

Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon – Y Bumed Senedd

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Fideogynhadledd drwy Zoom	Claire Morris
Dyddiad: Dydd Mercher, 27 Mawrth 2019	Clerc y Pwyllgor 0300 200 6565
Amser: 09.15	Cysylltu@senedd.cymru

Rhag-gyfarfod anffurfiol (9.15 – 09.30)

- 1 **Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**
(09.30)

- 2 **Darparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion: Sesiwn dystiolaeth gyda Dr Rob Jones**
(09.30 – 11.00) (Tudalennau 1 – 37)
Dr Robert Jones, Canolfan Llywodraethiant Cymru, Prifysgol Caerdydd

Briff Ymchwill
Papur 1: Dr Robert Jones

- 3 **Papurau i'w nodi**
(11.00)
 - 3.1 **Llythyr gan Gadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol ynghylch y cytundeb cysylltiadau rhyng-sefydliadol**
(Tudalennau 38 – 39)
 - 3.2 **Llythyr gan Ymddiriedolaeth Gofalwyr Cymru a'r Rhwydwaith Gwella a Dysgu Swyddogion Gofalwyr**
(Tudalennau 40 – 43)



- 3.3 Comisiynydd Pobl Hŷn Cymru: cyfarwyddyd ynghylch cartrefi gofal yng Nghymru**
(Tudalennau 44 – 67)
- 4 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn**
(11.00)
- 5 Darparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion: Trafod y dystiolaeth**
(11.00 – 11.10)
- 6 Deintyddiaeth yng Nghymru: trafod yr adroddiad drafft**
(11.10 – 11.30) (Tudalennau 68 – 103)
- 7 Gwasanaethau endosgopi yng Nghymru: trafod yr adroddiad drafft**
(11.30 – 11.40) (Tudalennau 104 – 135)

Mae cyfyngiadau ar y ddogfen hon

WRITTEN EVIDENCE

THE PROVISION OF HEALTH AND SOCIAL CARE IN THE ADULT PRISON ESTATE

DR ROBERT JONES

WALES GOVERNANCE CENTRE AT CARDIFF UNIVERSITY

MARCH 2019

ABOUT THE WALES GOVERNANCE CENTRE

The Wales Governance Centre is a research centre that forms part of Cardiff University's School of Law and Politics undertaking innovative research into all aspects of the law, politics, government and political economy of Wales, as well the wider UK and European contexts of territorial governance. A key objective of the Centre is to facilitate and encourage informed public debate of key developments in Welsh governance not only through its research, but also through events and postgraduate teaching.

The Wales Governance Centre launched the Justice and Jurisdiction project in July 2018. It brings together an interdisciplinary group of academic researchers consisting of political scientists, criminologists, constitutional law experts and political economists to investigate the operation of the legal and justice system in Wales. The project is funded by a combination of the Economic and Social Research Council, the Welsh Government and Cardiff University.

ABOUT THE AUTHOR

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INTRODUCTION

1.1 The author welcomes the opportunity to submit evidence to the National Assembly's Health, Social Care and Sport Committee's inquiry into the provision of health and social care in the adult prison estate in Wales. This evidence paper will present some of the latest available data on healthcare funding, deaths in prison, self-harm incidents and substance misuse. This paper will also be used to draw the Committee's attention to a number of issues that have emerged from a recent study into criminal justice in Wales. Crucially, the topics explored here will be discussed further when I appear before the Committee on 27 March.

FUNDING FOR PRISON HEALTH CARE

1.2 Research carried out by the Wales Governance Centre in 2014 found that prison healthcare in Wales was underfunded by the UK Government (e.g. BBC News, 2015). A follow up study in 2018 revealed that this underfund has continued. In 2017/18, the UK Government transferred £2.544 million to the Welsh Government for prison healthcare in Wales. The total cost of providing healthcare at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed totalled £3,879,794.

1.3 Between 2003-04 and 2013-14 the UK Government transferred £28.35 million to the Welsh Government for prisoner healthcare in Wales. An annual breakdown of this information is presented in Annex I.

Figure 1 – The cost of prison healthcare at public sector prisons in Wales (excluding HMP Berwyn) in 2017/18

HMP	Health Board	Cost (£)
Cardiff	Cardiff and Vale	2,140,108
Swansea	Abertawe Bro Morgannwg	1,152,270
Usk/ Prescoed	Aneurin Bevan	587,416
Total		3,879,794

Source: Cardiff and Vale University Health Board, Abertawe Bro Morgannwg University Health Board and Aneurin Bevan University Health Board

I.4 Prison healthcare at HMP Berwyn is fully funded by HM Prison and Probation Service (HMPPS). In 2017/18, Betsi Cadwaladr University Health Board received £10,066,230 from HMPPS for the provision of healthcare at HMP Berwyn.

I.5 During recent fieldwork it was claimed by service providers that the funding arrangements for prison healthcare in Wales are different to those in England. It was suggested that these differences are largely explained by the fact that there are no “service specifications” for prison healthcare in Wales (excluding HMP Berwyn).¹

SUBSTANCE MISUSE

I.6 The number of drug finds in prison in England and Wales increased by 210% between 2010 and 2018.² There were a record 656 drug finds in Welsh prisons (excluding HMP Berwyn) in the year ending March 2018.³ There were 46 drug finds at HMP Berwyn in the year ending March 2018.

I.7 While the number of prisoners held in Wales (excluding HMP Berwyn) increased by 9% since 2013⁴, there was a 475% increase in the number of drug finds in Welsh prisons during this period.⁵

I.8 During 2018, HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners. HMP Parc (22 per 100) recorded the second highest rate followed by HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).⁶

I.9 The number of drug finds in English prisons increased by 200% between 2013 and 2018.⁷

¹ It was suggested to the researcher that they should explore this issue further by considering the costs of prison health care in England.

² From 4,227 in 2010 to 13,119 in 2018.

³ Annual HM Prison and Probation Service digest: 2017 to 2018 (Chapter 9) –

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁴ The average prison population in Wales was 3,114 in the year ending March 2013 and 3,408 in the year ending March 2018 (excluding HMP Berwyn). See - <https://www.gov.uk/government/statistics/prison-population-figures>

⁵ This figure excludes HMP Berwyn.

⁶ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Berwyn (521), HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice do not provide a separate population breakdown for HMP Prescoed and HMP Usk. The combined rate, however, is 2 per 100 prisoners at HMP Usk/Prescoed.

⁷ From 4,137 in 2013 to 12,408 in 2018. Annual HM Prison and Probation Service digest: 2017 to 2018 –

Figure 2 – The number of incidents where drugs were found in prison, years ending March 2013 to 2018

HMP	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	1	46
Cardiff	21	37	67	137	111	151
Parc	92	79	169	275	333	383
Prescoed	0	0	1	11	10	11
Swansea	1	21	7	23	55	110
Usk	0	0	0	2	1	1
Total	114	137	244	448	511	702

Source: The Ministry of Justice

1.10 There were 227 alcohol finds in Welsh prisons in 2016 and 2017.⁸ Despite holding just 48% of the total prison population in Wales, 84% of all alcohol finds in Wales were at HMP Parc in 2017. There were more alcohol finds at HMP Parc in 2017 (191) than at HMP Altcourse (22), HMP Birmingham (45), HMP Oakwood (110) and HMP Rye Hill (10) combined.⁹

1.11 HMP Parc (11 per 100 prisoners) recorded the highest rate of alcohol finds in Wales in 2017. The second highest rate was at HMP Swansea (3 per 100 prisoners) followed by HMP Cardiff (1 per 100 prisoners).¹⁰

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁸ HMP Berwyn was not operational in 2016.

⁹ This was the same in 2016: HMP Parc (187), HMP Altcourse (28), HMP Birmingham (23), HMP Oakwood (49) and HMP Rye Hill (11). All of these establishments were operated by G4S in 2016 and 2017.

¹⁰ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice does not provide a separate population breakdown for HMP Prescoed and HMP Usk. HMP Berwyn was excluded because the prison was only fully operational from February 2017.

Figure 3 – The number of incidents where alcohol was found in prisons in Wales, 2016 to 2017¹¹

HMP	2016	2017
Berwyn	-	10
Cardiff	20	10
Parc	187	191
Prescoed	7	1
Swansea	13	15
Total	227	227

Source: The Ministry of Justice

1.12 In 2017, 156 prisoners arriving at HMP Berwyn were offered intervention or advice following a high score on the alcohol use disorders identification test (AUDIT). According to Abertawe Bro Morgannwg University Health Board, 2,600 prisoners were identified as alcohol dependent at reception to HMP Swansea in 2017.¹²

1.13 The Aneurin Bevan University Health Board confirmed that there were no prisoners identified as alcohol dependent during the reception process with healthcare at HMP Usk or HMP Prescoed. According to the Health Board, all prisoners who arrive at HMP Usk and Prescoed “are transferred from other prisons, usually from a higher category prison, and will have been assessed for alcohol dependency, and treated as required, prior to their transfer”.

1.14 Cardiff and Vale University Health Board does not hold information on the number of prisoners identified as alcohol dependent upon reception to HMP Cardiff.

1.15 90 prisoners disclosed that they had used drugs in the last month on reception at HMP Berwyn in 2017. Abertawe Bro Morgannwg University Health Board reported that 1,053 prisoners were drug dependent on reception at HMP Swansea in 2017.¹³

¹¹ There were no figures provided by the Ministry of Justice for HMP Usk.

¹² The figure was 2,011 in 2015 and 2,039 in 2016. Data were obtained via the Freedom of the Information Act 2000.

¹³ This figure was 886 in 2015 and 840 in 2016. Data were obtained via the Freedom of the Information Act 2000.

DEATHS AND SELF-HARM INCIDENTS

I.16 The total number of deaths recorded at prisons in England and Wales increased by 64.1% between 2010 and 2018.¹⁴ In Wales, the number increased by 71.4% during the same period (excluding HMP Berwyn).

I.17 The death rate at prisons in England and Wales increased from 2.34 per 1,000 prisoners in 2010 to 3.95 per 1,000 prisoners in 2018.

Figure 4 – The number of deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	1
Cardiff	3	4	5	2	3	1	4	3	1
Parc	1	2	6	7	5	4	9	2	8
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	1	1	0	2	3	1	2	1	2
Total	7	7	12	11	12	7	18	6	13

Source: Ministry of Justice

I.18 The number of self-inflicted deaths recorded at prisons in Wales was 58.6% higher in 2018 than in 2010.¹⁵

I.19 There were 26 self-inflicted deaths at prisons in Wales between 2010 and 2018. On average, a self-inflicted death is recorded at a prison in Wales every four months.

¹⁴ From 198 in 2010 to 325 in 2018.

¹⁵ From 58 in 2010 to 92 in 2018.

Figure 5 – The number of self-inflicted deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	0
Cardiff	1	0	4	1	1	1	1	1	0
Parc	1	0	0	0	2	0	3	0	1
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	0	0	0	0	0	0	0	0	0
Total	4	0	5	1	4	2	7	1	2

Source: Ministry of Justice

I.20 The number of self-harm incidents recorded at prisons in England and Wales increased by 65.5% between 2010 and 2017.¹⁶

I.21 The rate of self-harm also increased from 318 incidents per 1,000 prisoners in 2010 to 521 per 1,000 prisoners in 2017.

Figure 6 – The number of self-harm incidents recorded at Welsh prisoners 2010 to September 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018 (to Sept)
Berwyn	-	-	-	-	-	-	-	231	419
Cardiff	24	30	34	43	41	116	201	243	375
Parc	387	546	550	440	534	890	1,452	1,576	1,181
Swansea	53	42	15	34	42	92	149	300	333
Usk\Prescoed	-	0	0	0	0	-	29	13	32
Total	464	618	599	517	617	1,098	1,831	2,363	2,340

Source: Ministry of Justice

¹⁶ From 26,979 in 2010 to 44,651 in 2017.

I.22 The number of self-harm incidents recorded at prisons in Wales (excluding HMP Berwyn) increased by 358% between 2010 and 2017. There were five incidents of self-harm taking place in Welsh prisons every day in 2017.

I.23 There were more self-harm incidents recorded at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed in the first nine months of 2018 than in the whole of 2017.

MENTAL HEALTH AND RESTRICTED PATIENTS

I.24 HM Chief Inspector of Prisons concluded in 2007 that prison settings have, to a large extent, become “the default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).

I.25 Figures recently obtained by the Wales Governance Centre show that there were 25 people transferred from prisons in Wales to hospital under section 48 of the Mental Health Act 1983 in 2017. 11 people were transferred while unsentenced or untired and 14 were transferred from a Prison Service establishment in Wales after sentence. In total, there were 213 restricted patients detained in Wales in 2017.¹⁷

OLDER PRISONERS

I.26 Older prisoners are the fastest growing demographic group in prison in England and Wales. The proportion of older people in prison has risen dramatically over the last two decades. Research recently published by Public Health England found that the number of prisoners aged 50 or older has increased by 150% in England and Wales since 2002 (Public Health England, 2017). In September 2011, 10.4% of the prison population in England and Wales were aged 50 or above. By September 2018, this number had increased to 22.5% of the population.

I.27 The ageing prison population in England and Wales has led to growing concerns over the distinct health and social care needs of older people in custody. A report recently published

¹⁷ Data were obtained via the Freedom of the Information Act 2000.

following an inquiry into prison healthcare in England found that older prisoners are often held in establishments unable to meet their needs and many will be released into the community without any social care support in place (House of Commons Health and Social Care Committee, 2018).

1.28 A report by the Prison and Probation Ombudsman in 2012 found that the average life expectancy of a prisoner in England and Wales is 56. (Prison and Probation Ombudsman, 2012).

1.29 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.¹⁸ At the end of June 2018, 1 in 5 prisoners held at HMP Usk was aged 60 or above and 40% were over the age of 50.

POLICY DIVERGENCE IN WALES

1.30 In 2015, HM Inspectorate of Prisons (HMIP) published a review of substance misuse in adult prisons in England and Wales. Within its recommendations HMIP highlighted that a different approach in Wales was leading to “poorer outcomes for some prisoners” and that it was responsible for “inconsistency in substance misuse treatment between prisons in England and Wales” (HMIP, 2015: 14). An updated report published in July 2018 concluded that services in Wales continued to provide a “considerably less safe service” which persisted in creating “poorer outcomes” for prisoners held in Wales (HMIP, 2018: 22). The Welsh approach to opioid treatment was described as being “much harsher” than England’s within an article published by *The Economist* in July 2018.¹⁹

1.31 A recent study carried out by the Wales Governance Centre found that differences also exist *between* health boards in Wales. Those interviewed claimed that the absence of a national framework for prison healthcare has contributed to this trend.²⁰ These accounts fed into a

¹⁸ 511 were aged 50-59 and 309 were 60 and over.

¹⁹ See – <https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>

²⁰ A national framework was developed in England in 2015. See - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/440516/National_Framework_-_England.pdf

It is the author’s understanding that the Welsh Government are currently preparing a national strategy or framework for Wales.

much broader theme around the unclear nature of the criminal justice system in Wales including the commissioning arrangements for healthcare in a range of criminal justice settings.

CONCLUSION

I.32 The data presented here have been gathered through research carried out by the Wales Governance Centre since 2013.²¹ It is hoped that this information included in this paper can assist Members and will help to inform the scope of the Committee's inquiry. I look forward to expanding upon many of the issues raised in this evidence paper when providing oral evidence on 27 March.

²¹ Some of this information has already been made publicly available. See Jones (2018a), Jones (2018b) and Jones (2019).

BIBLIOGRAPHY

BBC News (2014) – *Wrexham prison could 'strain' health service claim*. 26 June 2014.

<https://www.bbc.co.uk/news/uk-wales-north-east-wales-28023468>

Jones, R. (2018a) – *Imprisonment in Wales: A Factfile*. June 2018. Wales Governance Centre at Cardiff University. Cardiff: Cardiff University.

https://www.cardiff.ac.uk/__data/assets/pdf_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf

Jones, R. (2018b) – *House of Commons Welsh Affairs Committee: Supplementary Evidence*. Evidence submitted to the House of Commons Welsh Affairs Committee's inquiry into Prison Provision in Wales. September 2018.

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/welsh-affairs-committee/prison-provision-in-wales/written/89375.pdf>

Jones, R. (2019) – Jones, R. (2019) – *Sentencing and Immediate Custody in Wales: A Factfile*. January 2019. Wales Governance Centre at Cardiff University. Cardiff: Cardiff

University. https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/1417339/Sentencing-and-Immediate-Custody-in-Wales-A-Factfile-140119.pdf

HM Inspectorate of Prisons (2015) – *Changing patterns of substance misuse in adult prisons and service responses: A thematic review*. December 2015.

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>

HM Inspectorate of Prisons (2007) – *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. October 2007.

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/07/Mental-Health.pdf>

HM Inspectorate of Prisons (2018) – *Annual Report – 2017-18*. July 2018.

https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/07/6.5053_HMI-Prisons_AR-2017-18_revised_web.pdf

Prison and Probation Ombudsman (2012) – *Learning from PPO investigations: Natural cause deaths in prison custody 2007-2010*. March 2012.

http://www.ppo.gov.uk/app/uploads/2014/07/learning_from_ppo_investigations-natural_cause_deaths_in_prison_custody.pdf

APPENDIX I

Funding received by the Welsh Government from the Ministry of Justice for prison healthcare in Wales (£m)

2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Total
2.195	2.544	2.602	2.544	2.785	2.544	2.752	2.752	2.544	2.544	2.544	28.35

Source: Welsh Government

The following explanatory note was also provided:

It is important to note that once a recurrent transfer has been received from the UK government it is subsumed into the overall Welsh block grant and is no longer separately identifiable as Prison Healthcare funding on an annual basis. Therefore, the figures provided are based on the assumption that the original value of the transfer has continued for each following year. The table also highlights that there have been some minor subsequent adjustments made by the Ministry of Justice, which we have been able to separately identify.

THE PROVISION OF HEALTH AND SOCIAL CARE IN THE ADULT PRISON ESTATE

Dr Robert Jones

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Tudalen y pecyn 20



Canolfan
Llywodraethiant Cymru
Wales Governance
Centre

WALES GOVERNANCE CENTRE RESEARCH

- HMP Berwyn.
- The Hybrid System: Imprisonment and Devolution in Wales.
- Imprisonment in Wales: A Factfile.
- Imprisonment in Wales: A Local Authority Breakdown.
- Sentencing and Immediate Custody in Wales.

- Justice and Jurisdiction project.

OVERVIEW

- 'Problem raising' and 'problem solving' (Christie, 1971).
- Prison population in Wales.
- Complexity.
- Funding.
- Substance misuse.
- Deaths and self-harm incidents.
- Mental health and restricted patients.
- Older prisoners.
- Policy divergence.

PRISON POPULATION IN WALES

PRISON	COUNT
HMP BERWYN	1,293
HMP CARDIFF	704
HMP PARC	1,627
HMP SWANSEA	380
HMP USK/PRESCOED	526
TOTAL	4,530
RATE	145 per 100,000

COMPLEXITY

- ‘Complexity and confusion’.
- The (current) absence of a ‘national’ structure or framework.
- Mapping exercise required.
- Commissioning arrangements.
- The role of many sectors and different organisations.
- HMP Parc and the role of G4S.
- Differences between criminal justice settings (e.g. police custody, court custody and prison).
- English prisons (comparator groups).

FUNDING

- Prison healthcare in Wales is underfunded by the UK Government.
- Welsh Government 'top up'.
- Welsh Government in 2014:
- The devolved settlement in relation to healthcare in the public sector and prison estate was agreed with the UK Government in 2003. Inflation and some additional increases in staff costs has resulted in the need for us to provide additional healthcare resources for the prison estate to assure quality services are provided to prisoners.

FUNDING

PRISON	HEALTH BOARD	COST (£)
HMP CARDIFF	CARDIFF AND VALE	2,140,108
HMP SWANSEA	ABERTAWE BRO MORGANNWVG	1,152,270
HMP USK/ PRESCOED	ANEURIN BEVAN	587,416
TOTAL		3,879,794

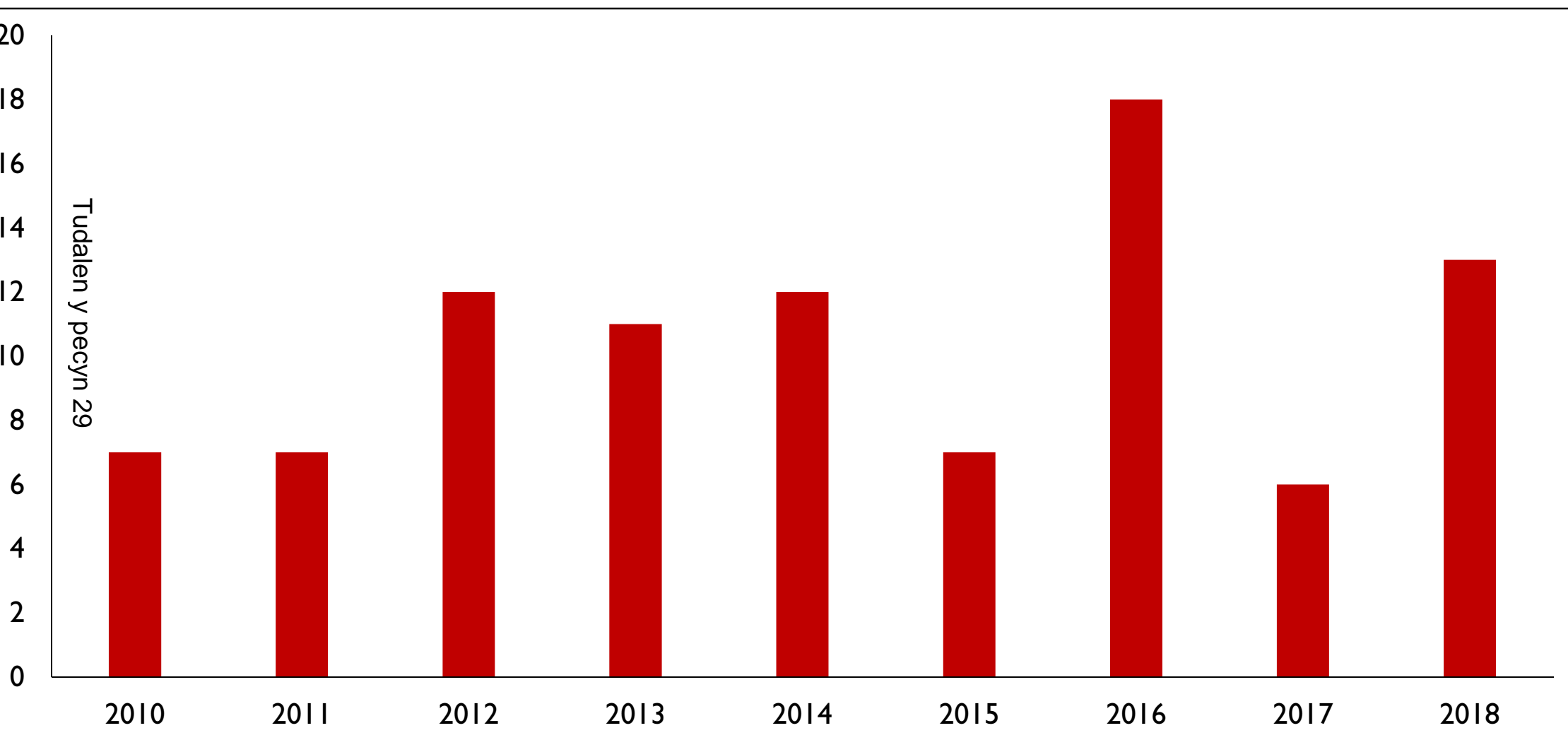
SUBSTANCE MISUSE

- 475% increase in the number of drug finds in Welsh prisons between 2013 and 2017.
- HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners, followed by HMP Parc (22 per 100), HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).
- 227 alcohol finds in 2017.
- Despite holding just 48% of the total prison population in Wales, 84% of all alcohol finds in Wales were at HMP Parc in 2017. There were more alcohol finds at HMP Parc in 2017 (191) than at HMP Altcourse (22), HMP Birmingham (45), HMP Oakwood (110) and HMP Rye Hill (10) combined.

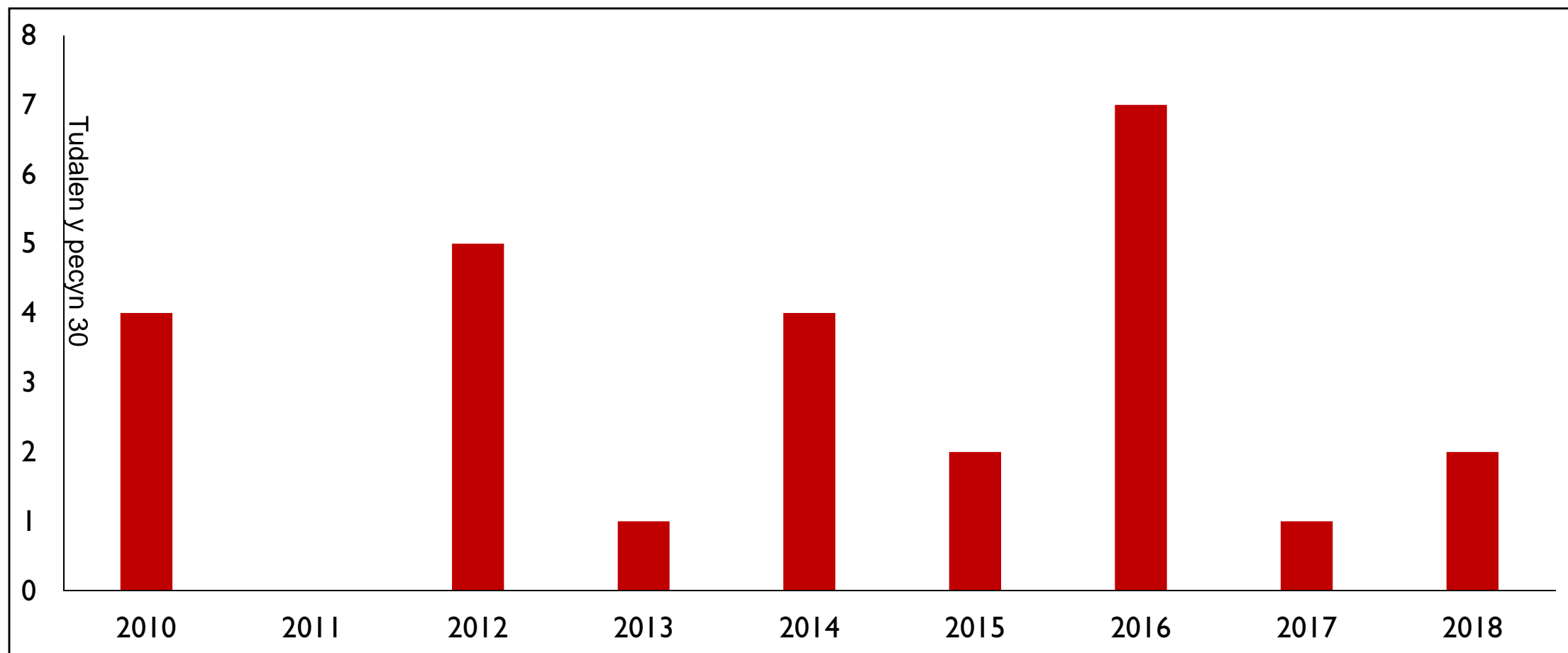
SUBSTANCE MISUSE

- Alcohol and drug dependency at prison reception.
- An example of inconsistency.
- A different approach from each health board.
- Cardiff and Vale UHB – HMP Cardiff.
- Abertawe Bro Morgannwg UHB– HMP Swansea.
- Betsi Cadwaladr UHB – HMP Berwyn.
- Anuerin Bevan UHB – HMP Usk/Prescoed.

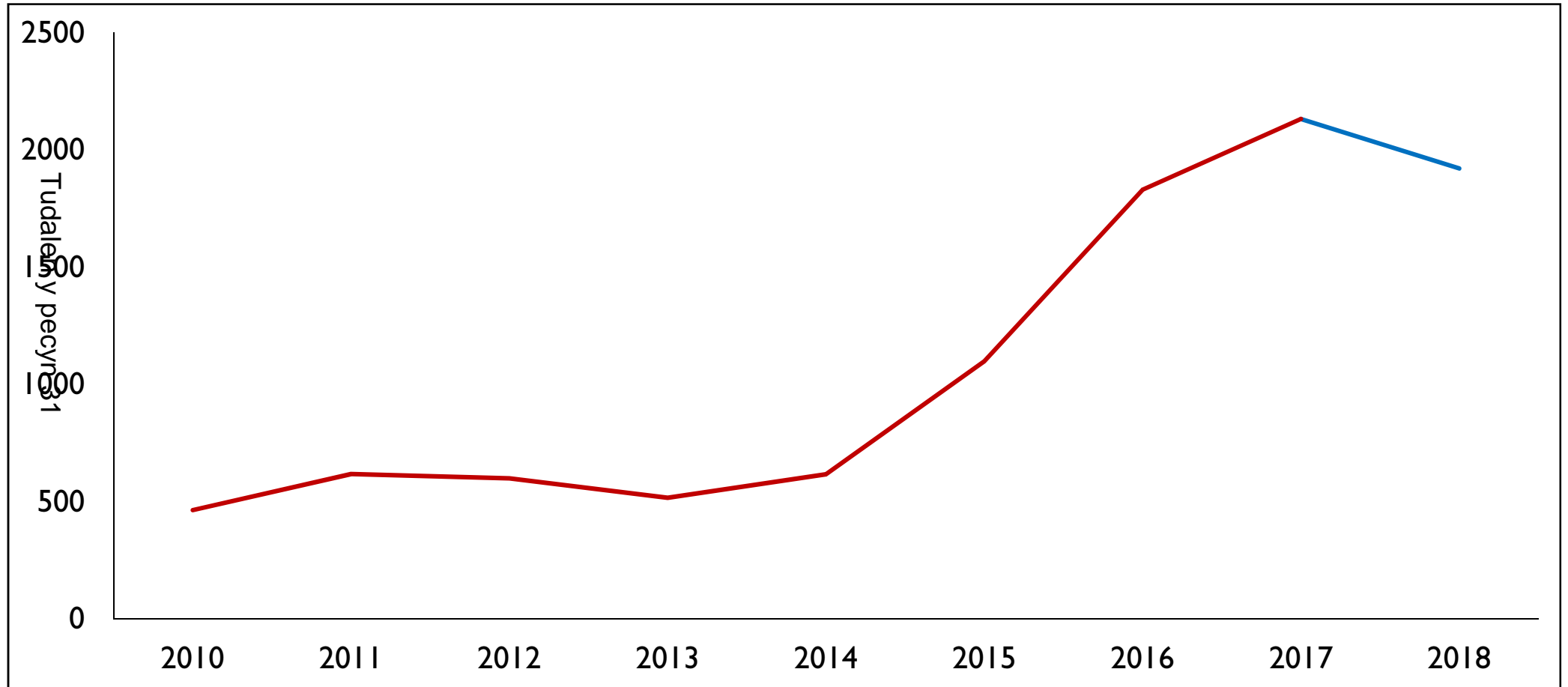
DEATHS IN CUSTODY



SELF-INFLICTED DEATHS



SELF-HARM INCIDENTS*



MENTAL HEALTH

- Prisons as the the “default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).
- 25 people transferred from prisons in Wales to hospital under section 48 of the Mental Health act 1983 in 2017.
- 11 people were transferred while unsentenced or untired
- 14 were transferred from a Prison Service establishment in Wales after sentence.
- In total, there were 213 restricted patients detained in Wales in 2017

OLDER PRISONERS

- Distinct health care needs.
- Average life expectancy of a prisoner is 56 years.
- 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.
- 1 in 5 Welsh prisoners held at HMP Usk was aged 60 or above and 44% were over the age of 50.
- 60 and over: Berwyn (<5), Cardiff (9), Parc (88), Prescoed (10), Swansea (9) and Usk (39).

POLICY DIVERGENCE

- Welsh approach to opioid treatment.
- According to HM Inspectorate of Prisons (2015: 14) the Welsh Government's policy is responsible for “poorer outcomes for some prisoners”.
- Welsh approach to opioid treatment described as being “much harsher” and putting lives at risk (The Economist, 2018).
- There is an “inconsistency” between prisons in England and Wales. (HMIP, 2015: 14).
- Other examples?

Ian: Some prisons in England are actually doing this re-toxing [IDTS] which really complicates matters for us and makes something that is fairly complex in the first place, [even more] difficult.

Scott: They have got different rules in England to Wales. They will put people on medication [in England] and will maintain a prisoner on medication, but if they come [back] to Wales they will take them off medication. So a client could be happy to go to England because they can go back onto medication, but he comes back to Wales then [and they] start to take them off medication... That is the issue, different ethos and different rules and regulations between England [and Wales].

Scott: There is no consistency is there? You are fighting structures and what people are forgetting in all of this is that the prison population are losing out because they don't know what structure they are coming out to.

CONCLUSION

- 'Problem raising' and 'problem solving' role played by criminologists and researchers (Christie, 1971).
- Separate research projects since 2013 have uncovered a range of different problems and issues.
- Importance of data and mapping.
- A way through the uncertainty?
- Importance of service provider and practitioner views.

REFERENCES

- Christie, N. (1971) – *Scandinavian Studies in Criminology*. The Scandinavian Research Council for Criminology, Volume 3. Scandinavian University Books.
- HM Inspectorate of Prisons (2015) – *Changing patterns of substance misuse in adult prisons and service responses: A thematic review*. December 2015.
<https://www.justiceinspectorates.gov.uk/hmiprisons/wpcontent/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>
- The Economist (2018) – ‘*Welsh prisons are much harsher than England’s on opioid treatment*’. July 12 2018.
<https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>

Cadeiryddion y Pwyllgorau

15 Mawrth 2019

Annwyl Gadeiryddion

Cytundeb cysylltiadau rhyng-sefydliadol rhwng Cynulliad Cenedlaethol Cymru a Llywodraeth Cymru

Ym mis Chwefror 2018, gwnaethom gyhoeddi ein hadroddiad **Llywodraethiant yn y DU ar ôl gadael yr Undeb Ewropeaidd**. Ei bwrpas oedd archwilio perthnasoedd rhynglywodraethol presennol i benderfynu a ydynt yn addas i'r diben, ac i asesu a oes angen iddynt newid.

Argymhelliad olaf ein hadroddiad oedd y dylai Llywodraeth Cymru lunio cytundeb gyda'r Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol i gefnogi ei waith craffu ar weithgarwch Llywodraeth Cymru yn y maes hwn.

Daeth y Pwyllgor i gytundeb â Llywodraeth Cymru ac ym mis Ionawr eleni, gosododd **adroddiad** gerbron y Cynulliad, a oedd yn ymgorffori'r cytundeb.

Yn dilyn y ddadl a gynhaliwyd ar yr adroddiad a'r cytundeb yr wythnos diwethaf, roeddwn yn meddwl y byddai'n briodol ysgrifennu at bob Cadeirydd, gan dynnu sylw at y cytundeb, fel y gall pwyllgorau asesu sut y byddent yn dymuno ei ddefnyddio wrth graffu ar Lywodraeth Cymru.

Mae'r cytundeb ar gael ar ein gwefan a byddaf yn sicrhau ei fod ar gael i glercod pwyllgorau.

Yn gywir



Mick Antoniw

Mick Antoniw

Cadeirydd

Croesewir gohebiaeth yn Gymraeg neu yn Saesneg.

We welcome correspondence in Welsh or English.



**Carers Trust Wales
33 - 35 Cathedral Road
Cardiff
CF11 9HB**

18 March 2019

Dear Dai Lloyd AM,

We are writing to you as part of providing evidence to the Health Social Care and Sport Committee's Inquiry into the impact of the Social Services and Wellbeing (Wales) Act 2014 in relation to carers.

Following on from recent oral evidence sessions with the Committee we have written out to members of the Carers Officers Learning and Improvement Network, Wales (COLIN) to gather their views. This exercise has reinforced that Young Carers Services have historically been developed, and continue to be commissioned and maintained, through a mixture of funding streams including:

- Families First
- Adult Social Services
- Children's Services
- Welsh Government Carers Respite Grant
- Youth Services
- Integrated Care Fund
- Regional Funding
- Health Board Funding

To an extent, the diversity of funding has allowed a level of flexibility to the support provided. One Carers Lead Commented:

"The fact that more than one different strand comes in to fund the service provides some flexibility and protection when one or other of the income strands is under threat."

However, piecemeal and sometimes restrictive funding can mean that certain needs of young carers are more difficult to meet and that sustainability of specific services is an on-going concern.

The main and most consistent funding across Local Authorities for Young Carers Services is Families First. In many areas this funding enables the core of a Young Carers Service to exist and operate.

Families First service provision is based on time limited support for each young carer and is tailored to the individual outcome(s) for each young carer. For those young carers who may not reach the Families First threshold the supplementary funding stream(s) allows the Young Carers Service to offer support to them.

Many Young Carers Services could not continue to exist without the co-dependency of varying funding streams. Core Families First funding allows many young carers to have a constant touchstone with their Young Carers Service which may have other non-Families First funded activities and support streams that can benefit young carers. For those young carers who have been supported through the Families First criteria, they can continue to keep in touch with their young carers network which may support them after their Families First funded support has come to an end.

The mixture of funding streams also presents challenges. Different commissioning and reporting requirements for each funding stream can be at odds with each other and can hinder the creation of a seamless and consistent service for young carers.

One Carers Lead comments:

“There is a mismatch with regards to outcomes reporting on the different funding streams. Families First funding provides the core funding in order for the Young Carers Service to operate and provide time limited one to one support for young carers. The Carers Team provides funding for events, young carers’ forum, and activities and to support young carers through ongoing support for all young carers. Without either of these funding streams neither could operate effectively.”

Many Carers Officers within Local Authorities recognise that the provision and investment for Young Carers Services is not proportionally representative of the needs of young carers. There is also agreement that there is disproportionate funding between Young Carers Services and Adult Services.

One Carers Lead commented:

“Young Carers Services historically appear to have suffered from a lack of commitment and value demonstrated towards this group of vulnerable children and young people from the highest level. This is clearly evidenced when considering the clear disproportionate investment into young carers provided from central government across Wales. The funding committed to young carers when compared with that provided to adult carers is significantly less, as is the strategic focus.”

Many young carers continue to be hidden either not recognising themselves as a young carer or being recognised by a range of professionals. A young carer is most likely to attend school and the person they are supporting is likely to come into contact with a health or social care professional. Therefore, it's important that there is an overarching approach to identifying and supporting young carers. To achieve this, more needs to be done to ensure that education, health and social care services work together to improve their identification and support of young carers. To achieve this, services have to be developed and commissioned in a collaborative and sustainable way.

One Carers Lead Officer commented:

“At the moment the different funding streams do not allow for joined up working, and sustainability of Young Carers support.”

Another commented:

“I would like to see specific funding provided from Welsh Government for Young Carers service with a supporting outcomes focused reporting mechanism for Local Authorities and Health Boards to work with.

“I believe our data will demonstrate both the numbers of carers receiving services has continued to rise year on year, whereas resources continue to diminish and budgets available to Local Authorities are limited, hindering their ability to invest in young carers services to deal with the increases in demand and to further develop services to adapt to the changing needs of young carers.”

Evidence shows us that once a young carer is in touch with their young carers service, they value having someone they can talk to about their caring life and being able to have regular opportunities to meet with their young carer peer networks. Beyond this, they often value time away from the caring role to have fun, training to gain skills, and someone to be their advocate when they might need it. Many of the key support mechanisms young carers need are predictable and long-term. Therefore, it would be helpful if funding streams recognised the core services that will always need to be funded to deliver the preventative, information, advice and assistance elements of the Social Services and Wellbeing (Wales) Act 2014 for young carers.

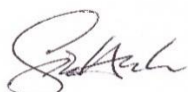
It is important that funding streams enable the creation of Young Carers Services that are sustainable and able to meet the needs of young carers without the need for re-referrals or other additional bureaucracy that can come with some elements of Families First Funding. It is our shared view that there needs to be a greater amount and consistency of funding to enable the creation of Young Carers Services without

the need to creatively negotiate between funding pots to deliver the support young carers need.

There are many excellent examples of Local Authorities and Carers Services delivering high quality support to young carers. However, service provision remains inconsistent across Local Authority areas and it continues to be a challenge for Local Authorities to find funding / utilise appropriate funding pots to sustain services that are clearly instrumental to the delivery of the Act.

We believe that there is a need to ensure that young carers have a greater strategic focus, and a consistency of funding investment in order to provide the flexible and responsive support that they need. Without these services young carers will be unable to achieve their full potential.

Yours sincerely,



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SHatch@carers.org



Kim Sparrey, Chair, Carers Officers
Learning and Improvement Network
KimSparrey@monmouthshire.gov.uk



3.3 **Comisiynydd Pobl Hŷn Cymru**
Older People's Commissioner for Wales

Cartrefi Gofal yng Nghymru

Atebion i'ch Cwestiynau



Tudalen y pecyn 44

**Llais ac eiriolwr ar gyfer
pobl hŷn**

Comisiynydd Pobl Hŷn Cymru

Mae Comisiynydd Pobl Hŷn Cymru yn llais annibynnol ac yn eiriolydd ar ran pobl hŷn ledled Cymru. Mae'r Comisiynydd a'i thîm yn gweithio i sicrhau bod lleisiau pobl hŷn lais yn cael eu glywed, eu bod yn cael dewis a bod ganddynt reolaeth, nad ydynt yn teimlo'n unig nac yn dioddef gwahaniaethu a'u bod yn derbyn y cymorth a'r gwasanaethau sydd eu hangen arnynt.

Mae'r Comisiynydd am i Gymru fod y lle gorau yn y byd i heneiddio.

Sut mae cysylltu â'r Comisiynydd:

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

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Cyflwyniad

Mae cartrefi gofal yn darparu llety a gofal i bobl sydd angen cymorth ychwanegol yn eu bywydau bob dydd. Mae hyn yn cynnwys ystafell, amgylchedd byw sy'n cael ei rannu, prydau bwyd a gofal personol, fel ymolchi a gwisgo. Mae rhai cartrefi gofal hefyd yn gallu darparu gofal nyrsio i bobl ag anghenion iechyd mwy cymhleth.

Bydd rhai pobl yn poeni am symud i gartref gofal, felly rydym wedi cynhyrchu'r llyfryn hwn i roi atebion syml i gwestiynau cyffredin a all fod ar eich meddwl chi, neu eich anwyliaid, ynglŷn â symud i neu fyw mewn cartref gofal.

Er bod symud i gartref gofal yn gallu bod yn brofiad emosiynol, daw llawer o fuddiannau positif hefyd fel ymdeimlad o gymuned, cyfeillgarwch a gofal o ansawdd da.

Os ydych chi'n teimlo bod angen gofal arnoch, mae gennych hawl i gael asesiad o'ch anghenion gofal a chymorth gan eich awdurdod lleol. Ni fydd hyn yn cael ei effeithio gan faint eich adnoddau ariannol. Gall asesiad fod yn ffordd ddefnyddiol i ddeall eich anghenion ac i ganfod ai cartref gofal yw'r opsiwn gorau i chi.

Os oes angen rhagor o wybodaeth arnoch ar unrhyw bwnc a drafodir, mae rhestr o gysylltiadau defnyddiol yng nghefn y llyfryn hwn.

Sut mae dod o hyd i gartref gofal?

Gall dewis cartref gofal fod yn anodd, ond mae'n bwysig cofio bod gennych chi hawl i ddewis ym mha gartref gofal rydych yn byw, waeth pwy sy'n talu am eich gofal.

Y cam cyntaf yw gofyn am restr o gartrefi gofal gan eich awdurdod lleol, ac mae'n rhaid i'r awdurdod roi'r rhestr honno i chi. Os ydych chi am symud i ardal awdurdod lleol arall, mae'n rhaid i'r wybodaeth gael ei rhoi i chi o hyd.

I'ch helpu i wneud penderfyniad, gallwch hefyd ddarllen adroddiadau arolygu, sy'n cael eu cyhoeddi ar Arolygiaeth Gofal Cymru. Mae'r adroddiadau hyn yn rhoi crynodeb o ansawdd a diogelwch cartref gofal.

Gallwch ofyn i'ch awdurdod lleol i drefnu eich lleoliad mewn cartref gofal ar eich rhan hyd yn oed os nad ydych chi wedi cael eich asesu gan eich awdurdod lleol neu os ydych chi'n talu'n llawn am fyw mewn cartref gofal.

Fodd bynnag, efallai y byddant angen asesiad cyn trefnu lleoliad mewn cartref gofal ar eich rhan. Gall eich awdurdod lleol godi tâl am wneud trefniadau ar eich rhan.

Yn ogystal â'r maeth o ofal a ddarperir gan gartref gofal, efallai yr hoffech ystyried pa mor agos yw'r cartref gofal at eich teulu a'ch ffrindiau a pha gyfleusterau a gweithgareddau mae'n eu cynnig. Gall taflenni ffeithiau, rhestrau gwirio a llinellau cymorth, a ddarperir gan elusennau fel Age Cymru, hefyd eich helpu i ddod o hyd

Tudalen y pecyn 48

i gartref gofal addas. Efallai y byddwch hefyd am ystyried ymweld â rhestr fer o gartrefi gofal a gofyn y cwestiynau sy'n bwysig i chi i'ch helpu i wneud eich penderfyniad.

Mae pob cartref gofal yn gorfod cynhyrchu canllaw ysgrifenedig mewn iaith syml sy'n cynnwys gwybodaeth am feysydd fel staff allweddol, ffioedd a chostau, telerau ac amodau, cynnwys teulu/gofalwyr, gwneud cwyn, cymorth eiriolaeth a chael gofal iechyd.

Cyn symud i'ch cartref gofal bydd yn rhaid cynnal asesiad i sicrhau bod y cartref gofal o'ch dewis yn gallu diwallu eich anghenion, a gallwch ofyn i'r cartref gofal o'ch dewis am gyfnod prawf cyn gwneud penderfyniad terfynol.

Mae'n bosibl y bydd sefyllfaoedd lle na fydd y cartref gofal o'ch dewis ar gael, neu efallai bydd yr amgylchiadau'n golygu na fydd amser i chi gynllunio i symud yn y ffordd a ddisgrifiwyd uchod. Os na allwch symud i'r cartref gofal roeddech yn ei ffafrio a bod y trefniadau'n cael eu gwneud drwy eich awdurdod lleol, rhaid iddynt roi datganiad ysgrifenedig i chi sy'n nodi'r rhesymau penodol pam nad oedd yn bosibl. Mae gan rai cartrefi gofal restr aros, felly mae'n werth cadw hyn mewn cof pan fyddwch yn cynllunio i symud i'r cartref gofal a ffefrir gennych.

Yn y rhan fwyaf o achosion, bydd unigolyn yn penderfynu symud i gartref gofal am fod angen lefel benodol o ofal arnynt. Os oes gennych bartner, efallai y byddwch am drafod â'r cartref gofal a'ch awdurdod lleol yr opsiynau a fydd yn eich galluogi i aros gyda'ch gilydd.

Tudalen y pecyn 49

Efallai y bydd angen i chi symud i gartref gofal gwahanol os bydd eich angen am ofal a chymorth yn newid ac os na fydd y cartref gofal yn gallu diwallu eich anghenion. Felly efallai y byddwch am holi eich cartref gofal i weld a fyddant yn gallu ateb eich anghenion gofal os byddant yn newid yn y dyfodol.

Tudalen y pecyn 50

Sut mae talu am fyw mewn cartref gofal?

Gan ddibynnu ar eich amgylchiadau ariannol, efallai y gofynnir i chi dalu'r cyfan neu ran o gostau byw mewn cartref gofal. Ni fydd eich awdurdod lleol yn cyfrannu at gost eich cartref gofal oni bai ei bod asesiad wedi dangos mai dyna'r ffordd orau o ddiwallu eich anghenion. I benderfynu beth yw eich anghenion, gallwch ofyn am asesiad gofal a chymorth gan eich awdurdod lleol.

I benderfynu faint fydd yn rhaid i chi ei dalu, bydd yn rhaid i chi gael asesiad ariannol. Bydd hwn yn cael ei gynnal gan eich awdurdod lleol, a fydd wedyn yn gorfod darparu datganiad i chi sy'n dangos faint y bydd yn rhaid i chi ei dalu.

Os ydych yn berchen ar eich cartref eich hun a/neu fod gennych gynilion o fwy na £50,000 (o 1 Ebrill 2019)¹, ac os nad oes gennych ddibynnydd neu briod yn byw yn eich tŷ, yna efallai y bydd yn rhaid i chi werthu eich cartref, neu ddefnyddio eich cynilion i dalu am fyw mewn cartref gofal. Os ydych chi'n talu am eich cartref gofal eich hun, dylech barhau i gael budd-daliadau fel Lwfans Gweini.

Os oes gennych chi anghenion ieched, gallwch fod yn gymwys i gael rhan o'ch costau drwy 'Ofal Nyrsio a Ariennir' neu'r swm llawn drwy 'Ofal Iechyd Parhaus y

¹ £40,000 tan 1 Ebrill 2019

GIG'. Cewch ragor o wybodaeth am y mathau hyn o gyllid gan eich bwrdd iechyd.

Ar ôl i chi gyfrannu tuag at y gost o fyw mewn cartref gofal, rhaid i awdurdodau lleol sicrhau bod gennych isafswm o £29.50² ar ôl bob wythnos i'w wario fel y mynnwch.

Os ydych chi'n gwella o salwch neu anaf, ni fyddwch yn gorfod talu am gyfnod o hyd at chwe wythnos o ail-alluogi.

Os byddwch yn dewis cartref gofal sy'n costio mwy na'r hyn fydd eich awdurdod lleol yn ei dalu fel arfer, a'u bod wedi cynnig dewisiadau eraill sy'n addas, yna bydd yn rhaid i chi drefnu bod y gwahaniaeth yn cael ei dalu, fel arfer drwy aelod o'r teulu neu ffrind.

Os, fodd bynnag, eich bod wedi cael eich lleoli mewn cartref gofal drutach am nad oedd eich awdurdod lleol yn gallu dod o hyd i gartref gofal am y gost y bydd yn ei thalu fel arfer, yna eich awdurdod lleol fydd yn gyfrifol am dalu'r gost ychwanegol. Rhaid i gontract y cartref gofal nodi pa ffioedd sy'n daladwy am wasanaethau safonol ac unrhyw wasanaethau ychwanegol maent yn codi tâl amdanynt.

Mae'n bwysig cofio os bydd unrhyw newidiadau yn eich sefyllfa ariannol, neu sefyllfa ariannol y sawl sy'n cyfrannu at gost eich cartref gofal, efallai y bydd yn rhaid i chi wedyn symud i gartref gofal arall.

Pa wybodaeth ddylwn i ei chael?

Os yw eich awdurdod lleol wedi cynnal asesiad gofal a chymorth a/neu asesiad ariannol, yna rhaid iddynt roi copi ysgrifenedig ohonynt i chi. Yn dilyn asesiad, rhaid i chi gael eich cynnwys yn natblygiad eich cynllun gofal a chymorth, a rhaid i'ch awdurdod lleol roi copi ohono i chi.

Rhaid i'ch cartref gofal wedyn weithio â chi i lunio cynllun sy'n dangos sut y byddwch yn cael cymorth o ddydd i ddydd. Yr enw ar hwn yw eich Cynllun Personol ac mae'n wahanol i'ch Cynllun Gofal a Chymorth.

Rhaid i'ch Cynllun Personol gynnwys manylion am eich hoffterau personol a dangos sut fydd eich gofal o ddydd i ddydd yn cael ei ddarparu, gan gynnwys sut fydd eich dymuniadau, eich dyheadau, eich anghenion o ran iaith a'ch credoau crefyddol yn cael eu diwallu.

Rhaid llunio Cynllun Personol cychwynnol cyn eich bod yn symud i'r cartref gofal a rhaid iddo gael ei adolygu a'i ddiweddarau yn ystod y saith wythnos gyntaf ar ôl i chi symud i mewn.

Rhaid i chi a/neu eich cynrychiolydd gael copi o'ch Cynllun Personol. Rhaid iddo gael ei adolygu a'i ddiwygio os a pha bryd bynnag fydd angen (ond o leiaf bob tri mis) i adlewyrchu unrhyw newidiadau sydd eu hangen i'ch gofal a chymorth, neu newidiadau i'r hyn yr hoffech ei wneud neu ei gyflawni.

Rhaid i chi gael copi wedi'i lofnodi o unrhyw gytundeb neu gontract sy'n gysylltiedig â'ch gofal a chymorth, unrhyw wasanaethau eraill a ddarperir i chi, y costau y byddwch chi a/neu eich awdurdod lleol yn eu talu a thelerau ac amodau'r gwasanaeth.

Rhaid i'ch cartref gynhyrchu canllaw ysgrifenedig clir sy'n cynnwys gwybodaeth am staff allweddol, ffioedd a chostau, telerau ac amodau, sut fydd teulu/gofalwyr yn cael eu cynnwys, sut i gwyno, gwasanaethau eiriolaeth a chael gofal iechyd. Dylai copi ohono gael ei roi i chi a dylent fod ar gael yn y cartref gofal. Rhaid i'r wybodaeth bwysig hon fod yn eglur ac ar gael mewn manau amlwg a chael ei diweddarau (gan gynnwys ar wefannau ac mewn ymateb i ymholiadau dros y ffôn).

A fydd gen i lais mewn penderfyniadau sy'n effeithio arnaf i?

Mae gennych hawl i gael eich cynnwys mewn penderfyniadau sy'n effeithio arnoch o ran eich gofal a chymorth, yn ogystal â'r pethau sy'n bwysig i chi.

Rhaid i'ch awdurdod lleol weithio â chi a gwranddo ar eich barn, eich dymuniadau a'ch teimladau yn ystod eich asesiad gofal a chymorth neu asesiad ariannol, neu pan fydd Cynllun Gofal a Chymorth yn cael ei lunio. Nid yw hyn o reidrwydd yn golygu y cewch bopeth rydych ei eisiau, ond mae'n golygu bod yn rhaid i'r holl benderfyniadau am eich gofal cymdeithasol gael eu datblygu mewn partneriaeth wirioneddol â chi. Os na fydd hyn yn digwydd, gallwch gwyno i'r gwasanaethau cymdeithasol.

Efallai y bydd angen help arnoch i fynegi eich dymuniadau. Mae dyletswydd gyfreithiol ar awdurdodau lleol i ystyried a oes angen cymorth eiriolaeth arnoch i fynegi eich barn a'ch dymuniadau, a all gael eu rhoi gan aelod o'r teulu, gofalwr, ffrind neu wasanaeth eiriolaeth annibynnol. Mewn rhai amgylchiadau, efallai y bydd gennych chi hawl i gael Eiriolydd Proffesiynol Annibynnol (IPA). Gallwch holi eich awdurdod lleol am eiriolaeth annibynnol ac a oes gennych chi hawl i gael IPA.

Rhaid i'ch cartref gofal eich cynnwys yn y trafodaethau ar sut mae eich gofal yn cael ei ddarparu, gan gynnwys llunio eich Cynllun Personol. Rhaid i'ch Cynllun Personol

Tudalen y pecyn 55

gynnwys digon o wybodaeth i alluogi staff i ddiwallu eich anghenion gofal a chymorth a'ch helpu i wneud y pethau sy'n bwysig i chi. Gallai enghreifftiau o hyn gynnwys beth a pha bryd rydych yn hoffi bwyta, neu'r pethau rydych yn mwynhau eu gwneud.

Rhaid i'ch cartref gofal ddatgan yn ei ganllaw ysgrifenedig sut y bydd yn cynnwys y bobl sy'n byw yno yn y ffordd mae'r cartref gofal yn cael ei redeg o ddydd i ddydd.

Mewn rhai achosion, efallai na fydd gan unigolyn alluedd i wneud rhai penderfyniadau. Os na fydd gan unigolyn alluedd, dylid cynnwys teulu, ffrindiau, gofalwyr a gweithwyr proffesiynol eraill yn y broses benderfynu, a dylid gwneud pob ymdrech i helpu pobl i wneud penderfyniadau drostynt eu hunain. Gellir penodi Eiriolydd Galluedd Meddyliol Annibynnol mewn amgylchiadau penodol i helpu unigolyn heb alluedd i sicrhau bod eu barn a'u dymuniadau'n cael eu clywed. Mewn sefyllfaoedd eraill, gellir penodi Eiriolydd Proffesiynol Annibynnol i'r rôl hon.

Pa weithgareddau allaf fi gymryd rhan ynddyn nhw?

Dylech allu dal ati i fwynhau gweithgareddau pleserus a hobïau ar ôl i chi symud i gartref gofal, gan gynnwys mynd allan (gyda chymorth os oes angen).

Pan fyddwch yn cael asesiad gan eich awdurdod lleol, dylent nodi'r pethau sydd bwysicaf i chi a gweithio â chi i ddatblygu Cynllun Gofal a Chymorth. Gallai hyn gynnwys y gweithgareddau, yr hobïau a'r diddordebau sy'n bwysig i chi.

Dylai'r wybodaeth hon wedyn gael ei rhannu â'r cartref gofal, fel y byddant yn gallu cynllunio sut y byddant yn diwallu eich anghenion o ddydd i ddydd a sut y gallant eich helpu i wneud y pethau hynny rydych yn eu mwynhau. Os byddwch yn symud i gartref gofal heb asesiad gan eich awdurdod lleol, dylai'r cartref gofal lunio Cynllun Personol â chi pan fyddwch yn symud i mewn.

Dylai pob cartref gofal drafod â'r preswylwyr yr hyn maent yn mwynhau ei wneud ac yna trefnu eu gweithgareddau eu hunain, a allai gynnwys gweithgareddau fel cadw'n heini, celf a chrefft, adloniant cerddorol a dangos ffilmiau. Gallwch ymuno yn y gweithgareddau rydych yn eu dewis pa bryd bynnag y mynnwch.

Nid oes dim rheswm pam na ddylech gael teledu, radio neu rhyngrwyd yn eich ystafell eich hun, a gallwch symud

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eich llyfrau neu eich eitemau personol i mewn gyda chi. Mae rhai cartrefi gofal yn caniatáu i bobl ddod â'u dodrefn neu eu hanifeiliaid anwes gyda hwy. Mae'n bosibl y bydd gwasanaethau ychwanegol fel trin gwallt ar gael. Gallwch drafod y pethau hyn â'r cartref gofal pan fyddwch yn ystyried symud i mewn.

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A all teulu a ffrindiau ymweld, ac a allaf fynd a dod fel y mynnaf?

Ni ddylai byw mewn cartref gofal fod yn ddim gwahanol i fyw yn eich cartref eich hun.

Rhaid i'ch cartref gofal fod â gofod lle gallwch gwrdd ag ymwelwyr yn breifat ac sydd ar wahân i'ch ystafell eich hun (gallwch wrthod ymwelwyr os mynnwch). Rhaid i gartrefi gofal gadw cofnod o bob ymwelydd, gan gynnwys eu henw ac â phwy maent yn ymweld.

Dylech allu mynd a dod mor aml ag y mynnwch, ymweld â ffrindiau, mynd i siopa neu fynychu digwyddiadau/ gweithgareddau cymdeithasol, cyhyd â bod eich iechyd yn caniatáu.

Os bydd angen help arnoch i wneud y pethau hyn, dylai hynny gael ei nodi yn eich Cynllun Personol, a ddylai ddatgan sut fydd eich cartref gofal yn eich helpu i gyflawni'r canlyniadau personol hyn.

Mewn rhai achosion, mae'n bosibl na fydd unigolyn yn gallu gwneud penderfyniadau penodol ac efallai y bydd angen gosod cyfyngiadau i wneud yn siŵr bod yr unigolyn hwnnw'n ddiogel. Gallai hyn gynnwys mesurau sy'n cyfyngu ar symudiadau'r unigolyn mewn cartref gofal a'r tu allan iddo. Yn yr amgylchiadau hyn, rhaid dilyn

gweithdrefnau cyfreithiol llym, sef y Trefniadau Diogelu rhag Colli Rhyddid (DoLS).³

Pan na fydd gan unigolyn alluedd, dylai teulu, ffrindiau, gofalwyr a gweithwyr proffesiynol eraill (fel eiriolwyr annibynnol) fod yn rhan o'r broses o wneud penderfyniadau a dylid gwneud pob ymdrech i helpu pobl i wneud penderfyniadau drostynt eu hunain.

³ Mae Trefniadau Diogelu wrth Amddifadu o Ryddid (DoLS) yn newid ac efallai y bydd yn cael ei adnabod wrth enw arall yn y dyfodol.

Sut fyddaf yn cael gofal iechyd?

Mae byw mewn cartref gofal yn golygu y bydd gennych yr un hawliau'n union i gael gwasanaethau iechyd a gofal priodol ac o ansawdd uchel ag oedd gennych chi cyn symud.

Er enghraifft, os ydych chi wedi symud i gartref gofal yn yr un dalgylch meddyg teulu, dylech allu aros gyda'r un practis. Os yw eich cartref gofal y tu allan i ddalgylch eich meddyg teulu, mae'n debyg y bydd yn rhaid i chi ailgofrestru â gwasanaeth arall. Mae gan y rhan fwyaf o gartrefi gofal wasanaeth meddyg teulu sydd â pherthynas dda â hwy.

Os ydych chi'n gallu mynd allan ar eich pen eich hun, nid oes dim rheswm pam na allwch barhau i ddefnyddio'r deintydd, yr optegydd a gwasanaethau iechyd a gofal eraill. Os na fydd hyn yn bosibl, dylai'r cartref gofal a'r cyrff sy'n gyfrifol am ddarparu gwasanaethau iechyd (Byrddau Iechyd) sicrhau bod gennych fynediad at wasanaethau gofal iechyd priodol, o ansawdd uchel.

Rhaid i wybodaeth a ddarperir yng nghanllaw ysgrifenedig y cartref gofal gynnwys sut fydd y cartref gofal yn eich helpu i ddefnyddio gwasanaethau gofal iechyd.

Pa ansawdd gofal allaf fi ei ddisgwyl?

Mae gennych hawl i gael eich trin ag urddas a pharch bob amser gan eich cartref gofal a'ch awdurdod lleol.

Rhaid i staff yn eich cartref gofal barchu eich preifatrwydd, eich urddas a chyfrinachedd, a hybu eich hunaniaeth a'ch annibyniaeth. Rhaid i'ch cartref gofal hefyd wrando arnoch a chyfathrebu â chi mewn ffordd barchus. Rhaid i brif sylw'r staff fod ar ddarparu gofal a chymorth i chi. Rhaid i chi gael eich trin â pharch a theimlo eich bod yn cael eich gwerthfawrogi

Os oes angen gofal personol arnoch, rhaid i'r cartref gofal ei ddarparu mewn ffordd urddasol a pharchu eich hoffterau personol. Dylid cytuno ar hyn gyda chi a'i gofnodi yn eich Cynllun Personol, a ddylai hefyd gynnwys gwybodaeth am ddefnydd o unrhyw gymhorthion a/neu nwyddau arbennig. Rhaid i chi gael eich helpu i ymolchi a defnyddio'r toiled mor annibynnol â phosibl.

Dylech gael eich annog i gymryd rhan mewn tasgau pob dydd ac i gyfrannu eich syniadau i helpu i redeg y gwasanaeth os mai dyna yw eich dymuniad. Rhaid i dechnoleg a chyfarpar arbenigol fod o fewn cyrraedd fel y gallwch alw am help pan fydd ei angen a rheoli eich anghenion eich hun pan fydd hynny'n bosibl.

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Rhaid i'ch cartref gofal sicrhau bod gofal a chymorth yn cael ei ddarparu i chi mewn ffordd bositif a gofalgar a dylai staff gymryd amser i ddod i'ch adnabod. Rhaid i staff fod wedi'u hyfforddi i ddeall ac i ymateb yn briodol i'r bobl hynny sydd ag anghenion cymhleth ac i wybod pan fydd rhywun mewn poen a bod â'r gallu i reoli hynny. Rhaid iddynt hefyd fod wedi'u hyfforddi i gyfathrebu â, ac i ymateb yn briodol i, bobl sy'n byw â dementia a/neu nam ar eu synhwyrau.

Dylid sicrhau cysondeb yn y staff gofal a chymorth, a rhaid i chi gael eich hysbysu o newidiadau i staff sy'n effeithio arnoch.

Beth ddylwn i ei wneud os wyf yn anhapus?

Os hoffech chi roi adborth positif neu wneud sylwadau adeiladol am eich cartref gofal gallwch wneud hynny'n uniongyrchol i'r staff neu'r rheolwr.

Gallwch hefyd fynegi pryderon neu gwyno'n uniongyrchol i'ch cartref gofal – rhaid i fanylion am sut i wneud hyn fod wedi'u cynnwys yng nghanllaw ysgrifenedig y cartref gofal

Rhaid i'ch cartref gofal fod â threfniadau effeithiol ar waith i ganfod, ymchwilio, a gweithredu ar gwynion, sy'n cynnwys cynhyrchu adroddiad ysgrifenedig i chi. Rhaid i'ch cartref gofal weithredu mewn ffordd agored a thryloyw gyda phreswylwyr a'u cynrychiolwyr.

Os ydych chi'n poeni am ansawdd y gofal sy'n cael ei ddarparu gan eich cartref gofal gallwch hefyd fynegi'r pryderon hyn gyda'ch awdurdod lleol.

Ni ddylai rhoi adborth, mynegi pryder neu gwyno effeithio ar y gofal y byddwch yn ei gael mewn cartref gofal, neu sut yr ydych yn cael eich trin gan eich awdurdod lleol.

Wrth ddelio â'ch awdurdod lleol, os ydych chi'n teimlo nad yw'r hawliau hyn wedi cael eu cynnal neu os nad ydych yn meddwl bod yr awdurdod lleol wedi gwrandao ar eich barn, eich dymuniadau a'ch teimladau, gallwch gwyno gan ddefnyddio eu gweithdrefn gwyno. Rhaid i'ch awdurdod

Tudalen y pecyn 64

lleol ddilyn prosesau a chadw at amserlenni penodol wrth ddelio â'ch cwyn a bydd angen iddynt ystyried pa help y gallant ei gynnig i chi, gan gynnwys cyngor, cymorth ac eiriolaeth.

Os ydych chi wedi dilyn prosesau cwyno mewnol y sefydliadau dan sylw a'ch bod yn parhau'n anhapus, gallwch fynd â'ch cwyn ymlaen i Ombwdsmon Gwasanaethau Cyhoeddus Cymru.

Cysylltiadau defnyddiol

Dod o hyd i'ch awdurdod lleol:

<https://www.gov.uk/find-local-council>

Dod o hyd i'ch bwrdd iechyd:

<http://www.wales.nhs.uk/eingwasanaethau/cyfeiriadur>

Age Cymru

Mariners House

Trident Court

East Moors Road

Caerdydd

CF24 5TD

08000 223 444

advice@agecymru.org.uk

<https://www.ageuk.org.uk/cymru/>

Cymdeithas Alzheimer Cymru

16 Columbus Walk

Glanfa'r Iwerydd

Caerdydd

CF10 4BY

0300 222 1122

<https://www.alzheimers.org.uk/about-us/wales>

Arolygiaeth Gofal Cymru

Mae Arolygiaeth Gofal Cymru yn gyfrifol am gofrestru, arolygu a gweithredu i wella ansawdd a diogelwch gwasanaethau er lles pobl Cymru.

Swyddfa Llywodraeth Cymru
Parc Busnes Rhyd-y-car
Merthyr Tudful
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<https://arolygiaethgofal.cymru/>

Gofalwyr Cymru

Uned 5
Ynys Bridge Court
Caerdydd
CF15 9SS

0808 808 7777

advice@carersuk.org

<https://www.carersuk.org/wales>

Cyngor ar Bopeth Cymru

03444 77 20 20

Dod o hyd i'ch Cyngor ar Bopeth lleol
<https://www.citizensadvice.org.uk/wales/>

Tudalen y pecyn 67

Eitem 6

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Eitem 7

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon