

# Bwrdd Gwasanaethau Cyhoeddus Conwy a Sir Ddinbych

Siambr y Cyngor, Ty Russell, Y Rhyl

Dydd Llun, 25 Mawrth 2019

1.30 pm

AELODAU STATUDOL	
<b>Cyngor Bwrdeistref Sirol Conwy</b> Y Cyngorydd Gareth Jones (Arweinydd y Cyngor)  Iwan Davies (Prif Weithredwr)	<b>Bwrdd Iechyd Prifysgol Betsi Cadwaladr</b> Bethan Jones (Cyfarwyddwr Ardal)  Gary Doherty (Prif Weithredwr)
<b>Cyngor Sir Ddinbych</b> Y Cyngorydd Hugh Evans (Arweinydd y Cyngor)  Mohammed Mehmet (Prif Weithredwr)	<b>Cyfoeth Naturiol Cymru</b> Siân Williams (Pennaeth Gweithrediadau ar gyfer y Gogledd)  <b>Gwasanaeth Tân ac Achub Gogledd Cymru</b> Simon Smith (Prif Swyddog Tân a Phrif Weithredwr)

CYFRANOGWYR A WAHODDWYD	
<b>Cefnogaeth Gymunedol a Gwirfoddol Conwy</b> Wendy Jones (Prif Swyddog)	<b>Heddlu Gogledd Cymru</b> Neil Harrison (Uwcharolygydd)
<b>Cwmni Adsefydlu Cymunedau Cymru</b> Judith Magaw (Pennaeth Uned Darparu Lleol Gogledd Cymru)	<b>Gwasanaeth Prawf Cenedlaethol</b> Marina Owen (Rheolwr Tîm, Rheoli Troseddwyr Sir Ddinbych)
<b>Cyngor Gwasanaethau Gwirfoddol Sir Ddinbych</b> Helen Wilkinson (Prif Weithredwr)	<b>Cynrychiolydd Llywodraeth Cymru</b> Sioned Rees (Pennaeth Cynnydd a Chefnogaeth Mesurau Arbennig)
<b>Iechyd Cyhoeddus Cymru</b> Teresa Owen (Cyfarwyddwr Gweithredol Iechyd y Cyhoedd)	<b>Swyddfa Comisiynydd Heddlu a Throsedd Gogledd Cymru</b> Stephen Hughes (Prif Weithredwr)

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Hannah Edwards, Swyddog Datblygu BGC

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# AGENDA

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## 1 YMDDIHEURIADAU AM ABSENOLDEB

## 2 COFNODION Y CYFARFOD DIWETHAF (Tudalennau 5 - 13)

Cymeradwyo cofnodion y cyfarfod a gynhaliwyd ar y 12 Rhagfyr 2018 (copi ynghlwm).

## 3 MATERION YN CODI

- Cydbwyllgor Craffu (diweddariad ar lafar gan Hannah Edwards (Cyngor Bwrdeistref Sirol Conwy)

**1.30 p.m. – 1.40 p.m.**

## 4 ENWEBIADAU CADEIRYDD AC IS-GADEIRYDD

Derbyn enwebiadau i benodi Cadeirydd ac Is-Gadeirydd i ddechrau'r rôl o fis Mehefin 2019 ymlaen.

**1.40 p.m. – 1.50 p.m.**

## 5 CYNLLUN TAIR BLYNEDD 2019/2022 BWRDD IECHYD PRIFYSGOL BETSI CADWALADR (Tudalennau 14 - 63)

Derbyn ac ymateb i'r cynllun drafft tair blynedd ar gyfer Bwrdd Iechyd Prifysgol Betsi Cadwaladr.

Gary Doherty (Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr)

**1.50 p.m. – 2.10 p.m.**

## 6 CYNLLUN DATBLYGU LLEOL CONWY A SIR DDINBYCH

Derbyn adroddiad ar lafar gan James Harland (CBSC) ac Angela Loftus (CSDd) ar y Cynlluniau Datblygu Lleol ac ymateb i'r ymgynghoriad.

**2.10 p.m. – 2.40 p.m.**

**7 ADRODDIAD BLYNYDDOL DRAFFT 2018/2019 BGC CONWY A SIR DDINBYCH**  
(Tudalennau 64 - 78)

Derbyn a chymeradwyo'r adroddiad blynyddol drafft i'w ystyried yn y cydbwyllgor craffu BGC agoriadol ym mis Mai 2019. Bydd yr eitem hon hefyd yn cynnwys diweddariad ar y blaenoriaethau, adolygiad o aelodaeth BGC a thrafodaeth o flaenoriaethau'r dyfodol.

Fran Lewis a Hannah Edwards (Cyngor Bwrdeistref Sirol Conwy)

**2.40 p.m. – 3.10 p.m.**

**8 GRANT CEFNOGI BGC GOGLEDD CYMRU** (Tudalennau 79 - 90)

Derbyn diweddariad ar lafar ar Grant Cefnogi BGC Gogledd Cymru 2018/19 ac ystyried y cais cyllido dilynol ar gyfer 2019/20.

Nicola Kneale (Cyngor Sir Ddinbych)

**3.10 p.m. – 3.20 p.m.**

**9 CYNGOR GWASANAETHAU GWIRFODDOL CONWY A SIR DDINBYCH**

I dderbyn adroddiad ar lafar gan Wendy Jones (CGGC) a Helen Wilkinson (CGGSD) i drafod pa gymorth y gall BGC gynnig i'r trydydd sector.

**3.20 p.m. – 3.40 p.m.**

**10 GWASANAETHAU LLYWODRAETH LEOL I GYMUNEDAU GWLEDIG  
(ADOLYGIAD SWYDDFA ARCHWILIO CYMRU)** (Tudalennau 91 - 138)

I dderbyn yr adolygiad ac i ymateb i argymhelliad 2 yn yr adroddiad.

Fran Lewis (Cyngor Bwrdeistref Sirol Conwy)

**3.40 p.m. – 3.55 p.m.**

**11 RHAGLEN GWAITH I'R DYFODOL** (Tudalennau 139 - 141)

Bydd y Cadeirydd yn arwain ar yr eitem hon.

**3.55 p.m. – 4.00 p.m.**

## **CYFARFOD ANFFURFIOL**

TROSOLWG O SESIWN BYRDDAU IACH BWRDD GWASANAETHAU CYHOEDDUS

I drafod y sesiwn byrddau iach ac i ystyried yr adborth yn dilyn yr ymarfer "Sut i werthuso eich BGC".

**4.00 p.m. – 4.30 p.m.**

## **BWRDD GWASANAETHAU CYHOEDDUS CONWY A SIR DDINBYCH**

Cofnodion cyfarfod o'r Bwrdd Gwasanaethau Cyhoeddus Conwy a Sir Ddinbych a gynhaliwyd yn Venue Cymru, Llandudno, Dydd Mercher, 12 Rhagfyr 2018 am 9.30 am.

### **YN BRESENNOL**

Bethan Jones, (Cadeirydd) – Bwrdd Iechyd Prifysgol Betsi Cadwaladr  
Y Cynghorydd Gareth Jones – Cyngor Bwrdeistref Sirol Conwy  
Y Cynghorydd Julian Thompson-Hill (yn lle Hugh Evans) – Cyngor Sir Ddinbych  
Gary Doherty – Bwrdd Iechyd Prifysgol Betsi Cadwaladr  
Iwan Davies – Cyngor Bwrdeistref Sirol Conwy  
Judith Greenhalgh – Cyngor Sir Ddinbych  
Siân Williams – Cyfoeth Naturiol Cymru  
Helen Macarthur (yn lle Simon Smith) – Gwasanaeth Tân ac Achub Gogledd Cymru  
Debbie Neale (yn lle Helen Wilkinson) – Cyngor Gwasanaethau Gwirfoddol Sir Ddinbych  
Yr Uwcharolygydd Neil Harrison – Heddlu Gogledd Cymru  
Sioned Rees – Cynrychiolydd Llywodraeth Cymru  
Wendy Jones – Cefnogaeth Gymunedol a Gwirfoddol Conwy

### **HEFYD YN BRESENNOL**

Barbara Burchell – Prif Swyddog Datblygu Prosiectau Ewropeaidd (CBS Conwy)  
Peter York – Dadansoddydd Perfformiad Strategol (Cyngor Sir Ddinbych)  
Dyfed Rowlands – Rheolwr Perygl Llifogydd ac Isadeiledd (CBS Conwy)  
Nicola Kneale – Rheolwr Cynllunio Strategol (Cyngor Sir Ddinbych)  
Fran Lewis – Rheolwr Perfformiad a Gwelliant Corfforaethol (CBS Conwy)  
Megan Vickery – Swyddog Ymgysylltu (Bwrdd Iechyd Prifysgol Betsi Cadwaladr)  
Lynda Ockenden White – Rheolwr Cymorth Busnes (Bwrdd Iechyd Prifysgol Betsi Cadwaladr)  
Hannah Edwards – Swyddog Datblygu BGC (CBS Conwy)  
Rhodri Thomas-Jones – Gweinyddwr Pwyllgorau (Cyngor Sir Ddinbych)

#### **1 YMDDIHEURIADAU AM ABSENOLDEB**

Simon Smith – Prif Swyddog Tân a Phrif Weithredwr  
Helen Wilkinson – Cyngor Gwasanaethau Gwirfoddol Sir Ddinbych  
Y Cynghorydd Hugh Evans – Arweinydd Cyngor Sir Ddinbych

#### **2 COFNODION Y CYFARFOD DIWETHAF**

Cyflwynwyd cofnodion cyfarfod Bwrdd Gwasanaethau Cyhoeddus Conwy a Sir Ddinbych a gynhaliwyd ar 18 Medi 2018 i'w cymeradwyo.

Materion yn Codi –

Cyfanswm y cyllid oedd ar gael ar gyfer y cynnig twf a gyhoeddwyd gan lywodraeth y DU oedd £120 miliwn, ac roedd Llywodraeth Cymru wedi nodi y byddai'n cyfateb cyllid llywodraeth y DU. Roedd y cyfanswm hwnnw o £240 miliwn yn llai na hynny a ragwelwyd. Byddai'r cynnig twf yn cael ei gynnwys yn Rhaglen Gwaith i'r Dyfodol y Bwrdd ar ôl cael gwybod rhagor am y prosiect.

**PENDERFYNWYD** y dylid cymeradwyo cofnodion cyfarfod Bwrdd Gwasanaethau Cyhoeddus Conwy a Sir Ddinbych a gynhaliwyd ar 19 Medi 2018.

### **3 MATERION YN CODI**

#### **a) Diweddariad ar drefniadau cyd-graffu'r Bwrdd Gwasanaethau Cyhoeddus**

Cadarnhawyd bod y ddau Gyngor wedi cytuno i sefydlu cydbwyllgor craffu a fyddai'n cynnwys wyth cynghorydd o bob cyngor. Roedd y broses o benodi'r aelodau yn mynd yn ei blaen a hysbyswyd y Bwrdd y gellid cynnal cyfarfod cyntaf cydbwyllgor craffu'r Bwrdd Gwasanaethau Lleol cyn diwedd y flwyddyn ariannol bresennol.

#### **b) Gweithdy Byrddau Iach BGC Conwy a Sir Ddinbych – amlinellid o'r sesiwn**

Ni chodwyd unrhyw faterion mewn perthynas â'r gweithdy.

### **4 Y WYBODAETH DDIWEDDARAF AM OBLYGIADAU BREXIT A CHYLLID YR UE**

Cyflwynodd Peter York (CSDd) a Barbara Burchell (CBS Conwy) oblygiadau Brexit o ran Cyngorau Sir Ddinbych a Chonwy.

Hysbyswyd yr aelodau bod y cyflwyniad yn seiliedig ar senario 'dim cytundeb' Brexit a oedd yn amlygu materion allweddol posibl a allai effeithio CSDd a CBSC.

Roedd llywodraeth y DU wedi rhoi sicrwydd y byddai Cronfa Ffyniant Gyffredin yn cael ei chreu i gymryd lle cyllid yr UE. Fodd bynnag, roedd diffyg eglurder o ran y cyllid arfaethedig yn gwneud paratodau ar gyfer y dyfodol yn anodd.

Codwyd pryderon am y posibilrwydd o anrhefn gyhoeddus a throeddau casineb, fel y rheiny a adroddwyd ar ôl y refferendwm ar aelodaeth o'r UE. Rhoddwyd sicrwydd i'r Bwrdd bod y materion hyn yn cael eu monitro'n agos gan Heddlu Gogledd Cymru.

Codwyd bod pryder am nifer dinasyddion yr UE a oedd yn byw yn y ddwy sir ar hyn o bryd, gan y cyflogwyd tua 3,000 o ddinasyddion y DU ar draws Conwy a Sir Ddinbych. Byddai hyn yn effeithio sawl sector o fewn y rhanbarth, yn enwedig y Sector Gofal. Roedd swyddogion wrthi ar hyn o bryd yn cysylltu â chyflogwyr lleol i ddarparu gwybodaeth am y Cynllun Preswyllo'n Sefydlog i Ddinasyddion yr UE, ac yn annog dinasyddion yr UE i ymgeisio. Byddai hyn yn caniatáu i ymgeiswyr llwyddiannus barhau i fyw a gweithio yn y DU ar ôl 30 Mehefin 2021.

Byddai'r camau nesaf ar gyfer CBS Conwy yn cynnwys canfod swyddogion arweiniol ar gyfer bob gwasanaeth a effeithir (e.e. AD, cyfreithiol ac ati) a chymryd ymagwedd tîm prosiect tuag at Brexit. Byddai gwybodaeth yn parhau i gael ei chasglu a diweddariadau gwybodaeth rheolaidd yn cael eu darparu. Roedd Cyngor Sir Ddinbych yn bwriadu adlewyrchu'r ymagwedd hon. Hysbyswyd y Bwrdd hefyd bod Cymdeithas Llywodraeth Leol Cymru (CLILC) wedi llunio pecyn cymorth parodwydd i gefnogi awdurdodau lleol.

Darparodd Sioned Rees (LIC) ddiweddariad o safbwynt cenedlaethol, gan hysbysu'r Bwrdd y gallai Cymru gollu 9% o'i GDP drwy adael yr UE mewn senario 'dim cytundeb'. Byddai gostyngiad o'r fath yn cael effaith andwyol ar gyllid llywodraeth leol.

Hysbyswyd y Bwrdd bod LIC a'r GIG yn gweithio ar asesiad risg ar gyfer Brexit. Nid oedd yr effaith ar fewnforio'n hysbys eto, roedd hyn yn golygu bod byrddau iechyd yn casglu ynghyd cyflenwadau o feddyginiaethau a bwyd.

Roedd Llywodraeth Cymru hefyd yn cyflogi 200 o swyddogion i gynorthwyo gyda Brexit, a gofynnodd y Bwrdd a fyddai cyfle i rannu'r adnodd hwn i gefnogi sefydliadau eraill yn y sector cyhoeddus.

#### **PENDERFYNWYD –**

- i. Nodi'r wybodaeth.*
- ii. Bod Sioned Rees yn trafod gyda chydweithwyr yn LIC y posibiladau o ran rhannu adnoddau Brexit i gefnogi sefydliadau eraill yn y sector cyhoeddus.*

## **5 Y WYBODAETH DDIWEDDARAF AM GYNNYDD BLAENORIAETHAU'R BWRDD GWASANAETHAU CYHOEDDUS**

Hysbysodd Nicola Kneale (CSDd) y Bwrdd y cynhaliwyd ymarfer mapio i sicrhau nad oedd y themâu o'r 6 blaenoriaeth wreiddiol ar goll neu wedi'u dileu o'r 3 blaenoriaeth ddiwygiedig. Gellid gweld canlyniadau'r mapio yn eitem 5 o'r pecyn adroddiadau, lle cynhwyswyd y mwyafrif o'r themâu.

### **a) Pobl – Lles Meddyliol**

Cynhaliwyd gweithdy yn Llanrwst ddiwedd mis Tachwedd gyda nifer dda'n mynychu ac roedd yr ymateb iddo'n gadarnhaol. Byddai adroddiad yn cael ei lunio ar y gweithdy i'w gylchredeg ym mis Ionawr.

Roedd y gweithdy'n dangos bod llawer o waith yn mynd yn ei flaen eisoes yn yr ardal hon i fapio'r gwasanaethau a'r mentrau presennol ar gyfer lles meddyliol, ac i nodi unrhyw ddyblygu neu fylchau. Awgrymwyd bod posibilrwydd y gellid defnyddio'r Timau Gweithredu Lleol i lywio neu gyflawni'r cynlluniau gweithredu ar gyfer y flaenoriaeth hon.

Nododd y Bwrdd bod y galw am ofal iechyd meddwl yn y rhanbarth yn cynyddu'n gyflym, a bod angen rhagor o adnoddau ar adeg o gyni ariannol cynyddol ar gyfer awdurdodau lleol.

Cytunodd y Bwrdd i graffu ar yr adroddiad ar ôl ei gyhoeddi ym mis Ionawr er mwyn blaenoriaethu gwaith i fynd i'r afael â'r meysydd a allai gael yr effaith fwyaf.

### **b) Cymuned – Grym Cymunedol**

Tywyswyd y Bwrdd i adran gyfleoedd yr adroddiad ar ragnodi cymdeithasol (eitem 5b) - a ddatblygwyd yn dilyn sgysiau rhwng Nina Ruddle (Prifysgol Glyndŵr), Dr Glynne Roberts (Iechyd Cyhoeddus Cymru), Mefty Haider (CNC) a Nicola Kneale (CSDd).

Canolbwyntiodd y Bwrdd ar yr agweddau y gallai'r BGC ychwanegu gwerth yn y maes hwn, gan fod llawer o waith yn digwydd eisoes o ran rhagnodi cymdeithasol yng Ngogledd Cymru. Cafwyd trafodaeth lle -

- Teimlodd y Bwrdd bod posibiladau o ran y BGC yn archwilio rhagnodi cymdeithasol yn nhermau rheoli pwysau (cyfle B).
- Cytunodd yr aelodau y byddai'n ddefnyddiol mynd ar drywydd cyfle C (datblygu data iechyd gofodol ar lefel LSOA). Byddai hyn yn cysylltu â'r asesiad llesiant a hefyd yn cyd-fynd â llunio lle. Trafododd y Bwrdd y posibilrwydd o ganolbwyntio ar ardaloedd difreintiedig i ddechrau (efallai cymunedau gwledig ac arfordirol ar draws y ddwy sir).
- Dylid gweld rhagnodi cymdeithasol fel ymagwedd a'i defnyddio i gefnogi bob un o'r 3 blaenoriaeth yn hytrach na fel cam gweithredu.

Hysbysodd Debbie Neale (CGGSDd) y Bwrdd y byddai CGGSDd yn arwain ar elfen Dementia'r flaenoriaeth gan eu bod wedi derbyn Cyllid Gofal Canolraddol (ICF) i godi ymwybyddiaeth ac i gyflenwi hyfforddiant dementia ar draws Conwy a Sir Ddinbych. Croesawodd y Bwrdd y diweddariad a gofynnodd am gael adroddiad mewn cyfarfod yn y dyfodol.

Cadarnhaodd CBS eu bod yn y camau cyntaf o ddod yn sefydliad cyfeillgar i ddementia.

### **c) Lle – Gwydnwch Amgylcheddol**

Darparwyd diweddariad ar y flaenoriaeth hon fel a ganlyn –

- Sefydlwyd gweithgorau i yrru gwaith yn ei flaen gyda swyddogion amgylcheddol o bartneriaid y BGC.
- Byddai dwy fersiwn ar gyfer yr addunedau gwyrdd, un ar gyfer cymunedau a busnesau ac un arall ar gyfer unigolion.
- Byddai canllaw yn cael ei ddatblygu i gefnogi cymunedau i gyflawni'r adduned, fyddai'n cynnwys gwybodaeth ar argaeledd adnoddau pellach a chyllid posibl.
- O ran y gwaith polisi amgylcheddol cyffredinol, roedd gwybodaeth yn cael ei chasglu ar hyn o bryd ar agweddau penodol (e.e. gwastraff, llifogydd, bioamrywiaeth, carbon ac ynni ac ati). Byddai'r wybodaeth hon yn cael ei defnyddio i ddatblygu fframwaith y gallai bob partner weithio tuag ato yn eu hamser eu hunain.



- Cydnabuwyd bod angen datblygu gwaith partneriaeth ymhellach, ac mae bwriad i sefydlu rhwydweithiau rhithwir ar gyfer y gwahanol agweddau amgylcheddol.

Hysbysodd Siân Williams (CNC) y Bwrdd bod Cyfoeth Naturiol Cymru'n cynllunio i archwilio'r themâu o bob BGC yn nhermau'r amgylchedd ac yn penderfynu yn lle y gallent roi cymorth. Awgrymwyd y gellid cymryd ymagwedd ranbarthol tuag at gyflawni'r gwaith hwn.

Byddai'r ymagwedd hon yn cyd-fynd â'r cynnig o ran newid hinsawdd o dan eitem 6. Hysbyswyd y Bwrdd bod y cynnig hwn wedi deillio o BGC Wrecsam, ac awgrymodd y dylid cymryd ymagwedd ranbarthol tuag at fynd i'r afael â newid hinsawdd er mwyn cyflymu pethau, gan nad oedd ymagweddau lleol ar hyn o bryd yn gweithio.

Hysbyswyd y Bwrdd ynghylch sut mae Cyngor Sir Ynys Môn a Chyngor Sir Gwynedd yn bwriadu mynd i'r afael â chynhesu byd-eang, yn enwedig o ran materion arfordirol. Cytunodd y Bwrdd bod gwaith rhanbarthol yn hanfodol i liniaru effaith newid hinsawdd ar lefel ranbarthol.

Roedd cyfarfod o Gadeiryddion BGC Gogledd Cymru a swyddogion allweddol yn cael ei drefnu i drafod y cynnig o ran newid hinsawdd ymhellach.

Trafododd yr arweinyddion blaenoriaethau (h.y. y rheiny sy'n arwain ar y blaenoriaethau) werth arwain ar waith nad oedd o fewn eu maes arferol. Fodd bynnag, roedd angen i'r Bwrdd ystyried pwy ddylai arwain ar y blaenoriaethau yn y tymor hwy.

#### **PENDERFYNWYD – Y bydd**

- Aelodau'r Bwrdd yn craffu ar adroddiad y gweithdy lles meddyliol ar ôl ei gyhoeddi yn Ionawr 2019; a*
- Bydd swyddogion arweiniol y flaenoriaeth Grym Cymunedol yn cysylltu â chydweithwyr iechyd i drafod data ar lefel LSOA.*

## **6 CYNNIG NEWID HINSAWDD**

Yn dilyn y drafodaeth yn ystod y diweddariadau ar flaenoriaethau'r BGC, roedd y Bwrdd yn fodlon i'r Cadeirydd a swyddogion allweddol drafod y cynnig ar lefel ranbarthol ac adrodd yn ôl i'r BGC.

**PENDERFYNWYD – I'r Bwrdd dderbyn diweddariad yn y dyfodol ar ddatblygiad y cynnig o ran newid hinsawdd.**

## **7 CYNGOR CONWY - Y WYBODAETH DDIWEDDARAF AR Y CYNLLUN CORFFORAETHOL**

Rhoddodd Iwan Davies (CBSC) gyflwyniad ar y Cynllun Corfforaethol ac amlygodd ei feysydd allweddol. Amlinellwyd bod y cynllun corfforaethol yn uchelgeisiol ond yn

realistig mewn cyfnod o anawsterau cyllidol. Byddai'r Cynllun Corfforaethol yn rhedeg ochr yn ochr â chyfnod ethol llywodraeth leol o 2017-2022.

Roedd yr wyth blaenoriaeth fel a ganlyn –

- **Addysg a Sgiliau** - Roedd CBSC eisiau cael ei gydnabod i fod yn cynnig addysg ardderchog ynghyd â rhoi sylw i wella addysg a pherfformiad ar draws y system ysgolion gyfan, fel bod gan bobl ifanc y sgiliau i allu manteisio ar gyfleoedd o ran swyddi.
- **Diogel** – Sicrhau bod preswylwyr CBSC yn ddiogel ac yn teimlo'n ddiogel o fewn y Sir, a hefyd sicrhau bod pobl ddi-amddiffyn yn cael eu diogelu.
- **Tai** – Mae gan bobl yng Nghonwy fynediad at lety fforddiadwy, priodol, o ansawdd da sy'n gwella ansawdd eu bywydau.
- **Iechyd** - Hybu dewisiadau a ffyrdd iach o fyw gan wedyn leihau'r gofynion ar wasanaethau cyhoeddus. Byddai CBSC yn cryfhau gwaith partneriaeth rhwng gwasanaethau Gofal Iechyd a Chymdeithasol i ddarparu mynediad syml a di-dor i Ofal Iechyd a Chymdeithasol pan fo'u hangen.
- **Economi** – Cael economi hyderus oedd yn wydn ac yn gynaliadwy. Annog syniadau newydd a gweithio'n rhagweithiol gyda busnesau i hyrwyddo amodau y gallent dyfu oddi mewn iddynt.
- **Yr Amgylchedd** – Cymunedau i fod yn wydn ac yn barod i fabwysiadu'r heriau amgylcheddol a wynebier gan y byd. Canolbwyntio ar wella amddiffynfeydd llifogydd, cynyddu ailgylchu a buddsoddi mewn ynni adnewyddadwy.
- **Diwylliant** – Canolbwyntio ar ddathlu diwylliant, y Gymraeg a defnyddio'r celfyddydau i wneud y gorau o lesiant.
- **Llais** - Canolbwyntio ar adolygu sut y bu'r Cyngor yn ymgysylltu, cyfathrebu ac yn gweithio gyda chymunedau ac yn newid y modd y mae'r Cyngor yn gweithredu i fod yn fwy blaengar, modern ac effeithlon.

Yn dilyn y cyflwyniad ar y cynllun corfforaethol, dangoswyd blaenoriaethau'r Cabinet hefyd –

1. Cyngor 21ain Ganrif, Gwydn a Chynaliadwy yn y tymor hwy
2. Cymunedau Cryf, Grymus a Gwydn yn Camu i Fyny
3. Ysgolion effeithiol, yn Canolbwyntio ar Safonau Darparu
4. Tai Fforddiadwy, Darpariaeth Garlam
5. Twf Economaidd, Dewisol a Heb Gyllid Digonol ond yn Allweddol i Ffyniant

Ystyriwyd rhaglen foderneiddio CBS Conwy. Rhan allweddol o'r rhaglen oedd swyddfeydd newydd Coed Pella ym Mae Colwyn a oedd wedi agor yn ddiweddar. Byddai'r adeilad yn adfywio Bae Colwyn ac yn gwella mynediad i wasanaethau ar gyfer preswylwyr a defnyddwyr gwasanaeth.

Codwyd yr heriau a oedd yn wynebu Conwy yn y cyflwyniad hefyd -

- Roedd y galw am gymorth ym maes tai ac atal digartrefedd yn cynyddu.
- Pwysau ar y Gwasanaethau Cymdeithasol a chynaliadwyedd y sector gofal.
- Cyflawniad addysgol a newidiadau allweddol i'r cwricwlwm.

- Adolygiad o ddarpariaeth gwasanaeth a chydweithredu â chynghorau tref a chymuned.

Diolchodd y Bwrdd i'r Prif Weithredwr am y cyflwyniad llawn gwybodaeth, a nododd y tebygrwydd rhwng y cynllun â chynllun corfforaethol CSDd.

**PENDERFYNWYD** – *Nodi'r diweddariad ar Gynllun Corfforaethol CBSC.*

## **8 RHAN 9 PAPUR BWRDD LLYWODRAETHU - YMATEB O GYFARFOD GRŴP Y PRIF WEITHREDWR**

Rhoddodd Judith Greenhalgh, Prif Weithredwr CSDd, ddiweddariad i'r Bwrdd ar Bapur Llywodraethu rhan 9. Bu'r papurau'n cael eu cylchredeg cyn ei phenodiad fel Prif Weithredwr CSDd.

Roedd llinellau atebolrwydd clir ynghyd â phartneriaeth a meysydd datblygu gwaith rhwng y BGC a'r Bwrdd Partneriaeth Rhanbarthol. Byddai papur terfynol y Bwrdd Llywodraethu'n cael ei ystyried mewn cyfarfod o'r Bwrdd Partneriaeth Rhanbarthol yn y dyfodol.

Holodd y Bwrdd am faterion o ran cydweithredu rhwng y BGC a chyrrff eraill, a thrafododd p'un a ellid gwneud gwaith i werthuso'r strwythur o dan y BGC i gefnogi cyflawni eu gwaith.

Hysbyswyd y Bwrdd y byddai adroddiad ar ymchwiliad Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau y Cynulliad Cenedlaethol ar BGC'au yn cael ei gyhoeddi'n fuan. Roedd nodau'r ymchwiliad, yn wreiddiol, yn cynnwys archwilio sut yr oedd BGC'au yn targedu gwelliannau ar gymunedau difreintiedig. Fodd bynnag, maent wedi'u diwygio ers hynny i ganolbwyntio ar weithrediad ac effeithiolrwydd BGC'au.

**PENDERFYNWYD** – *Nodi'r wybodaeth.*

## **9 80 O NEWIDIADAU SYML - ADRODDIAD GAN Y COMISIYNYDD CENEDLAETHAU'R DYFODOL**

Cyflwynodd Nicola Kneale (CSDd) adroddiad (a gylchredwyd yn flaenorol) ar ddogfen swyddfa Comisiynydd Cenedlaethau'r Dyfodol ar *Y Gallu i Greu: Newidiadau Syml*, sy'n nodi 80 newid y dylai cyrrff cyhoeddus eu gwneud i'w helpu i wneud y gorau o'u cyfraniad at y saith nod llesiant.

Pwysleisiwyd bod y newidiadau ar gyfer cyrrff cyhoeddus yn bennaf, fodd bynnag, roedd y tabl o fewn adran 4.1 o'r adroddiad yn amlygu'r meysydd y gallai'r BGC gydweithio arnynt. Teimlodd y Bwrdd bod rhai syniadau da yn y ddogfen, ac roedd yn cydnabod bod sefydliadau'n defnyddio rhai ohonynt eisoes, ond roedd yn gweld bod rhai meysydd y gallai eu gwella. Cytunodd y Bwrdd nad oedd creu haen ychwanegol o waith i weithredu'r newidiadau hyn yn opsiwn oedd ar gael.

Teimlodd Aelodau'r Bwrdd y gallent wneud mwy ar y cyd i wella cyfleoedd o ran secondiadau. O ran y gwaith a nodwyd ym meysydd blaenoriaeth y BGC, roedd

posibilrwydd y gellid eu datblygu fel prosiect bach a'u cyflawni drwy gyfleoedd ar gyfer secondiadau.

Byddai Prif Weithredwr CBSC (ID) yn mynd â'r ddogfen i gyfarfod o uwch reolwr CBSC ac yn rhoi adroddiad i'r Bwrdd ar y casgliadau o'r cyfarfod.

**PENDERFYNWYD** – *Nodi'r adroddiad.*

## **Gwahardd y wasg a'r cyhoedd**

**PENDERFYNWYD** *eithrio'r Wasg a'r Cyhoedd o'r cyfarfod ar gyfer yr eitemau busnes a ganlyn ar y sail eu bod yn cynnwys y posibilrwydd o orfod datgelu gwybodaeth eithriedig.*

*(Ar y pwynt hwn, cytunodd y Bwrdd i newid trefn yr adroddiadau er mwyn rhoi cyfle i siaradwyr gwadd wneud cyflwyniad).*

## **10 AMDDIFFYNFEYDD MÔR A PHERYGL O LIFOGYDD HEN GOLWYN**

Dangoswyd i'r Bwrdd gyflwyniad gan Dyfed Rowlands (Rheolwr Perygl Llifogydd ac Isadeiledd) yn amlygu'r pryderon o ran amddiffynfeydd y môr ar bromenâd Bae Colwyn.

Roedd y mater o ran Amddiffynfa'r Môr wedi'i nodi fel risg A1 ar y gofrestr risg, oedd yn risg critigol. Nodwyd cynllun 10 mlynedd ar gyfer yr amddiffynfeydd môr yn 2010 i fynd i'r afael â'r pryderon.

Hysbyswyd y Bwrdd bod yr amddiffynfeydd môr presennol yn dyddio o'r cyfnod Fictoraidd ac nad oeddynt yn addas bellach. Roedd y morglawdd wedi'i godi ar dywod a graean, y gellid eu llusgo allan yn ystod stormydd. Gallai hyn greu gwagleoedd y tu ôl i'r morglawdd, fyddai'n gwano'r ffordd sy'n rhedeg yn gyfagos iddo.

Roedd yr amddiffynfeydd môr yn agos i Linell Reilffordd Caergybi i Gaer a Gwibffordd yr A55. Pe bai'r amddiffynfeydd yn methu, gallai'r rhain gael eu heffeithio'n ddifrifol. Roedd pibell garthffosiaeth Dŵr Cymru'n rhedeg o dan y ffordd hefyd, wrth ymyl y morglawdd.

Roedd y costau cynnal parhaus ar gyfer y morglawdd yn destun pryder. Yn y flwyddyn ariannol ddiweddaraf, gwariwyd £300k yn trwsio difrod i'r morglawdd a'i gyffiniau. Cyfrannodd Dŵr Cymru 50% o'r costau ar gyfer y gwaith atgyweirio diweddaraf. Roed y diffyg buddsoddiad gan randdeiliaid eraill wedi achosi pryder, yn enwedig yn y cyfnod hwn o gyny ariannol. Roedd cyllid CRMO Llywodraeth Cymru'n ffrwd gyllido y gellid ei defnyddio gan CBSC i amddiffyn y ffyrntiad.

Awgrymodd y Bwrdd y dylid cynnal asesiad risg ac effaith manwl, i ystyried yr effaith ar isadeiledd a materion cymdeithasol ehangach. Cytunwyd y byddai CBS Conwy'n arwain ar yr asesiad ac yn casglu gwybodaeth er mwyn cael darlun cliriach o'r effaith bosibl ar Gonwy a Gogledd Cymru. Cynigiodd Judith Greenhalgh (CSDd) adnoddau CSDd i helpu gyda chasglu gwybodaeth ar gyfer asesiad effaith, gan y byddai unrhyw ddiffyg yn y morglawdd yn effeithio ar Sir Ddinbych hefyd.

**PENDERFYNWYD – Bod**

- i. y Bwrdd yn cydnabod y risg o ran yr amddiffynfeydd môr.
- ii. CBSC yn coladu gwybodaeth am yr asesiad risg ac effaith manwl.

**11 DATBLYGU COFRESTR RISG Y BWRDD GWASANAETHAU CYHOEDDUS A HERIAU ARWEINYDDIAETH**

Awgrymodd y Cadeirydd y byddai'r eitem hon yn cael ei thrafod yn fanylach mewn cyfarfod o'r BGC yn y dyfodol. Hysbyswyd y Bwrdd bod swyddogion wedi dechrau mapio risgiau corfforaethol allweddol partneriaid, y gellid eu cylchredeg i aelodau'r Bwrdd. Awgrymodd y Bwrdd y gellid trafod risgiau yng ngweithdy'r BGC yn Ionawr, cyn eu trafod eto yng nghyfarfod nesaf y BGC ym Mawrth 2019.

**PENDERFYNWYD – Ystyried y gofrestr risg a'r heriau o ran arweinyddiaeth yng ngweithdy nesaf y BGC ac yng nghyfarfod y BGC ym Mawrth 2019.**

**12 RHAGLEN GWAITH I'R DYFODOL**

Cyflwynwyd Rhaglen Gwaith i'r Dyfodol y BGC (a gylchredwyd yn flaenorol) i'w hystyried. Cadarnhaodd yr Aelodau yr agenda a'r adroddiadau oedd i'w cyflwyno yng nghyfarfod nesaf y BGC ym Mawrth 2019, fel a ganlyn:

- Adroddiad Blynyddol y BGC
- Cynghorau gwasanaethau gwirfoddol Conwy a Sir Ddinbych – adroddiad dilynol ar y cymorth y gallai'r BGC ei gynnig
- Cynllunio Senarios ar gyfer y dyfodol
- Cynlluniau Datblygu Lleol ar gyfer Conwy a Sir Ddinbych – Ymgynghoriad ar y Cam Cyntaf
- Cymunedau yn Gyntaf – Prosiectau etifeddiaeth
- Cofrestr Risg y BGC a Heriau Arweinyddiaeth

Awgrymodd y Bwrdd y gellid ychwanegu'r Cynnig Twf i'r rhaglen gwaith i'r dyfodol, nodwyd mai Jane Richardson (CBSC) a Graham Boase (CSDd) oedd y swyddogion allweddol i gysylltu â hwy ar gyfer yr eitem hon.

**PENDERFYNWYD – Cymeradwyo'r rhaglen gwaith i'r dyfodol.**

# Agenda Item 5



## Living Healthier, Staying Well

Working in Partnership to Improve Health and Deliver Excellent Care across North Wales

Our Three Year Plan 2019/22



Version: 1.0  
17th January 2019

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## OUR VISION

- We will improve the health of the population, with particular focus upon the most vulnerable in our society
- We will do this by developing and integrated health service which provides excellent care delivered in partnership with the public, and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich environment

### Health Improvement, Health Inequalities

### Care Closer to Home

### Excellent Hospital Care

#### Healthy lifestyles

Smoking, healthy weight, alcohol

#### Protection and prevention

Oral health, Making Every  
Contact Count, screening

#### Resilient communities, tackling inequalities

Social prescribing, Well North Wales, health  
and well-being hubs

Promoting mental well-being

Children, young people and families

People with a learning disability

Maternity strategy for Wales

#### Secondary prevention and early intervention

Stroke, diabetes, orthopaedics

Children and young people

#### Health & Social Care working together in local communities

Community Resource Teams and clusters

Primary and community mental health model

#### Access to care in an emergency

Developing the unscheduled care hub,  
111 service, community resource team

Crisis support – children, mental health

#### Sustainable planned care

Orthopaedics, ophthalmology,  
gastroenterology

Acute medical and surgical care

Inpatient care & rehabilitation

- mental health needs

Access and waiting times

#### Unscheduled care

Emergency Department access &  
patient flow

*Help me get home* –

integrated health and social care

Early supported discharge (stroke)

#### Specialist & complex care

Urology, stroke,  
complete vascular  
services, cancer

### Quality Improvement and patient experience - “What Matters”

Carers and community assets

Co-production

Avoiding harm, focusing on outcomes

### Addressing equality and human rights and promoting the Welsh language

Health and well-being centres

#### Estates and infrastructure

Integrated resource teams

Sustainable hospital facilities

*Shared use of assets and new partnerships, joint ventures*

#### Digitally enabled health and care

Community connectivity

Integrated health and social care systems

Hospital systems

#### Whole health, care and support system workforce

Supporting community networks

Integrated workforce across sectors

Sustainable acute models

*Agile working*



## Section 1 - Introduction

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### 1.1 The health of our population in North Wales

We need to evolve to meet new challenges. We know that the overall health status of our population compares favourably to other parts of Wales, and this provides advantages and opportunities. However, the benefits of this are not equal across the population, and comparison against other areas of the UK and Europe demonstrates that people could achieve even better health and well-being.

We are living longer – the proportion of people aged over 75 years in North Wales is higher than the average for Wales at 9.3 per cent compared to 8.6 per cent (that is 64,000 people). For males, life expectancy is 78 years and for females, it is 82 years. The good news is that many people reach these ages in good health which is positive, but brings different support needs.

We need to do more to help everyone of all ages to have an active, healthy and happy life and to stay well for as long as possible. This will involve helping people to be active physically and socially, and to adopt healthy lifestyle behaviours such as not smoking, eating well and minimising their intake of alcohol.

We will do this in partnership and with the help of other organisations such as Local Authorities and the voluntary sector.

There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work now and how we involve people in order to meet them.

- More people are living with one or more complex health issues such as diabetes or heart disease. We will support people to manage these conditions better so that they can live their life to the full.
- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.
- There are more people living with dementia. We will work with our partners and people with experience of mental health to design and deliver modern services and do more to support people with long-term mental health problems.

### 1.2 The challenges we face

Our current service model is inefficient, unaffordable and not sustainable.

- There are increasing demands on our primary care and community services with growing difficulties in attracting new GPs and other primary care practitioners to the area.
- There are also increasing demands on our hospital services, for example, in our Emergency Departments, which means that often we cannot see patients as quickly as we should. In addition, waiting times for a number of operations such as replacement joints or eye surgery are too long and we need to see patients sooner.

- We are also facing financial challenges and we need to live within our means and make sure that we work efficiently so that every penny is spent wisely and well.
- Bed occupancy in our acute and community hospitals is currently over 90% – on average much higher than 85% occupancy, above which the National Audit Office has concluded, *“hospitals...can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital acquired infections”*.
- Our workforce is changing and we face challenges in recruiting staff in a number of specialties and staff groups.
- The current size and condition of our estate is not sustainable in the long term and will not support our strategic direction.
- Challenges are posed with infrastructure and the delivery of core national information systems which are essential to service provision and transformation.
- Our partners are also facing significant financial constraints and we need to work together to ensure we make best use of our collective resources, for the benefit of the population of North Wales.

In 2015, Welsh Government placed us in Special Measures. We have been working hard to improve and have made progress in areas such as maternity services, and involving patients and the public. There are other areas where there is still much more to do and we recognise it will take time, commitment and support to make all the improvements that are needed.<sup>1</sup> Our Special Measures Improvement Framework (SMIF) sets out the actions to be delivered in response to Welsh Government requirements and is detailed in Appendix 1.

There are other challenges that are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which we are working more difficult, and make it more important that we understand the impact of our actions on other organisations as well as our population.

### **1.3 Making the changes we need**

The work to tackle the above challenges with our partners and to transform health and social care has begun. For some areas of improvement we will firstly ensure that we are ‘getting the basics right’ to stabilise these on the journey to fully transform our service model. In some areas this will take longer than the three year period covered by this plan.

We are fully committed to producing a Service Strategy by 30 September 2019 which describes the way forward in clear terms and our timeline for transformational change and lead to the development of a target operating model which will be supported by finance, estates and workforce strategies

In order to achieve this, we have established a programme management approach and will utilise a consistent change methodology for improvement and transformation work across the Health Board.

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<sup>1</sup> Update on escalation status review of health organisations and additional support for Betsi Cadwaladr University Health Board, Cabinet Secretary for Health and Social Services, February 2018

## **1.4 Building upon achievements in 2018/19**

During 2018/19, we continued to work to improve how the Health Board functions with improvements made in our governance and leadership in response to the SMIF and Wales Audit Office Structured Assessment and responses to the 2018 NHS Wales staff survey

In addition, a number of significant achievements have been made across our services during the year, with many examples shown below across our key priority areas: improving health and reducing health inequalities; care closer to home; excellent hospital care.

## Improving Health and Reducing Health Inequalities

- We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
- We introduced the “Let’s Get North Wales Moving” collaboration with partners.
- The tier 3 Orthopaedics Weight Management Lifestyle programme was implemented.
- The “Help me Quit for Baby” smoking cessation support approach was embedded in Community Midwife Teams.
- The hospital based smoking cessation service commenced.
- An alcohol licensing framework was established.
- The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.

## Care Closer to Home

- The new healthcare centre at Flint opened, delivering a range of services and fulfilling commitments previously made by the Board to the local population.
- The redevelopment of Corwen Health Centre was completed, an important milestone in care provision for the local rural community.
- Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services providing benefits for the whole community.
- More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced in primary care settings.
- Primary care clusters developed a range of innovative services, such as Advanced Nurse Practitioner roles in care homes, family practitioner and specialist diabetes care.

## Excellent Hospital Care

- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The vascular centre development at Ysbyty Glan Clwyd progressed, with full implementation due in April 2019.
- The major refurbishment programme for Ysbyty Glan Clwyd has been completed, bringing major improvements to the environment for patients and staff.

## Section 2 - Strategic Direction

### 2.1. Strategic Context

Our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. Our purpose is to improve the health of the population of North Wales which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care that really matter to our patients. We recognise and support the significance of the Welsh Government publication ‘A Healthier Wales: Our Plan for Health and Social Care’ which sets out a long-term future vision of a whole system approach to health and social care.

*The document* sets out a long term future vision of a ‘whole system approach to health and social care’ focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy. Our Three year plan supports the ambition of Welsh Government as summarised below:

‘A Healthier Wales’	Examples in Our Three Year Plan	Example Process and outcome Measures
<b>Health and Social Care system to work together</b>	Regional Partnership Board (RPB) Working  Integrated clusters  Expansion of Community Resource Teams  Unscheduled care model	Number of transformation programmes funded  Outcome from transformation programmes demonstrating delivery of objectives  Number of patient contacts to avoid admission  Outcomes of unscheduled care pathway model on demand, flow, discharge, concerns and incidents
<b>Shift services from hospital to community</b>	Health and well-being centres  Eye care plan  Unscheduled care pathways  Mental health services	Increase range and access to local services  80% direct to waiting list for cataract surgery  10% reduction in incidence of repeat ED attenders Falls, recovering Hypoglycaemia, mental health and catheter care pathways established and evidenced by reduced conveyance and admission  10% increase in crisis patients managed in community setting
<b>Get better at measuring what really matters</b>	Revised performance and accountability framework	Core indicators and tiered indicators reported in accordance with the framework from Board to Divisional teams

		Number of staff trained in measurement for improvement
<b>Make Wales a great place to work in Health and Social Care</b>	Workforce strategy - staff engagement, leadership, culture and climate, motivation, innovation and learning	<p>Learning from staff survey applied via engagement events – number of participants/% workforce</p> <p>Delivery of the nurse staffing fill rate and skill mix for wards</p> <p>Reduction in spend on agency and locum staff</p> <p>Integrated primary and community academy established</p>
<b>Work together in a single system</b>	<p>Unscheduled care / Emergency Ambulance Services Commissioning Mid Wales healthcare collaborative</p> <p>Commissioning secondary and specialist services</p>	<p>Delivery of 4 hour, 12 hour and ambulance handover profiles</p> <p>10% reduction in concerns and SUIs related to USC</p> <p>Volume of partnership programmes of work increasing in line with plan</p>

We have identified the following seven well-being objectives with partners and stakeholders (and in accordance with our duties under the Well-being of Future Generations Act):

- Improve physical, emotional and mental health and well-being for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity; and
- Listen to people and learn from their experiences.



Our organisational values exist to support and encourage staff to deliver high quality care to our patients in keeping with our purpose and the above objectives:

- Put patients first
- Working together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly



## 2.2 Promoting Equality and Human Rights

The long-term vision for our population has been informed by the Health Board's Strategic Equality Plan (SEP) which can be accessed [here](#). The SEP draws on evidence from a range of sources

including the Equality and Human Rights Commission research '*Is Wales Fairer?*' As such, 'the promotion of equality and human rights in everything we do' is a key underpinning principle within all our plans and the responsibility of the whole organisation.

Equality Impact Assessments (EqIA) help us to identify and address potential inequality including access and communication needs, leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.



## 2.3 Working with our Partners

This plan underlines our commitment to reducing health inequalities within the population we serve. Guided by the principles within the Well-being of Future Generations Act, and together with our partners across the public and third sectors, we are already shifting our focus to promote ways of working that prioritise preventing illness, promoting good health and well-being and supporting and enabling people and communities to look after their own health.

Reducing health inequalities remains the most important challenge we face and will guide and influence our redesign of the healthcare services we deliver in people's homes, in their communities, in our primary care settings and in our hospitals.

As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. The principles adopted by the North Wales Regional Partnership Board are:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and well-being and draws effectively on evidence of what works best;
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers and communities);
- People are enabled to use their confidence and skills to live independently, supported by a range of high quality, community-based options;
- Embedding co-production in decision-making so that people and their communities shape services; and
- Recognising the broad range of factors that influence health and well-being and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

The NWRPB have developed a Regional Population Needs Assessment and Area Plan in response to the Social Services and Well-being (Wales) Act 2014. The North Wales Area Plan was approved earlier in 2018 and prioritises the following areas:

- Older people with complex needs and long term conditions, including dementia;

- People with learning disabilities;
- Carers, including young carers;
- Children and young people;
- Integrated Family Support Services; and
- Mental Health.

Partnership work programmes have been established for each of these priority areas, and the priorities also link with our well-being objectives.

There are many areas where the Health Board works collectively with other organisations within the statutory and voluntary sector. In addition, there are services that we do not or cannot deliver directly and commission from external providers.

We work closely at both a national and local level as part of the all Wales Emergency Ambulance Services Committee (EASC) to further develop national and local actions with Welsh Ambulance Services NHS Trust (WAST). Local joint priorities for action are integral to our unscheduled care plan. Welsh Ambulance Service is a key partner working alongside the Health Board in developing transport plans for services including vascular, ophthalmology, orthopedics, urology and stroke.

Working closely with Welsh Health Specialist Services Committee (WHSSC), we will monitor and review specialist services (such as specialist children's services delivered by Alder Hey NHS Foundation Trust) commissioned through WHSSC and contracted to appropriate providers. For North Wales, these are generally provided in North West England as our local providers of very specialist services. Where it is clinically safe and appropriate to do so, services are developed and delivered in North Wales.

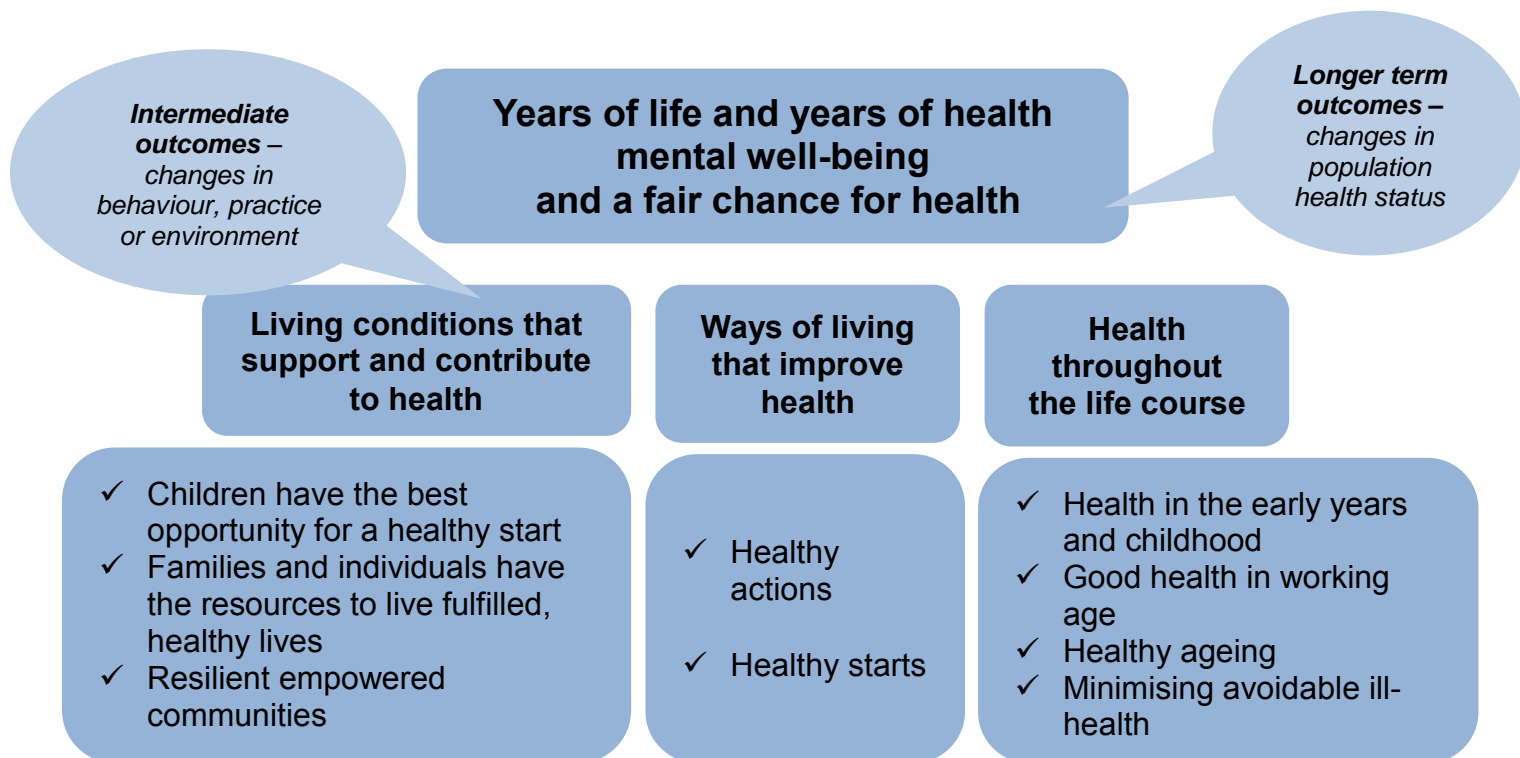
We work collectively as part of the Mid Wales Joint Committee for Health & Social Care (MWJC), which was formed in 2018 and places a greater focus on joint planning and implementation of health services for the population of mid Wales.



## 2.4. Getting it right for the future: focusing on outcomes

We have to think about how the decisions we make now have an impact on the future. We must meet the needs of our population today without compromising the ability to meet the needs of future generations. We need to support the people of North Wales to achieve the best health outcomes in the longer term and continue to put in place the actions that will achieve this.

In the longer term, we will aim to improve the whole population health status. To deliver this, in the medium term, we will work to support changes in behaviour, practice and the environment. Our approach is based on the Public Health Outcomes Framework<sup>2</sup>.



<sup>2</sup> [Public Health Outcomes Framework](#), Public Health Wales, 2017

## 2.5 Living Healthier, Staying Well



**Living Healthier, Staying Well** (LHSW) is our long-term strategy that describes how health, well-being and healthcare in North Wales might look in 10 years time and how we are working towards this now. LHSW was approved by the Health Board in March 2018. Our future model is described below and the key priorities for action over the period 2019/22 are set out in section 3. We cannot deliver these changes alone; we will need the contribution of many others to achieve the improvements we all want to see.

We will work with our stakeholders to review LHSW in time for an updated version in March 2020 to accompany the IMTP for 20/21 and beyond.

## 2.6 Our ambitions for the future

### Health Improvement and Health Inequalities

- We will become more of a 'wellness' service than an 'illness' service and work with our population and partners such as local authorities and the third sector to plan for the future needs of people living in North Wales.
- We will do more to give children the best start in life, taking action as soon as possible to tackle problems for children and families before they become difficult to reverse.
- We will work with others to support everyone in staying fit and healthy throughout life and ensure we can support people to make the right choices for them at the end of life.
- Our intention is also to narrow the gap in life expectancy between those who live the longest in the more affluent areas of North Wales and those living in our more deprived communities.
- We will target our efforts and resources to support those with the poorest health to improve the fastest.

### Care Closer to Home

- The services offered by primary care including GP practices, community pharmacies and dental practices will remain central to providing healthcare close to where people live.
- We will build on the work we have already done to introduce a broader range of health and social care professionals – including specialist nurses, pharmacists and therapists – to work with GPs and their teams, and develop a wider range of services in local communities. This will mean that our patients will see the health care professional who is best placed to meet their needs.

- We will continue to support GP practices to invest in and develop new facilities.
- We will expand our community teams who work together to care for people in their community and in their own home if needed.
- There will be clear and consistent points of contact to arrange for the right healthcare professional to go to people when they need them. We have already made good progress in some of this work, for example the Healthy Prestatyn lach project, advanced practitioners in physiotherapy, nursing and pharmacy across North Wales and the establishment of Community Resource Teams bringing together health and social care services.
- We will maximise our use of technology including video consultations to support people and prevent them from having to travel to appointments - particularly when they are suffering from a chronic condition. We are already doing this in the North West to connect patients at rural community hospitals including Ysbyty Alltwen near Porthmadog, Dolgellau Hospital and Ysbyty Bryn Beryl near Pwllheli with doctors in Bangor.
- We will continue to invest in modern, purpose-built facilities that bring together community teams under one roof to offer a range of services for local people including x-ray, tests to help diagnose illnesses, sexual health, mental health and various therapies. A new health campus development for North Denbighshire is planned for the site of the Royal Alexandra Hospital in Rhyl. Our intention is that we will use community hospitals and health centres as local health and well-being centres in our communities.

### **Excellent Hospital Care**

- At each of our District General Hospitals, we will continue to have the following core services:
  - a full Emergency Department;
  - consultant-led maternity and paediatric services;
  - direct admission for medical care for people who are unwell;
  - direct admission for people who need an operation;
  - less complex vascular procedures (for diseases affecting blood vessels); and
  - outpatient clinics, day surgery and diagnostic services (tests that help diagnose a condition).

This means that people can be assessed in any of our emergency departments but might need to be transferred to the most appropriate hospital for more specialist care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our intention is to widen the range of specialist care we provide in North Wales so that people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals.

- We will treat as many patients as possible in North Wales and continue where clinically possible and safe to do so,
- We will create specialist centres for treating more complex conditions, e.g. our new Sub-Regional Neonatal Intensive Care Service (SuRNICC) at Ysbyty Glan Clwyd means that babies that are more poorly are cared for in North Wales.

- We will establish specialist services for:
  - vascular surgery. Very specialist major surgery on arteries (vascular surgery) will be provided in a specialist centre at Ysbyty Glan Clwyd. This will ensure that we can provide treatment that meets the highest standards and will attract the specialist doctors we need to carry out these complex operations.
  - hyper acute stroke;
  - neonatal intensive care; and
  - urology and pelvic cancer. We are exploring modern technology for some cancer surgery – particularly pelvic cancer – which will need to be based in a specialist theatre. We are also exploring how we might deliver urology services more effectively, for example, using robotic assisted surgery.
- Over the next three years , we will confirm proposals for specialist centres for other services that could deliver better outcomes for patients and improved efficiency and productivity.
- With the support of the Welsh Government, we are investing in our buildings to bring them up to 21<sup>st</sup> Century standards. This includes completing major developments such as at Ysbyty Glan Clwyd and the Emergency Department at Ysbyty Gwynedd. We have started work to develop proposals for the redevelopment of the Wrexham Maelor Hospital campus to address failing infrastructure and to develop facilities that are fit for the future and will support the new models of care we will develop. Our enabling strategies, for example our estates strategy, will be informed by and aligned to our revised clinical models.
- For some very specialised care people will need to travel to hospitals outside of Wales - just as they do now - for major physical trauma injuries, neurosurgery, specialist treatment for children and some cancer treatments - but we will make as much of the testing and diagnosis as local as possible and support people to make an early return home.

### **3. Priorities for action 2019/22**

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#### **What we will achieve over the next three years**

Achieving our three year plan will represent significant progress towards making our vision a reality.

A summary of the key actions we will pursue over the period of 2019/22 in support of our three priorities together with our enabling strategies is set out on page 2 – the plan on a page.

The following section describes the actions and the rationale for them in more detail and the key outcomes we aim to achieve.

These plans are affordable in the short, medium and long term. They can either be achieved within known resource assumptions, or where this is not possible it is highlighted accordingly. Dialogue with Welsh government is underway regarding resource availability particularly with regards to achieving elective access times.

## 3.1 HEALTH IMPROVEMENT AND HEALTH INEQUALITIES



### **Health Improvement and Health Inequalities.**

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.

For the next three years there are three priorities:

1. We need to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being;
2. Tackling health inequalities will inform our service development. We will target resources to those with the greatest needs and promote equality through our actions; and
3. We will maximise our partnership working to deliver on the health inequalities and health improvement agenda.

We have committed to focussing on health improvement and health inequalities, and to ensuring that the Health Board shifts to becoming a population health focussed organisation. Prevention, early intervention and tackling health inequalities is a consistent thread underpinning our plan for 2019/22. Our plan builds on progress made in 2018/19 across the Health Board and with our partners.

We want to work in partnership to support people to make the right choices so they can have a long, healthy life and to reduce demand for treatment services for preventable conditions. Our plan therefore maintains a focus on the health in the early years.

Through our maternity services plan, we aim to ensure that pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.

Our childrens work focuses on supporting the six agreed partnership priorities for children and young people in North Wales:

- Our continued aspiration is that babies are born healthy;
- Pre school children are safe, healthy and develop their potential; and children and young people are healthy and equipped for adult life;
- We will focus on improving the outcomes in the first 1000 days of life and support the partnership Adverse Childhood experience work across North Wales;

- We are working hard to progress our emotional health work – with maternal mental health and early intervention as key areas of focus;
- We are determined to promote a healthy weight and prevent childhood obesity, and we will maintain a focus on children with complex needs.

Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most. Identifying opportunities to work with community venues and pharmacies will help us to improve access to services.

We will work with partners in the Public Services Boards to deliver local Well-being Plans that address the broader aspects of well-being – economic, social, environmental and cultural.

As the largest employer in North Wales, we will take action to contribute to reducing poverty and the impact of poverty, as well as a service provider and commissioner. Poverty can affect people's well-being, health and life opportunities and can affect how long someone lives as well.

We continue to build a partnership ethos to our work on prevention and health inequalities and our approach is firmly based on evidence of effectiveness. We will continue to work with our 14 clusters to deliver this work, and ensure that we work to tackle the inverse care law.

Our plan sits alongside and contributes to the Well-being plans for the population which will be led by the four Public Service Boards in North Wales. We have worked with Public Health Wales to ensure that we have considered our planning priorities and our agreed key focus of joint working in 2019/2020 will be on tobacco control work and exploring actions in relation to hypertension management

Based on the needs of our population, and given the assets we have in place across North Wales, we will focus on three workstreams:

### **Workstream 1: Lifestyles**

We will progress our work on lifestyle services. In 2019/2020 we will stabilise our smoking cessation support in our hospitals.

We will also build on our more specialist level 3 obesity services, grow our level 2 obesity service and explore new ways of supporting alcohol reduction work and implement fully our work on licensing with partners.

### **Workstream 2: Protection and prevention**

We will develop our protection and prevention offer. In 2019/2020 we will maintain our significant work relating to health protection, and invest in our immunisation coordinating team to ensure optimum outcomes in the early years and across the life course.

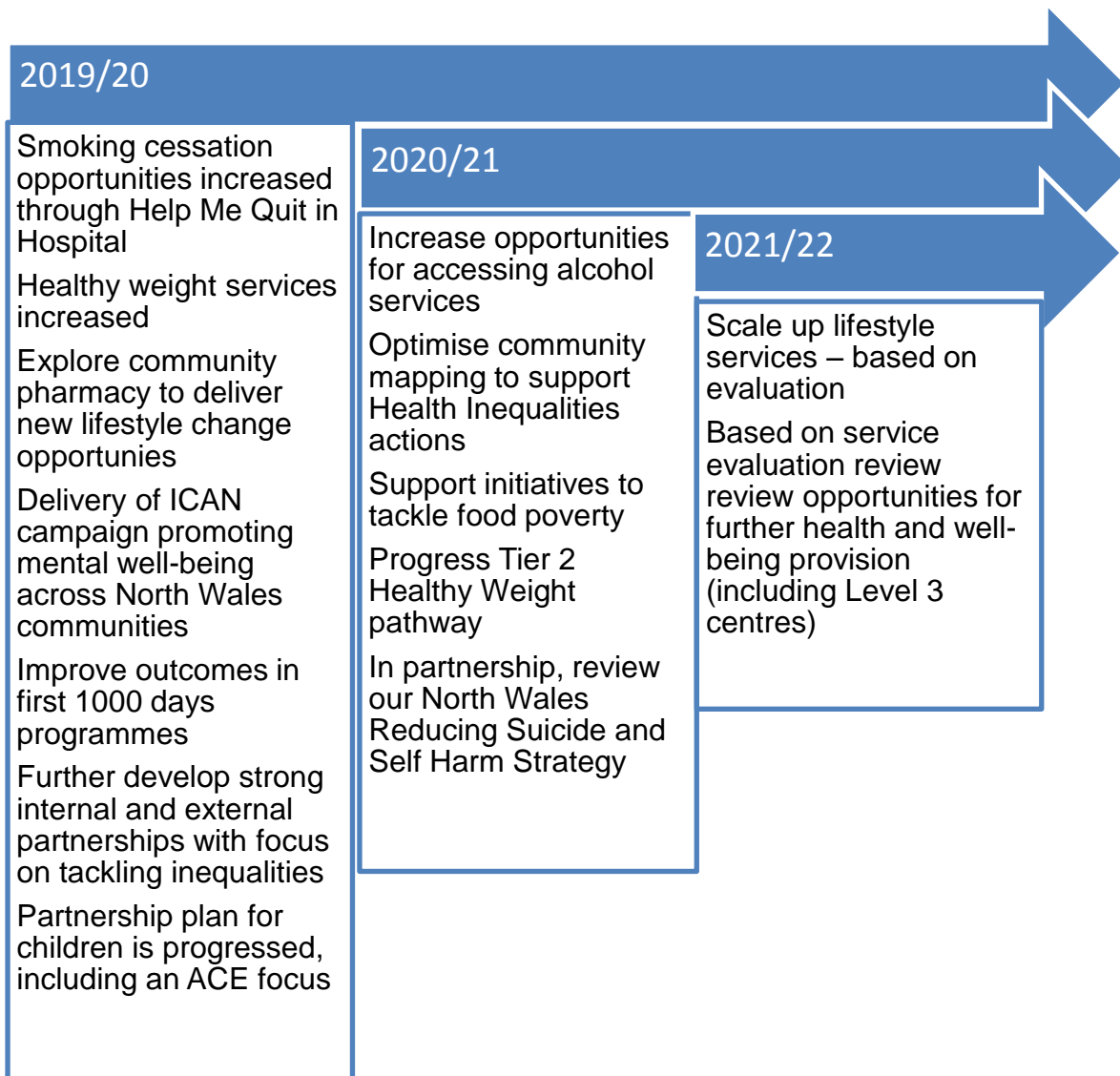
We will continue to raise awareness of screening services with partners. We want to promote positive oral health and will work with our dental colleagues in using the Making Every Contact Count (MECC) approach. We will also offer MECC to our Third Sector partners as they support us with a range of actions and a focus on social prescribing.

### Workstream 3: Health inequalities

We have a long-standing approach to tackling health inequalities through the Well North Wales programme, and we have reviewed our offer for 2019/2022 given that the “*Ein Dyfodol*” work has progressed differently with partners across North Wales.

We remain committed to supporting those with the greatest health needs first and are working closely with partners on this agenda. We will progress our “Made in North Wales” work on social prescribing which supports the Care Closer to Home agenda, and we have specific actions relating to poverty and homelessness planned.

#### Three Year Ambition - Key Deliverables for Health Improvement and Health Inequalities for





## 3.2 Care Closer to Home



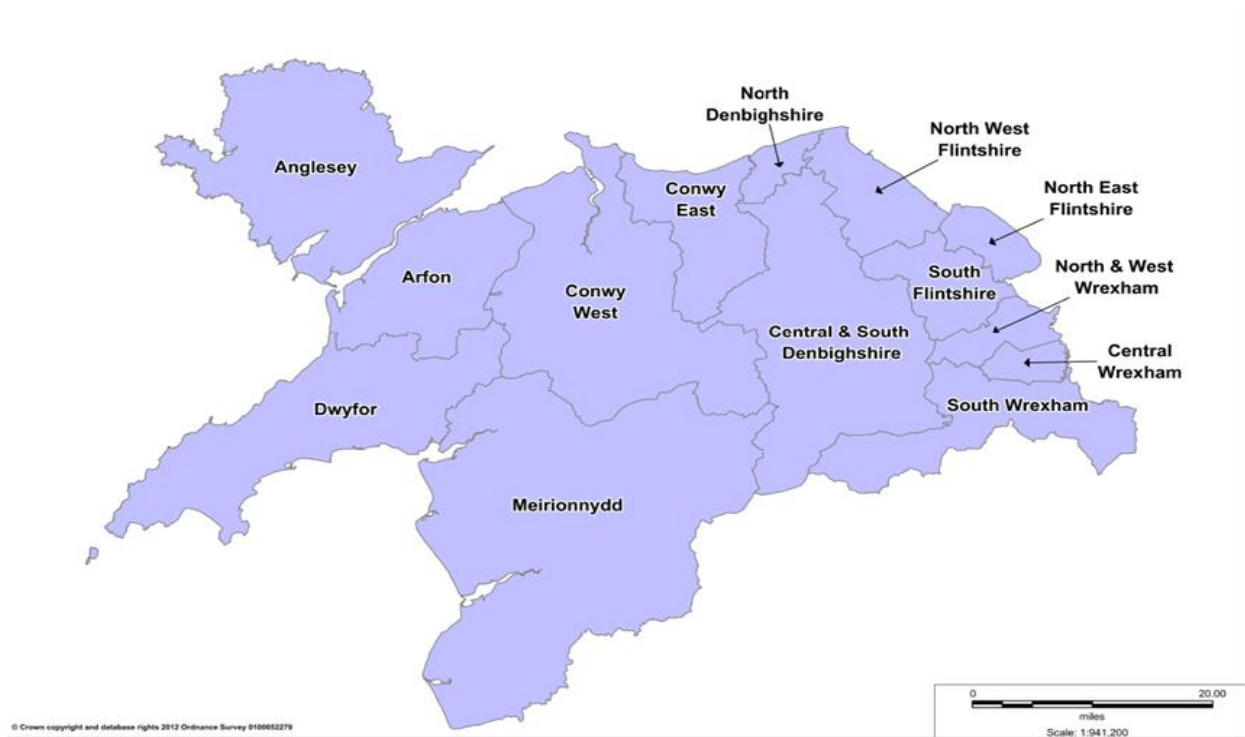
Care Closer to Home means that when people need support or care to stay healthy, we will provide as much of this as close to home as it is safe to do so. Care Closer to Home is not just about where care is delivered but also about focusing around what it is that matters most to individuals and their carers.

To do this well requires a deep commitment to work with individuals and with our partners. Our ambition to deliver more care closer to home is built upon our undertaking to do this and to deliver the Welsh Government's strategy set out in 'A Healthier Wales: Our Plans for Health and Social Care'.

### These are the outcomes we want to achieve:

- People can access the right information, when they need it, in the way that they want it and use this to improve their well-being;
- People have easy and timely access to primary care services;
- Health and care support is delivered at or as close to people's homes as possible;
- People know and understand what care, support and opportunities are available and use these to help them achieve health and well-being;
- Ensure the best possible outcome; people will have their condition diagnosed early and treated in accordance with clinical need;
- Interventions to improve people's health are based on good quality and timely research and best practice; and
- People are safe and protected from harm through high quality care, treatment and support.

The foundation on which to plan care closer to home will be through our **integrated clusters**. We will progress the further development of our existing 14 GP clusters in North Wales by including a wider range of partners. The guidance and support for clusters will not only come from the Health Service but also from the range of partners, organisations and individuals who understand their local communities and who are committed to serving them.



Led by integrated teams, clusters will have the authority and support to bring together different services and skills so that they can be provided more seamlessly, and are better tailored to meet the needs of individuals.

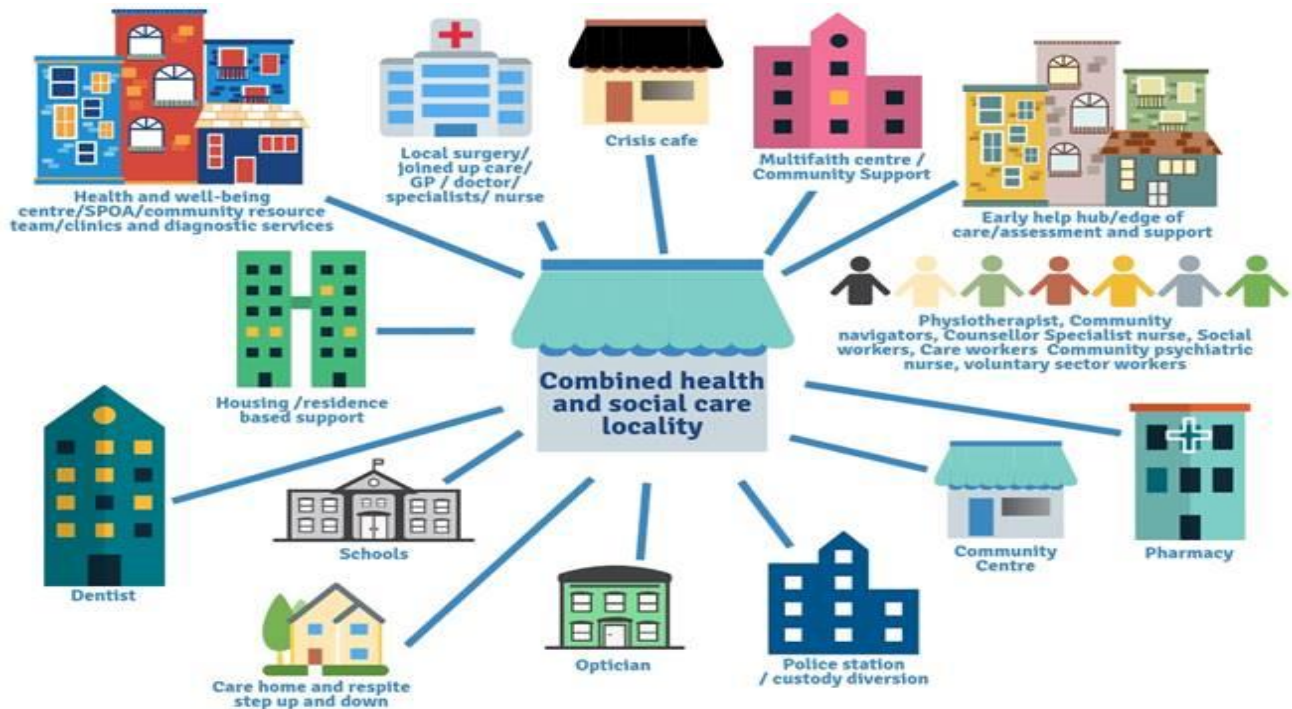
### Expansion of Community Resource Teams

As an important part of delivering community services we will expand the services of our **Community Resource Teams (CRT)** by continuing to contribute to the work being led by the Regional Partnership Board.

Community Resource Teams are made up of members from a range of backgrounds focusing upon what matters to individuals. In approaching care this way we can deliver the best experience for patients and carers, whilst getting best value for public money. This will mean that all individuals in North Wales will be able to access care in this way, helping to ensure as much care is delivered close to home as possible.

The model illustrated below has been developed in partnership through the North Wales Regional Partnership Board and shows a group of organisations and professionals who work across agency boundaries to support the local population.

## Our combined health and social care locality model



## Sustainability of GP practices – New Model for Primary Care

GP practices form part of the community resource teams, delivering and coordinating the care for individuals with medical needs that do not require hospital care. However, we know that our GP practices are under tremendous pressure.

Working together within integrated clusters, supported by community resource teams and others to reduce the pressure upon GP practices, however, this will not be enough alone. We will prioritise the development of sustainable GP services by supporting practices to introduce the Wales 'New Model for Primary Care' at pace.

To achieve this we will create an **Integrated Primary and Community Care Academy** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the added value from learning together.

Using this approach we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

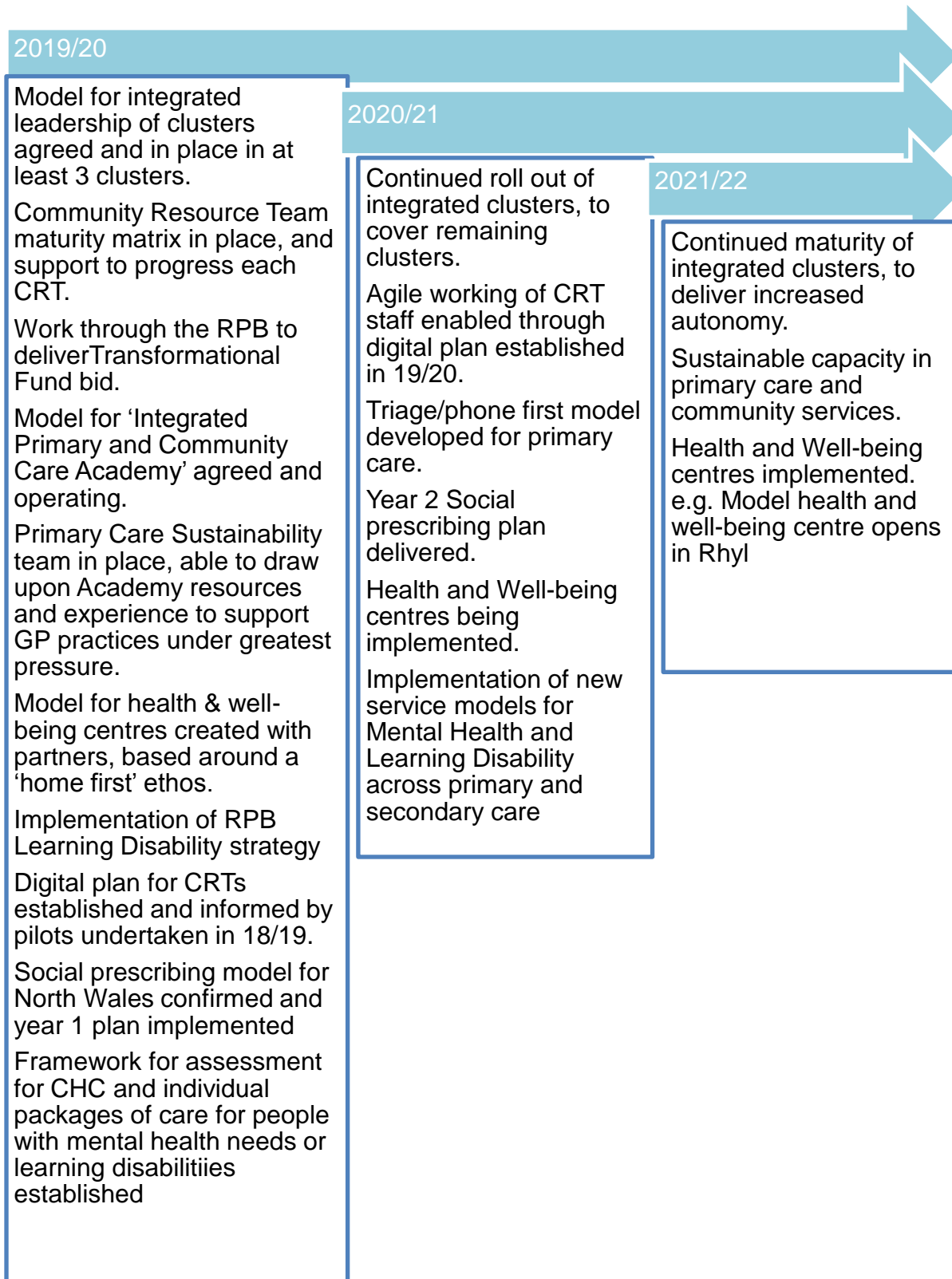
We will also work with our GP teams to identify opportunities for federated service delivery, contributing to GP practice sustainability as well as the provision of more local services.

We will maximise the use of technology to reduce the number of people needing to travel for appointments, particularly when they have a long-term health condition. We know that not everyone

uses new technology, and we will support people to have the access they need. By 2020/21 we plan to develop telephone triage services that will complement the national rollout of the 111 service.

We will invest in modern, purpose-built facilities to bring services together under one roof, working with other public sector and third sector partners. We will use our premises, partner organisations' or other community facilities to develop health and well-being centres in local areas. This will include our community hospitals as part of the network of resources available to local areas.

### Three Year Ambition - Key Deliverables for Care Closer to Home in 2019/22



### 3.3 Excellent Hospital Care



When health needs are more serious people may need hospital care, or care from more specialist teams reaching into the community. People want timely access to the safest and highest quality of care possible and a good experience.

#### **These are the outcomes we want to achieve:**

- People have an accessible and responsive health care system that supports them when they have a more serious health need.
- People have the best possible outcome, conditions are diagnosed early and treated in accordance with clinical need.
- People are safe and protected from harm through high quality care, treatment and support.
- People know and understand what specialist care and support is available to improve their health.
- Staff will always take time to understand 'what matters' and take account of individual needs when planning and delivering care.
- People will be cared for in the right place, at the right time, and by the most appropriate person.
- People are supported to make the right choices so they have a long, healthy life.
- Standardised, accessible and comprehensive data and information on service delivery.

We will improve our services to reduce waits. We will ensure we have the right capacity in our hospitals to achieve access standards and meet future demand. To help us do this we will develop and adopt new and innovative ways of working and continually review the way resources are deployed to improve patient and carer experience, efficiency and productivity. For example, changing the skill mix of the workforce and developing new ways to access and deliver services.

We have also strengthened the staffing resource available in secondary care through support from Welsh Government, so that we are better able to manage hospital services.

We know that improvements in efficiency and productivity alone will not be sufficient to reduce waiting times and we will implement the Care Closer to Home initiatives so that more people can have access to more services (where appropriate) out of the main hospital settings.

## **Planned Care**

This is the name for those services, activities and treatments, which are not carried out in an emergency or crisis. They are often those that service users and patients are referred to by their GP or other frontline health and care professionals. This plan seeks to review treatment / care provided within both community and hospital settings with a view to reducing inconsistencies in waiting times and ensuring that local referral processes follow best practice. At the same time, we aim to implement new policy and develop the strategic approach to service delivery. Ultimately, we need to ensure that patients receive the treatment that is most appropriate for their needs, at the right time and in the right place.

Waiting times from GP Referral to Treatment (RTT) are too long. We need to reshape services in key areas, specifically orthopaedics, ophthalmology, and urology which will improve this but will require investment.

We have been working to co-produce service models in these priority areas. In September 2017 the Board endorsed a strategy to deliver a sustainable elective orthopaedic service for North Wales. The North Wales eye care strategy was supported by the Board in April 2018 and a review of acute urology services commenced in October last year

In addition, a number of service reviews are currently underway including stroke haematology, rheumatology and dermatology.

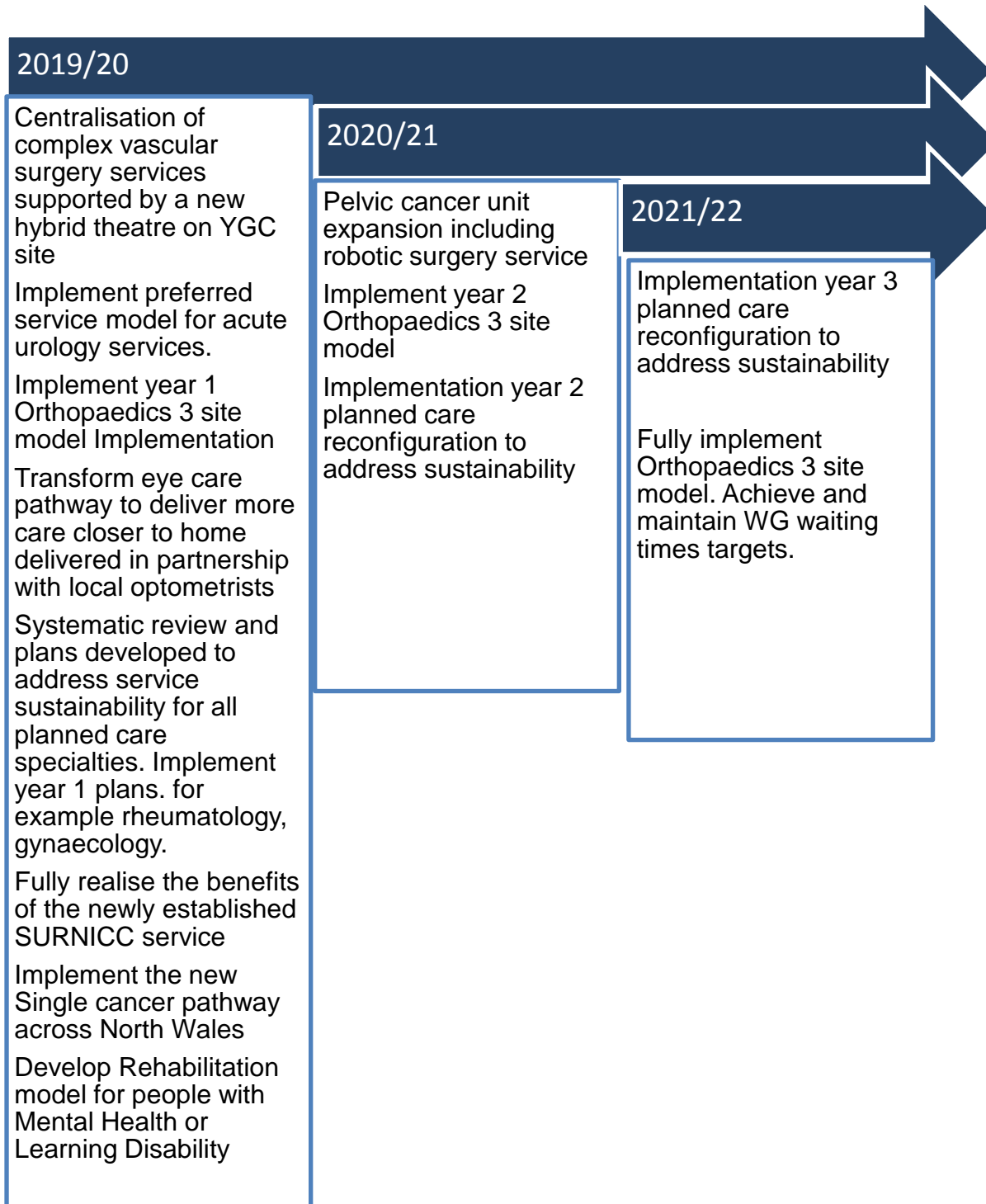
We are proposing to:

- consolidate inpatient urology services onto two sites. (rather than three);
- develop a pelvic cancer centre linked with development of robotic assisted surgery and co-located with the urology service;
- consolidate elective orthopaedics onto the three main acute hospital sites (rather than five sites); and
- consolidate hyper acute stroke care onto a single site (rather than three).

In developing these plans we are considering their combined impact on the range and scale of services on each of the three main acute hospital sites. We will ensure that each site has sufficient capacity to deliver the services required.

Sometimes people will still have to travel outside North Wales to get very specialised care that is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue have these where necessary in the future.

## Three Year Ambition - Key Deliverables for Planned Care in 2019/22



## Unscheduled Care

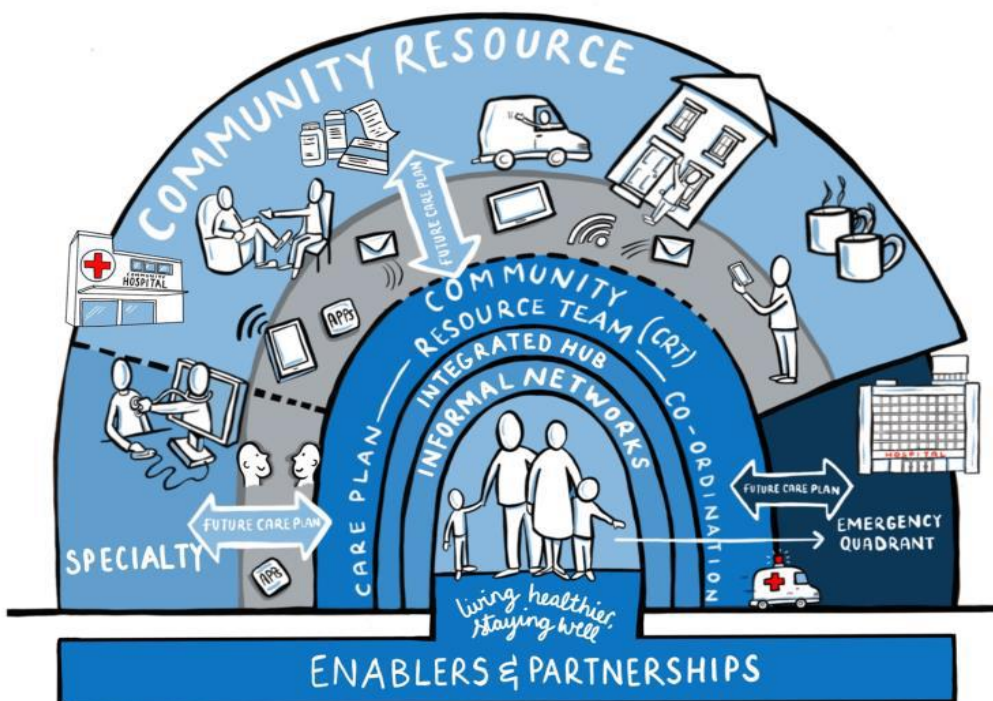
In North Wales we have a large, geographically dispersed population distributed across dense urban areas and isolated rural areas. As a result they experience particular challenges of deprivation and poor health outcomes. These population and geographical characteristics present specific challenges for how emergency / unplanned services (termed 'unscheduled care') can be delivered in a safe, high quality and affordable way. For some time, the unscheduled care system has failed to address the needs and expectations of our population and the Board, as well as not meeting nationally set performance measures.

During 2018/19, we undertook a major piece of work to review the current position, understand best practice and define the system model, that would begin to deliver the outcomes we want for our population, and enable our staff to deliver the service that they aspire to provide. This work was undertaken with support from Welsh Government.

Our work to design an improved system was assisted by a number of partners. The plan is ambitious and will require significant changes in the way the Health Board, care professionals and the population in North Wales behave on a day-to-day basis. With demand and complexity rising in unscheduled care, the development of the system is a long term exercise.

### The future model of unscheduled care

Proposals for a future model of unscheduled care were produced following a series of workshops at which a large number of our staff (clinical and non-clinical), partner organisations and third sector and community representatives contributed. The diagram below shows a pictorial representation of the system we wish to move towards.



The future model has been designed in keeping with our overarching strategy, **Living Healthier, Staying Well**. The features of the model include:

- patients and their informal networks;



- an integrated hub;
- a Community Resource Team (CRT) and community resources;
- specialty resource; and
- the hospital emergency department.

This model is underpinned with the following enablers: technology, people, resources, processes, culture, partnership and governance.

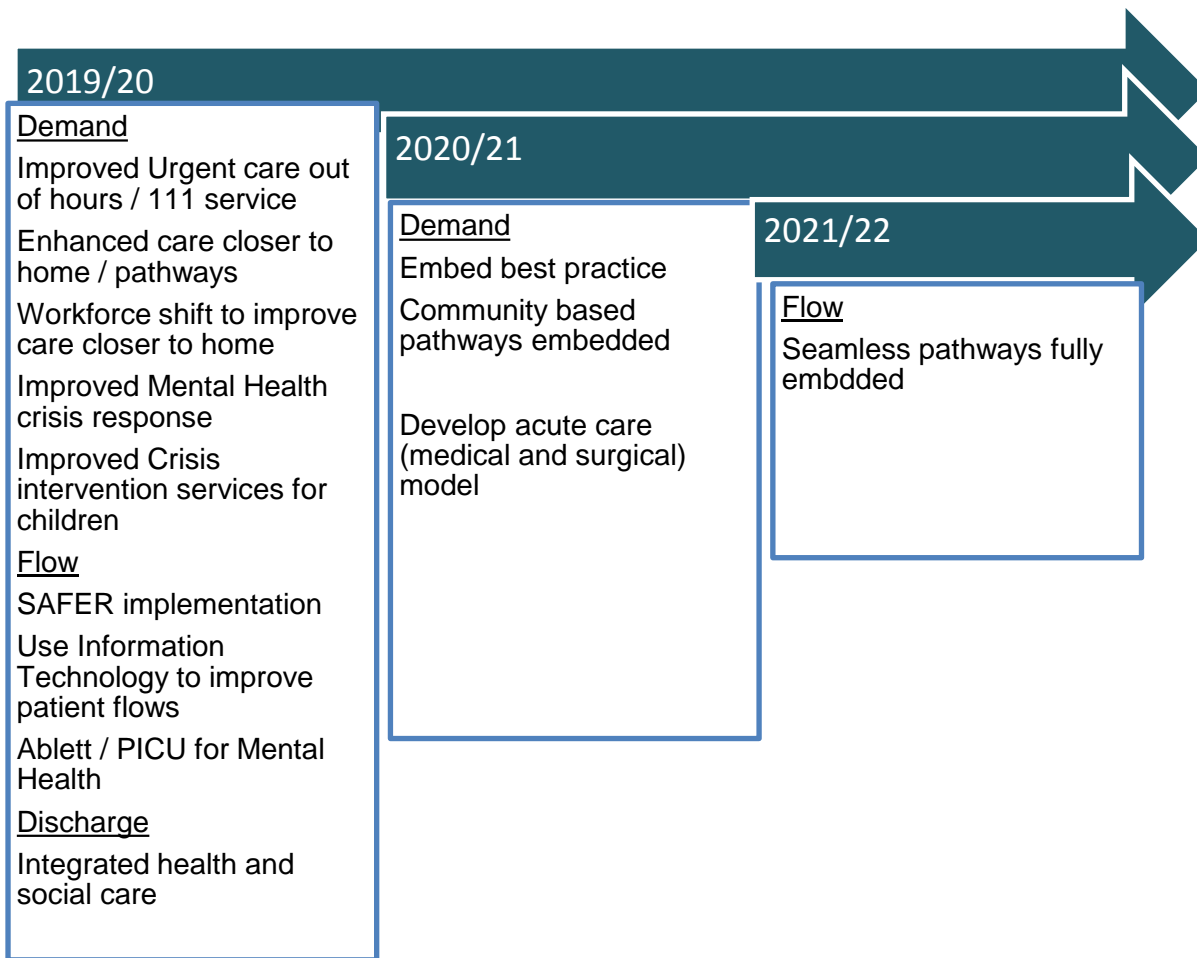
The model fits closely with the Care Closer to Home priority; this sets the direction of travel working with the whole of the North Wales health and social care support system. It is focused on maintaining independent living arrangements and giving patients more control over their care, adopting person centred care and the principle of “What Matters” to people who use our services. The unscheduled care model builds upon the Community Resource Team model, an integrated hub which has been established and preventative measures specific to unscheduled care.

The Welsh Government ‘A Healthier Wales’ publication and associated plan outlines the transformation required to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. The new model for unscheduled care aligns to this plan as it is scalable and in keeping with the 10 design principles specifically prevention and early intervention, promoting independence, giving people a voice and putting the person's needs first, seamless services and information and a focus on transformation.

Our three year plan is focused around working with partners including Welsh Ambulance Services Trust to reduce reliance upon hospital services through better management of patient needs within peoples own homes and communities.

We are also working to streamline clinical management processes within our hospitals to improve patient experience and flow through our hospitals. Finally working with our partners in local authorities, the voluntary and independent sector we plan to deliver more seamless discharge from hospital to home first wherever possible.

## Three Year Ambition - Key Deliverables for Unscheduled Care in 2019/22



## Section 4 – Enabling Strategies

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### Improving Quality and Outcomes

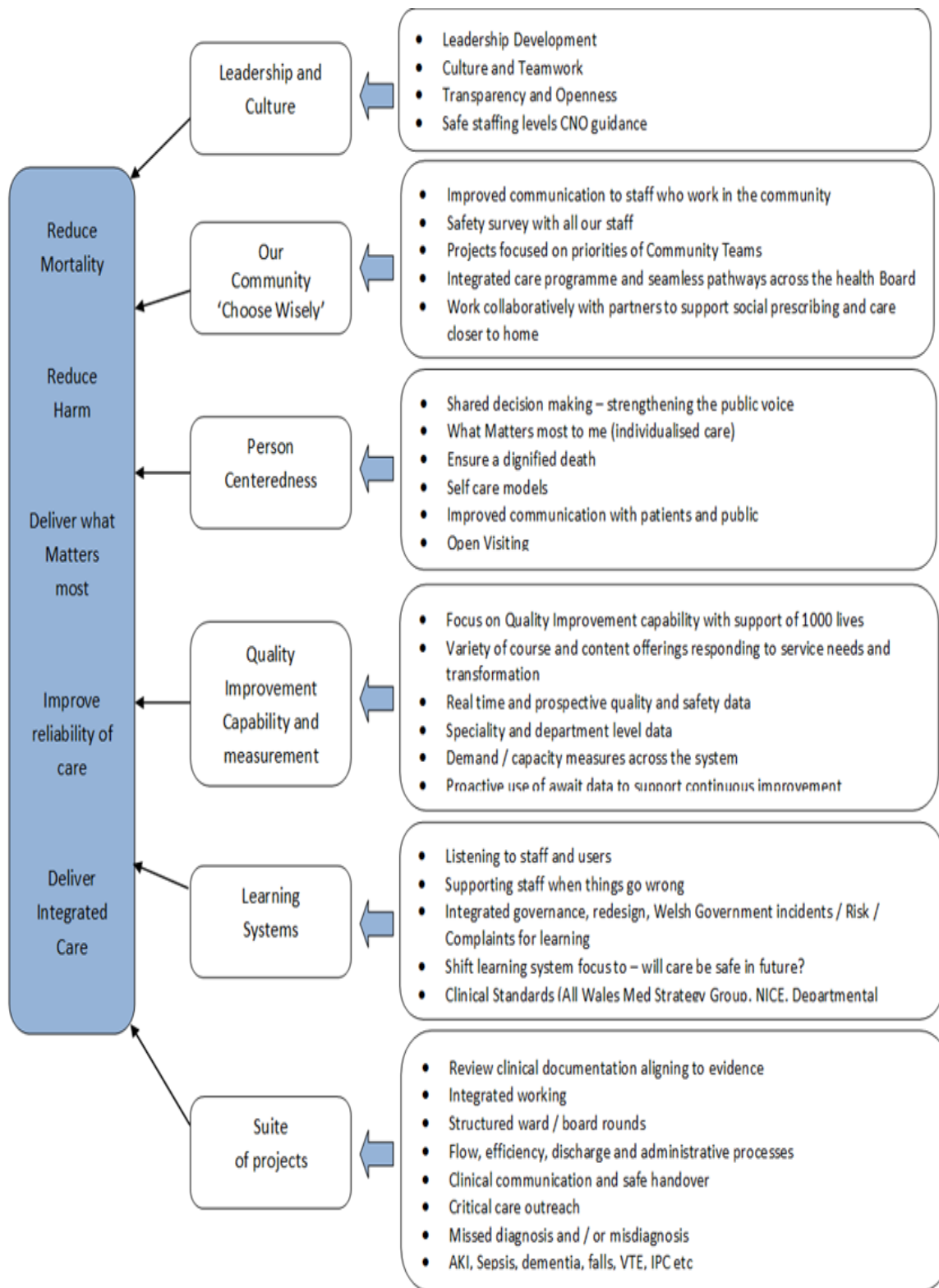
Improving health and outcomes whilst providing excellent care is a responsibility that we take seriously. Our intention is to work collaboratively across the whole organisation and all stakeholders to continue to improve the quality and safety of care that we provide and commission. Continuously improving quality and safety is a fundamental principle across all our services.

Our Quality Improvement Strategy (QIS) 2017/20 sets out the clear intentions to keep patients health and well-being at the heart of all areas of improvement as follows:

- Aim 1 – No Avoidable Deaths;
- Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm;
- Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care;
- Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health; and
- Aim 5 - Deliver innovative and integrated care close to home that supports and improves health, well-being and independent living.

#### **What changes can we make that will result in improvement?**

In order to accomplish our ambitious aims we will need a far-reaching plan to engage with staff on finding solutions right across the Health Board. The following driver diagram summarises the areas of work we are tackling:



The Quality Improvement Strategy can be accessed through the following link.  
<http://howis.wales.nhs.uk/sitesplus/documents/861/QIS%20Final.pdf>



## Workforce and Organisational Development

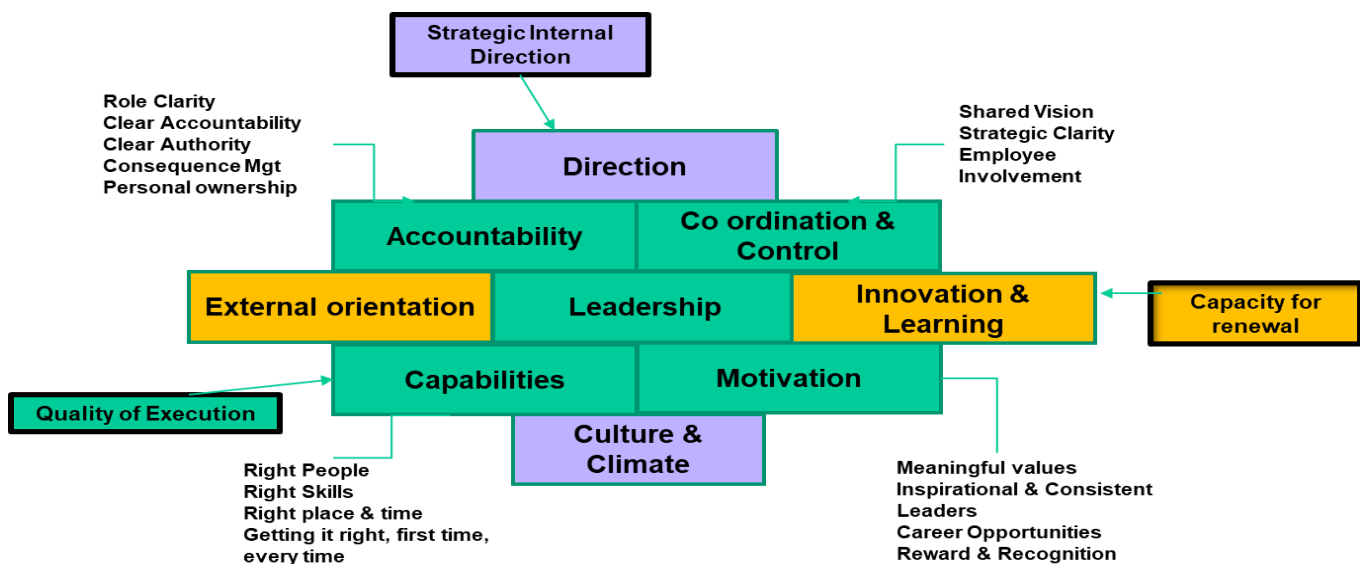
Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales and are, as such, part of the communities we serve. In addition to ensuring that we employ the right people to provide the right services in the right place, we are committed to building upon the work undertaken to date to further contribute to improving health and reducing inequalities through employment and social interaction either directly or with our partners as well as through the services we commission.

In the context of the increasing and changing health needs of our population, together with the operational and financial challenges we face, we are clear that our ability to deliver the long term strategy Living Healthier, Staying Well is predicated upon the health of our organisation. In essence, do we have the ability to align our people around a clear vision, strategy, and culture; to execute with excellence; and to renew the organisation's focus over time by responding to changes in our environment?

The purpose of our new three year Workforce Strategy is

**to enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance.**

The model underpinning the development of the Strategy is based on the nine outcome measures of organisational health as illustrated below:



The Workforce Strategy is informed by our current position, our model for the future and it outlines the steps needed to take us forward over the next three years and beyond.

Critical to delivery of our plans for the future will be working with our employees to create the changes we need to see.

## **Strategic Internal Direction – direction, culture and climate**

Since its creation, the structure and organisational design of our Health Board has changed many times. Whilst there are many examples of development and modernisation, significant influencers on the workforce challenges we face are the service models for delivery of care across our expansive geography.

Our current environment and culture is focused on the challenges of delivering what we do in the here and now rather than looking forward to how this could be better. This impacts on our ability to protect time and empower people to focus on improvement together with our appetite for investment in new ways of working, new roles, and new services.

The Living Healthier, Staying Well Strategy, provides a long term vision for our organisation and importantly a vision to align our staff to. The development of this three year plan provides a real opportunity to be clear about the way we will work towards delivery of the Strategy, the role that our people will undertake and how this contributes to delivery and how we will support and empower individuals, teams and services to identify and make the changes we need to make.

We will identify a smaller number of higher impact improvement objectives and align our values, behaviours and performance measurables to them.

## **Quality of Execution – accountability, co-ordination and control, leadership, capabilities and motivation**

Our current service configuration is largely focused on a secondary care medicalised “illness service” model for both physical and mental health. Due to increasing demands on services, additional capacity on both a long and short term basis is needed. We currently replicate hospital services across three or more sites and face recruitment challenges in moving towards new models of primary care. We only deliver a small number of specialist services which attract professionals to work in North Wales. This has resulted in significant gaps in our medical and nursing workforce. In order to provide services, we are reliant on temporary staff which attract higher costs. This is against a backdrop of national shortages across the UK. However, there is much we can do to improve and this needs to be our focus at this stage.

Where we have delivered changes in service model, or introduced a new service, there is evidence of subsequent improvements in benefits to the workforce. For example, the development of the SuRNICC; a new vascular specialist centre and a new primary care model as part of the Healthy Prestatyn lach project has led to filling traditionally hard-to-recruit to posts.

We also recognise the challenges we are likely to face in light of our workforce demographics. The age, health and socio economic demographic of our staff correlates with that of our community. For instance, our proportion of staff aged over 56 years is higher and continues to increase than the proportion of staff aged below 30 years, which continues to decrease.

It is clear we will only deliver the improvements required by working with our partners, both in education and in health and social care to create seamless pathways of education, training, and employment across professional and organisational boundaries.

In 2018/2019 we have focused on establishing a range of systems to provide greater clarity and oversight of our workforce performance. These systems, such as, establishment control and roster improvement will enable us to identify where particular issues develop and devise plans to address the root causes.

This will be important as we move towards shifting the balance of our resources in line with our organisational priorities, for example providing more Care Closer to Home.

We need to make it easy for people across the organisation to help us to deliver our organisational objectives. This includes the way we describe who is accountable for what; where authority for decision making rests; how we measure, recognise and reward performance and improvement. We will review how we lead and manage, focusing on what matters to and what will inspire and motivate our staff.

Key to this is developing our leaders at all levels to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically. This will form a thread running through all education and learning provided and will be a core element of outcome objectives for all development activity.

Another fundamental element of ensuring people are aligned is to ensure that they are and feel engaged and involved in moving the organisation forward.

The deployment of the 'ByddwchYnFalch/BeProud' engagement tool to augment and support the 3D listening leads will help us to understand the temperature of the organisation or particular teams/services in a more timely way. This will give us a rich source of intelligence to support more timely support/intervention and to then measure the impact/outcomes of this activity.

We will develop an overarching improvement system for the Health Board. This will provide staff with the skills and opportunities to make improvements and will be central to our organisation's development. This will build on the progress made through the improvement methodology and the Quality Improvement Hub. This system will be supported by a core of improvement specialists bringing together the traditional service improvement, programme management and organisational development expertise. A comprehensive skills development plan will be produced, complimented by specific modules in our leadership, management and induction training and incorporated into our systems for performance and development review (PADR).

### **Capacity for Renewal – external orientation, innovation and learning**

As we move forward in the formulation of our transformation plans, we will explore different models for delivery and employment and opportunities to create career pathways across organisational boundaries. We will also explore shared learning and innovation opportunities to further develop our understanding of the wider determinants of health as well as the most effective ways to deliver our core services.

We will continue to develop our safety and learning culture, encouraging greater focus on learning from and preventing adverse events, empowering people to test improvements/changes and reinforcing the importance of reflective practice.

## Three Year Ambition - Key Deliverables for Workforce and Organisational Development 2019/22







### Developing our Estates Strategy

In developing our estates strategy we have identified the major risks presented by our current estate and set out a vision for the future. The vision includes:

- an estate that is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- improving the efficiency of the estate through appropriate utilisation and investment;
- eradicating duplication and releasing resources for direct patient care;
- an estate that is aligned to the organisation’s clinical and enabling strategies and supports transformation plans;
- assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- assurance to staff that they will have an appropriate working environment.

Our strategy for health and health services sets out the ambition to develop existing health and well-being, primary and community services through a network of well-being centres. This network will be supported by three acute hospitals campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

<b>Wellbeing Information Hubs</b>	Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings
<b>Primary care</b>	The network of Level 2 facilities will build upon the existing portfolio of primary care centres and health centres.
<b>Health and Wellbeing Hubs</b>	It is expected that each primary care cluster will be supported by at least one Level 1 facility.
<b>Mental Health, Learning Disabilities and Substance Misuse Services</b>	Community services will be co-located with the wider community teams in level 1 and 2 facilities with additional accommodation required for inpatient, rehabilitation, specialist support & interventional services.
<b>Excellent hospital care</b>	Will continue to be provided from the three main hospitals at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

Our programme to deliver improved primary and community care will drive the need for a major investment programme to ensure that we have the right facilities available across North Wales to deliver more Care Closer to Home. Our strategy sets out a need for facilities to deliver health and well-being services at three levels in the community. We will continue to engage with staff, communities and stakeholders at a cluster level to determine the future estate needs and reflect these within our estates strategy.

We have set out our intention to maintain our three main hospitals as the key delivery points for hospital care across North Wales. We have also indicated that we will provide more specialist services in key locations to ensure that we deliver the best possible outcomes for people.

Within mental health services we have undertaken work in recent years to address immediate risks in our inpatient environments, however we recognise that we currently deliver care in some environments which are not fit for purpose. Our mental health strategy sets out our ambition for services in the future and we require a fit for purpose estate to deliver high quality services in the future. Our estates strategy will also include clinical support services and our non-clinical estate. It will support new business models and develop alternative delivery models and partnerships.

Through targeted development and rationalisation, the existing property portfolio will therefore be aligned to support the 14 primary care clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in Care Closer to Home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales.

The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural well-being of North Wales.

We will work with partner organisations including local authorities and the voluntary sector to develop solutions that make the best use of our collective property assets irrespective of ownership.

Our approach offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

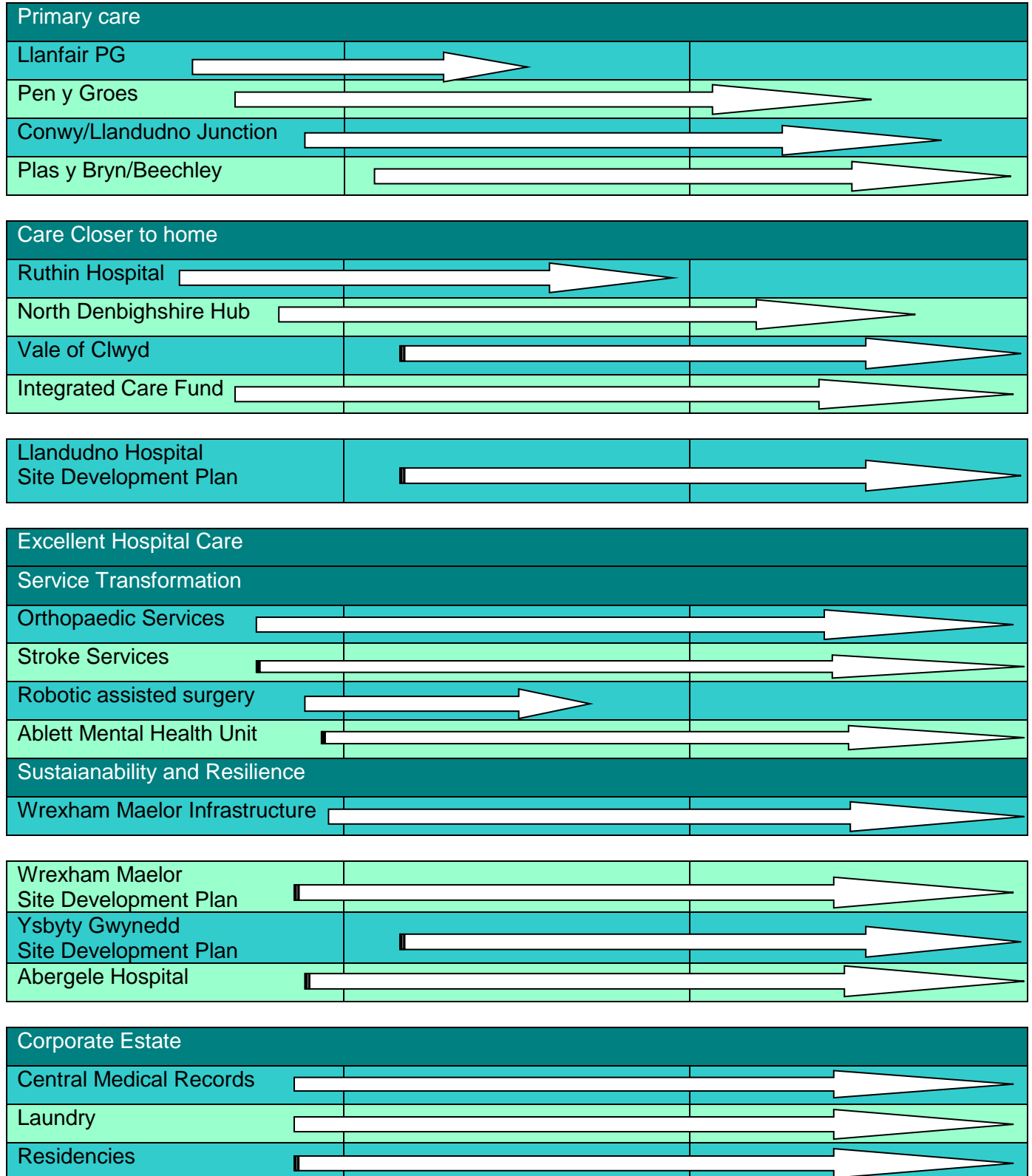
The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisation's changing clinical and business needs

The project pipeline for the first three years is summarised as follows:

2019/20

2020/21

2021/22



## Digital Health (Informatics and Information)

Our priorities for 2019/22 are set out below and consistent with our five-year digital strategy for 2019/24, which is to implement technology to maintain and improve our existing infrastructure and systems whilst supporting patient care, service transformation and growing our capacity and capability.

This strategy has been developed to underpin service needs and support the delivery of a number of developments in digital records, analytics, information management and information communications technology. Our plans and proposed developments are based on *Informed health and care - A digital health and social care strategy for Wales*.

### OUR VISION



#### FOR PATIENTS

Instant access to information to keep them healthy; where they are on waiting lists details of appointments (and the ability to change them); visibility of results; and other correspondence.



#### FOR HEALTH CARE PROFESSIONALS

Fast, modern computers; up to date office automation software, instant messaging, and telephony; and the ability to work anywhere. Our health professionals will have access to an electronic patient record wherever they are. Our optimised systems will support the clinical work, rather than create admin overheads and will be available to partner professional groups, GPs and social services.

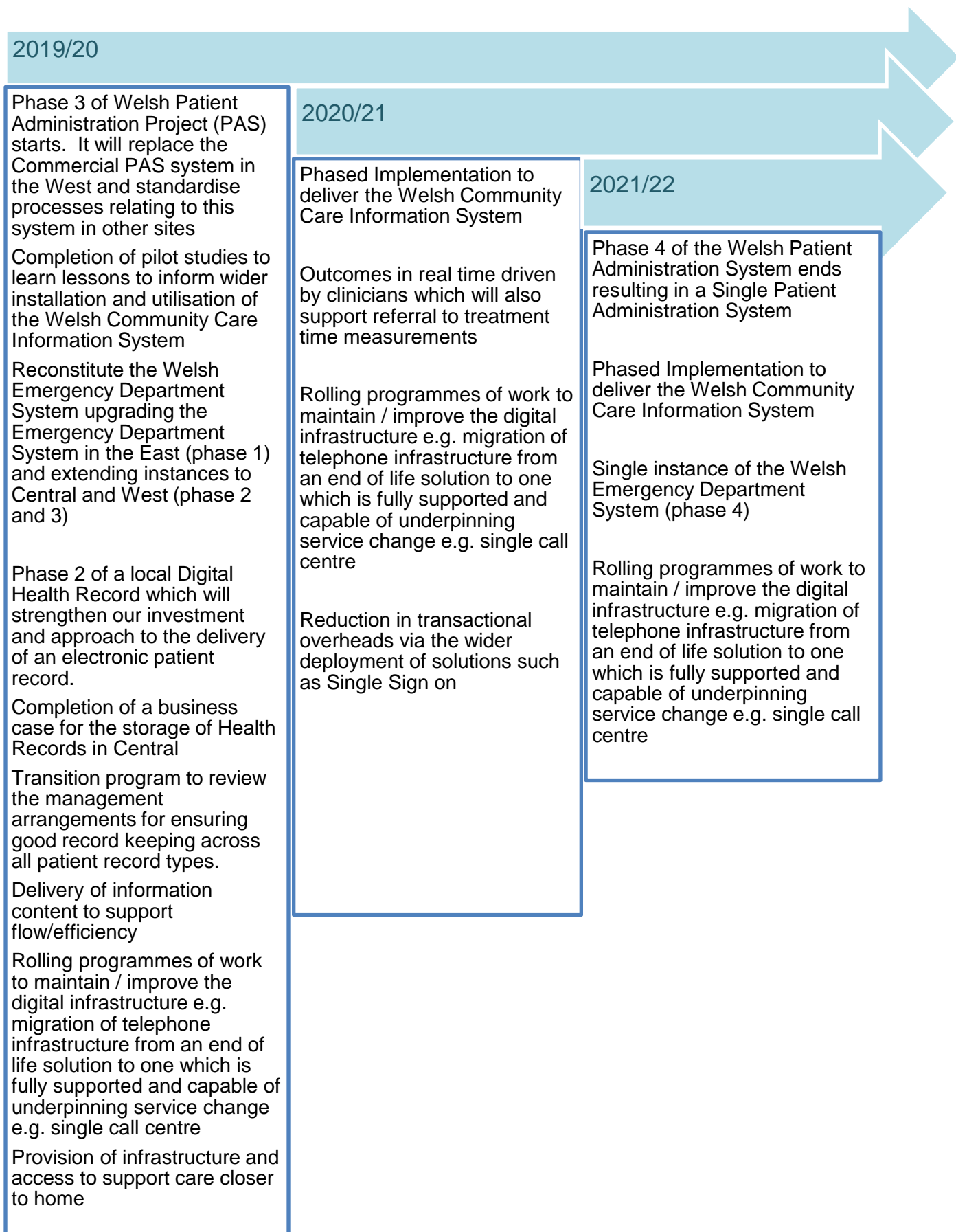


#### FOR MANAGERS & STAFF

Instant access to information on the state of the whole health system e.g. waiting lists; booking of patients; progress to targets; service intelligence; and operational information highlighting day to day running.

Our approach and pace to deliver the vision considers resource availability, the national and legislative context that influences priorities, direction and pace of delivery and our previously published “guiding principles” <sup>(1)</sup>. The need to “get the basics right” and maintain our focus on the delivery of this plan is essential.

## Three Year Ambition - Key Deliverables for Digital Health 2019/22





## FINANCE AND TURNAROUND

**Financial section to follow**

## Section 5 – Supporting Plans

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### 5.1 Research, Development and Innovation

We continue to increase our research and innovation presence across the Health Board with regular awareness sessions in public areas and local and national events, where we promote the value of research and to engage staff with the research and development strategy.

The Bevan Commission works with Health Boards and Trusts to build an Academy of innovators ready to drive change in health and healthcare in Wales. We continue to develop our Bevan Exemplars and over the next three years we will identify and support additional Exemplars and Fellows and engage staff further to develop research and innovation ideas and skills within the organisation.

The newly launched BCUHB Quality Improvement Hub will serve to support a synergy between research, quality improvement and innovation, reducing artificial barriers between different strands of work that all has the overarching aim to improve the health and well-being of our population. The translation into practice and mobilisation of research findings needs to be improved further with knowledge mobilisation, spread and impact a key factor within our developing strategies.

### 5.2 Welsh Language

The Health Board's Welsh Language Plan signals a clear commitment to delivering the Welsh Language Standards and sets out our key priorities and actions:

- *Meeting statutory requirements* – Our Welsh Language Standards Work Programme will ensure that we deliver the Welsh Language (Wales) Measure 2011 on an organisation wide basis with services taking ownership of local actions in order to influence delivery;
- *Increasing the capacity of the workforce to deliver services in Welsh* – Through our Bilingual Skills Strategy we will ensure that we have identified the language skills competency of our staff and kept this under continuous review in keeping with population needs. Gaps in capacity and capability will be highlighted and a Welsh Language Training Programme will be delivered and tailored to suit individual service needs;
- *Ensuring that we act on language preference of our patients* - We will continue to roll out our Language Choice Scheme to ensure we deliver an “Active Offer” which is centred around the communication needs and preference of the service user;
- *Developing a bilingual primary care service* – We will build upon our current partnerships with independent primary care providers by planning how to take a joined-up approach to raise awareness of the importance of providing a Welsh language service and providing access to support implementation; and
- *Ensuring that we provide a comprehensive translation service for the organisation* – We will further develop our translation service to include provision for staff and patients, whilst innovatively working with external organisations to develop Welsh medium assessments and training programmes.

## Section 6 – Accountability and Governance

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### 6.1 Accountability Framework

Performance against our plan will be monitored through the Board's accountability arrangements as set out in the Board's revised Performance and Accountability Framework. Biannual accountability reviews for divisions and corporate directorates will be scheduled in accordance with the revised Framework, with divisional meetings taking place before the biannual joint executive meeting with Welsh Government.

Escalation arrangements are set out within the Framework for areas of non-delivery, resulting in more frequent reviews and transparent consequences of escalation being identified.

The Executive Management Team meeting will receive and lead on operational actions required for improvement on a monthly basis.

Committees of the Board will scrutinise performance against domains applicable to their terms of reference at each meeting and the Board will receive the key performance indicators aligned to this Plan, the national delivery framework and special measures improvement framework at its bimonthly meetings.

Quarterly reporting of progress against the overall plan will be scrutinised through the Board's Strategy, Partnership and Public Health Committee and subsequently reported to the Board.

Through these arrangements, there will be regular detailed reporting of performance and delivery, which is transparent and conducted through the Board and Committee meetings held in public.

### Corporate Governance

Work will continue to strengthen and refine our governance systems, to support improvement in the financial and operational challenges faced. This will include accountability arrangements, revisions to Executive portfolios and developing the capacity of the senior leadership team.

The Special Measures Improvement Framework (SMIF) will inform the focus of the Health Board in 2019, and in future years we will build on the actions already underway. Board development will be ongoing through a combination of Board workshops, externally facilitated development sessions and expert seminars.

Information governance activities will focus on compliance with legislation, increasing levels of training and learning from incidents. This will include the continuation of an information governance service desk to support staff.

Embedding risk management processes will continue in line with our risk management strategy, which will be refreshed annually. Opportunities to further integrate risk management systems and processes will be considered to improve the effectiveness of the current governance and reporting arrangements across all areas of the Health Board.



## **Section 7– Risks and Mitigation**

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We place safety and quality as our top priority. Managing risk is core to improving and maintaining quality and safety.

We will seek out and reduce risks that are a threat to the delivery of safe and effective services and put in place actions that can address the likelihood and impact of each risk to manage it at an acceptable level.

Effective risk management is maintained through our Directorates, Divisions, Sites, Services and Departments in accordance with our risk management strategy.

## **Section 8 – Further Information**

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For further information please contact Mark Wilkinson, Director of Planning and Performance

[mark.wilkinson@wales.nhs.uk](mailto:mark.wilkinson@wales.nhs.uk)

## Appendix 1 – Special Measures Improvement Framework (SMIF)

<b>Organisational development</b>	<b>Planning</b>
<p>Ensure structure is fit for purpose          Improve staff engagement          Executive team and board development and cross disciplinary working          Observe high performing boards          Develop primary care clusters and sustainable primary care          Workforce and OD strategy          Review job roles to boost clinical recruitment          Strengthen financial and business skills across management including central planning team</p>	<p>Financial re-basing and savings identified from benchmarking          Align financial and business plans and change programmes          Active leadership of partnership groups          Further development of clinical services strategy led by clinicians informing an estates strategy          Robust plan including orthopaedics and ophthalmology, out of hours          Robust seasonal resilience plans</p>
<b>Performance and accountability</b>	<b>Delivery</b>
<p>Team to support financial plan / transformation both centrally and across divisions connecting key enablers using technology to deliver transformation          Improve performance management and accountability, following up on Deloitte HASCAS and Ockenden</p>	<p>Deliver financial and all other plans including MH measures          Improve clinical audit          Demonstrate improved public engagement and perception          Learning from concerns complaints incidents and claims          Implement patient safety huddles          Reduce conveyance by ambulance SAFER</p>

	Workforce & OD strategy	Three year plan	Accountability framework	Estates strategy	Governance review
Ensure structure is fit for purpose	✓	✓			✓
Improve staff engagement	✓	✓	✓		✓
Executive team and board development	✓	✓			
Observe high performing boards	✓				
Support financial plan / transformation	✓	✓	✓		✓
Develop primary care clusters / sustainable primary care	✓	✓			
Deliver plans including MH measures	✓	✓	✓	✓	✓
Improve performance management and accountability	✓	✓	✓		✓
Workforce and OD strategy	✓				
Review job roles to boost clinical recruitment	✓	✓			
Strengthen financial and business skills	✓	✓	✓		✓
Financial re-basing and benchmarking		✓	✓	✓	
Align financial and business plans and change programmes		✓	✓		✓
Improve clinical audit					
Demonstrate improved public engagement and perception					
Learning from concerns complaints incidents and claims					
Active leadership of partnership groups	✓	✓			
Further development of clinical services strategy		✓			
Robust plan: orthopaedics, ophthalmology, out of hours		✓			
Implement patient safety huddles					
Reduce conveyance by ambulance					
Robust seasonal resilience plans					
Implement SAFER		✓			

## **Glossary**

### ***A Healthier Wales: Our Plan for Health and Social Care***

Published by Welsh Government in 2018 the document sets out a long term future vision of a ‘whole system approach to health and social care’ focused on health and well-being, on preventing illness and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home, on close collaborative working and the impact on health and well-being throughout life. These are consistent with the aims of our Living Healthier, Staying Well strategy.

The Plan builds on Prudent Healthcare, which is designed to meet the needs and circumstances of patients and actively avoid wasteful care that is not to the patients benefit.

*A Healthier Wales* confirms the use of the Quadruple Aim as a central feature in developing a shared understanding. The four themes of the Quadruple Aim are:

- Improved population health and well-being
- Better quality more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

It also sets out ten national design principles which will facilitate the Quadruple Aim and the wider principles of Prudent Healthcare being used to drive change in the whole system.

### ***Bevan Commission***

The Bevan Commission is a group of international experts providing advice to the Minister for Health and Social Services and ensuring that Wales can draw on best healthcare practices from around the world while remaining true to the principles of the NHS as established by Aneurin Bevan

### ***Clusters***

Care closer to home section refers to Clusters. Services are already delivered from local areas that we term as ‘clusters’ serving a population between 30-50,000. Our new service model will build on a foundation of local innovation through clusters of primary and community care providers. Primary and community care will offer a wider range of professionally led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

## ***Health and Well-being Centres***

Care closer to home plan makes reference to Health and Wellbeing Centres which are locations where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, they could include minor injuries and illness services or step up step down beds. The Health and Wellbeing Centres have been further developed following engagement into three levels, the service descriptions are below:

**The Health & Well-being Centre** - Medium to large local campus, based around existing Primary Care practices, Health Centres or Community Hospitals.

**Health & Well-being Centre** - Access points to health and wellbeing services in primary care and community settings.

**Health and Well-being Access Points** - Access points to health and wellbeing services in community hubs, non-primary care settings. In some circumstances these could be connected to other health sites, e.g. pharmacy, dental surgery etc.

Primary Care provision and Health and Wellbeing Access Points will be developed in partnership with other organisations.

**PICU** – Psychiatric Intensive Care Unit

## ***SAFER***

The Unscheduled care plan refers to SAFER:-

**S – Senior review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

**A – All patients** will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

**F – Flow** of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

**E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.

**R – Review.** A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset

**SuRNICC** – Sub-Regional Neonatal Intensive Care Centre

## ***The Social Services and Well-being Act***

Strategic Direction (section 2) refers to The Social Services and Well-being (Wales) Act which focuses on the individual well-being of people who need care and support, and carers who need support. A major aim is to maximise their ability to feel good and function well by increasing their

sense of control; strengthening their resilience and ability to access resources to cope when needed; and feeling included and being able to participate.

One of the major requirements of the SSWB Act was the development of a Regional Population Needs Assessment and Area Plan. The North Wales Area Plan was approved earlier in 2018 and prioritises partnership working in the following areas:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Children and young people
- Integrated Family Support Services
- Mental health

Partnership work programmes have been established for each of these priority areas, and the priorities also link with Health Board well-being objectives.

### ***The Well-being of Future Generations (Wales) Act***

Strategic Direction (section 2) refers to The Well-being of Future Generations (WBFG) Act which gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations. The Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Well-being of Future Generations Act – this means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:



Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.

# Agenda Item 7



## Conwy and Denbighshire Public Services Board

### Annual Report 2018/2019 - A year in Review

**Welcome to Conwy and Denbighshire's Public Services Board first Annual Report.** The aim of this report is to give a brief overview of what we have achieved since the PSB well-being plan was published in April 2018. An annual report is essential to make sure that as a Board, we are accountable to the public and can self-reflect on where we are making a difference, in line with the 5 ways of working and outline our future direction.

- Long term
- Integration
- Collaboration
- Involvement
- Prevention

#### 1. What's a PSB? (working in an integrated way)

The Well-being of Future Generations (Wales) Act 2015 required every county to set up a Public Services Board (PSB) so that all public bodies in the area could work together to improve well-being. Conwy and Denbighshire services already work together to support people across our region. So we took this opportunity to establish one single PSB for the region in April 2016.

This means both local councils, Police, Fire Service, NHS, Natural Resource Wales, voluntary sector, Welsh Government and probation services all come together to discuss ways to improve well-being in the area and how we can use our resources better to meet needs now and in the future.

Well-being is about being healthy and happy in all areas of your life. Not just good physical and mental well-being but also having positive relationships, strong communities and a healthy environment. We help services work together to improve:

- cultural well-being
- economic well-being
- environmental well-being
- social well-being

You can read more about the Act [here](#)

There's more information about the PSB on our website - [www.conwyanddenbighshirepsb.org.uk](http://www.conwyanddenbighshirepsb.org.uk)

#### 2. Talking to you – The County Conversation (involving people)

During the summer of 2016 we spoke to as many people as possible to ask their views about what works well in Conwy and Denbighshire and what we need to focus on now and for future generations. We asked people to talk about their experiences and their communities so that we could understand a bit more about local concerns and strengths.

We talked and listened to lots of different people from different backgrounds. We spoke to community groups, faith groups, businesses, Town & Community Councils and other public sector partners.



### 3. The early days

Whilst we were working on the plan, we developed 2 interim priorities –

#### a. Communication (involving people)

We wanted to improve our communication with everyone, so we –

- Opened PSB meetings to the public. Anyone can attend our meetings. (You can find our meeting dates, agendas & reports on the PSB website and on the Council committees and meetings section on the Conwy and Denbighshire Council websites).
- Share our minutes online. PSB members table them within their organisations so staff know what we're up to.
- Let you know what we're doing through our PSB newsletter. You can find this on our website, and on our social media, but we make sure we send it to all of our PSB partners, as well as Elected Members, Town & Community Councils and other interested people. Contact us if you want to start receiving a copy by email.
- Post, share & like messages through our County Conversation Facebook & Twitter accounts. We also follow other organisations & people wanting to make a difference.
- Use a shared network (Govram) which allows organisations who have signed up to the agreement to work in each other's buildings securely. .
- Promote hot desking from each other's offices, but this is on a casual / individual basis.

#### b. First 1000 Days (preventing things from getting worse) –

We wanted to focus on the first 1000 days of life, as we recognised this is an important time for children's growth and development which shapes their future health and well-being. So we -

- Held a mapping event to identify opportunities at a whole system level in Conwy & Denbighshire so we could improve outcomes for children during the First 1000 days.
- Joined the 'First 1000 Days Collaborative' in Wales
- Submitted a funding application for £5000 to the 'First 1000 days collaborative' to undertake a case review in Denbighshire of children aged 6 & 7 and their families who did not meet the expected Educational milestones for their age.
- As a result of the review education services have increased support to the early education team to identify barriers and earlier identification of Additional Learning Needs (ALN). Transition plans have also been provided for children moving from Preschool into Nursery.
- This has ensured more accurate identification of the needs of children so the right support can be put in place at the start of a child's education journey.
- Additional investment has been provided for Speech & Language Services & a method for sharing information between agencies has been developed.

### 4. Assessing the bigger picture (involving people and working with others)

#### • **January 2017 - Strategic Themes Workshop:**

While we were developing the well-being assessment we discussed the issues it raised & considered where we could make the most difference together. We came up with a long list of issues, but we needed to learn more about these from people working in these areas.

#### • **March 2017 – Launch of [the Local Well-being Assessment](#):**

The assessment provides a picture of the economic, social, environmental and cultural well-being for Conwy and Denbighshire – both now and in the future. We based the assessment on local

and national data and research. The feedback from the County Conversation formed a big part of this work too.

- **June 2017 - Bring your Idea Events:**

We invited lots of people & organisations from across Conwy & Denbighshire to help us identify where we needed to focus our attention and what we should & could be doing in that area.

From these sessions we were able to narrow down our long list of issues & start focusing on key areas.

- **November 2017 - Formal Consultation:**

After writing our draft plan - we asked you if you were happy with what we'd written. We did this through the County Conversation, where we did a web survey & visited interested community groups to get their views. The plan outlined 6 priorities -

1. The First 1,000 days of life
2. Promoting community hubs
3. Promoting mental well-being for all ages
4. Promoting resilience in older people
5. Promoting environmental resilience
6. Raising resilient and aspirational young people

- **January 2018 – Consultation Review:**

After analysing the feedback from the consultation we decided to rationalise the number of priorities from 6 to 3. We did this by looking at the linkages between priorities, the impact we could have, the long term implications and where work was already taking place for this priority (as we wanted to avoid duplication). We thought ultimately these priorities were where we could add the most value collectively.

- **April 2018 – Approving & Publishing our Well-being Plan:**

In the Spring of 2018 we went to each Statutory Member's organisational board, to get approval of our plan. This meant we took the plan for approval from both Councils, the Health Board, the Fire Service and Natural Resources Wales.

They all agreed to the priorities and next steps for the plan. It was formally signed off at a PSB Board meeting and published on our PSB website in April 2018.

**We've explained this journey in more detail in our technical version of the well-being plan – you can read it [here](#)**

## **5. Listening to you – the Plan**

The published well-being plan can be found [here](#). It focuses on the challenges communities' face which we feel we can really improve by working together.

Our plan focuses on 3 priority areas:

1. **People** – Supporting Good Mental Well-being for all ages
2. **Community** – Supporting Community Empowerment
3. **Place** – Supporting Environmental Resilience

We also committed to 4 additional principles which support the priorities:

- a. To tackle inequalities and treat everyone equally
- b. To support and promote the Welsh Language
- c. To support people so they can access healthy, safe appropriate accommodation
- d. To avoid duplicating work.

DRAFT

## 6. Where we're at now – the Priorities

### a. People – Supporting Good Mental Well-being

What we wanted to achieve in our first year		
<ul style="list-style-type: none"> <li>• Common understanding of the issues, opportunities and priorities around mental well-being.</li> <li>• Exploring ways of working to explore opportunities for the Well-being Plan and national strategy “Together for Mental Health” to deliver together developing objectives to deliver the priority.</li> <li>• Recognising that that the delivery plan is about much more than a clinical issue or clinical response and that well-being and resilience are about communities, ways of working and community assets.</li> <li>• Recognising that there are already a lot of good things going on that we can learn from and that Local Implementation Teams (LITs) and PSBs working together offer the potential to deliver something very powerful.</li> </ul>		
The impact we want		
<ul style="list-style-type: none"> <li>• More people experiencing good mental well-being and fewer people suffering anxiety and depression.</li> <li>• Less self-harming and lower suicide rates.</li> <li>• Less stigma around mental well-being.</li> </ul>		
What we said we'd do as actions	What we've done so far	
<p>1. Set up and develop a PSB sub-group to lead on this priority area.</p>	<p>Natural Resources Wales (NRW) have been leading on the mental well-being priority, working closely with National Health Service &amp; Public Health Wales for support.</p> <p>A sub-group has now been set up.</p>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 33%; background-color: #28a745; height: 20px;"></div> <div style="width: 33%; background-color: #ffc107; height: 20px;"></div> <div style="width: 33%; background-color: #dc3545; height: 20px;"></div> </div> <p style="text-align: center;"><b>Completed &amp; Ongoing</b></p>
<p>2. Hold a workshop with practitioners, service users and providers to explore local issues around mental well-being and identify potential objectives.</p>	<p>We held a workshop on 20 November 2018, attended by a range of professionals with good representation partner organisations and the third sector.</p> <p>As part of the workshop, we discussed the local issues around mental well-being and considered where working together we could add the most value to the areas of most need.</p>	<p style="text-align: center;"><b>Completed</b></p>

3. Implement the findings and recommendations from the workshop and develop an action plan to deliver the next steps for the priority.

The report from the workshop was produced by the facilitator in December 2018 and the recommendations were presented to our mental well-being sub-group.

The sub-group plans to focus on the following outcomes from the workshop, including -

- Identifying good practice and understanding why, as well as some of the factors that might stop good practice.
- Mapping people’s experiences of support services and activities (from initial referral to successful outcome).
- Ensuring that service users aren't only offered ‘what's available’ – but rather what individuals and communities actually need.
- Identifying which assets are being used and what needs are being met, and the availability of data that supports these outcomes.
- Agree on a draft work plan that will help deliver the priority.
- Identifying which aspects of working with people and working with community assets link to our Community Empowerment priority.

We will arrange a follow-up workshop will be arranged in spring 2019 to test and progress the actions identified by the sub-group. This will include setting up task and finish groups to look at how we can work with people and communities to improve mental well-being.

**In progress**

**How do we think we’ve got on?**

We have used the commissioner’s self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of ‘.....’ because this is a complex area of work and there is already a lot of work taking place across the region between the Public Service Board partners and third sector organisations. The Public Service Board needs to ensure it contributes both locally and regionally to the mental well-being priority. The challenges posed by capacity of organisations has resulted in some slightly slower progress than originally anticipated, although it is understood that in year one the Public Service Board has made good progress by identifying the issues around the mental well-being priority. Actions will be developed and taken forward through the second year.

**b. Communities – Community Empowerment**

What we wanted to achieve in our first year		
<ul style="list-style-type: none"> <li>• Understand what work is already taking place, and where the PSB could add the greatest value in terms of empowering our communities.</li> <li>• Consult with professionals on areas of need and seek to develop the PSB’s next steps towards meeting those needs</li> <li>• Understand what would constitute success, and who should be involved in more detailed design and delivery.</li> </ul>		
The impact we want		
<ul style="list-style-type: none"> <li>• Thriving community groups and assets that meet local needs.</li> <li>• Services that work together better.</li> <li>• Services that are better value for money.</li> <li>• People getting involved and having a say in improving services.</li> </ul>		
What we said we’d do as actions	What we’ve done so far	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 33%; height: 20px; background-color: #28a745;"></div> <div style="width: 33%; height: 20px; background-color: #ffc107;"></div> <div style="width: 33%; height: 20px; background-color: #dc3545;"></div> </div>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 70</p> <p>1. Developing the Next Steps for Community Empowerment.</p>	<p>A workshop was held on June 27, 2018, attended by some 40 professionals with good representation across partner organisations. In-keeping with our principle of building on existing pledges from organisations’ well-being plans, delegates were presented with information about existing pledges and asked to consider areas of need where collaboration would add value, focussing on the following themes:</p> <ul style="list-style-type: none"> <li>i. Housing</li> <li>ii. Employment Opportunities</li> <li>iii. Capacity Building</li> <li>iv. Provision of Health &amp; Well-being Support</li> <li>v. Infrastructure</li> </ul> <p>We considered the output of the workshop at our meeting in September, and agreed three areas of work for the priority where we felt we could add value through early intervention, focusing on the local dimension, and involving a different set of partners. These are detailed below.</p>	<p><b>Completed</b></p>

<p><b>2.</b> Social Prescribing will support the well-being needs of individuals and our communities, and will as a result mean fewer medical prescriptions and lower non-medical expenditure on services needed due to lifestyle related conditions. People will also be enabled to say in their own homes for longer.</p>	<p>A great deal of work has taken place to scope what opportunities are available to us in this area, understanding what work is already taking place elsewhere and seeking not to duplicate effort.</p> <p>We are now seeking to develop a programme around weight management, which will integrate with our Good Mental Well-being priority.</p>	<p><b>In progress</b></p>
<p><b>3.</b> Better support tenants and those at risk of homelessness. This will not only result in less homelessness and more stable tenancies, but mitigate health associated risks and support a better quality rented sector.</p>	<p>Due to capacity, this work has not started.</p>	<p><b>Not progressed</b></p>
<p><b>4.</b> Dementia Support Action Plan to better support dementia sufferers and their carers. PSB partners will work towards becoming dementia friendly organisations that help people live independently for longer.</p>	<p>We are integrating our work in this area with that of the Regional Partnership Board, and we are supporting a project around Dementia Friendly Communities (this is being led by the Denbighshire Voluntary Services Council). The project will seek to support those living with dementia and those that support them, providing training and awareness-raising to our communities. The project will also support partner organisations to become dementia friendly.</p>	<p><b>In progress</b></p>
<p><b>How do we think we've got on?</b></p>		
<p>We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'Owning our Ambition' because this is a complex area of work where we have found that a great deal is already taking place. The challenge remains for the PSB to understand where it can most add value to this busy, but important agenda, not only locally, but regionally. In addition, the challenges posed by capacity does mean that progress is slower than we would like. Nonetheless, for only its first year, the PSB has made some progress. We also need to develop measures to make sure we're capturing what difference our actions are making.</p>		

**c. Place – Supporting Environmental Resilience**

**What we wanted to achieve in our first year**

- Support people and communities to realise how important the natural environment is and understand what positive differences they can make to reduce their impact on it.
- Start to address environmental issues such as climate change by promoting ways we can all reduce our footprint such as recycling, improving energy efficiency, reducing carbon emissions and by generally being greener.
- Understand what each of our partner organisations are doing in term of addressing their ecological footprint. Consider what frameworks we are working towards and how we can bring this all together. As part of this we want to improve the energy efficiency of our buildings and facilities.
- Focus on sustainable procurement (in particular maximising community benefit and making sure we’re not having an adverse impact on the environment when we’re buying goods and services).

**The impact we want**

- Our communities and partner organisations to do their bit and actively take steps to reduce their footprint and make sure the local environment is being managed properly and help wildlife and nature flourish for future generations.
- To make sure the natural environment provides a space for our residents, visitors and workers to make the most of and which benefits their health and well-being.
- Improve the consistency between PSB partner organisations, by working towards the same environmental policies, standards and targets.

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What we said we’d do as actions	What we’ve done so far			
<p>1. Work with our PSB partners to develop a framework for our environment work, so that we’re all working to the same goals.</p>	<p>We’ve set up a working group to bring together environmental experts. With them we’re developing a policy statement that outlines what frameworks we will all work towards, including areas of good practice and steps we will take.</p> <p>The framework identifies 9 different environmental aspects, including carbon and energy, waste, biodiversity (including green spaces &amp; woodlands), transport (including active travel), flooding, water,</p>	<p><b>In progress</b></p>		



	<p>procurement, climate change adaptation and planning (which is a cross-cutting theme).</p> <p>We recognise that partner organisations will be at different stages of achievement at the outset and appreciate the time taken to reach targets will differ between partners.</p> <p>We're going out to consult on this with partners and once we approve it we will monitor progress regularly.</p> <p>We're also looking to hold an engagement event for environment experts across North Wales, as we're been told partnership working is a gap in this area. This event will provide an opportunity for experts to network, share good practice and learn from each other.</p>	
<p>Page 73</p> <p>2. Work with communities to develop environmental pledges and green changes we could make to reduce our impact on the environment.</p>	<p>We've set up a working group to bring together environmental experts. With them, we're developing community green pledges. We wanted to look at ways we could work with communities across Conwy and Denbighshire to look at where we could make small changes to our behaviour that will make a big difference to reducing environmental impact.</p> <p>The pledges identify 5 key areas that communities can make to reduce their impact in the environment (including buildings, transport, recycling, shopping and outside space). For each area, information is provided about the why this is important, who's already making the change, some ideas for inspiration and where they can go for further funding support and advice.</p> <p>We're going out to consult on this with communities. Once this has been done and people are happy with it we'll begin to promote and encourage communities to make the pledge to make a difference!</p>	<p><b>In progress</b></p>

<p>3. Look at environmental issues affecting the region that we can't fix by ourselves, like sea defences and reducing the amount of packaging in our shopping.</p>	<p>We've started to discuss key environmental risks at our board meetings. There was a good discussion at our December meeting on the sea defence in old Colwyn and what we can all do to prevent further damage in bad weather. Progress will be reported on at future meetings.</p> <p>We'll continue to look at other environmental issues and risks and consider what difference we can make together and what action we need to take.</p>	<p><b>In progress</b></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 74</p> <p>Look at our procurement processes and identify how we can maximise community benefits from building developments (e.g. through Section 106 agreements – these are legal agreements between local authorities and developers for times when measures may be needed to reduce a developments impact on the community).</p>	<p>Maximising community benefit from procurement activities is something we do as individual organisations, for example –</p> <ul style="list-style-type: none"> <li>• In Denbighshire, economic development related benefits (such as apprenticeship schemes, training and jobs) are applied to building projects in excess of £1million. However work is currently being undertaken to explore the possibility of applying these benefits to lower value contracts and aligning these to their corporate plan priorities.</li> <li>• In Conwy, as part of the development of the new council offices a social value plan was developed which ensured the local community were involved. This included school visits, developing apprenticeship and training schemes, using local trades / services / materials (where possible) and holding community engagement events.</li> <li>• In Betsi Cadwaladr, their plans in Ruthin to develop part of the Hospital and integrate a local GP practice will include discussions with local people and organisations to ensure it offers added value for the local community.</li> </ul> <p>However we need to explore ways on how we do this collectively.</p>	<p><b>In progress</b></p>

5. Work with our planning teams to make sure environmental issues are looked at when planning new developments.

Local Development Planning managers for Conwy and Denbighshire have attended our meetings to provide us with updates and the opportunity to feed in to their consultations on the local developments plans.

However we need to gain a better understanding of the 'conflict' that has been raised between planning policy and consideration of environmental issues.

**In progress**

### How do we think we've got on?

We have used the commissioner's self-assessment tool as a prompt for self-reflection. We feel at the end of the first year of our priorities we are in the category of 'being adventurous' because our approach to pledges aims to push everybody to act to make changes from how things are currently done. We hope by doing this it will support a 'ripple effect' to wider change.

We've made good progress for year one – in terms of focussing on short term goals. We need to look more strategically and we plan to work on a regional basis to do this, since a number of PSBs in North Wales have focussed on the environment. We also need to develop measures to make sure we're capturing what difference our actions are making.

### d. Concluding Comments

We've taken an innovative approach to our plan to ensure we have fresh perspective for each priority. We allocated a lead to each priority and allocated a member organisation who normally wouldn't be associated with work, which encouraged more questioning of the status quo and alternative views on delivery. This approach has been valuable to help us better understand each other's area of work, and although it has perhaps added a bit of time to progress work, this increased understanding of each other's work responsibilities and pressures has been very useful.

The partnership landscape in North Wales is complex, and one of the main challenges we have faced is understanding our role and where we can add most value. We believe we have found areas in each of the priorities where we can make a difference collaboratively.

Our priority areas link to the Future Generation Commissioner's priority areas, especially our focus on social prescribing, which supports the Commissioners 'Better ways to keep people well' priority. Additionally one of our interim priorities was to focus on the first 1000 days of life which helps to reduce adverse childhood experiences. We also plan to look at how we can work collaboratively on maximising community benefit in planning, which will support the Commissioner's priority on 'creating the right infrastructure for future generations.'

Overall we believe we have made good progress with our priorities within the first year of the plan. This is a long term plan, and at this early stage it is vital that we create a solid foundation on which to develop future collaboration by taking time to plan, gain community views and analyse research. It is also worth noting that when working to shift the agenda to a preventative focus, the delivery of outcomes can often take much longer to realise, and in year two we need to do more work to assess how we can monitor the impact we have having.

DRAFT

## 7. Working collaboratively – Thinking Global

We've been linking in with other partnerships to avoid duplication and to share ideas. We've

- talked to the Regional Partnership Board for Social Care and Well-being.
- had updates on the North Wales Growth Deal.
- discussed the Local Development Plan for both Conwy and Denbighshire.
- discussed the County Lines Exploitation issues and raised awareness within our own organisations.
- been monitoring Brexit and looking at ways we can support each other during this process.
- been looking at key risks in the area and discussing what we can all do to help.
- reviewed the Public Health Wales Future Trends Report.
- reviewed the 80 simple steps suggested by the Well-being of Future generations Commissioner.
- Held a healthy boards workshop with Academi Wales.

## 8. Being Challenged

Like any partnership, it's important that there are checks and balances for us.

- We've been holding open meetings, and all the papers & minutes are published
- We've been taking key reports and updates to both the Conwy and Denbighshire Scrutiny Committees.
- Both Councils have agreed to have a joint scrutiny committee which will start in April 2019.
- We publish short newsletters after each meeting so people can read what we're doing in bitesize chunks.
- Had regular discussions about the organisational leadership challenges and how we can help each other.

## 9. Get involved (involving people)

We want you to stay in touch & get involved in our work. You can:

- Come to one of our meetings – all the dates and agendas are published [here](#)
- Read our newsletters [here](#)
- Follow us on social media – [Facebook](#) and [Twitter](#)
- Stay involved and share your views through the PSB website – [www.conwyanddenbighshirepsb.org.uk](http://www.conwyanddenbighshirepsb.org.uk)



C/O Public Services Board Development Officer  
Conwy County Borough Council  
Bodlondeb  
Conwy  
LL32 8DU



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01492 574059

BT Relay Service Customers with hearing or speech impairments can contact any Council service by dialling **18001** before the number they require.



British Sign Language users can contact Conwy County Borough Council using a Sign Language interpreter, through the InterpretersLive! service, provided by Sign Solutions – visit [www.conwy.gov.uk/Contact-Us/sign](http://www.conwy.gov.uk/Contact-Us/sign)



We're happy to provide this document in large print, audio and braille.

This document is also available in Welsh.

The County conversation is an ongoing conversation, so you can take part at any time to share your views and ideas about each County or your local area.

[www.conwy.gov.uk/countyconversation](http://www.conwy.gov.uk/countyconversation)

[www.conwy.gov.uk/sgwrsysir](http://www.conwy.gov.uk/sgwrsysir)

[www.facebook.com/sgwrsconwyconvo/](http://www.facebook.com/sgwrsconwyconvo/)

[@sgwrsconwyconvo](https://twitter.com/sgwrsconwyconvo)

We hope that you will find this report an informative and balanced overview of some of the achievements we made in the last year and our self-reflection of areas where we need to improve.



**ADRODDIAD I'R:**

Bwrdd Gwasanaethau Cyhoeddus Conwy a Sir Ddinbych

**DYDDIAD:**

25 Mawrth 2019

**SWYDDOG ARWEINIOL A'R SEFYDLIAD:**

Y Cyngorydd Hugh H Evans, Arweinydd: Cyngor Sir Ddinbych

**SWYDDOG ARWEINIOL A'R SEFYDLIAD:**

Nicola Kneale, Rheolwr Cynllunio Strategol a Pherfformiad, Cyngor Sir Ddinbych

**TESTUN:**

Cyllid Cefnogi Bwrdd Gwasanaeth Cyhoeddus Gogledd Cymru 2019-20

## 1. PWRPAS YR ADRODDIAD

- 1.1 Mae'r adroddiad yn rhoi gwybod i'r Bwrdd am grant sydd ar gael gan Lywodraeth Cymru (LIC) i ranbarth Gogledd Cymru yn 2019-20, a sut y mae'r cyllid wedi cael ei ddyrannu ar draws y pedwar meini prawf a osodwyd gan Lywodraeth Cymru (Atodiad 1).

## 2. CRYNODEB GWEITHREDOL

- 2.1 Bwriad y cyllid yw helpu Byrddau Gwasanaethau Cyhoeddus i ddarparu'r cynllun llesiant yn ogystal â pharhau i helpu gyda chyfnerthu'r gwaith ar yr asesiadau o lesiant lleol a chynlluniau llesiant lleol.
- 2.2 Mae Byrddau Gwasanaethau Cyhoeddus Gogledd Cymru (wedi'u cefnogi gan swyddogion) wedi ystyried sut y gellir defnyddio'r cyllid i adeiladu cymhwysedd strategol a'r gallu i gefnogi Cynlluniau Llesiant ac Asesiadau ar Lesiant Lleol. Mae'r cyllid wedi'i ddyrannu fel a ganlyn:

Crynodeb o Gynnig	Amserlen Disgwyliedig	Swm
Ymgysylltu â'r Gymuned	01/04/19 - 31/03/20	£20,000
Atgyfnerthu bylchau mewn sail tystiolaeth	01/04/19 - 31/03/20	£42,117
Argaeledd data amser gwirioneddol	01/04/19 - 31/03/20	£1,000
Adolygu prosiectau ar y cyd	01/04/19 - 31/03/20	£20,000
<b>Cyfanswm y grant a ddyfarnwyd</b>		<b>£83,117</b>

## 3. ARGYMHELLION/DEWISIADAU

- 3.1 Bod aelodau Bwrdd y Gwasanaethau Cyhoeddus yn darllen a deall yr adroddiad, ac yn cymryd sylw yn arbennig o'r cyfansymiau ar gael a'r meini prawf (Atodiad II) sydd yn berthnasol.

3.2 Bod aelodau Bwrdd y Gwasanaethau Cyhoeddus yn cael y cyfle i awgrymu meysydd gwaith y gellir eu datblygu gyda'r cyllid cefnogi sydd ar gael. Gall gwario yn erbyn y grant fod yn eitem sefydlog ar raglen y BGC fel bod modd rhoi diweddariadau, ac i roi ystyriaeth i feysydd a fyddai'n elwa o fuddsoddiad.

#### **4. GWYBODAETH GEFNDIR**

4.1 Fel yn y blynyddoedd diwethaf mae cyllid yn cael ei gynnig ar ôl-troed y bwrdd iechyd, gyda £83,117 ar gael i Ranbarth Gogledd Cymru ym mlwyddyn ariannol 2019-20. Mae Cyngor Sir Ddinbych fel awdurdod arweiniol wedi gweithio gyda Swyddogion Bwrdd Gwasanaeth Cyhoeddus Gogledd Cymru i atodi'r cynnig amgaeedig ar gyfer 2019-20.

4.2 Ni ddylid defnyddio cyllid ar gyfer:

- datblygu, neu gynnal prosiectau penodol wedi'u dewis gan y Byrddau Gwasanaethau Cyhoeddus, ar wahân i fod yn rhan o'r gwaith o ddarparu'r cynllun llesiant neu gadarnhau'r asesiad neu'r cynllun;
- cymorth partneriaeth cyffredinol.

4.3 Bydd Cyngor Sir Ddinbych yn monitro cynnydd y gwaith wedi'i ariannu gan sicrhau rheoliadau ariannol digonol. Tanwariant neu orwariant yn cael ei fonitro'n arbennig gan yr awdurdod arweiniol, gyda diweddariadau rheolaidd yn cael eu cyflwyno i Rwydwaith Bwrdd Gwasanaethau Cyhoeddus Gogledd Cymru.

4.4 Bydd adroddiadau cynnydd bob chwarter yn cael eu cyflwyno i Lywodraeth Cymru yn dangos sut y mae amcanion yn cael eu cwrdd, a sut y mae'r gwaith sy'n cael ei ariannu yn berthnasol i Fyrddau Gwasanaeth Cyhoeddus yn fwy cyffredinol.

4.5 Bydd y cyfnod ariannu o 1 Ebrill 2019 - 31 Mawrth 2020, gyda'r cyllid yn cael ei dalu mewn un taliad gan Lywodraeth Cymru ar ddiwedd y cyfnod ariannu ar ôl llenwi ffurflen hawlio foddhaol. Gyda chytundeb yr awdurdod arweiniol, bydd partneriaid yn y lle cyntaf yn derbyn biliau am unrhyw waith sy'n cael ei wneud ac yna'n anfonebu Cyngor Sir Ddinbych am y cyfanswm terfynol i'w dalu ar ddiwedd y flwyddyn ariannol. Dylid anfon unrhyw ymholiadau at [iolo.mcgregor@denbighshire.gov.uk](mailto:iolo.mcgregor@denbighshire.gov.uk)

#### **5. YMGYNGHORIAD**

5.1 Trafodwyd y cynnig gyntaf yng nghyfarfod Rhwydwaith Bwrdd Gwasanaethau Cyhoeddus Gogledd Cymru a gynhaliwyd ar 24 Ionawr 2019. Rhannwyd cynnig drafft i gael adborth gan bob un o swyddogion Bwrdd y Gwasanaethau Cyhoeddus a'u trafod yng nghyfarfod Rhwydwaith Bwrdd Gwasanaethau Cyhoeddus Gogledd Cymru ar 5 Mawrth 2019. Yna cafodd y cynnig ei rannu gyda holl gadeiryddion Bwrdd y Gwasanaethau Cyhoeddus am eu sylwadau cyn ei gyflwyno i Lywodraeth Cymru ar 8 Mawrth 2019. Disgwylir cymeradwyaeth gan Lywodraeth Cymru yn fuan.

#### **6. GOBLYGIADAU O RAN ADNODDAU**

6.1 Yn rheoli'r grant cefnogi y mae'r cymhwysedd presennol o fewn Cyngor Sir Ddinbych.



6.2 Efallai y bydd prosiectau unigol sydd wedi datblygu fel rhan o'r cynnig ariannu gyda goblygiadau o ran adnoddau a fyddai angen eu hasesu ar gyfer effaith wrth iddyn nhw gael eu symud ymlaen.

## 7. RISG

7.1 Mae risg o wario gormod o'r grant hwn a fyddai o bosib yn golygu atebolrwydd ariannol i'r partneriaid.

7.2 Mae risg o danwario'r grant a fyddai'n golygu methu cyfleoedd ar gyfer y rhanbarth.

## 8. CYMHELLION A GOBLYGIADAU

8.1 Mae'r grant cefnogi ar gael i gefnogi Byrddau Gwasanaethau Cyhoeddus i gwrdd â'u hymrwymiaid yn berthnasol i Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Yn benodol i helpu datblygu cynlluniau llesiant a'r datblygiad parhaus a chynnal asesiadau o lesiant lleol.

8.2 Os ydym yn llwyddiannus, rydym yn disgwyl:

- Bydd ein hasesiadau o lesiant lleol yn ddiweddar, perthnasol ac yn hawdd i'w defnyddio, o leiaf mewn perthynas i'r meysydd blaenoriaeth y mae'r BGC wedi eu sefydlu.
- Ymrwymiad gweithgar ac arwyddocaol rhanddeiliaid, gan gynnwys grwpiau anodd eu cyrraedd.
- Cynlluniau llesiant ac adroddiadau blynyddol yn cael eu cyfathrebu'n glir a bod rhanddeiliaid yn eu deall, gan osgoi dyblygiad.
- Camau wedi'u cymryd neu eu cynllunio i gefnogi amcanion llesiant wedi eu sefydlu ar y cyd gan ddefnyddio tystiolaeth ac arfer orau.

## 9. RHESYMAU DROS YR ARGYMHELLION

9.1 Mae'r cynnig wedi ei ddatblygu yn eang ac ar lefel uchel yn fwriadol er mwyn cynnwys yr holl Fyrddau Gwasanaethau Cyhoeddus yn Rhanbarth Gogledd Cymru. Mae rhagor o waith angen ei wneud gan bob un o'r Byrddau Gwasanaeth Cyhoeddus i ddatblygu cynigion penodol ar gyfer gwario'r grant cefnogi.

PAPURAU CEFNDIR	LLEOLIAD
Cynnig Cyllido BGC Gogledd Cymru 2019-20	Atodiad 1
Meini Prawf: Byrddau Cefnogaeth i Wasanaeth Cyhoeddus 2019-20	Atodiad II

## Proposal Form

<b>PSB Region</b>	North Wales (Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB, Wrexham PSB, and Flintshire PSB)
<b>Lead</b>	Iolo McGregor, Strategic Planning & Performance Officer, Denbighshire County Council, PO Box 62, Ruthin, LL15 9AZ Tel: 01824 70 8078 Email: <a href="mailto:iolo.mcgregor@denbighshire.gov.uk">iolo.mcgregor@denbighshire.gov.uk</a>
<b>Period of Claim</b>	1 April 2019 – March 2020

Summary of Proposal	Expected Timescale	Amount bid for (up to a maximum of £83,117)
Community engagement	01/04/19 - 31/03/20	£20,000
Consolidating gaps in evidence base	01/04/19 - 31/03/20	£42,117
Real-time data availability	01/04/19 - 31/03/20	£1,000
Scoping of collaborative projects	01/04/19 - 31/03/20	£20,000
<b>Total grant application</b>		<b>£83,117</b>

<b>Objectives (max 250 words)</b>	<p>If we are successful, we expect that:</p> <ol style="list-style-type: none"> <li>1. Our assessments of local well-being are up-to-date, relevant and easy to use, at least in relation to the priority areas that PSBs have set.</li> <li>2. Active and meaningful involvement of stakeholders, including hard-to-reach groups.</li> <li>3. Well-being plans and annual reports are clearly communicated and understood by stakeholders, avoiding duplication.</li> <li>4. Steps taken or planned in support of well-being objectives have been scoped collaboratively, and informed by evidence and best practice.</li> </ol>
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<b>Planned Costs</b>	<p>£20,000 will pay for ongoing community engagement within the region. Public Services Boards have discussed the need to better coordinate the array of engagement and consultation work that is delivered by individual partners on a local, sub-regional and regional footprint. Further work is needed to understand this picture and explore any opportunities for more joined up working. In addition, Public Services Boards are keen to continue conversations with stakeholders around the ongoing development of our Well-being Objectives, in particular around the delivery of next steps.</p> <p>£42,117 will help address gaps in our evidence. As a group, regional partners have already scoped a number of research briefs that would be of benefit to us, and we will seek to commission this work in the next year. Public Services Boards also need to maintain the existing evidence base housed within our assessments to ensure that the information contained within them remains relevant, up-to-date, and easy to access, considering any gaps that persist. These are gaps that have been identified by Public Service Boards themselves as their work has progressed, but also by the Future Generations Commissioner and Welsh Government.</p> <p>£1,000 will help Public Services Boards maintain accessibility to data and information, considering what data is available and how best it can be presented and made useful to stakeholders. This includes not only information within the assessments of local well-being, but also performance and delivery information relating to well-being plans. Automation of data streams continues to be a desirable and sustainable model to consider here.</p> <p>£20,000 will allow for the scoping of collaborative projects. This will be helpful to the region as PSBs are beginning to progress the next steps for delivery against their well-being plans. As a region, the group have a number of ideas that they wish to scope, but we recognise that this will be an area that requires some flexibility to respond the often fluid areas of work within PSB objectives.</p>
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<b>Milestones and timescales</b>	<p>The timescales around our areas of focus are not well defined, particularly as each of our PSBs are in different places in terms of the developed content of the assessments of local well-being, and well-being plans. Work on these areas is piecemeal and gradual, but ongoing throughout the year. Much of the activity in support of PSBs is also being absorbed into the existing business of partner authorities and must be accommodated as capacity allows. For these reasons, we are allowing for flexibility.</p>		
	<b>Focus Area</b>	<b>Start Date</b>	<b>End Date</b>
	Community engagement	01/04/19	31/03/20
	Consolidating gaps in evidence base	01/04/19	31/03/20
	Real-time data availability	01/04/19	31/03/20
	Scoping of collaborative projects	01/04/19	31/03/20

<b>Deliverable and Measurable Benefits (max 250 words)</b>	<p>In support of this funding proposal, the following are key measures that may be reported. This is assuming data is readily available and no additional burden is placed on partners to gather the information.</p> <p>Most of these measures continue from 2018-19, having now established a good baseline for the performance of PSBs in the region. One additional measure has been included, which will be a simple count of collaborative projects scoped.</p>	
<b>Measure</b>		
<b>Ambition</b>		
<b>Engagement</b>		
1. The number of people actively involved with the work of Public Services Boards	Against this measure we would expect to see an increase in the number of people actively engaged with the work of Public Services Boards. This may be captured through events, meetings, or other methods of engagement (e.g. online portals). Introducing this measure does put the onus on Public Services Boards to capture this information, but we recognise that it will never show the complete picture, and serves only as an indication of success.	
2. The number of hits to Public Services Board websites.	This measure again is only an indication of how engaged stakeholders are with the work of the boards, but also of how accessible, well-promoted and useful our websites are.	
<b>Evidence Gaps</b>		
1. The number of gaps identified within assessments of local well-being.	We anticipate that the number of gaps identified within our assessments will reduce, but we must also take into account the expiration cycle of assessment information.	
2. The number of commissioned research	This is a simple count and we would expect to see a	

	pieces responding to either gaps in our evidence, or identifying best practice interventions	correlation between this measure and the reduction in gaps.
	<b>Real-Time Data</b>	
	1. The number of automated links within our assessments.	This measure seeks to capture the sustainability of our assessments in terms of keeping our data up-to-date. We would expect the number to increase.
	2. Feedback to our assessments tells us that they are relevant to stakeholders.	We want to capture user feedback on our assessments. The region has struggled with this measure in 2018-19, but it is still felt to have value and will challenge PSBs to consider their user feedback.
	<b>Scoping of Collaborative Projects</b>	
1. The number of collaborative projects scoped	This measure is new to 2019-2020 and will be a simple count of the number of collaborative projects that have been scoped in the region.	

<b>Engagement with PSBs in the area</b>	The funding criteria was first discussed at the North Wales Public Services Board Network meeting held on January 24. A draft proposal was shared electronically for feedback with each of the Public Service Board support officers, and it was again discussed by the NW PSB Network on March 5. Finally, it has been shared with the chairs of each Public Services Board for comment and will be tabled with individual PSBs as appropriate.
---	--

<b>Key Risks / Issues:</b>	
<b>Risk/Issue Description</b>	<b>Impact</b>
The risk of duplication between the Population Assessment and the well-being assessments or that their work pulls in different directions.	Wasted effort and conflicting priorities between the Public Services Boards and the Part 9 Board.
The risk that the well-being assessments become too heavily focussed on data and do not involve local citizens sufficiently.	That the well-being assessments do not sufficiently address the expectations of local communities and are overly restricted to the available data.

**Support for Public Services Boards 2019-20**  
**Annex 2**

<p>The risk that the focus is too heavy on the social care and health agenda and does not take account of the economic, environmental and cultural risks and opportunities.</p>	<p>The effectiveness of the initiatives will be limited and some partners will become alienated from the process. Some key areas of concern will be missed and some important assets will not be developed.</p>
<p>The risk that well-being assessments becomes out-of-date and misses important changes to trends or new research.</p>	<p>That the plans are based on out-of-date information and become ineffective.</p>
<p>The risk that there is insufficient analytical capacity to properly develop knowledge gaps.</p>	<p>The well-being assessments will remain static and only focussed on what we know now. This in turn will impact on the effectiveness of the well-being plans</p>
<p>The risk that stakeholders do not engage with the work of public service boards.</p>	<p>Lack of involvement or engagement by stakeholders could lessen the impact of delivery against well-being plans.</p>

**DECLARATION AND UNDERSTANDING**

**Please read this carefully before signing**

Please confirm that your organisation has the power to enter into and to perform the activities for which funding is being applied for.

YES       NO

I am content for information supplied in this application, including the declaration and understanding to be shared in confidence with any individuals who may be involved in considering the case for application or who are involved in any part of the administration or evaluation of the scheme. This may include accountants, external evaluators and other organisations or groups involved in delivering the project.

I understand that if I give any information that is incorrect or incomplete, funding may be withheld or reclaimed and action taken against me. I declare that the information that I have given on this application form is correct and complete. I also declare that, except as otherwise stated on this form, I have not started the project which forms the basis of this application and no expenditure has been committed or defrayed on it.

I understand that any offer may be publicised by means of a press release giving brief details of the project and amount of funding award.

I understand the Department may use data collected to investigate cases of alleged fraudulent use.

I understand that applications must be signed by an authorised signatory. I confirm that I am authorised to sign this application.

Signed	
Date	08.03.19
Name ( <i>block capitals</i> )	Iolo McGregor
Position in organisation	Strategic Planning & Performance Officer
Telephone	01824 70 8078
Email	iolo.mcgregor@denbighshire.gov.uk

Please return your form to:

Huw Bowen, Local Government Partnerships Policy Team  
huw.bowen@gov.wales by **Friday 8th March 2019**



## **Criteria**

The criteria relates to funding offered to Public Services Boards (PSBs) for the financial year 2019/20.

Proposals for funding must demonstrate how the group of PSBs would be enabled to build their strategic capacity and capability to support the delivery of well-being plans as well as consolidate work on the assessments and plans.

The funding will be available for the following purposes and can be used for one or more of the criteria set out below:

- Continuing to support community engagement. Effective engagement with communities continues to be an important aspect of the work of PSBs and this will aim to encourage the coordinated ongoing approach to community engagement.
- Consolidating gaps in the evidence base. The funding could be used to invest in consolidating gaps in data and enable PSBs to undertake additional evidence gathering.
- Supporting data to be made available in real time. The funding could be used to gather or present data around well-being in your region, or be used to adopt an online approach to data
- Supporting PSBs to take a more evaluative approach to the delivery of well-being plans by building in appropriate monitoring and evaluation activity to evidence outcomes and track progress over time.
- Enabling innovative ways of annual reporting (new for 2019-20 in support of the annual reports which are due to be published in July 2019). This will be about sharing learning from each other and adopting similar approaches. We would be able to accept running a pilot for one PSB, provided there is a clear intention to roll out the same approach to other PSBs in the region once its been tested.
- Supporting the scoping of collaborative projects that can be undertaken on shared objectives (new for 2019-20).

## Monitoring and payment arrangements

- The Funding Recipient must monitor the progress of the work funded to ensure that the money is being spent as required and that financial controls are adequate.
- The Funding Recipient must submit to the Welsh Government on a quarterly basis a Progress Report which must demonstrate the extent to which the agreed objectives in the Funding Proposal are being met and must describe how the work which the funding is being used for relates to PSBs more generally.
- The Funding Recipient must submit proposals by **Friday 9<sup>th</sup> March 2019** on the proposal form at Annex 2.
- The funding period will be from 1 April 2019 – 31 March 2020 with the funding being paid in one instalment at the end of the funding period on completion of a satisfactory claim form.

## Ineligible Activities

Proposals which do not demonstrate how they will contribute to supporting the delivery of the well-being plans and/or ongoing work to consolidate the assessments of local well-being will not be funded. This means, for example we would not be able to fund the following activities:

- development of or maintaining specific projects chosen by the PSBs, other than as part of the delivery of the well-being plan or consolidating the assessment or plan;
- general partnership support.

Upon receipt of a satisfactory Proposal Form which meets the criteria set out above, the Welsh Government will issue an award letter together with terms and conditions of the funding.

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Gwasanaethau Llywodraeth Leol i Gymunedau Gwledig



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU



Rwyf wedi paratoi a chyhoeddi'r adroddiad hwn yn unol â  
Deddf Archwilio Cyhoeddus (Cymru) 2004.

Nick Selwyn oedd rheolwr tîm astudiaeth Swyddfa Archwilio Cymru. Roedd y tîm hwnnw'n cynnwys Steve Frank, Gareth Jones, Euros Lake, Sara Leahy, Martin Gibson, Philippa Dixon a Matt Brushett o dan gyfarwyddyd Jane Holownia.

**Adrian Crompton**  
**Archwilydd Cyffredinol Cymru**  
**Swyddfa Archwilio Cymru**  
**24 Heol y Gadeirlan**  
**Caerdydd**  
**CF11 9LJ**

Mae'r Archwilydd Cyffredinol yn annibynnol o'r Cynulliad Cenedlaethol ac o lywodraeth. Mae'n archwilio ac yn ardystio cyfrifon Llywodraeth Cymru a'r cyrff cyhoeddus sy'n gysylltiedig â hi ac a noddir ganddi, gan gynnwys cyrff y GIG. Mae ganddo'r pŵer i gyflwyno adroddiadau i'r Cynulliad Cenedlaethol ar ddarbodaeth, effeithlonrwydd ac effeithiolrwydd y defnydd a wna'r sefydliadau hynny o'u hadnoddau wrth gyflawni eu swyddogaethau, a sut y gallent wella'r defnydd hwnnw.

Mae'r Archwilydd Cyffredinol hefyd yn archwilio cyrff llywodraeth leol yng Nghymru, mae'n cynnal astudiaethau gwerth am arian mewn llywodraeth leol ac yn arolygu cydymffurfiaeth gydag anghenion Mesur Llywodraeth Leol (Cymru) 2009.

Mae'r Archwilydd Cyffredinol yn ymgymryd â'i waith gan ddefnyddio staff ac adnoddau eraill a ddarperir gan Swyddfa Archwilio Cymru, sydd yn fwrdd statudol wedi'i sefydlu ar gyfer y nod hwnnw ac i fonitro a chynghori'r Archwilydd Cyffredinol.

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Cewch aildefnyddio'r cyhoeddiad hwn (heb gynnwys y logos) yn rhad ac am ddim mewn unrhyw fformat neu gyfrwng. Os byddwch yn ei aildefnyddio, rhaid i chi ei aildefnyddio'n gywir ac nid mewn cyd-destun camarweiniol. Rhaid cydnabod y deunydd fel hawlfraint Archwilydd Cyffredinol Cymru a rhaid rhoi teitl y cyhoeddiad hwn. Lle nodwyd deunydd hawlfraint unrhyw drydydd parti bydd angen i chi gael caniatâd gan ddeiliaid yr hawlfraint dan sylw cyn ei aildefnyddio.

Am fwy o wybodaeth, neu os ydych angen unrhyw un o'n cyhoeddiadau mewn ffurf ac/neu iaith wahanol, cysylltwch â ni drwy ffonio 029 2032 0500 neu drwy e-bostio [post@archwilio.cymru](mailto:post@archwilio.cymru). Rydym yn croesawu galwadau ffôn yn Gymraeg a Saesneg. Gallwch ysgrifennu atom hefyd, yn Gymraeg neu'n Saesneg, a byddwn yn ymateb yn yr iaith rydych chi wedi ei defnyddio. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

**This document is also available in English.**



# Cynnwys

Nid yw cynghorau'n llwyddo hyd yn hyn i ddod o hyd i ddulliau cynaliadwy o gynorthwyo cymunedau gwledig i oresgyn yr heriau y maent yn eu hwynebu, ac mae arnynt angen meddwl yn wahanol a gwneud pethau'n wahanol	6
Ein canfyddiadau	9
Argymhellion	10
Rhan 1 – O ganlyniad i newidiadau cymdeithasol ac economaidd, seilwaith gwan a newidiadau yn y ffordd y darperir gwasanaethau a chyfleusterau allweddol, mae cymunedau yng Nghymru wledig wedi dod yn elfen weddilliol.	12
Gwelwyd newid demograffig a heriau wrth annog cyflogaeth yn cael effaith ar gynaliadwyedd cymunedau a gwasanaethau.	12
Mae seilwaith gwan a newidiadau i'r ffordd y caiff gwasanaethau a chyfleusterau allweddol eu darparu wedi cael effaith andwyol ar gymunedau gwledig	14
Yn gyffredinol, mae dinasyddion yn teimlo nad yw gwasanaethau allweddol y cyngor cystal ag yr oeddent o ran argaeledd, fforddiadwyedd, hygyrchedd, addasrwydd a derbynioldeb.	18
Mae cynghorau wedi troi fwyfwy at Drosoglwyddo Asedau Cymunedol er mwyn arbed arian, ond nid yw hyn wedi bod yn ateb cynaliadwy bob tro.	21

<b>Rhan 2 – Nid yw cynghorau a'u partneriaid yn ymateb yn effeithiol bob tro i'r heriau y mae cymunedau gwledig yn eu hwynebu.</b>	<b>23</b>
Mae rôl Byrddau Gwasanaethau Cyhoeddus yn esblygu ond mae yna gyfleoedd i fynegi cydweledigaeth gliriach a mwy uchelgeisiol i Gymru wledig	23
Mae'r arfer o ddadansoddi data er mwyn deall problemau a chytuno ar atebion addas, yn wan.	25
Nid yw'r cynghorau yn tynnu ar eu cymunedau bob tro i'w helpu i flaenoriaethu eu gwasanaethau a'u darparu	26
Er bod gwaith partneriaeth a chydweithio yn elfennau sydd wedi'u sefydlu ers meitin, ac yn gallu bod yn effeithiol, cyfyngedig yw integreiddiad gwasanaethau.	28
Cydnabyddir bod rheoli ac atal y galw yn hanfodol wrth gynnal gwasanaethau, ond mae'r cynnydd yn hyn o beth yn gymysg	29
Mae ar gynghorau a'u partneriaid angen gwella'u dealltwriaeth o effaith eu penderfyniadau ar bobl o gymunedau gwahanol	31
<b>Rhan 3 – Er mwyn cynorthwyo i gynnal cymunedau gwledig, mae ar gynghorau a'u partneriaid angen meddwl yn wahanol a gwneud pethau'n wahanol yn y dyfodol.</b>	<b>33</b>
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Nid yw cynghorau'n llwyddo hyd yn hyn i ddod o hyd i ddulliau cynaliadwy o gynorthwyo cymunedau gwledig i oresgyn yr heriau y maent yn eu hwynebu, ac mae arnynt angen meddwl yn wahanol a gwneud pethau'n wahanol

- 1 Oherwydd daearyddiaeth, pellter, cost a maint yr her, mae cyflwyno gwasanaethau cyhoeddus teg a chyfartal, a chynnal darpariaeth arbenigol, mewn ardaloedd gwledig, yn fater heriol. Yn aml, gall traddodiad o gydnerthedd cymunedol cadarn a diwylliant o hunandibyniaeth mewn ardaloedd gwledig, guddio problemau sylweddol. Wrth golli conglfeini bywyd y pentref, megis banciau, ysgolion a Swyddfeydd Post, ac yn sgil mynediad gwan i seilwaith allweddol megis trafnidiaeth gyhoeddus a band eang cyflym, gall fod yn anoddach fyth cynnal gwasanaethau cyhoeddus mewn cymunedau gwledig.



## Yr hyn yr ydym yn ei olygu wrth 'Cymru Wledig':

Nid oes un diffiniad pendant y cytunwyd arno ar gyfer Cymru wledig. Mae'r dosbarthiad a ddefnyddir gan Lywodraeth Cymru yn diffinio tua 20% o boblogaeth Cymru gyfan fel rhai sy'n byw mewn ardaloedd gwledig. At ddibenion yr astudiaeth hon, ac yn unol â fforwm polisi gwledig Cymdeithas Llywodraeth Leol Cymru, rydym yn dosbarthu naw awdurdod yn ardaloedd gwledig, 11 o awdurdodau yn rhai lled-wledig, a dau awdurdod yn rhai trefol, nad ydynt yn wledig.

### GWLEDIG YN BENNAF

- 1 Sir Gaerfyrddin
- 2 Ceredigion
- 3 Conwy
- 4 Sir Ddinbych
- 5 Gwynedd
- 6 Ynys Môn
- 7 Sir Fynwy
- 8 Sir Benfro
- 9 Powys



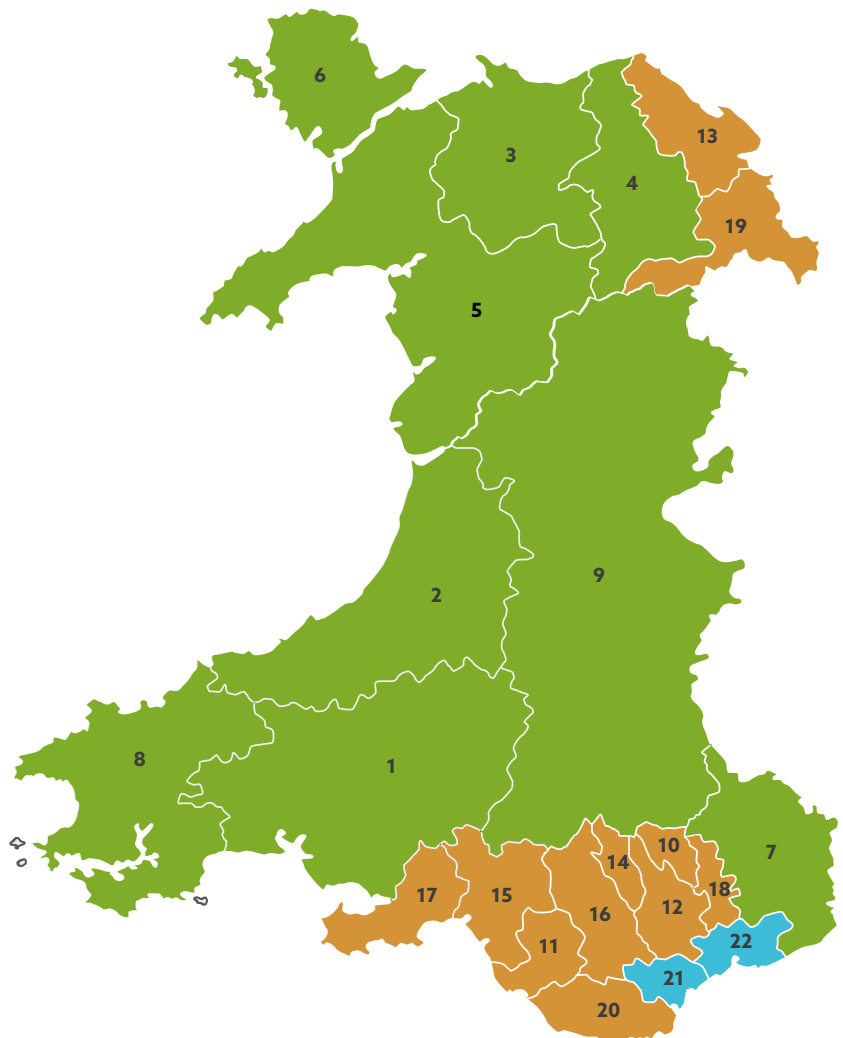
### LLED-WLEDIG/TREFOL

- 10 Blaenau Gwent
- 11 Pen-y-bont ar Ogwr
- 12 Caerffili
- 13 Sir y Fflint
- 14 Merthyr Tudful
- 15 Castell-nedd Port Talbot
- 16 Rhondda Cynon Taf
- 17 Abertawe
- 18 Torfaen
- 19 Wrecsam
- 20 Bro Morgannwg



### CWBL DREFOL

- 21 Caerdydd
- 22 Casnewydd



- 2 Er 2010-11, mae cynghorau wedi wynebu cyfyngiadau ariannol sylweddol. Gwelwyd refeniwiau net o grantiau Llywodraeth Cymru, ardrethi busnes a'r dreth gyngor a gesglir, yn gostwng 7.5% rhwng 2009-10 a 2016-17 (heb gynnwys ffioedd a thaliadau), ac mae hyn gywerth â £529 miliwn<sup>1</sup>. Mae Cymdeithas Llywodraeth Leol Cymru yn amcangyfrif bod cyni ariannol wedi arwain at dorri gwariant cynghorau dros £1 biliwn mewn telerau go iawn a cholli 25,000 o swyddi ers 2010-11<sup>2</sup>. O ganlyniad i effaith y cyni ariannol ar ddarparu gwasanaethau, mae cynghorau yn wynebu dewisiadau anodd ac mae arnynt angen adnabod modelau gwasanaeth gwahanol a ffyrdd newydd o weithio, er mwyn cynnal gwasanaethau a'u diogelu.
- 3 Dan ei [Rhaglen Lywodraethu 2016-2021](#), un o'r canlyniadau a osodwyd gan Lywodraeth Cymru yw sicrhau 'Cymunedau Gwledig Llwyddiannus, Cynaliadwy'. Dan y canlyniad hwn, mae yna dargedau a champau gweithredu penodol i gyrrff cyhoeddus, gan gynnwys llywodraeth leol<sup>3</sup>. Yn yr adroddiad hwn, asesir y modd y mae llywodraeth leol yn darparu gwasanaethau'n uniongyrchol ar gyfer cymunedau gwledig, a'r modd y mae cynghorau'n gweithio gydag eraill. Ystyrir hefyd a ydynt yn cyflawni'r canlynol:
- a gosod blaenoriaethau clir ar gyfer gwasanaethau i gymunedau gwledig ar sail dealltwriaeth o'r anghenion a'r galw;
  - b gwneud y defnydd gorau o adnoddau, trwy ddatblygu modelau newydd, ar y cyd, ar gyfer darparu gwasanaethau megis gwasanaethau porth neu hybiau cymunedol a gwasanaethau ar y cyd er enghraifft;
  - c gwneud y defnydd gorau o gyfleusterau, cyd-leoli a/neu drosglwyddo a defnyddio asedau;
  - d cefnogi dinasyddion i feithrin cydnerthedd a hunanddibyniaeth; a
  - e ffurfio golwg mwy hirdymor, ar sail lle, ar y ffordd orau o ddarparu gwasanaethau.
- 4 Ceir ein dulliau adolygu yn **Atodiad 1**. Ar sail canfyddiadau'r archwiliad hwn, daeth yr Archwilydd Cyffredinol i'r casgliad **nad yw cynghorau'n llwyddo hyd yn hyn i ddod o hyd i ddulliau cynaliadwy o gynorthwyo cymunedau gwledig i oresgyn yr heriau y maent yn eu hwynebu, a bod arnynt angen meddwl yn wahanol a gwneud pethau'n wahanol.**

1 [www.walespublicservices2025.org.uk/files/2017/11/Austerity-and-Local-Government.pdf](http://www.walespublicservices2025.org.uk/files/2017/11/Austerity-and-Local-Government.pdf)

2 [www.wlga.wales/local-government-settlement-the-war-of-attrition-continues-says-wlga](http://www.wlga.wales/local-government-settlement-the-war-of-attrition-continues-says-wlga)

3 Mae Blaenoriaeth 4 yn ymwneud â chyrrff cyhoeddus yn cefnogi prosiectau dan arweiniad y gymuned, hyrwyddo datblygiad sgiliau, creu swyddi, entrepreneuriaeth, ynni cymunedol, trafnidiaeth wledig a mynediad at fand eang. Ffocws Blaenoriaeth 5 yw diogelu tai cymdeithasol mewn cymunedau gwledig trwy roi diwedd ar Hawl i Brynu a pharhau i gefnogi gwaith yr Hwyluswyr Tai Gwledig.

# Ein canfyddiadau

- 5 I lawer o bobl yng Nghymru wledig, mae'n lle gwych i fyw ac i weithio. Serch hynny, o ganlyniad i leihad mewn gwariant cyhoeddus ynghyd â newidiadau cymdeithasol ac economaidd, seilwaith gwan a heriau parhaus wrth ddarparu gwasanaethau cyhoeddus, mae gwasanaethau yn llai hygyrch ac yn llai effeithiol o gymharu ag ardaloedd trefol.
- 6 Yn **Rhan 1** yn yr adroddiad hwn, archwilir y newid yn wyneb Cymru wledig, ac edrychir ar heriau demograffig wrth ddarparu gwasanaethau ar gyfer cymunedau gwasgaredig mewn ardaloedd gwledig. Mae colli conglfeini bywyd y pentref – banciau a Swyddfeydd Post, er enghraifft – a seilwaith gwan, wedi cael effaith andwyol ar gymunedau gwledig.
- 7 Yn **Rhan 2** archwilir y modd y mae cyrff cyhoeddus yn ymateb i'r her o gynllunio a darparu gwasanaethau yng Nghymru wledig ar hyn o bryd. Gwelwn, yn rhy aml, fod cyrff cyhoeddus sy'n gwasanaethu ardaloedd gwledig a threfol yn creu ac yn darparu gwasanaethau sy'n cael eu teilwra ar sail eu cyd-destun trefol. Er bod amrywiadau sylweddol yn yr amgylchedd lleol, dewisiadau polisi a strwythurau gweithredol cynghorau, mae yna symudiad graddol hefyd tuag at gysoni a chanoli ar sail y ddirnadaeth y gellir rheoli costau a chynyddu effeithlonrwydd. Mae cyrff cyhoeddus yn parhau i gynnig 'un ateb i bawb' ac mae hyn yn creu 'anhydraddoldeb gwledig' ac yn ei atgyfnerthu<sup>4</sup>.
- 8 Yn olaf, daw **Rhan 3** i'r casgliad bod ar gyrff cyhoeddus angen cydweithio, yn wyneb lleihad mewn adnoddau, cynnydd yn y galw a heriau cymhleth wrth ddarparu gwasanaethau, er mwyn penderfynu sut i osod blaenoriaethau a sut i ddarparu gwasanaethau llinell flaen os ydynt yn mynd i fodloni anghenion hirdymor dinasyddion. Wrth gwblhau ein hadolygiad, rydym wedi gweld bod cyfleoedd i wneud pethau'n wahanol ac i ddarparu atebion a fydd yn llwyddo i ddiwallu anghenion Cymru wledig yn well yn y dyfodol. Efen allweddol wrth fynd ati i drechu'r her hon, yw gwireddu gwasanaethau cydlynol ac integredig er mwyn uchafu'r defnydd o adnoddau ac ansawdd y broses o gyflenwi gwasanaethau. Er mwyn gwneud hyn, mae angen cydgysylltiad a chydweithrediad rhwng darparwyr y sector cyhoeddus, preifat a gwirfoddol, ac mae hyn yn cynnwys datblygu hybiau amlbwrpas, traws-sector. Mae ar gyrff cyhoeddus angen gwneud mwy i arfogi dinasyddion a chymunedau i fod yn fwy cydnerth a hunanddibynnol hefyd, wrth i arian cyhoeddus barhau i leihau.

4 Wrth grybwyll anhydraddoldeb gwledig, yr hyn a olygir yw'r anghydbwysedd a'r gwahaniaeth gwirioneddol rhwng ansawdd, hygyrchedd a fforddiadwyedd y gwasanaethau a ddarperir mewn ardaloedd gwledig, a rhai trefol, a'r ddirnadaeth ynghylch yr anghydbwysedd a'r gwahaniaeth rhwng yr elfennau hyn. Trwy fynd ati i gynnig 'un ateb i bawb', mae'n bosibl y mygir unrhyw arloesi, ac y gweithir yn erbyn symudiadau polisi cyfredol tuag at bersonoli gwasanaethau, yn enwedig mewn gofal cymdeithasol. Trwy gymryd golwg rhy gyffredinol o'r galw am wasanaethau ac anghenion pobl, mae'n bosibl y rhwystrir y broses o dargedu adnoddau sy'n mynd yn fwy a mwy prin, ac mae'n bosibl hefyd y rhwystrir gweithgarwch atal. Gall gyfyngu ar ddewisiadau personol pobl. Nid yw 'un ateb i bawb' yn ddatrysiad i amrywiadau mewn polisi ac anghysondebau rhwng gwasanaethau.

# Argymhellion

- 9 Rydym wedi cynnig argymhellion ar gyfer gwelliant, ac maent wedi eu nodi isod.

## Argymhellion

- A1 O ganlyniad i newidiadau cymdeithasol ac economaidd, seilwaith gwan a newidiadau yn y ffordd o ddarparu gwasanaethau a chyfleusterau allweddol, mae cymunedau yng Nghymru wledig wedi dod yn elfen weddilliol. (**Gweler paragraffau 1.2 i 1.16**) **Argymhellwn fod Llywodraeth Cymru yn cefnogi cyrff cyhoeddus i weithredu dull mwy integredig o ddarparu gwasanaethau mewn ardaloedd gwledig trwy:**
- adfywio rhaglenni grant gwledig er mwyn creu strwythurau ariannol cynaliadwy, gyda dyraniadau aml-flwyddyn; a
  - chynorthwyo pobl a busnesau i fanteisio i'r eithaf ar gysylltedd digidol trwy raglenni cymorth busnes ac addysg oedolion mwy effeithiol, wedi eu targedu.
- A2 Mae rôl Byrddau Gwasanaethau Cyhoeddus yn esblygu ond mae yna gyfleoedd i fynegi cydweledigaeth gliriach a mwy uchelgeisiol ar gyfer Cymru wledig (**gweler paragraffau 2.2 i 2.9 a 2.28 i 2.31**). **Argymhellwn fod gwasanaethau cyhoeddus sy'n bartneriaid i'r Byrddau Gwasanaethau Cyhoeddus yn ymateb yn fwy effeithiol i'r heriau y mae cymunedau gwledig yn eu hwyneb trwy:**
- asesu cryfderau a gwendidau eu cymunedau gwledig gwahanol gan ddefnyddio Offeryn Prawfesur Gwledig Llywodraeth Cymru ac adnabod y camau lleol a strategol y mae arnynt angen eu cymryd i gefnogi cynaliadwyedd cymunedol a chytuno arnynt; a
  - sicrhau bod y Cynllun Llesiant Lleol yn cyflwyno gweledigaeth sy'n fwy gobeithiol ac uchelgeisiol ar gyfer 'lle' gyda chydflaenoriaethau a gyd-gynhyrwyd gan bartneriaid, ar y cyd â dinasyddion, i roi sylw i heriau y cytunwyd arnynt.
- A3 Er mwyn cynorthwyo i gynnal cymunedau gwledig, mae ar wasanaethau cyhoeddus angen meddwl yn wahanol yn y dyfodol (**gweler paragraffau 3.1 i 3.12**). **Argymhellwn fod cynghorau yn darparu ymateb sy'n fwy effeithiol i'r heriau y mae cymunedau gwledig yn eu hwynebu trwy:**
- sicrhau bod gan gomisiynwyr gwasanaethau ddata ar gostau a gwybodaeth ansoddol ar y dewis llawn o opsiynau sydd ar gael ar gyfer gwasanaethau; a
  - defnyddio barn dinasyddion am ba mor fforddiadwy, hygyrch, digonol, derbyniol ac 'ar gael' y mae gwasanaethau'r cyngor i deilwra sut i ddarparu ac integreiddio gwasanaethau.

## Argymhellion

- A4 Er mwyn cynorthwyo i gynnal cymunedau gwledig, mae ar wasanaethau angen gwneud pethau'n wahanol yn y dyfodol (**gweler paragraffau 3.1 i 3.12**). **Argymhellwn fod cynghorau yn gwneud mwy i ddatblygu cydnerthedd cymunedol a hunangymorth trwy:**
- **weithio gyda chyrff perthnasol fel Canolfan Cydweithredol Cymru i gefnogi menter gymdeithasol a modelau busnes mwy cydweithredol;**
  - **darparu allgymorth cymunedol wedi'i deilwra ar gyfer y rheini sy'n wynebu rhwystrau niferus sy'n eu hatal rhag defnyddio gwasanaethau cyhoeddus a chael gwaith;**
  - **gwella ac adnabod rôl cynghorau tref a chymuned trwy fanteisio ar eu gwytodaeth leol a'u cefnogi i wneud mwy;**
  - **annog ymagwedd fwy integredig at ddarparu gwasanaethau mewn ardaloedd gwledig trwy sefydlu hybiau cymunedol sy'n rhychwantu gwasanaethau cyhoeddus, rhwydweithiau arbenigedd a chlystyrau o wasanaethau cynghori ac atal;**
  - **galluogi gweithredu lleol trwy gefnogi trosglwyddiad asedau cymunedol ac adnabod yr asedau hynny y byddai'n addas eu trosglwyddo, a sicrhau bod y systemau cywir ar waith i wneud i bethau ddigwydd; a**
  - **gwella arweiniad yn y gymuned trwy ddatblygu rhwydweithiau o ddiddordeb, hyfforddiant a choetsio ac annog unigolion i wirfoddoli.**

Rhan 1 – O ganlyniad i newidiadau cymdeithasol ac economaidd, seilwaith gwan a newidiadau yn y ffordd y darperir gwasanaethau a chyfleusterau allweddol, mae cymunedau yng Nghymru wledig wedi dod yn elfen weddilliol.

1.1 Mae gwasanaethau cyhoeddus yn allweddol wrth gynorthwyo dinasyddion, a'u gwarchod, ac yn draddodiadol mae eu ffocws wedi bod ar ddatrys problemau. Fodd bynnag, mae yna lu o heriau y mae sector cyhoeddus Cymru yn eu hwynebu yn yr 21ain ganrif. Yn y rhan hon o'r adroddiad, rydym yn ystyried goblygiadau'r newid yn wyneb Cymru wledig, gan edrych ar effaith newid i'r boblogaeth, cyflogaeth a thai yn y gorffennol diweddar. Rhown ystyriaeth hefyd i'r her o ran seilwaith wrth geisio darparu gwasanaethau cyhoeddus, a gwasanaethau eraill, i gymunedau gwasgaredig yng Nghymru wledig – ansawdd heolydd, mynediad at fand eang a darparu gwasanaethau allweddol megis banciau a Swyddfeydd Post. Rhown ystyriaeth hefyd i farn dinasyddion am ddarparu gwasanaethau cyhoeddus yn lleol a newidiadau diweddar. Yn aml, mae yna gysylltiad rhwng yr heriau hyn, ac maent yn diffinio'r amgylchedd gweithredol y mae cyrff cyhoeddus yn darparu gwasanaethau ynddo.

**Gwelwyd newid demograffig a heriau wrth annog cyflogaeth yn cael effaith ar gynaliadwyedd cymunedau a gwasanaethau.**

**Mae cymunedau gwledig yn heneiddio'n gyflymach a chyfradd creu tai newydd yn arafu, fwy nag yn rhannau eraill o Gymru.**

1.2 Yn sgil newidiadau demograffig, mae yna fwy o bwysau ar wasanaethau cyhoeddus sydd eisoes dan straen, megis gofal cymdeithasol, wrth i'r galw am wasanaethau gynyddu. Yn ogystal, oherwydd diboblogi a chymdeithas sy'n heneiddio mewn ardaloedd gwledig mwy anghysbell, mae gwasanaethau lleol yn dod yn llai ymarferol. Mae gan ddemograffeg Cymru wledig ac, yn benodol, y nifer cynyddol o bobl hŷn, oblygiadau ar gyfer y dyfodol o ran darparu gwasanaethau cyhoeddus – er enghraifft mwy o alw am wasanaethau gofal cymdeithasol a thai. Rhwng 2012 a 2016, mae pob un o'r naw cyngor sy'n rhai gwledig yn bennaf wedi gweld gostyngiad yn nifer y bobl dan 18 a chynnydd yn nifer y bobl dros 65. Er y bydd pob ardal wledig yn gweld cynnydd yn nifer yr aelwydydd yn eu hardal erbyn 2035, bydd wyth o'r naw awdurdod lleol sy'n rhai gwledig yn bennaf yn gweld aelwydydd newydd yn ffurfio ar raddfa lai na'r cyfartaledd ar gyfer Cymru. Mae Daffodil<sup>5</sup> yn darogan y bydd y duedd hon yn parhau am yr 20 mlynedd nesaf.

5 System we-seiliedig yw Daffodil. Datblygwyd gan Institute of Public Care ar gyfer Llywodraeth Cymru ac mae'n tynnu ynghyd yn un lle yr wybodaeth sy'n angenrheidiol er mwyn cynllunio gwasanaethau gofal, cymorth a thai yn y dyfodol.

## Mae'r diffyg swyddi â chyflogau da, ac anhawster creu a chynnal cyflogaeth, wedi annog pobl ifancach i symud i ffwrdd.

- 1.3 Yn ein dadansoddiad, tynnir sylw at y ffaith fod economi Cymru wledig yn gwneud yn dda mewn rhai agweddau. Gwelwyd mwy o gynnydd yng nghyfradd gyflogaeth awdurdodau sy'n rhai gwledig yn bennaf er 2007-08 o'u cymharu â rhannau eraill o Gymru, ac yn yr holl ardaloedd gwledig (ac eithrio Ceredigion) ar lefelau sy'n uwch na'r cyfartaledd ar draws Cymru. Ar y cyfan, mae llai o bobl yng Nghymru wledig yn economaidd anweithgar, yn ddi-waith neu'n cael budd-daliadau lles, o gymharu ag ardaloedd eraill o'r wlad<sup>6</sup>.
- 1.4 Er gwaethaf y newidiadau hyn, mae Cymru wledig yn wynebu rhai heriau economaidd sylweddol. Gall fod yn anodd datblygu a chynnal economi sgiliau uchel, gan fod y farchnad lafur yn gymharol fach ac yn aml gall fod yn anodd sicrhau gweithlu â'r sgiliau cywir i ddenu buddsoddiad o'r tu allan. Mae busnesau newydd yn llai amlwg mewn ardaloedd gwledig o gymharu ag ardaloedd trefol. Er bod chwech o'r naw awdurdod sy'n rhai gwledig yn bennaf wedi gweld mwy o fusnesau'n cael eu creu nag sydd wedi cau yn ystod 2016, mae cyfradd y twf wedi bod yn lleihau'n raddol ers 2013 a gwelwyd gostyngiad yn nifer y mentrau busnes actif fesul 10,000 o'r boblogaeth yn wyth o'r naw awdurdod sy'n rhai gwledig yn bennaf rhwng 2008 a 2016.
- 1.5 Ym mwyafrif cymunedau Cymru, gwelwyd enillion wythnosol gros cyfartalog (cymedrig) yn cynyddu ers 2012, ond mae gan saith o'r naw awdurdod sy'n rhai gwledig yn bennaf gyflogau wythnosol cyfartalog sy'n is na'r cyfartaledd i Gymru gyfan ac, yn Sir Benfro, mae enillion wedi gostwng<sup>7</sup>. Wrth gymharu, mae gan Gymru wledig enillion is ac mae'r bwlch rhwng y siroedd â'r enillion cyfartalog isaf ac uchaf yn cynyddu.

6 [www.nomisweb.co.uk/articles/1048.aspx](http://www.nomisweb.co.uk/articles/1048.aspx)

7 <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Earnings/averageweeklyearnings-by-welshlocalareas-year>

- 1.6 I raddau helaeth mae economi Cymru wledig yn dueddol o fod yn bobl hunangyflogedig a busnesau llai. Yn 2016-17, roedd lefelau hunangyflogaeth yn y naw awdurdod sy'n rhai gwledig yn bennaf yn uwch na'r cyfartaledd ar gyfer Cymru. Dim ond un awdurdod arall (Torfaen) sy'n uwch na'r cyfartaledd ar gyfer Cymru<sup>8</sup>. Dengys y data a gyhoeddwyd gan y Swyddfa Ystadegau Gwladol fod cyfran uwch o'r gweithlu wedi'u cyflogi mewn busnesau micro (rhwng 1 a 9 o gyflogeion) a bach (rhwng 10 a 49 o gyflogeion) yng Nghymru wledig o gymharu â rhannau eraill o'r wlad<sup>9</sup>. Er enghraifft, yn 2017, gweithiai 40.1% o'r gweithlu ym Mhowys mewn busnesau micro o gymharu â 13.8% yng Nghaerdydd.
- 1.7 Dengys ymchwil fod pobl ifanc mewn ardaloedd gwledig yn fwy tebygol o gael gwaith am dâl isel, cyflogaeth ansicr neu waith mewn cwmnïau llai o'u cymharu â'u cywerth mewn ardaloedd trefol. Her benodol i bobl ifanc yw anhawster wrth symud ymlaen yn eu gwaith oherwydd crynodiad cwmnïau bach, sy'n cynnig cyfleoedd cyfyngedig i bobl ifanc uwchraddio'u sgiliau a symud ymlaen. O ganlyniad, mae pobl ifanc yn teimlo eu bod yn cael eu 'gwithio' i ffwrdd o ardaloedd gwledig oherwydd diffyg cyfleoedd a chyflogau is, a'u bod yn cael eu 'tynnu' tuag at ardaloedd trefol am fod gwell cyfleoedd swyddi yno, cyfleoedd i symud ymlaen yn eu gwaith a chyflogau uwch<sup>10</sup>.

## Mae seilwaith gwan a newidiadau i'r ffordd y caiff gwasanaethau a chyfleusterau allweddol eu darparu wedi cael effaith andwyol ar gymunedau gwledig

- 1.8 Rhagofynion allweddol wrth greu cymunedau gwledig cynaliadwy yw sicrhau rhwydwaith o heolydd o ansawdd da, sydd wedi eu cysylltu'n dda, trafndiaeth gyhoeddus reolaidd a rhad, tai fforddiadwy, gwasanaethau cyhoeddus a phreifat hygyrch a gwasanaeth band eang rhagorol. Mae'r blociau adeiladu hyn yn cysylltu pobl at y gwasanaethau y mae arnynt eu hangen fel eu bod yn gallu ffynnu a thyfu. Serch hynny, codwyd pryderon gan ddinasyddion a holwyd gennym, fod sylfeini bywyd gwledig, sef pethau sy'n cyfrannu i sicrhau bod eu cymuned yn lle gwych i fyw ac i weithio, ynghyd ag effaith toriadau mewn gwariant cyhoeddus ac ansicrwydd economaidd parhaus, wedi newid eu cymunedau dros y blynyddoedd diwethaf, ac nid er gwell bob tro.

8 <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/Businesses/Business-Demography>

9 [www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/bulletins/ukbusinessactivitysizeandlocation/2017](http://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/bulletins/ukbusinessactivitysizeandlocation/2017)

10 [www.dera.ioe.ac.uk/15199/1/Barriers-to-education-employment-and-training-for-young-people-in-rural-areas.pdf](http://www.dera.ioe.ac.uk/15199/1/Barriers-to-education-employment-and-training-for-young-people-in-rural-areas.pdf)



## Mae seilwaith trafndiaeth gwan wedi effeithio ar allu dinasyddion i gael mynediad at gyfleusterau, gwasanaethau a gwaith.

- 1.9 Er bod ansawdd heolydd ledled Cymru yn gwella, awdurdodau yng Nghymru wledig sydd â heolydd o'r ansawdd isaf<sup>11</sup>. Mae awdurdodau gwledig hefyd yn rhychwantu swmp rhwydwaith heolydd Cymru, a hynny'n anghyfrannol, gyda 66.3% o'r heolydd yn y naw awdurdod sy'n rhai gwledig yn bennaf. Dywedodd tua 56% o Gynghorau Tref a Chymuned wrth ymateb i'n harolwg fod heolydd mewn cyflwr gwael, ac adleisiwyd y canfyddiad hwn gan 31% o ddinasyddion a lenwodd ein holiadur.
- 1.10 Dengys ymchwil gan Campaign for Better Transport fod mwyafrif y cynghorau yng Nghymru wedi cynnal neu gynyddu buddsoddiad rhwng 2010-11 a 2016-17 ond, serch hynny, roeddent wedi gostwng eu gwariant ar lwybrau bysiau lleol £5.1 miliwn (24%). Gwelwyd y cynnydd mwyaf ym Mhowys, lle cynyddodd y gyllideb tua £690,000 a gwelwyd y toriad mwyaf yng Ngwynedd, lle'r oedd lleihad o dros £1 miliwn yn y gyllideb<sup>12</sup>. Nododd y rheiny a ymatebodd i'n harolygon ar gyfer Cynghorau Tref a Chymuned fod yna lai o argaeledd trafndiaeth gyhoeddus o gymharu â'r gorffennol ac roeddent yn ofni y byddai'r dirywiad hwn yn parhau. Nododd dinasyddion mai Powys, Sir Fynwy a Cheredigion yw'r ardaloedd â'r drafnidiaeth gyhoeddus leiaf hygyrch. Yn yr un modd, tynnodd Cynghorau Tref a Chymuned ledled Cymru sylw at ddirywiad yn argaeledd trafndiaeth gyhoeddus gyda 50% o'r rheiny a ymatebodd yn dweud bod gwasanaethau wedi lleihau yn eu cymuned.

## Mae dinasyddion yn cael eu rhwystro rhag cael mynediad at wasanaethau cyhoeddus a'u defnyddio oherwydd gwasanaeth band eang gwael.

- 1.11 Mae band eang cyflym iawn yn hanfodol i ddefnyddwyr a busnesau. Gall helpu gwella mynediad at wybodaeth, cyngor a chymorth i ddinasyddion, a chefnogi cyrff cyhoeddus i newid sianeli gwasanaethau fel ei bod yn haws i ddinasyddion gael mynediad a'u defnyddio. Gall hefyd gynyddu effeithlonrwydd a sicrhau arbedion. Mae gwasanaethau digidol hefyd yn caniatáu i fusnesau ddarparu cyfleoedd i gyflogeion weithio'n hyblyg fel eu bod yn gallu gweithio o gartref a chael mynediad o bell i systemau'r cwmni, gan arbed costau a gostwng olion troed carbon.

11 <https://statswales.gov.wales/Catalogue/Transport/Roads/Lengths-and-Conditions>

12 [www.bettertransport.org.uk/sites/default/files/research-files/2010\\_final\\_buscuts.pdf](http://www.bettertransport.org.uk/sites/default/files/research-files/2010_final_buscuts.pdf)

- 1.12 Gwan yw seilwaith band eang y Deyrnas Unedig, ac mae gan Gymru'r cysylltiadau band eang gwannaf yn y Deyrnas Unedig. Ardaloedd gwledig Cymru sydd â'r mynediad gwannaf at wasanaethau. Mewn dadansoddiad o dros 63 miliwn o brofion cyflymder band eang ledled y byd, datgelwyd mai'r Deyrnas Unedig sydd yn yr 31ain safle, gyda chyflymder cyfartalog o 16.51 Mbps<sup>13</sup>. Mae saith o'r deng ward ym Mhrydain Fawr sydd â'r cyflymder lawrlwytho cyfartalog isaf, yma yng Nghymru ac yng Ngwynedd, Powys, Sir Fynwy, Sir Gaerfyrddin a Sir Benfro<sup>14</sup>.
- 1.13 Mae canfyddiadau ein harolwg o Gyngorau Tref a Chymuned yn adleisio'r casgliadau hyn. Soniodd nifer o ymatebwyr am gyflymder gwael band eang cyflym iawn a thrafferthion parhaus wrth geisio cael mynediad at wybodaeth, llenwi ffurflenni a chyflwyno ceisiadau. O ganlyniad i wasanaeth band eang gwael, mae argaeledd a hygyrchedd gwasanaethau yn llai, yn hytrach na'u bod yn well, yn enwedig gan fod cyngorau yn cynyddu'r gwasanaethau ar-lein a ddarperir ganddynt.

## Mae cau banciau a Swyddfeydd Post wedi cael effaith andwyol ar lawer o gymunedau Cymru

- 1.14 Yn sgil twf gwasanaethau ar-lein a symudol, gwelwyd llai a llai o fanciau a Swyddfeydd Post. Mewn ymchwil gan Which amcangyfrifir bod 93 o fanciau wedi cau ers 2015<sup>15</sup>. O'r rhain, gwelwyd 50 o fanciau yn cau yn y naw awdurdod lleol gwledig, 36 mewn awdurdodau lleol gwledig/trefol cymysg a chwech yn ardaloedd yr awdurdodau trefol. Ym Mhowys, gwelwyd y nifer fwyaf yng Nghymru yn cau. Collwyd 11 o fanciau ers 2015. Yn yr un modd, mae darpariaeth y Swyddfeydd Post wedi lleihau ledled holl gymunedau Cymru ers 2007<sup>16</sup>. Mewn ymchwil gan Deloitte<sup>17</sup> a Move your money<sup>18</sup>, tynnwyd sylw at y ffaith fod y mwyafrif o achosion o gau gwasanaethau yn digwydd yn yr ardaloedd hynny sy'n dibynnu fwyaf ar ganghennau banc a Swyddfeydd Post ac sydd fwyaf tebygol o ddiodeff effaith andwyol yn sgil eu cau. Er enghraifft, mae Deloitte yn categoreiddio nifer o ardaloedd yng Nghymru wledig fel 'cymunedau gwledig sy'n dirywio' a fydd yn gweld gwasanaethau pellach yn cau oherwydd 'llai o niferoedd yn defnyddio'r gwasanaethau a llai o alw am gynnyrch a gwasanaethau ariannol'.

13 Fe arfer, mynegir cyfraddau data cysylltiadau Rhyngwlad cyflym, preswyl, modern, fel megabits yr eiliad (Mbps). [www.docs.google.com/spreadsheets/d/1A8LDcCLY3HN5Oqys6VxB0ug8xgroDADVIA2BeAF\\_tSM/edit#gid=0](https://www.docs.google.com/spreadsheets/d/1A8LDcCLY3HN5Oqys6VxB0ug8xgroDADVIA2BeAF_tSM/edit#gid=0)

14 [www.researchbriefings.files.parliament.uk/documents/SN06643/SN06643.pdf](https://www.researchbriefings.files.parliament.uk/documents/SN06643/SN06643.pdf)

15 [www.which.co.uk/news/2017/04/mapped-the-482-bank-branches-closing-in-2017/](https://www.which.co.uk/news/2017/04/mapped-the-482-bank-branches-closing-in-2017/)

16 Adroddiad Rhwydwaith Post Office Limited 2017; a [www.researchbriefings.files.parliament.uk/documents/SN02585/SN02585.pdf](https://www.researchbriefings.files.parliament.uk/documents/SN02585/SN02585.pdf)

17 [www2.deloitte.com/content/dam/Deloitte/uk/Documents/financial-services/deloitte-uk-bricks-and-clicks.pdf](https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/financial-services/deloitte-uk-bricks-and-clicks.pdf)

18 [www.drive.google.com/file/d/0BxHxIVSxtvx2YVVRtLTZDdJl0a0E/view](https://www.drive.google.com/file/d/0BxHxIVSxtvx2YVVRtLTZDdJl0a0E/view)

## Cafwyd anawsterau wrth geisio datblygu tai mewn rhai ardaloedd gwledig ac wrth geisio cael mynediad atynt.

- 1.15 Mewn ardaloedd gwledig, mae mwy o bobl yn berchen ar eu cartrefi nag sy'n eu rhentu. Yn y naw awdurdod lleol sy'n rhai gwledig yn bennaf, mae lefel y perchen-breswylwyr yn gyfwerth â'r cyfartaledd ar gyfer Cymru, neu'n fwy na hynny, ond, ar y cyfan, mae lefelau tai cymdeithasol – a rentir gan gymdeithas tai neu gyngor – yn is na'r cyfartaledd ar gyfer Cymru . Yn ogystal, mae prisiau tai yn gyffredinol uwch mewn ardaloedd gwledig na chymunedau trefol. Er enghraifft, ym mis Mai 2018, cofnododd chwech o'r naw sir sy'n rhai gwledig yn bennaf, brisiau gwerthiant cyfartalog a oedd yn fwy na'r cyfartaledd ar gyfer Cymru gyfan, sef £148,894<sup>20</sup>. Mewn blynyddoedd diweddar, mae nifer y tai newydd a adeiladwyd yng Nghymru wledig wedi bod yn statig gan fwyaf, ond ym mhedwar o'r naw awdurdod sy'n rhai gwledig yn bennaf – Ynys Môn, Sir Ddinbych, Sir Fynwy a Phowys – mae'r nifer o anheddau newydd a adeiladwyd wedi lleihau<sup>21</sup>.
- 1.16 Wrth ymateb i'n harolwg, tynnodd dinasyddion sylw at argaeledd tai, yn enwedig ar gyfer pobl ifancach, diffyg tai fforddiadwy a'r cynnydd mewn prisiau tai, fel problemau sydd ar gynnydd. Mae Llywodraeth Cymru wedi cefnogi awdurdodau i greu swyddi Hwyluswyr Tai Gwledig<sup>22</sup> i gynorthwyo gyda datblygiad tai mewn cymunedau gwledig. Er gwaethaf y buddsoddiad yn y rôl bwysig hon, ni welwyd unrhyw gynnydd arwyddocaol yn y cyflenwad o dai fforddiadwy newydd ac mewn adroddiad diweddar tanlinellwyd mai 'y penbleth y mae pawb sy'n gysylltiedig â phrosiect yr Hwylusydd Tai Gwledig ynddo, yw bod cyflenwi tai fforddiadwy yng nghefn gwlad ar raddfa isel o hyd'<sup>23</sup>.

19 <https://statswales.gov.wales/Catalogue/Housing/Dwelling-Stock-Estimates/dwellingstockestimates-by-localauthority-tenure>

20 <https://www.gov.uk/government/publications/uk-house-price-index-wales-may-2018/uk-house-price-index-wales-may-2018>

21 <http://gov.wales/statistics-and-research/new-house-building/?lang=en>

22 Mae Hwyluswyr Tai Gwledig yn gweithio gyda chymunedau gwledig i adnabod angen lleol am gartrefi fforddiadwy ac yna'n gweithio gyda'r gymuned leol i ddod o hyd i gyfle addas i ddatblygu tai.

23 <http://rhewales.co.uk/images/user/Evaluation%20Rural%20Housing%20Enablers%20Wales%20Final%20Report%202014.pdf>

## Yn gyffredinol, mae dinasyddion yn teimlo nad yw gwasanaethau allweddol y cyngor cystal ag yr oeddent o ran argaeledd, fforddiadwyedd, hygyrchedd, addasrwydd a derbynioldeb.

- 1.17 Credai'r dinasyddion a holwyd gennym fod gwasanaethau'r cyngor wedi dirywio yn y pum mlynedd diwethaf. Yn ôl 43% o'r rheiny a ymatebodd i'r arolwg o ddinasyddion, mae gwasanaethau'r cyngor wedi gwaethygu dros y pum mlynedd diwethaf, o gymharu â 39% a ddywedodd nad oeddent wedi newid. Dim ond 10% sy'n dweud bod gwasanaethau wedi gwella. Dywed 24% fod gwasanaethau'r cyngor yr oeddent yn eu defnyddio wedi dod i ben a dywed 10% fod gwasanaethau wedi eu cyfyngu erbyn hyn. Dywedodd ychydig o dan hanner y dinasyddion a ymatebodd i'r arolwg fod gwasanaethau'r cyngor y maent yn eu defnyddio yn anfforddiadwy iddynt.
- 1.18 Er iddynt gydnabod bod angen i bethau newid, mae gan ddinasyddion ymateb cymysg i ddarparu gwasanaethau mewn ffordd wahanol. Mae ychydig dan hanner yn agored i'r syniad o annog cymunedau i redeg y gwasanaethau eu hunain, yn enwedig y rheiny mewn grwpiau oedran ifancach. Serch hynny, mae trigolion yn derbyn bod angen darparu gwasanaethau mewn ffordd wahanol yn y dyfodol ond roedd tua saith o bob deg o'r rheiny a ymatebodd i'r arolwg am weld gwasanaethau'r cyngor yn cael eu darparu fel y maent yn cael eu darparu nawr.
- 1.19 Gyda mwy a mwy o gyfyngu ar gyllidebau, mae dinasyddion yn llai positif wrth sôn am ddyfodol gwasanaethau cyhoeddus. Dim ond 29% sy'n cytuno y bydd eu cyngor lleol yn gallu darparu gwasanaethau o ansawdd uchel yn y dyfodol, ond mae mwyafrif y dinasyddion a ymatebodd i'n harolwg yn amharod i dalu mwy o'r dreth gyngor. Mae'r Cynghorau Tref a Chymuned a ymatebodd i'n harolwg yn cefnogi'r casgliadau hyn, yn enwedig wrth grybwyll fod cost gwasanaethau'r cyngor wedi cynyddu a bod lleihad mewn hygyrchedd ac argaeledd.

## Arddangosyn 1: effaith newidiadau mewn gwasanaethau ar ddinasyddion a chymunedau yng Nghymru wledig.

Mae dinasyddion a chynghorwyr tref a chymuned wedi gweld lleihad mewn gwasanaethau cyhoeddus yng Nghymru wledig.

### Sylwadau gan Ddinasyddion ynghylch newidiadau i wasanaethau cyhoeddus



## Sylwadau gan Gynghorwyr Tref a Chymuned ynghylch newidiadau i wasanaethau cyhoeddus

'Canran isel o bobl yn defnyddio'r rhyngwrwyd a thrafnidiaeth gyhoeddus gyfyngedig.'

'Pobl hŷn a phobl ifanc dan anfantais am fod diffyg cyfleusterau'n lleol ac maent yn gorfod dibynnu ar drafnidiaeth gyhoeddus, sy'n aneffeithlon ac yn anfynych.'

'Wedi cau gwasanaethau llyfrgell, mae wedi dod yn anoddach i bobl dalu eu treth gyngor a'u rhent am eu tŷ cyngor.'

'Pobl heb eu cludiant eu hunain ac yn methu â chyrraedd y gwaith ar amser ar drafnidiaeth gyhoeddus. Bysiau ysgol yn aml yn hwyr. Pobl ifanc yn chwilio am waith ond nid yw eu rhieni'n gyrru felly nid yw'n hawdd mynd i'r gwaith. Ni allant fforddio teithio neu ni allant deithio ymhell i'r gwaith. Diffyg gwasanaethau bws, dim fferyllfa, dim meddyg lleol, dim llyfrgell, erbyn hyn mae byw yng nghefn gwlad yn golygu cael eich torri i ffwrdd i raddau llawer yn fwy, yn enwedig i bobl sy'n sâl neu'n oedrannus.'

'Rhaid i'r rheiny sy'n ddi-waith deithio ymhellach i gael cymorth; pobl ac arnynt angen cyngor e.e. menywod sy'n cael eu cam-drin yn y cartref, pobl ifanc, y rheiny sy'n gaeth i sylwedd... maent yn gorfod teithio ymhellach i gael cyngor a chymorth, ac nid yw trafndiaeth gyhoeddus yn rhad nac yn hygyrch iawn.'



## Mae cynghorau wedi troi fwyfwy at Drosglwyddo Asedau Cymunedol er mwyn arbed arian, ond nid yw hyn wedi bod yn ateb cynaliadwy bob tro.

- 1.20 Gyda llai o arian ar gael i gynnal asedau allweddol – er enghraifft neuaddau cymuned, caeau chwarae ac ystafelloedd newid – mae cynghorau'n cau neu'n gwerthu asedau cymunedol er mwyn mantoli'r cyfrifon. Mewn ardaloedd gwledig, mae'r cyfleusterau hyn yn aml yn elfen allweddol o fywyd y pentref, ac maent yn gymorth i gymunedau ffynnu a goroesi. Yn hytrach na chau amwynderau, un opsiwn y gall cynghorau ei ystyried yw Trosglwyddo Asedau Cymunedol<sup>24</sup>. Mae'r modd y mae cyrff cyhoeddus yn mynd ati i Drosglwyddo Asedau Cymunedol yn dangos pa mor dda y mae cyrff cyhoeddus yn cefnogi ac yn annog cymunedau i wneud mwy drostynt eu hunain ac i warchod gwasanaethau.
- 1.21 Gwelsom fod mwy o asedau cymunedol yn cael eu trosglwyddo. Dywedodd pump ar hugain y cant o'r rheiny a ymatebodd i'n harolwg o Gyngorau Tref a Chymuned eu bod wedi bod ynghlwm â throsglwyddo gofodau agored, 19% mewn trosglwyddo neuadd bentref neu gymuned, 9% mewn safleoedd bysiau, ac roedd 2% wedi ymwneud â'r broses o drosglwyddo goleuadau stryd. Yng Nghastell-nedd Port Talbot, mae'r cyngor wedi trosglwyddo 55 ased, gan gynnwys wyth canolfan gymunedol a naw llyfrgell, i reolaeth y gymuned ac mae'n cefnogi datblygiad mentrau cymdeithasol. Yn ôl ymchwil gan Locality<sup>25</sup>, mae yna nodweddion cyffredin ymhlith y cyrff cyhoeddus sy'n dda am drosglwyddo asedau. Yn benodol, arweiniad cefnogol o ansawdd da, gyda phrosesau byr o'r dechrau i'r diwedd ar gyfer goruchwylio a chymeradwyo achosion. Yn allweddol, mae llwyddiant trosglwyddiad wedi'i seilio ar gyfrifoldeb a rennir; gan y cyngor sy'n trosglwyddo'r ased, ond hefyd gan y grŵp cymunedol a'r corff sy'n ysgwyddo cyfrifoldeb.

<sup>24</sup> Mae Trosglwyddo Asedau Cymunedol yn golygu trosglwyddo perchenogaeth neu reolaeth tir ac adeiladau ac mae'n gyfle i gyrff cyhoeddus gynnal gwasanaethau a helpu cymunedau gwledig i ddatblygu mwy o hunanddibyniaeth.

<sup>25</sup> <http://locality.org.uk/services-tools/support-for-community-organisations/ownership-and-management-of-land-and-buildings>

- 1.22 Rydym yn bryderus nad yw cynghorau yn gwneud popeth o fewn eu gallu i sicrhau trosglwyddiad llyfn a chreu etifeddiaeth gynaliadwy. Er enghraifft, gallai'r cynghorau wneud mwy i feithrin gallu yn eu cymunedau er mwyn iddynt allu mabwysiadu asedau a'u cynnal yn llwyddiannus. Dim ond saith cyngor sy'n rhoi cymorth i grwpiau cymunedol a'r rheiny y gellir trosglwyddo asedau iddynt o ran meithrin gallu, hyfforddiant, mentora a chymorth ariannol, ac o'r rhain mae pedwar ohonynt yn rhai gwledig yn bennaf. Dim ond 15% o'r Cynghorau Tref a Chymuned a ymatebodd i'n harolwg ac sydd wedi cymryd cyfrifoldeb dros ased a dderbyniodd ryw fath o gymorth ariannol gan eu cyngor, a dim ond 10% gafodd gymorth ar ôl trosglwyddo. Gyda mwyafrif yr asedau a drosglwyddwyd, mae'r Cynghorau Tref a Chymuned yn cymryd yr ased ymhob ffydd ac yn aml yn teimlo bod yn rhaid iddynt dderbyn yr ased hyd yn oed os nad oes ganddynt y sgiliau, y gallu neu'r adnoddau i gynnal yr ased.
- 1.23 Yn aml, nid oes digon o fanylder ynghylch y meini prawf a ddefnyddir i benderfynu ar drosglwyddo asedau mewn templedi achos busnes a pholisïau Trosglwyddo Asedau Cymunedol, ac, yn benodol, ni roddir digon o sylw, na sylw digon manwl, i'r angen i ddangos eu bod yn iach yn ariannol a bod ganddynt hanes o lwyddo. Dim ond pum cyngor sy'n dangos y ffordd at ganllawiau arbenigol ar Drosglwyddo Asedau Cymunedol gan Lywodraeth Cymru ac eraill ar gyfer grwpiau cymunedol. Yn aml, nid oes gofyn i ymgeiswyr nodi sut y bydd y gwasanaethau a ddarperir yn newid neu beth fydd effaith trosglwyddo'r ased ar warchod a hybu'r Gymraeg. Gwelir yn rhy aml fod cynghorau'n cynnig 'un ateb i bawb' ac nad ydynt yn gwahaniaethu rhwng maint yr ased i'w drosglwyddo. Yn gyffredinol, cynghorau sy'n cychwyn ac yn annog y trosglwyddo, ond nid yw'r risgiau ynghlwm â chymryd ased yn cael eu cyflwyno mewn ffordd dryloyw bob tro. Yn aml, nid yw cynghorau'n gofyn am achos busnes ac nid oes ganddynt asesiad o'r effaith ar gydraddoldeb i gefnogi'r trosglwyddiad.
- 1.24 Gweler ein hadroddiad manylach ar [Drosglwyddo Asedau Cymunedol](#).

26 Yng Nghanllawiau Arferion Gorau Llywodraeth Cymru, ceir gwybodaeth dda ac adnoddau defnyddiol i annog cynghorau i gydweithio â grwpiau cymunedol i feithrin gallu ac i sicrhau bod modd trosglwyddo'n llwyddiannus: <http://gov.wales/docs/dsjlg/publications/comm/160310-community-asset-transfer-env2.pdf>.



## Rhan 2 – Nid yw cynghorau a'u partneriaid yn ymateb yn effeithiol bob tro i'r heriau y mae cymunedau gwledig yn eu hwynebu.

2.1 Yn yr adran flaenorol, rydym wedi tynnu sylw at yr anawsterau y mae cynghorau a'u partneriaid yn eu hwynebu, ac y mae arnynt angen eu goresgyn, wrth ddarparu gwasanaethau ar gyfer cymunedau gwledig. Nid bwlch ffisegol neu ddigidol yn y seilwaith yn unig y mae'r pentrefi yn eu hwynebu; maent hefyd yn wynebu bwlch cymdeithasol a chyhoeddus. Er mwyn adnewyddu Cymru wledig mae ar gyrrff cyhoeddus angen cydweithio'n strategol ac yn ddoeth er mwyn deall y bylchau hyn a rhoi sylw iddynt. Ni all asiantaethau unigol ddatrys y problemau ar eu pennau eu hunain. Yn y rhan hon o'r adroddiad, rydym yn adolygu'r modd y mae cynghorau a'u partneriaid yn bwriadu cefnogi a chynnal eu cymunedau gwledig yn y dyfodol, trwy waith y Byrddau Gwasanaethau Cyhoeddus. Rydym yn adolygu ansawdd asesiadau angen, effeithiolrwydd trefniadau partneriaeth, effaith ymgynghori ac ymgysylltu â dinasyddion wrth osod blaenoriaethau a chamau gweithredu, a'r dull o gydweithio ac integreiddio gwasanaethau. I ddwyn yr adran hon i fwcl, ceir asesiad o'r modd y mae cyrrff cyhoeddus yn gwerthuso effaith wrth benderfynu ar ddewisiadau yn y dyfodol.

### **Mae rôl Byrddau Gwasanaethau Cyhoeddus yn esblygu ond mae yna gyfleoedd i fynegi cydweledigaeth gliriach a mwy uchelgeisiol i Gymru wledig**

2.2 Dan Ddeddf Llesiant Cenedlaethau'r Dyfodol 2015 (y 'Ddeddf') mae trefniadau partneriaeth yng Nghymru yn newid. Mae creu Byrddau Gwasanaethau Cyhoeddus yn gymorth i gryfhau'r cydweithio ar draws yr holl wasanaethau cyhoeddus. Mae gofyn i Fyrddau Gwasanaethau Cyhoeddus gwblhau asesiadau llesiant ac adnabod meysydd lle y gall y Byrddau Gwasanaethau Cyhoeddus gael y mwyaf o effaith ar y cyd (tuag at nodau llesiant) trwy gydweithio. Mae'r Byrddau Gwasanaethau Cyhoeddus, felly, yn cynnig y cyfle i symud o gynllunio fel sefydliadau niferus a gweithio yn unigol, i greu strategaethau sengl ar sail lle.

- 2.3 Nodwyd rhai dulliau gweithredu cadarnhaol sy'n creu gweledigaeth ar gyfer y dyfodol a fynegir yn dda. Er enghraifft, mae Strategaeth Cyfiawnder Cymdeithasol Sir Fynwy<sup>27</sup> yn cydnabod y cymunedau gwahanol yn y sir yn ogystal â'r ffordd y mae diwallu anghenion, a'r galw, yn amrywio, yn benodol i gymunedau lleol ac yn gofyn am ymatebion gwahanol. Serch hynny, wrth gymharu, mae rhai Byrddau Gwasanaethau Cyhoeddus yn parhau i gynnig un ateb i bawb, ar sail cymhwysra cyffredinol a modelau cyflenwi canolog. Gwelir nifer o ddiffygion mewn Cynlluniau ac Asesiadau Llesiant wrth ystyried ardaloedd gwledig. Gwelir yn rhy aml eu bod yn gynllun i wneud cynllun, ac nad ydynt wedi symud ymlaen o ddadansoddi'r sefyllfa gyfredol, tuag at osod cydweledigaeth ar sail camau gweithredu i sicrhau gwelliannau. Yn y Cynlluniau Llesiant a archwiliwyd gennym, roedd y camau gweithredu yn eangfrydig iawn, ac yn aml nid yw'n glir pwy fydd yn gwneud beth, neu sut y bydd gwasanaethau mewn ardaloedd gwledig yn gwella o ran pa mor ddigonol, hygyrch, ar gael, fforddiadwy neu dderbyniol y maent.
- 2.4 Ni ddatblygir yn ddigonol y cyfleoedd i gydweithio ac i integreiddio gwasanaethau er mwyn sicrhau'r effaith fwyaf a gwneud y defnydd gorau o adnoddau, neu ni eir ar drywydd y cyfleoedd hyn. Er iddynt gydweithio mewn blynyddoedd diweddar, nid yw partneriaid allweddol Byrddau Gwasanaethau Cyhoeddus wedi egluro'r hyn y maent wedi'i ddysgu hyd yn hyn trwy edrych i weld beth sy'n gweithio'n dda a pham y mae'n gweithio'n dda. Nid oedd yr Asesiadau Llesiant a archwiliwyd gennym yn ystyried gwariant yn y dyfodol a'r cyfleoedd i gronni cyllidebau. Yn ogystal, gwelir yn aml nad yw'r Asesiadau'n rhoi sylw digonol i allu gwasanaethau, effeithiau gwaith atal, opsiynau ar gyfer gwelliant a gwybodaeth ar wariant a chyllidebau.
- 2.5 Nid yw Byrddau Gwasanaethau Cyhoeddus yn llwyddo bob tro i asesu galluoedd gwasanaethau cyfredol nac i adnabod cyfraniad posibl y sector preifat a'r trydydd sector. Mae mentrau cymdeithasol yn cynnig ateb i'r her o fynd i'r afael â gwasanaethau gweddilliol, a hwnnw'n ateb a arweinir gan y gymuned. Maent yn opsiwn arbennig o bwysig y dylai Byrddau Gwasanaethau Cyhoeddus ei gefnogi, ond gan fwyaf ni roddir ystyriaeth i'w rôl. Wrth gwrs, mae yna risgiau neu heriau wrth sefydlu neu gynnwys mentrau cymdeithasol – cymysg yw'r hanes o lwyddo ac mae cynghorau wedi colli amser ac arian yn ceisio'u cefnogi.

27 <https://democracy.monmouthshire.gov.uk/documents/s13975/180418%20Draft%20Social%20Justice%20Strategy%20V5%20Appendix%20A%20180502.pdf>

- 2.6 Serch hynny, gyda mwy a mwy o bwysau ar y pwrs cyhoeddus, ac ymrwymiad gan y rheiny sy'n llunio polisiâu i gynllunio gwasanaethau ar sail anghenion dinasyddion, mae'n glir fod gan y sector preifat, y trydydd sector a mentrau cymdeithasol ran bwysig a chynyddol i'w chwarae. Maent yn cynnig yr hyblygrwydd i ffrwyno ac i wella ansawdd, ac i arloesi, ond mae ar Fyrddau Gwasanaethau Cyhoeddus angen integreiddio gwasanaethau yn y man lle cânt eu darparu, er mwyn sicrhau'r ymateb mwyaf addas a'i gefnogi, boed hynny o'r sector cyhoeddus, y sector preifat neu'r trydydd sector, gan gynnwys mentrau cymdeithasol.
- 2.7 Mae gan Fyrddau Gwasanaethau Cyhoeddus lawer i'w wneud er mwyn gwella perthnasoedd gyda Chynghorau Tref a Chymuned. Dim ond 11% o Gynghorau Tref a Chymuned a ymatebodd i'r arolwg a ddywedodd fod ganddynt berthynas weithio dda gyda'u Bwrdd Gwasanaethau Cyhoeddus, o gymharu â 66% o ymatebwyr a deimlai fod ganddynt berthynas dda gyda'u cyngor. Dywedodd bron traean o'r ymatebwyr o blith y Cynghorau Tref a Chymuned nad oeddent yn deall rôl Byrddau Gwasanaethau Cyhoeddus.

### **Mae'r arfer o ddadansoddi data er mwyn deall problemau a chytuno ar atebion addas, yn wan.**

- 2.8 Mae Byrddau Gwasanaethau Cyhoeddus yn defnyddio data er mwyn deall yr heriau y mae arnynt angen rhoi sylw iddynt ac er mwyn adolygu eu perfformiad yn y gorffennol. Mae rhai o'r Byrddau Gwasanaethau Cyhoeddus – Bwrdd Gwasanaethau Cyhoeddus Sir Benfro, Ceredigion a Sir Gaerfyrddin – hefyd yn cydweithio ac mae ganddynt ganllawiau llesiant a grëwyd ar y cyd, Fframwaith Methodoleg ar y Cyd, ac maent yn rhannu adroddiadau, data a gwybodaeth yn weithgar. Mae sawl Bwrdd Gwasanaethau Cyhoeddus yn cynllunio i fapio'r holl wasanaethau ac asedau cymunedol – er enghraifft Sir Benfro, Ceredigion, Castell-nedd Port Talbot, Abertawe a Bro Morgannwg – i adnabod y ffordd orau o ddefnyddio asedau a darparu gwasanaethau yn y ffordd orau bosibl, ar y cyd. Mae gan Fyrddau Gwasanaethau Cyhoeddus Sir Benfro, Powys a Chonwy a Sir Ddinbych strategaethau gwybodaeth i wella'r modd y maent yn casglu dada ac yn ei ddadansoddi.

- 2.9 Serch hynny, daethom ar draws rhai gwendidau cyffredin yn y dulliau gweithredu cyfredol hefyd. Ni nodir yr achosion wrth wraidd problemau mewn cymunedau gwahanol, oherwydd yn aml caiff data eu casglu, eu rheoli a'u dadansoddi yn unigol a/neu ar lefel sirol yn unig. Yn aml, yn sgil hyn, nid yw sefydliadau'n llwyddo i weld yr heriau gwahanol mewn ardaloedd gwledig amrywiol. Mae cynghorau yn cydnabod nad yw eu data yn gadarn, a'u bod yn gyfyngedig, ac nad oes ganddynt y sgiliau na'r capasiti i wneud y defnydd gorau o ddata.
- 2.10 Prin y gwelir sut y mae cyrff cyhoeddus yn deall natur amrywiol eu cymunedau gwledig. Er enghraifft, yn yr Asesiadau a'r Cynlluniau Llesiant hynny sy'n crybwyll materion gwledig, mae seilwaith yn faes cyffredin lle mae angen gweld gwelliant, ond prin yw'r camau gweithredu penodol yn y Cynlluniau i wella'r seilwaith, er enghraifft gwella ffyrdd a llwybrau beicio, integreiddio trafniadaeth gyhoeddus ac ehangu rhwydweithiau band eang.

## Nid yw'r cynghorau yn tynnu ar eu cymunedau bob tro i'w helpu i flaenoriaethu eu gwasanaethau a'u darparu

- 2.11 Wrth gynnwys partneriaid a'r cyhoedd i ddatblygu ac i deilwra'r gwasanaethau y maent yn eu darparu ac yn eu cael, gellir sicrhau dewis eang o fuddion: i gyrff cyhoeddus, i'r cyhoedd sy'n gysylltiedig, ac i'r gymdeithas yn ehangach. Wrth ymgysylltu â grwpiau allweddol ar gam cynnar, gellir teilwra dewisiadau ar gyfer darparu gwasanaethau, er mwyn sicrhau bod y gwasanaethau a ddarperir yn fwy ystyrlon a defnyddiol i'r bobl sy'n eu defnyddio, ac, o ganlyniad, yn mynd i gael effaith fwy cadarnhaol. Gall cyfathrebu ac ymgysylltu'n dda hefyd ysgogi diddordeb ac annog mwy o bobl i fod yn rhan o'r broses o deilwra gwasanaethau a'u darparu.
- 2.12 Mae sawl Asesiad Llesiant yn nodi'r potensial ar gyfer cyfalaf cymdeithasol a gwirfoddol. Mae Bwrdd Gwasanaethau Cyhoeddus Powys yn cydnabod bod llawer o bobl yn barod i wirfoddoli, ac mae'r ffocws ar annog cyfalaf cymdeithasol yng Nghynllun Llesiant Sir Fynwy yn gryfder penodol y gellid adeiladu arno. Mae canfyddiadau ein harolwg o ddinasyddion yn tynnu sylw at fuddion posibl cyfalaf cymdeithasol, gyda thua hanner y bobl a arolygwyd yn agored i'r syniad o annog cymunedau i redeg gwasanaethau eu hunain, yn enwedig y rheiny mewn grwpiau oedran ifancach (61% o bobl ifanc 16-34 oed).

- 2.13 Yn aml, mae gwaith ymgysylltu yn digwydd trwy sianeli sydd wedi'u sefydlu. Er enghraifft, wrth geisio trechu unigrwydd ac ynysu mewn ardaloedd gwledig, roedd y cyfraniad cymunedol yn cynnwys digwyddiadau traddodiadol, ymgynghori ar-lein a rhai ymgyrchoedd sylfaenol yn y cyfryngau cymdeithasol. Lle mae ymgysylltiad ar waith, mae'r ffocws ar faterion untro gan amlaf, yn hytrach na gyrru newid sylfaenol yn y dull gweithredu. Nid oes ymdrech reolaidd i fynd ar drywydd ffyrdd eraill o ymgysylltu a chynnwys y cyhoedd; er enghraifft, defnyddio rhaglen o arolygon wedi eu targedu ar gyfer croestoriad cynrychiadol o'r gymuned, postio arolygon allan yn rheolaidd gyda biliau'r dreth gyngor neu ohebiaeth arall, ac archwilio themâu cyffredin mewn gohebiaeth a chyswllt cymunedol dros yr ychydig flynyddoedd diwethaf.
- 2.14 Ceisiodd sawl corff cyhoeddus ymgysylltu'n well â'r cyhoedd trwy ddatblygu safonau a dulliau gweithredu corfforaethol. Mae'r rhain yn cynnwys:
- a canllawiau a phecyn cymorth mewnol tîm ymgysylltu canolog Cyngor Sir Gwynedd i gefnogi gwasanaethau i ymgysylltu â defnyddwyr gwasanaethau a chymunedau, a'i ddull gweithredu sy'n canolbwyntio ar y dinesydd dan egwyddorion Ffordd Gwynedd.
  - b sefydlodd Heddlu Dyfed Powys ac Awdurdod Parc Cenedlaethol Arfordir Penfro 'safonau rhagoriaeth gwasanaethau cwsmeriaid' ac maent yn monitro'r modd y darperir eu gwasanaethau yn eu herbyn. Mae hyn yn sicrhau bod modd i'r gwasanaeth roi sylw i broblemau wrth iddynt ddod i'r amlwg.
  - c ar y cyd â phrosiect Lleisiau Cymunedol Medrwn Môn (menter trydydd sector), mae Cyngor Sir Ynys Môn yn ymgysylltu â phobl â nodweddion gwarchoddedig wrth adolygu gwasanaethau. Yn ogystal, mae Bwrdd Ymgysylltu ac Ymgynghori'r cyngor hefyd yn mapio dulliau ymgysylltu er mwyn pennu beth sy'n gweithio a pham y mae'n gweithio, i ddarparu adnoddau pellach sy'n cefnogi gweithgareddau ymgysylltu perthnasol.
  - ch dull ymgysylltu cymunedol Cyngor Bro Morgannwg, sy'n defnyddio offeryn mapio cymunedol, er mai dim ond mewn pedair cymuned yr oeddent wedi gwneud hyn adeg ein hadolygiad, ac nid oedd wedi cael ei estyn allan i bob cymuned yn yr ardaloedd gwledig.
  - d y rhaglen LEADER a ariennir gan Lywodraeth Cymru, sy'n annog grymuso trwy ddatblygu strategaethau lleol a dyrannu adnoddau. Ar hyn o bryd, mae yna 18 Grŵp Gweithredu Lleol yng Nghymru sy'n rhychwantu wardiau cymwys mewn 21 ardal Awdurdod Lleol<sup>29</sup>.

<sup>29</sup> <https://gov.wales/topics/environmentcountryside/farmingandcountryside/cap/ruraldevelopment/wales-rural-development-programme-2014-2020/leader/?lang=en>

- 2.15 Neges gref a chlr gan ddinasyddion yw nad yw cynghorau'n cyfathrebu eu gweledigaeth ynghylch gwasanaethau'r dyfodol yn dda gyda chymunedau, er mwyn i bobl wybod beth fydd ar gael, a'r rôl y gall y gymuned ei hun ei chwarae. Nid yw mwyafrif y trigolion wedi cael y cyfle i leisio'u barn. Yn ein harolwg o ddinasyddion, gwelwyd nad yw mwyafrif yr ymatebwyr (83%) wedi llenwi holiadur nac wedi cael eu holi am eu barn ar y gwasanaethau y maent wedi eu defnyddio yn ystod y 12 mis diwethaf.
- 2.16 Mae ein canfyddiadau'n awgrymu nad yw Cynghorau Tref a Chymuned yn cael eu defnyddio er mwyn deall angen, ac mae hyn yn peri pryder o ystyried eu cysylltiadau cryfion at fywyd y pentref mewn llawer o ardaloedd anghysbell a gwledig iawn yng Nghymru. Prin yw'r rheiny sy'n dweud bod eu hawdurdod lleol neu eu Bwrdd Gwasanaethau Cyhoeddus yn ymgynghori â nhw er mwyn deall anghenion trigolion. Dim ond 30% o'r Cynghorau Tref a Chymuned a ymatebodd i'n harolwg oedd wedi cyfrannu at weithgarwch ymgynghori i adnabod anghenion lleol yn eu hardal, a dim ond 7% oedd wedi cyfrannu wrth osod blaenoriaethau eu Bwrdd Gwasanaethau Cyhoeddus. Yn yr un modd, dywedodd nifer o'r rhanddeiliaid a holwyd gennym nad yw ymgysylltiad â'r sector preifat a'r gymuned fusnes yn effeithiol bob tro.

**Er bod gwaith partneriaeth a chydweithio yn elfennau sydd wedi'u sefydlu ers meitin, ac yn gallu bod yn effeithiol, cyfyngedig yw integreiddiad gwasanaethau.**

- 2.17 Gwelsom fod mwyafrif y cyrff cyhoeddus yn cydnabod nad oes ganddynt y capasiti, yr adnoddau na'r sgiliau i ymateb i anghenion cymunedau gwledig a'u bod yn gwybod bod arnynt angen gwneud pethau'n wahanol a gweithio gydag eraill. Mae yna gymunedau gwasgaredig ledled rhannau helaeth o Gymru wledig, ac mae ffocws newydd gan y Ddeddf ar ddarparu gwasanaethau ar y cyd i roi sylw i anghenion. Yn sgil y ddau beth hyn, disgwylir gweld cydleoli, gwaith partneriaeth, a chydweithio yn dod yn fodel safonol ar gyfer darparu gwasanaethau, ac yn gatalydd ar gyfer integreiddio gwasanaethau.
- 2.18 Er bod cynghorau yn cydnabod gwerth cydweithio a gweithio mewn ffordd integredig, nid ydynt yn llwyddo bob tro i drefnu ac i gydlynu eu gwaith mewn ffordd sy'n defnyddio eu harbenigedd yn y ffordd orau neu'n gwireddu'r buddion a ddaw yn sgil integreiddio. Yn hytrach, mae cyrff cyhoeddus yn parhau i ganolbwyntio ar eu cyfrifoldebau eu hunain, heb edrych ar yr her ehangach o gael gwasanaethau cyhoeddus i gydweithio mewn ardal.

- 2.19 Er enghraifft, mae cyrff cyhoeddus yn parhau i weithio mewn adeiladau ar wahân ac i redeg eu gwefannau eu hunain gyda'u gwybodaeth eu hunain am eu gwasanaethau a'u gweithgareddau. Mae yna weithgarwch mapio ar waith, ond nid ydyw wedi ehangu i gynnwys adolygu'r modd y darperir gwasanaethau presennol, er mwyn adnabod opsiynau ar gyfer cydleoli ac integreiddio. Yn aml, mae cydweithio'n seiliedig ar gyfle, neu berthnasoedd untro, ac nid ydynt yn cael eu gyrru gan newid neu gynllunio ar sail lle.
- 2.20 Yn gyffredinol, mae gwasanaethau brys (yr Heddlu a'r Gwasanaethau Tân) yn ei chael yn haws gweithio gyda gwasanaethau brys eraill, ond nid ydynt yn llwyddo cystal i ddylanwadu ar waith partneriaeth gyda chyrff cyhoeddus eraill. Yn yr un modd, mae cynghorau'n ei gweld yn haws ymgysylltu â rhai cyrff a chytuno ar gydfalaenoriaethau wrth weithredu, er enghraifft cymdeithasau tai, o gymharu â chyrff eraill fel byrddau iechyd. Mae yna bosibilrwydd i drefniadau rhanbarthol reoli effeithiau'r newid ym mhatrymau'r galw am wasanaethau, trwy rannu ac integreiddio adnoddau ac arbenigedd sy'n dod yn fwy a mwy prin. Mae ein canfyddiadau'n cydfynd â chanfyddiadau'r Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol yng Nghymru, lle nodwyd nad yw patrwm cyfredol y ddarpariaeth iechyd a gofal cymdeithasol yn addas at y dyfodol, a lle pwysleisir bod arnom angen newid<sup>30</sup>.
- 2.21 Gwelsom gyd-fentrau da mewn ardaloedd gwledig, er enghraifft Canolfan Deuluol Ardal Wledig Gogledd Sir y Fflint, iechyd a gofal cymdeithasol integredig yng nghymuned wledig Llanrwst ym Mwrdeistref Sirol Conwy, a'r Her Iechyd yn Sir Ddinbych. Fodd bynnag, mentrau untro yw'r rhain gan fwyaf, ac nid newid sylfaenol yn y modd y darperir gwasanaethau, gan rannu cyllidebau ac adnoddau, integreiddio swyddi a lleoliadau lle cyflwynir gwasanaethau.

## Cydnabyddir bod rheoli ac atal y galw yn hanfodol wrth gynnal gwasanaethau, ond mae'r cynnydd yn hyn o beth yn gymysg

- 2.22 Mae atal galw diangen am wasanaethau, ac angen y gellid ei osgoi, yn cynnig gwerth da am arian. Gall rheoli'r galw fod yn fan cychwyn da i ddarparwyr gwasanaethau cyhoeddus wrth iddynt geisio sicrhau cydbwysedd rhwng darparu gwasanaethau sy'n diwallu anghenion dinasyddion a'r adnoddau sydd ar gael iddynt. Er mwyn i hyn weithio, mae arnynt angen cydweithio, meddwl yn fwy hirdymor a mewnwediad i'r ffordd orau o ddarparu gwasanaethau, gan gofleidio ffyrdd newydd o weithio<sup>31</sup>.

30 <https://gov.wales/docs/dhss/publications/180116reviewen.pdf>

31 Yn Atodiad 10 i'n hadroddiad ar **reoli'r galw-digartrefedd**, ceir egwyddorion clir i helpu llywio'r arfer o reoli galw, a gellir defnyddio'r egwyddorion hyn wrth ddarparu gwasanaethau mewn ardaloedd gwledig.

- 2.23 Ar hyn o bryd, ffocws gormod o'r gweithgarwch atal mewn ardaloedd gwledig yw dulliau 'untro' i ostwng y galw neu atal ceisiadau am wasanaeth. Er enghraifft, yn aml mae'r gwasanaethau wedi'u lleoli mewn prif ardaloedd trefol neu drefi mwy o faint, a gall hyn olygu nad yw pobl sy'n byw mewn ardaloedd gwledig mwy anghysbell yn eu defnyddio oherwydd eu lleoliad a diffyg trafndiaeth. Ar bapur, ymddengys bod gwasanaethau'n hygyrch ac wedi'u llunio i ateb yr angen, ond mewn gwirionedd, nid yw cymunedau gwledig mwy gwasgaredig yn eu defnyddio.
- 2.24 Cyfyngiad cyffredin arall yn y gweithgarwch atal a adolygwyd gennym, yw ei natur fyrdymor. Yn rhannol, mae hyn yn adlewyrchiad o'r cylchoedd cyllid a'r grantiau blynyddol. Yn yr un modd, oherwydd gwendid wrth werthuso'r dewis eang o fentrau, a diffyg wrth rannu'r hyn a ddysgwyd o brosiectau, mae yna beryglon i gynaliadwyedd prosiectau atal, oherwydd dyblygir problemau ac, o bosibl, ymdrechion hefyd. Yn aml, yn unol â chyfrifoldeb statudol corff cyhoeddus, caiff gwasanaethau eu cynllunio i leihau risgiau, ond prin y bydd canolbwyntio ar hyn yn eu galluogi i roi sylw i'r galw. Gall gweithwyr proffesiynol labelu defnyddwyr gwasanaethau, a diffinio eu hanghenion, ond wrth wneud hyn ni welir problemau sylfaenol. O ganlyniad, mae'r galw'n cynyddu cyn cyflwyno ymyriad, am fod cyrff cyhoeddus yn trosglwyddo'r cyfrifoldeb dros roi sylw i faterion yn ôl ac ymlaen.
- 2.25 Rhan arall yr hafaliad ar gyfer y galw, yw'r cyflenwad, ac mae argaeledd staff cymwys yn faes lle mae gwasanaethau dan fwy a mwy o straen. Clywsom gan sefydliadau cenedlaethol y buom yn siarad â nhw, fod problemau recriwtio athrawon ysgol gynradd cymwys, meddygon teulu, cynllunwyr a gofalwyr Cymraeg eu hiaith. Oherwydd prinder diffoddwyr tân ar alwad, mae yna botensial fod diffyg adnoddau yn rhai o'r gorsafoedd mewn ardaloedd gwledig. Ar hyn o bryd, mae dros 400 o swyddi gwag ar gyfer diffoddwyr tân ar alwad ledled tri Awdurdod Tân ac Achub Cymru.
- 2.26 Gwelsom rai dulliau cadarnhaol lle mae sefydliadau'n atal y galw ac yn cynyddu mynediad at wasanaethau. Mae'r rhain yn cynnwys Awdurdod Tân ac Achub Canolbarth a Gorllewin Cymru sy'n defnyddio'u gwiriadau diogelwch yn y cartref, "Diogel ac Iach", ac archwiliadau masnachol yn seiliedig ar risg, i helpu pobl mewn cymunedau gwledig. Yn yr un modd, prosiect Gwarchod Ffermydd Heddlu Dyfed Powys, sef prosiect plismona yn y gymdogaeth â ffocws gwledig, yr ydym yn ei nodi fel arfer da yn **Atodiad 3**.



- 2.27 Mae dulliau eraill o atal a rheoli'r galw yn edrych ar ddatblygu mwy o hunanddibyniaeth ymhlith dinasyddion, gyda chyrff cyhoeddus eisiau rhoi'r gallu i bobl i roi sylw i'w problemau eu hunain. Yn aml, tanlinellir hunanddibyniaeth fel elfen sy'n greiddiol i fywyd gwledig, ac mae yna ddirnadaeth fod cymunedau gwledig yn fwy cydnerth ac arnynt angen llai o gymorth, o'u cymharu ag ardaloedd trefol. Mae hyn yn bwysig am fod ardaloedd gwledig yn aml yn cael eu darlunio ar ddau begwn, fel ardaloedd sy'n dirywio ac yn segur ar un llaw, neu ardaloedd hardd a hunangynhaliol ar y llaw arall.
- 2.28 Prin yw'r awdurdodau sy'n profi'r ddirnadaeth hon, ac maent yn tynnu sylw at ffrydiau gwaith allweddol cydnerthedd cymunedol, gwirfoddoli a datblygu cyfalaf cymdeithasol. Er enghraifft, mae rhaglen Dyfodol Sir Fynwy yn cynnwys gweledigaeth ar lefel uchel, sy'n cynnwys newid y ffocws o ddarparu'n uniongyrchol, i alluogi cymunedau a grymuso dinasyddion i wneud mwy drostynt eu hunain. Serch hynny, fel y nodwyd yn Rhan 1 yn yr adroddiad hwn, mae yna heriau yn codi wrth geisio creu cymunedau sy'n fwy hunangynhaliol wrth i broffil y boblogaeth wledig heneiddio ac wrth i bobl ifanc barhau i allfudo a phobl hŷn barhau i fewnfudo,<sup>32</sup> ac wrth golli ymgysylltiad neu 'frwdfrydedd' mwy hirdymor gwirfoddolwyr gan eu bod yn gwneud gormod neu'n gorfod dewis ymrwymadau eraill.

## Mae ar gynghorau a'u partneriaid angen gwella'u dealltwriaeth o effaith eu penderfyniadau ar bobl o gymunedau gwahanol

- 2.29 Mae'r ffordd y mae cynghorau'n ceisio deall a dangos effaith, neu effaith bosibl, eu penderfyniadau a'u gwasanaethau ar ddinasyddion, yn amrywio. Mae mwyafrif y cynghorau'n cynnal asesiadau risg/effaith ar gyfer y Ddeddf Hawliau Dynol, Cyfreithiol, Cydraddoldeb, y Gymraeg, er enghraifft, wrth weithredu polisiau a chynlluniau newydd neu wrth adolygu dogfennau cyfredol. Serch hynny, maent yn dueddol o ystyried gwasanaethau ar raddfa'r cyngor yn ei gyfanrwydd, ac nid ydynt yn edrych ar anghenion gwahanol y cymunedau gwahanol. Yn ogystal, prin yw'r enghreifftiau a welsom o gyrff cyhoeddus yn defnyddio Offeryn Prawfesur Gwledig Llywodraeth Cymru wrth adolygu neu ddatblygu gwasanaethau (gweler **Atodiad 4**). Yn rhy aml, gwelir mai canlyniad hyn yw dadansoddiad eang lle nad yw'r gwahaniaethau'n cael eu hadnabod neu lle maent yn cael eu hanwybyddu.

32 Gweler <http://www.wales.nhs.uk/healthtopics/populations/ruralhealth>

- 2.30 Yn gyffredinol, nid oes gan gynghorau'r data na'r dystiolaeth i farnu effaith eu gwaith ar gymunedau gwledig gwahanol, nac i adnabod yr hyn sy'n gweithio a sut y gallant wella. Mae cynghorau sydd ag ardaloedd trefol mwy o faint, a chymunedau gwledig gwasgaredig, yn wynebu her benodol yn sgil y dull 'un ateb i bawb' o gasglu tystiolaeth a gwerthuso. Wrth ganolbwyntio ar ddata ar raddfa sirol, er mwyn adnabod angen a chraffu ar berfformiad, ni cheir y manylder y mae arnynt ei angen i deilwra gwasanaethau at y cymunedau gwledig gwahanol.
- 2.31 Nid yw llawer o sefydliadau'n gweld materion gwledig fel maes polisi ar wahân. Mae hyn yn arbennig o berthnasol i'r rheiny yr ydym wedi eu categoreiddio fel cynghorau gwledig/trefol cymysg. Mae effaith newidiadau i'r gwasanaeth yn mynd ar drywydd dull 'un ateb i bawb' sy'n canolbwyntio ar hwylustod darparu gwasanaethau o ganolfannau mwy o faint. Ymhellach, gan nad yw cynghorau sydd â chyfuniad o ganolfannau trefol mwy o faint a chymunedau gwledig gwasgaredig wedi defnyddio Offeryn Prawfesur Gwledig Llywodraeth Cymru i'w helpu i deilwra'r cyd-destun, gall hyn arwain at ormod o bwyslais ar angen trefol ac atebion trefol.
- 2.32 O ganlyniad, nid yw rhai cynghorau'n canolbwyntio ar ardaloedd gwledig fel ffrwd polisi neu gyflenwi, er bod ganddynt gymunedau ac ardaloedd gwledig helaeth. Er enghraifft, er bod cyrff cyhoeddus megis Castell-nedd Port Talbot yn deall yr heriau y mae pobl yn eu hwynebu ar draws eu cymunedau gwahanol, gan fwyaf mae partneriaid ym maes gwasanaethau cyhoeddus wedi blaenoriaethau gwaith y dyfodol ym mhrif ardaloedd trefol Castell-nedd, Aberafan a Phort Talbot. Mae swyddogion ac aelodau yn cydnabod efallai nad yw blaenoriaethau ar gyfer yr ardaloedd hyn yn addas ar gyfer cymunedau mwy gwledig a chymunedau'r cymoedd.

## Rhan 3 – Er mwyn cynorthwyo i gynnal cymunedau gwledig, mae ar gynghorau a'u partneriaid angen meddwl yn wahanol a gwneud pethau'n wahanol yn y dyfodol.

- 3.1 Mae arnynt angen newid y modd y caiff gwasanaethau eu darparu ar gyfer cymunedau, pentrefi a threfi yng Nghymru wledig. Yn sgil toriadau sylweddol mewn arian cyhoeddus, mae ffocws cynghorau wedi bod ar dorri talpiau cyfain oddi ar gyllidebau a gostwng gwasanaethau anstatudol. Serch hynny, mae mwy a mwy o gynghorau'n gweld nad yw 'mwy o'r un peth' yn ymateb hirdymor cynaliadwy.
- 3.2 Mae cyfeiriad polisi Llywodraeth Cymru yn eu hannog i feddwl eto am y model gwasanaethu cyhoeddus lleol. Mae partneriaethau rhanbarthol fel partneriaeth Tyfu Canolbarth Cymru, sy'n rhychwantu Cyngor Sir Ceredigion a Phowys, yn dod â busnesau lleol, arweinwyr academaidd a llywodraeth leol a chenedlaethol, at ei gilydd, i greu gweledigaeth ar gyfer twf yn y dyfodol. Mae symud y gwaith trosglwyddo at gyrrff rhanbarthol yn seiliedig ar y farn bod ymateb integredig mwy systematig i broblemau yn bosibl ac yn ddymunol. Mae hefyd yn cefnogi integreiddio rhai gwasanaethau lleol, symud buddsoddiad i ffwrdd oddi wrth fodel gwasanaeth ymatebol tuag at atebion sy'n fwy ataliol ac yn fwy seiliedig yn y gymuned.
- 3.3 O'r dystiolaeth a geir o'n hadolygiad, gwelir na all cynghorau ddatrys problemau Cymru wledig yn effeithiol ar eu pennau eu hunain. Mae ar wasanaethau cyhoeddus angen cydweithio â'i gilydd a'u cymunedau ac mae arnynt angen gwneud pethau'n wahanol. Er mwyn gwireddu hyn, mae ar gynghorau a'u partneriaid angen meddwl yn wahanol a gwneud pethau'n wahanol, gan gydweithio i feithrin gallu, cyfalaf cymdeithasol ac annog cymunedau a dinasyddion i wneud mwy drostynt eu hunain. Mae'n rhaid i gydleoli ac integreiddio ddod yn fodolau gweithredu safonol hefyd wrth symud ymlaen.
- 3.4 O ystyried hyn, mae dull sy'n seiliedig ar le yn fan cychwyn da, wrth feddwl am y ffordd orau o deilwra'r modd y darperir gwasanaethau cyhoeddus o'r newydd. Mae dull gweithredu o'r fath yn symud y drafodaeth i ffwrdd oddi wrth lawer o ddrysau unigol, ar wahân, tuag at un drws, neu borth, at yr holl wasanaethau cyhoeddus. Wrth fabwysiadu dull gweithredu o'r fath, mae'r dinesydd a'r gymuned wrth galon cynllun y gwasanaeth, oherwydd mae'n galluogi cyrff cyhoeddus i ganolbwyntio ar yr unigolyn ac anghenion yr unigolyn, yn hytrach na ffiniau sefydliadol neu broffesiynol.

- 3.5 Mae'r model hwn yn gweddu'n dda i ddarpariaeth mewn ardaloedd gwledig ar adeg o gynt ariannol, oherwydd mae'r gost o rannu swyddfeydd yn is, a'r cyfle i gadw gwasanaethau yn uwch. Wrth weithio fel system gyhoeddus sengl sy'n seiliedig ar le, mae yna gyfle hefyd i ganolbwyntio'n gliriach ar ganlyniad, gan fod dewis eang o ffactorau yn dylanwadu ar ganlyniadau ac yn gofyn am ymateb integredig i'w gwireddu<sup>33</sup>.
- 3.6 Mae dull gweithredu system gyfan hefyd yn cydnabod bod gan ddinasyddion a defnyddwyr gwasanaethau anghenion niferus yn aml iawn, a bod arnynt angen mewnbwn sawl gwasanaeth cyhoeddus er mwyn rhoi sylw iddynt. Mewn ymchwil gan Dîm Diwygio Gwasanaethau Cyhoeddus Manceinion Fwyaf<sup>34</sup>, gwelwyd bod 48 o ddinasyddion unigol a oedd eisiau cymorth gan gyrff cyhoeddus wedi cyflwyno 1,235 o geisiadau neu alwadau am gymorth, rhyngddynt, gyda chyfartaledd o 26 y cleient. Gyda modelau traddodiadol ar gyfer darparu gwasanaethau, lle mae pob asiantaeth yn gweithio'n annibynnol, ac, yn aml, gwasanaethau gwahanol yn yr un asiantaeth yn gweithredu'n unigol, mae'r cyfrifoldeb ar y dinesydd i geisio dod o hyd i ateb, ac mae i fyny i'r unigolyn i lywio trwy'r system gwasanaethau cyhoeddus. Gall hyn arwain at gynnydd yn y galw, yn ogystal â phroblemau sy'n dirywio ac yn dod yn fwy costus i'w datrys, oherwydd efallai nad yw'r dinesydd yn gwybod at bwy i fynd am gymorth, ac efallai nad yw'n cael y cymorth y mae arno'i angen ar yr adeg pan fo'n bosibl datrys y problemau.
- 3.7 Councils and their partners should explore different system perspectives, including citizens, and ask what we need to support public bodies and people to contribute to improving outcomes<sup>35</sup>. Research also suggests that to do this you need to understand the key perspectives within a local system (people and organisations); the role they can play in achieving positive change; and the collaborative local infrastructure needed to enable them to work towards shared objectives in the context of place<sup>36</sup>. Our review has identified that there is potential to support a more sustainable future if councils and their partners shift to a place-based approach and think differently in designing services to respond to the needs of rural Wales. To make place based working a reality we have identified four key strands of work and these are set out below:

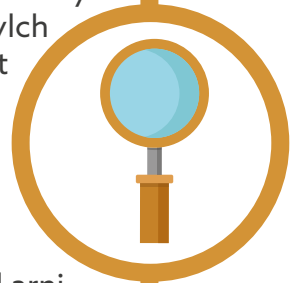
33 Mae gwaith Canadian Centre for Community Renewal yn fan cychwyn da i gyrff cyhoeddus sy'n mynd ar drywydd dull gweithredu sy'n seiliedig ar le. Mae eu pecyn cymorth cymunedol manwl o'r enw **Community Resilience Toolkit: A Resource for Rural Renewal and Recovery** yn ganllaw systematig i gryfhau cydnerthedd cymunedol. Ffocws y pecyn cymorth hwn yw cynorthwyo sefydliadau – cymunedol, statudol a phreifat – i ddeall cysyniad cydnerthedd, cwblhau asesiad i adnabod y bwch mewn cydnerthedd a allai fodoli mewn ardal benodol, a helpu sefydliadau i lunio darlun o gydnerthedd cymunedol.

34 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/588237/Integrated\\_place\\_based\\_services\\_Academy\\_seminar\\_slidepack\\_310117.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/588237/Integrated_place_based_services_Academy_seminar_slidepack_310117.pdf)

35 Collaborate CIC, Chwefror 2017.

36 <https://www.jrf.org.uk/why-we-need-build-social-capital-cities>

3.8. **DULL GWEITHREDU STRATEGOL SY'N SEILIEDIG AR LE** – mae cynghorau a'u partneriaid yn cydnabod maint y broblem y maent yn ei hwynebu wrth ddarparu gwasanaethau yng Nghymru wledig, ond nid ydynt mor glir ynghylch yr hyn y maent yn mynd i'w wneud i oresgyn y broblem. Yn sgil hyn, mae ar Fyrddau Gwasanaethau Cyhoeddus angen datblygu gweledigaeth ar gyfer y dyfodol sy'n fwy uchelgeisiol a gobeithiol, gan dynnu sylw at y pethau da ynghylch cymunedau gwledig, a nodi cyfleoedd ymarferol i wella llesiant pobl. Un ffordd o wireddu hyn yw sicrhau bod Byrddau Gwasanaethau Cyhoeddus yn gweithio gyda phartneriaid a dinasyddion lleol i greu gweledigaeth sy'n seiliedig ar le, ac i nodi sut y bydd partneriaid lleol yn integreiddio ac yn darparu gwasanaethau ar y cyd. Dylai'r dull gweithredu adeiladu ar y Cynllun Llesiant Lleol, gan nodi cyd-ddealltwriaeth y cytunwyd arni ynghylch anghenion cymunedol hirdymor; y weledigaeth gymdeithasol ac economaidd ar gyfer lle, gyda chydflaenoriaethau i roi sylw i'r heriau y cytunwyd arnynt; a mapio'r gwasanaethau, y rhwydweithiau a'r cyfleusterau a allai fod ar gael i gydleoli ac integreiddio gwasanaethau.



3.9. **CYDWEITHIO AC INTEGREIDDIO'R BROSES O DDARPARU GWASANAETHAU** – hyd yn oed os ydynt dan bwysau, mae ar gynghorau angen darparu gwasanaethau yng Nghymru wledig o hyd, a chyfrifoldeb cyrff cyhoeddus yw dod o hyd i'r ffordd fwyaf effeithlon a chyfleus (i ddinasyddion) o gyflawni hyn. Mae arnynt angen newid eu ffordd o feddwl a derbyn nad yw gweithredu ar eu pennau eu hunain yn ymarferol bellach. Er mwyn gwneud hyn, bydd arnynt angen symud at gyd-ariannu ac, o bosibl, cyfaddawdu ar bwyntiau darparu modelau gwasanaeth, a symud at greu hybiau cymunedol a gwasanaethau cyhoeddus integredig.

- 3.10. From the customer perspective multi-service hubs are a good option as they are convenient 'one-stop shop' and can become community focal points thereby enhancing social capital. They need to be multi-purpose, cross-sector and reflect local needs in terms of what they provide, hosting a range of partners and public services. Hubs can also extend the use of local assets and offer the potential to act as gateways to public services operating either as:
- Service hubs with a public sector focus – run by a council, housing association or other public sector organisation, bringing together different services under one roof.
  - Community hubs run by community organisations – with different projects, activities and services, often run with a high level of involvement from the local community to fill gaps where public services have disappeared – for example supporting the work of credit unions.



3.11. **RHOI SYLW I FYLCHAU YN Y SEILWAITH** – mae Cymru wledig yn wynebu heriau sylweddol o ran seilwaith. Rydym yn cydnabod nad llywodraeth leol sydd â'r prif gyfrifoldeb o roi sylw i'r bylchau hyn bob tro, nad yw'r cynghorau'n gallu ymdrin â nhw ar e pennau eu hunain a bod angen cymorth a chefnogaeth gan eraill. Serch hynny, gall y cynghorau a'u partneriaid gymryd rhai camau penodol. Er enghraifft:

- a) cefnogi rhwydwaith trafniadaeth gyhoeddus integredig gan alinio rhwydweithiau bysiau a beicio gyda gwasanaethau trenau;
- b) cynorthwyo pobl a busnesau i fanteisio 'r eithaf ar gysylltedd digidol trwy fuddsoddi mewn seilwaith a sgiliau digidol (gweler yr enghraifft o arfer da lle mae Cyngor Sir Caerfyrddin yn Hybu Cysylltedd Diwifr mewn ardaloedd gwledig yn **Atodiad 3**);
- c) hybu a chodi ymwybyddiaeth ynghylch estyn y seilwaith allan e.e. Cyngor Gwynedd yn codi ymwybyddiaeth ac yn ymgysylltu â chymunedau lleol ac yn gwella sgiliau trwy eu prosiect Gwynedd Ddigidol<sup>37</sup>; a
- ch) chefnogi'r broses o drosglwyddo asedau cymunedol trwy adnabod pa asedau sy'n addas i'w trosglwyddo, ac egluro'r hyn y mae arnynt angen ei wneud.



3.12. **CEFNOGI HUNANGYMORTH MEWN CYMUNEDAU GWLEDIG** – gyda llai o arian a llai o allu i ddarparu'r holl wasanaethau a oedd ar gael yn draddodiadol, mae ar gynghorau a phartneriaid angen newid eu ffordd o weithio ac annog cymunedau a dinasyddion i wneud mwy drostynt eu hunain trwy:

- a) wella arweiniad yn y gymuned trwy ddatblygu rhwydweithiau o ddiddordeb, cefnogi gwirfoddolwyr ac annog pobl i gamu ymlaen;
- b) cefnogi mentrau cymdeithasol a modelau busnes mwy cydweithredol trwy adnabod opsiynau ar gyfer sefydliadau sydd eisoes yn bodoli a sefydliadau newydd;
- c) datblygu canllawiau, pecynnau cymorth a rhwydweithiau sy'n cefnogi datblygiad cynllunio trefi/pentrefi ar sail lle a chreu cynlluniau lle mewn cymunedau a dan arweiniad y cymunedau hynny;
- ch) darparu allgymorth cymunedol, wedi'i deilwra, er mwyn annog a chefnogi cymunedau i wneud mwy drostynt eu hunain; a
- d) gwella a chydabod rôl cynghorau tref a chymuned a gweithio gyda hwy a'u cefnogi er mwyn iddynt allu gwneud mwy.



# Atodiadau

## Atodiad 1 – Methodoleg yr Astudiaeth

Roedd methodoleg ein hadolygiad yn cynnwys y canlynol:

- Adolygiad o'r wybodaeth a'r arfer a gynhwyd ar gyfer yr archwiliad.
- Cyfathrebu ac ymgysylltu â chymunedau gwledig trwy fod yn bresennol yn Sioe Frenhinol Cymru, ynghyd ag amrywiaeth o sioeau sir lleol yn Sir Fynwy a Bro Morgannwg ac ar Ynys Môn.
- Dadansoddiad manwl o ddata a dynnwyd o StatsCymru, Hwb Meincnodi Uned Ddata Llywodraeth Leol, Y Swyddfa Ystadegau Gwladol, NOMIS, Y Sefydliad Gofal Cyhoeddus a Chofrestrfa Tir EM.
- Adolygiad o lenyddiaeth a gyhoeddwyd, gan gynnwys adroddiadau ac ymchwil sylfaenol gan Arsyllfa Wledig Cymru, y Comisiwn Cymunedau Gwledig, Move your Money, Better Transport, Deloittes, Cownteri Swyddfa'r Post Cyf, Llywodraeth Cymru, Un Llais Cymru, BDRC Continental, yr Adran Cymunedau a Llywodraeth Leol a DEFRA.
- Dadansoddiad o sampl o Gynlluniau ac Asesiad o Lesiant Byrddau Gwasanaethau Cyhoeddus.
- Arolwg o 711 o Gyngorau Tref a Chymuned, er mwyn nodi'r heriau y maent yn eu hwynebu wrth reoli, cynnal a datblygu gwasanaethau ar gyfer cymunedau gwledig, ynghyd â pha mor dda y maent yn ymgysylltu ag awdurdodau lleol ac yn gweithio mewn partneriaeth â nhw mewn perthynas â throsglwyddo asedau cymunedol. Cawsom ymatebion gan 355 o gyrff.

- Arolwg ansoddol o 750 o ddinasyddion i ddarganfod i ba raddau y mae llywodraethau lleol yn ymgysylltu â'r cyhoedd ac yn deall canfyddiadau cyhoeddus o ran llunio gwasanaethau ar gyfer cymunedau gwledig. Cafodd fframwaith cwestiynau'r arolwg ei lunio i gysylltu ag ymchwil flaenorol i wasanaethau ar gyfer cymunedau gwledig, yn benodol adroddiad Arsyllfa Wledig Cymru, 'Coping with Access to Services'<sup>38</sup>, a gyhoeddwyd yn 2007, sy'n nodi pum dimensiwn pwysig o ran darparu gwasanaethau mewn lleoliadau gwledig: digonol, hygyrch, ar gael, fforddiadwy a derbyniol.
- Cyfweiliadau â rhanddeiliaid cenedlaethol allweddol, gan gynnwys Llywodraeth Cymru, Un Llais Cymru, Cymdeithas Clercod Cyngorau Lleol, Cymdeithas Llywodraeth Leol Cymru, cyrff y trydydd sector, Tai Cymunedol Cymru, y Gronfa Loteri Fawr, Ymddiriedolaeth y Tywysog, Undeb Cenedlaethol yr Amaethwyr, sefydliadau academiaidd, busnesau asiantaethau'r llywodraeth.
- Gwaith maes manwl yn Sir Gaerfyrddin, Ynys Môn, Gwynedd, Sir Fynwy, Castell-nedd Port Talbot a Bro Morgannwg, Awdurdodau'r tri Pharc Cenedlaethol, Heddlu Dyfed Powys ac Awdurdod Tân ac Achub Canolbarth a Gorllewin Cymru. Roedd ein gwaith maes yn cynnwys cynnal cyfweiliadau a grwpiau ffocws â swyddogion ac aelodau, ynghyd ag ymgysylltu â phartneriaid lleol.

38 [www.walesruralobservatory.org.uk/sites/default/files/12\\_CopingAccessServices.pdf](http://www.walesruralobservatory.org.uk/sites/default/files/12_CopingAccessServices.pdf)



## Atodiad 2 – Diffinio Cymru ‘Wledig’

Nid oes un diffiniad pendant y cytunir arno ar gyfer ardal wledig yng Nghymru, ac roedd hyn yn anhawster allweddol wrth edrych ar y maes gwaith hwn. Mae Llywodraeth Cymru yn gwahaniaethu rhwng dau gategori – cyd-destun llai gwasgaredig a chyd-destun mwyaf gwasgaredig – a rhwng tri math o anheddiad.

O fewn y cyd-destun Llai Gwasgaredig y mae’r canlynol:

- **Trefi Mawr:** sydd â phoblogaethau o 10,000 o bobl, o leiaf, gan gynnwys Caerdydd, Casnewydd ac Abertawe, ar hyd arfordir Gogledd Cymru, Glannau Dyfrdwy a Wrecsam;
- **Trefi Bach:** anheddau o lai na 10,000 o bobl yn yr ardaloedd sydd â’r poblogaethau dwysaf, er enghraifft Dinbych a Threfynwy – a hefyd ardaloedd ar ymylon y trefi o amgylch yr anheddau mawr; ac
- **Eraill:** pentrefi, pentrefannau ac anheddau gwasgaredig yn yr ardaloedd llai gwasgaredig

Yn y cyd-destun mwyaf gwasgaredig y mae’r canlynol:

- **Trefi Mawr:** anheddau â phoblogaeth o 10,000 o bobl, o leiaf – Caergybi, Y Drenewydd, Aberystwyth a Chaerfyrddin;
- **Trefi Bach:** yn yr ardaloedd â’r poblogaethau llai dwys, gyda llai na 10,000 o bobl; ac
- **Eraill:** pentrefi, pentrefannau ac anheddau gwasgaredig yn ardaloedd mwyaf gwasgaredig Cymru

Yn ôl dosbarthiad Llywodraeth Cymru, mae bron i 20% o boblogaeth gyfan Cymru yn byw mewn ardaloedd sy’n cael eu categoreiddio’n gyffredinol fel ardaloedd gwledig. O blith y trigolion gwledig hyn, dim ond 30% sy’n byw yn y trefi mawr neu fach mwyaf gwasgaredig; mae’r mwyafrif (70%) yn byw naill ai mewn ardaloedd llai gwasgaredig ‘eraill’ neu yn yr ardaloedd mwyaf gwasgaredig (Llywodraeth Cymru, 2015).

Yn ôl Mynegai Amddifadedd Lluosog Cymru yn 2014, caiff yr ardaloedd hyn eu rhestru fel rhai o'r ardaloedd lleiaf difreintiedig ar sail incwm, ac mae hyn yn awgrymu bod ardaloedd gwledig yn profi llai o dlodi ac amddifadedd nag ardaloedd trefol yng Nghymru. Mae Mynegai Amddifadedd Lluosog Cymru yn ystyried nifer o ffactorau wrth fesur amddifadedd. Mae'n nodi Ynys Môn, Powys, Ceredigion, Sir Gaerfyrddin, Castell-nedd Port Talbot, Pen-y-bont ar Ogwr a Chaerffili fel y siroedd â'r nifer uchaf o achosion o amddifadedd gwledig yng Nghymru.

Mae fforwm polisi gwledig Cymdeithas Llywodraeth Leol Cymru yn cynnwys naw cyngor (Ynys Môn, Sir Gaerfyrddin, Ceredigion, Conwy, Sir Ddinbych, Gwynedd, Sir Fynwy, Sir Benfro a Phowys gyda chynrychiolaeth o Barciau Cenedlaethol Cymru). Yn hwyr yn 2015, cyhoeddodd y fforwm gyfres newydd o flaenoriaethau<sup>39</sup>, sy'n canolbwyntio ar dri maes allweddol – Cenedlaethau'r Dyfodol; Ein rhwydweithiau; ac Ein llefydd.

39 Fforwm Gwledig Cymdeithas Llywodraeth Leol Cymru - Maniffesto Fforwm Gwledig CLILC ar gyfer 2015-2020 <http://www.wlga.gov.uk/download.php?id=6257&l=1>

## Atodiad 3 – Astudiaethau achos arfer da



### Dull gweithredu strategol sy'n seiliedig ar le

**Powys** – mae gan y Bwrdd Gwasanaethau Cyhoeddus broses gadarn ar gyfer adolygu data ac mae fformat adroddiadau'r asesiad o lesiant yn hygyrch iawn ac maent yn cael eu croesgyfeirio gyda'r ffynonellau data diweddaraf. Ceisiwyd cyngor annibynnol i sicrhau ansawdd y data. Caiff peth o'r data eu cymharu â chynghorau o du allan i Gymru, er enghraifft tipio anghyfreithlon, a gyda rhanbarthau eraill yng Nghymru gan gynnwys cynhyrchu ynni mewn ffordd gynaliadwy. Sefydlwyd llyfrgell ymchwil sy'n gartref i bapurau ymchwil a gwybodaeth ar faterion gwledig, a chyfeirir at hyn wrth benderfynu ar yr ymatebion posibl yn ei Gynllun Llesiant cyntaf. Mae Asesiad Llesiant y Bwrdd Gwasanaethau Cyhoeddus yn sgorio effaith pob canfyddiad allweddol yn erbyn y saith nod llesiant ac yn nodi a ydynt yn cael effaith gadarnhaol neu negyddol ar lesiant. Mae'r Asesiad yn defnyddio dewis eang o ddata lleol a chenedlaethol er mwyn dadansoddi trais a cham-drin domestig, materion iechyd y cyhoedd, cyrhaeddiad addysgol mewn ysgolion gwledig, lleoliadau a darpariaeth llety addas i bobl hŷn, cysylltedd band eang ac effaith troseddau seibr ar fusnesau gwledig lleol. O ganlyniad, mae'r Bwrdd Gwasanaethau Cyhoeddus mewn lle gwell i gydlynu unrhyw gamau gweithredu'n fwy effeithlon.

**Bro Morgannwg** – sefydlwyd y Tîm Cymunedau Gwledig Creadigol yn 2004 ym Mro Morgannwg ac mae'n gweithio mewn partneriaeth â chymunedau i ddatblygu prosiectau a syniadau arloesol fydd yn creu buddion cymdeithasol ac economaidd hirdymor i'r ardal. Y nod yw grymuso unigolion i chwarae rhan weithgar yn nyfodol eu cymunedau. Adeiladodd prosiect Mapio Cymunedau Gwledig Creadigol ar ganfyddiadau dadansoddiad trechu tlodi a gomisiynwyd gan Fwrdd Gwasanaethau Lleol y Fro gynt, a ddaeth i'r casgliad mai ardal Sain Tathan ym Mro Morgannwg, yn gyffredinol, sy'n profi'r lefelau uchaf o dlodi ac amddifadedd o'i chymharu ag ardaloedd gwledig eraill y Fro. Mae'r dull gweithredu hwn yn ceisio gweithio gyda chymunedau i adnabod yr Asedau Cymdeithasol, er enghraifft, grwpiau cymunedol, sefydliadau ac unigolion, yn ogystal ag Asedau Ffisegol gan gynnwys Canolfannau Cymunedol, mannau agored a busnesau mewn cymuned. Treialodd y cyngor y defnydd o'r dull o fapio mewn tair cymuned yn y Fro Wledig yn Sain Tathan, Gwenfô a'r Rhws. Mae'r broses fapio wedi dod â phobl at ei gilydd ar draws y cymunedau hynny ac wedi arwain at adnabod yr hyn sy'n bwysig i'r cymunedau hynny. Yn Sain Tathan, un o'r prif flaenoriaethau a nodwyd gan y gymuned oedd gwella mannau chwarae i blant. Ffurfiodd grŵp lleol o drigolion grŵp cymunedol i fynd i'r afael â'r angen hwn, ac maent yn gweithio gyda swyddog datblygu chwarae'r cyngor i gynyddu eu gwybodaeth am ddarparu gweithgareddau chwarae yn yr ardal ac mae'r gwirfoddolwyr yn cael eu mentora'n anffurfiol i'w cynorthwyo i ddatblygu darpariaeth chwarae yn yr ardal.

**Heddlu Dyfed Powys** – mae strategaeth plismona gwledig Heddlu Dyfed Powys 2017-20 yn nodi'r gwaith sy'n cael ei gynllunio i wella mynediad at wasanaethau mewn ardaloedd gwledig. Mae'r heddlu'n datblygu ac yn cefnogi cynlluniau gwyllo gwledig, ac yn cynyddu nifer y Cwnstabiliaid Arbennig a'r gwirfoddolwyr sy'n gweithio mewn cymunedau gwledig. Mae Cwnstabiliaid yr Heddlu a Swyddogion Cymorth Cymunedol yr Heddlu yn fwy hygyrch gan eu bod wedi eu lleoli mewn cymunedau gwledig ac yn rhannu cyfleusterau Gwasanaeth Tân ac Achub Canolbarth a Gorllewin Cymru ac yn defnyddio stondinau a phebyll a godir yn y fan a'r lle mewn sioeau haf a digwyddiadau. Cyflwynwyd nifer o gyfrifon Twitter ar gyfer timau plismona lleol hefyd. Mae swyddogion yr heddlu a staff cymorth yn cael hyfforddiant ar lefel uwch i sicrhau bod ganddynt yr arbenigedd i ymdrin â throseddau gwledig; mae hyn yn angenrheidiol oherwydd natur gymhleth rhai troseddau gwledig. Mae yna Gydlynnydd Troseddau Gwledig sy'n cefnogi'r swyddogion hyn.

Creodd yr Heddlu Fforymau Troseddau Gwledig hefyd ar gyfer y sir, ac maent yn dod â chynrychiolwyr undebau ffermio, cydlynwyr Gwarchod Ffermydd, grwpiau cymunedol yng nghefn gwlad ac awdurdodau lleol at ei gilydd. Mae'r fforymau hyn yn cynorthwyo i feithrin hyder wrth adrodd ynghylch troseddau, dod o hyd i atebion ar y cyd a gwella'r gallu i gyfnewid gwybodaeth a chudd-wybodaeth er mwyn sicrhau bod modd targedu troseddwyr a throreddoldeb gyda ffocws arbennig. Mae Strategaeth Troseddau Gwledig Heddlu Dyfed Powys hefyd yn amlinellu'r heriau gwledig penodol y mae Heddlu Dyfed Powys yn eu hwynebu, a'r adnoddau y bydd yn eu cyflwyno i weithredu'r strategaeth wledig. Mae'r rhain yn cynnwys camau gweithredu i wella gweithgarwch atal, canfod a gorfodi, rhannu cudd-wybodaeth a gwaith ar dawelu meddwl y cyhoedd.



### **Cydweithio ac integreiddio'r broses o ddarparu gwasanaethau**

**Awdurdod Tân ac Achub Gogledd Cymru** – unodd Tîm Cymorth Cymunedol yr Awdurdod gyda Llywodraeth Cymru, y tri gwasanaeth brys, Cyngor Sir Ddinbych, Cyngor Bwrdeistref Sirol Conwy, Bwrdd Iechyd Prifysgol Betsi Cadwaladr, Galw Gofal Care Connect, a Gwasanaeth Monitro Galwadau Rhanbarthol Gogledd Cymru er mwyn cynnig cyngor integredig ar iechyd a diogelwch ac ymateb i bobl hyglwyf sy'n baglu yn eu cartrefi. Cafwyd atgyfeiriadau gan ysbytai, meddygon teulu ac aelodau'r teulu, gofawyr a'r bobl eu hunain. O ganlyniad, parhaodd y galw am wasanaethau 'r Tîm Cymorth Cymunedol arbenigol i dyfu ers cychwyn y fenter, sy'n anelu at gynorthwyo pobl yn eu cartrefi eu hunain, ym mis Awst 2016. Gwelwyd dros fil o bobl yn elwa ar gymorth y Tîm Cymorth Cymunedol ers lansio'r cynllun peilot yn Sir Ddinbych a Chonwy. Roedd y cynllun yn gymorth i leihau nifer y bobl y bu'n rhaid iddynt fynd i'r ysbyty, gan ostwng y straen a'r galw am wasanaethau ambiwlans a meddygol. Erbyn hyn, mae'r cyllid ar gyfer y prosiect wedi dod i ben ac nid yw ar waith mwyach.



## Rhoi sylw i fylchau yn y seilwaith

**Cyngor Sir Caerfyrddin** – mae menter Ddiwifr yn hybu cysylltedd ac adfywio cymunedol yn nhrefi a phentrefi gwledig Rhydaman, Porth Tywyn, Caerfyrddin, Llanymddyfri, Sanclêr a Hendy-gwyn.

Cefnogir y prosiect gan Gyngor Sir Caerfyrddin, sydd wedi derbyn nawdd grant ac wedi cyflwyno cais llwyddiannus ar ran Grŵp Gweithredu Lleol Grŵp Cefn Gwlad gan sicrhau nawdd o £120,000 gan y cynllun LEADER cenedlaethol. Nawr, mae cynghorau tref, busnesau, sefydliadau ac unigolion yn gallu cael mynediad at adnoddau hyfforddi ar-lein digidol i gefnogi datblygiad sgiliau digidol. Mae'r fenter hefyd yn cynnwys Wi-Fi lleol sy'n rhad ac am ddim. O ganlyniad, mae cyfleoedd newydd yn cael eu creu ar gyfer swyddi, prentisiaethau, lleoliadau gwaith a gwirfoddolwyr digidol.

**Trosglwyddo Asedau Cymunedol** – nodwyd gennym fod yr awdurdodau canlynol wedi datblygu dulliau da o drosglwyddo asedau cymunedol:

- Rhondda Cynon Taf wedi datgan bod yna nifer o asedau nad oes arno eu hangen (y cyfeirir atynt fel 'Asedau Gwerth Cymunedol'). Mae gwefan y Cyngor yn cynnwys canllawiau, templedi ar-lein, disgrifiad manwl o'r adeiladau ac un pwynt cyswllt ar gyfer gwybodaeth, a hynny oll gyda'r nod o helpu i sicrhau proses drosglwyddo lefn.
- Mae Cyngor Sir Powys yn hysbysebu asedau tir ac adeiladu a allai gael eu trosglwyddo, o bosibl. Mae ffurflenni datganiad o ddiddordeb i'w cael ar-lein, yn ogystal â thempled o achos busnes sy'n annog dealltwriaeth fanwl ac a rennir o risgiau'r prosiect.
- Mae gan Gyngor Bro Morgannwg becyn cymorth cynhwysfawr sy'n cynnwys canllawiau a thempledi, ac sy'n cyfeirio ymgeiswyr at wybodaeth bellach a chyllid posibl.

**Ceredigion** – y Trosglwyddodd Cyngor Sir Ceredigion y cyfrifoldeb am redeg gwasanaethau Canolfan Hamdden Tregaron i grŵp cymunedol lleol. Sefydlwyd y broses yn dilyn gwaith a wnaed gan Fwrdd Ad-drefnu Gwasanaethau Hamdden y Cyngor, a nododd fod Canolfan Hamdden Tregaron yn addas i'w throsglwyddo i'r gymuned – proses a adwaenir fel Trosglwyddo Asedau Cymunedol. Yna, gofynnodd y Cyngor am ddatganiadau o ddiddordeb ar gyfer darparu gweithgareddau chwaraeon o'r ganolfan hamdden. Mae Hamdden Caron Leisure yn grŵp o wirfoddolwyr o Dregaron a'r cyffiniau a ddatganodd ddiddordeb mewn rhedeg y ganolfan hamdden, a hynny yn dilyn ymgynghoriad manwl â defnyddwyr, unigolion nad oeddent yn defnyddio'r ganolfan, a chlybiau chwaraeon yn yr ardal. Mae les 30 mlynedd wedi'i lofnodi rhwng Cyngor Sir Ceredigion a Hamdden Caron Leisure erbyn hyn. Mae'r Ganolfan Hamdden bellach yn gweithredu fel canolfan gymunedol ar gyfer gweithgareddau hamdden a chwaraeon, gyda chlybiau chwaraeon newydd yn ymuno. Bydd y Cyngor yn parhau i weithredu rhai gwasanaethau o'r ganolfan hamdden ac mae'n bwriadu datblygu mwy o wasanaethau allgymorth a sesiynau galw heibio yn y dyfodol.



### Cefnogi hunangymorth mewn cymunedau gwledig

Mae Cyngor Sir Dyfnaint yn defnyddio'i ddata i feithrin cydnerthedd cymunedol mewn ardaloedd gwledig. Mae'n bwysig deall cydnerthedd cymunedau lleol er mwyn i gynghorau allu targedu cymorth a chefnogaeth at y mannau lle y mae'r mwyaf o angen amdanynt, ac er mwyn i bobl mewn cymunedau gwledig allu eu helpu eu hunain. Mae Cyngor Sir Dyfnaint yn darparu golwg ar-lein ar gydnerthedd cymunedol ar gyfer pob un o gymunedau Dyfnaint, gan ddefnyddio amrywiaeth o ddata cenedlaethol a lleol, a gyfunwyd gyda gwybodaeth o arolwg #WeAreDevon 2016, ac arolwg Community Insight Survey 2017. Mae'r sgôr cydnerthedd cymunedol sy'n deillio o hyn yn cael ei integreiddio i amrywiol fesurau cenedlaethol a lleol er mwyn dangos gwydnwch cymunedau yn Nyfnaint. Mae hyn yn creu deialog rhwng cyrff cyhoeddus, ac yn symud cynllun gweithredu yn ei flaen er mwyn cynllunio ar gyfer digwyddiadau mawr, ac adfer ar ôl digwyddiadau mawr, er enghraifft tywydd eithafol a newidiadau economaidd.

Yn ôl amcangyfrifon DeVA (Devon Voluntary Action) mae yna 31,255 o wirfoddolwyr sy'n rhoi o'u hamser. Mae'r Cyngor yn cysylltu pobl a gwirfoddolwyr at y sefydliadau hynny y mae arnynt angen cymorth. Cefnogir ymdrechion y Cyngor gan ganolfan gyngor annibynnol ar-lein a elwir yn Pinpoint. Mae Pinpoint yn dangos y ffordd at filoedd o wasanaethau a grwpiau cymunedol ledled Dyfnaint [www.pinpointdevon.co.uk](http://www.pinpointdevon.co.uk). Mae dros 500 o grwpiau cymunedol wedi eu cofrestru a gall pobl ddod o hyd i ddewis o gymorth ar sut i barhau i fyw bywydau annibynnol, dod o hyd i waith, gwirfoddoli, gwella llesiant personol a meithrin cydnerthedd personol.

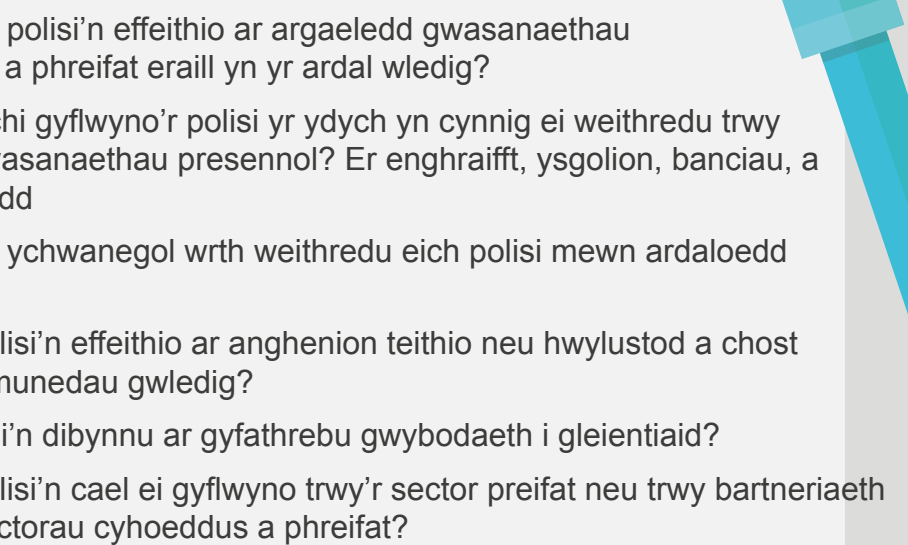
**Caffi Cletwr, Tre'r Ddôl, Ceredigion** - Gyda chefnogaeth Cyngor Sir Ceredigion, mae Caffi Cletwr yn datblygu dull cymunedol o ddarparu gwasanaethau allweddol a threchgu nifer o faterion y mae'r gymuned wledig yn eu hwynebu ym mhentref Tre'r Ddôl a'r cyffiniau. Cymuned fechan o ryw 600 o drigolion yw Tre'r Ddôl, a dros y blynyddoedd caewyd ei siop leol, ei heglwys a'i hysgol gynradd. Pan yr oedd yn edrych fel petai'r caffi lleol yn mynd i gau hefyd yn 2009, cafodd grŵp cymunedol lleol gymorth grant gan Gyngor Sir Ceredigion, Y Gronfa Loteri Fawr, yr Undeb Ewropeaidd a busnesau fel Santander a Sefydliad Laura Ashley, i brynu'r busnes ac i ddatblygu caffi a siop newydd wrth galon y pentref.

Mae Caffi Cletwr yn esblygu o hyd, ac mae cyfeiriad ei ddatblygiad yn dibynnu'n llwyr ar anghenion y gymuned leol. Mae'n ymdrechgu'n gyson i fapio anghenion y gymuned er mwyn alinio'r ddarpariaeth mor agos â phosibl at ddymuniadau'r trigolion. Arweiniodd hyn at ddatblygu mentrau sy'n ymdrin â materion fel y rheiny y mae cymunedau gwledig ledled Cymru yn eu hwynebu.

- Mae Caffi Cletwr yn llawer mwy na chaffi. Yn sgil cau asedau cymunedol eraill, mae'r ganolfan gymunedol egniol hon yn bwynt ffocws lle gall pobl gyfarfod neu alw heibio. Cynhelir digwyddiadau a rhoddir gostyngiadau penodol ar de a choffi i drigolion oedranus, er mwyn annog y rheiny na fyddai'n gweld neu'n siarad ag unrhyw arall drwy'r dydd fel arall, i ddod allan o'r tŷ.
- rhyngweithiad wyneb-yn-wyneb cyfyngedig â darparwyr gwasanaethau cyhoeddus. Mae Cyngor Sir Ceredigion yn defnyddio Caffi Cletwr fel man casglu ar gyfer bagiau gwastraff ac ailgylchu i ddinasyddion, ac mae ei lyfrgell symudol yn galw yn y caffi'n fisol, gan uchafu rôl y Caffi fel hwb cymunedol. Defnyddiodd Heddlu Dyfed Powys Gaffi Cletwr hefyd trwy gynnal sesiynau galw heibio gyda Swyddogion Cymorth Cymunedol yr Heddlu, yn y caffi.
- tloidi tanwydd: Mae Caffi Cletwr yn trefnu ac yn hwyluso syndicet cymunedol er mwyn i ddinasyddion brynu tanwydd olew i gynhesu eu cartrefi. Lle y gallai'r dinasyddion fod yn gorfod prynu mwy o swmp o danwydd gan gwmnïau, yn flynyddol, fel arall, mae'r syndicet yn galluogi dinasyddion i brynu llai o danwydd, sy'n fwy fforddiadwy iddynt, dair neu bedair gwaith y flwyddyn, trwy glwb tanwydd y Caffi. Trwy brynu swmp o olew, llwyddwyd i sicrhau gostyngiadau i drigolion hefyd.
- diffyg swyddi i bobl leol: Rhwng y caffi a'r siop, mae Caffi Cletwr yn cyflogi wyth aelod o staff cyfwerth amser llawn. Mae hyn yn cynnwys rheolwr a rheolwr cynorthwyol yn y siop a thri chogydd yng nghegin y caffi. Yn ogystal, mae yna 50 o wirfoddolwyr sy'n gysylltiedig â'r fenter ac yn cynorthwyo gyda thasgau rheolaidd neu'n helpu trefnu digwyddiadau cymunedol yn y Caffi.



## Atodiad 4 – Cwestiynau Offeryn Prawfesur Gwledig Llywodraeth Cymru

- 
- 1 A fydd eich polisi'n effeithio ar argaeledd gwasanaethau cyhoeddus a phreifat eraill yn yr ardal wledig?
  - 2 A fedrech chi gyflwyno'r polisi yr ydych yn cynnig ei weithredu trwy allfeydd gwasanaethau presennol? Er enghraifft, ysgolion, banciau, a meddygfeydd
  - 3 A fydd cost ychwanegol wrth weithredu eich polisi mewn ardaloedd gwledig?
  - 4 A fydd y polisi'n effeithio ar anghenion teithio neu hwylustod a chost teithio i gymunedau gwledig?
  - 5 A yw'r polisi'n dibynnu ar gyfathrebu gwybodaeth i gleientiaid?
  - 6 A fydd y polisi'n cael ei gyflwyno trwy'r sector preifat neu trwy bartneriaeth rhwng y sectorau cyhoeddus a phreifat?
  - 7 A yw'r polisi'n dibynnu ar seilwaith i'w weithredu, a allai olygu bod cymunedau gwledig dan anfantais? Er enghraifft, Band Eang, TGCh, priffyrdd a chyfleustodau
  - 8 A fydd y polisi'n effeithio ar fusnesau gwledig, yn enwedig busnesau hunangyflogedig a busnesau micro ac ar y Trydydd Sector, gan gynnwys mentrau cymdeithasol a mudiadau gwirfoddol lleol?
  - 9 A fydd y polisi'n effeithio'n benodol ar ddiwydiannau tir-seiliedig ac felly ar economïau gwledig a'r amgylchedd?
  - 10 A fydd y polisi'n effeithio ar y rheiny sydd ar gyflogau isel neu mewn swyddi rhan-amser neu dymhorol?
  - 11 A fydd y polisi'n targedu pobl dan anfantais sy'n byw mewn ardaloedd gwledig?
  - 12 A fydd y polisi'n dibynnu ar fudiadau lleol i'w weithredu?
  - 13 A yw'r polisi'n dibynnu ar adeilad newydd neu safle datblygu?
  - 14 A fydd y polisi'n effeithio ar ansawdd a chymeriad y dirwedd wledig naturiol ac adeiledig?
  - 15 A fydd y polisi'n effeithio ar bobl sy'n dymuno cyrraedd cefn gwlad a defnyddio cefn gwlad fel lle ar gyfer hamdden a mwynhad?

Ceir enghraifft o'r asesiad cyflawn ar [wefan Llywodraeth Cymru](#).

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**BWRDD GWASANAETHAU CYHOEDDUS CONWY A SIR DDINBYCH**

**RHAGLEN GWAITH I'R DYFODOL**

2018/19

**Cadeirydd:**

*Bethan Jones*

**Is-gadeirydd:**

*Iwan Davies*

**Cydlynwyr**

*Nicola Kneale / Fran Lewis*

**Swyddog y Pwyllgor:**

*Cyngor Sir Ddinbych*

*01824 706141*

Dyddiad y Cyfarfod	Testun	Swyddog yn Gyfrifol
<b>Cyfarfod Bwrdd Gwasanaethau Cyhoeddus</b>		
<b>25 Mawrth 2019</b> (Siambr y Cyngor, Tŷ Russell, y Rhyl)	Enwebiadau Cadeirydd ac Is-Gadeirydd	Y Cadeirydd
	Cynllun drafft 3 Blynedd - Bwrdd Iechyd Prifysgol Betsi Cadwaladr	I'w gadarnhau
	Cynlluniau Datblygu Lleol ar gyfer Conwy a Sir Ddinbych - Ymgynghoriad Cam Cyntaf	James Harland (Rheolwr Polisi Cynllunio CBS Conwy) Angela Loftus (Rheolwr Polisi Cynllunio Cyngor Sir Ddinbych)
	Adroddiad Blynyddol BGC (gan gynnwys diweddariadau ar flaenoriaethau a thrafodaeth ar ddulliau'r dyfodol)	Fran Lewis
	Sesiwn Byrddau Iach BGC – trafodaeth dilynol	
	Grant Cefnogi BGC Gogledd Cymru	Nicola Kneale
	Cynghorau gwasanaethau gwirfoddol Conwy a Sir Ddinbych – gwybodaeth ddilynol am yr hyn y gall y Bwrdd ei gynnig	Wendy Jones / Helen Wilkinson
	Cymunedau gwledig – ymateb i adroddiad SAC	Fran Lewis
<b>Mehfin 2019</b> (dyddiad a lleoliad i'w gadarnhau)	Y Wybodaeth Ddiweddaraf ar Gynnig Twf Gogledd Cymru	Graham Boase / Jane Richardson
	Y wybodaeth ddiweddaraf am Y 1000 Diwrnod Cyntaf	Teresa Owen
	CGGSDD – Prosiect Cenedl sy'n deall Dementia	Helen Wilkinson
	Cynllunio ar gyfer Sefyllfaoedd y Dyfodol	Helen Wilkinson
	Diweddariad ar y Rhaglen Cyllid Hyblyg	I'w gadarnhau
	<b>Eitemau Eithriedig</b>	
	Trafodaeth ar ddatblygu cofrestr risg y Bwrdd Gwasanaethau Cyhoeddus a heriau arweinyddiaeth	Nicola Kneale / Fran Lewis
<b>23 Medi 2019</b>	I'w gadarnhau	
<b>9 Rhagfyr 2019</b>	I'w gadarnhau	
<b>27 Ionawr 2020</b>	Gweithdy /cyfarfod anffurfiol	
<b>26 Mawrth 2020</b>	I'w gadarnhau	
<b>Eitemau Sefydlog ar y Rhaglen</b>		
Ymddiheuriadau am absenoldeb		

Cofnodion y cyfarfod diwethaf	
Materion yn codi	
Rhaglen Gwaith i'r Dyfodol	
Unrhyw Fater Arall	
<b>I'w gadarnhau</b>	
Asiantaeth Cyngor Cenedlaethol	Llywodraeth Cymru
Rhaglen Camau Cynnar Gyda'n Gilydd	Vicky Jones
Gweithgor Asedau Cenedlaethol	I'w gadarnhau
Amddiffynfeydd Môr Hen Golwyn - diweddariad	I'w gadarnhau