsh Government to reform the arrangements for funding social care. This will include the consideration of alternative models, including international examples, for the funding of social care to ensure a good quality, fair and sustainable service in a time of increasing demands on the health and social care systems

We welcome the consideration of a social care levy by Welsh Government as part of the consideration of tax varying powers. We would caution that it is important not just to decide how to raise money, but also what it is spent on. Merely increasing, for example, the capital limit retainable by those in care homes, would not inject more much-needed resources into the sector to, for example, recognise the increased professionalisation of staff and improve their terms and conditions accordingly.

As a society we need to decide what we want from care, commission it, pay for it and inspect it. We think it would be a step forward and assist transparency and understanding for the public if the Care Inspectorate Wales (CIW) were to include value for money reporting in their inspection reports as Estyn do for education settings. This would enable greater public understanding of the true costs of care and what could and should be provided at what price.

Fees are of course a difficult issue for commissioners. In many areas local authorities are in a monopsony position: they are by far the biggest buyer of care services with a small market of private self-funders and some NHS commissioned continuing healthcare. In such a market there needs to be an intervention to ensure fair fees are set: fair to both providers and tax



payers. There is ongoing work by Welsh Government in this area under its Care Homes Steering Group. We would endorse the recommendations of the Competition and Markets Authority report there is greater assurance at national level about future funding levels, by establishing evidence-based funding principles, in order to provide confidence to investors. We believe there needs to be a level of national oversight and review in order to ensure a system where commissioners are not simply focussed on the lowest costs, but actually consider strategically what they want to commission at what cost and that new cost burdens are managed appropriately. For example, we believe commissioners should consider whether and over what timescale they wish to move to all qualified staff in the sector being paid at least the real living wage. These strategic decisions should be built into the fee-setting methodology.

It is also vital that a settlement is reached with providers following the Supreme Court case on Funded Nursing Care <http://www.bbc.co.uk/news/uk-wales-politics-40802237> which at the time of writing has still not been resolved, meaning providers have been subsidising a significant shortfall of funding while local authorities and health boards have disagreed about who should pay it. We also need to resolve the anomaly in some parts of Wales, where when an individual's needs increase to the extent that they move from Funded Nursing Care to Continuing Healthcare the fee paid to cover meeting their needs remains the same or in some cases goes down.

To consider the findings and conclusions of the Parliamentary Review.

We welcome the Parliamentary Review and its emphasis on a seamless service for the citizen and recognition that that should include independent providers. In particular we support the added focus on the workforce, which recognises long term recruitment issues and improving training, support and capacity to innovate for staff. This again needs to include those working in the independent sector with a focus on rewarding appropriately to recruit and retain.

It is of course the case that the remit of the Parliamentary Review specifically excluded funding, but this will need to be addressed as part of its implementation.

Mae cyfyngiadau ar y ddogfen hon

Eitem 4



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Ymateb Comisiynydd Pobl Hŷn Cymru

i

Ymchwiliad Pwyllgor Cyllid Cynulliad Cenedlaethol Cymru i Gost Gofalu am Boblogaeth sy'n Heneiddio

Ionawr 2018

I gael rhagor o wybodaeth am yr ymateb hwn, cysylltwch â:

Comisiynydd Pobl Hŷn Cymru
Adeiladau Cambrian
Sgwâr Mount Stuart
Caerdydd
CF10 5FL

03442 640 670

Am y Comisiynydd

Mae Comisiynydd Pobl Hŷn Cymru yn llais ac yn eiriolwr annibynnol ar ran pobl hŷn ledled Cymru, gan sefyll i fyny a siarad ar eu rhan. Mae hi'n gweithio i sicrhau bod y rheini sy'n fregus ac mewn perygl yn cael eu cadw'n ddiogel ac mae hi'n sicrhau bod gan bob person hŷn lais sy'n cael ei glywed, a bod ganddynt ddewis a rheolaeth. Mae hi am sicrhau nad yw pobl hŷn yn teimlo'n ynysig nac yn teimlo bod pobl yn gwahaniaethu yn eu herbyn, a'u bod nhw'n cael y gefnogaeth a'r gwasanaethau sydd eu hangen arnyn nhw.

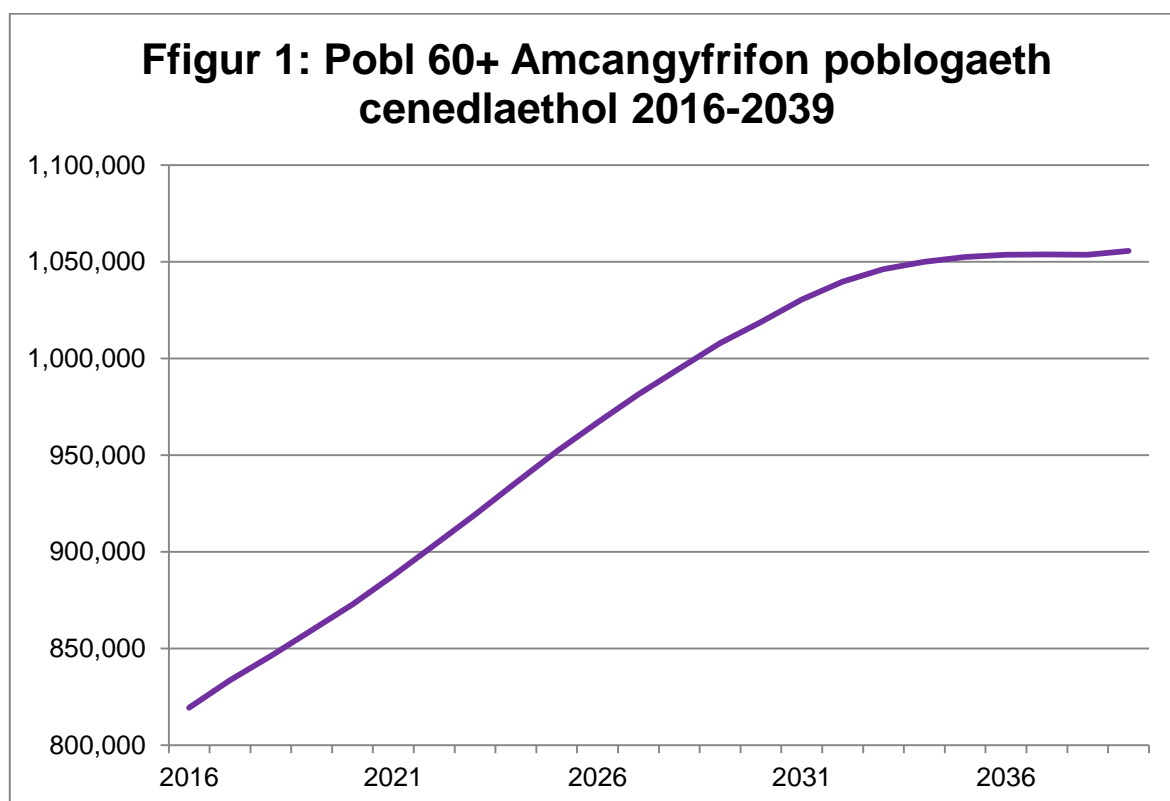
Yr hyn mae pobl hŷn yn ei ddweud sydd fwyaf pwysig iddyn nhw sy'n llywio gwaith y Comisiynydd ac mae eu llais wrth galon popeth mae hi'n ei wneud. Mae'r Comisiynydd yn gweithio i wneud Cymru yn lle da i heneiddio – nid dim ond i ambell un, ond i bawb.

Mae Comisiynydd Pobl Hŷn Cymru yn gwneud y canlynol:

- Hyrwyddo ymwybyddiaeth ynghylch hawliau a buddiannau pobl hŷn yng Nghymru.
- Herio gwahaniaethu yn erbyn pobl hŷn yng Nghymru.
- Annog ymarfer da o ran y ffordd y mae pobl hŷn yn cael eu trin yng Nghymru.
- Adolygu'r gyfraith sy'n effeithio ar fuddiannau pobl hŷn yng Nghymru.

Cyflwyniad

1. Mae Cymru'n genedl o bobl hŷn. Mewn poblogaeth o dros 3.1m, mae tua 800,000 o bobl dros 60 oed.¹ Mae hefyd yn genedl sydd â nifer sylweddol o bobl 'hŷn hŷn', h.y. rhai dros 85 oed. Mae rhannau o Gymru, er enghraifft y gogledd a chymoedd y de, ymhlith yr ardaloedd sydd â'r cyfraddau uchaf o bobl hŷn yn y DU.
2. Mae'r gyfran hon wedi bod yn cynyddu'n sylweddol yn ystod y degawd diwethaf a disgwylir y bydd yn dal i gynyddu tan y 2030au, pan mae'r rhagamcanion demograffig yn nodi y bydd y cynnydd hwn yn dechrau arafu (Ffigur 1).² Bydd pobl yn byw'n hwy nag erioed o'r blaen, ond mae ymchwilyr o Brifysgol Newcastle wedi dangos y bydd cynnydd sylweddol yn nifer y bobl hŷn sy'n byw â mwy nag un clefyd.³ Nid yw'r cynnydd mewn disgwyliad oes 'iach' yn cadw i fyny â'r cynnydd mewn disgwyliad oes.



3. Er na ddylid cymryd yn ganiataol bod gwendid a dirywiad yn rhan anorfod o heneiddio, mae nifer o ddangosyddion ynglŷn â'r boblogaeth bresennol o bobl hŷn sy'n cael effaith ar eu defnydd o wasanaethau cyhoeddus. Mae mwy na dau o bob tri pherson hŷn yn

byw â chyflwr iechyd hirdymor,⁴ mae gan hanner y boblogaeth hŷn anabledd sy'n cyfyngu ar eu bywydau, mae un o bob chwech yn byw mewn tlodi,⁵ mae dros 40,000 yn dioddef cam-drin domestig bob blwyddyn,⁶ mae dros 7,500 yn dioddef trosedd ariannol bob blwyddyn⁷, mae nifer sylweddol yn unig ac yn teimlo ar wahân,⁸ ac mae gan dros 45,000 ryw fath o dementia.⁹

4. Mae'r rhan fwyaf o bobl hŷn yn dal i fyw yn eu cartrefi eu hunain, ond wrth i amser fynd yn ei flaen bydd arnynt angen pecynnau cymorth cynyddol gymhleth sy'n cymryd llawer iawn o amser, ac sy'n cael eu darparu'n aml gan amrediad eang o asiantaethau. Yn aml iawn bydd ar bobl hŷn angen cymorth i wneud pethau fel cael bath, ymolchi, bwyta, gwisgo, cymryd meddyginiaeth a monitro eu hiechyd corfforol, meddyliol ac emosiynol ehangach. Bydd arnynt hefyd angen cymorth i wneud yn siŵr eu bod yn dal i gael eu cynnwys yn ein cymdeithas ehangach, gan gynnwys cymorth symudedd i'w galluogi i ddal i fynd allan a chymorth cymdeithasol i gadw mewn cysylltiad â'u cymunedau.
5. Bydd rhai pobl hŷn yn gallu aros yn eu cartrefi eu hunain, ond byddant yn ddibynnol ar gymorth gan aelodau o'r teulu a gofalwyr di-dâl. Amcangyfrifir bod cyfraniad gofalwyr di-dâl yng Nghymru ar hyn o bryd yn £8bn y flwyddyn, sy'n fwy na'r cyfanswm sy'n cael ei wario bob blwyddyn ar wasanaethau iechyd a gofal cymdeithasol.¹⁰ Roedd astudiaeth a gyhoeddwyd yn 2015 yn rhagweld y byddai nifer y bobl sydd angen gofal yn fwy na'r nifer sydd 'ar gael' i ddarparu'r gofal erbyn 2017.¹¹ Yn ychwanegol at hyn, o'r chwe miliwn o bobl yn y DU sy'n gofalu am berthynas hŷn, mae mwy na dwy filiwn yn 65 oed neu hŷn eu hunain, ac mae dros 400,000 dros 80 oed.¹²
6. Yn y pen draw, bydd nifer fawr o bobl hŷn yn methu ag aros yn eu cartrefi eu hunain, ac yn symud i'r sector gofal ychwanegol neu i'r sector cartrefi gofal. Mae anghenion corfforol ac emosiynol pobl sy'n byw yn y sectorau hyn wedi cynyddu'n sylweddol ac yn gyflym yn y pum mlynedd diwethaf a byddant yn dal i gynyddu.
7. Dangosodd ymchwil fod y marchnadoedd gofal cartref a gofal preswyl yn fregus iawn ac nid oes gennym ddigon o wybodaeth eto i allu dweud faint o alw fydd am y gwasanaethau hyn. Mae diffygion

yn y gwasanaeth sy'n cael ei ddarparu yn arwain at oblygiadau o ran cost, er enghraifft drwy greu mwy o angen am ofal heb ei drefnu ac oedi cyn rhyddhau cleifion o'r ysbyty. Maent hefyd yn tanseilio'r gwaith o sicrhau canlyniadau lles cyffredinol i unigolion.

8. Mae pobl hŷn hefyd yn defnyddio llawer iawn o wasanaethau gofal iechyd. Gofal sylfaenol yw'r man cyswllt cyntaf ar gyfer llawer o bobl hŷn ac mae tua 80% o'r cysylltiadau'n digwydd yn y sector hwn.¹³ Mae ar bobl hŷn eisiau i ofal gael ei ddarparu mor agos ag sy'n bosibl at eu cartrefi, am resymau yn ymwneud â hygyrchedd a gofal sy'n canolbwyntio ar yr unigolyn. Mae'n hanfodol bod camau'n cael eu cymryd i sicrhau agwedd gyfannol at iechyd a llesiant corfforol a meddyliol pobl hŷn. Mae'n amlwg, o'm hadroddiad am brofiadau pobl hŷn o gael mynediad at a defnyddio meddygon teulu yng Nghymru, bod pobl hŷn yn wynebu nifer o heriau wrth geisio cael mynediad at wasanaethau gofal sylfaenol a bod yr heriau hyn yn gostus i unigolion ac i'r pwrs cyhoeddus.¹⁴ Mae gofal heb ei drefnu hefyd yn fater o bwys i bobl hŷn, yn enwedig cael mynediad at wasanaethau cleifion mewnol drwy adrannau damweiniau ac achosion brys. Mae'r rhain hefyd yn costio'n ddud i unigolion ac i'r pwrs cyhoeddus.
9. Mae'n bwysig iawn nad yw pobl hŷn yn cael eu gweld fel 'baich' ar wasanaethau cyhoeddus, nac fel achos llawer o'r heriau y mae gwasanaethau cyhoeddus yn eu hwynebu ar hyn o bryd. Mae pobl hŷn yn ased pwysig, sy'n werth £1bn y flwyddyn i economi Cymru¹⁵ ac mae ganddynt hawl i ddisgwyl gofal a chymorth pan maent ei angen fwyaf. Bydd methiant i fuddsoddi'n ddigonol yn y math iawn o ofal yn cynyddu'r gost hirdymor i wasanaethau cyhoeddus yn y pen draw. Er bod gofal cymdeithasol yn gost mewn gwasanaethau cyhoeddus, mae hefyd yn bwysig ein bod yn ei weld fel buddsoddiad yng nghyfalaf cymdeithasol Cymru.

Creu Gwasanaethau Iechyd a Gofal Cymdeithasol Cynaliadwy yng Nghymru

10. Mae'n amlwg ers blynyddoedd y bydd y newidiadau demograffig sy'n digwydd yng Nghymru'n cael effaith sylweddol ar yr angen am gymorth gan wasanaethau cyhoeddus ac ar natur y cymorth. Fodd bynnag, ni chyflwynwyd unrhyw newidiadau yn y cyfnod pan oedd yr economi ehangach mewn cyflwr i allu cefnogi'r newid hirdymor roedd ei angen. Erbyn hyn rydym yn wynebu ansicrwydd economaidd aruthrol - cyfnod o gynni economaidd ac ansicrwydd ynglŷn ag effeithiau economaidd posibl Brexit - ac mae ein gwasanaethau cyhoeddus yn wynebu llawer o wahanol heriau.
11. Mae'r methiant hwn i gynllunio'n effeithiol ar gyfer yr hirdymor wedi gadael y sectorau iechyd a gofal cymdeithasol mewn sefyllfa lle maent yn wynebu mwy a mwy o alw, sy'n mynd yn fwy ac yn fwy cymhleth, a hefyd yn gorfod ailgynllunio eu modelau gofal yn llwyr. Yr un pryd, mae deddfwriaethau amrywiol wedi golygu bod ganddynt fwy o ddyletswyddau i'w cyflawni, ond dim llawer mwy o adnoddau i wneud hynny. Mae mwy o bwysau ar y sector statudol hefyd wedi golygu bod y trydydd sector wedi gorfod cyfrannu mwy tuag at wasanaethau ataliol a gwasanaethau wedi'u comisiynu er mai cyllidebau bach sydd ganddynt.
12. Er bod y ddadl yn cael ei chyflwyno'n aml yng nghyd-destun yr heriau a wynebir gan wasanaethau cyhoeddus a'u cynaliadwyedd tymor hwy, mae'n bwysig ein bod yn ystyried pa effaith mae hyn yn ei gael ar fywydau pobl hŷn. Mae pobl hŷn sydd yn yr ysbyty'n ddiangen, sy'n symud i ofal preswyl yn gynharach nag y byddai angen iddynt, sy'n derbyn lefel o ofal sydd prin yn diwallu eu hanghenion neu sy'n methu â chael mynediad at y gwasanaethau a'r cymorth y mae arnynt ei angen. Mae hyn yn achosi llawer o ofid, yn gwaethygu unrhyw salwch ac yn cynyddu'r galw am gymorth, gan greu cylch dieflig o fwy o angen a dibyniaeth.
13. Mae'n rhy gynnar i ddweud pa effaith y bydd Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn ei gael ar gynaliadwyedd hirdymor y sector gofal cymdeithasol. Fodd bynnag, un o'r prif

agweddau fydd effeithiolrwydd yr Asesiadau Poblogaeth yng nghyswllt cynllunio ar gyfer y galw yn y dyfodol, ac ymateb iddo. Nid yw'n glir eto a yw'r data sy'n sail i'r Asesiadau Poblogaeth a gyhoeddwyd yn ddiweddar ac adroddiad cenedlaethol cysylltiedig Asesu'r Boblogaeth yn ddigon trylwyr i ddarparu asesiad digonol o'r newidiadau sydd eu hangen mewn gwasanaethau er mwyn diwallu anghenion cenedlaethau'r dyfodol.

14. Yn fy marn i, mae nifer o feysydd allweddol y mae'n rhaid rhoi sylw iddynt er mwyn creu gwasanaethau iechyd a gofal cymdeithasol mwy cynaliadwy yng Nghymru.

Buddsoddi mewn gwasanaethau ataliol er mwyn lleihau'r galw

15. Mae'n amlwg bod Cymru wedi canolbwyntio llawer ar yr agenda atal yn ystod y blynyddoedd diwethaf, ond mae llawer o bobl hŷn yn dal i ddweud bod angen i argyfwng ddigwydd cyn y byddant yn cael y cymorth a'r gefnogaeth y mae arnynt ei hangen. Mae pobl hŷn wedi dweud wrthyf ei bod yn mynd yn fwyfwy anodd iddynt gael gafael ar y cymorth a'r gefnogaeth y mae arnynt ei hangen er mwyn atal dirywiad yn eu hiechyd, ac mae'n amlwg i mi bod angen buddsoddiad sylweddol eto mewn ystod o wasanaethau ataliol.
16. Yn aml iawn mae'r diffiniad o 'wasanaethau ataliol' yn rhy gyfyng ac nid yw rôl hanfodol gwasanaethau cymunedol ehangach, sydd wedi dioddef toriadau ariannol sylweddol, yn cael ei chydabod yn ddigonol, yn rhannol oherwydd y pwysau ar gyllidebau mewn Awdurdodau Lleol. Mae gwasanaethau cymunedol, fel trafnidiaeth, hamdden a thoiledau cyhoeddus, yn cyfrannu llawer tuag at gynnal iechyd, annibyniaeth a lles pobl hŷn, ac yn helpu i sicrhau nad ydynt yn defnyddio gwasanaethau statudol costus. Mae ymchwil wedi canfod mai dim ond 10% o iechyd poblogaeth sy'n cael ei briodoli i ofal iechyd.¹⁶ Mae'n hollbwysig felly bod rhagor o arian yn cael ei fuddsoddi mewn gwasanaethau eraill sy'n gallu cael effaith gadarnhaol ar iechyd corfforol, meddyliol ac emosiynol unigolion.
17. Mae'n amlwg hefyd nad ydym yn buddsoddi digon yn y trydydd sector, sy'n gallu bod yn hyblyg iawn wrth ddiwallu angen lleol ac yn hygyrch. Mae'r trydydd sector yn cael ei ddefnyddio fwy a mwy yn lle

gwasanaethau cymorth eilaidd, lle dylai fod yn canolbwyntio ar wasanaethau atal sylfaenol.

18. Mae llawer o drafodaethau wedi'u cynnal erbyn hyn ynglŷn â'r angen i unigolion dderbyn mwy o gyfrifoldeb am eu hiechyd eu hunain. Mae'n hawdd iawn i system ddweud hyn pan mae mewn argyfwng, ond mae gweithredu'n fater arall. Mae'n amlwg bod angen gwella llythrennedd iechyd ledled Cymru, fel y cydnabuwyd gan yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol.¹⁷ Mae gan Gymru hefyd broblemau iechyd cyhoeddus sy'n bodoli ers amser maith, problemau rydym wedi bod yn araf iawn yn mynd i'r afael â hwy neu sydd wedi cael eu hanwybyddu ers gormod o amser, er enghraifft, camddefnyddio cyffuriau ac alcohol ymhlith pobl hŷn a diffyg buddsoddiad hirdymor mewn gwasanaethau fel iechyd meddwl, sy'n tanseilio gallu pobl hŷn i wneud y dewis iawn a chymryd y camau priodol.
19. Mae'n anodd buddsoddi llawer o arian yn y modelau a'r gwasanaethau ataliol hyn â'r setliad ariannol presennol, ond mae'n amlwg y byddwn yn talu'n ddud iawn yn y dyfodol am beidio â buddsoddi. Rhaid cael gweledigaeth hirdymor sy'n cydnabod na fydd manteision lleihau'r galw am wasanaethau iechyd a gofal cymdeithasol i'w gweld dros nos, ond sy'n derbyn bod rhaid lleihau'r galw er mwyn creu poblogaeth iachach a gwasanaethau mwy cynaliadwy.

Rheoli Gweithlu Effeithiol

20. Er gwaethaf degawdau o gynllunio gweithlu, nid oes gan y sectorau iechyd a gofal cymdeithasol ddigon o staff sydd â'r sgiliau priodol. O ganlyniad, mae lle i amau pa mor effeithiol yw cynllunio gweithlu tymor hwy Cymru yn y sector iechyd a'r sector gofal cymdeithasol.
21. Ar hyn o bryd, mae prinder staff dybryd yn y sector gofal cymdeithasol; mae hyn i'w weld fwyaf ymhlith staff gofal cartref, ond mae hefyd yn wir am staff nyrsio arbenigol yn y sector cartrefi gofal.¹⁸ Hyd yn oed pe bai arian ar gael i recriwtio llawer mwy o weithwyr, nid oes digon o bobl â'r sgiliau priodol ar gael. O ganlyniad i'r prinder staff, mae ysbytai'n methu â rhyddhau cleifion ac mae pobl agored i niwed yn derbyn lefelau annerbyniol o ofal.

22. Mae cyfraddau trosiant staff uchel yn y sector gofal cymdeithasol, yn enwedig ym maes gofal cartref, yn ychwanegu at y broblem hon. Amcangyfrifwyd gan y Comisiwn Ansawdd Gofal bod trosiant staff gofal cartref yn 28% y flwyddyn,¹⁹ ac mae'n debygol iawn ei fod yn uwch mewn rhai rhannau o Gymru. Mae nifer o ffactorau sy'n cyfrannu at hyn, gan gynnwys cyflogau isel, telerau ac amodau gwael ac amcan rhy isel o werth gofal cymdeithasol fel proffesiwn.²⁰
23. Yn rhy aml, mae pobl agored i niwed yn derbyn gofal gan staff nad oes ganddynt y sgiliau a'r cymwyseddau angenrheidiol i sicrhau bod ansawdd eu gofal o'r safon y dylai fod. Rwy'n cydnabod bod Llywodraeth Cymru yn bwriadu rhoi sylw i hyn yn y sector gofal cymdeithasol drwy gofrestru gweithwyr, ond ni fydd ffrwyth ei llafur i'w weld am ddegawd ac nid yw'n mynd i'r afael â phroblem sylfaen sgiliau amrywiol yn y GIG.²¹
24. Rwy'n croesawu'r ymgyrchoedd recriwtio sydd wedi'u cynnal yn ddiweddar gan Lywodraeth Cymru er mwyn denu rhagor o feddygon teulu²² a nyrsys,²³ ond mae angen gwneud mwy i fynd i'r afael â'r nifer cynyddol o swyddi sydd heb eu llenwi yn y GIG yng Nghymru.²⁴ Yn ogystal â recriwtio staff newydd, mae'r GIG yng Nghymru yn cael anhawster cynyddol i gadw staff, oherwydd materion yn ymwneud â'r cap ar gyflogau sector cyhoeddus, morâl staff²⁵ a chynnydd mewn lefelau salwch.²⁶ Mae'r ffactorau hyn wedi arwain at fwy o wariant ar staff asiantaeth costus i lenwi bylchau. Roedd gwariant Byrddau Iechyd Cymru ar staff asiantaeth 60% yn fwy yn 2015/16 nag yn 2014/15.²⁷
25. Mae'r rhain yn heriau mawr ynddynt eu hunain, ac er bod ansicrwydd ar hyn o bryd ynglŷn â Chymru ar ôl Brexit, mae'n amlwg bod gwasanaethau iechyd a gofal cymdeithasol wedi mynd yn fwy dibynnol ar weithwyr o'r UE ym mhob rhan o'r gweithlu.²⁸ Mae'n debyg hefyd y bydd mwy o gystadleuaeth ar draws sectorau a diwydiannau pe bai'r cyflenwad llafur yn lleihau. Heb gael rhyw syniad cyn gynted ag sy'n bosibl ynglŷn â pha mor gyfyngol fydd y system fudo ar ôl Brexit, o ran gwladolion o'r UE ac o wledydd eraill, bydd ein gallu i gynllunio gweithlu'n effeithiol yn cael ei danseilio eto. Rwy'n sylweddoli na fydd y Pwyllgor Cyngori ar Ymfudo yn cyhoeddi ei argymhellion tan fis Medi 2018.²⁹

Pwysau ariannol

26. Gwelwyd cynnydd sydyn a sylweddol hefyd yn y galw ar draws y sectorau iechyd a gofal cymdeithasol. Mae hyn yn rhannol oherwydd y cynnydd yn lefelau dwyster pobl sydd angen gofal a chymorth, a chymhlethdod y cymorth y mae arnynt ei angen. Ar ben hyn mae'r system wedi cael anhawster i ryddhau arian er mwyn canolbwyntio ar ymyriadau cynnar, sy'n cael effaith fawr.
27. Mae pwysau o ran costau hefyd wedi cynyddu yn y systemau iechyd a gofal cymdeithasol o ganlyniad i gyflwyno cyflog byw³⁰ ac oherwydd bod prinder staff yn golygu bod rhaid defnyddio staff asiantaeth.³¹
28. Yn ystod y blynyddoedd diwethaf, mae mwy a mwy o sylw wedi cael ei roi i ansawdd gofal (gan gynnwys yr effaith y mae'n ei gael), ailgynllunio gwasanaethau a sicrhau gweithlu sylfaenol digonol, o ran niferoedd a sgiliau. Mae hyn yn cynnwys prosesau rheoleiddio ac arolygu newydd, cymarebau staff a gofynion hyfforddiant, a meini prawf a chanlyniadau ansawdd mwy penodol. Er bod y rhain i gyd yn ddatblygiadau hanfodol, maent yn arwain at bwysau yn gysylltiedig â chostau yn y system iechyd a gofal cymdeithasol.
29. Mae costau cartrefi gofal i unigolion wedi cynyddu ar raddfa lawer mwy na'r twf yn incwm pobl hŷn yn ystod y pum mlynedd diwethaf, ac mae costau blynyddol cyfartalog gofal preswyl yng Nghymru yn £30,940.³² Rhaid rhoi sylw i'r pwysau ariannol parhaus ar farchnad gofal cartref sydd eisoes yn fregus er mwyn osgoi rhagor o ddadsefydlogi. Problem arall sy'n codi yw'r gwahaniaeth rhwng ffioedd sy'n cael eu talu yn y sector cartrefi gofal gan breswylwyr Awdurdodau Lleol a phreswylwyr sy'n ariannu eu hunain. Mae'r costau uwch a godir ar breswylwyr sy'n ariannu eu hunain i bob pwrpas yn cael eu defnyddio i draws-sybsideiddio costau unigolion sy'n cael eu lleoli gan Awdurdodau Lleol.³³

Cefnogi Gofalwyr a Gwirfoddolwyr

30. Mae o leiaf 370,000 o ofalwyr yng Nghymru sy'n gofalu am eu partneriaid, cymdogion ac aelodau o'r teulu.³⁴ Rwy'n berffaith sicr y byddai ein gwasanaethau cyhoeddus yn fethdalwyr mewn

wythnosau oni bai am ein gofalwyr. Rhaid i ofalwyr gael eu gweld fel rhan annatod a gwerthfawr o'r system ofal.³⁵ Mae buddsoddi yn ein gofalwyr yn hanfodol er mwyn lleihau'r pwysau sydd ar wasanaethau, o ran y bobl sy'n derbyn gofal a hefyd oherwydd yr effaith sylweddol ar iechyd corfforol a meddyliol y gofalwyr eu hunain.³⁶

31. Roedd astudiaeth a gyhoeddwyd yn 2015 yn rhagweld y byddai nifer y bobl sydd angen gofal yn fwy na nifer y rhai sydd 'ar gael' i'w ddarparu erbyn 2017.³⁷ Bydd ffynonellau cymorth a datblygiadau eraill mewn technoleg newydd yn llenwi rhywfaint ar y bwlch, ond bydd angen cynnydd yn lefel y gwasanaeth sy'n cael ei ddarparu gan wasanaethau iechyd a gofal cymdeithasol.
32. Er gwaethaf anhawster a chymhlethdod y gwaith y maent yn ei wneud, nid yw llawer o ofalwyr yn derbyn y lefel o gefnogaeth y mae arnynt ei hangen. Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn rhoi hawl i bob gofalwr gael asesiad ac ystyriaeth ar gyfer pecyn cefnogaeth, ond mae llawer o ofalwyr nad ydynt yn cael cynnig asesiad ac mae gofal a chefnogaeth yn seiliedig ar 'loteri cod post'.³⁸

Pwysigrwydd sefydlu dull gweithredu sy'n seiliedig ar ganlyniadau

33. Mae ystod y gwasanaethau iechyd a gofal cymdeithasol sy'n cael eu darparu i bobl hŷn wedi bod yn eang erioed, ond dim ond yn ystod y blynyddoedd diwethaf y mae Cymru wedi dechrau canolbwyntio o ddifri ar sicrhau canlyniadau. Adlewyrchir hyn yn y dangosyddion canlyniadau sydd wedi'u sefydlu erbyn hyn ar gyfer y GIG yng Nghymru³⁹ a'r fframwaith canlyniadau cenedlaethol sy'n sail i Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.⁴⁰
34. Dylai'r rhain, ynghyd â mwy o bwyslais ar integreiddio ac ymyrryd yn gynnar, lleihau'r posibilrwydd o ofal a chymorth diangen yn y dyfodol a lleihau'r angen am ofal hirdymor a mwy costus.

Gwahanu iechyd a gofal cymdeithasol

35. Nid yw'r rhaniad strwythurol hanesyddol rhwng iechyd a gofal cymdeithasol, lle'r oeddent yn cael eu gweld fel gwasanaethau ar wahân, yn adlewyrchiad digonol mwyach o realiti bywydau llawer o

bobl hŷn, ac nid yw'n adlewyrchu'r pwyslais cynyddol ar y dull gweithredu integredig sy'n cael ei ddefnyddio gan ddarparwyr gwasanaethau, ar lefel strategol ac ar lefel weithredol. Byddai integreiddio'n ffurfiol yn golygu costau sylweddol ac yn tarfu ar y system, ond mae'n amlwg bod llawer o waith yn cael ei wneud er mwyn edrych ar ffyrdd o sicrhau mwy o integreiddio. Mae hyn yn amrywio o strwythurau llywodraethu ar y cyd, a chynllunio ar y cyd, i nifer cynyddol o wasanaethau integredig ac, yn fwy diweddar, mwy o bwyslais ar ddod â chyllidebau at ei gilydd.

36. Gall integreiddio rhagor o wasanaethau iechyd a gofal cymdeithasol, gan gynnwys tai, trafnidiaeth a'r trydydd sector, helpu rhagor o bobl hŷn i gadw'u hannibyniaeth a darparu gwell gofal a chefnogaeth sy'n diwallu eu hanghenion. Rhaid i'r integreiddio pellach fod yn seiliedig ar wella'r modd y darperir gofal a chefnogaeth, yn hytrach nag ailstrwythuro sefydliadau iechyd a gofal cymdeithasol.
37. Rwy'n cefnogi argymhelliad yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol y dylid creu 'un system ddi-dor i Gymru' a chwalu muriau rhwng sefydliadau er mwyn darparu gofal a chymorth mwy integredig sy'n canolbwyntio ar yr unigolyn.⁴¹

Methiant i rannu ymarfer da a'i roi ar waith fesul cam

38. Yn ystod y chwe blynedd diwethaf fel Comisiynydd, rwyf wedi gweld a chefnogi datblygiad nifer o wahanol wasanaethau arloesol ledled Cymru, sy'n aml yn cael eu darparu am gost isel ond sy'n cael effaith fawr ar unigolion. Mae'n amlwg, fodd bynnag, nad yw ymarfer da'n cael ei ledaenu'n ddigonol ac mae hyn yn arwain at golli cyfleoedd i sicrhau gwell canlyniadau a lleihau cost gyffredinol iechyd a gofal cymdeithasol. Mae'n amlwg hefyd nad oes dealltwriaeth lwyr eto o rôl y trydydd sector wrth ddatblygu'r gwasanaethau creadigol hyn, ac nad yw'n bartner llawn a chyfartal yn y sgysiau a'r newidiadau strategol sy'n digwydd. Yn ychwanegol at hyn, mae'n amlwg bod y pwyslais ar iechyd a gofal cymdeithasol yn rhy gyfyng a bod sectorau eraill, er enghraifft tai, yn dal ddim yn cael eu gweld fel rhan annatod o'r broses o fynd i'r afael â rhai o'r heriau sy'n wynebu iechyd a gofal cymdeithasol.

Defnyddio technoleg

39. Un o'r prif feysydd lle mae angen gwelliannau yn y dyfodol yw defnyddio technoleg ddigidol i helpu i ddarparu gwasanaethau iechyd a gofal cymdeithasol. Er bod rhai datblygiadau wedi'u gwneud yng Nghymru drwy Wasanaeth Gwybodeg y GIG, mae oedi wedi bod cyn gweithredu syniadau⁴² ac mae'r cynnydd wedi bod yn dameidiog. Mae angen dull gweithredu mwy systematig a pharhaol er mwyn sicrhau'r budd mwyaf posibl i unigolion ac i'r pwrw cyhoeddus.⁴³
40. Gall cyflwyno rhagor o ddigido a thechnoleg i'r system iechyd a gofal cymdeithasol helpu i wella'r broses o ddarparu gwasanaethau, sicrhau gwell canlyniadau i gleifion⁴⁴ a gwneud defnydd mwy effeithiol o adnoddau dynol ac ariannol.⁴⁵
41. Gellir defnyddio systemau fel Deallusrwydd Artiffisial mewn ffordd ataliol i helpu i ragfynegi pa unigolion neu grwpiau allai fod mewn perygl o gael salwch a galluogi'r sectorau iechyd a gofal cymdeithasol i gymryd camau er mwyn atal problemau iechyd costus yn y dyfodol.⁴⁶ Gallai deallusrwydd artiffisial hefyd helpu i fynd i'r afael â'r arbedion effeithlonrwydd a'r bwlch cyllido a allai amlygu ei hun yn y sectorau iechyd a gofal cymdeithasol drwy awtomeiddio tasgau, brysennu cleifion ar gyfer y gwasanaethau mwyaf priodol a chaniatáu i bobl ofalu amdanynt eu hunain a rheoli eu meddyginiaethau eu hunain.⁴⁷
42. Gwelwyd ymdrech ar y cyd i rannu data cleifion yng Nghymru drwy Wasanaeth Gwybodeg y GIG, ac yn fwyaf arbennig drwy System Wybodaeth Gofal Cymunedol Cymru, sy'n rhannu data rhwng gweithwyr proffesiynol iechyd a gofal cymdeithasol.⁴⁸ Gall rhannu data fel hyn a defnyddio diagnosteg a gynorthwyr gan ddeallusrwydd artiffisial ddarparu gwell canlyniadau i gleifion unigol, a fydd ddim ond yn gorfod dweud eu stori unwaith nawr, ac atal camddiagnosio a digwyddiadau niweidiol.⁴⁹ Canfu gwaith ymchwil a wnaethpwyd yn ddiweddar gan y BBC fod Byrddau Iechyd yng Nghymru'n talu degau o filiynau o bunnoedd bob blwyddyn mewn iawndal a ffioedd cyfreithiol am esgeulustod meddygol; pe bai modd

lleihau rhywfaint ar hyn drwy rannu data cleifion a diagnosteg a gynorthwyr, gellid defnyddio'r arian i drin cleifion yn lle hynny.⁵⁰

43. Rwy'n cydnabod y bydd llawer o heriau'n codi wrth geisio integreiddio technoleg yn y sectorau iechyd a gofal cymdeithasol, yn enwedig o safbwynt ariannol. Cydnabuwyd bod newid digidol yn aml yn digwydd yn arafach yn y sector gofal iechyd nag mewn sectorau eraill ac y byddai angen i unrhyw newidiadau roi sylw i faterion diwylliannol yn ogystal â materion gweithredol.⁵¹ Her arall yw ceisio argyhoeddi'r cyhoedd o fanteision technoleg a deallusrwydd artiffisial wrth ddarparu gwasanaethau iechyd a gofal cymdeithasol, nad ydynt yn cael llawer o gefnogaeth ar hyn o bryd.⁵² Mae risg hefyd y gallai technoleg gael ei gweld fel ateb sydyn, hawdd ac y gallai gael ei defnyddio mewn ffordd nad yw'n briodol i'r unigolyn. Ni ellir darparu pob gwasanaeth gofal a chefnogaeth â cymorth technoleg, ond bydd yn dod yn arf cynyddol bwysig yn y dyfodol.

44. Rwy'n falch fod yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol wedi argymhell cyfres o gamau y dylai Llywodraeth Cymru eu cymryd er mwyn ymgorffori technoleg ymhellach wrth ddarparu gwasanaethau iechyd a gofal cymdeithasol a byddwn yn annog y Pwyllgor i adolygu sut y gall yr argymhellion hyn leihau pwysau ariannol a gwella canlyniadau i gleifion a defnyddwyr gwasanaethau.⁵³

Ariannu Gwasanaethau Iechyd a Gofal Cymdeithasol

45. Mae'n amlwg o'r uchod fod y systemau iechyd a gofal cymdeithasol yn wynebu mwy o heriau nag erioed, a'r rheiny i gyd yn codi yr un pryd. Mae'n amlwg hefyd bod llawer o waith yn cael ei wneud yn barod, er y dylai fod wedi'i gychwyn ddegawd yn ôl, ar lefel genedlaethol, ranbarthol a lleol i drawsnewid y ffordd y mae gwasanaethau iechyd a gofal cymdeithasol yn cael eu darparu, yr effaith y maent yn ei chael a'r ansawdd sy'n sail i'r ffordd y maent yn cael eu darparu.
46. Mae llawer o waith wedi'i wneud hefyd er mwyn lleihau aneffeithlonrwydd strwythurol, er bod rhywfaint o aneffeithlonrwydd i'w weld o hyd, yn cael ei adlewyrchu mewn mecanweithiau, fel y rhai sy'n sail i Ofal Iechyd Parhaus, cynllunio gweithlu gwael a buddsoddiad annigonol mewn gwasanaethau ataliol allweddol. Er bod rhai o'r rhain yn faterion strwythurol, mae nifer sylweddol yn gysylltiedig â methiant y sectorau iechyd a gofal cymdeithasol i ryddhau arian ymlaen llaw i fuddsoddi mewn modelau newydd. Nid yw'n bosibl i mi ddweud beth yn union yw maint yr aneffeithlonrwydd strwythurol, nac ychwaith a ellid cymryd rhagor o gamau i ryddhau arian er mwyn buddsoddi mewn meysydd sy'n cael effaith fawr.
47. Fodd bynnag, ar sail fy ngwaith yn y chwe blynedd diwethaf, rwy'n credu mai'r broblem sylfaenol yw'r ffaith nad oes digon o adnoddau ar draws y sectorau iechyd a gofal cymdeithasol i fynd i'r afael â'r holl faterion a nodwyd uchod ac nad oes digon o gydnabyddiaeth fod gwariant mewn sectorau allweddol eraill yn cael effaith uniongyrchol ar allu pobl i gadw'n iach, yn egnïol ac yn annibynnol. Nid arian yw'r broblem bob tro, ond mae adeg yn dod pan mae lefel gyffredinol y cyllid yn bwysig ac yn dod yn uniongyrchol gysylltiedig ag ansawdd y gofal y mae pobl yn ei dderbyn.
48. Mae sut i dalu am ofal wedi cael llawer iawn o sylw gan wleidyddion, mewn polisïau a chan y cyfryngau yn ystod yr 20 mlynedd diwethaf, ond mae'n broblem sy'n dal heb ei datrys ac mae'n gwaethygu bob blwyddyn. Erbyn hyn mae mwy na hanner cyllideb adnoddau

Llywodraeth Cymru yn wariant ar wasanaethau craidd y GIG, o'i gymharu â 39.1% yn 2009/10.⁵⁴

49. Er bod cynigion wedi'u gwneud er mwyn mynd i'r afael â phroblem talu am ofal cymdeithasol,⁵⁵ ychydig iawn o gynnydd rydym wedi'i weld ar lefel genedlaethol, gan fod Llywodraeth Cymru yn mynnu bod yn rhaid iddi aros i weld effaith a chanlyniad rhai o benderfyniadau'r DU cyn y gall symud yn ei blaen. Rhaid gofyn am faint y gall y sefyllfa hon barhau.
50. Mae'n amlwg y bydd angen llawer rhagor o adnoddau er mwyn cynnal sector iechyd a gofal cymdeithasol cynaliadwy, sy'n darparu ar gyfer galw cynyddol, yn y dyfodol.⁵⁶ Gallai'r GIG yng Nghymru fod yn wynebu 'bwlch cyllido' o tua £700m erbyn 2019-20, sy'n cyfateb i 10% o'i gyllideb flynyddol.⁵⁷ Mae'r Sefydliad Iechyd wedi amcangyfrif bod angen i wariant ar y GIG yng Nghymru gynyddu 3.2% y flwyddyn mewn termau real er mwyn dal i fyny â phwysau sy'n gysylltiedig â chostau. Gellir cyflawni'r cynnydd hwn mewn gwariant drwy gyfuniad o gynnydd mewn cyllid ac arbedion effeithlonrwydd. Fodd bynnag, er 1997 mae'r GIG wedi sicrhau cynnydd cyfartalog o 1% y flwyddyn mewn arbedion effeithlonrwydd, sy'n golygu y byddai angen i'r rhan fwyaf o'r cynnydd yn y gyllideb ddod drwy fwy o gyllid.⁵⁸
51. Mae'r rhagolygon ar gyfer y sector gofal cymdeithasol yng Nghymru hyd yn oed yn fwy pryderus, a rhagwelir y bydd y pwysau sy'n gysylltiedig â chostau'n cynyddu 4.1% y flwyddyn. Os na fydd y cyllid yn dal i fyny â'r cynnydd hwn yn y galw, bydd llawer o bobl yn cael eu gadael heb y gofal a'r cymorth y mae arnynt ei angen.⁵⁹
52. Bydd perfformiad yr economi ehangach yn un o'r dylanwadau pwysicaf ar gyllid i'r GIG a gofal cymdeithasol. Nid yw effeithiau economaidd posibl penderfyniad y DU i adael yr Undeb Ewropeaidd yn glir eto.⁶⁰
53. Mae Cymdeithas Feddygol Prydain hefyd wedi ystyried sut y mae Fformiwla Barnett yn effeithio ar swm y cyllid y mae'r GIG yng Nghymru'n ei dderbyn ac mae wedi amcangyfrif y gallai cyfanswm y tanwariant ar y GIG yng Nghymru fod yn gymaint â £500m y flwyddyn.⁶¹ Efallai fod rhywfaint o'r swm hwn yn cael ei adennill drwy'r Fframwaith Ariannol sy'n cael ei gyd-drafod gan lywodraethau

Cymru a'r DU,⁶² ond mae Fformiwla Barnett yn dal yn seiliedig ar boblogaeth gymharol, yn hytrach nag angen.

54. Os na ellir gwarantu cyllid i'r sectorau iechyd a gofal cymdeithasol yn y dyfodol drwy dwf economaidd, arbedion effeithlonrwydd neu ragor o ddiwygiadau i fformiwla Barnett, rhaid cael trafodaeth ehangach ynglŷn â ffyrdd eraill o sicrhau bod mwy o adnoddau ar gael. Mae gan bawb ei syniadau ynglŷn â sut y gellid gwneud hyn ond yn fy marn i dylai Llywodraeth Cymru ystyried defnyddio'i phwerau newydd dros drethiant i gyflwyno ardoll wedi'i neilltuo a fyddai'n cefnogi'r systemau iechyd a gofal cymdeithasol.
55. Dylid edrych yn fanylach ar gynigion Llywodraeth Cymru ar gyfer Treth Gofal Cymdeithasol ac ystyried natur y dreth.⁶³ Ni ddylai Cymru ddilyn esiampl Llywodraeth y DU a chaniatáu i Awdurdodau Lleol gyflwyno 'ardoll gofal cymdeithasol' gan fod cynnydd mewn treth gyngor o fudd i Awdurdodau Lleol mwy cyfoethog, tra mae'r angen yn fwy yn ardaloedd mwyaf difreintiedig Cymru gan fod ganddynt lai o bobl sy'n gallu fforddio talu am eu gofal eu hunain.⁶⁴
56. Byddwn yn cynnig edrych ar y posibilrwydd o dreth wedi'i neilltuo ar gyfer iechyd a gofal cymdeithasol, tebyg i ddiben gwreiddiol Cyfraniadau Yswiriant Gwladol. Er bod rhai anfanteision yn gysylltiedig â neilltuo cyllid, gan gynnwys llai o gynnyrch ar adegau o ddirwasgiad pan fyddai angen yr arian fwyaf o bosibl, mae'n cynnig ffordd o wneud gwariant yn fwy tryloyw a gwneud cynnydd mewn trethi yn fwy derbyniol i'r cyhoedd.⁶⁵ Mae Pwyllgor Dethol Tŷ'r Arglwyddi ar Gynaliadwyedd Hirdymor y GIG wedi darparu trosolwg manwl o'r ddadl o blaid ac yn erbyn neilltuo cyllid.⁶⁶
57. Dylid sicrhau cydberthynas agos rhwng treth iechyd a gofal cymdeithasol a chanlyniadau clir a phendant a'r ansawdd y gall pobl ei ddisgwyl mewn gwasanaethau iechyd a gofal cymdeithasol. Dylai'r dull gweithredu adeiladu ar un o egwyddorion sylfaenol y GIG, sy'n gweld pobl yn talu yn ôl gallu ac yn cymryd yn ôl angen.⁶⁷ Mae cefnogaeth gref iawn ledled Cymru i GIG sy'n cael ei ariannu gan drethi, sy'n ddi-dâl yn y man defnyddio ac sy'n darparu gofal cynhwysfawr i bob dinesydd.⁶⁸

58. Gellid argyhoeddi'r cyhoedd bod angen cynyddu cyfraniadau drwy drethi i'r sectorau iechyd a gofal cymdeithasol. O ystyried y dewis rhwng lefelau gofal is eto a chynnydd mewn trethi i ariannu'r GIG, canfu arolwg Ipsos MORI yn 2017 y byddai 64% o'r cyhoedd yn cefnogi hyn.⁶⁹
59. Mae iechyd a gofal cymdeithasol yn cael ei ariannu mewn amryw o wahanol ffyrdd ar draws y byd. Mae adroddiad i Lywodraeth Cymru gan LE Wales ar ddyfodol talu am ofal cymdeithasol yn cynnwys trosolwg manwl o'r systemau cyllid ar gyfer gofal cymdeithasol yng ngwledydd eraill y DU, Ffrainc, yr Almaen, Sweden, Japan ac Awstralia. Mae edrych ar enghreifftiau mewn gwledydd eraill yn gallu bod yn fanteisiol, ond mae'n hollbwysig bod y system sy'n cael ei mabwysiadu yng Nghymru yn cael ei chynllunio'n benodol ar gyfer anghenion pobl Cymru.⁷⁰

Casgliad

60. Mae'n amlwg bod gwasanaethau iechyd a gofal cymdeithasol yng Nghymru'n wynebu llawer o heriau ac y bydd y gwasanaethau sydd ar gael a'u hansawdd yn dirywio os na fydd rhywbeth yn cael ei wneud. Rhaid i Lywodraeth Cymru dalu sylw i gyngor yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol a chyflwyno cynllun hirdymor ar gyfer gwasanaethau iechyd a gofal cymdeithasol.
61. Fel rhan o'r broses hon, rhaid cael trafodaeth drylwyr ynglŷn â sut i greu lefel gynaliadwy o gyllid ar gyfer y gwasanaethau hyn, gan gynnwys y posibilrwydd o ardoll wedi'i neilltuo.
62. Rwy'n edrych ymlaen i ddilyn Ymchwiliad y Pwyllgor a dal i gyfrannu tuag at y ddadl ynglŷn â dyfodol gwasanaethau iechyd a gofal cymdeithasol yng Nghymru.

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