

Statements of Intent: A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs

Older people are the single biggest user of our health and social care services, and often say things to me like 'why don't people talk to each other?' and 'why does a crisis have to occur before anything happens?'. Which is why, as the independent voice and champion for older people in Wales, I have taken a 'close interest' in the agenda for integration of our health and social care systems.

In March 2014 I provided all Local Authorities, Local Health Boards and Welsh Government with my view on the first iterations of the regional partners 'Statement of Intent: A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs' (the 'Statements'). The critique, from the perspective of older people, was designed to support the development of the final Statements.

I used the following four questions to structure my analysis:

1. Does the Statement of Intent clearly describe what success looks like and does this reflect the definition of success that older people would use?
2. Does the Statement of Intent show that housing and the third sector are key to the delivery of integrated care, and show an intention to invest within this?
3. Does the Statement of Intent clearly indicate how steps will be taken to ensure older people have voice and control?
4. Does the Statement of Intent focus clearly on prevention and wellbeing, with wellbeing clearly understood in a manner that reflects older people's views?

Following the publication of all of the final Statements, I signalled my intention in June 2014 to review them once again from the perspective of older people.

To assist me in this assessment, I asked all regional partners to report against their own Statement using my four questions. I have now

received responses from all regional partners and am providing a Wales wide view on the final Statements, and the integration agenda.

There is clear evidence that integration is being taken seriously. The Statements indicate a wide range of activity, and some areas of weakness that were present in the draft Statements have been improved in the final version. However, the test of the success of the delivery of the Statements will be, as the Framework outlines, improved care and support for older people so that they are able to achieve better individual outcomes.

Outcomes

Does the Statement of Intent clearly describe what success looks like and does this reflect the definition of success that older people would use?

If there is to be a successful move away from a focus on systems, then clear and consistent success criteria must be developed that can be applied across Wales.

It is my view that success criteria are needed at three levels:

- System indicators (as found in the Framework and also Kings Fund materials)
- Service indicators (for example, easy and rapid access, staffing and professional standards)
- Care and support indicators (outcome focussed, views of individuals must be an integral and ongoing part of service evaluation)

The detail of the Welsh Government framework, 'A framework for integrating health and social care for older people with complex needs' (the Framework), and the 'well-being statement' and National Outcomes Framework that sits within the Social Services and Well Being (Wales) Act clearly sets the need for outcomes based success measurement,

and the use of more detailed performance measures. There will be a public consultation on the draft regulations and codes of practice that sit underneath the Social Services and Well Being (Wales) Act 2014 in the Autumn/Winter 2014/15, one of which focus on the Local Authority Social Services Performance Measurement Framework.

However, clarity will be needed on how these measurements will be developed and used by regional partners to support the integration agenda, otherwise it will prove impossible to move from an evaluation of activity to an evaluation of impact.

Evidence that was provided by the regional partners demonstrates an acknowledgement that consistent performance measurement is needed, and this includes a focus on individual outcomes. Furthermore, there is a clear willingness to align regional performance measurement work with the Social Services and Well Being (Wales) Act National Outcomes Framework, and the NHS outcomes framework (when published).

However from the evidence that was provided to me, there appears to be variation in the progress of the development of performance measurement, and the detail within them. As the final Statements were published in March, a number of regional partners stated that their regional performance measurements were still under development and were due to be finalised by September 2014.

There is also variation in the understanding of, and plans to use both qualitative and quantitative performance measurements to report in an outcome focussed manner. Only evidence from a small number of partners referred to the planned use of the views and experiences of individuals in their own performance measurement metrics.

Therefore I remain concerned that overall, addressing the voice and control of individuals, through effective performance measurement was weak. Without this, the methods of performance measurement will not adequately reflect the definition of success that older people would use.

Housing and the third sector

Does the Statement of Intent show that housing and the third sector are key to the delivery of integrated care, and show an intention to invest within this?

The final statements appear to show that the third sector is beginning to be included at a strategic and governance level more frequently than it has been previously. For example one Statement was co-signed by a representative from the regional third sector alliance. However I am aware that there is still a significant level of variation across the regions in the success of the third sector being included as an equal partner at a strategic level, as opposed to only being brought in at a service delivery level. Furthermore, it is unclear from the evidence provided that there are sufficient levels of investment in this sector to the level that will be needed.

Housing is referred to in the Statements, however it is referred to less often as a key partner and appears to have significantly less representation at strategic and planning level when compared to the third sector. It is welcome that a number of the Statements did increase their explicit understanding of the role of housing as a key partner from the draft versions. However, there is still a large amount of inconsistency in how this role is reflected and understood. It is still only briefly mentioned by some, or only in the context of a specific event, for example bariatric care, as opposed to a key partner. The Statements do not clearly recognise the wider, housing-led community initiatives that contribute to the health and well-being of older people.

Evidence that the regional partners provided often demonstrated a clearer understanding of the role of housing, and the third sector than the content of the Statements themselves. The Statements themselves should be able to clearly demonstrate this understanding within the document itself.

It is not clear from the Statements, the extent to which the knowledge and experience of housing and the third sector is being proactively and ambitiously sought to strengthen the planning and design of integrated services.

The Intermediate Care Fund is clearly seen as an opportunity to further include housing and the third sector as equal partners. However, in their evidence, a number of partners raised concerns over the long term success of this approach in light of the short term nature of funding arising from the Intermediate Care Fund. Evidence appeared to demonstrate that only one Statement considered regional forward planning for the future of intermediate care after the initial funding from the Intermediate Care Fund has ceased.

Voice and control

Does the Statement of Intent clearly indicate how steps will be taken to ensure older people have voice and control?

The services that are constantly changing and evolving are public services. It is important that the public understand what is trying to be achieved through integration, and what service provision will look like in the future. Therefore, engagement with older people and the extent to which they have voice and control over the planning and delivery of services should be ongoing, and not 'done' for a specific event.

From the evidence that I received, there appeared to be a recognition that the voice and control that older people have over the planning and delivery of services does need to improve. However, there appears to be a reliance on the use of older people's fora as a method of engaging. This may not necessarily reach a representative range of older people, or those with specific needs such as carers, people living with dementia, or sensory loss. On the whole there does not appear to be a deeper understanding about how improved voice and control will actually be achieved in the everyday planning and delivery of services. For example, only a small number of Statements recognised the role of the

individual's voice in governance frameworks and performance measurement.

Also the explicit understanding of the value of learning from complaints to hear an individual's voice, understand their experiences and use this to improve integrated care services was weak. This is pertinent considering the publication of 'A Review of Concerns (Complaints) Handling in NHS Wales, Using the Gift of Complaints, Keith Evans' in July 2014, which found (amongst additional findings) that:

- 'a change in culture is needed to "genuinely learn" from people who have had difficult NHS experiences,
- 'analysis of complaints and incidents needs a higher profile at NHS board level so information is used to improve services'.

Evidence from a number of regional partners referred to their intention to move towards delivering 'Prudent Healthcare', and the transformational approach proposed under the Social Services and Well Being (Wales) Act. These were seen as a driver for improved continued engagement with, and involvement of individuals within the planning and delivery of services. However as a policy, Prudent Healthcare is yet to be 'rolled out' in a tangible manner across Wales, and the Social Services and Well Being (Wales) Act is yet to be implemented. Action clearly needs to be taken to improve current engagement with older people so that partners are equipped to deliver truly appropriate integrated care services to older people across Wales.

The Statements are not particularly external facing, although I recognise there were not required to be. However openness and transparency, a 'plan' that can be understood by the public, and regular and accessible performance measurement is one of the ways to improve engagement with individuals and ensure a continued focus on outcomes.

Prevention and well being

Does the Statement of Intent focus clearly on prevention and wellbeing, with wellbeing clearly understood in a manner that reflects older people's views?

The Statements demonstrate a variation in the definition of well being. A number of Statements outlined the elements that they considered central to wellbeing, such as 'independent, healthy, fulfilled lives' or stated that well being differs across individuals. External sources were even referred to, such as the work on well being that has been undertaken by the New Economics Foundation. However, common understanding is from the definition of well being that is found within the Social Services and Well Being (Wales) Act.

Across the Statements, there is a common recognition of the importance of, and need for further improvement in preventative care. For example, one Statement referred to the development of a joint commissioning strategy which included preventative work and the inclusion of the third sector. Also, the Intermediate Care Fund is recognised as a vehicle for preventative work and further involving the third sector in this. As referred to above there is concern over the short term nature of the funding and the impact that it might have in the longer term.

Understanding needs

A number of Statements do refer to needs assessments that they have carried out to inform integration, and future planning and delivery, or their intention to refresh current needs assessments. However, the understanding of needs assessments and the detail that was provided about them appeared to be variable.

I would have liked to see a better understanding being shown of the nature of complex needs, particularly people living with dementia and those who are carers, and how delivering the intent within the Statement will affect the future needs and outcomes of these individuals.

In particular, there is a need for all bodies to focus more strongly on the concept of frailty, both in terms of emotional and physical frailty and to demonstrate an understanding of the two. Although success in this area is again variable, it needs to be strengthened particularly in relation to needs assessment. Frailty is both an indicator of need, and in many ways a "condition" in its own right, that needs to be understood clinically and be responded to in a way that is in line with growing evidence and good practice.

I would also have liked to see a much stronger understanding of the factors that lead to people becoming in need of support, preventative or actual, for example loneliness and isolation, lack of information and advice and lack of transport. These are often seen as separate from the health and social care agendas, yet are in fact highly preventative in nature.

Finances and spending decisions

I am frequently contacted by older people who tell me about services being closed, or priced so that they are unable to use them, for example day centres. Yet these services are crucial to the delivery of the intent of the Framework, and in particular its focus on prevention. I have ongoing concerns about the impact of spending decisions upon the delivery of the intent of the Framework.

A number of the Statements refer to the challenging financial settlements facing both Local Authorities and Local Health Boards in the delivery of services, and one Statement does raise the role of, and complexities surrounding 'charging for care' in the effective delivery of social care services. However there does not appear to be detailed explanation within the Statement of the cost implications of moving towards this new integrated model, and the important link to the new eligibility criteria that will be developed under the Social Services and Well Being (Wales) Act 2014. This must not be overlooked, a new model of care that many are not eligible for will not deliver the intent of the Framework, or the Act and will further re-enforce or create frailty, dependence and the need for more complex packages of care.

Conclusion

It is clear that there is a lot of work underway, some of which began some time ago, to move towards integrating health and social care services. This is to the credit of all bodies.

However, the ultimate test of the success of the Statements is whether improved outcomes for older people are being achieved. I will continue to monitor the implementation of the plans that sit beneath the Statements, to ensure that integrated services are not only achieved but transition into the delivery of integrated care.

My view of the Statements, and additional evidence that was provided to me by regional partners demonstrated that there are a number of areas where improvement is needed to provide me with assurance that the Statements will deliver improved outcomes for older people.

These are:

- Published, clear and consistent performance measurement criteria is needed that is outcome focussed, includes individuals views and shows ongoing learning and continuous improvement including problem areas.
- Inclusion of housing and the third sector as key partners at a strategic level from the outset of service design, to practical delivery. Clear demonstration that the knowledge and expertise of these sectors has been used to improve outcomes for older people.
- Proactive and ongoing engagement with older people, to increase their voice and control over service design and delivery. Actions to ensure the voices of those with specific, and complex needs are heard.
- A public facing statement that is based on the contents of the Statement of Intent but written in a way that resonates with older people. It would include clear outcome based performance measures, and an understanding of the local needs.
- A stronger understanding of the factors that lead to the need for support, such as isolation and loneliness, and the importance of prevention and wider community services.

- A stronger understanding of the needs of the local population, in particular the nature of 'complex needs', such as people living with dementia, those who are carers and the concept of both emotional and physical frailty.
- A more robust demonstration of the cost implications that sit underneath the delivery of the intent behind the Statements.

Datganiad o Fwriad: Fframwaith ar gyfer Darparu Iechyd a Gofal Cymdeithasol ar gyfer Pobl Hŷn ag Anghenion Cymhleth

Pobl hŷn ydy'r defnyddiwr unigol mwyaf ar ein gwasanaethau iechyd a gofal cymdeithasol, ac yn aml iawn maen nhw'n dweud pethau fel 'pam nad ydy pobl yn siarad gyda'i gilydd?' a 'pam bod rhaid i argyfwng ddigwydd cyn i rywbeth gael ei wneud?' wrthyf i. Felly, fel y llais a'r hyrwyddwr annibynnol ar ran pobl hŷn yng Nghymru, rydw i wedi bod yn cadw llygad ar yr agenda ar gyfer integreiddio ein systemau iechyd a gofal cymdeithasol gyda 'diddordeb brwd'.

Ym mis Mawrth 2014, rhoddais fy marn i'r holl Awdurdodau Lleol, Byrddau Iechyd Lleol a Llywodraeth Cymru ar fersiynau cyntaf o 'Ddatganiad o Fwriad: Fframwaith ar gyfer Darparu Iechyd a Gofal Cymdeithasol ar gyfer Pobl Hŷn ag Anghenion Cymhleth' (y 'Datganiadau') y partneriaid rhanbarthol. Nod y sylwadau, o safbwynt pobl hŷn, oedd cefnogi'r gwaith o ddatblygu'r Datganiadau terfynol.

Defnyddiais y pedwar cwestiwn canlynol i strwythuro fy nadansoddiad:

5. A yw'r Datganiad o Fwriad yn disgrifio'n glir beth yw llwyddiant ac a yw'n adlewyrchu'r diffiniad o lwyddiant y byddai pobl hŷn yn ei ddefnyddio?
6. A yw'r Datganiad o Fwriad yn dangos bod tai a'r trydydd sector yn allweddol i ddarparu gofal integredig, ac a yw'n dangos bwriad i fuddsoddi yn y maes hwn?
7. A yw'r Datganiad o Fwriad yn nodi'n glir sut y bwriedir cymryd camau i sicrhau bod gan bobl hŷn lais a rheolaeth?
8. A yw'r Datganiad o Fwriad yn canolbwyntio'n glir ar atal a lles, ac a yw lles yn cael ei ddeall yn glir mewn modd sy'n adlewyrchu barn pobl hŷn?

Ar ôl cyhoeddi'r holl Ddatganiadau terfynol, dangosais fy mwriad ym mis Mehefin 2014 i'w hadolygu unwaith eto o safbwynt pobl hŷn.

I'm cynorthwyo gyda'r asesiad hwn, gofynnais i'r holl bartneriaid rhanbarthol gyflwyno adroddiad yn erbyn eu Datganiad eu hunain gan

ddefnyddio fy mhedwar cwestiwn. Rwyf bellach wedi cael ymateb gan yr holl bartneriaid rhanbarthol ac rwy'n llunio barn Cymru gyfan ar y Datganiadau terfynol, ac ar yr agenda integreiddio.

Mae tystiolaeth amlwg fod integreiddio yn cael ei ystyried o ddifrif. Mae'r Datganiadau yn dangos ystod eang o weithgarwch, ac mae rhai meysydd gwan a oedd yn bresennol yn y Datganiadau drafft wedi cael eu gwella yn y fersiwn terfynol. Fodd bynnag, yr hyn fydd yn profi llwyddiant y gwaith o gyflawni'r Datganiadau, fel y noda'r Fframwaith, fydd gwell gofal a chymorth i bobl hŷn fel eu bod yn gallu cyflawni canlyniadau unigol gwell.

Canlyniadau

A yw'r Datganiad o Fwriad yn disgrifio'n glir beth yw llwyddiant ac a yw'n adlewyrchu'r diffiniad o llwyddiant y byddai pobl hŷn yn ei ddefnyddio?

Er mwyn symud yn llwyddiannus oddi wrth ffocws ar systemau, rhaid datblygu meini prawf llwyddiant clir a chyson y gellir eu defnyddio ledled Cymru.

Yn fy marn i, mae angen meini prawf llwyddiant ar dair lefel:

- Dangosyddion y system (fel y gwelir yn y Fframwaith a hefyd yn neunyddiau Kings Fund)
- Dangosyddion y gwasanaeth (er enghraifft, mynediad hawdd a chyflym, staffio a safonau proffesiynol)
- Dangosyddion gofal a chymorth (canolbwyntio ar ganlyniadau, rhaid i farn unigolion fod yn rhan annatod a pharhaus o'r broses werthuso)

Mae manylion fframwaith Llywodraeth Cymru 'Fframwaith ar gyfer integreiddio iechyd a gofal cymdeithasol ar gyfer pobl hŷn ag anghenion cymhleth' (y Fframwaith) a'r 'datganiad o les' a'r Fframwaith Canlyniadau Cenedlaethol sy'n rhan o'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) yn nodi'n glir bod angen mesur llwyddiant ar sail

canlyniadau, a defnyddio mesurau perfformiad manylach. Bydd ymgynghoriadau cyhoeddus ar y codau ymarfer a'r rheoliadau drafft sy'n rhan o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn ystod Hydref/Gaeaf 2014/15, a bydd un ohonynt yn canolbwyntio ar Fframwaith Mesur Perfformiad Gwasanaethau Cymdeithasol Awdurdodau Lleol.

Fodd bynnag, bydd angen egluro sut y bydd y mesuriadau hyn yn cael eu datblygu a'u defnyddio gan bartneriaid rhanbarthol i gefnogi'r agenda integreiddio, neu bydd hi'n amhosibl symud o werthuso gweithgarwch i werthuso effaith.

Dengys tystiolaeth a ddarparwyd gan y partneriaid rhanbarthol eu bod yn cydnabod y ffaith bod angen mesur perfformiad yn gyson, ac mae hyn yn cynnwys canolbwyntio ar ganlyniadau unigol. At hyn, mae parodrwydd amlwg i gysoni gwaith mesur perfformiad rhanbarthol gyda Fframwaith Canlyniadau Cenedlaethol y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), â fframwaith canlyniadau'r GIG (pan fydd wedi'i gyhoeddi).

Fodd bynnag, o'r dystiolaeth a roddwyd i mi, ymddengys fod cynnydd y broses o ddatblygu mesuriadau perfformiad, a manylion y rheini yn amrywio. Gan fod y Datganiadau terfynol wedi cael eu cyhoeddi ym mis Mawrth, dywedodd nifer o'r partneriaid rhanbarthol fod eu mesuriadau perfformiad rhanbarthol wrthi'n cael eu datblygu o hyd ac y byddai fersiynau terfynol ohonynt ar gael erbyn mis Medi 2014.

Mae'r ddealltwriaeth o fesuriadau perfformiad ansoddol a meintioli, a'r cynlluniau i'w defnyddio i gyflwyno adroddiadau mewn modd sy'n canolbwyntio ar ganlyniadau, yn amrywio hefyd. Dim ond tystiolaeth gan nifer fach o'r partneriaid oedd yn cyfeirio at y defnydd arfaethedig o safbwyntiau a phrofiadau unigolion yn eu dangosyddion mesur perfformiad eu hunain.

Felly, rwy'n pryderu o hyd bod mynd i'r afael â llais a rheolaeth unigolion, drwy fesuriadau perfformiad effeithiol yn wan ar y cyfan. Heb hyn, ni fydd y dulliau mesur perfformiad yn adlewyrchu'n ddigonol y diffiniad o lwyddiant y byddai pobl hŷn yn ei ddefnyddio.

Tai a'r trydydd sector

A yw'r Datganiad o Fwriad yn dangos bod tai a'r trydydd sector yn allweddol i ddarparu gofal integredig, ac a yw'n dangos bwriad i fuddsoddi yn y maes hwn?

Yn ôl pob golwg, mae'r datganiadau terfynol yn dangos bod y trydydd sector yn dechrau cael ei gynnwys ar lefel strategol a llywodraethol yn amlach nag yr oedd yn flaenorol. Er enghraifft, roedd un Datganiad wedi'i gydlofnodi gan gynrychiolydd o gynghrair trydydd sector ranbarthol. Fodd bynnag, gwn fod cryn dipyn o amrywiaeth o hyd ar draws y rhanbarthau o ran llwyddiant cynnwys y trydydd sector fel partner cyfartal ar lefel strategol, yn hytrach na dim ond ei gynnwys ar lefel darparu gwasanaethau. At hyn, mae'n aneglur o'r dystiolaeth a ddarparwyd a oes digon o fuddsoddiad yn cael ei wneud yn y sector hwn i'r lefel a fydd yn ofynnol.

Cyfeirir at dai yn y Datganiadau. Fodd bynnag, cyfeirir at dai yn llai aml fel partner allweddol ac ymddengys fod llai o gynrychiolaeth ganddo o lawer ar lefel strategol a lefel cynllunio o gymharu â'r trydydd sector. Croesewir y ffaith bod gan nifer o'r Datganiadau ddealltwriaeth benodol well o rôl tai fel partner allweddol ers y fersiynau drafft. Fodd bynnag, ceir cryn dipyn o anghysondeb o hyd yn y modd y caiff y rôl hon ei hadlewyrchu a'i deall. Dim ond yn fras iawn y caiff tai ei grybwyll gan rai, neu dim ond yng nghyd-destun digwyddiad penodol, er enghraifft gofal bariatrig, yn hytrach na fel partner allweddol. Nid yw'r Datganiadau yn cydnabod yn glir y mentrau cymunedol ehangach, a arweinir gan dai sy'n cyfrannu at iechyd a lles pobl hŷn.

Yn aml, roedd y dystiolaeth a ddarparwyd gan y partneriaid rhanbarthol yn dangos dealltwriaeth well o rôl tai, a'r trydydd sector na chynnwys y Datganiadau eu hunain. Dylai'r Datganiadau eu hunain allu dangos yn glir y ddealltwriaeth hon o fewn y ddogfen ei hun.

Nid yw'n amlwg o'r Datganiadau i ba raddau y caiff gwybodaeth a phrofiad tai a'r trydydd sector eu ceisio, yn rhagweithiol ac yn uchelgeisiol, i gryfhau'r gwaith o gynllunio a dylunio gwasanaethau integredig.

Caiff y Gronfa Gofal Canolraddol yn amlwg ei hystyried yn gyfle i gynnwys tai a'r trydydd sector ymhellach fel partneriaid cyfartal. Fodd bynnag, yn eu tystiolaeth, nododd nifer o'r partneriaid bryderon ynghylch llwyddiant hirdymor y dull hwn o weithredu yn sgil natur fyrdymor yr arian sy'n deillio o'r Gronfa Gofal Canolraddol. Yn ôl pob golwg, roedd y dystiolaeth yn dangos mai dim ond un Datganiad a ystyriodd blaengynllunio rhanbarthol ar gyfer dyfodol gofal canolraddol ar ôl i'r arian cychwynnol o'r Gronfa Gofal Canolraddol ddod i ben.

Llais a rheolaeth

A yw'r Datganiad o Fwriad yn nodi'n glir sut y bwriedir cymryd camau i sicrhau bod gan bobl hŷn lais a rheolaeth?

Y gwasanaethau sy'n newid ac yn datblygu'n gyson yw'r gwasanaethau cyhoeddus. Mae'n bwysig bod y cyhoedd yn deall yr hyn yr ymdrechir i'w gyflawni drwy integreiddio, a sut y caiff gwasanaethau eu darparu yn y dyfodol. Felly, dylai'r ymgysylltiad â phobl hŷn ac i ba raddau y mae ganddynt lais a rheolaeth dros y broses o gynllunio a darparu gwasanaethau fod yn barhaus, ac nid 'digwydd' ar gyfer achlysur penodol yn unig.

Roedd y dystiolaeth a gefais yn cydnabod bod angen gwella'r llais a'r rheolaeth sydd gan bobl hŷn dros y broses o gynllunio a darparu gwasanaethau. Fodd bynnag, ymddengys fod dibyniaeth ar ddefnyddio fforymau pobl hŷn fel dull o ymgysylltu. Nid yw hyn o reidwydd yn cyrraedd ystod gynrychioliadol o bobl hŷn, neu'r rheini ag anghenion penodol fel gofalwyr, pobl sy'n byw gyda dementia, neu bobl â nam ar y synhwyrau. Ar y cyfan, ymddengys nad oes dealltwriaeth ddyfnach o'r modd y bwriedir sicrhau gwell llais a rheolaeth i bobl hŷn wrth gynllunio a darparu gwasanaethau bob dydd. Er enghraifft, dim ond nifer fach o Ddatganiadau wnaeth gydnabod rôl llais unigolion mewn fframweithiau llywodraethu a mesuriadau perfformiad.

Roedd y ddealltwriaeth benodol o werth dysgu o gwynion i wrando ar lais unigolyn, deall ei brofiadau a defnyddio hyn i wella gwasanaethau

gofal integredig, yn wan. Mae hyn yn berthnasol o safbwynt cyhoeddi 'Adolygiad o Ymdrin â Phryderon (Cwynion) yn GIG Cymru, "Using the Gift of Complaints", Keith Evans' ym mis Gorffennaf 2014, a ganfu'r canlynol (ymhlith canfyddiadau ychwanegol):

- bod angen newid diwylliant i ddysgu o ddifrif gan bobl sydd wedi cael profiadau anodd o'r GIG,
- bod angen proffil uwch ar ddadansoddiad o gwynion a digwyddiadau ar lefel bwrdd y GIG fel bod gwybodaeth yn cael ei defnyddio i wella gwasanaethau.

Cyfeiriodd tystiolaeth gan nifer o'r partneriaid rhanbarthol at eu bwriad o symud ymlaen i ddarparu 'Gofal Iechyd Darbodus' a'r dull trawsnewidiol a gynigir o dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru). Ystyriwyd y rhain yn sbardun ar gyfer gwell ymgysylltiad parhaus ag unigolion ac ar gyfer cynnwys unigolion yn y broses o gynllunio a darparu gwasanaethau. Fodd bynnag, fel polisi, nid yw Gofal Iechyd Darbodus wedi cael ei gyflwyno mewn modd pendant eto ledled Cymru, ac nid yw'r Ddeddf Gwasanaethau Cyhoeddus a Llesiant (Cymru) wedi'i rhoi ar waith eto. Yn amlwg mae angen cymryd camau i wella ymgysylltiad presennol â phobl hŷn fel bod partneriaid yn gallu darparu gwasanaethau gofal integredig gwirioneddol briodol i bobl hŷn ledled Cymru.

Nid oes wyneb arbennig o allanol i'r Datganiadau, er fy mod yn cydnabod nad oedd yn ofynnol iddynt fod. Fodd bynnag, mae bod yn agored ac yn dryloyw, 'cynllun' y gall y cyhoedd ei ddeall, a mesuriadau perfformiad hawdd eu defnyddio yn un o'r ffyrdd o wella sut yr ymgysylltir ag unigolion ac o sicrhau ffocws parhaus ar ganlyniadau.

Atal a lles

A yw'r Datganiad o Fwriad yn canolbwyntio'n glir ar atal a lles, ac a yw lles yn cael ei ddeall yn glir mewn modd sy'n adlewyrchu barn pobl hŷn?

Mae'r Datganiadau yn dangos amrywiad o ran y diffiniad o les. Amlinellodd nifer o Ddatganiadau yr elfennau a ystyriwyd yn ganolog i les, fel 'bywydau annibynnol, iach, bodlon' neu nodwyd bod lles yn amrywio o un unigolyn i'r llall. Cyfeiriwyd hyd yn oed at ffynonellau allanol, fel gwaith ar les a wnaed gan y Sefydliad Economeg Newydd. Fodd bynnag, daw'r ddealltwriaeth gyffredin o'r diffiniad o les a geir yn y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru).

Yn yr holl Ddatganiadau, ceir cydnabyddiaeth gyffredin o bwysigrwydd gwelliannau pellach mewn gofal ataliol, a'r angen amdanynt. Er enghraifft, cyfeiriodd un Datganiad at ddatblygu strategaeth comisiynu ar y cyd a oedd yn cynnwys gwaith ataliol a chynnwys y trydydd sector. Yn ogystal, caiff y Gronfa Gofal Canolraddol ei chydnabod fel cyfrwng ar gyfer gwaith ataliol a chynnwys y trydydd sector yn hyn ymhellach. Fel y nodir uchod, ceir pryder ynghylch natur fyrdymor yr arian a'r effaith y gallai hyn ei chael yn y tymor hwy.

Deall anghenion

Mae nifer o Ddatganiadau yn cyfeirio at asesiadau o anghenion a gynhaliwyd i lywio'r broses integreiddio, a gwaith cynllunio a darparu yn y dyfodol, neu eu bwriad i adfywio asesiadau o anghenion presennol. Fodd bynnag, roedd y ddealltwriaeth o'r asesiadau o anghenion a'r manylion a ddarparwyd amdanynt yn ymddangos fel pe baent yn amrywio.

Byddwn wedi hoffi gweld dealltwriaeth well o natur anghenion cymhleth, yn arbennig pobl yn byw gyda dementia a'r rheini sy'n ofalwyr, a sut y bydd cyflawni'r bwriad yn y Datganiad yn effeithio ar anghenion a chanlyniadau'r unigolion hyn yn y dyfodol.

Yn arbennig, mae angen i bob corff ganolbwyntio'n fwy ar y cysyniad o freuder; breuder emosiynol a breuder corfforol a dangos eu bod yn deall y ddau. Er bod llwyddiant yn y maes hwn yn amrywio unwaith eto, mae angen ei gryfhau yn enwedig mewn perthynas ag asesiadau o anghenion. Mae breuder yn dangos bod angen, ac mewn sawl ffordd mae'n "gyflwr" drwy'i hawl ei hun, ac mae angen ei ddeall yn glinigol ac ymateb iddo yn unol â thystiolaeth gynyddol ac arfer da.

Byddwn hefyd yn hoffi gweld dealltwriaeth well o'r ffactorau sy'n peri i bobl fod mewn sefyllfa lle bo angen cymorth arnynt, boed yn gymorth ataliol neu wirioneddol, er enghraifft unigrwydd ac arwahanrwydd, prinder gwybodaeth a diffyg cludiant. Caiff y rhain yn aml eu hystyried ar wahân i'r agendâu iechyd a gofal cymdeithasol, ond maent mewn gwirionedd yn ataliol iawn eu natur.

Cyllid a phenderfyniadau gwario

Mae pobl hŷn yn cysylltu â mi'n aml i ddweud wrthyf i am wasanaethau sy'n cau, neu sydd am gost fel na allant fforddio eu defnyddio, er enghraifft canolfannau dydd. Ond mae'r gwasanaethau hyn yn allweddol i gyflawni bwriad y Fframwaith, ac yn arbennig ei ffocws ar atal. Mae gennyf bryderon parhaus ynghylch effaith penderfyniadau gwario ar gyflawni bwriad y Fframwaith.

Mae nifer o'r Datganiadau yn cyfeirio at y setliadau ariannol heriol sy'n wynebu Awdurdodau Lleol a Byrddau Iechyd Lleol o ran darparu gwasanaethau, ac mae un Datganiad yn sôn am rôl 'codi tâl am ofal' a'r cymhlethdodau sy'n gysylltiedig â hynny wrth ddarparu gwasanaethau gofal cymdeithasol effeithiol. Fodd bynnag, yn ôl pob golwg, nid oes esboniad manwl yn y Datganiad o oblygiadau symud tuag at y model integredig newydd hwn o ran cost, a'r cyswllt pwysig â'r meini prawf cymhwyso newydd a gaiff eu datblygu o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Ni ddylid diystyru hyn. Ni fydd model newydd o ofal na fydd llawer o bobl yn gymwys i'w gael yn cyflawni bwriad y Fframwaith, na'r Ddeddf a bydd yn atgyfnerthu ymhellach neu'n creu breuder, dibyniaeth a'r angen am becynnau gofal mwy cymhleth.

Casgliad

Mae'n amlwg bod llawer o waith yn mynd rhagddo. Dechreuodd rhywfaint ohono beth amser yn ôl, i symud tuag at integreiddio gwasanaethau iechyd a gofal cymdeithasol. Mae hyn diolch i'r holl gyrff.

Fodd bynnag, prif brawf llwyddiant y Datganiadau yw p'un a gyflawnir canlyniadau gwell i bobl hŷn. Byddaf yn parhau i fonitro sut y caiff y cynlluniau sy'n rhan o'r Datganiadau eu rhoi ar waith, i sicrhau bod gwasanaethau integredig nid yn unig yn cael eu darparu ond yn trawsnewid i ofal integredig.

Dangosodd fy marn ar y Datganiadau, a'r dystiolaeth ychwanegol a roddwyd i mi gan y partneriaid rhanbarthol fod nifer o feysydd y mae angen eu gwella i roi'r sicrwydd i mi y bydd y Datganiadau yn cyflawni canlyniadau gwell i bobl hŷn.

Y rhain yw:

- Mae angen meini prawf mesur perfformiad cyhoeddus, clir a chyson sy'n canolbwyntio ar ganlyniadau, yn cynnwys barn unigolion ac yn dangos dysgu sy'n mynd rhagddo a gwelliannau parhaus yn cynnwys meysydd sy'n peri problem.
- Cynnwys tai a'r trydydd sector fel partneriaid allweddol ar lefel strategol o'r broses o ddylunio gwasanaethau i'r broses o'u darparu'n ymarferol. Rhaid dangos yn amlwg bod gwybodaeth ac arbenigedd y sectorau hyn wedi cael eu defnyddio i wella canlyniadau i bobl hŷn.
- Ymgysylltiad rhagweithiol a pharhaus â phobl hŷn, i roi mwy o lais a rheolaeth iddynt dros y modd y caiff gwasanaethau eu dylunio a'u darparu. Camau gweithredu i sicrhau bod lleisiau'r rheini ag anghenion penodol a chymhleth yn cael eu clywed.
- Datganiad sy'n wynebu'r cyhoedd sy'n seiliedig ar gynnwys y Datganiad o Fwriad ond sydd wedi'i ysgrifennu mewn modd y gall pobl hŷn uniaethu ag ef. Byddai'n cynnwys mesurau perfformiad clir sy'n seiliedig ar ganlyniadau, a dealltwriaeth o anghenion lleol.
- Dealltwriaeth well o'r ffactorau sy'n peri i rywun fod mewn sefyllfa lle bo angen cymorth arno, fel unigrwydd ac arwahanrwydd, a

phwysigrwydd gwasanaethau atal a gwasanaethau cymunedol ehangach.

- Dealltwriaeth well o anghenion pobl leol, yn arbennig natur 'anghenion cymhleth', fel pobl sy'n byw gyda dementia, y rheini sy'n ofalwyr a'r cysyniad o freuder emosiynol a breuder corfforol.
- Rhaid dangos yn gliriach y goblygiadau sy'n gysylltiedig â'r gwaith o gyflawni bwriad y Datganiadau, o safbwynt cost.