

At: Gadeirydd ac Aelodau'r Pwyllgor
Archwilio Partneriaethau

Dyddiad: 8 Ebrill 2016

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Annwyl Gyngorydd

Fe'ch gwahoddir i fynychu cyfarfod y **PWYLLGOR ARCHWILIO PARTNERIAETHAU, DYDD IAU, 14 EBRILL 2016** am **9.30 am** yn **SIAMBR Y CYNGOR, TY RUSSELL, FFORDD CHURTON, Y RHYL.**

Yn gywir iawn

G Williams
Pennaeth Gwasanaethau Cyfreithiol, AD a Democrataidd

AGENDA

RHAN 1 – GWAHODDIR Y WASG A'R CYHOEDD I FOD YN BRESENNOL AR GYFER Y RHAN HON O'R CYFARFOD

1 YMDDIHEURIADAU

2 DATGANIADAU O FUDDIANT

Dylai'r Aelodau ddatgan unrhyw gysylltiad personol neu gysylltiad sy'n rhagfarnu mewn unrhyw fater a nodwyd i'w ystyried yn y cyfarfod hwn.

3 MATERION BRYD FEL Y'U CYTUNWYD GAN Y CADEIRYDD

Rhybudd o eitemau y dylid, ym marn y Cadeirydd, eu hystyried yn y cyfarfod fel materion brys yn unol ag Adran 100B(4) Deddf Llywodraeth Leol 1972.

4 COFNODION Y CYFARFOD DIWETHAF (Tudalennau 5 - 12)

Cael cofnodion cyfarfod y Pwyllgor Archwilio Partneriaethau a gynhaliwyd ar 25 Chwefror 2016 (copi'n amgaeedig).

**5 CEFNOGI ANNIBYNNIAETH POBL HŶN - ADRODDIAD SWYDDFA
ARCHWILIO CYMRU** (Tudalennau 13 - 26)

Ystyried adroddiad gan Swyddog Datblygu Strategaeth Pobl Hŷn a Rheolwr Gwasanaeth - Cymunedau a Lles (copi'n amgaeedig) i Aelodau ystyried y canfyddiadau a'r argymhellion, a chadarnhau'r angen am ddull corfforaethol tuag at weithredu ei argymhellion trwy'r ystod o gamau gweithredu fel y'u rhestrir yn y Cynllun Gweithredu.

9.35 a.m. – 10.10 a.m.

~~~~~ **EGWYL (10.10 a.m. – 10.20 a.m.)** ~~~~~

**6 PWYNT MYNEDIAD SENGL** (Tudalennau 27 - 54)

Ystyried adroddiad gan y Rheolwr Gwasanaeth: Ardal y Gogledd (copi'n amgaeedig) i ddiweddarau Aelodau ar gynnydd Pwynt Mynediad Sengl Sir Ddinbych ar gyfer Gofal Cymdeithasol i Oedolion a Gwasanaethau Iechyd Cymunedol

**10.20 a.m. – 10.55 a.m.**

**7 RHAGLEN WAITH ARCHWILIO** (Tudalennau 55 - 76)

Ystyried adroddiad gan y Cydlynnydd Archwilio (copi ynghlwm) yn gofyn am adolygiad o raglen gwaith i'r dyfodol y pwyllgor a diweddarau'r aelodau ar faterion perthnasol.

**10.55 a.m. – 11.05 a.m.**

**8 ADBORTH GAN GYNRYCHIOLWYR Y PWYLLGOR**

Derbyn unrhyw ddiweddariadau gan gynrychiolwyr y Pwyllgor ar wahanol Fyrddau a Grwpiau'r Cyngor.

**11.05 a.m. – 11.25 a.m.**

**AELODAETH**

**Y Cynghorwyr**

Y Cynghorydd Jeanette Chamberlain-Jones (Cadeirydd)

Y Cynghorydd Ray Bartley (Is-Gadeirydd)

Meirick Davies  
Martyn Holland  
Pat Jones  
Dewi Owens

Pete Prendergast  
Arwel Roberts  
Bill Tasker

**COPIAU I'R:**

Holl Gynghorwyr er gwybodaeth  
Y Wasg a'r Llyfrgelloedd  
Cynghorau Tref a Chymuned

## PWYLLGOR ARCHWILIO PARTNERIAETHAU

Cofnodion cyfarfod o'r Pwyllgor Archwilio Partneriaethau a gynhaliwyd yn Siambr y Cyngor, Ty Russell, y Rhyl, Dydd Iau, 25 Chwefror 2016 am 9.30 am.

### YN BRESENNOL

Y Cynghorwyr Raymond Bartley (Is-Gadeirydd), Jeanette Chamberlain-Jones (Cadeirydd), Meirick Davies, Martyn Holland, Pat Jones, Pete Prendergast a/ac Arwel Roberts.

Mynychodd yr Aelod Arweiniol Bobby Feeley ar gais y Pwyllgor.

### HEFYD YN BRESENNOL

Cyfarwyddwr Corfforaethol: Cymunedau (NS), Pennaeth Gwasanaethau Cefnogi Cymunedol (PG), Rheolwr Gwasanaeth: Gwasanaethau Arbenigol (AP), Cydlynnydd Archwilio (RE) a Swyddog Gweinyddol (CIW).

#### 1 YMDDIHEURIADAU

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth y Cynghorwr(wyr) Dewi Owens a/ac Bill Tasker.

#### 2 DATGAN CYSYLLTIAD

Cafodd y cysylltiadau canlynol eu nodi yn eitemau busnes i gael eu hystyried yn y cyfarfod.

Eitem Agenda 5: Datblygiad Ysbyty Cymunedol yn Rhyl – datganodd y Cynghorydd R L Feeley gysylltiad personol. Y Rheswm dros y datganiad oedd bod Cynghorydd Feeley yn Aelod Bwrdd Annibynnol ar Fwrdd Iechyd Prifysgol Betsi Cadwaladr.

#### 3 MATERION BRYN FEL Y'U CYTUNWYD GAN Y CADEIRYDD

Ni chodwyd unrhyw eitemau y dylid, ym marn y Cadeirydd, eu hystyried yn y cyfarfod fel mater o frys yn unol ag Adran 100B(4) Deddf Llywodraeth Leol, 1972.

#### 4 COFNODION Y CYFARFOD DIWETHAF

Cyflwynwyd Cofnodion cyfarfod y Pwyllgor Archwilio Partneriaethau a gynhaliwyd ar ddydd Iau, 14 Ionawr, 2016.

Materion yn codi:-

Eitem Rhif 7 – Rhaglen Waith Craffu – mewn ymateb i gwestiwn gan y Cadeirydd, cadarnhaodd y Cydlynnydd Craffu nad oedd unrhyw ystafelloedd cyfarfod ar gael yn y swyddfeydd yn Brighton Road, y Rhyl, ar gyfer cyfarfod nesaf y Pwyllgor. Hysbyswyd aelodau y byddai'r cyfarfod, ar 15 Ebrill 2016, yn cael ei gynnal yn Siambr y Cyngor, Ty Russell, y Rhyl.

**PENDERFYNWYD** – yn amodol ar yr uchod, derbyn a chymeradwyo'r cofnodion fel cofnod cywir.

## 5 DATBLYGU YSBYTY CYMUNED YN Y RHYL

Cafwyd cyflwyniad gan gynrychiolwyr Bwrdd Iechyd Prifysgol Betsi Cadwaladr ar eu bwriadau ar hyn o bryd ac ar gyfer y dyfodol o safbwynt safle Ysbyty Frenhinol Alexandra, Y Rhyl.

Mynychodd Cyfarwyddwr Gweithredol Strategaeth a Chyfarwyddwr Ardal Gwasanaeth Clinigol (Ardal Ganolog) Bwrdd Iechyd Prifysgol Betsi Cadwaladr y cyfarfod er mwyn diweddarau Aelodau ar y cynnydd hyd yn hyn o safbwynt y prosiect uchod. Eglurwyd bod y cyflwyniad wedi ei ddwyn o flaen y cyfarfod gan fod pryderon yn codi nad oedd y prosiect i'w weld yn cael ei roi ar waith. Cynghorodd Bwrdd Iechyd Prifysgol Betsi Cadwaladr bod:-

- Yr Achos Amlinellol Strategol ar gyfer ysbyty yng ngogledd Sir Ddinbych wedi ei gymeradwyo gan Lywodraeth Cymru ym mis Rhagfyr 2013 ac er yr amser sydd wedi pasio mae cefnogaeth Llywodraeth Cymru i'r cynllun yn parhau;
- y prosiect bellach ar y cam Achos Busnes Amlinellol – mae'r cam hwn yn gofyn am ymgysylltu dwys gyda sefydliadau partner, cyrff trydydd sector, y cyhoedd a staff y Bwrdd Iechyd er mwyn cynllunio cwmpas gwasanaeth a chynlluniau manwl ar gyfer y prosiect;
- O ganlyniad i'r ymgysylltu gyda'r partneriaid uchod mae'r cwmpas gwasanaeth arfaethedig yn cynnwys y meysydd canlynol: gwasanaethau cleifion mewnol, clinigau cleifion allanol, diagnosteg, gwasanaethau therapi, gwasanaethau deintyddol cymunedol, Gwasanaethau Iechyd Meddwl Plant a'r Glasoed, gwasanaethau iechyd rhywiol, Pwynt Mynediad Sengl/ gorsaf weithio integredig a canolfan gymunedol (caffi, trydydd sector ac ystafelloedd cyfarfod);
- talu sylw i'r nifer o wasanaethau a fyddai ar y safle pe byddai'r holl wasanaethau a restrwyd yn y cwmpas gwasanaeth yn cael lle, roedd gwasanaethau unigol wedi eu hasesu er mwyn penderfynu a fyddent yn addas i gael eu cyd-leoli ar yr un safle e.e. CAHMS gyda gwasanaethau plant ychwanegol, gwasanaethau iechyd a gofal cymdeithasol integredig ayb. Yn ogystal roedd safleoedd posib wedi eu hasesu er mwyn cadarnhau os oedd modd cyd-leoli nifer o wasanaethau cymunedol yno.
- yn dilyn dau asesiad ar wahân roedd safle Ysbyty Frenhinol Alexandra, y Rhyl wedi ei glustnodi fel yr hoff safle, er gwaetha'r cyfyngiadau cynllunio a'r gost ychwanegol y byddai statws cyfredol yr ysbyty fel adeilad rhestredig yn ei roi ar y Bwrdd Iechyd fel datblygwr;
- un o'r camau gweithredu yng nghynllun gweithredu adfer mesurau arbennig Bwrdd Iechyd Prifysgol Betsi Cadwaladr oedd fod yn rhaid iddo gyfathrebu'n well gyda'i fudd-ddeiliaid, oedd yn cynnwys trigolion ac awdurdodau lleol. Fel rhan o hyn, yn ystod haf 2015, cynhaliodd 'ymarfer gwrando' er mwyn penderfynu beth ddylai ei flaenoriaethau fod wrth symud ymlaen. Byddai'r blaenoriaethau hyn a chydymffurfio gydag anghenion Deddf Gwasanaethau Cymdeithasol a Llesiant 2014, yn siapiro unrhyw gynigion gwasanaeth yn y dyfodol a fyddai'n cael eu cymeradwyo gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr wrth symud ymlaen;

- o ganlyniad i'r ymarfer sgwrs gymunedol uchod cytunwyd ar y chwe blaenoriaeth strategol ganlynol:-

- symud ffocws gwasanaethau iechyd tuag at atal a gwella iechyd, o ganlyniad byddai angen ail-drefnu gwasanaethau cyfredol er mwyn cyflawni'r dyhead hwn;
- cryfhau gofal sylfaenol a chymunedol, gyda phwyslais arbennig ar fodolau newydd o ofal y tu allan i'r model gofal ysbyty traddodiadol;
- darparu mwy o ofal integredig drwy ddatblygu partneriaethau cryfach gyda'r sectorau eraill e.e. llywodraeth leol, y trydydd sector, gofalwyr a'r gymuned;
- darparu gwasanaethau wedi eu lleoli yn yr ysbyty sy'n darparu'r canlyniadau gorau posib i bobl ac sy'n gynaliadwy ar gyfer y dyfodol;
- sicrhau mai'r claf fyddai canolbwynt pob agwedd o waith y Bwrdd; a
- datblygu, rheoli a gwerthfawrogi gweithlu'r Bwrdd Iechyd a'i holl asedau ac adnoddau eraill er mwyn cefnogi gweledigaeth a blaenoriaethau strategol y Bwrdd ar draws yr ardaloedd;
- Roedd gweledigaeth Bwrdd Iechyd Prifysgol Betsi Cadwaladr am ysbyty yng ngogledd Sir Ddinbych yn ffitio i fewn gyda'r blaenoriaethau strategol uchod, ac roedd y Bwrdd wedi ymrwymo i gyflawni'r cynllun, er bod y cwmpas wedi ei ehangu yn dilyn ymgynghori ac er gwaetha'r premiwm o ran cost oedd ynghlwm â safle Ysbyty Frenhinol Alexandra;
- Byddai'r datblygiad ar safle Ysbyty Frenhinol Alexandra ac roedd ceisiadau diweddar am leoli Uned Mân Anafiadau ar y safle yn cael eu hystyried;
- Byddai gan yr ysbyty newydd welyau cleifion mewnol ac ardal ddiagnosteg o leiaf;
- Y camau nesaf fyddai adolygu canlyniadau'r ymarfer cwmpas a'r cynllun, byddai hyn yn cynnwys ystyriaeth unigol a dadansoddiad o'r gwasanaethau a awgrymwyd fel rhai posib i fod ar y safle. Unwaith byddai penderfyniad wedi ei wneud o ba wasanaethau fydd ar y safle byddai cynlluniau manwl ar gyfer lleoli'r gwasanaethau hynny yn cael eu gwneud cyn i'r Achos Busnes Amlinellol gael ei gytuno a'i gyflwyno i Lywodraeth Cymru er mwyn ei gymeradwyo.

Wrth ymateb i'r cyflwyniad bu i aelodau'r Pwyllgor:

- fynegi pryderon ar gynnydd araf y prosiect, yn arbennig o ystyried y ffaith bod Llywodraeth Cymru wedi sicrhau bod arian wedi ei roi o'r neilltu ar gyfer y prosiect;
- mynegi pryder bod y Bwrdd Iechyd i'w gweld yn ceisio lleoli gormod o wasanaethau gwahanol ar safle cymharol fychan Ysbyty Frenhinol Alexandra;
- pwysleisio bod Uned Mân Anafiadau yn angenrheidiol ar gyfer ardal gyda dwysedd poblogaeth fel gogledd Sir Ddinbych, poblogaeth sy'n cynyddu'n sylweddol yn ystod tymor twristiaid;
- pwysleisiwyd bod gwelyau cleifion mewnol yn angenrheidiol yn yr ardal er mwyn lleihau'r pwysau ar Ysbyty Glan Clwyd ac ysbytai cymunedol yn yr ardal;
- awgrymwyd y posibilrwydd o gynnal rhai clinigau a llawdriniaethau clinigol bychain yn y Clarence Medical Practice, gan fod ganddo theatr bwrpasol ac ystafelloedd clinigol nad oedd i'w gweld yn cael eu defnyddio'n llawn;
- pwysleisio'r angen am leoli ysbyty gymuned gyda chanolfan gysylltiedig ar safle Ysbyty Frenhinol Alexandra, fodd bynnag buont yn cwestiynu'r angen i sefydlu amrywiaeth o wasanaethau iechyd meddwl yno;

- teimlo bod y Bwrdd Iechyd, drwy aros gyda safle Ysbyty Frenhinol Alexandra, wedi hepgor y potensial i wireddu derbyniad cyfalaf sylweddol, a allai fod wedi ei ail-fuddsoddi mewn ysbyty newydd sbon pe byddai'r hen ysbyty wedi ei werthu;

Mewn ymateb i gwestiynau gan yr Aelodau, dywedodd swyddogion BIPBC:-

- eu bod wedi edrych ddwywaith, yn 2012 a 2015, ar safleoedd posib i ddatblygu ysbyty cymuned ar gyfer gogledd sir Ddinbych. Er y cyfyngiadau, yr unig safle addas oedd wedi cyflwyno ei hun oedd Ysbyty Frenhinol Alexandra. Waeth be fo cyfyngiadau adeilad rhestredig, ni fyddai'n rhwystro'r safle rhag cael ysbyty modern, sy'n addas i alw trigolion, gan y byddai cynllunwyr yn gweithio o amgylch unrhyw rwystrau wedi eu creu gan yr 'hen' adeilad;
- pe byddai gwasanaethau yn cael eu had-leoli i'r safle newydd, byddai staff yn symud gyda'r gwasanaeth;
- roedd rhai elfennau o wasanaethau iechyd meddwl eisoes yn cael eu cyflawni o Ysbyty Frenhinol Alexandra e.e. gwasanaethau iechyd meddwl cymunedol. Byddai galw lleol am wasanaeth yn ffactor wrth benderfynu ar ba wasanaethau i'w lleoli ar y safle;
- Byddai technoleg fodern hefyd yn cael ei ystyried wrth benderfynu pa wasanaethau fyddai angen eu lleoli ar safle ysbyty gogledd Sir Ddinbych;
- roedd achos cryf yn cael ei gyflwyno ar fanteision cael Uned Mân Anafiadau ar safle ysbyty cymuned newydd gogledd Sir Ddinbych, a hefyd o bosib, ganolfan i ddelio gydag anhwylderau bychain, gan y gallai hyn leihau'r pwysau ar yr ysbyty rhanbarthol a'i gynorthwyo i ganolbwyntio ar ofal heb ei drefnu;
- roedd angen gwir drafodaeth ar fanteision lleoli Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc a gwasanaethau plant a theuluoedd perthnasol eraill yn yr ysbyty newydd. Roedd trafodaethau cychwynnol eisoes wedi cychwyn ar hyn o fewn yr awdurdod lleol;
- beth bynnag fyddai cost cynllun terfynol yr ysbyty newydd, byddai angen iddo fod yn realistig. Mewn ymateb i awgrym gan y Pwyllgor, bydd y swyddogion yn mynd ati i holi os gallai Cadw ddarparu cyllid ar gyfer gwaith adnewyddu e.e. oherwydd statws cofrestredig yr adeilad;
- nid oedd cyfathrebu gyda thrigolion a budd-ddeiliaid yn y gorffennol wedi bod yn foddhaol, fodd bynnag roedd hyn yn gwella bellach;
- Roedd gofynion Iaith Gymraeg yn cael eu hystyried fel rhan hanfodol o gynllunio gwasanaethau'r Bwrdd Iechyd ar hyn o bryd ac ar gyfer y dyfodol;
- Byddai adnoddau parcio yn cael eu ffactora i mewn i'r prosiect ar y cam cynllunio manwl;
- Roedd anghenion twf cyffredinol y boblogaeth a'r cynllun datblygu lleol a'r pwysau ar y sector gofal sylfaenol yn destun trafod rheolaidd rhwng y Bwrdd Iechyd a'r awdurdod Cynllunio Lleol;
- Ni fyddai'n ymarferol ail-agor rhai o'r wardiau sydd wedi eu cau yn Ysbyty Frenhinol Alexandra yn y cyfamser gan bod risgiau a nodwyd o safbwynt deddfwriaeth Diogelwch Tan yn dal yn bresennol;
- Roedd yn rhy gynnar ar hyn o bryd i benderfynu pryd byddai'r Achos Busnes Amlinellol yn barod i'w gyflwyno i Lywodraeth Cymru, gan nad oedd cwmpas a maint y prosiect terfynol wedi eu cytuno eto. Fodd bynnag unwaith y byddai'r Achos Busnes Amlinellol wedi ei gyflwyno i Lywodraeth Cymru dylent ei

gymeradwyo o fewn 2 – 3 mis. Byddai gwaith gwirioneddol yn cychwyn ar y prosiect wedi hynny.

Cyn cau'r drafodaeth ategodd swyddogion Bwrdd Iechyd Prifysgol Betsi Cadwaladr bod ymrwymiad hir dymor gan y Bwrdd i ddod a darpariaeth cleifion mewnol i ardal gogledd Sir Ddinbych a'u bod yn bwriadu cyflawni hynny. Er mwyn darparu prosiect hir dymor cynaliadwy roedd y Bwrdd Iechyd yn edrych ar gyfuno darparu hynny gyda darpariaeth gwasanaethau cymunedol eraill. Cytunodd swyddogion Bwrdd Iechyd Prifysgol Betsi Cadwaladr i frifio aelodau ar gynnydd y prosiect.

Diolchodd y Cadeirydd iddynt am y cyflwyniad ac am ateb cwestiynau Aelodau a:-

***PHENDERFYNWYD*** bod y *Pwyllgor Craffu Partneriaethau* yn:

- (a) *derbyn y wybodaeth a gyflwynwyd i'r Pwyllgor, yn amodol ar y sylwadau uchod*
- (b) *cytuno ac yn gwahodd cynrychiolwyr o Fwrdd Iechyd Prifysgol Betsi Cadwaladr i gyfarfod y Pwyllgor ar 7 Gorffennaf, 2016 i ddiweddarau Aelodau ar gynnydd prosiect Ysbyty Gogledd Sir Ddinbych.*

*Gofynnodd y Cadeirydd pe bai modd anfon crynodeb o'r prif bwyntiau uchod at bob Cynghorydd Sir er gwybodaeth.*

## **6** **DIOGELU OEDOLION DIAMDDIFFYN**

Roedd copi o adroddiad gan Gydlynnydd Amddiffyn Oedolion Agored i Niwed (PC) wedi ei ddsbarthu gyda'r papurau ar gyfer y cyfarfod.

Cyflwynodd Pennaeth y Gwasanaethau Cymorth Cymunedol yr adroddiad gan nodi ei fod yn cael ei gyflwyno ar gais yr Aelodau, fel dilyniant i'r adroddiad blynyddol ar gyfer 2014/15 yr oedd y Pwyllgor wedi ei ystyried ym mis Tachwedd, 2015, gan fod Aelodau eisiau sicrhad ynghylch rheoli'r risg i unigolion a oedd wedi eu clustnodi fel bod mewn peryg o gael eu cam-drin. Cynghorodd:-

- bod tua 1,300 gwely gofal cartref ar draws Sir Ddinbych;
- bod 73 atgyfeiriad o gam-drin wedi eu cwblhau yn 2014/15; roedd 56 o'r atgyfeiriadau hyn yn honni bod y cam-drin wedi digwydd o fewn cartref gofal neu gartref preswyl neu yng nghartref yr unigolyn ei hun, ac ohonynt honnwyd bod 43 wedi digwydd o fewn cartref preswyl neu gartref nyrsio;
- manylion sut roedd y risg yn cael ei reoli o safbwynt yr unigolion a restrir yn yr adroddiad;
- bod erlyniadau troseddol yn y math yma o achosion yn brin, dim ond un fu yn ystod 2014/15 – mewn rhai achosion nid oedd yr unigolyn neu'r teulu eisiau dwyn cyhuddiad unwaith roedd y risg wedi ei ddileu;
- tra bo'r awdurdod lleol yn delio gydag atgyfeiriadau Amddiffyn Oedolion Agored i Niwed, nid oedd yr holl atgyfeiriadau'n ymwneud â staff gofal. Roedd astudiaeth achos yn yr adroddiad yn amlinellu sut bod un atgyfeiriad yn erbyn aelod o staff y Gwasanaeth Iechyd, a gwnaed honiadau eraill yn erbyn aelodau o'r teulu neu ffrindiau;

Wrth ymateb i gwestiynau aelodau cadarnhaodd Pennaeth Gwasanaethau Cymorth Cymunedol a Rheolwr Gwasanaeth: Gwasanaethau Arbenigol bod:-

- y Gwasanaeth Iechyd yn gyfrifol am ddarparu matresi pwysau, ac roedd yn cynyddu'r nifer o fatresi yr oedd yn ei archebu;
- roedd perchnogion cartrefi gofal ar y cyfan yn cydweithio gydag ymholiadau atgyfeiriadau Amddiffyn Oedolion Agored i Niwed ac yn cydymffurfio gydag unrhyw argymhellion perthnasol, oherwydd byddai rhestru eu cartref o dan 'bryderon cynyddol' yn gwneud niwed i'w busnes;
- roedd tua dau gartref gofal o dan 'bryderon cynyddol' ar unrhyw adeg fel arfer. Ni fyddai'r Cyngor yn atgyfeirio unrhyw breswylwyr newydd i'r cartrefi tra bod y cartrefi hynny o dan y rhestr 'bryderon cynyddol'.
- roedd honiadau o natur rywiol yn eithaf anodd i ymchwilio iddynt, gallent amrywio o fod yn honiadau bychan i rai difrifol iawn;
- dylid adrodd am unrhyw honiadau i'r Cyngor, hyd yn oed os nad oedd yr unigolyn eisiau mynd a'r ymchwiliad ymlaen, gan y byddai hyn o gymorth i'r Cyngor adnabod meysydd o bryder neu batrymau o ymddygiad cyn iddynt gynyddu;
- os yw'r cam-drin honedig yn digwydd o fewn lleoliad teulu, byddai'r Gwasanaethau Cymdeithasol bob amser yn hysbysu'r Heddlu byddai i fyny i'r unigolyn, os oedd ganddi hi/ef y gallu meddyliol, neu aelod o'r teulu i gytuno os oeddynt am fynd ymlaen ag ymchwiliad troseddol ac / neu i ddwyn cyhuddiad. Mewn achosion o'r fath bydd yr Adran Gwasanaethau Cymdeithasol yn gwneud trefniadau i gadw'r unigolyn agored i niwed allan o niwed.
- roedd recriwtio nyrsys cymwys yn broblem benodol i'r gwasanaethau iechyd, a pherchnogion cartrefi nyrsio ar hyn o bryd.
- roedd yr adroddiad yn dilyn yr adolygiad cenedlaethol o ofal cartref ar fin cael ei gyhoeddi. Mae'r adroddiad hwn yn debygol o amlygu'r problemau sydd wedi eu cael gyda galwadau gofal 15 munud.

Gan gymryd poblogaeth y sir, a'r ffaith bod gan y sir broffil demograffeg sy'n heneiddio i ystyriaeth, roedd aelodau yn teimlo bod angen gwneud mwy o waith i amlygu i drigolion bwysigrwydd paratoi ar gyfer eu hanghenion yn y dyfodol, ee, ysgrifennu dogfennau Atwrneiaeth, ysgrifennu ewyllys ayb.

Diolchodd Aelodau i swyddogion am adroddiad llawn gwybodaeth a gofynnwyd am gynnwys y lefel o fanylder o fewn yr adroddiad fel atodiad i Adroddiadau Blynyddol Amddiffyn Oedolion Agored i Niwed yn y dyfodol. Yna:-

**PENDERFYNWYD** – *fod y Pwyllgor Archwilio Partneriaethau, yn amodol ar y sylwadau uchod yn: -*

- derbyn yr adroddiad a chydnabod natur bwysig ymagwedd gorfforaethol at Amddiffyn Oedolion Agored i Niwed a chyfrifoldeb y Cyngor i weld hyn fel maes blaenoriaeth allweddol ac i'w osod ochr yn ochr â'r ymrwymiad a'r arwyddocâd a roddwyd gan Sir Ddinbych i Amddiffyn Plant; ac*
- yn cytuno y dylai adroddiadau blynyddol ar Amddiffyn Oedolion yn Sir Ddinbych gynnwys astudiaethau achos a dadansoddiad data manwl, fel sydd wedi ei gynnwys yn yr adroddiad cyfredol, fel atodiad i'r adroddiad.*



Roedd copi o adroddiad gan y Cydlynnydd Archwilio, a oedd yn gofyn i'r Pwyllgor adolygu a chytuno ar ei Raglen Gwaith i'r Dyfodol ac yn rhoi diweddariad ar faterion perthnasol, wedi ei ddisbarthu gyda'r papurau ar gyfer y cyfarfod.

Roedd copi o dempled 'ffurflen ar gyfer cynigion Aelodau' wedi ei chynnwys yn Atodiad 2, roedd Rhaglen Gwaith i'r Dyfodol y Cabinet wedi'i chynnwys yn Atodiad 3 ac roedd tabl yn rhoi crynodeb o benderfyniadau diweddar y Pwyllgor a'r cynnydd a wnaed o ran eu gweithredu wedi ei gynnwys yn Atodiad 4.

Rhoddodd y Pwyllgor ystyriaeth i ddrafft o'i Raglen Gwaith i'r Dyfodol ar gyfer cyfarfodydd y dyfodol, Atodiad 1, a chytunwyd ar y newidiadau a'r ychwanegiadau canlynol:-

14 Ebrill, 2016:-

Atgoffwyd y Pwyllgor eu bod wedi cytuno i estyn gwahoddiad i'r cyfarfod i'r Cynghorwyr S.A. Davies, a T.R. Hughes i ymuno ag Aelodau'r Pwyllgor ar ymweliad i'r lleoliadau canlynol yn y Rhyl ar ôl y cyfarfod:-

- Harbwr y Rhyl, Pont y Ddraig a Harbour Cafe.
- Gerddi Heulwen.
- Datblygiad y Promenâd
- Datblygiad Cymdeithas Tai Clwyd Alyn Cyf
- Safle ar gyfer y Premier Inn newydd
- Datblygiad Scarborough.

Mewn ymateb i gwestiynau gan Aelodau, cadarnhawyd bod ymweliad safle swyddogol a thaith o amgylch cyfadeilad newydd Ysgol Uwchradd y Rhyl wedi ei drefnu ar gyfer yr holl Gynghorwyr Sir ar ddyddiad arall

26 Mai 2016:-

Eglurodd y Cydlynnydd Archwilio y byddai'r Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio yn cwrdd ar 3 Mawrth, 2016 pan fyddent yn ystyried nifer o geisiadau a dderbyniwyd gan Aelodau am eitemau posib ar gyfer cyfarfodydd amrywiol. Gwahoddiwyd Aelodau i gwblhau a chyflwyno ffurflenni cynnig Aelodau, o safbwynt eitemau yr hoffent eu hystyried mewn cyfarfodydd yn y dyfodol.

Gofynnodd y Cydlynnydd Archwilio i Aelodau gwblhau a chyflwyno'r Ffurflenni Holiadur Hunan Werthuso oedd wedi eu cylchredeg yn ddiweddar. Pwysleisiwyd pwysigrwydd cwblhau'r ffurflenni gan y byddai'r Cyngor yn cael asesiad corfforaethol yn hwyrach yn y flwyddyn.

Yn dilyn trafodaeth bellach:-

**PENDERFYNWYD** - yn amodol ar yr uchod, cymeradwyo'r Rhaglen Gwaith fel y caiff ei hamlinellu yn Atodiad 1 yr adroddiad.

Ni dderbyniwyd adroddiadau gan gynrychiolwyr Pwyllgor.

Daeth y Cyfarfod i ben am 11.55 a.m.

|                                 |                                                                                                                                |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Adroddiad i'r:</b>           | <b>Pwyllgor Archwilio Partneriaethau</b>                                                                                       |
| <b>Dyddiad y Cyfarfod:</b>      | <b>14 Ebrill 2016</b>                                                                                                          |
| <b>Aelod/Swyddog Arweiniol:</b> | <b>Aelod Arweiniol dros Ofal Cymdeithasol<br/>(Gwasanaethau Plant ac Oedolion/<br/>Pennaeth Gwasanaethau Cefnogi Cymunedol</b> |
| <b>Awduron yr Adroddiad:</b>    | <b>Swyddog Datblygu Strategaeth Pobl Hŷn/<br/>Rheolwr Gwasanaeth - Cymunedau a Lles</b>                                        |
| <b>Teitl:</b>                   | <b>Cefnogi Annibyniaeth Pobl Hŷn - Adroddiad Swyddfa<br/>Archwilio Cymru</b>                                                   |

## 1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad pwyllgor hwn yn disgrifio casgliadau ac argymhellion adroddiad Swyddfa Archwilio Cymru, "*Cefnogi Annibyniaeth Pobl Hŷn: A yw Cyngorau'n gwneud digon?*" ac mae'n disgrifio sut y mae Sir Ddinbych yn ymateb i'r argymhellion. Mae'r argymhellion a'r camau gweithredu a nodwyd wedi'u hatodi yn y Cynllun Gweithredu. (Gweler Atodiad 1)

Mae modd darllen yr adroddiad drwy'r ddolen ganlynol:

<http://www.audit.wales/cy/cyhoeddi/Annibyniaeth-pobl-h%C5%B7n>

Ceir crynodeb o'r adroddiad yn Atodiad 2

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Disgwylir i bob awdurdod lleol yng Nghymru ystyried canfyddiadau ac argymhellion yr adroddiad hwn gan Swyddfa Archwilio Cymru gan fod ganddo oblygiadau pwysig ar gyfer ein perfformiad corfforaethol wrth gyflwyno gwasanaethau sy'n cefnogi pobl hŷn yn Sir Ddinbych, gan gynnwys yr ystod o wasanaethau ataliol sy'n bodoli.

## 3. Beth yw'r Argymhellion?

Bod y Pwyllgor Archwilio Partneriaethau yn ystyried yr adroddiad hwn, y sylwadau ac mae'n cefnogi'r angen am ddull corfforaethol i weithredu ei argymhellion trwy'r ystod o gamau gweithredu a restrir yn y Cynllun Gweithredu (Atodiad 1). Cynigir bod y Grŵp Cyfeirio Pobl Hŷn yn mynd i'r afael â'r argymhellion, ac mae'r Grŵp yma eisoes yn gyfrifol am weithredu Cynllun Heneiddio'n Dda Sir Ddinbych.

## 4. Manylion yr Adroddiad

4.1 Yn ystod 2015, bu Swyddfa Archwilio Cymru yn edrych a oedd Cyngorau'n gweithio'n effeithiol i gefnogi annibyniaeth pobl hŷn y tu allan i lechyd a Gofal Cymdeithasol. Ymgwymerwyd â'r gwaith ar y cyd ag Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru a swyddfa'r Comisiynydd Pobl Hŷn yng Nghymru. Mae hwn yn adroddiad pwysig sy'n mynd i'r afael ag effaith y toriadau cyllidebol ar allu awdurdodau lleol i gynnal amrywiaeth o wasanaethau, sy'n cael eu hystyried yn bwysig wrth helpu i atal

yr angen am ymyriadau iechyd a gofal cymdeithasol a chefnogi annibyniaeth pobl hŷn. Maent yn cynnwys gwasanaethau yn y meysydd canlynol:

- Gwasanaethau cefnogi ymarferol
- Gwasanaethau cyngor a gwybodaeth
- Cyfleusterau sydd yn y gymuned
- Gwasanaethau Tai a gwasanaethau sy'n seiliedig ar dai
- Cludiant

4.2 Mae'r adroddiad yn nodi'r pwynt ei bod wedi bod yn anodd iawn i awdurdodau lleol gynnal y mathau yma o wasanaethau tra bod y cyllid sydd ar gael iddynt wedi lleihau'n sylweddol dros y blynyddoedd diwethaf, ac ar yr un pryd yn gorfod ceisio diwallu anghenion poblogaeth sydd yn heneiddio, gan gynnwys niferoedd uwch o bobl 85+ oed sydd ag anghenion mwy cymhleth.

4.3 Mae'r adroddiad yn nodi bod cyllid Llywodraeth Cymru i awdurdodau lleol wedi gostwng 10% yn y blynyddoedd rhwng 10/11 a 14/15, tra bod y gwariant ar wasanaethau a all gefnogi ataliaeth wedi gostwng 16.8% yn y flwyddyn 13/14 i 14/15.

*"I wneud yn iawn am warchod gwasanaethau gofal cymdeithasol, mae cynghorau wedi gorfod gwneud penderfyniadau anodd a thorri arian o rywle arall, yn aml mewn gwasanaethau ataliol sy'n helpu pobl hŷn i fyw'n annibynnol. Dyma'r union wasanaethau y mae Deddf Gwasanaethau Cymdeithasol a Lles 2014 yn eu hyrwyddo sy'n hanfodol i gadw pobl yn eu cartrefi a thu allan i'r system iechyd a gofal cymdeithasol drud.*

4.4 Mae'r adroddiad Annibyniaeth Pobl Hŷn yn ystyried a yw awdurdodau lleol yn darparu arweinyddiaeth effeithiol ar; faterion sy'n ymwneud â phobl hŷn, effaith llai o gyllidebau ar wasanaethau pobl hŷn a'r ffyrdd y mae perfformiad Awdurdodau Lleol yn rheoli gwasanaethau i bobl hŷn. Daw i'r casgliad fod Cynghorau yng Nghymru yn aml yn canolbwyntio gormod ar ddarparu gwasanaethau cymdeithasol ac nid ydynt bob amser yn cydnabod cyfraniad pwysig y gall gwasanaethau eraill ei wneud o ran cefnogi a chynnal annibyniaeth pobl hŷn. Mae hefyd yn cyfeirio at y ffaith roedd gormod o gynlluniau a strategaethau nad oedd wedi'u cysylltu yn aml nad oedd yn cynnwys materion allweddol am bobl hŷn.

4.5 Ar ben hynny, daeth yr adroddiad i'r casgliad, tra bod yna enghreifftiau arloesol o gynghorau'n cefnogi pobl hŷn, nid yw'r gwasanaethau ataliol ehangach a all helpu i leihau'r galw ar iechyd a gwasanaethau cymdeithasol yn cael eu gwerthfawrogi.

*"Mae pobl hŷn yn awyddus i gadw eu hannibyniaeth a'u hiechyd am gyhyd ag y bo modd. Er mwyn gwneud hyn yn aml, mae angen darparu gwasanaethau cymorth ymarferol, a all gael effaith sylweddol cadarnhaol ar annibyniaeth a lles parhaus pobl hŷn. Mae'r rhain yn wasanaethau fel bysiau a chludiant cymunedol, a chymorth gyda glanhau, garddio a siopa. Mae gallu mynd allan, cadw'n heini a meithrin sgiliau newydd yn gallu cael effaith gadarnhaol ar helpu pobl hŷn i barhau i fyw'n annibynnol ac osgoi gwasanaethau iechyd a gofal cymdeithasol drud."*

4.6 Daeth yr adroddiad i'r casgliad hefyd bod yna ddiffyg data, sy'n ei gwneud yn anodd i gynghorau ddangos effaith eu gwasanaethau wrth gefnogi annibyniaeth pobl hŷn ac yn gwanhau'r broses gwneud penderfyniadau ac archwilio wrth bennu blaenoriaethau yn y dyfodol.

4.7 Mae'r adroddiad yn dod i'r casgliad os bydd Cynghorau yn parhau i dorri gwariant ar wasanaethau ataliol, yna byddai problemau megis unigrwydd ac unigedd ymysg pobl hŷn yn cael eu gwaethygu. Mae angen grymuso unigolion a chymunedau i gymryd mwy o reolaeth a symud y ddibyniaeth i ffwrdd o wasanaethau gofal ac edrych yn fanylach ar werth y gwasanaethau sy'n cadw annibyniaeth ac yn hyrwyddo lles. (Mae'r neges hon yn, mewn gwirionedd, yn un ganolog o fewn y Deddf Gwasanaethau Cymdeithasol a Lles Cymru, sy'n cael ei roi ar waith y mis hwn).

4.8 Fel rhan o'n Strategaeth Cefnogi Annibyniaeth yn Sir Ddinbych, mae Gwasanaethau Cefnogi Cymunedol wedi datblygu ystod o fentrau i gryfhau gwasanaethau ataliol i bobl hŷn yn Sir Ddinbych. Maent yn cynnwys:

- Cynhyrchu Cynllun Heneiddio'n Dda sy'n nodi ystod o gamau gweithredu mewn perthynas â datblygu cymunedau cefnogi pobl â dementia sy'n addas o ran oedran, mynd i'r afael ag unigedd cymdeithasol ac unigrwydd, atal codymau a datblygu mwy o gyfleoedd i feithrin sgiliau newydd a chyflogaeth ar gyfer pobl hŷn
- Defnyddio grant Cronfa Gofal Canolraddol i ddatblygu ystod o fentrau megis Cyfeiriwr Cymunedol, prosiect trydydd sector i wella'r ystod o opsiynau sydd ar gael i gefnogi pobl yn y gymuned
- Parhau i gefnogi'r trydydd sector ar yr un lefel er gwaethaf toriadau cyllidebol, ond sicrhau bod cefnogi annibyniaeth yn amod allweddol ar gyfer cyllid grant. Mae prosiectau newydd, sydd yn benodol yn cefnogi annibyniaeth pobl hŷn, wedi cael eu datblygu hefyd, megis Y Waen.
- Cryfhau ein gwasanaeth Pwynt Mynediad Sengl fel rhan o'n hymgyrch i wella mynediad at gyngor a gwybodaeth
- Datblygu'r fenter Sgwrs dan Arweiniad y Gymuned, sy'n cynnwys sefydlu 'Pwyntiau Trafod', sy'n anelu i estyn allan at bobl o fewn eu cymunedau eu hunain ac yn atal yr angen am atgyfeiriadau am wasanaethau
- Cynnal digwyddiad o bwys ynghylch Ynysu Cymdeithasol ac Unigrwydd
- Newid ein hymagwedd tuag at gynorthwyo unigolion i baratoi ar gyfer Deddf Lles Gwasanaethau Cymdeithasol a Lles (Cymru), fel nad oes llawer mwy o bwyslais ar atal a ffocws ar gryfderau unigolion a'r cymorth sydd ar gael o fewn eu teuluoedd a'u cymunedau, yn hytrach na cheisio eu huno â gwasanaethau penodol

4.9 Dros y deuddeg mis nesaf, bydd ein Strategaeth Cefnogi Annibyniaeth yn Sir Ddinbych yn cael ei ddatblygu ymhellach fel bod ymagwedd corfforaethol llawer cryfach i gefnogi pobl hŷn yn eu cymunedau. Mae adroddiad Swyddfa Archwilio Cymru yn cyfeirio at rai o'r gwasanaethau allweddol sydd o bwysigrwydd hanfodol i bobl hŷn. Maent yn cynnwys; llyfrgelloedd cyhoeddus, toiledau cyhoeddus, tai â chymorth, cludiant cyhoeddus, ymweld a chyfeillio, gosod dyfeisiau diogelwch a diogelu a chynorthwyo â mân dasgau yn y cartref. Yn ôl yr adroddiad, mae llawer o'r mathau yma o wasanaethau wedi bod mewn perygl o doriadau cyllidebol yn y blynyddoedd diwethaf, ond maent yn hanfodol bwysig o ran cefnogi pobl o fewn eu cymunedau ac atal neu oedi'r angen am wasanaethau iechyd a gofal cymdeithasol sydd yn llawer mwy costus.

## 5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Un o flaenoriaethau'r Cyngor yw sicrhau bod pobl ddiamddiffyn yn cael eu diogelu ac yn gallu byw mor annibynnol â phosibl. Mae'r materion sy'n cael eu cynnwys yn adroddiad Swyddfa Archwilio Cymru yn berthnasol iawn i'r flaenoriaeth benodol yma.

**6. Faint fydd hyn yn ei gostio a sut y bydd yn effeithio ar wasanaethau eraill?**

Nid oes unrhyw oblygiadau ariannol ar faes gwasanaeth penodol o ran costau ychwanegol. Serch hynny, rydym eisoes yn ariannu ystod o fentrau ar sail gorfforaethol a sail Gwasanaeth Cymorth Cymunedol sy'n cyfrannu at annibyniaeth pobl hŷn, er enghraifft, amrywiaeth y gwasanaethau trydydd sector sy'n derbyn cyllid grant.

**7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb (AEC) a gynhaliwyd ar y penderfyniad? Dylai fod templed o'r Asesiad o Effaith ar Gydraddoldeb wedi ei lenwi a'i atodi i'r adroddiad.**

Nid yw'r adroddiad hwn angen Asesiad o Effaith ar Gydraddoldeb gan nad yw'n gwneud newidiadau i bolisi neu ddarparu gwasanaethau.

**8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Archwilio ac eraill?**

Paratowyd adroddiad Swyddfa Archwilio Cymru yn dilyn ymgynghori helaeth gyda nifer o bobl hŷn, asiantaethau trydydd sector, ystod o swyddogion Cyngor Sir Ddinbych a Chefnogwr Pobl Hŷn Sir Ddinbych. Bydd Grŵp Cyfeirio Pobl Hŷn, sy'n cynnwys cynrychiolwyr o nifer o asiantaethau, yn cymryd rhan wrth symud ymlaen ag argymhellion allweddol gan ei fod ganddo rôl allweddol wrth weithredu ein Cynllun Heneiddio'n Dda.

**9. Datganiad y Prif Swyddog Cyllid**

Amherthnasol

**10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

Y prif risgiau yw, heb ymagwedd gorfforaethol effeithiol at wasanaethau ataliol ar gyfer pobl hŷn, a nifer cynyddol o bobl hŷn sydd ag anghenion cymhleth, bydd gwasanaethau prif ffrwd ar gyfer pobl hŷn yn dod yn anghynladwy.

**11. Pŵer i wneud y Penderfyniad**

Mae gan y Cyngor Sir gytundeb mewn lle gyda Swyddfa Archwilio Cymru, pan fyddant yn cyhoeddi Astudiaeth Genedlaethol, bydd y Cyngor yn ymateb yn ffurfiol trwy'r Gwasanaeth perthnasol yn cyflwyno adroddiad i'r Pwyllgor mwyaf priodol. Dylai'r adroddiad hwn nodi ein hymateb i'r Astudiaeth Genedlaethol, a'i argymhellion. Mae ymateb y Cyngor Sir i'r adroddiad hwn yn bwysig mewn perthynas ag Asesiad Corfforaethol arfaethedig Swyddfa Archwilio Cymru.

Mae Erthygl 6.3.2 (c) yn nodi y gall Archwilio ystyried unrhyw fater sy'n effeithio ar yr ardal neu ei thrigolion.

**Swyddog Cyswllt:**

Rheolwr Gwasanaeth: Cymunedau a Lles, Gwasanaethau Cymorth Cymunedol

Ffôn: 01824 706632

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Recommendation 1</b><br/>           Improve governance, accountability and corporate leadership on older people's issues through:</p> <ul style="list-style-type: none"> <li>• the appointment of a senior lead officer who is accountable for coordinating and leading the council's work on older people's services;</li> <li>• realigning the work of the older people's strategy coordinators to support development and delivery of plans for services that contribute to the independence of older people;</li> <li>• the appointment of a member champion for older people's services; and</li> <li>• regularly disseminating and updating information on these appointments to all staff and stakeholders.</li> </ul> | <p>We will ensure that older people's issues are mainstreamed across all Directorates. The Supporting Independence in Denbighshire strategy will be adopted corporately (SLT decision). In addition, the implementation of the Ageing Well Plan is a corporate responsibility. It links to the Council's endorsement of the Dublin Declaration. Leading and managing the Council's work on older people services is the responsibility of an existing officer, the Head of Service for Community Support Services. Various roles such as managing operational services and implementation of the Council's Ageing Well Plan are delegated to appropriate Principal and Service Managers.</p> <p>The role of the Older People Strategy Coordinator will be reviewed to take account of this recommendation. Our existing Co-ordinator left for another post in March 2016 and we are currently exploring the possibility of a joint arrangements with another local authority.</p> <p>Cllr Bobby Feeley, also Cabinet Lead member for Social Care, Adult and Children's Services is our member champion for older people.</p> <p>Staff in Community Support services are regularly updated on key developments in various communication events. We have a multi-agency Older People Reference Group which is responsible for implementing the Ageing Well Plan and key developments regarding older people are always shared with this group.</p> |
| <p><b>Recommendation 2</b><br/>           Improve strategic planning and better coordinate activity for services to older people by:</p> <ul style="list-style-type: none"> <li>• ensuring comprehensive action plans are in place that cover the</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>These are being developed via :</p> <ul style="list-style-type: none"> <li>• The implementation of our Ageing Well Plan ( key actions identified under each of the five elements)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

TUC 15

| Recommendation                                                                                                                                                                                                                                                                                                                                                              | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>work of all relevant council departments and the work of external stakeholders outside of health and social care; and</p> <ul style="list-style-type: none"> <li>engaging with residents and partners in the development of plans, and in developing and agreeing priorities.</li> </ul> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen 15</p> | <ul style="list-style-type: none"> <li>The implementation of DCC Supporting Independence in Denbighshire Strategy</li> <li>The implementation of DCC's Well-Being Plan and Corporate Plan</li> </ul> <p>Corporately, regular resident service are undertaken, which enable us to identify amongst other things key issues, identified by older people in Denbighshire.</p> <p>In addition the Community Support Service undertakes surveys regarding people who have been referred to their services. With regard to engagement with partners, the Older Peoples Reference Group (refer to above) ensures that there is a joint approach to agreeing priorities and implementing key initiatives.</p> <p>In accordance with the requirements of the Social Service and Well-being Act we have developed new initiatives for engaging with residents in a way that enables them to receive support from within their own communities. For example Talking Points have been established in various communities in order to strengthen engagement with older people and others within their own community.</p> |
| <p><b>Recommendation 3</b></p> <p>Improve engagement with, and dissemination of, information to older people by ensuring advice and information services are appropriately configured and meet the needs of the recipients.</p>                                                                                                                                             | <p>Denbighshire has had a lead role in developing a Single Point of Access service in partnership with BCUHB and the Third Sector.</p> <p>This service has greatly strengthened our processes for providing information to older people and their carers. When sources of support within communities are identified they are recorded on the DEWIS system and this ensures that we have up to date information for each community.</p> <p>The Talking Points initiative is also a vitally important in engaging with community members and disseminating information to older people.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Recommendation 4</b></p> <p>Ensure effective management of performance for the range of services that support older people to live independently by:</p> <ul style="list-style-type: none"> <li>setting appropriate measures to enable members, officers and the public to judge progress in delivering actions for all council services;</li> </ul>                  | <p>Denbighshire's Ageing Well Plan identifies a range of actions which should strengthen the independence of older people. The actions are categorised under each of the 5 elements of the plan, which are.</p> <ul style="list-style-type: none"> <li>Age Friendly Communities</li> <li>Dementia friendly communities</li> <li>Falls prevention</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>• ensuring performance information covers the work of all relevant agencies and especially those outside of health and social services; and</p> <p>• establishing measures to judge inputs, outputs and impact to be able to understand the effect of budget cuts and support oversight and scrutiny.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudale</p>                                                                                                      | <ul style="list-style-type: none"> <li>• Isolation and loneliness</li> <li>• Activity training and Employment opportunities</li> </ul> <p>A range of performance measures have been developed which will enable us, with our partners, to monitor progress in achieving the identified actions. The Older Peoples Reference Group has the responsibility for coordinating this work and this includes the lead member for Adult and Children's services and she is also the champion for Older People.</p> <p>The County Council has established appropriate processes for assessing the impact of necessary budgetary reductions, however further work is needed on identifying the impact of any cuts in services on Older People.</p> <p>In relation to community support services, mainstream services for older people have largely been protected and all the grants that we provide to Third Sector organisations have been protected in the current year and for the next year. A great deal of this funding is used to support the independence of older people and in fact we have been able to identify additional funding to support a community group for Older People in one of our rural communities (Y Waen).</p> <p>The Welsh Government requires the Local Authority to submit details of our performance in relation to a number of performance indicators for Older People, for example numbers supported within their communities and numbers admitted into residential care.</p> |
| <p><b>Recommendation 5</b></p> <p>Ensure compliance with the Public Sector Equality Duty when undertaking equality impact assessments by:</p> <ul style="list-style-type: none"> <li>• setting out how changes to services or cuts in budgets will affect groups with protected characteristics;</li> <li>• quantifying the potential impact and the mitigation actions that will be delivered to reduce the potentially negative effect on groups with protected characteristics;</li> </ul> | <p>We are compliant with the Equality Duty but there is a need for EIA's to be an integral part of the budget workshops with elected members. For example, there is a need to consider what the impact of any cuts would be on the supporting independence agenda in relation to older people. There is a need to expand EIA's to look specifically at older people and the independence of older people.</p> <p>Equality impact assessments are carried out as a matter of course for any changes at service level.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>• indicating the potential numbers who would be affected by the proposed changes or new policy by identifying the impact on those with protected characteristics; and</p> <p>• ensuring supporting activity such as surveys, focus groups and information campaigns includes sufficient information to enable service users to clearly understand the impact of proposed changes on them.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Judalen 18</p> | <p>An understanding and identification of what will be changed and the potential impact on groups with protected characteristics is developed through a risk assessment. Risk assessments form part of an EIA for any changes to service delivery.</p> <p>These are identified through Equality Impact Assessments<br/>The work produced by the Commissioner for Older People in Wales has been widely distributed.<br/>A recent example of this is the work being carried out for the in-house provider services review. Options are clearly identified and consultation events are held in the day time and evenings to ensure maximum numbers are able to attend</p> <p>Link to the EHRC PSED page – <a href="http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty">http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty</a></p> <p>From Denbighshire's web site<br/><a href="http://www.eiapractice.wales.nhs.uk/undertaking-an-eia">http://www.eiapractice.wales.nhs.uk/undertaking-an-eia</a></p> |
| <p><b>Recommendation 6</b><br/>Improve the management and impact of the Intermediate Care Fund by:</p> <ul style="list-style-type: none"> <li>• setting a performance baseline at the start of projects to be able to judge the impact of these overtime;</li> <li>• agreeing the format and coverage of monitoring reports to</li> </ul>                                                                                                                                        | <p>We will take account of these recommendations in developing projects supported by this fund. We will also take account of a major evaluation of ICF projects in North Wales which was undertaken by Cordis Bright last year. We have examples of projects in Denbighshire which have been developed on a partnership basis such as Community Navigator by which funding was transferred to Denbighshire Voluntary Services Council to manage a project aimed at enhancing the range of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                         | Denbighshire's response                                                                                                                                                                      |
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| <p>enable funded projects to be evaluated on a like-for-like basis against the criteria for the fund, to judge which are having the greatest positive impact and how many schemes have been mainstreamed into core funding; and</p> <ul style="list-style-type: none"> <li>• improving engagement with the full range of partners to ensure as wide a range of partners are encouraged to participate in future initiatives and programmes.</li> </ul> | <p>support available to older people and others in the community. We also presented a comprehensive report on the use of the ICF fund in Denbighshire to the Third Sector Liaison Group.</p> |

Mae tudalen hwn yn fwiadol wag

## Summary of the Independence of Older People Report

1 .The average age of the population of the United Kingdom is increasing rapidly. ----  
-- the percentage of persons aged 65 and over increased from 15 per cent in 1985 to 17 per cent in 2010, an increase of 1.7 million people. By 2035, the Office of National Statistics projects that those aged 65 and over will account for 23 per cent of the total population, and the numbers of 'the oldest old' (over 85 years) are projected to grow faster than any other age.

2. Many older people in Wales remain healthy, active and independent with little or no reliance on health and social care services. However, for others, increasing age can be associated with increasing disability and loss of independence, and function impairments such as loss of mobility, sight and hearing. One significant implication of an ageing population is the challenge of promoting independence and preventing or delaying deterioration in the health and quality of life of older citizens. Older people are the main users of health and social care services in Wales, just as they are in most European countries. The ageing population and growing number of people with long-term chronic conditions is placing considerable strain on health and social care services, and the current focus of Welsh Government policy is to seek to reduce this demand and shift services out of expensive acute hospitals and nursing homes and into the community.

3. The adult social care services delivered by the 22 councils in Wales remain heavily focused on people aged 65 and above, and this pattern has remained consistent in the last decade. -----over the eight years between 2005-06 and 2013-14, expenditure by Welsh councils on social care services for people aged 65 and over has increased by 23 per cent. On the basis of current trends, this expenditure is set to continue to rise to over £750 million within 10 years and could increase even more rapidly to meet the needs of our ageing population with increasing life expectancy and more complex needs.

4. Although expenditure is rising, the number of adults receiving social care services has fallen – from 81,140 in 2006-07 to 78,111 in 2013-14. Services are now more focused on people with complex needs and councils are generally not prioritising those with moderate or low needs for assistance. The proportion of the adult social care services budget for people aged over 65 that is overspent is also increasing, rising from a 0.7 per cent overspend in 2011-12 to 3.2 per cent overspend in 2013-14. There has also been an increase in NHS expenditure for primary and secondary care services in Wales with budgets rising from £5.2 billion in 2008-09 to £5.5 billion in 2013-14. However, this budget information is not reported in a way that shows how much is spent on care services to older people.

5. Whilst health and social care are important, services such as education, leisure, housing, transport, community facilities and support to remain in employment all play an essential part in the well-being of older people. There are some services that are specifically focused on independence and prevention of ill health, whilst others are services that are not provided with prevention as their specific aim, but are of great benefit to older people in maintaining their quality of life. There are also obvious

benefits to allowing older people to live independently in their communities: it may provide the best possible life for older people, they remain in their homes, close to their friends and families, they can continue to contribute to society and the impact on expensive health and social care services is minimised.

6. The Welsh Government is modernising social care services through the Social Services and Well-Being (Wales) Act 2014 (the Act). The Act builds upon the Welsh Government's Strategy for Older People in Wales, launched in 2003, as well as the commitments of the Dublin Declaration on Age-Friendly Cities and the Ageing Well in Wales Programme. Taken together, these recognise the importance of supporting older people to remain independent and make commitments for public services to work together to deliver this goal.

7. A key strand of the Act is on prevention which is intended to reduce demand for high-intensity, high-cost services. Preventive services range from relatively formal intermediate care services provided by health and social care professionals to interventions that could include befriending schemes, the fitting of a handrail or help with shopping; services not necessarily provided by a health or social care professional. When the element of social inclusion is included, prevention can be extended to cover wider community services, such as public transport, leisure centres and housing. For older people these services enable them to stay safe and healthy, and lead lives that have value, meaning and purpose by supporting them to remain in their community. Importantly, in the current financial climate, home-based support services also cost less than caring for older people in residential care or in hospital.

8. Promoting preventative and early intervention services will require councils and their partners to change how services are currently planned and delivered. It will also require ownership outside of social services and an understanding that it is about other parts of the system working to maintain independence. At this time, however, no baseline information exists to identify what services are in place and what else is needed to deliver low level of assistance in such areas of everyday life that can enhance well-being through enabling an older person to remain in their own home, maintain independence and reduce the risk of institutionalisation.

9. At a time of increasing demand on health and social services, public sector spending is reducing. Between 2010-11 and 2014-15, we estimate that there has been a real terms reduction of £464 million (10 per cent) of Aggregate External Finance. With reducing resources, these non-statutory, low-level prevention services are at risk of taking a bigger share of budget reductions as councils protect their statutory obligations.

10. During 2015, staff of the Wales Audit Office, on behalf of the Auditor General, examined whether councils are working effectively to support the independence of older people. These included an online survey for older people to tell us about the services they consider the most important in supporting them to maintain their independence and audit fieldwork at six councils in Wales. Our methodology also included a budget and service data tool, to evaluate the range of services that support older people to live independently, and a review of key plans and strategies. Our work was also delivered jointly with staff of the Care and Social Services Inspectorate in Wales and the office of the Older People's Commissioner in Wales.

11. Based on the findings of this audit, the Auditor General has concluded that whilst the Welsh public sector recognises the challenges of an ageing population, some key barriers are inhibiting the shift in focus that is needed to reduce demand for health and social care services and support older people to live independently.

12. Whilst recognising the essential role councils play in providing leadership on older people's issues, partner organisations are not always positive about the delivery of that leadership role. The role of the older people's strategy coordinator, seen by the Welsh Government and others as key in delivering councils' engagement and leadership on older people issues, has diminished over time, reducing their ability to influence joint working in councils and meet the needs of older people.

13. There is a surfeit of often disconnected plans and strategies in councils that set priorities and actions aimed at maintaining or improving the independence of older people, and the contribution of low-level preventative services in supporting independence is often overlooked. Fifty-five per cent of partner organisations surveyed stated that their council's plan was developed using comprehensive information from all relevant council and partner services, and only 46 per cent believe the plan considers population forecasts and future demand on services. Only 45 per cent of citizens who are actively engaged with councils were asked their views as their council developed its plan(s) for older people.

14. Many of the preventative services that support older people to live independently have experienced cuts in their budgets and overall finances. However, because many councils lack good data on the number of older people using preventative services, they are unable to effectively manage the delivery of these services, plan future provision and target activity appropriately in a time of reducing resources.

15. Seven of 10 services rated as most important by older people and four of the top-five services that support them to live independently have been reduced – community halls (41 per cent), public toilets (26.8 per cent), libraries (18.7 per cent) and public transport (5.7 per cent). Whilst we acknowledge the challenge councils face in having to reduce expenditure to balance budgets, the effect of these cuts is going to impact adversely on older people and may prove to be a false economy for the taxpayer as cuts to preventative services can often result in more demand for more costly acute health and social services in the medium term..

16. The Intermediate Care Fund, which was created by the Welsh Government to encourage integrated working between local authorities, health and housing has provided £70 million in 2014-15 and 2015-16. We found that the short-term nature of the funding, and weaknesses in its allocation and evaluation, makes it difficult to judge whether the intentions of the Intermediate Care Fund are supporting the transformation of services that was intended.

17. Councils' plans and strategies show a clear understanding of the issues they face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people. However, we found that many councils were unable to provide service usage numbers for a significant number of the preventative services

we reviewed. This highlights that capturing good-quality information and having the right systems to analyse and use this data effectively continue to be a challenge for many councils.

18 There is a risk that councils are changing services without fully assessing the potential impact on older people, thus undermining their ability to meet the Public Sector Equality Duty. Whilst 97 per cent of older engaged citizens knew that their council had to make savings and cut services, only 46 per cent knew where cuts were to be made and only 29 per cent had been told how it would affect them. We also found that the quality of information in equality impact assessments is not always robust enough to demonstrate potential impacts which makes it difficult to clearly identify the effect of decisions on older people.



|                                   |                                                                                                                                    |
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| <b>Adroddiad i'r:</b>             | <b>Pwyllgor Archwilio Partneriaethau</b>                                                                                           |
| <b>Dyddiad y Cyfarfod:</b>        | <b>14 Ebrill 2016</b>                                                                                                              |
| <b>Aelod / Swyddog Arweiniol:</b> | <b>Aelod Arweiniol dros Ofal Cymdeithasol<br/>(Gwasanaethau Plant ac Oedolion)/<br/>Pennaeth Gwasanaethau Cefnogaeth Gymunedol</b> |
| <b>Awdur yr Adroddiad:</b>        | <b>Rheolwr Gwasanaeth: Ardal y Gogledd</b>                                                                                         |
| <b>Teitl:</b>                     | <b>Un Pwynt Mynediad</b>                                                                                                           |

## 1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad hwn yn darparu gwybodaeth gyfredol am Un Pwynt Mynediad (SPoA) yn Sir Ddinbych.

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Darparu diweddariad i'r Aelodau ar y cynnydd o weithredu Un Pwynt Mynediad Sir Ddinbych ar gyfer gwasanaethau gofal cymdeithasol oedolion ac iechyd cymunedol. Mae'r adroddiad yn cynnwys gwybodaeth o'r gwerthusiad rhanbarthol diweddar o'r *Rhaglen Gwednewid Mynediad i Wasanaethau Iechyd a Gofal Cymdeithasol yn y gymuned ar draws Gogledd Cymru - Un Pwynt Mynediad (SPoA)* sydd i'w weld yn atodiad 1.

## 3. Beth yw'r Argymhellion?

- 3.1 Bod yr Aelodau'n ystyried yr adroddiad, yn rhoi sylwadau ac yn parhau i gefnogi a hyrwyddo datblygiad SPoA fel ffordd o hyrwyddo annibyniaeth dinasyddion a bodloni'r dyletswydd statudol i ddarparu Gwasanaeth Gwybodaeth, Cyngor a Chymorth fel sy'n ofynnol gan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014; a
- 3.2 Bod yr Aelodau yn manteisio ar y cyfle i ymweld â'r Gwasanaeth SPoA i weld sut mae'r model darparu gwasanaeth yn gweithredu.

## 4. Un Pwynt Mynediad yn Sir Ddinbych

- 4.1 I drigolion Sir Ddinbych, mae'r SPoA, sydd wedi bod yn weithredol ers mis Mehefin 2014 yn darparu:
  - **Gwybodaeth** am wasanaethau cyffredinol a chyfeirio, gan alluogi pobl i aros y tu allan i'r systemau iechyd a gofal cymdeithasol ffurfiol lle bo'n bosibl. Mae hyn yn yn yr iaith sydd fwyaf addas i'w cefndir ethnig a diwylliannol.
  - **Cyngor** gan weithredwyr SPoA sydd wedi'u hyfforddi'n dda ac sy'n wybodus.
  - **Cymorth** a roddir i helpu pobl ddefnyddio gwasanaethau fel teleofal drwy brosesau hunanasesu neu drwy un ymweliad i ddarparu offer ar gyfer pobl sy'n drwm eu clyw.

- Ar gyfer yr unigolion hynny sydd angen gwasanaethau iechyd cymunedol a gofal cymdeithasol tymor byr, **cydlynu gwasanaethau** sy'n cefnogi annibyniaeth e.e. gofal canolraddol, lle bo gweithwyr proffesiynol unigol yn ffurfio tîm o amgylch y person yn seiliedig ar gynllun gofal a chefnogaeth integredig.
- **Trosglwyddo di-dor** i mewn i system Gofal Cymdeithasol ac Iechyd ffurfiol pan fo angen.

#### 4.2 Ar gyfer staff / sefydliadau, mae'r SPoA:

- Yn un pwynt cyfeirio ar gyfer gwasanaethau cymunedol, yn rhannu gwybodaeth am unigolion, lle bo angen ac yn briodol. Bydd yn parhau i hyrwyddo'r defnydd o'r fframwaith asesu integredig yn Sir Ddinbych ac yn enwedig y cynllun "Beth sy'n Bwysig?" newydd. Yn sgwrs sy'n disodli'r hen 'asesiad o angen'.
- Yn gynyddol yn gallu darparu data ynghylch lle ceir pwysau, rhwystrau a bylchau mewn gwasanaethau a llwybrau ar gyfer gwella gwasanaethau neu at ddibenion comisiynu.
- Yn darparu un dull o sefydliadau partner yn cyflawni eu cyfrifoldebau / dyletswyddau i ddarparu gwybodaeth am iechyd a lles drwy ddod yn ganolbwynt i wybodaeth ragorol am wasanaethau cymunedol.
- Yn faes ar gyfer datblygu gwasanaethau ac addysgu staff am wasanaethau a chyfrifoldebau newydd e.e. drwy gynnal hyrwyddwyr neu gydlynwyr.

#### 4.3 Dyma'r staff sy'n rhan o SPoA:

- Person proffesiynol clinigol sy'n gwneud penderfyniadau, sydd â gwybodaeth am wasanaethau iechyd a gofal cymdeithasol ym mhob sector.
- 9 Gweithredwr SPoA sy'n ateb galwadau ffôn, yn gwneud galwadau ffôn i gasglu rhagor o wybodaeth; yn ymdrin ag ymholiadau wyneb yn wyneb; yn prosesu atgyfeiriadau; ac yn mewnbynnu ac yn adalw data.
- Arweinydd Tîm sy'n rheolwr atebol i'r Gweithredwyr SPoA ac sy'n gyfrifol am wybodaeth o ansawdd da am wasanaethau.
- Cydlynwyr â swyddogaethau tebyg am ystod o wasanaethau ond sydd hefyd â swyddogaeth o gysylltu'r SPoA gyda gwasanaethau cymunedol. Mae hyn yn cynnwys Cydlynnydd 3ydd Sector.

4.4 Mae elfennau TGCh y model yn cynnwys system ffôn bwrpasol gydag ymarferoldeb estynedig i gynnwys recordio, adroddiadau perfformiad ac ati Er ei fod wedi'i leoli mewn adeilad Awdurdod Lleol, mae rhwydwaith Iechyd wedi cael ei sefydlu sy'n darparu mynediad i systemau'r Cyngor ac Iechyd, gan gynnwys cronfa ddata SPoA bwrpasol sy'n gallu casglu data am bwysau, rhwystrau a bylchau yn y gwasanaethau cymunedol / llwybrau, gan gefnogi gwelliannau i wasanaethau a chomisiynu cuddwybodaeth.

4.5 Mae'r gwasanaeth SPoA ar gael ar hyn o bryd rhwng 8.00am a 6.00pm dydd Llun i ddydd Gwener ac mae'r Gweithredwyr ar gael rhwng 10am a 4pm ar benwythnosau. Mae wedi'i leoli yn Ffordd Brighton, Y Rhyl ond y bwriad bob amser oedd cynnwys lle i'r SPoA yn y gwaith o ail-ddatblygu safle Ysbyty Frenhinol Alexandra.

4.6 Mae staff SPoA hefyd wedi bod yn rhan annatod o ddatblygiad Pwyntiau Siarad ar draws y Sir, ffordd newydd o sicrhau bod dinasyddion yn cael cynnig apwyntiad mewn lleoliad yn eu cymuned leol os oes angen iddynt weld rhywun wyneb yn wyneb, gan gadw oedi i leiafswm. Mae'r Cydlynnydd Pwyntiau Siarad wedi'i leoli yn y

Gwasanaeth ac mae Gweithredwyr SPoA neu'r Cydlynwyr yn mynychu sesiynau gyda staff Ardal i gefnogi'r cyhoedd.

4.7 Rhagwelir y bydd SPoA yn darparu un pwynt mynediad i ystod gynyddol o wasanaethau ar draws Sir Ddinbych neu du hwnt. Mae cydweithio agosach eisoes yn digwydd gyda Gwasanaeth Heddlu a Tân Gogledd Cymru er enghraifft cychwyn gwasanaeth 'CRIT' (Tîm Ymyrraeth Risg Cymunedol) mewn cydweithrediad â'r Gwasanaethau Brys i gynhyrchu ffordd fwy effeithlon o ymateb i'r rhai sydd wedi syrthio ac sydd angen cymorth (ond yn ddianaf / nad oes angen eu derbyn i'r ysbyty). Gellid, fodd bynnag, cydweithio ymhellach gyda gwasanaethau/ sefydliadau eraill e.e. cysylltu â'r SPoA yng Nghonwy neu gyda gwasanaethau Plant a Theuluoedd Sir Ddinbych. Gallai swyddogaethau newydd, a rhai sy'n cael eu datblygu gynnwys SpoA, gan chwarae rhan fwy arwyddocaol yn y llwybr diogelu a chysylltiadau â datblygiadau Gofal Sylfaenol Gogledd Sir Ddinbych.

#### 4.8 Data Gweithgarwch (2015/16)

- Cysylltwyd gyda'r SpoA 25,230 o weithiau; 15,578 dros y ffôn, 3730 drwy ffacs a 1537 drwy ffurflen fewnol; a 752 drwy hysbysiad ar y we.
- Mae 100% o gysylltiadau dros y ffôn yn cael y cynnig gweithredol Cymraeg. (Mae gennym 4 o siaradwyr Cymraeg rhugl a 4 o ddysgwyr sy'n golygu ein bod yn gallu cynnig gwasanaeth yn Gymraeg 7 diwrnod yr wythnos. Roeddem yn ffodus o gael ein henwebu am wobwr Iaith Gymraeg yn gweithio mewn partneriaeth ym mis Gorffennaf 2015 a chawsom ganmoliaeth arbennig.)
- Rhoddodd y Gweithredwyr SPoA wybodaeth (257) cyngor (474) a chymorth (78) yn ystod y cyfnod hwnnw a rhoddodd y tîm SPoA ehangach gyfanswm o 1405 o Wwybodaeth, Cyngor a Chymorth (IAA). Mae'r gwaith o gasglu data wedi cael ei fireinio yn ystod y flwyddyn, gyda diffiniadau cliriach yn unol â'r Ddeddf.
- Y prif lwybrau cyfeirio yw i Ofal Cymdeithasol (2950); y Gwasanaeth Nyrsio Cymunedol (1809); Iechyd Meddwl (763) a Therapiau Cymunedol PBC (642)
- Cafwyd 721 o Ffurflenni Asesiad Risg Cwmpïadau gan y Cydlynwyr Cwmpïadau, a llenwyd 243 gan Gofal a Thrsio; a 215 gan Wasanaeth Tân ac Achub Gogledd Cymru.

#### 4.9 Gwerthusiad

Comisiynwyd gwerthuswyr allanol i werthuso'r rhaglen SPoA ranbarthol. Dengys y canfyddiadau allweddol oedd bod pob un o'r 6 SPoA wedi esblygu'n wahanol ac ar gyflymder gwahanol, ond ar draws pob un o'r 6 sir roedd cynnydd gwirioneddol wedi'i wneud tuag at fodloni gofynion y Ddeddf Gwasanaethau Cymdeithasol a Llesiant i gynnig gwasanaethau Gwybodaeth, Cyngor a Chymorth (IAA) i ddinasyddion sydd ei angen. Ystyriwyd cynnwys staff 3ydd Sector yn Sir Ddinbych fel cyflawniad mawr, gan arwain at fwy o gyfeirio at Wasanaethau 3ydd Sector a hefyd nodi bylchau drwy well dealltwriaeth o'r hyn sydd ei angen ar ddinasyddion. Pwsyleiswyd pwysigrwydd y gronfa ddata DEWIS, adnodd cenedlaethol newydd a ddatblygwyd yn Sir Ddinbych â'r Asiantaeth Gwella Gwasanaethau Cymdeithasol (AGGC), fel adnodd cymunedol dro ar ôl tro. Roedd y gwerthuswyr hefyd wedi nodi effaith newid strwythurol mawr yn PBC a bod hynny wedi llesteirio cynnydd ond fe wnaethont hefyd nodi fod pethau'n newid a bod y Bwrdd Iechyd yn ailymgysylltu â fframwaith SPoA yn strategol drwy ei strwythur ardal newydd a bod posibilrwydd bellach i botensial llawn y rhaglen gael ei chyflawni er mwyn integreiddio arferion iechyd a gofal cymdeithasol.

## **5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Mae SPoA yn cefnogi'r flaenoriaeth gorfforaethol bod pobl diamddiffyn yn cael eu hamddiffyn ac yn gallu byw mor annibynnol â phosib drwy ddatblygu dinasyddion mwy gwybodus a hunan-ofalgar a moderneiddio'r cyngor i sicrhau arbedion a gwella gwasanaethau ar gyfer ein cwsmeriaid drwy leihau biwrocratiaeth yn Sir Ddinbych.

## **6. Faint fydd hyn yn ei gostio a sut y bydd yn effeithio ar wasanaethau eraill?**

Y gyllideb sydd ei hangen ar gyfer SPoA yw tua £660,000. Mae cyfran fawr o hyn hyd yma wedi cael ei ariannu gan Gronfa Gofal Canolraddol (ICF) a rhagwelir y bydd y gyllideb gyfan yn cael ei hariannu gan y gronfa hon yn y dyfodol.

## **7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb (AEC) a gynhaliwyd ar y penderfyniad?**

Ni chynhaliwyd Asesiad Effaith Cydraddoldeb ar gyfer yr adroddiad hwn gan nad oes unrhyw newid i'r polisi na darpariaeth gwasanaethau o ganlyniad iddo.

## **8. Pa ymgynghoriadau a gynhaliwyd gyda'r Pwyllgorau Archwilio ac eraill?**

Arweiniodd Cyngor Gwynedd ar y gwaith o ymgysylltu â dinasyddion ar gyfer y rhanbarth, gan gasglu barn a theimladau bron i 150 o ddinasyddion o bob cwr o Wynedd a'u rhannu er mwyn dylanwadu ar ddatblygiadau ar draws y rhanbarth.

## **9. Datganiad y Prif Swyddog Cyllid**

Mae'r SPoA yn elfen allweddol o integreiddio iechyd a gofal cymdeithasol. Mae costau'r gwasanaeth yn cael eu diwallu'n bennaf drwy gefnogaeth grant gyda chyfraniadau gan gynghorau a'r GIG ac mae'r rhain yn ymrwymiad cost presennol. Mae'n bosib y bydd y gost lawn yn cael ei thalu gan gymorth grant yn y dyfodol.

## **10. Pa risgiau sydd ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

10.1 Bu'n anodd cael cytundeb ar gyfer cyllid y dyfodol ac os, fel y rhagwelir, y bydd yn cael ei ariannu gan y Gronfa Gofal Canolraddol yn rheolaidd, mae risg y gallai hyn gael ei dynnu'n ôl neu ei ail-gyfeirio i feysydd eraill. Mae Cyngor Sir Ddinbych yn cyflogi bron pob un o'r staff, felly mae angen i hyn gael ei liniaru i ryw raddau gyda chytundeb partneriaeth mwy ffurfiol.

10.2 Mae'r gwahaniaethau rhwng SPoA ar draws Gogledd Cymru yn achosi dryswch yn arbennig ar gyfer staff PBC. Er bod y Rhaglen Ranbarthol wedi dod i ben, bydd peth gwaith anffurfiol yn parhau i sicrhau bod pob ardal yn gweithio tuag at yr egwyddorion cyffredin ac yn anelu at gyflawni'r canlyniadau a rennir.

## **11. Pŵer i wneud y Penderfyniad**

Mae Erthygl 6.3.4(b) o Gyfansoddiad y Cyngor ac Adran 21 Deddf Llywodraeth Leol 2000 yn amlinellu pwerau'r Pwyllgor Archwilio mewn perthynas â'r mater hwn.

**Swyddog Cyswilt:**

Rheolwr Gwasanaeth: Ardal y Gogledd

Ffôn: 01824 706501

Mae tudalen hwn yn fwriadol wag

**Research and Evaluation for  
Transforming Access to Community-  
based Health & Social Care across  
North Wales - Single Point of Access  
(SPOA) Programme**

**Report by Wilson Sherriff**

January 2016

## Introduction

1. This report sets out the findings of the evaluation of Transforming Access to Community-based Health & Social Care services across North Wales - Single Point of Access (SPOA) Programme which was taken forward in North Wales 2013 – 2016, funded by the Welsh Government Regional Collaboration Fund
2. The body of the report examines the progress of the programme as a whole and identifies key findings and learnings. Attached at annex A are summary reports on our evaluation of the SPOAs in each of the six counties of North Wales.
3. We would like to take this opportunity to thank the managers and project leads of the programme for their excellent collaboration during the course of this evaluation, as well as the professionals and citizens we spoke and wrote to in gathering information and exploring the issues

## Overview

### Aims of the programme

4. The Single Point of Access Programme taken forward in North Wales 2013 – 2016 aimed as its title suggests to transform access to community-based health and social care.
5. Pilot sites were established in the six counties of North Wales – Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham – together with a set of cross-cutting workstreams. The sites aimed to enable citizens and professionals to gain access to community-based health and social care provision through by providing bilingual information and where necessary advice and assessment.
6. The Social Services and Well-being (Wales) Act 2014 was a major driver for the programme which aimed also to reduce dependency on statutory services, encourage use of third sector services, and enable individuals to become more independent. It also aimed to make more effective use of the time and skills of professional and front-line staff, reduce duplication and encourage 'flow' through the system.

### What happened

7. The evaluation framework which underpins this report was developed using co-production principles by the evaluators and stakeholders in the region.
8. In each county the SPOA has evolved differently and at a different pace. A summary of how each county approached the task is described in paragraphs 36 to 41, and more detail on our evaluation of each site is in Annex A.
9. Across the six counties we found that real progress has been made towards meeting the requirements of the Act to offer information, advice and assistance to those citizens who require it. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made with effectively recording the conversation.
10. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were sceptical about what they perceived as additional steps in the process. On our later visits much of that concern had disappeared in most counties.
11. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the



Social Service Improvement Agency, the data unit and the SPOA programme to build the prototype for Wales which has included guidance notes to help others to set up an information network.

12. The involvement of third sector staff in the SPOAs was a major achievement leading to more signposting to third sector services and also gaps being identified through better understanding of what citizens need.
13. Major structural changes were taking place in the health sector regionally during the course of the programme and this affected the extent of involvement by health representatives and reduced the scope for a fully integrated approach across health and social care.

### Future potential

14. The SPOAs have already changed how professionals and front line staff work together. Evidence of impact on service users, patients and carers is still emerging but case study examples point to the scope for the SPOAs to play a significant role in improving how resources are used to support citizens, and encourage them to be more independent. An example is the 'meet Phyllis' case study below and there are many more.

*Phyllis was admitted to hospital for a hip replacement after a fall at home. Phyllis also suffers with lung disease. Phyllis was worried and sad about returning home, as she lives alone and her family live some distance away. The hospital Social Worker contacted the Single Point of access (SPOA) with a request for the Reablement team to support Phyllis on her discharge. A few days later a referral also came into the SPOA for a District nurse to support with dressings. The referral stated Phyllis was to be discharged that day.*

*The benefit of having a coordinated SPOA IT system that records all community health and Social Care referrals meant that Sandra, the SPOA Community Services Partnership Manager (CSPM) was able to get a full picture on what was happening with Phyllis. Sandra knew that as Reablement support was still being arranged which meant that Phyllis could be returning to an empty house. Sandra's concern for Phyllis was increased further when she discovered that Phyllis had only lost her husband 6 weeks ago. Sandra believed that if Phyllis went home to be alone with no support, that her already low mood and anxiety associated with her medical condition could lead to Phyllis phoning the ambulance because she felt unwell which would lead to a re-admission.*

*Sandra decided to arrange for Health & Social Care Support Workers to pop in and see Phyllis at regular intervals over the weekend, to offer reassurance and practical support and advice to facilitate Phyllis's recovery. Also sitting in the SPOA, is Bex, the Third Sector coordinator who has access to DEWIS, the wellbeing website and directory resource, as such with Phyllis's permission referrals to Cruise and a befriending Scheme were quick and effortless.*

*As a result of responsive actions of SPOA for the weekend and the ongoing plans in relation to third sector support, Phyllis felt confident enough not to need the Reablement service and it goes without saying a re-admission to hospital was averted.*

15. Continuing to build on the SPOA programme could lead to more effective collaboration between professionals and front line staff in statutory and third sector services providing more options and choices to citizens and in turn enabling them to become more independent.
16. As we were told on a number of occasions, the prize is a shift in culture and behaviour for all concerned.

### Future actions

17. In the closing paragraphs of our report we set out a number of questions which we are recommending that stakeholders in North Wales address in moving forward. From the perspective of evaluators we would identify the following actions that would contribute to future successful development of the SPOA programme.
  - In all six counties the foundations have been established for future development in the shape of SPOA and Dewis, and they need to be sustained if future progress is to be made.
  - The involvement of the third sector on a systematic basis has been a key feature of what has been achieved and probably the most important step for the future will be to ensure that this is consolidated in all six counties. The network of third sector contacts across the region should also be maintained for its positive impact on peer learning.
  - It is very positive that Betsi Cadwaladr University Health Board is re-engaging with the SPOA framework strategically through its new area structure, and there is now scope for the full potential of the programme to integrate health and social care practice. This will require a careful balance in respecting what has been achieved to date and allowing practice to evolve flexibly.
  - Systematic engagement of patients, service users and carers will be essential to sustain the citizen focus of the service.
  - Finally, it would be highly desirable to build on the cross-region peer support and learning that was underpinned by the programme so that good practice can be exchanged for the benefit of all citizens in North Wales.

### Background

18. Wilson Sherriff were commissioned to undertake a review and evaluation of the Transforming Access to Community-based Health & Social Care Programme - Single Point of Access (SPOA) Programme taken forward in North Wales 2013 – 2016. The programme consisted of a series of linked projects – six local SPOA pilots were delivered, together with cross-cutting work streams (themed around those things necessary for an effective SPOA).
19. The programme goals was defined as:
  - ‘to create a new, streamlined, way for adults across North Wales to gain access to advice, assessment and co-ordinated community Health and Social Care services, by contacting one central team.
20. The main outcomes for the programme were defined as
  - A single integrated system providing bilingual advice, assessment and, where needed, referral into services which provides an easily understood, streamlined approach for citizens and professionals across the region
  - Better informed, more independent and self-caring citizens

- Better integrated care-coordination, reducing duplication and minimising bureaucracy.
  - More sustainable service, better able to meet the population's growing demands.
21. From the beginning it was accepted that the SPOAs would evolve quite differently in the six counties of North Wales: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham. The scope of ambition, process undertaken, style and culture were distinctive in each case, although they had common characteristics and to a large extent common goals – summarised in the phrase 'regionally developed but locally shaped and delivered. A strong feature of the programme was learning not only across the counties but also between the cross-cutting work streams.

## Approach to the evaluation

22. Our approach to evaluation was based on co-production principles through which we involved partners, stakeholders and to some extent service users in the development of the evaluation programme. We worked collaboratively with the local project leads as part of the evaluation workstream of the programme.
23. In Winter 2014 – 2015 we facilitated a series of stakeholder workshops to assist in the development of an evaluation framework which was agreed as the basis for this evaluation. The framework included both process and impact measures.
24. The list of questions is set out in Annex B.
25. The evaluation framework developed in this way aligns closely with the emerging methodology for evaluating integration of interest to the Welsh Government. This was developed by the University of Swansea as a preferred model<sup>1</sup>.
26. This model focuses on three levels of evaluation:
- Macro (national policy, strategic local policy, senior management, budgets)
  - Meso (Management, organisational structure, planning service delivery, process of delivering services)
  - Micro (Staff delivering services, service users, informal carers).
27. This Swansea framework is strongly focused on outcomes and, importantly, recognises the importance of evaluating the unintended consequences of change. Although this is an emerging framework and it was not able to draw upon in developing the SPOA evaluation framework, it has informed our thinking for this evaluation report.
28. The evaluation methodology was mainly qualitative, based on interviews, group discussions, and telephone calls backed up by review of documentation largely provided through regular reporting by the individual projects to the programme. Where possible we aimed for triangulation of data – that is being able to support findings from at least three sources.
29. We undertook two series of evaluation visits to the six counties – for Anglesey, Conwy and Denbighshire in March and November 2015; and for Gwynedd, Flintshire and Wrexham in June 2015 and January 2016. The difference in dates reflects the different stages of development of the SPOAs in these counties.
30. In each case we met both strategic and operational stakeholders with an interest in the evolution of the SPOA and gathered evidence in relation to the themes in the evaluation framework. We also carried out telephone interviews with service users. However, these interviews were limited both in number and scope due both to the overall numbers of service users involved to date and the methodological difficulties

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<sup>1</sup> Chichlowska SC, Assessing the impact of integrated health and social care delivery: a case study of integration and evaluation, University of Swansea, unpublished

of separating opinion on the services offered by the SPOA from the wider health, social care and third sector services.

## Findings

31. In the following paragraphs we summarise our high level findings for each of the themes covered by the evaluation framework.
32. In annex A we provide more detailed commentary on the questions in the evaluation framework for each of the six SPOAs.
33. Then in paragraphs we identify the key issues which emerged from the evaluation and comment on them in more detail.

## Progress in developing the SPOA

What progress has been made in developing the Single Point of Access?

34. Each of the six counties made progress in developing a Single Point of Access during 2015. The extent of that progress varied considerably. In practice there were two 'waves', with Anglesey, Denbighshire and Conwy making more progress earlier in 2015, followed by Flintshire, Gwynedd and Wrexham.
35. There was considerable discussion at the beginning of the project about whether to develop a uniform model and apply it across North Wales or whether to recognise that service configuration and working relationships were different in each of the six counties. The latter approach was adopted.
36. Anglesey built on an existing model single point of access to develop further a referral team based in council offices, introducing What Matters, and engaging with the challenges of the ICT systems. A 'third sector SPOA' located in the offices of Medrwn Môn provided an additional resource for referrals to third sector services on Anglesey.
37. The Conwy SPOA retained the name Conwy Access Team, the access team being co-located with a multidisciplinary team in a leisure centre in Colwyn Bay (although the co-location may not continue). Ad hoc support from the third sector was provided and What Matters was introduced.
38. Denbighshire developed its model the furthest, bringing in significant project funding to develop a Single Point of Access covering both social care, health and the third sector supported by an 'extended SPOA' multidisciplinary team with co-located third sector support. Real progress was made in introducing What Matters, enabling SPOA operators to access multiple information systems, developing resources and providing training, publicising the SPOA and moving towards seven-day-a-week working.
39. Flintshire relocated the local authority First Contact team in a health building in Mold, and developed more integrated practice, introduced What Matters and included in the team a part-time third sector link worker.
40. Gwynedd took a quite different approach to the other five counties, and worked largely independently. It undertook a root and branch system review and then designed a multi-disciplinary service based in Alltwen Hospital, Porthmadog. By the end of the programme, this service was provided in one locality, Eifionydd, with the intention that district nurses would join the team in 2016. What Matters has been introduced. The aim is also to be able to 'challenge the system' directly by identifying blockages to effective support for citizens and draw in senior management support to resolve the issues identified.
41. Wrexham use their front line call centre as the gateway to the single point of access which is located in council buildings in the town. The team included social workers

as well as other staff with floating support from a district nurse. What Matters was introduced and collaborative arrangements developed.

Who has been involved and what governance arrangements are in place?

42. As can be seen in Appendix A, all of the SPOAs involve local authority and third sector personnel. The direct involvement of health in the work of the SPOA has been more varied (see below) and has also changed over the lifetime of the project with some good engagement, particularly at strategic level early on, then some disengagement and more recently reinvigorated engagement.
43. The SPOAs developed as projects with joint governance arrangements involving health, social care and in some cases third sector representatives. As the project became a service, the joint governance arrangements have finished without new arrangements begin developed. The involvement of health in local governance reduced over time largely due to the impact of structural change within the health system. We were told of ways in which local project leads kept informal contacts going despite this so that the health perspective was still retained.
44. Strong lines of governance and accountability including for the use of funds were maintained at the programme level.

How many contacts were made with the Single Point of Access either by referral from a professional or directly by citizens?

45. All of the SPOAs received contacts from both professionals and citizens.
46. Official figures on contacts to come.

Was 'What Matters' conversation used?

47. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made in all cases with effectively recording the conversation. This is work in progress, however, and while SPOA staff and those around them were becoming quite practised at the approach and the recording, staff in other organisations had developed this approach less fully. See below for more comments on this.

## Impact on patients, service users, carers and citizens

How do patients, service users and carers find out about the Single Point of Access?

48. In Denbighshire and Anglesey, the SPOA is being directly publicised to the public through websites, professional channels e.g. GP surgeries and, in the case of Denbighshire, through extensive use of leaflets, business cards and coverage in the media. This reflects the stage of development of the SPOA sites, and in the other areas, publicity strategies have not yet been developed and implemented. Indeed there was some discussion during the evaluation visits of the value of wide spread publicity at the present time which might have the effect of raising citizen's expectation of statutory services. In all cases, we were told professionals advised service users and/or their families of the service.

How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?

49. During the second phase of the evaluation we spoke to service users who had contacted a SPOA to follow up on their experience, asking about how satisfied they were with the service received. Those we spoke to were largely satisfied by and appreciative of the service they received. Unfortunately, this was not a statistically valid sample. However, the indications are that citizens found the approach of the SPOAs helpful and family members in particular commented on the value of knowing

there was a number to call when they didn't know what services were available or how to deal with an issue. This was backed up by further qualitative evidence such as appreciative letters from service users and positive case study examples were also identified by the programme.

50. We found it difficult to find evidence of the impact of the SPOA on service user satisfaction. In the main this was due to the stage of development of the services, which are all quite new. It is however a methodological issue as what matters to the service user is the quality of the service they received and it is extremely difficult to separate the effect of this from their satisfaction with the SPOA itself.
51. In Denbighshire, Anglesey and Conwy, systems for following up service users and gaining feedback on their views of the service offered by 'SPOA operators', the information and advice they received and feedback on what they did are used or being developed. This will provide evidence in the future of service user satisfaction.

Do patients, service users and carers receive a timely service from the SPOA?

52. For the reasons outlined above we were not able to find significant evidence to support this from patient and service user feedback, although case studies and a series of 'postcards' from service users did provide quantitative materials indicating a positive response.
53. However all of the SPOAs had systems in place to track, so far as possible, the timeliness and completeness of referrals.

To what extent do patients, service users and carers understand the role of the Single Point of Access?

54. From our interviews with patients, service users and carers we found that once they contacted the SPOA, they understood it was a number to use when they wanted access to information about different services. However, the small numbers we spoke to had little understanding of a wider role. We would emphasise that this is not a statistically valid finding but more of an early impression.
55. When we raised it with the groups at the evaluation visits, on two occasions it was questioned whether the public needed to understand the role, as opposed to simply receiving information, advice and assistance to meet their needs.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

56. We addressed this question under a number of headings, so our evidence is drawn in the main from what we have been told by staff in the SPOA and professionals rather than by service users themselves, although case studies gathered by the programme evidenced service users being referred or signposted to third sector services, thus reducing recourse to statutory services
57. There is good qualitative evidence of service users and carers receiving appropriate information on third sector services in all SPOAs. Over time this is developing into the provision of advice on different types of services, often given by a third sector representative or after seeking advice from them. SPOA staff in Anglesey, Conwy and Denbighshire all commented that they now knew more about services in the third sector than they had previously. In those counties and in Flintshire, the third sector representatives were using their involvement with the SPOA to monitor gaps in provision both in terms of geography and availability. So for example, lack of befriending services and a general lack of services for people who are not young and not old appear to be common issues.

Is there any evidence that patients, service users and carers becoming more independent?

58. Anecdotal evidence was presented of services users, for instance, contacting a local authority to seek services and in practice being offered advice on how to invest in products that are available commercially; or of being encouraged to develop their own resilience through community activity rather than seeking medical or social work support. In Anglesey and Denbighshire examples were given of people wanting information on where to purchase, for example, equipment and advice on the type of equipment that was most suitable for them. They wanted a reliable and authoritative source of information rather than the direct provision of equipment, and in some cases, services.
59. We were also told by third sector representatives of communities where there is a history of self-help and mutual support rather than reliance on the public sector and that the SPOA and in particular third sector involvement could support these communities without making them dependent on statutory services.

### Impact on professionals and front-line staff

What progress has been made along the integration continuum?

60. In developing the evaluation framework we drew upon two models:
- the integration continuum tool produced as a resource for the SPOA programme. It identified 9 levels of integration along a continuum from autonomy through coordination to integration
  - the AQuA (Advancing Quality Alliance) System Integration Framework focuses on three dimensions of integration: teams, services and systems. The AQuA framework includes the perspective of staff (team development) service users and patients and their experience of integrated services, and the systems questions which can include issues such as IT and budgets (e.g. joint commissioning). This brings together both the process elements (creating integrated teams) and the outcomes (services perceived as integrated).
61. Progress with integration has varied from county to county. However, in general terms little progress has been made in integration of health and social care services with the exception of in Denbighshire. In Denbighshire, the integration level is evident and using the AQuA model this is particularly across teams and systems with an integrated approach to services at the point of contact with the SPOA. Elsewhere, coordination is more evident with some integration typically taking the form of a single person providing occasional support. Increased coordination between social care and the third sector is more extensive, again particularly in Denbighshire and also in Anglesey and Flintshire, with encouraging signs in Gwynedd also. In discussions in Anglesey, the question of colocation and integration with the third sector was raised by stakeholders and whether, given the direction of travel in terms of independence and resilience of citizens, it was appropriate to encourage integration.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

62. See above.

To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?

63. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were

sceptical about what they perceived as additional steps in the process – for example, in all counties there seemed to be an issue that for health professionals the What Matters documentation was seen as a social services initiative rather than a Wales-wide approach. On our second visits much of that concern had disappeared in most counties. In a minority of cases we heard concerns that the SPOA might create additional demands in the system requiring staff to ‘feed the beast’. This was particularly the case where the SPOA became involved in health-to-health referrals.

How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?

64. We found that the third sector and statutory services were collaborating with the support of the SPOA. Most communication was face to face or by phone, backed up by electronic records. We found no evidence of systematic engagement with the independent sector although in Anglesey and Denbighshire this was on the agenda for future development.
65. The use of faxes by health staff was a continuing issue for an integration of IT systems. In the main, this had been addressed by the purchase of faxes that convert to electronic formats.
66. More broadly, Denbighshire has just launched an ‘open door’ initiative to make sure teams in social care are invited to visit the SPOA and find out more about its work. We were shown the feedback from these visits which is very positive and clearly helps people understand what SPOA can do to help them in their work. This initiative is being widened to include health and the third sector and other counties are developing along similar lines. Other SPOA sites have taken advantage of this to inform thinking on their own SPOA development.
67. We also found strong evidence of continuing communication across the counties about the evolution of the SPOA programme including a third sector network group which was providing a useful forum for exchange of practice and insights.

To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?

68. We had strong indications from across the counties that the SPOA arrangements were contributing to more collaboration across different professions and specialisms, including between health, social care and the third sector.
69. In some cases the locally based Multi-Disciplinary Teams (MDTs) provided the main focus for joint working and this issue is discussed in more detail below.
70. Some concerns were expressed that effective collaboration on the ground was not mirrored by similar arrangements at senior level, leading to a lack of clarity about the strategic direction of the SPOA approach.

What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors?

71. There was evidence of learning and development opportunities, for instance on what Matters, third sector awareness, and outcome setting, across all counties.
72. However the opportunity to develop a joint approach to learning together across health, social care and the non-statutory sector has not yet fully emerged.

Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

73. We found extensive evidence of this – see above.



## Impact on organisations and the system as a whole.

Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?

74. Across North Wales we were able to see that the six SPOAs were shaping up as a major contribution to achieving the aims of the Act. Mapping has been undertaken by the six SPOAs against the draft National Service Delivery standards for the content and delivery model of the Information, Advice and Assistance Service required of local authorities. We discuss this in more detail below. We understand that the programme has been invited by the Welsh government to showcase the SPOA and Dewis development as an example of how information, advice and assistance are being implemented in line with the Act.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

75. See above.

What has been the financial impact of the Single Point of Access?

76. Our evaluation approach, the resources and data available did not enable a systematic analysis of the financial impact which would have required us to draw conclusions comparing what has been achieved with what might have been achieved had the SPOA programme not been put into effect.

77. We observed that in all cases the funding for the SPOA programme has led to action being taken and as this report makes clear there is emerging evidence of this action having an impact on professionals, front line staff, service users and patients. Again this is difficult to quantify because the aim is not simply throughput numbers but a shift in the nature and quality of the support provided. However the individual county reports provide our evaluation of the outcomes achieved in each case.

78. In Denbighshire more extensive funding was attained to support a more developed approach and this led not only to the development of a 'full SPOA' model in practice with significant learning about what can be achieved, but also to significant work on staff development and support resources. As outlined below we are suggesting that the region as whole can benefit from this experience.

Has the Single Point of Access improved 'patient / service user flow' through the system?

79. The use of What Matters, an underpinning core data set and the ability to track referrals through the system have been developed to varying degrees in each county. These factors contribute to 'flow' through the system. The SPOA approach also alerted professionals to areas where the flow had broken down, sometimes on a systematic level and sometimes in an individual case. In Anglesey, Denbighshire and to a degree Conwy, the SPOA team leaders were active in managing these issues.

80. Barriers to 'flow' include different working hours across staff groups making it less easy to handle issues in the moment; so the move to seven-day-a-week operations in Denbighshire were improving the ability to handle discharges when required.

What have been the key enablers and barriers to the development of the Single Point of Access?

81. The principal enablers identified were:

- Drive from leaders and the role of the six county leads supported by committed teams on the ground were essential to what was achieved.

- The Act was a major driver of local authority behaviour, perhaps less so of health behaviour
- Enthusiastic engagement of the third sector was seen as essential to the achievement of a major shift in practice and in culture.

82. The principal barriers identified were:

- The varied involvement of health due to restructuring (see below) contributed to a sense among practitioners that there was not a sustained strategic vision shared by all parties. In turn this also reduced the scope for practical enablers such as pooled budgets or joint commissioning which would take the 'SPOA approach' to the next level.
- Lack of integration across ICT systems was seen as a major barrier in particular early in the programme, although good progress was made in finding ways round this.
- Six SPOAs were seen as developing at inconsistent rates across the six counties and the different models initially caused confusion. This came into particular focus later in the programme when BCU confirmed their focus on three areas with the implication that it may be difficult to manage two different SPOA models in one area.

How do partner organisations perceive the change process that has taken place?

83. We found a wide range of views on this. The overarching constant was the way in which the system dynamics of health shifted during the course of the programme, with the result that what had been a joint endeavour was seen as led by local government, with health then coming back into the picture towards the end of the programme and beginning to focus attention on the way forward.

84. This meant that partnership dynamics were perceived as patchy. In all cases we found evidence of strong collaborative relationships between individuals at different levels, but there was some disappointment expressed about lack of consistency and drive from the strategic level to operational implementation.

85. The involvement of the third sector was important, but issues around their standing and the appropriate way to contribute to the change were evident. Third sector representatives, understandably, were pressing for more systematic involvement – a full seat at the table – to build on the progress made to date. They were also pressing for the recognition that changes to providing more services in the third sector needed more financial support and resources, even where those services were provided by volunteers.

How do partner organisations perceive the value of the Single Point of Access?

86. Local authorities saw value in the SPOA tightening up and improving the effectiveness of key services and supporting the changes required by the Social Services and Well-being (Wales) Act 2014.

87. For health, the jury was out at the time of writing with some health professionals commenting enthusiastically, others sceptical and others non-committal.

88. The third sector seemed to see the SPOA programme as an opportunity to find their rightful place in building a common understanding of what service users, patients and citizens need. More strategically there was a strong view shared by most participants that the SPOAs had value in enabling services to become more responsive to what matters to patients and service users.

89. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the Social Service Improvement Agency, the data unit and the SPOA programme to build

the prototype for Wales which has included guidance notes to help others to set up an information network. Examples were given of third sector organisations that intended to merge their own directories into Dewis. This was seen as a very significant development, although there was a perception that the directory would only be as good as the information contained in it and the effort put into maintaining the accuracy of the information. Another view was that Dewis would make it easier than in the past to keep information accurate and up to date.

#### How do partner organisations perceive the future of the Single Point of Access?

90. We found wide agreement on the need for a SPOA which is focused on the individual patient or service user, offering him or her options including self-management and community based support, third sector services and statutory advice and assistance.
91. This would enable a reduction in the overload on statutory services, including acute healthcare, and a more proactive, enabling support framework.
92. Access to information, advice and assistance in a way that suits the needs of the individual, as well as first class professional communication are needed.
93. Many of the staff working with What Matters spoke of a shift of culture and understanding which would underpin this approach.
94. At the same time, we did not find a specific approach that was clearly articulated and supported by all partners. A number of issues were raised that we were told needed to be addressed for progress to be made. These include how far it is possible and desirable to move along the track of common services and systems, including ICT systems, working practices and working hours. Embedding systematic input from the third sector is also a key challenge, together with a view on whether a 'broad' or 'lean' SPOA model is the most appropriate. Finally, there is a question about the use of levers such as pooled budgets or joint commissioning to underpin a shared endeavour.

#### Findings: emerging themes

In this section we draw out key themes which emerged from our discussions and analysis of the findings which offer insight into how the SPOA programme evolved and what it achieved.

#### Progress towards the Social Services and Well-being Act

95. We were specifically asked in the visits we made in Winter 2015/16 to consider the progress made in meeting the information, advice and assistance provisions of the Social Services and Well-being (Wales) Act 2014. We found that across the six counties, significant progress has been made in preparation for the implementation of the Act.
96. Specifically in each case the SPOA is a focal point for an offer of information, advice and assistance. The What Matters conversation which is intended to put the service user / patient at the heart of service provision is in use. The role of the third sector is integral to delivering information, advice and assistance.
97. Each of the SPOA teams had taken steps to ensure that team members understood the What Matters approach and training was offered. All teams were monitoring progress in the use of the What Matters questionnaire and issues around how the form transferred to ICT systems were being addressed. Many staff told us how much they appreciated the What Matters approach and how it was shifting perceptions of service user need and the options being offered to them.
98. The evidence, including some review of completed What Matters forms, suggests that practice remains very variable. SPOA staff, and third sector partners, over the course of the programme became quite experienced in using What Matters and

recording outcomes appropriately on the form. However as a referral point, SPOAs received forms completed by a wide range of different professionals and the quality and consistency of these was very variable. This points to the need for a continuing effort in communication and making training available to support the introduction of What Matters more widely.

99. As mentioned above, the use of What Matters by health staff raised a number of issues. We found evidence that many health staff were using What Matters and the What Matters form is now included in the standard documentation for practitioners. However concerns were raised about whether the approach was appropriate in all cases. For instance we were told that What Matters did not allow for medical history to be recorded which was essential for instance for Occupational Therapy practice. Some health staff saw What Matters as an extra piece of bureaucracy. There was some evidence that this view was decreasing over time as staff from health and social care worked together using the new approach.
100. Evaluation discussions suggested that community health staff were using What Matters more widely. However this was not seen to be the case for staff in acute settings. This may point to the need to focus attention on the use of What Matters in acute settings, and in particular its role in facilitating appropriate and timely discharges.

#### Collaboration between health and social care

101. Integrated health and social care provision was a core feature of the programme which was conceived as being underpinned by a partnership approach between health and social care. Both the Betsi Cadwaladr University Health Board (BCU) and the six local authorities made a commitment to the programme approach, evidenced by signed Memorandums of Understanding.
102. A risk identified at programme level early on was the potential impact of organisational change and from early in 2014 major structural reorganisation came into effect in BCU. This has a significant effect on the ability of Health to commit resources and time to the programme. Over the course of the evaluation we found evidence of the overwhelming majority of work being carried out by local authorities who also provided most of the funding. This gave rise to some frustration on the part of local authority staff who understood the cause of the withdrawal of health involvement, but nonetheless had to bear the load; and we found that health staff increasingly viewed the SPOA programme as a local authority initiative with health inputs additional to it.
103. In the later stages of the evaluation, in particular during the visits we carried out around the turn of the year 2015 – 2016, the high level restructure in BCU had been completed and early work was under way to determine priorities for the three regions within the BCU footprint: West (Anglesey and Gwynedd), Central (Conwy and Denbighshire), and East (Flintshire and Wrexham). Early indications from our discussions with health personnel suggest resumed support for the SPOA approach as a key component of service delivery including the deployment of resources.
104. Overall, we found that the reduced presence of health in taking forward the development of the SPOAs required local authorities to focus on integrating their own services while opening up scope for health to become engaged at a pace and level to suit local circumstances. That is not to say that health was entirely absent. In Denbighshire and Anglesey, in particular, effective joint working arrangements were taken forward. However the focus on local authority services was such that in our discussions with Conwy stakeholders it was suggested to us that the health and social care system should in practice have two main gateways – the SPOA for local

authority services, and the GP for health services. This suggestion was not widely supported although there was considerable discussion on how to ensure that the SPOA did not create work in terms of within service referrals and also that the SPOA did not pick up work that should be done elsewhere e.g. completion of What Matters documentation.

#### Where should integration take place?

105. Local authorities and BCU have developed different approaches to multi-disciplinary working in different council areas, and we found that the role of Multi-Disciplinary teams (MDTs) and their relationship with the SPOA was also perceived differently.
106. In Anglesey and Conwy we found a sharp focus on the role of locally (patch) based MDTs which were perceived as the main way in which health and social services integration was being developed. In these local authorities, consequently, the role of the SPOA was lower key, principally directed to referrals and acting as the front door to services. By comparison, in Denbighshire and Flintshire the role of MDTs is different. In Denbighshire at the 'extended SPOA' operated as an MDT so that the SPOA (broadly defined) took enquires and referrals and also handled cases thus offering the full range of information, advice and assistance. In Flintshire MDTs were within services rather than across health and social care. The Gwynedd approach, being piloted in part of the county, features a multidisciplinary team situated in Alltwen hospital. Members of the team visit service users in their home for the What Matters conversation. They then provide a continuing individual contact with the service user. The potential development in Gwynedd would see similar arrangements in other localities, effectively a series of local MDTs/SPOAs.
107. A key question for the future development of a more integrated approach to health and social care provision will be a decision around the main 'sites' of integration, whether SPOA or MDT. This should take account of the need to ensure that the system chosen remains agile and responsive. A number of participants expressed a fear that the requirement to ensure that service user contact are handled through the SPOA could be onerous – the need to 'feed the beast'.

#### ICT and communications

108. Health and social care have different information systems, and there are also different systems between professional groups. All of the SPOAs wrestled with issues around how to provide an integrated front end service to citizens when each information system only told part of the story. This became particularly important when seeking to follow up referrals or otherwise find out what happened when an individual was passed from one service to another.
109. A dedicated workstream as part of the programme took forward development work around information and communications system. There is no prospect of a move to a single system encompassing all services across health and social care without the new configuration of ICT being developed across Wales. However there does seem to be scope for a move towards common systems across local authorities and across health. In taking forward development work on the Paris and RAISE systems (used by local authorities) particular attention has been paid to ensuring that the What Matters approach can be accommodated.
110. At a more basic level, effective communication between health, social care and third sector is hugely undermined by the persistence of non-electronic modes of communication in particular fax in health. SPOA staff found work – arounds for this

problem, but it is a clear illustration of the practical difficulties of collaboration across organisations at different stages of development.

### Third sector role and Dewis

111. The involvement of the third sector in the SPOA programme has been a major step forward in ensuring that the third sector have a seat at the table when the needs of service users and patients are considered. Again, different approaches emerged in the different localities – ranging from ad hoc support in Conwy through dedicated third sector staff in the SPOA in Flintshire and Denbighshire, and the separate ‘third sector SPOA’ in Anglesey. All evidenced a growing understanding of the importance of the third sector, and relationships were being built between the third and statutory sectors and also across third sector teams in North Wales with an interest in the SPOA approach.
112. In the evaluation we wanted to find out if patients and service users were being referred to third sector services more frequently. As awareness of services built, this appeared to be the case and this brought with it an issue of demand. Having the third sector fully involved in the future evolution of the SPOA will enable an understanding of where the gaps in provision are found.
113. During the course of the evaluation the Dewis resource was developed through a collaboration involving the SPOA programme. This was widely welcomed with the proviso that the quality of the information would need to be maintained. Our interviews also emphasised the importance of maintaining and developing the relationships between the third sector and the statutory sector, using Dewis as a key tool but one which should not replace human contact.
114. A key example, repeatedly cited, was the need for more befriending support not just for elderly people but for citizens more widely. We were told of many examples of where befriending was the key thing that mattered for citizens, yet the number and capacity of such services is limited.
115. This points to a critical questions concerning the capacity of the statutory and third sectors and how activities are funded. Commissioning third sector services is not of course the only way of meeting need, but it does seem evident that some shift of resources from the statutory to the third sector will be indicated over time. Some statutory sector participants in the evaluation also drew attention to the importance of more informal community based ways of building resilience.
116. Over time, as the implications of a more citizen centred approach based on What Matters are worked through there will be challenges for traditional models of commissioning and provision of assets, both in health and social care. In turn the third sector will be challenged to connect its voluntary ethos with the knowledge that there is substantial demand for more of the services they provide.
117. The different ways in which the third sector related to the SPOA was also significant. In most cases, a third sector staff member was situated in the SPOA or provided ad hoc support, reflecting funding availability. By comparison, in Anglesey, a distinct ‘third sector SPOA’ was established which could be reached by phone either by SPOA staff putting the caller through, or directly through a dedicated number. The intention of this model was to encourage citizens to bypass statutory services altogether and, in an increasing number of cases, to approach the third sector directly. This was seen as potentially opening the way to a ‘lean’ model in which citizens’ concerns were increasingly handled in the community, as compared to a ‘broad’ model in which the local authority sits at the centre and assists the citizen to find the right option including third sector services.

### Service user engagement

118. Pioneering work on service user engagement was carried out in Gwynedd on behalf of the programme team early in the programme but was not sustained at that level through the course of the programme as operational imperatives took over, although it was clearly defined as an element for benchmarking among the SPOA sites.
119. Equally our own efforts to involve service users more fully in the evaluation fell short of expectations mainly because it is early days in the development of this approach and it is difficult to disaggregate general service user feedback on services from the more subtle issues of shifts in perception and service user independence. As outlined above, service users and patients are largely unaware of the existence and role of the Single Point of Access with the possible exception of citizens in Denbighshire. There were also different views about the extent to which citizens need to know about the 'hidden wiring' of the system.
120. There is still substantial scope to involve citizens both directly and through community organisations in the continuing evolution of the What Matters and Single Point of Access approach.

### Staffing issues

121. All aspects of the SPOA are delivered by people employed in different organisations with different terms and conditions, making consistency difficult. At the basic level, local authority staff tend to work shorter hours than those in GPs' surgeries, meaning that surgery staff could not rely on an answer to their enquiries when phoning after 5pm.
122. More significantly, the challenge of seven-day-a-week working will apply to both local authority and health staff, and whatever the evolution, alignment will be needed to enable full integration. One idea that was floated in the discussions with strategic stakeholders in Flintshire is that SPOAs could pair up to offer greater flexibility in covering different shifts. Denbighshire SPOA is also piloting seven-day-a-week working.
123. Quite unexpectedly we also found that moves to 'hot desking' – called variously 'wise' or 'agile' working also made the conventional measure of co-location as an indicator of integration much less reliable. Where fewer staff have regular fixed work stations, co-location becomes a much more fluid concept.

### Regional opportunities and future collaboration across the SPOAs

124. As we hope this report has made clear, the SPOA approach evolved differently across the six counties. This has caused some issues where people or services cross organisational borders because each SPOA has slightly different working practices and handle referrals differently. There has been a concerted effort on the part of the different SPOA to minimise the differences, particularly for example in use of different documentation. There are quite different views on how serious this issue is. Health professionals have highlighted differences between the two SPOAs that operate in their health area. On the other hand, other health professionals have said that it is not difficult to identify which SPOA needs to be contacted and if there is regular contact, the differences in processes become minor. The issue is perhaps more perceived than real but it does point to the importance of continuing to share information and resources between the different SPOA.
125. Moreover there is scope to treat the learning and resources developed over the course of the programme as a resource for the region as a whole. This includes the fruits of the cross-cutting work streams such as the work on ICT systems and of

course Dewis, but it will be useful for leaders in health and social care to consider how they may draw upon what has been achieved and use it as appropriate.

126. In particular, given the extensive developments in the county, Denbighshire has been a critical learning site throughout the programme and has produced resources that have been and could be shared across the region and used to inform the future development of systems and programmes to the benefit of patients, service users and carers.

#### Integrating adult, children's and Mental Health SPOAs

127. We were asked to discuss with stakeholders their views on integrating adult and children's information and access systems to create a single SPOA. In Denbighshire this had been the original intention but developments in adult and children's services had meant that this wasn't followed through. The view in Denbighshire is that this would be a progression of services that could be achieved. In the other counties, the view was that adult services should concentrate on developing the SPOA as the systems and services were very different within children's services. It was however recognised that the Act emphasised services to families and this was something that should be explored. In these discussions, the question of referrals to Mental Health being included in the SPOA was discussed. It was regarded as important to an approach to well-being that referrals to mental health services should increasingly become part of the SPOA.

## Conclusions and looking to the future

128. The SPOA programme led to the development of different approaches in the six counties of North Wales as was understood within the programme from the outset.

129. The original intention of providing a focus for integration of health and social care focused around a Single Point of Access did not emerge in the form envisaged in large part due to the organisational change in the health sector referred to above. However there was clear evidence of closer working and understanding between front line staff and professionals in health and social care.

130. The pace of development was varied and in some counties progress was quite limited. However in each county the SPOA programme provided a focus and catalyst for the development of a systematic approach to achieving the aims of the Social Services and Well-being (Wales) Act 2014. Introducing What Matters in this context may be counted a major achievement.

131. Each SPOA involved the third sector and this, together with the introduction of Dewis, has helped to build significantly greater understanding of the range of resources available. This has already begun to provide evidence of need and of gaps in support to inform commissioners and the third sector itself.

132. A substantial body of experience and understanding has now been built up across the six counties as well as resources and ways of working.

133. There is emerging evidence that this way of working allowed patients and service users to be offered a wider range of options, including those that reduce dependency on statutory services.

134. The SPOA team and in particular the county leads who led the project on a day to day basis provided strong and innovative leadership for the programme.

135. Looking to the future, it is important to ensure that the knowledge, understanding and practice gained through the programme is consolidated and used for the benefit of the whole region, not just the individual counties or areas.



136. The involvement of the third sector is critical to the shift in practice implied by What Matters and it will be important to find a way to develop the integrated working and relationships put in place through the SPOA programme and not lose impetus.
137. Considering the role of SPOAs in serving citizens better, future working arrangements need to take account of the need for more common timetables and working practices, and the need for simplicity and clarity in lines of communication.
138. Finally, the citizen is at the heart of this approach and more needs to be done to explore how citizens can best be involved in future development so that they contribute to shaping the services that support them.

## Key questions for the future

139. These findings and conclusions lead to a number of key questions that could usefully be explored as the project ends and the SPOAs develop without project support. We intend to explore these at the stakeholder event on February 4, 2016 to provide some initial views:
- Should there be a jointly agreed strategy for the development of the SPOAs across North Wales? If so, how should it be developed? If not, at what level should future strategy be developed?
  - Should it be a priority to have a single telephone number particularly for service users and citizens as was the original concept? If so, how can that be achieved; if not how can it be made easier for citizens to access the different SPOAs?
  - How can some of the cross border issues and differences between SPOAs be minimised?
  - How can the joint learning and development continue between the SPOAs continue in the future? Should for example, there be a system in which individual SPOAs lead on different themes?
  - What other issues need to be considered to make sure the SPOAs develop effectively across North Wales?
140. It has been a great privilege to see the different SPOAs develop over the last eighteen months. We are extremely grateful for the spirit of openness and collaboration in which everyone involved in this evaluation has shared their learning and views. We hope we have done justice to the range of different views.

*Simon Wilson and Carol Sherriff  
Wilson Sherriff*

## Annex A – overview of how each county SPOA has evolved

Individual reports for the six counties

## Annex B – evaluation framework

The questions we used in the evaluation framework were as follows.

The ‘process’ questions designed to find out what had happened in developing the SPOA were as follows.

- What progress has been made in developing the Single Point of Access?
- Who has been involved and what governance arrangements are in place?
- How many contacts were made with the Single Point of Access on either by referral from a professional or directly by citizens?
- Was ‘What Matters’ conversation used?
- Was the conversation concluded and fully recorded?
- Was it recorded in outcome-focused language?

Questions focused on the impact on patients, service users, carers and citizens were as follows:

- How do patients, service users and carers find out about the Single Point of Access?
- How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?
- Do patients, service users and carers receive a timely service from the SPOA?
- To what extent do patients, service users and carers understand the role of the Single Point of Access?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- Is there any evidence that patients, service users and carers becoming more independent?

Questions focused on the impact on professionals and front-line staff

- What progress has been made along the integration continuum?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?
- How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?
- To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?
- What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors
- Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

Questions concerning the impact on organisations and the system as a whole were as follows.

- Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- What has been the financial impact of the Single Point of Access?
- Has the Single Point of Access improved 'patient / service user flow' through the system?
- What have been the key enablers and barriers to the development of the Single Point of Access?
- How do partner organisations perceive the change process that has taken place?
- How do partner organisations perceive the value of the Single Point of Access?
- How do partner organisations perceive the future of the Single Point of Access?

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Mae tudalen hwn yn fwriadol wag

|                            |                                          |
|----------------------------|------------------------------------------|
| <b>Adroddiad i'r:</b>      | <b>Pwyllgor Archwilio Partneriaethau</b> |
| <b>Dyddiad y Cyfarfod:</b> | <b>14 Ebrill 2016</b>                    |
| <b>Swyddog Arweiniol:</b>  | <b>Cydlynnydd Archwilio</b>              |
| <b>Awdur yr Adroddiad:</b> | <b>Cydlynnydd Archwilio</b>              |
| <b>Teitl:</b>              | <b>Rhaglen Waith Archwilio</b>           |

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## 1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad yn cyflwyno drafft rhaglen waith i'r dyfodol y Pwyllgor Archwilio Partneriaethau i'r aelodau ei hystyried.

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Gofyn i'r Pwyllgor adolygu a chytuno ar ei raglen waith i'r dyfodol, a rhoi'r wybodaeth ddiweddaraf i aelodau ar faterion perthnasol.

## 3. Beth yw'r Argymhellion?

Bod y Pwyllgor yn ystyried yr wybodaeth a ddarparwyd ac yn cymeradwyo, diwygio neu'n newid ei raglen gwaith i'r dyfodol fel y gwêl yn briodol.

## 4. Manylion am yr adroddiad.

4.1 Mae Erthygl 6 Cyfansoddiad Cyngor Sir Ddinbych yn nodi cylch gorchwyl, swyddogaethau ac aelodaeth pob Pwyllgor Archwilio, tra bo rheolau'r gweithdrefnau i bwyllgor archwilio wedi'u gosod yn Rhan 4 y Cyfansoddiad.

4.2 Mae'r Cyfansoddiad yn amodi bod yn rhaid i bwyllgorau archwilio'r Cyngor baratoi ac adolygu rhaglen ar gyfer eu gwaith i'r dyfodol. Drwy adolygu a blaenoriaethu materion mae modd i aelodau sicrhau fod y rhaglen waith yn cyflwyno rhaglen dan arweiniad yr aelodau.

4.3 Arfer sydd wedi'i fabwysiadu yn Sir Ddinbych ers nifer o flynyddoedd yw bod pwyllgorau archwilio'n cyfyngu ar nifer yr adroddiadau a ystyrir mewn unrhyw gyfarfod i uchafswm o bedwar, yn ogystal ag adroddiad rhaglen waith y Pwyllgor ei hun. Nod y dull hwn yw hwyluso cael trafodaeth fanwl ac effeithiol ar bob pwnc.

4.4 Yn y blynyddoedd diweddar mae Llywodraeth Cymru a Swyddfa Archwilio Cymru wedi tynnu sylw at yr angen i gryfhau rôl archwilio ar draws llywodraeth leol a gwasanaethau cyhoeddus yng Nghymru, gan gynnwys defnyddio archwilio fel modd o ymgysylltu â phreswylwyr a

defnyddwyr gwasanaeth. Wrth fynd ymlaen disgwylir i archwilio ymgysylltu'n well ac yn amlach â'r cyhoedd gyda golwg ar sicrhau penderfyniadau gwell a fydd yn y pen draw yn arwain at well canlyniadau i ddinasyddion. Yn y dyfodol, bydd Swyddfa Archwilio Cymru yn mesur effeithiolrwydd archwilio wrth gyflawni'r disgwyliadau hyn.

- 4.5 Gan ystyried y weledigaeth genedlaethol ar gyfer archwilio ac ar yr un pryd ganolbwyntio ar flaenoriaethau lleol, mae'r Grŵp Cadeiryddion ac Is-gadeiryddion Archwilio (GCIGA) wedi argymhell y dylai pwyllgorau archwilio'r Cyngor, wrth benderfynu ar eu rhaglenni gwaith, ganolbwyntio ar y meysydd allweddol canlynol:
- arbedion ar y gyllideb;
  - cyflawni amcanion y Cynllun Corfforaethol (gyda phwyslais arbennig ar y modd o'u cyflawni yn ystod cyfnod o galedi ariannol);
  - unrhyw eitemau eraill a gytunwyd gan y Pwyllgor Archwilio (neu'r GCIGA) fel blaenoriaeth uchel (yn seiliedig ar y meini prawf profion 'PAPER' - gweler ochr gefn y 'ffurflen gynnig aelodau' yn Atodiad 2 ) a;
  - Materion brys, materion na ellir eu rhagweld neu faterion â blaenoriaeth uchel

#### Ffurflenni Cynnig ar gyfer Archwilio

- 4.6 Fel y crybwyllwyd ym mharagraff 4.2 uchod, mae Cyfansoddiad y Cyngor yn gofyn i bwyllgorau archwilio baratoi ac adolygu rhaglen ar gyfer eu gwaith i'r dyfodol. Er mwyn cynorthwyo'r broses o flaenoriaethu adroddiadau, os yw'r swyddogion o'r farn fod pwnc yn haeddu'r amser i gael ei drafod ar agenda fusnes y Pwyllgor, mae'n rhaid iddynt wneud cais ffurfiol i'r Pwyllgor i ystyried derbyn adroddiad ar y pwnc hwnnw. Gwneir hyn trwy gyflwyno 'ffurflen gynnig' sy'n egluro pwrpas, pwysigrwydd a chanlyniadau posibl y pynciau a awgrymir. Does dim un ffurflen gynnig wedi dod i law oddi wrth swyddog i'w ystyried yn y cyfarfod cyfredol.
- 4.7 Er mwyn gwneud gwell defnydd o amser archwilio drwy ganolbwyntio adnoddau pwyllgorau i archwilio testunau'n fanwl, gan ychwanegu gwerth drwy'r broses o wneud penderfyniadau a sicrhau gwell canlyniadau ar gyfer preswylwyr, penderfynodd y GCIGA y dylai'r aelodau, yn ogystal â swyddogion, gwblhau 'ffurflenni cynnig ar gyfer archwilio' yn amlinellu pam eu bod yn credu y byddai'r testun yn elwa o fewnbwn archwilio. Gellir gweld copi o 'ffurflen gynnig' yn Atodiad 2. Mae ochr gefn y ffurflen hon yn cynnwys siart lif sy'n rhestru'r cwestiynau y dylai aelodau eu hystyried wrth baratoi i gynnig eitem ar gyfer archwilio, ac y dylai pwyllgorau eu gofyn wrth benderfynu ar addasrwydd testun arfaethedig i'w gynnwys ar raglen gwaith i'r dyfodol archwilio. Os, ar ôl cwblhau'r broses hon, y penderfynir nad yw'r testun yn addas i'w archwilio'n ffurfiol gan bwyllgor archwilio, yna gellir ystyried dulliau eraill o rannu'r wybodaeth neu archwilio'r mater e.e. darparu 'adroddiad gwybodaeth', neu os yw'r mater yn un o natur leol

gellir ei archwilio gan y Grŵp Aelodau Ardal (GAA) perthnasol. Yn y dyfodol ni fydd unrhyw eitemau'n cael eu cynnwys ar raglen gwaith i'r dyfodol heb i 'ffurflen gynnis ar gyfer archwilio' gael ei chwblhau, ac i'r testun gael ei gymeradwyo i'w gynnwys ar y rhaglen gan un ai'r Pwyllgor neu'r GCIGA. Mae cymorth ar gael i lenwi'r ffurflenni gan y Cydlynnydd Archwilio.

#### 4.8 Prosiect Gwella Tai Gorllewin y Rhyl

Mae'r prosiect uchod yn ffurfio rhan o raglen gwaith adfywio Y Rhyl yn Symud Ymlaen. Bu rhywfaint o bryder am y diffyg canfyddedig o gynnydd wrth gyflawni'r prosiect uchod. Gyda'r bwriad o gefnogi darpariaeth y prosiect a sicrhau argaeledd tai o ansawdd da yn ardal y Rhyl, Clwyd Alyn/Tai Pennaf a Llywodraeth Cymru, mae cynrychiolwyr wedi'u gwahodd i fynychu cyfarfod y Pwyllgor ar 26 Mai i drafod cynnydd y prosiect gydag aelodau. Cyn y cyfarfod hwnnw, efallai y bydd aelodau am ddarllen yr adroddiad a ystyriwyd gan y Cabinet yn ei gyfarfod ar 29 Mawrth 2016 (Eitem 7) ar yr adolygiad a'r camau nesaf gyda rhaglen Y Rhyl yn Symud Ymlaen. Dylai'r ddolen isod fynd â chi at yr adroddiad ar wefan y Cyngor:

<https://modern.gov.denbighshire.gov.uk/ieListDocuments.aspx?CId=281&Mid=5152&LLL=2>

#### Rhaglen Waith i'r Dyfodol y Cabinet

4.9 Wrth benderfynu ar eu rhaglen waith i'r dyfodol mae'n bwysig fod pwyllgorau archwilio yn ystyried amserlen rhaglen waith y Cabinet. Ar gyfer y diben hwn, mae rhaglen waith y Cabinet wedi ei chynnwys yn Atodiad 3.

#### Datblygiad Penderfyniadau'r Pwyllgor

4.10 Yn Atodiad 4 mae tabl yn crynhoi penderfyniadau diweddar y Pwyllgor ac yn cynghori aelodau am eu gweithrediad.

### 5. **Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio**

Dan drefniadau archwilio'r Cyngor mae Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio (GCIGA) yn gweithredu fel pwyllgor cydlynu. Cyfarfu'r Grŵp ar 3 Mawrth 2016. Yn y cyfarfod hwnnw, gwnaethant ofyn i'r Pwyllgor wahodd cynrychiolwyr Clwyd Alyn/Tai Pennaf a Llywodraeth Cymru i gyfarfod i drafod darpariaeth Prosiect Gwella Tai Gorllewin y Rhyl (gweler paragraff 4.8 uchod). Bydd y Grŵp yn cyfarfod eto ar 21 Ebrill 2016.

### 6. **Penodi Is-Gadeirydd**

Mae Erthygl 4.5.1 o Gyfansoddiad y Cyngor yn nodi ei bod yn rhaid i bwyllgorau craffu benodi is-gadeirydd yn flynyddol, tra bod Erthygl 4.5.2 y Gyfansoddiad yn nodi ei bod yn rhaid i ymgeiswyr ar gyfer rôl Is-gadeirydd ddarparu datganiad ysgrifenedig o sut maent yn bodloni'r gofynion yn y swydd-ddisgrifiad (Atodiad 5) a sut maent yn gweld y pwyllgor yn gweithredu. Bydd y datganiadau hyn ar gael i aelodau'r

pwyllgor cyn ethol Is-gadeirydd. Gan fod cyfarfod nesaf y Pwyllgor wedi'i drefnu ar gyfer 26 Mai 2016, sydd ar ôl y Cyngor Blynyddol, gofynnir i'r Pwyllgor benodi Is-gadeirydd ar gyfer gweddill tymor y Cyngor yn y cyfarfod hwnnw. Gofynnir i aelodau'r Pwyllgor sy'n dymuno cael eu hystyried ar gyfer y rôl hon anfon eu datganiadau/CVs at y Cydlynnydd Craffu erbyn 19 Mai 2016.

**7. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Bydd archwilio effeithiol yn gymorth i'r Cyngor gynnal y blaenoriaethau corfforaethol yn unol ag anghenion cymunedau a dymuniadau trigolion. Bydd datblygu ac adolygu'r rhaglen waith gydlynol yn barhaus yn cynorthwyo'r Cyngor i ddarparu ei flaenoriaethau corfforaethol, i wella canlyniadau i breswylwyr tra hefyd yn dygymod â thoriadau llym yn y gyllideb.

**8. Faint fydd hyn yn costio a sut bydd yn effeithio ar wasanaethau eraill?**

Mae'n bosib y bydd yn rhaid i wasanaethau neilltuo amser swyddog i gynorthwyo'r Pwyllgor gyda'r eitemau a nodwyd yn y rhaglen waith a chydag unrhyw gam gweithredu yn dilyn ystyried yr eitemau hynny.

**9. Beth yw'r prif gasgliadau o'r Asesiad o'r Effaith ar Gydraddoldeb a gynhaliwyd ar y penderfyniad? Dylid cynnwys templed yr Asesiad o Effaith ar Gydraddoldeb a gwblhawyd fel atodiad i'r adroddiad.**

Ni chynhaliwyd Asesiad o Effaith ar Gydraddoldeb er diben yr adroddiad hwn gan nad yw ystyried rhaglen waith i'r dyfodol y Pwyllgor yn debygol o gael effaith andwyol neu annheg ar bobl sy'n rhannu nodweddion sydd wedi'u diogelu.

**10. Pa ymgynghori sydd wedi digwydd?**

Does dim angen cynnal ymgynghoriad ar yr adroddiad hwn. Fodd bynnag, mae'r adroddiad ei hun a'r ystyriaeth a roir gan y Pwyllgor i'w raglen waith ar gyfer y dyfodol yn gyfystyr ag ymgynghoriad gyda'r Pwyllgor o ran ei raglen waith.

**11. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

Nid oes risg wedi ei ganfod o ran y Pwyllgor yn ystyried ei raglen waith. Fodd bynnag, wrth adolygu ei raglen waith yn rheolaidd gall y Pwyllgor sicrhau bod meysydd sy'n peri pryder yn cael eu hystyried a'u harchwilio fel y maent yn dod i'r amlwg a bod argymhellion yn cael eu gwneud er mwyn mynd i'r afael â nhw.



## 12. Pŵer i wneud Penderfyniad

Yn unol ag Erthygl 6.3.7 Cyfansoddiad y Cyngor mae'n rhaid i bwyllgorau archwilio'r Cyngor baratoi rhaglen waith a'i hadolygu.

### **Swyddog Cyswllt:**

Cydlynnydd Archwilio

Rhif ffôn: (01824) 712554

E-bost: [dcc\\_admin@denbighshire.gov.uk](mailto:dcc_admin@denbighshire.gov.uk)

Mae tudalen hwn yn fwriadol wag

Note: Items entered in italics have not been approved for submission by the Committee. Such reports are listed here for information, pending formal approval.

| Meeting | Lead Member(s)                                                                 | Item (description / title)                                                     | Purpose of report                                                                                                                        | Expected Outcomes                                                                                                                                                                                                                                                                                                                                    | Author                            | Date Entered           |
|---------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| 26 May  | <b>Leader</b><br><b>Clwyd Alyn/Pennaf and WG representatives to be invited</b> | 1. West Rhyl Housing Improvement Project                                       | To examine the progress achieved with the delivery of the housing development aspect of this project                                     | Securing the availability of good quality housing in the west Rhyl area and ensuring that people temporarily displaced from the area during the redevelopment programme are repatriated in new homes as soon as possible. Delivery of this project will support the development of the local economy and ensure that vulnerable people are protected | Rebecca Maxwell/WRHIP Board       | By SCVCG<br>March 2016 |
| 7 July  | <b>Cllr. David Smith</b>                                                       | 1. Community Safety Partnership <b>[Crime and Disorder Scrutiny Committee]</b> | To detail the Partnership's achievement in delivering its 2015/16 action plan and its progress to date in delivering its action plan for | Effective monitoring of the CSP's delivery of its action plan for 2015/16 and its                                                                                                                                                                                                                                                                    | Alan Smith/Liz Grieve/Sian Taylor | July 2015              |

Tudalen 60

| Meeting | Lead Member(s)                    | Item (description / title)                                       | Purpose of report                                                                                                                        | Expected Outcomes                                                                                                                                           | Author                     | Date Entered                                                                                                                   |
|---------|-----------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|         |                                   |                                                                  | 2016/17. The report to include financial sources and the progress made in spending the allocated funding.                                | progress to date in delivering its plan for 2016/17 will ensure that the CSP delivers the services which the Council and local residents require            |                            |                                                                                                                                |
|         | <b>Cllr. Bobby Feeley</b>         | 2. North Denbighshire Community Hospital/Health Facility Project | To consider an update report from BCUHB on the progress to date in bringing this project to fruition                                     | Firms dates and assurances with respect to the projects delivery to assist the Council with the forward planning of its social care and integrated services | BCUHB                      | February 2016                                                                                                                  |
| 6 Oct   | <b>Cllr. Julian Thompson-Hill</b> | 1. Commercial Partnership for the Revenues and Benefits Service  | To review the Partnership's progress and in particular the new business element of the proposal and the Welsh Language service provision | An evaluation:<br>(i) of whether the financial and commercial benefits of the partnership agreement have been realised; and<br>(ii) that the service is     | Rod Urquhart/Jackie Walley | December 2014 (by County Council in line with Cabinet's recommendation – allocated to the Committee by the SCVCG January 2015) |

Tudalen 61

| Meeting     | Lead Member(s)            | Item (description / title)                               | Purpose of report                                                                                                                                                                                                                                                                                 | Expected Outcomes                                                                                                                                                                                                                       | Author                                    | Date Entered  |
|-------------|---------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|
|             |                           |                                                          |                                                                                                                                                                                                                                                                                                   | delivering the level of service expected which conforms to the Council's relevant policies in lines with the Heads of Terms Agreement                                                                                                   |                                           |               |
| 24 November | <b>Cllr. Bobby Feeley</b> | 1. Protection of Vulnerable Adults Annual Report 2014/15 | To consider the POVA annual report, and information in place to meet the statutory requirements of the Social Services and Well-being Act 2014 and an evaluation of the financial and resource impact of the Supreme Court's 2014 Judgement on deprivation of liberty on the Service and its work | An evaluation of whether the Authority is meeting its statutory duty with respect to adult safeguarding and has sufficient resources to undertake this work along with the additional work in the wake of the Supreme Court's judgement | Phil Gilroy/Alaw<br>Pierce/Nerys Tompsett | November 2015 |
|             | <b>Cllr. David</b>        | 2. CCTV Partnership                                      | To detail the governance                                                                                                                                                                                                                                                                          | Assurances that                                                                                                                                                                                                                         | Graham Boase/Emlyn                        | January 2016  |

| Meeting | Lead Member(s) | Item (description / title) | Purpose of report                                                                                                                                                                                                                                                                            | Expected Outcomes                                                                                                                                                                            | Author             | Date Entered |
|---------|----------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
|         | Smith          |                            | arrangements for the partnership and the partnership's effectiveness in delivering the service since its establishment, including its impact in fighting crime (report to include Police statistics on crime incident numbers, no of views by them and the outcomes of them viewing footage) | the partnership has appropriate governance arrangements to safeguard all member organisations, to deliver an effective service and to be fully self-funding and sustainable in the long term | Jones/Graham Smith |              |

**Future Issues**

| <b>Item (description / title)</b>                                                                                                         | <b>Purpose of report</b>                                                                                                                                                                                                                                                                                                                                     | <b>Expected Outcomes</b>                                                                                                                                                                                                    | <b>Author</b>                      | <b>Date Entered</b>      |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|
| GP Out of Hours Service<br>[next scheduled meeting with BCUHB – item originally discussed by communities in December 2015]                | To detail the responsiveness of the service – caller waiting times when telephoning, appointment waiting times, effectiveness of the service in keeping patients away from A&E and in referring people to the district general hospital if necessary. Also information on staffing levels, any problems identified and measures put in place to address them | Ensuring residents are protected and have access to required health services when they need them with a view to improving their life outcomes and easing pressures on social care services                                  | BCUHB                              | By SCVCG<br>March 2016   |
| HASCAS Report on Tawelfan<br>(Spring 2016 date tbc dependent upon the report's publication)                                               | To consider HASCAS' findings with respect to the failings in care and treatment of patients on the ward                                                                                                                                                                                                                                                      | The identification of lessons learnt from what happened at Tawelfan for the purpose of safeguarding the Council and residents against such failings in care in future                                                       | HASCAS/BCUHB/Nicola Stubbins       | By SCVCG<br>October 2015 |
| Citizens Panel<br>(spring 2016)                                                                                                           | To outline the proposed composition of the Panel and the recruitment and appointment process for appointing its members                                                                                                                                                                                                                                      | The formation of a fair and equitable Panel which will form part of the governance arrangements for the Social Service and Health Programme Board and ensure that citizens and service-users views are heard and acted upon | Nicola Stubbins/Wendy Jones (CVSC) | November<br>2014         |
| Update following conclusion of inquiry undertaken by the National Crime Agency in to historic abuse in North Wales Children's' Care Homes | To update the Committee of the outcome of the National Crime Agency (NCA) investigation in to the abuse of children in the care of the former Clwyd County Council, and to determine whether any procedures require revision.                                                                                                                                | Determination of whether any of the Council's safeguarding policies and procedures need to be revised in light of the NCA's findings                                                                                        | Nicola Stubbins                    | November<br>2012         |

**For future years**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

**Information/Consultation Reports**

| Information / Consultation | Item (description / title) | Purpose of report | Author | Date Entered |
|----------------------------|----------------------------|-------------------|--------|--------------|
|                            |                            |                   |        |              |

30/03/16 - RhE

**Note for officers – Committee Report Deadlines**

| Meeting | Deadline      | Meeting | Deadline       | Meeting | Deadline |
|---------|---------------|---------|----------------|---------|----------|
|         |               |         |                |         |          |
| 26 May  | <b>12 May</b> | 7 July  | <b>23 June</b> |         |          |

Partnerships Scrutiny Work Programme.doc

Tudalen 64



| <b>Ffurflen Gynnig ar gyfer Rhaglen Gwaith i'r Dyfodol Archwilio</b>                                                                                                 |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>ENW'R PWYLLGOR ARCHWILIO</b>                                                                                                                                      |                    |
| <b>AMSERLEN I'W HYSTYRIED</b>                                                                                                                                        |                    |
| <b>TESTUN</b>                                                                                                                                                        |                    |
| <b>Beth sydd angen ei graffu arno (a pham)?</b>                                                                                                                      |                    |
| <b>Ydi'r mater yn un o bwys i drigolion/busnesau lleol?</b>                                                                                                          | <b>YDI/NAC YDI</b> |
| <b>Ydi craffu yn gallu dylanwadu ar bethau a'u newid?</b><br>(Os 'ydi' nodwch sut rydych chi'n meddwl y gall craffu ddylanwadu neu newid pethau)                     | <b>YDI/NAC YDI</b> |
| <b>Ydi'r mater yn ymwneud â gwasanaeth neu faes sy'n tanberfformio?</b>                                                                                              | <b>YDI/NAC YDI</b> |
| <b>Ydi'r mater yn effeithio ar nifer fawr o drigolion neu ardal fawr o'r Sir?</b><br>(Os 'ydi', rhowch syniad o faint y grŵp neu'r ardal yr effeithir arni)          | <b>YDI/NAC YDI</b> |
| <b>Ydi'r mater yn gysylltiedig â blaenoriaethau corfforaethol y Cyngor?</b><br>(Os 'ydi' nodwch pa flaenoriaethau)                                                   | <b>YDI/NAC YDI</b> |
| <b>Hyd y gwyddoch, oes yna rywun arall yn edrych ar y mater hwn?</b><br>(Os 'oes', nodwch pwy sy'n edrych arno)                                                      | <b>OES/NAC OES</b> |
| <b>Os derbynnir y testun ar gyfer craffu, pwy fyddai arnoch chi eisiau eu gwahodd e.e. Aelod Arweiniol, swyddogion, arbenigwyr allanol, defnyddwyr y gwasanaeth?</b> |                    |
| <b>Enw'r Cynghorydd/Aelod Cyfetholedig</b>                                                                                                                           |                    |
| <b>Dyddiad</b>                                                                                                                                                       |                    |

## Ystyried addasrwydd pwnc ar gyfer craffu

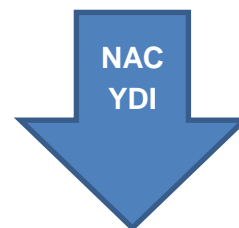
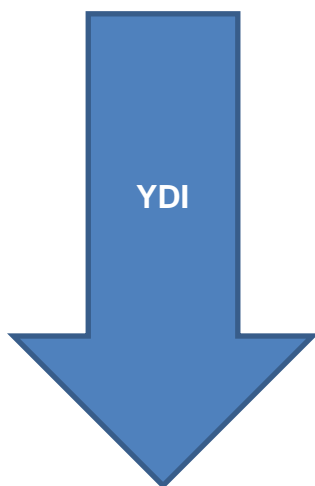
### Ffurflen Gynnig / Cais a dderbyniwyd

(dylid rhoi ystyriaeth ofalus i'r rhesymau dros wneud cais)



### Ydi o'n bodloni'r gofynion canlynol?

- **Diddordeb Cyhoeddus** – ydi'r mater o bwys i drigolion?
- **Effaith**– fedr craffu yn gael effaith ar bethau a'u newid?
- **Perfformiad** – ydi o'n wasanaeth neu faes sy'n tanberfformio?
- **Graddfa** – ydi o'n effeithio ar nifer o drigolion neu ardal ddaearyddol fawr?
- **Ailadrodd** – ydi'r mater yn destun craffu/ymchwiliad gan berson neu gorff arall?



Dim gweithredu pellach gan y Pwyllgor Archwilio. Gellir ei gyfeirio at gorff arall neu ofyn am adroddiad er gwybodaeth.

- Penderfynu ar y canlyniadau a ddymunir
- Penderfynu ar gwmpas a swmp y gwaith craffu sydd ei angen a'r dull mwyaf priodol o graffu (h.y. adroddiad pwyllgor, ymchwiliad grŵp tasg a gorffen neu aelod cyswllt ac ati)
- Os penderfynir sefydlu grŵp tasg a gorffen, dylid penderfynu ar amserlen yr ymchwiliad, pwy fydd yn rhan o'r ymchwiliad, beth yw'r gofynion ymchwilio, a oes angen cyngor arbenigol a thystion, a beth yw'r trefniadau adrodd ac ati.

Cabinet Forward Work Plan

Appendix 3

Tudalen 67

| Meeting         | Item (description / title) |                                                | Purpose of report                                                                                               | Cabinet Decision required (yes/no) | Author – Lead member and contact officer        |
|-----------------|----------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|
| <b>26 April</b> | 1                          | Finance Report                                 | To update Cabinet on the current financial position of the Council                                              | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh |
|                 | 2                          | Adult Social Care Charging Policy Arrangements | To consider the report with a view to agreeing the amendments to the policy for consultation with Service Users | Yes                                | Cllr Bobby Feeley / Phil Gilroy                 |
|                 | 3                          | Members Involvement in Appeals                 | To consider members involvement in appeals                                                                      | Yes                                | Cllr Barbara Smith / Andrea Malam               |
|                 | 4                          | Officers Scheme of Delegation                  | To approve amendments to the scheme                                                                             | Yes                                | Cllr Barbara Smith/Gary Williams/Lisa Jones     |
|                 | 5                          | Items from Scrutiny Committees                 | To consider any issues raised by Scrutiny for Cabinet’s attention                                               | Tbc                                | Scrutiny Coordinator                            |
|                 |                            |                                                |                                                                                                                 |                                    |                                                 |
| <b>24 May</b>   | 1                          | Finance Report                                 | To update Cabinet on the current financial position of the Council                                              | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh |
|                 | 2                          | Future of Adult Provider Services              | To consider the future of adult provider services.                                                              | Yes                                | Cllr Bobby Feeley / Phil Gilroy / Holly         |

Cabinet Forward Work Plan

Tudalen 68

| Meeting        |   | Item (description / title)                                       | Purpose of report                                                  | Cabinet Decision required (yes/no) | Author – Lead member and contact officer               |
|----------------|---|------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
|                |   |                                                                  |                                                                    |                                    | Evans                                                  |
|                | 3 | Former North Wales Hospital, Denbigh - Compulsory Purchase Order | Authorisation to take possession of the site                       | Yes                                | Councillor David Smith / Graham Boase / Gareth Roberts |
|                | 4 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |
|                |   |                                                                  |                                                                    |                                    |                                                        |
| <b>28 June</b> | 1 | Finance Report                                                   | To update Cabinet on the current financial position of the Council | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh        |
|                | 2 | Corporate Plan Performance Report 2015/16 Q4                     | To consider progress against the Corporate Plan                    | Tbc                                | Cllr Julian Thompson-Hill / Liz Grieve                 |
|                | 3 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |
|                |   |                                                                  |                                                                    |                                    |                                                        |
| <b>26 July</b> | 1 | Finance Report                                                   | To update Cabinet on the current financial position of the Council | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh        |
|                | 2 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |

Note for officers – Cabinet Report Deadlines

Cabinet Forward Work Plan

| <i>Meeting</i> | <b><i>Deadline</i></b> | <i>Meeting</i> | <b><i>Deadline</i></b> | <i>Meeting</i> | <b><i>Deadline</i></b> |
|----------------|------------------------|----------------|------------------------|----------------|------------------------|
|                |                        |                |                        |                |                        |
| <i>April</i>   | <b><i>12 April</i></b> | <i>May</i>     | <b><i>10 May</i></b>   | <i>June</i>    | <b><i>14 June</i></b>  |

Updated 29/03/16 - KEJ

Cabinet Forward Work Programme.doc

Mae tudalen hwn yn fwiadol wag

## Progress with Committee Resolutions

| Date of Meeting  | Item number and title                          | Resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Progress                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 February 2016 | 5. Development of a Community Hospital in Rhyl | <p><b>RESOLVED</b> – that the Partnerships Scrutiny Committee:-</p> <p>(a) receives the information presented to the Committee, subject to the above observations,</p> <p>(b) agrees and to invite representatives from Betsi Cadwaladr University Health Board to the Committee’s meeting on the 7<sup>th</sup> July, 2016 to update Members on progress with the North Denbighshire Hospital project.</p> <p>The Chair requested that a summary of the main points above be circulated to all County Councillors for information.</p>                                                                                                 | <p>BCUHB representatives are scheduled to attend the Committee’s meeting on 7 July 2016 to update members on the progress with the project (see Appendix 1)</p> <p>An e-mail was sent on the Chair’s behalf to all county councillors on 3 March 2016</p> |
|                  | 6. Protection of Vulnerable Adults             | <p><b>RESOLVED</b> – that subject to the above observations the Partnerships Scrutiny Committee:-</p> <p>(a) receive the report and acknowledge the important nature of a corporate approach to the Protection of Vulnerable Adults (POVA) and the responsibility of the Council to view this as a key priority area and to place it alongside the commitment and significance given by Denbighshire to Child Protection; and</p> <p>(b) agree that future annual reports on Adult Protection in Denbighshire include case studies and the detailed data analysis, as included in the current report, as an appendix to the report.</p> | <p>Lead Member and officers advised of the Committee’s recommendation and of the request on information members would like to see included as an appendix to future annual reports</p>                                                                    |

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## Swydd Ddisgrifiad Cadeirydd/Is-Gadeirydd Archwilio

### 1. PRIF GYFRIFOLDEBAU

- I'r Cyngor Llawn

### 2. PWRPAS Y RÔL

- Darparu arweinyddiaeth a chyfeiriad.
- Cymryd rhan yn llawn yng ngweithgareddau'r Pwyllgor Archwilio, datblygu a chyflwyno ei raglen waith ac yn unrhyw grwpiau gorchwyl a gorffen cysylltiedig.
- Cynorthwyo wrth ddatblygu a monitro effaith polisi'r Cyngor.
- Gwneud y gweithredwr yn gyfrifol, monitro perfformiad a chyflwyno gwasanaethau a herio penderfyniadau trwy'r trefniadau galw i mewn lle bo hynny'n briodol.
- Datblygu blaenraglen waith y pwyllgor.
- Adrodd ar gynnydd yn erbyn y rhaglen waith i'r Cyngor ac i bobl eraill fel sy'n briodol.
- Rheoli cyfarfodydd yn hyderus ac yn effeithiol i hwyluso cynhwysiant, cyfranogiad a gwneud penderfyniadau clir gan sicrhau bod amcanion y cyfarfod yn cael eu diwallu, ac y glynir wrth y cod ymddygiad, rheolau sefydlog a gofynion sefydliadol eraill.
- Gweithredu fel canolbwynt cysylltu rhwng y cyngor, y gymuned a chyrrff allanol mewn perthynas â'r swyddogaeth archwilio.
- Annog cyfraniadau effeithiol gan holl aelodau'r pwyllgor yn y pwyllgor a'r grwpiau gorchwyl a gorffen.
- Aseu perfformiadau unigol a chyfunol yn y pwyllgor a chysylltu â'r Arweinydd Grŵp perthnasol i symud cyfleoedd hyfforddi a datblygu yn eu blaenau.
- Diwallu cyfrifoldebau rôl yr aelod etholedig.

### 3. GWERTHOEDD a DISGWYLIADAU

- Ymroi i werthoedd Cyngor Sir Ddinbych a'r gwerthoedd canlynol mewn swydd gyhoeddus:
  - Balchder
  - Hygrededd
  - Parch
  - Undod
  - Mynychu pob cyfarfod perthnasol.
  - Cynnal materion yn electronig, h.y. cyfarfodydd a chyfathrebu, lle bo'n bosibl yn y Cyngor.
  - Mynychu hyfforddiant gorfodol fel y dynodwyd yn y cod ymddygiad a'r cyfansoddiad.
  - Cymryd rhan mewn adolygiad datblygu blynyddol i wella'n barhaus perfformiad yr aelod a'r Cyngor.
  - Esbonio a chyfrif am berfformiad personol fel Cynghorydd Sir yn rheolaidd, yn enwedig trwy gyhoeddi Adroddiad Blynyddol ar wefan y Cyngor.

## **Role Description Scrutiny Chair/Vice-Chair**

### **1. PRINCIPAL ACCOUNTABILITIES**

- To Full Council

### **2. PURPOSE OF ROLE**

- Providing leadership and direction
- To participate fully in the activities of the Scrutiny Committee, the development and delivery of its work programme and any associated task and finish groups.
- To assist in the development and monitor impact of Council policy
- To hold the executive to account, monitoring performance and service delivery and challenge decisions through the call in arrangements where appropriate.
- To develop a forward work programme of the committee.
- To report on progress against the work programme to Council, and others as appropriate
- To provide confident and effective management of meetings to facilitate inclusivity, participation and clear decision making ensuring that meeting objectives are met, and the code of conduct, standing orders and other constitutional requirements are adhered to.
- To act as a focus for liaison between the council, community and external bodies in relation to the scrutiny function.
- To encourage effective contributions from all committee members in both committee and task and finish groups
- To assess individual and collective performance within the committee and liaise with the relevant Group Leader to progress training and development opportunities.
- Fulfil the accountabilities of the elected member role.

### **3. VALUES and EXPECTATIONS**

- To be committed to the values of Denbighshire County Council and the following values in public office:
  - Pride
  - Integrity
  - Respect
  - Unity
- Attend all relevant meetings
- Carry out business electronically i.e. meetings and communication, wherever possible
- To attend mandatory training as specified in the code of conduct and the constitution.
- To participate in an annual development review to continually improve the performance of the member and the Council.
- To explain and account for personal performance as a County Councillor on a regular basis, particularly through the publication of an Annual Report on the Council's web site.