

Dyddiad: Dydd Mercher 4 Rhagfyr 2002

Lleoliad: Ystafell Bwyllgora, Cynulliad Cenedlaethol Cymru

Teitl: Strategaeth ar gyfer Pobl Hyn yng Nghymru

PAPUR I'W NODI

Diben

1. Diben y papur hwn yw rhoi gwybod i'r Pwyllgor am ganlyniadau'r ymgynghoriad ar Adroddiad y Grwp Ymgynghorol 'Pan fwyf yn hen a pharchus...', ein ymateb i argymhellion yr adroddiad hwnnw a'n bwriad i gyhoeddi Strategaeth Llywodraeth Cynulliad Cymru ar gyfer Pobl Hyn yng Nghymru. Gwahoddir y Pwyllgor i:

- Nodi'r crynodeb o'r ymatebion i Adroddiad y Grwp Ymgynghorol (Atodiad A) a gyhoeddir ar Wefan y Strategaeth:
- Nodi ymateb ffurfiol Llywodraeth Cynulliad Cymru i bob un o'r argymhellion yn Adroddiad y Grwp Ymgynghorol 'Pan fwyf yn hen a pharchus...' (Atodiad B)
- Nodi Strategaeth Llywodraeth Cynulliad Cymru ar gyfer Pobl Hyn a'r Cynllun Gweithredu (Atodiad C) a gyhoeddir yn ffurfiol ar 30 Ionawr 2003

Y Cefndir

2. Yn ystod y ganrif ddiwethaf, mae canran y boblogaeth sy'n 60 oed a throsodd wedi treblu. Yn ystod yr 20 mlynedd nesaf bydd y boblogaeth yn gyffredinol yn para'n weddol sefydlog, ond bydd nifer y bobl o oed ymddeol yng Nghymru yn cynyddu 11 y cant i 650,000. Bydd nifer y bobl oedrannus iawn (85+ oed) yng Nghymru yn cynyddu fwy na thraean i 82,000. Erbyn 2020 bydd bron yr un nifer o bobl yn drigain oed a throsodd ag y bydd o bobl yn eu hugeiniau a'u tri degau. Bydd y newidiadau demograffig hyn yn newid cydbwysedd y boblogaeth yn sylweddol. O dipyn i beth, bydd pobl yn byw bywydau hirach ac iachach ond bydd angen gofal, cefnogaeth a gwasanaethau mwy personol ac integredig arnynt ar adegau allweddol. Bydd tueddiadau cymdeithasol, megis patrymau bywyd teuluol sy'n newid, llai o blant a nifer cynyddol y bobl sengl hefyd yn cael effaith sylweddol ar batrwm cymdeithas. Bydd y newidiadau hyn yn cynnig cyfleoedd a sialensau ac yn golygu y bydd yn rhaid i bolisiâu a rhaglenni Llywodraeth Cynulliad Cymru yn y dyfodol adlewyrchu anghenion cymdeithas sy'n mynd yn hyn.

3. Yng ngwanwyn 2001, cyhoeddais bod Grwp Ymgynghorol wedi cael ei sefydlu, gyda'r Dr Brian Gibbons yn Gadeirydd, er mwyn cefnogi datblygiad y Strategaeth ar gyfer Pobl Hyn yng Nghymru. Roedd ystod eang o arbenigwyr ar y Grwp Ymgynghorol gan gynnwys pedwar o bobl hyn. Cynhaliwyd 11 o gyfarfodydd.

Defnyddiwyd ymchwil a rhaglen ymgynghori gynhwysfawr wrth ddatblygu adroddiad y Grwp - 'Pan fwyf yn hen a pharchus...'. Roedd yr adroddiad yn gwneud 100 o argymhellion ar gyfer gwella'r gwasanaethau i bobl hyn a materion eraill sy'n ymwneud â'u lles. Y nod yw rhoi arweiniad i'r Cynulliad a chyrrff statudol eraill ar gyfer datblygu polisiâu a chynlluniau yn y dyfodol sy'n adlewyrchu demograffeg ac amgylchiadau cymdeithasol sy'n newid. Cafodd yr adroddiad ei drafod yn y Cyfarfod Llawn ar 16 Mai ac yna fe'i cyhoeddwyd er mwyn cynnal ymgynghoriad arno.

Yr Ymgynghoriad

4. Cafwyd 111 o ymatebion i'r ymgynghoriad ar Adroddiad y Grwp Ymgynghorol, oddi wrth ystod eang o sefydliadau statudol ac annibynnol a phobl hyn. Yn gyffredinol, roedd y rhai a ymatebodd yn gefnogol iawn i'r cysyniad o ddatblygu Strategaeth. Roeddent hefyd yn cefnogi'r egwyddorion sy'n sail iddi a llawer o'i hargymhellion.

Ni dderbyniwyd llawer o sylwadau negyddol ond roedd rhai'n mynegi pryder o ran ariannu'r Strategaeth yn briodol, pennu blaenoriaethau cliriach a chael proses weithredu effeithiol sy'n cael ei monitro a'i gwerthuso. Cynigir cyhoeddi crynodeb o'r ymatebion (Atodiad A) ar Wefan y Strategaeth a'i roi yn Llyfrgell y Cynulliad.

Ymateb i'r Adroddiad

5. Ar 1 Mai rhoddais ymrwymiad i'r Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar 1 Mai y byddwn yn darparu ymateb ffurfiol Llywodraeth y Cynulliad i argymhellion Adroddiad y Grwp Ymgynghorol. Amgaeir hwn yn Atodiad B ac mae'n cynnwys ymateb Llywodraeth y DU i'r 13 o argymhellion ar gyfer materion heb eu datganoli. Bydd hefyd ar Wefan ein Strategaeth ac yn Llyfrgell y Cynulliad.

Strategaeth Ddrafft

6. Datblygodd Llywodraeth y Cynulliad ei Strategaeth a'i Gynllun Gweithredu (Atodiad C) drwy ystyried argymhellion y Grwp Ymgynghorol ac ymatebion carfanau allanol i'r ymgynghoriad. Mae'n nodi nifer o amcanion strategol, yn darparu sail resymegol i'r polisi ac yn amlinellu Cynllun Gweithredu i gymryd rhagor o gamau gweithredu a datblygu prosiectau manwl. Mae'r Strategaeth yn ymwneud ag ystod o bolisïau'r Cynulliad - rhai sydd eisoes yn bodoli a rhai sy'n datblygu. Bydd y rhain yn dod â manteision i bobl hyn. Mae hefyd yn pennu cyfres o bolisïau a mentrau newydd sydd wedi'u llunio'n arbennig ar gyfer gwella'r gwasanaethau i bobl hyn a mynd i'r afael â newidiadau demograffig. Ymysg prif nodweddion y Strategaeth bydd yn:

- sefydlu Fforwm Cenedlaethol Cymru i Bobl Hyn sy'n dod â phawb perthnasol at ei gilydd, sy'n ganolbwynt ar gyfer datblygu cydlynol ac sy'n cyfrannu at y broses wleidyddol ar lefel leol a chenedlaethol.
- ein hysgogi o'r newydd i fynd i'r afael â rhagfarn oed a gwahaniaethu ar sail oed
- addo ymdrech gydlynus ac wedi'i thargedu i fod yn fwy effeithiol wrth ennyn diddordeb pobl hyn a sicrhau eu bod yn rhan o benderfyniadau sy'n effeithio ar eu bywydau a'u cymunedau;
- ystyried a datblygu ymagwedd newydd at gysylltiadau rhwng cenedlaethau;
- cydweithio â Llywodraeth y DU a llywodraeth leol i ddatblygu gwasanaethau "un stop" i bobl hyn;
- rhoi materion sy'n ymwneud â phobl hyn yn y "brif ffrwd" wrth ddatblygu holl bolisïau'r Cynulliad;
- sicrhau, drwy Gynllunio Cymunedol, bod llywodraeth leol yn defnyddio dull strategol o fynd i'r afael â phroblemau pobl hyn ac ymateb i gymdeithas sy'n mynd yn hyn;

- datblygu rhaglen weithredu ar sail tystiolaeth i bobl hyn ym maes hybu iechyd
- bydd y Cynulliad yn arwain trafodaeth genedlaethol ar flaenoriaethau a strategaethau ar gyfer diwallu anghenion tai pobl hyn
- cynnwys fframwaith cynhwysfawr ac integredig ar gyfer monitro a gwerthuso'r Strategaeth a'i helfennau ymchwil

Gofal Personol Am Ddim

7. Mae'r Cynulliad Cenedlaethol wedi derbyn yr egwyddor o ofal personol am ddim ar sail argymhelliad y Comisiwn Brenhinol y dylai hyn fod yn fater i drethu, budd-daliadau a pholisi etifeddiaeth y DU. Ar hyn o bryd, mae Llywodraeth y DU yn gadarn ei barn mai gwella ystod ac ansawdd y gwasanaethau ar gyfer pobl hyn yw'r flaenoriaeth ar gyfer gwariant ar ofal tymor hir. Yn niffyg unrhyw newid ar lefel y DU, nid oes unrhyw bwerau deddfwriaethol gan y Cynulliad Cenedlaethol i weithredu polisi o ofal personol am ddim. Bydd Llywodraeth Cynulliad Cymru yn parhau i bwysu ar Lywodraeth y DU am y pwerau a'r adnoddau i ystyried y mater yng Nghymru, a bydd yn parhau i chwilio am gyfleoedd i leddfu'r baich o orfod talu am ofal personol.

Goblygiadau Ariannol

8. Mae llawer o gyllidebau rhaglenni'r Cynulliad yn cynnwys polisiâu a rhaglenni er budd pobl hyn ee teithio ar fysiau am ddim, hybu iechyd, strategaeth ar gyfer gofalwyr, cymorth tai etc. Mae cyllideb ddrafft Cabinet y Cynulliad yn cynnwys swm pendant o £10 miliwn dros y 3 blynedd nesaf i sicrhau bod y Strategaeth yn cael ei rhoi ar waith. Bydd yr arian hwn yn sail gadarn ar gyfer cychwyn rhoi'r Strategaeth ar waith o fis Ebrill 2003 ymlaen ar gyfer cynnal seilwaith ac ysgogi datblygiadau lleol. Mae manylion y trefniadau ariannol wrthi'n cael eu llunio ac fe'u cyhoeddir pan gaiff y Strategaeth ei lansio ar 30 Ionawr. Rydym yn sicr bod angen rhoi hwb mawr i'r Strategaeth hon yn lleol drwy gynllunio a datblygu partneriaethau lleol yn effeithiol. Mae'r Awdurdodau Lleol, y GIG, Partneriaethau Iechyd a Lles, y sector gwirfoddol ac yn bennaf oll, y Bobl Hyn, i gyd yn bwysig.

Ei Rhoi ar Waith

9. Diben y broses o roi'r Strategaeth ar waith yw diwallu anghenion lleol yn ogystal â nodau cenedlaethol a bydd yn broses sy'n ymateb i newid. Felly, bydd y Strategaeth yn cael ei gweithredu dros gyfnod o 10 mlynedd gyda Chynllun Gweithredu fel man cychwyn. Ceir dwy brif system. Byddwn yn sefydlu Is-bwyllgor Cabinet newydd ar gyfer Pobl Hyn a fydd yn cyfateb i'r hyn rydym eisoes wedi'i gyflwyno ar gyfer plant. Byddai hwn yn sicrhau bod yr ystod eang o faterion yn ymwneud â phobl hyn yn cael eu hytyried mewn ffordd gydlynol ar draws y Cynulliad. Yn ogystal, caiff Fforwm Cenedlaethol i Bobl Hyn ei sefydlu er mwyn codi proffil y Strategaeth. Bydd yn gyfrwng ar gyfer derbyn syniadau a safbwyntiau gan fforymau pobl hyn lleol i'w cyflwyno i Lywodraeth y DU ar faterion nad ydynt wedi'u datganoli. Bydd yn hanfodol ein bod yn mesur effaith y Strategaeth ac mae fframwaith ymchwil, monitro a gwerthuso yn cael ei ddatblygu i'r perwyl hwnnw.

Yr Amserlen a'r Camau Nesaf

10. Dyma'r amserlen ar gyfer camau gweithredu'r Strategaeth:

- cynhelir trafodaeth yn y cyfarfod llawn ar y Strategaeth i Bobl Hyn ar 11 Rhagfyr
- lansio Strategaeth a Chynllun Gweithredu Llywodraeth Cynulliad Cymru yn ffurfiol, ar 30 Ionawr 2003, mewn Cynhadledd Strategaeth wedi'i threfnu ar y cyd ag Age Concern Cymru ar gyfer awdurdodau statudol, y sector annibynnol a chynrychiolwyr y bobl hyn
- cyhoeddi canllawiau ar gyllid i roi'r Strategaeth ar waith - Chwefror
- cychwyn rhoi'r Strategaeth ar waith o 1 Ebrill 2003 ymlaen

Jane Hutt

Y Gweinidog dros Iechyd Gwasanaethau Cymdeithasol

Swyddog Cyswllt: Steve Milsom, yr Is-adran Polisi Gofal Cymdeithasol, est 3206

NID YW ADOTIADAU A & B AR GAEL TRWY GYFRWNG Y GMRAEG

Annex A

STRATEGY FOR OLDER PEOPLE – SUMMARY OF CONSULTATION RESPONSES TO ADVISORY GROUP REPORT ‘WHEN I’M 64AND MORE’

Chapter of Report	Comments
Overview of Comments on Report 108 Responses were received up to 30 September – 111 in total	Overall the Report and its recommendations received very strong support. The concept, purpose, direction etc of the Strategy and many of the principles were welcomed. The report was seen as thorough and comprehensive. The collaborative consultation programme and underpinning use of research were praised. Many respondents wanted to see action taken on tackling ageism and discrimination and in engaging older people more effectively in their communities and decisions that effect their lives. Many of the proposals to improve health, housing and social care services were particularly supported. The main issues of concern raised by

	<p>respondents concerned the need for the Strategy to be properly funded, for a strong monitoring and evaluation process and for greater clarity about the key priorities between the 110 recommendations. There was also a view that although there was already a good body of research knowledge that needed to be used more effectively. From the NHS there was a call for greater clarity about how the NSF for Older People related to the Strategy</p>
<p>Comments on Report – Detailed</p> <p>See Annex A for general comments on the Strategy.</p>	
<p>Chapter 2 – General</p> <p>There was some support for the following recommendations:</p> <p>2.9, 2.10, 2.14, 2.15.</p> <p>There was strong support for the following recommendations:</p> <p>2.1, 2.3, 2.4, 2.5, 2.7, 2.8, 2.11, 2.12, 2.13.</p> <p>There was significant support for Recommendations 2.2 and 2.6.</p> <p>There was some disagreement to Recommendation 2.4.</p>	<p>Need to ensure a proper balance between older people groups and other groups.</p> <p>Disappointed that Report did not take up the idea of designating a non-executive member of 22 Local Health Boards to keep a watching brief on older people issues.</p> <p>Older People should not be discriminated against when public appointments are made.</p> <p>Public sector needs full funding to treat older people.</p> <p>Will require close collaboration between Champions and Commissioner to maintain momentum.</p> <p>Roles of Older People’s Commissioner, Older People’s Assembly Member and Older People’s Partnership Forum should be clearly identified to avoid confusion.</p>
<p>Chapter 2 – Detailed</p>	<p>Recommendation 2.2 Must be independent of Government.</p>

	<p>Appointment of a National Director for older people in the NHS Wales Department should be made.</p> <p>Local Champions may be more effective.</p> <p>Recommendation 2.3 Should support aims and work of Disability Rights Commission instead.</p> <p>Would have been useful to indicate what sort of measures are called for.</p> <p>Recommendation 2.4 A less powerful role of Commissioner.</p> <p>Requires more information ie what powers would be attached.</p> <p>Recommendation 2.5 Already exist and require funding.</p> <p>An appropriate structure to feed into partnership body is needed.</p> <p>It needs to be accessible (location important).</p> <p>Suggest advocacy and service brokerage models instead.</p> <p>Why not use Better Government for Older People for consultation and advice rather than form yet another Forum.</p> <p>Recommendation 2.6 Needs clear portfolio and be accountable to older people.</p> <p>In consultation with retired members organisations.</p> <p>Assembly Government to work with Age Alliance and provide independent funding mechanism.</p> <p>Welcomes opportunity to use its network to facilitate good practice</p>
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	<p>across UK and its development within Wales.</p> <p>Recommend Older People's Champions are also appointed to Local Health Boards.</p> <p>Recommendation 2.7 Need to invest in core services.</p> <p>Need to be multi-agency target.</p> <p>Recommendation 2.8 More economical to utilise forums which already exist.</p> <p>It should be an anti-discrimination to eliminate all forms of discrimination.</p> <p>Recommendation 2.9 Too weak, needs to identify how and when sufficient resources will be available.</p> <p>Need proper resources and commitment.</p> <p>Recommendation 2.11 Not sure Assembly Government is right body to do this.</p> <p>Recommendation 2.14 Funding and targets needed.</p> <p>Will have resource implications for the public information function of the service.</p> <p>Concerned about where resources are coming from.</p>
<p>Chapter 3 – General</p> <p>There was some support for the following recommendations:</p> <p>3.3, 3.6, 3.7, 3.8, 3.10, 3.11, 3.18, 3.19, 3.20, 3.23, 3.24, 3.25, 3.26, 3.27.</p>	<p>Disabled access to museums.</p> <p>Regarding Recommendations 3.12-3.15, impact of arthritis not mentioned.</p> <p>Transport payments problematic, other than local bus.</p> <p>Need re-training courses for older</p>

<p>There was strong support for the following recommendations:</p> <p>3.1, 3.2, 3.4, 3.5, 3.9, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.21, 3.22, 3.28.</p>	<p>drivers.</p> <p>This Chapter would be place for emphasis/role/importance of Welsh language.</p> <p>Would have welcomed more on the need for higher levels of state pension in line with average earnings rather than price inflation.</p> <p>Should also be opportunity for older people to discharge other responsibilities.</p> <p>Greater integration/co-ordination between various strategies that impact on older people is required.</p> <p>Further research may not be necessary as there are many local studies that provide details of common issues faced by older people.</p>
<p>Chapter 3 – Detailed</p>	<p>Recommendation 3.1 Programme must acknowledge loss is perhaps single most important factor in isolation/loneliness.</p> <p>Should be aware of work already undertaken in this respect.</p> <p>Needs extension of Credit Union movement so that people do not have to live in poverty.</p> <p>Recommendation 3.5 Should be linked to volunteer bureau RSVP etc.</p> <p>Feelings of exclusion made worse by lack of transport. There are active social groups where cyclists meet – bicycles cheap to own and run.</p> <p>Recommendation 3.6 Needs to go further to protect pensioners against exploitation.</p> <p>Publicity needed.</p>

Recommendation 3.7

Need measures to remove financial incentive to retire early.

Recommendation 3.9

Clearer advice, less complicated system.

Assembly Government should carry out research on benefits take-up and have a strategy.

Assembly Government should lobby for higher pensions and benefits.

Womens pensions need to be improved.

Assembly Government should lobby Government re – pensions reduced after 13 weeks in hospital.

Pensions should be index-linked to average earnings.

Recommend increase in allowance for carers.

Forms need to be simplified.

May lead to reduced poverty.

Recommendation 3.10

May lead to reduced poverty.

Recommendation 3.11

Owning a bicycle allows older people to be less reliant on other forms of transport.

State benefits should not discriminate against women aged 60-64 living on pension or investment income.

Recommendation 3.12

Plus half price rail fares.

Proposals need to go further and be funded.

Staff training should include disability awareness.

Facilities to carry bicycles at all times should be included.

Seating in shelters and enroute to bus stops required.

Toilet provision should be part of transport infrastructure.

Recommendation 3.14

Need to ensure dropped kerbs at roadsides and amenities.

Suggest Assembly Government investigate costs/benefits of using social services transport as well as school buses, PO vans.

Recommendation 3.15

Disability Living Allowance should be made available to disabled people over 65.

Free bus pass, should be free rail travel too.

If unable to access rail/bus, taxi travel.

First consideration should have been for taxi concession for those unable to use public transport.

Recommendation 3.16

Worried about future of Post Office network.

Sub Post Offices could take the place of banks.

Assembly Government needs to make strong representation to UK Government on consequences of closing local Post Offices and loss of universal letter post.

	<p>Recommendation 3.17 Assembly Government should take a lead in this policy area. The older persons crossing road sign is an example of prejudice reinforcing negative imagery.</p> <p>Recommendation 3.21 Suggest self-employment to be included within the recommendation.</p> <p>Assembly Government to take a lead.</p> <p>Publicity required.</p> <p>Assembly Government to support changes to employment practice, tackling age discrimination from 2006.</p> <p>Recommendation 3.22 Targets should include those who left school at early age without formal qualifications.</p> <p>Extensive research needed.</p> <p>Adult Education should be free.</p> <p>Recommendation 3.23 Not our role, significant resource implications.</p> <p>Recommendation 3.24 Village halls are cheap suitable venues.</p> <p>Recommendation 3.25 Not all pensioners IT literate.</p> <p>ICT is important to visually impaired people than any other category.</p> <p>Recommendation 3.27 More bobbies on the beat and village bobbies.</p> <p>Need to consider impact of crime/mobility of older people.</p>
<p>Chapter 4 – General</p> <p>There was strong support for all the</p>	<p>Insufficient emphasis on potential role of pharmacy, and the role of pharmacists in supporting effective</p>

<p>recommendations in Chapter 4.</p>	<p>use of medicine, and improving the health and well-being for older people.</p> <p>Needs a dedicated section on stroke.</p> <p>Call for elected orthopaedic centres.</p> <p>Multi-sector approach required.</p> <p>Must reflect specific concerns of Welsh population eg respiratory disease.</p> <p>Each hospital should have a dedicated stroke unit.</p> <p>Need to highlight value of therapists.</p> <p>No need for further research, ample information already available.</p> <p>Insufficient emphasis on the need to expand health visiting, district nursing and gerontological community nursing workforce.</p> <p>Training for carers on lifting is beneficial.</p> <p>Poor uptake of dental treatment is the high cost, even NHS dental charges can run to three figures.</p> <p>All health professionals should receive appropriate training on how to treat a person with painful joints in many parts of the body.</p> <p>Promoting healthy living must start pre 60s.</p> <p>More emphasis on pre-retirement action.</p> <p>A health prevention strategy would be welcomed to build on connections already established.</p>
<p>Chapter 4 – Detailed</p>	<p>Recommendation 4.1 This could specify Health Promotion</p>

	<p>Wales to take the lead.</p> <p>Recommendation 4.3 Do not believe in means testing.</p> <p>Needs to include all agencies.</p> <p>More emphasis on promoting self-care.</p> <p>Stopping smoking and increasing the level of regular exercise is key.</p> <p>Recommendation 4.4 Wheelchair puncture repairs are expensive.</p> <p>Expand to include all groups and better to use word specific disabilities.</p> <p>Efforts to improve health should begin before retirement.</p> <p>More specific training be made available.</p> <p>Include focus on emotional well-being as part of mental health needs and recognising the health impact of social isolation.</p> <p>Recommendation 4.5 Wording is patronising.</p> <p>A good diet is a lifetime activity not just in old age (good habits to be adopted early).</p> <p>Recommendation 4.6 Continence training should be included.</p> <p>Recommendation 4.7 Poor availability of NHS chiropody services to residential care requires particular attention.</p> <p>Shortage of physiotherapists, chiropodists and occupational therapists.</p>
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Should take the form of an audit of existing chiropody services, identifying gaps in provision.

Recommendation 4.8

Requires evidence of benefits.

Recommendation 4.9

Very generalised recommendation.

Needs to be implemented with reference to all-Wales Transport Strategy and walking and cycling strategy.

People with visual impairments should be taught modern tactile guidance.

Recommendation 4.10

We hope Assembly Government support Report by RCN Wales and the Association of Continence Advisors.

Access issue should be addressed by Disability Act.

Recommendation 4.13

Need to expand.

Should also be affordable, preferably free, as are prescriptions.

Recommendation 4.14

Severe shortage of dentists.

Recommendation 4.15

Annual health checks should include assessment of mental/physical health.

Should be aimed at 50+.

Should be a clear onus on GPs to see their over 75 patients at least once a year and if patient not mobile, make a home visit.

May lead to increased workload in

<p>Chapter 5– General</p> <p>There was some support for the following recommendations:</p> <p>5.3, 5.4, 5.5, 5.7, 5.9, 5.11, 5.14, 5.16, 5.17, 5.19, 5.20, 5.21, 5.22, 5.25.</p> <p>There was strong support for the following recommendations:</p> <p>5.1, 5.2, 5.6, 5.8, 5.10, 5.12, 5.13, 5.15.</p> <p>There was significant support for Recommendation 5.49.</p>	<p>response to over 75 check-ups.</p> <p>Health care professionals overlooked and underestimated in the report.</p> <p>Transport recommendations good but more attention needed to detail eg driver awareness.</p> <p>Need to review building regulations and housing pattern books to maintain dignity of residents and visitors.</p> <p>Strongly supports concept of supporting older people in the community.</p> <p>Should describe changing role of home care re – enablement and partnership working.</p> <p>Welcome development of integrated arrangements but detailed guidance needed.</p> <p>Rehabilitation and re-enable approach often more effective.</p> <p>Single person Council Tax should be at 50% rate.</p> <p>Primary Care not covered in enough detail.</p> <p>Failure to identify major challenges and barriers eg funding.</p> <p>Lack of attention to Domiciliary Services.</p> <p>More should be said about the range of respite care services which should be available to carers.</p> <p>Ring fenced funding to target conditions like diabetes, stroke, Parkinson’s disease and mental health problems.</p> <p>The crisis in Care Homes must be</p>
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	<p>addressed re – rate of closures.</p> <p>Welcome change to Extra Care Housing but caution needed that sufficient capacity is maintained in nursing/residential home care sector.</p> <p>This Chapter needs to be dovetailed with Chapter 6 to reflect Recommendation 5.25.</p>
Chapter 5 – Detailed	<p>Recommendation 5.2 Too weak.</p> <p>Recommendation 5.3 Requires clarification.</p> <p>Needs more explanation.</p> <p>Recommendation 5.4 Schemes need to be closely explored.</p> <p>Instead, review the current evidence available, new research unlikely to offer real benefits for majority of older people in Wales.</p> <p>Concerns on safety of such schemes.</p> <p>Recommendation 5.8 Shortfall in suitably qualified trades people should be addressed.</p> <p>Recommendation 5.9 This should not replace care by individuals.</p> <p>Insufficient emphasis on existing evidence about good outcomes from Extra Care.</p> <p>Recommendation 5.10 Recommendation should be addressed by all responsible agencies.</p> <p>Insufficient emphasis on existing evidence about good outcomes from Extra Care.</p> <p>Recommendation 5.12</p>

	<p>Must be a flexible care package to meet needs of dementia sufferers.</p> <p>Grants could be available for home conversions to help this.</p> <p>Safety at home – promote older people using microwave ovens as safe way of cooking with in-built timing devices/no hot surfaces.</p> <p>Primary health care teams should identify carers in their practices.</p> <p>Implications for providers with rising minimum Assembly Government.</p> <p>Recommendation 5.13 Health care needs and duty of carers not given sufficient consideration.</p> <p>Will need publicity and continued training.</p> <p>Recommend ring fenced grants for carers strategy.</p> <p>Coverage of issues affecting older carers is scant.</p> <p>Recommendation 5.15 Acknowledgement of needs of people with mental health problems is required.</p> <p>Recommendation 5.17 No-one in the Group had heard of 'Social Care Direct'.</p> <p>Recommendation 5.20 Makes no mention of Local Health Boards who may well have a contribution to make.</p> <p>Excludes the skills and expertise in prevention measures.</p> <p>Recommendation 5.21 Publicity and targets essential.</p>
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	<p>This should include therapists and pharmacists within the community etc.</p> <p>Recommendation 5.22 Women’s travel needs are different from men.</p> <p>Recommendation 5.49 All personal care should be free.</p> <p>Assembly Government should have powers to introduce Free Personal Care.</p> <p>But, a half-way house recommendation that allows Assembly Government as a devolved administration to ‘pass the buck’.</p> <p>Suggest age eligibility be set at 75+.</p> <p>‘Free’ is misleading as people will contribute a portion of their care in NHS funded Nursing Care.</p> <p>Needs to be set in context of a major resources shortfall for services for older people.</p> <p>Recommendation 5.50 To support this, more information is required – re – Unified Assessment Framework.</p>
<p>Chapter 6 – General</p> <p>There was some support for the following recommendations: 6.4, 6.6, 6.7, 6.8, 6.16, 6.17.</p> <p>There was strong support for the following recommendations: 6.3, 6.5, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15.</p>	<p>Omits significant disabled illnesses such as arthritis, heart, rheumatology and bone diseases.</p> <p>Complementary therapies, quality of supported housing, need to recognise interaction of disease and need.</p> <p>Dementia care.</p> <p>Tissue liability.</p> <p>Unmet needs of frail older people.</p>

<p>There was significant support for Recommendations 6.1 and 6.2.</p>	<p>Care homes should be managed on Rosemary Bland Model.</p> <p>Discussion of quality of care in hospitals needed.</p> <p>Need to monitor prescriptions given to nursing home residents.</p> <p>Needs to include reference to stroke care and funding.</p> <p>Should accelerate expansion of intermediate care.</p> <p>Shortage of stroke clubs and memory clinics.</p> <p>Urgent need for a strategy for older people with mental health problems.</p> <p>Need clarity about whether Assembly Government will issue an NSF for older people.</p> <p>This Chapter needs to be dovetailed with Chapter 5 to reflect Recommendation 5.25.</p> <p>Requires reference to osteoporosis.</p>
<p>Chapter 6 – Detailed</p>	<p>Recommendation 6.1 Access to therapy services is crucial.</p> <p>Must be accompanied by resources.</p> <p>Clarification needed re – links between OPS & NSF.</p> <p>NSF needs to match England in terms of robustness and implementation.</p> <p>Reference to Strokes missing.</p> <p>Resource consequences need to be addressed.</p> <p>Must be sufficient resources.</p> <p>Concerned that Wales is falling</p>

behind England in this respect.

Recommendation 6.2

Dementia should be covered.

Attention given to schizophrenia.

Need NSF for older people mental health services.

Mental health services for older people need clear goals.

Vital to look as a basis at Report 'Losing Time' (Audit Commission).

All too often seen as an 'add-on', the active ageing agenda fitting uneasily with previous standards.

Should be linked to Recommendation 6.1.

Would like a recommendation on suicide/depression.

Would like a recommendation on drugs, and alcohol abuse for older people.

Abbeyfield provides a service for dementia sufferers.

Recommendation 6.3

Timetable required.

This will take time to mature with newness of Local Health Boards.

Should be linked to Health & Social Care Wellbeing Strategy & Community Plans.

Recommendation 6.4

Joint and co-ordinated consultation process across commissioning and provider organisations in health and social sectors is required.

Recommendation 6.5

Also need to work closely with older people organisations.

Local factors eg cost of housing will need to be borne in mind.

Recommendation 6.7

Should be incorporated into Audit Commission 2002 Mental Health Services Report.

Recommendation 6.8

Should not be restricted to NHS organisations alone.

Recommendation 6.9

All Wales approach alia South Wales Adult Protection programme.

Should also include abuse by statutory and independent industries, health and social care professionals and support workers as well as individuals.

But whose responsibility is it.

Recommendation 6.10

Action Plan should include resourced facility for customer assessment after acute hospital episode.

Recommendation 6.12

Omits 'in the context of visual impairment'.

But should be funding more convalescence and rehabilitation services now.

Recommendation 6.14

Timetable too short.

Continue monitoring of numbers and quality of carers assessment.

Impact of new unified assessments.

Recommendation 6.15

	Health needs and duty of carers not given sufficient consideration.
<p>Chapter 7 – General</p> <p>There was some support for the following recommendations:</p> <p>7.1, 7.2, 7.3, 7.4.</p> <p>There was strong support for Recommendations 7.5 and 7.6.</p>	<p>Recommendation 7.2 Need for resourcing is vital.</p> <p>Recommendation 7.3 Should give emphasis to under utilisation of current research evidence.</p> <p>Recommendation 7.4 Letter of remit to include targets etc. for implementing strategy.</p> <p>Letters to require them to identify resources etc. through voluntary sector activities.</p> <p>Need appropriate resources.</p> <p>Recommendation 7.5 Question of ownership. If Assembly Government financing, at what level is democratic control exercised.</p> <p>Recommendation 7.6 Need consistency in terminology.</p>

STRATEGY FOR OLDER PERSONS

ANNEX A - COMMENTS

GENERAL COMMENTS

The recommendations are a major step forward in revising the image of older people in Wales. Particularly welcome is the recognition of the older persons' contribution to society as a whole, and promoting a positive perception of older people to the rest of the community. (1)

I only came to live in Wales 2 years ago, and already I feel the care of the older person is receiving attention, more so than anywhere else I have noticed. (2)

Already, there is a growing feeling that older people are benefiting from the formation of the National Assembly. (3)

Overall, we are of the view that the Assembly is to be commended and congratulated on the Strategy Document. (3)

Thank you for the opportunity to comment on this report, the vision of which I wholeheartedly endorse. (4)

The report from the advisory group was well received and the awaited framework will enable organisations and individuals alike to drive forward initiatives assisting with the inclusion of older people in our society. (5)

May I first of all say I think it is an excellent report. (6)

The advisory group report is welcomed as a comprehensive summary of the main issues facing older people in Wales. (7)

We applaud the Welsh Assembly for instigating the Advisory Group and commissioning the Report, and supports the recommendations contained in it. (8)

The report has been circulated widely within the Department, and has been welcomed unanimously. The document, together with the North Wales strategy, "Growing Old Gracefully in North Wales", gives a comprehensive and timely summary of the challenges for services for older people in Wales. (9)

On the whole the document was considered very thorough and comprehensive. (10)

The strategy is warmly welcomed by the profession of pharmacy in Wales. (11)

The strategy is particularly to be commended for addressing such a broad range of issues facing older people in their day-to-day lives, and for stimulating a comparable response from all parts of the Assembly, and from all areas of public life. (11)

On reading this report, I feel the findings are reaching out to include the older people of today. (12)

We welcome this comprehensive consultation document, and in particular, the acknowledgement by the Advisory Group that the boundaries that blinker society's thinking about ageing needs to be broken down if effective services are going to be developed. (13)

The Association also welcomes the publication of the Report from the Advisory Group. (13)

We congratulate the Welsh Assembly Government on its initiative to implement a Strategy for Older People. It is of prime importance to adopt an all Wales approach to eradicate the impediments and disadvantages that older people face in Wales. (14)

We particularly welcome the recommendation that the Welsh Assembly Government should consult with older people in all areas of its responsibility. (14)

On the whole, a very warm welcome for the broad, considered approach of the Advisory Group's document to addressing social inclusion, active participation, health and well-being for older people. The document extends much further than similar strategies in England. (14)

We fully endorse the approach taken by the Welsh Assembly and the comprehensiveness of the recommendations contained within the document. It provides a holistic picture of the action necessary by all organisations and agencies involved. (15)

In summary, a very impressive piece of research, consultation and recommendation which reflects great credit on all who contributed in any way to the published reports. (16)

We welcome the recognition of the importance of valued roles and occupations, social inclusion and access to education or activity for older people within society. (17)

Pharmacists welcome the strategy and the recognition that older people's circumstances should receive special attention by the National Assembly and public agencies throughout Wales. (18)

We welcome many of the recommendations listed in the document. (19)

The document is comprehensive but still remained easy to read and navigate through. (21)

The terms of reference agreed by the Statutory Advisory Group are a pivotal statement of intent. (22)

The Group welcomes the Advisory Group report and the wide-ranging coverage of the document. The emphases on lifelong involvement in society, health promotion and maintenance of independence are particularly welcomed. (23)

We welcome the report's wide ranging consideration of issues affecting older people. (24)

We welcome the drive and enthusiasm within the Advisory Group's report on developing a strategy for older people. It has covered a wide remit seeing the barriers facing older people being more than health and social care. (25)

In general we welcome the report as a positive move to improve the lot of older people in Welsh society. (26)

I fully support the "Aims of the Strategy". I consider that it has covered most of the main items which need alteration to improve the quality of life for older people. (27)

We are pleased and excited to comment on the strategy recommendations which are long overdue. (28)

The advisory group is commended for its concern and forethought in producing such a valuable document and also in its obvious and constructive involvement and participation of older people in the preparation and writing of this strategy. (28)

I think the report is excellent and thorough. (30)

We fully support the recommendations in the document. (31)

I found it very interesting and comprehensive. It was well laid out, easy to follow and understand and extremely readable. (32)

The Advisory Group are to be congratulated on the production of such a worthwhile document. (32)

We welcome the report. In general, we support the content of the report and its recommendations and see it as providing a useful framework and starting point within which services can be developed and improved to enhance the quality of life for older people in Wales. (33)

The general reception from my colleagues to the document is positive. (35)

This report gives a comprehensive overview of many of the key factors facing people as they get older. We endorse most of the Report as published. (35)

We found the document clear and easy to read (36)

Should be more prescriptive. (36)

The Report is welcomed. It is a holistic and wide-ranging document and few areas of relevance for older people go unmentioned. (37)

We welcome the development of a Strategy for OP in Wales. (38)

The key themes providing the basis for the Report are comprehensive. (38)

The Assembly's Advisory Group on a Strategy for Older People in Wales needs to be acknowledged as extremely significant and of fundamental importance to the health and welfare of our ageing population. (39)

We welcome the report as a thorough and much needed piece of work which identifies in great detail the needs of older people in Wales. (40)

Discriminatory and needs to be rewritten. (40)

As you will see we feel it is crucial that the Assembly Government is proactive in making Wales a better place to grow old in. Consequently, we welcome the development of the Strategy for Older People. (41)

We are pleased to see that the aims of the strategy include ensure that the services on which older people depend are organised around, and responsive to the needs of older people and their carers and are fairly and sustainably funded. (42)

The report covers many aspects of the day-to-day needs of older people here in Wales and has many recommendations to make the lives of an increasing older population more fulfilling. (43)

Overall we welcome the report and its recommendations. It is particularly encouraging to see the emphasis on the need to inter-connect policy making and implementation both at national and local level. (44)

We welcome the inclusive view of older people taken by this Strategy – the recognition that older people are not a homogeneous group and that many of the issues of concern to older people are not of exclusive concern to them. (45)

Overall this is an excellent document that is more wide-ranging in its scope than the NSF for Older People in England. (46)

We welcome the development of a Strategy for Older People in Wales, and for the opportunity to provide comments that feed into its development. (47)

The document clearly takes account of current research on best practice. (47)

It is laudable to set a direction for a group of people who may be at risk of being marginalized. (47)

Welsh passion and community spirit is missing. (47)

Links and the Gateways should be cross-cutting; consistent; utilised; evidence based; funded appropriately. (47)

Beware of page colouring/type face. (48)

Unified Assessment Framework is piecemeal. (49)

If the Report intended to be a Welsh equivalent NSF in England it fails badly. (49)

Document too broad. (49)

We nevertheless welcome the breadth and creativity of this report and the emphasis on improving the quality of life for all older people in Wales. (50)

This report is broadly welcomed and provides a useful starting point in developing the Strategy for Older People. (51)

We particularly welcome the cross cutting nature of the report. (51)

I welcome the broad approach taken to the health of older people which recognises the significance of a number of areas of policy such as housing, life-long learning and leisure in terms of impact on the psychological well-being of current and future older populations. (52)

The Report provides a good description of life for older people living in Wales and shows an in depth understanding of the health and social care problems being faced by them. (53)

We consider the report as a valuable response to the complex problems facing older people. (53)

We believe the Strategy will provide an important focus to inform and assist policy makers in the statutory, independent and voluntary sectors as well as older persons and their carers to locally determine the main strategic needs in their areas. (53)

We welcome the level of detail and breadth of focus given by the strategy to identifying the barriers experienced by older people to living full, healthy and productive lives. (54)

My overall reaction to the report is that it represents quite an ambitious programme of intentions. (55)

Overall we feel that this is an excellent document. (56)

The report has some excellent insight to the feelings and needs of older people in Wales. The Report considers all areas of statutory and independent service provision and the resulting recommendations could lead to a high quality Strategy for Older People in Wales. (57)

We welcome the work of the Strategy Advisory Group in developing proposals for action to be taken forward which would improve the position of older people in Wales. (58)

The general response has been very positive – the document is viewed as making a helpful contribution far ranging in scope and intent. It assists service providers to envision older people as not only users of services but also as contributors. It helps to consolidate existing good practice but also to extend this further. (59)

We welcome this Report, and in particular the cognisance it takes that, in many areas, such as nutrition, guidelines need to cover a significant period before an individual is deemed elderly, if they are to have maximum impact. (60)

We wish to add our congratulations to that of others on a strategy that has at its heart the citizenship of older people. (61)

We believe the Report offers a significant development towards promoting the well being of older people in Wales. (61)

We welcome the document “When I’m 64” and are pleased that the document comprehensively addresses the broad range of issues which affect older people in Wales. (62)

Generally, we welcome this document as a positive step forward in recognising the needs of older people in Wales. The document appears to be more wide-ranging in its scope than the National Service Framework for Older People in England, addressing the needs of older people in Wales for a wide range of community support services as well as health and social care, and this holistic approach should be applauded. (63)

Concerned that Assembly Government has not released a draft NSF for Wales, as 18 months ago it was published in England. (63)

This advisory report is welcomed by all and we commend the document for its wide scope and overarching strategic aims. (64)

There is a general opinion that the advisory report is welcomed and a belief that it recognises the range of issues that face older people regarding their

health and social care and the factors that contribute to inequalities in health. (64)

In general we welcomes the development of this overarching framework which covers the breadth of services impacting on older people, and endorses the principles contained within the document. (65)

We welcome the contents of the document. (66)

We would like to congratulate the Assembly in their efforts to address the problems encountered by elderly folk in the Principality. (66)

Many of the values and issues raised in the report are to be welcomed. (67)

Concerned on amount of research recommended, much already exists. (76)

Suggest Assembly Government consider issuing a single strategy and NSF document – to build in specific measures to Welsh context. (80)

Several recommendations were repeated at more than one point in the Report. (84)

Title of Report has negative connotations towards older people, as such is counter-productive in moving the agenda forward. (85)

Strategy programme is ambitious. (87)

Concerned that strategy will not be as robust as NSF and will lack clarity. (88)

Geriatricians as a group are a valuable resource not being used. (89)

Not clear how proposals delivered at shop floor level. (89)

Disappointed that delay will put Wales several years behind England. Support much of the report. (91)

Greater emphasis to promote the positive aspects of getting older should be made. (92)

Very disappointed that report did not mention arthritis which has a major impact on quality of life for so many older people. (93)

Needs appropriate funding, ring fenced where required. (93)

We recognise the challenges inherent in the ambitions and vision of the recommendations. (96)

HEALTH

We congratulate your committee for their excellent summary of issues affecting the health, social care and well-being of older people in Wales. (7)

Your entire document is very much concerned with re-orientating health services towards health promotion. It has been noted that this reflects very well the five principal aims of the Ottawa Charter (1980 WHO) outlined in my paper. (10)

The profession of pharmacy in Wales is very supportive of this excellent strategy, which at last seeks to bring together all the various agencies and professions to address the totality of older people's needs. (11)

We welcome the paragraph in Section 4 on Oral Health. (20)

We fully support the proposals to promote healthy living. (34)

Concrete recognition of key role of nursing. (47)

WIG recognises the importance of the development of this strategy as a key opportunity to implement appropriate changes in the social and medical management of Older People in Wales. (48)

We believe that the advisory group report provides a good description of life for older people living in Wales. It shows an in-depth awareness of the health and social care problems older people face and recognises the potential of older people to lead healthy active lives. (49)

Not sufficient Nursing input. (49)

Critical of time it will take (Free Personal Care). (49)

Strategy should encourage an information programme to raise awareness of Bradycardia (slow heart rate) among primary care providers (as NSF in England). (68)

Should include a recommendation that causes of falls among older people are effectively identified to prevent repeat falls. (68)

Number of pacing facilities should be increased, especially in South Wales and be delivered as close to the patient as possible at District General Hospital level. (68)

Increase training among GPs to assist in diagnosis of dementia. (75)

Give choices to patients (dementia/alzheimers). (75)

Financial implications would have a significant impact on the Health Community. Assembly Government should provide sufficient resources to carry through the agenda. (83)

Support funding of initiatives associated with prevention of falls, management of stroke and mental health for older people. (85)

Nutrition Strategy for Wales – Consultation period now closed and responses being considered. (87)

Problem of bed blocking not addressed. (89)

Addressing intermediate care needs clarification. (89)

Concern that issues around medication were not given higher priority. (92)

Need to develop health care for arthritis sufferers. (93)

Food/Nutrition needs to be a major focus in the strategy. (107)

SOCIAL INCLUSION

Voluntary organisations are generally positive about the principles set out in the report, and the thrust of the objectives. Particularly important is the emphasis on tackling age discrimination which is a major barrier to the social inclusion, exercise of choice and the attainment of an active and fulfilling life for many older people. (29)

Discrimination in employment has not been effectively dealt with. Assembly Government should lead by example. (42)

In general we welcome the contents and the direction of the thinking here. We are pleased to see the issues of ageing highlighted and subjected to analysis and debate. (45)

Assembly Governments regeneration communities agenda should include older people. (47)

Concept of old age/ageing/older people is not gender specific. (47)

Need to encourage neighbourhood watch, community alarm and age concern to support older people. (51)

Loneliness and isolation are severe problems for older people. (62)

Report makes no reference to older lesbian, gay and bisexual people. Reference made to Barbara Roche statement 'these people face dual discrimination in society and we must do all we can to eliminate this'. (90)

SOCIAL CARE

Recommend Intermediate Care Strategy. (42)

Recommend substantial investment in care models. (42)

Community Care Services should be free. (42)

Agree home base care and needs led care services, as long as support services are provided. (47)

Concerned about diagnostic equity over current definitions of personal care. (49)

Strategy needs something about provision of Direct Payments. (56)

TRANSPORT

The important role of community transport has been undervalued. (76)

HOUSING

Not reflected in recommendations of Report: Further development of sheltered housing/Extra Care Schemes. (82)

NON-DEVOLVED ISSUES

Not reflected in recommendations of Report: Consider removing age limits for retirement. (82)

Not reflected in recommendations of Report: Lobby Government to improve financial situation of older people. (82)

Assembly Government must put strong case to Government that pensioners need extra money. (100)

RESPONSES – OLDER PERSONS STRATEGY REPORT

- 1) Martyn Pengilley, CSV/RSVP Wales, Cardiff.
- 2) Mrs Monica McCork, Wrexham.
- 3) Philip Champness, Glamorgan & Gwent Housing Association Ltd, Newport.
- 4) Bryn Williams, Age Concern North Wales Central, Wrexham.
- 5) David Beck, Prime-Cymru, Llandovery.
- 6) Elizabeth Ritchie, The Council of Museums in Wales, Cardiff.
- 7) Dr P Jones, Medical Directorate, Bronglais General Hospital, Aberystwyth.
- 8) Councillor Roy Folland, Pembrokeshire County Council, Haverfordwest.
- 9) Meirion Thomas, Homesafe Manager, SMT (Safer Merthyr Tydfil), Merthyr Tydfil.
- 10) Steve Wilkins, Superintendent – Community Safety, Dyfed-Powys Police, Headquarters, Llangunnor, Carmarthen.
- 11) Fabian A Koseda, Carmarthenshire Pensioners Forum, Ammanford.
- 12) Helen Hortop, Head of Occupational Therapy Services, Llandough Hospital, Penarth.
- 13) Elaine Jones, Senior Nurse (Old Age Psychiatry), North Glamorgan Trust, Merthyr Tydfil.
- 14) Councillor Cyril Williams, Wrexham County Borough.
- 15) Dr Chris Hallett, Consultant in Public Health, North Wales Health Authority, Mold.
- 16) Mr M Richards, Porthcawl Town Council,.
- 17) Christopher Phillips, Planning Officer, Social Services, Denbighshire County Council, Prestatyn.
- 18) Mrs Jackie Roberts, General Manager, Powys Local Health Group, Brecon.

- 19) Mr Alwyn Rowlands, Chairman, North Gwynedd Community Health Council, Caernarfon.
- 20) Suzanne Seymour, Senior Occupational Therapist, Llandough Hospital, Penarth.
- 21) Douglas Lambert, Neath & Dulais Area National Old Age Pensioners Association of Wales, Neath
- 22) John Mudford, Vale of Glamorgan Pensioners Forum, Barry.
- 23) Kevin Hughes, Assistant Director of Supported Housing, Clwyd Alyn Housing Association Ltd., St Asaph.
- 24) Mrs Andrea Robinson, Chairman – Welsh Executive, Royal Pharmaceutical Society of Great Britain, Cardiff
- 25) Colleen Forse, Secretary, Community Pharmacy Wales.
- 26) Vicki Jones, All Wales Special Interest Group/Special Oral Health Care, Dental Department, Ringland Health Centre, Newport.
- 27) Robyn Phillips, Health Professions Wales, Cardiff.
- 28) Jan Jones, Director, Careers Wales Association, Caerphilly.
- 29) Ruth Crowder, College of Occupational Therapists, Southwark, London
- 30) Carolyn Theobald, Clwyd Community Health Council, Wrexham.
- 31) Rhian Connick, Women's Institute, Wales Office, Cardiff.
- 32) Rose Jones, Help the Aged, Cardiff.
- 33) Bill Tobutt, General Secretary, T&G Retired Members Association, Cardiff
- 34) Therapies Directorate, Cardiff & Vale NHS Trust, Whitchurch Hospital, Cardiff.
- 35) David Jackson, 'Glencoe', St Asaph
- 36) Mr I R Bellingham, Conwy & Denbighshire NHS Trust, Glan Clwyd Hospital, Rhyl.
- 37) Phil Davies, Managing Director, Endo Plus UK Ltd, Swindon.
- 38) Lindsey Richardson, School of Care Sciences, University of Glamorgan, Pontypridd.
- 39) A P Howcroft, Chairman, Cardiff Consultation Group, Cardiff.

- 40) Albert Hopkins, Chairman, Rhondda-Cynon-Taff Parent Forum Alliance, Pontyclun
- 41) Sandra Burton, Carers Wales, Cardiff.
- 42) Jackie Dix, C/O Age Alliance Wales, Cardiff.
- 43) Bob Cherryman, Energy Saving Trust – Wales, Nantgarw.
- 44) Dot Griew, Abbeyfield Society, Llangunnor.
- 45) Jill Ladbrook, Pembrokeshire Consultation Group (Email response).
- 46) Fiona Howell Williams, Abbeyfield Society (North Wales Region), Ruthin.
- 47) Lorraine Morgan, All Wales Network of Nurses for Older People.
- 48) Cliff Croft, Neath.
- 49) Dr Barbara Green, School of Health Science, Swansea.
- 50) Sandra Morgan, Carmarthenshire NHS Trust, Prince Philip Hospital, Llanelli.
- 51) Daisy Seabourne, Wales Council for Voluntary Action, Cardiff.
- 52) Miss M D Wells, Cardiff.
- 53) Mrs Nancy Davies, Cardiff.
- 54) Blair Allen, Care & Repair Cymru, Cardiff.
- 55) Christine Nutt, Age Concern West Glamorgan, Swansea.
- 56) Sarah Shannon, Association of Voluntary Organisations in Wrexham (AVOW).
- 57) Mario Kreft, Care Forum Wales, Pendine.
- 58) Margaret Goose, The Stroke Association, London.
- 59) Dr Mark Vaughan, Health & Social Care Partnership Board, Carmarthenshire County Council.
- 60) Miss Claire Donovan, Vale of Glamorgan Local Health Group, Pontyclun CF72 8YS
- 61) Mike Durke, Phoenix Community development Trust Ltd., Swansea.
- 62) Brian Sturtevant, Civil Service Pensioners' Alliance, Surrey.
- 63) Liz Hewett, Royal College of Nursing, Ty Maeth, Cardiff.

- 64) Shirley Bowen, Caring for Carers Wales, Cardiff.
- 65) Bethan Hughes, Morgannwg Health, Swansea.
- 66) Vanessa Webb, Wales Council for the Blind.
- 67) Luciano Lusardi, CTC Cycle Wales, Bridgend.
- 68) Stephen Brooks, Medtronic Ltd., Watford, Herts.
- 69) Jennifer Cole, Wales Assembly of Women, Barry.
- 70) Miss Georgina Burns, Velindre NHS Trust, Cardiff.
- 71) Dr Andrea Thomas, Bro Taf Nursing, Midwifery & Advisory Committee, Rhondda.
- 72) Marion Evans, Monmouthshire Local Health Group, Chepstow Community Hospital.
- 73) Gareth S Williams, Wales Industry Group, Cardiff.
- 74) Frances Goulbourne, Wrexham County Borough Council.
- 75) Dr I Howe, Dementia Link/Shire Pharmaceuticals Ltd., Basingstoke.
- 76) Robert Taylor, Age Concern Cymru, Cardiff
- 77) Jayne Cardno, BASE Cymru, Cardiff.
- 78) Councillor Chris Bettinson, Cabinet Office, County Hall, Cardiff.
- 79) Bob Woods, University of Wales Bangor.
- 80) John Wreford, Merthyr Tydfil County Borough Council.
- 81) Mr R J Dutton, UNISON, Wrexham.
- 82) Joy Kent, Chartered Institute of Housing Cymru, Cardiff.
- 83) Alison Gittins, Dyfed Powys Health Authority, Carmarthen.
- 84) Brian Jones, Monmouthshire County Council, County Hall, Cwmbran
- 85) Mr S Jones/Mr E Thomas, Aberdare.
- 86) Stephen Griffiths, Ceredigion & Mid Wales NHS Trust, Aberystwyth.
- 87) Mrs Ann E Hemingway, Food Standards Agency, Cardiff.
- 88) Sue Browne, Torfaen County Borough, County Hall, Cwmbran.
- 89) Dr A D White, British Geriatrics Society (Welsh Branch).

- 90) Derek Walker, Stonewall Cymru, Cardiff.
- 91) Malgwyn Davies, Caerphilly County Borough Council, Ystrad Mynach.
- 92) Rowena Myles, Bro Taf Health Authority, Cardiff.
- 93) Hywel Evans, Gofal Arthritis, Cardiff.
- 94) Alan Hatton-Yeo, Beth Johnson Foundation, Stoke-on-Trent.
- 95) Dr Gillian S Wade, Celtic Dimensions, Pwllheli, Gwynedd.
- 96) Mervyn Eastman, Better Government for Older People, London.
- 97) Simon O'Donovan, Cardiff & Vale NHS Trust, Cardiff.
- 98) Tony Clements, Neath Port Talbot County Borough Council.
- 99) Martin Turner, Gwent Healthcare NHS Trust, Torfaen.
- 100) Des Beddoe, T&GWU, Retired Members Association, Swansea.
- 101) Irina Halfacree, Chief Executive's Department, City & County of Swansea.
- 102) J Huw Williams, Swansea NHS Trust.
- 103) John Wrangham, Rhondda-Cynon-Taff.
- 104) Tim Melville, National Osteoporosis Society.
- 105) Irina Halfacee, City & County of Swansea.
- 106) Peter Johns, Gwent Community Health Council, Torfaen.
- 107) Jean Sullivan, Welsh Food Alliance, Newport.
- 108) Robert Wood, 422 Caerleon Road, Newport, South Wales.
- 109) Paul Stauber, Bro Morgannwg NHS Trust, Bridgend.
- 110) Wynford Lloyd-Davies, Community Transport Association, Caernarfon.
- 111) Councillor Mel Nott, Bridgend Partnership Board.

Annex B**WELSH ASSEMBLY GOVERNMENT RESPONSE TO RECOMMENDATIONS IN REPORT OF THE ADVISORY GROUP ON A STRATEGY FOR OLDER PEOPLE IN WALES 'WHEN I'M 64.... AND MORE' (MAY 2002)**

2.1	The Welsh Assembly Government's "Vision for Wales" should be adjusted to make an explicit reference to older people and the aspirations that are held for "a better society for older people"	We agree that the importance of this issue needs to be reflected in top level policy-making. While there will not be an opportunity to update the Strategic Plan for Wales 2001 before the election, we will ensure that these aims are reflected in appraising new and existing policies.
2.2.	The Welsh Assembly Government should consider the case for the appointment of an Older People's Commissioner for Wales. A specification should be drawn up for consultation including the status, powers, role and responsibilities that the post should have to make a difference to the lives of older people, and if necessary seeking primary legislation to achieve this	The UK Government has launched a project to consider the feasibility of a Single Equality Body. It will consider the work of the existing Commissions and discrimination legislation as well as new legislation to be introduced. This includes protection against age discrimination in employment by 2006. A consultation on the feasibility of a single equality body will be undertaken by the UK Government and in the light of the conclusions reached the Assembly Government will review its position on the proposal for an Older person's Commissioner. In the meantime we are setting up a Cabinet sub-committee on older people and establishing a National Older People's Forum.

	objective.	
2.3.	The Welsh Assembly Government, local government and all their partners should challenge and address ageism and other forms of discrimination against older people including in access to goods and services and promote positive images of older people and the contribution they make to Wales eg in Government's advertising. The diversity of older people and their needs should be recognised in taking forward this action.	The NafW has a statutory duty, under the Government of Wales Act, to promote equality of opportunity for all people; and the Welsh Assembly Government has adopted equality of opportunity as a key cross-cutting theme. The Welsh Assembly Government will seek to give a lead in addressing ageism and other forms of discrimination that older people face. We will look for ways of working with our partner agencies (including the WLGA and the NHS Equality Unit) to raise awareness of age discrimination in all areas of policy development and implementation. From 2002/3 we will ensure that age is included in the annual equality audit of Assembly business and functions
2.4	A Welsh Assembly Government Minister should be designated as Older People's Minister to take an overview responsibility of how the Strategy and the National Assembly's powers generally are used to benefit older people	We concur with the importance the advisory group attaches to mainstreaming older person's concerns and the implications of an ageing society into policy-making. We fear that the series of proposals made in the report for championing these issues in policy making would risk ghettoising older people's concerns rather than mainstreaming them and would create a very complex structure of accountability. We will establish a Cabinet sub-committee charged with overseeing the strategy and ensuring the implications of an ageing population and of the needs of older people are mainstreamed in the policy process.
2.5	The Welsh Assembly Government should establish a new permanent older Peoples Partnership Forum at	Agreed. A National Forum will be established during 2003. The membership and its make up will be established following consultation.

	National level to advise it on policy issues effecting older people and ensure a continuing dialogue with the Assembly, local Government and others. Older people and their representatives should make up a majority of the membership.	
2.6	Local Government in Wales should implement the Better Government for Older People recommendation to appoint “Older People’s Champions” at an elected member level. Building on existing structures local authorities should ensure effective local consultative structures such as Older People’s Forums funded to ensure participation and engagement with older people in local democracy and in developing community strategies and services. Development work in engaging older people must also be undertaken.	Local Government in Wales are encouraged to appoint Older People’s Champions at elected member level and to establish effective consultative and participation programmes for older people. The National Forum will be asked to provide advice on how local structures could be effectively developed.
2.7	In developing its future policies and programmes the Welsh Assembly Government should ensure the	Through a policy of mainstreaming ageing across all its responsibilities, the Welsh Assembly Government will meet this recommendation

	<p>consequences of an ageing population are taken into account in a structured and joined up framework. Appropriate targets and performance indicators should be established.</p>	
2.8	<p>The National Assembly for Wales should establish an Older Peoples Committee at political level working across all its areas of responsibility to ensure that a higher profile is given to older people's issues and progress in implementing the Strategy is monitored and scrutinised. This Committee should have effective links to the UK Government's Inter-Ministerial Group for Older People to ensure co-operation, particularly in respect of the impact of non-devolved matters.</p>	<p>We concur with the importance the advisory group attaches to mainstreaming older person's concerns and the implications of an ageing society into policy-making. We will establish a single Cabinet sub-committee charged with overseeing the strategy and ensuring the implications of an ageing population and of the needs of older people are mainstreamed in the policy process. It will be for the Assembly to consider whether a committee of the Assembly should be established.</p> <p>The UK Inter-Ministerial Group on Older People has now been replaced by a UK Cabinet Sub-Committee on Older People. Under Exemption 2 of Part 2 of the Code of Practice on Access to Government, explicit information about the Committee's deliberations cannot be made public.</p> <p>However, Don Touhig MP, Minister of State at the Wales Office is a member of the Sub-Committee on Older People and will liaise with his colleagues in the Welsh Assembly on issues of mutual concern.</p> <p>Officials within the Welsh Assembly have regular contact with Whitehall Departments on issues affecting policy for older people.</p>

2.9	The Welsh Assembly Government should develop effective internal structures and provide sufficient resources to carry through the agenda of change outlined in this Strategy Report.	We will ensure that a co-ordinated approach is taken to the implementation of the Strategy.
2.10	The Better Government for Older People organisation should work with the Welsh Assembly Government to ensure that its agenda is taken forward robustly in Wales in a way that complements and ensures coherence with the Strategy.	<p>Discussions are underway with BGOP about how they can work with us to take forward the Strategy.</p> <p>BGOP is an independent partnership. However, BGOP is pleased to note recognition within the Older People's Strategy for Wales and looks forward to an effective partnership with the Welsh Assembly towards securing the delivery of its ambitions.</p> <p>Wales has a developing Older People's Advisory Group (OPAG) and though presently only a few local authorities subscribe to the BGOP Network from Wales, BGOP is working hard with its Welsh Partners in the statutory and voluntary sector to increase ways of sharing good practice.</p> <p>Four objectives have been reached to take forward in Wales a partnership between BGOP and the Welsh Assembly :</p> <ul style="list-style-type: none"> ○ To keep in touch with the Welsh Assembly Older People's Strategy and with local service issues and with older people's needs. ○ To support the sharing of service delivery best practice and give advice to the most appropriate bodies in Wales.

		<ul style="list-style-type: none"> ○ To support the Welsh Assembly and Local Government / Health arrangements in the development of ideas to help local joined up implementation of the Older People’s Strategy for Wales. ○ To provide the Welsh Assembly with up to date information about issues affecting older people and help influence policy development in accordance with the strategic objectives of ‘When I’m 64....and more’
2.11	<p>Across all its areas of responsibility the Welsh Assembly Government should ensure that consultation on new policies and programmes includes participation of and engagement with older people at all stages. This should happen through a meaningful involvement and contribution of older people through funded forums and panels, Information Communications Technology, representative organisations and other structures not just in written format.</p>	<p>See 2.3. Through a policy of mainstreaming ageing we will develop our processes for involvement and consultation with older people. This will start with the establishment of a Cabinet sub Committee for Older People that will ensure development of policies impacting on older people is handled coherently.</p>
2.12.	<p>The Welsh Assembly Government should consider how recognition could be given to the achievements and valuable work of older people in the community and through</p>	<p>See also response to Recs 3.3/4</p> <p>The Assembly Government Strategy recognises the importance of valuing older people more effectively. It also sets out action for improving the image</p>

	volunteering and caring.	of older people generally. Through the Honours system there are already well established arrangements to recognise the specific achievements and work of people in their communities.
2.13	Local Government and Local Health Boards should ensure a joined up strategic approach is taken to the impact of an ageing population, particularly through its new health and wellbeing agenda, partnership arrangements and community planning responsibilities. Older people should be encouraged to participate in the Communities First programme through local partnerships and forums.	<p>Each local health board and local authority will from April 2003, be required to formulate and implement a Health, Social Care and Well-being Strategy. In formulating their strategy, local health boards, local authorities and their local partners should take account of the Welsh Assembly Government's Strategy for Older People. Draft guidance for the preparation of the Health, Social Care and Well-being Strategies is currently out for consultation.</p> <p>The guidance for implementation of Communities First refers to the importance of older people being involved in the regeneration of their communities.</p>
2.14.	Councils should develop and publicise locally tailored strategies and related programmes to develop and improve services for older people in close collaboration with a wide range of older people. Political leadership and sufficient resources for local strategies – leading to action - must be an integral part of the process.	Agreed. Local Community Strategies and programmes must be developed to ensure effective planning for an ageing society.

2.15	The Welsh Assembly Government and its statutory partners should regard the development of this Strategy as only the starting point. It should act as a catalyst for change, innovation and improvement in services for older people in the medium term.	The Advisory Group Report 'When I'm 64... or more' has given us a comprehensive basis from which we have developed a Strategy for Older People and Plan of Action to be addressed over the next ten years.
3.1	A programme should be developed for tackling problems of poverty and social exclusion identified by research work. Addressing the needs of retired people and the problems of rurality should also be apart of this programme, as should combating isolation and loneliness amongst older people and promoting intergenerational links.	<p>The needs of retired people and the elderly generally in rural Wales are currently addressed through the community regeneration measures funded under the LEADER+ Programme. Proposals being developed for other community based initiatives and support for rural retail and other services will also assist.</p> <p>The Assembly's wider policies are focussed on tackling poverty and social disadvantages. Communities First is focussing on this in Wales' most deprived areas, stress the need to involve older people in the process.</p>
3.2	Community regeneration projects and the Communities First programmes should be required to fully involve older people and introduce measures that drive up income levels of older people.	Current guidance covers the need to involve older people and consideration is being given to activities which would help drive up the incomes of older people .
3.3	The Welsh Assembly Government, local government and the voluntary sector should consider how investment in community activity by older people can be taken forward	The Welsh Assembly Government's comprehensive education and lifelong learning programme to 2010 is already set out in "The Learning Country" paving document. This, together with the Welsh Assembly Government's Basic Skills Strategy, emphasises extending access to learning as a means of furthering prosperity and combating

	<p>more proactively and consistently. The role of Education and Learning Wales (ELWa) in developing new skills should be considered in this context.</p>	<p>social exclusion in all communities in Wales. ELWa - National Council for Education and Training and the Basic Skills Agency have been remitted to help build social inclusion through learning throughout life, focussing particularly upon the most deprived communities, in accordance with the Welsh Assembly Government's 'Communities First' programme. For the National Council this will include working with Community Consortia for Education and Training and using earning initiatives to support Community First Partnerships and Community Action Plans.</p> <p>More generally the Council has been remitted to increase the number of learners in Wales; and it will have a range of programmes and initiatives including Individual Learning Accounts and Assembly Learning Grants available to assist in promoting access to learning amongst adults. Equality of opportunity is a cross-cutting imperative of the Council and older people therefore have similar opportunities to access learning in their communities as younger adults.</p>
3.4	<p>In the context of broad community investment strategies, the development of a Task Force/Tasglu Cymru of older people at a local level to enhance their contribution to the community should be investigated as an option. This should include exploring the potential for the use of funding incentives to encourage and sustain participation.</p>	<p>Agreed. This can be considered under the Communities First Programme and also the funding for the Strategy Implementation Programme.</p>
3.5	<p>Building on existing volunteering</p>	<p>The Welsh Assembly Government already funds a scheme to promote</p>

	<p>initiatives, a specific initiative should be launched by the Welsh Assembly Government in collaboration with the voluntary sector to strengthen and promote participation in community activities and which stresses the many benefits of volunteering by and for older people.</p>	<p>volunteering among people over 50 as part of the Active Community Initiative.</p> <p>The scheme aims to combat social exclusion and tackle educational under achievement through voluntary action by and for older people. The project is co-ordinated by the Community Service Volunteers (CVS) under their Retired and Senior Volunteers Programme (RSVP).</p> <p>The Welsh Assembly Government has provided 3 year funding from April 2000 totalling £262,000. The scheme has already recruited over 400 new older volunteers. The Active Community scheme is to be reviewed and decisions on the future of the scheme will be made early in 2003.</p>
3.6	<p>The UK Government should ensure that consumer protection measures are in place for older people including advice, guidance and support so that they receive help that is appropriate and meets their needs.</p>	<p>The Government provides advice and information to consumers both directly and in partnership with other organisations, for example Citizen's Advice Bureaux, and is committed to ensuring consumers are adequately protected against unfair trading practices and get a fair deal. These activities benefit consumers generally, but publicity is targeted where appropriate towards sectors of the community with a particular need for information or at greatest risk, including older people. The Government is also encouraging and supporting financially the development of Consumer Support Networks to provide a joined-up, quality assured and comprehensive network of consumer advice at local level, which will benefit older people as well as consumers more generally. Increasing numbers of Consumer Support Networks are operational, including some in Wales.</p>
3.7	<p>The UK Government should move urgently to tackle age discrimination</p>	<p>This is a non-devolved issue. The UK Government has indicated that it intends to enact legislation to implement the age provisions in the EU</p>

	<p>in employment on a statutory basis, encourage employers to recognise the advantages of older workers and promote good practice.</p>	<p>Employment and Race Directives by the end of 2006. The DTI published a consultation document entitled "Towards Equality and Diversity" in December 2001 setting out the Government's general approach to implementing the Directives. It is anticipated that a specific consultation on the age provisions will commence in early 2003.</p> <p>The UK Government is committed to implementing the age strand of the European Employment Directive by 2006, when domestic legislation will come into force outlawing age discrimination in employment and training. Legislating against age discrimination is not simple. There are many complex and sensitive problems which we need to address and resolve so that the eventual legislation is practical and helpful to employers and employees. The EU recognised the complexity of the issues. For that reason the Directive allows Member States up to 6 years to implement its provisions on age discrimination. The Government will take full advantage of the time available - in order to do justice to the issues, and to allow full consideration, in consultation, of the best way forward. The UK Government shall, therefore, bring legislation into force by December 2006. However, the Government aims to have it in place in good time before then so that employers have sufficient time to make their preparations.</p> <p>In the meantime, through the Age Positive campaign, the UK Government are vigorously promoting to employers the business benefits of age diversity, so that legislation when it is introduced will simply confirm existing good practice. The Age Positive campaign is challenging employers' prejudices and perceptions and aims to achieve a culture change and help employers prepare for the coming legislation. It has featured direct mailing to employers, regional and trade press articles and events. Employer awareness of the campaign and the issues surrounding age has also been raised by a number</p>
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		<p>of national and regional awards, presented to organisations demonstrating a commitment to Age Positive employment policies.</p> <p>At the heart of the Age Positive campaign is the code of Practice on Age Diversity in Employment. The code is aimed at employers and sets the standard for non-ageist approaches to recruitment, selection, training, promotion and retirement. To supplement that guidance we are also developing further case studies to encourage employers to abandon the use of mandatory retirement ages and adopt more progressive, flexible approaches.</p> <p>The campaign is already having an impact:</p> <ul style="list-style-type: none"> ○ a third of employers are now aware of the Code; ○ the use of age as a criterion in recruitment has halved from 27% to 13% since the publication of the Code in June 1999; ○ two-thirds of employers now include age in their equal opportunities policies; ○ the number of employers with a policy against employing older people has halved from 14% to 7% <p>A second project to help Small and Medium Employers in England to adopt age diversity is currently underway. The project will shortly be extended to Scotland and Wales.</p>
3.8	The UK Government should consider how the concept of an “age of entitlement” rather than an age of retirement could be taken forward.	The UK Government have been promoting to employers the benefits of moving away from the use of mandatory retirement ages through the Code of Practice on Age Diversity in Employment, the Age Positive campaign and through case studies in ‘Good Practice in the Recruitment and Retention of Older Workers’. In June we published ‘Flexible Retirement – A Snapshot of Large Employers’ Initiatives’ which sets out the issues 20 companies faced in

		<p>planning to adopt flexible approaches to retirement. The employers participating in that research believe flexible retirement will deliver one or more of the following benefits:</p> <p>retention of experienced staff with valuable skills; greater flexibility and choice for employees; the creation of a wider pool of expertise for recruitment (by including those aged 55+); enabling the organisation to increase its public image to make it a preferred employer; a strategic and effective response to demographic change; and equality of opportunity and fairness to all employees.</p> <p>The UK Government are planning to build on this through development work with leading external partners. Andrew Smith, the Secretary of State for Work and Pensions told Parliament on 11th July 2002 that there will be a Green Paper in the Autumn which will initiate a wide ranging consultation and look at the wider opportunities around retirement. Instead of facing a cliff edge, many people would like to move into retirement more gradually. The Green Paper will bring forward proposals to tackle this issue.</p>
3.9 & 3.10	<p>The UK Government should place less reliance on means testing within their benefit policy and practice and make higher provision of a more adequate level of state pensions to sustain decent standards of living. Local authorities and others should be</p>	<p>Income-related Benefits</p> <ul style="list-style-type: none"> ▪ The Government is committed to retain the basic state pension as the foundation of income in retirement. Last year we increased it by £5 for a single pensioner and by £8 for a couple, and in April this year there were further above-inflation increases of £3 and £4.80 respectively. In future years it will increase by 2.5% or the level of the September Retail Price Index, whichever is higher.

	<p>proactive in using measures such as welfare rights advice to increase take up of pensions, attendance allowance and other Department for Works and Pensions (DWP) benefits, housing and council tax benefit.</p> <p>The Department for Work and Pensions should undertake a targeted approach tailored to the needs of Wales, to improve take up of the Minimum Income Guarantee and other state benefits for older people</p>	<ul style="list-style-type: none"> ▪ However, increasing the Basic State Pension in line with earnings each year would not help the poorest pensioners on the Minimum Income Guarantee and would not do nearly enough to help those with small savings and little growth in their incomes when they retire. The challenge we face is to lift the incomes of those who have so far failed to share in the rising prosperity of the country. This is why we are introducing the Pension Credit, to reward those who have worked hard to provide modest incomes for themselves in retirement. ▪ The Government is spending an extra £6 billion a year in real terms on pensioners as a result of policies introduced since 1997. This includes £2½ billion more on the poorest third of pensioners. This is three times more than an earnings link since 1998 would have given them. The Government believes it would be wrong to spend the extra money on increases in the Basic State Pension which would benefit the better off instead. <p>Minimum Income Guarantee Take Up</p> <ul style="list-style-type: none"> ▪ The government is committed to ensuring that those eligible for benefits receive their full entitlements and are particularly concerned to ensure that the poorest amongst our pensioners have their entitlement increased to reach the Minimum Income Guarantee (MIG) introduced in April 1999. From April 2002, MIG is £98.15 for single pensioners and £149.80 for couples. Additionally, the MIG has been uprated (at least) in line with earnings every year since it was introduced. It will continue to be uprated in line with earnings for the life of this Parliament. ▪ A national MIG take-up campaign was launched on 30 May 2000, to encourage those who may be entitled to claim. This campaign included a
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		<p>high profile TV advert and a mailshot to 2.4m people who were identified as potentially eligible for MIG. The campaign also included the introduction of a tele-claim centre to allow pensioners to claim over the phone. The campaign has resulted in over a million enquiries.</p> <ul style="list-style-type: none">▪ In April 2001, the Department:<ul style="list-style-type: none">- standardised MIG at the highest rate; anddoubled the lower capital limit from £3,000 to £6,000 and increased the upper limit from £8,000 to £12,000. As a result, many became entitled to help for the first time.▪ A new leaflet that gives a clear, simple explanation of MIG and who can claim has been produced.▪ In October 2001, a shortened Minimum Income Guarantee (MIG) claim form was introduced. The length of the claim form was reduced from 40 pages to 10. Unnecessary questions were removed. Benefit details were included only if they can't be obtained elsewhere. The redesign of the form was done in consultation with various pensioner organisations. The intention was that the new claim form would make claiming easier and simpler for the majority of claims.▪ From October 2001, callers to the Retirement Pension Telecentre who are not already receiving MIG are asked a series of questions to identify potential entitlement. Those customers who claim Retirement Pension by post rather than by phone are sent a MIG leaflet.▪ In April 2002, an automated process to invite claims to MIG where the customer may have potential entitlement was introduced. A data matching
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		<p>exercise identifies key life events as a "MIG Trigger" and invites a claim to MIG. These key life events identify when a pensioner reaches age 75 or 80 or when another benefit (such as Attendance Allowance) is awarded.</p> <ul style="list-style-type: none"> ▪ We intend to release two products in the near future - the 'At a glance guide' for use by voluntary workers and Local Authorities and the 'Good Practice Guide' which gives general guidance on how to run successful benefit take up exercises. This product is not MIG specific and may be used to inform any local take up activities. ▪ We continue to proactively engage with pensioner organisations and Local Authorities to work collaboratively on take up initiatives to ensure that pensioners claim the benefits to which they are entitled. ▪ From October 2003, the Pension Credit will reward those who have worked hard and saved hard. Extra cash for those with savings, second pensions and earnings up to incomes of £135 a week for a single pensioner and £200 a week for couples. <p>Partnerships Against Poverty – England and Wales</p> <ul style="list-style-type: none"> ▪ The Partnerships Against Poverty initiative was established in 2001 to enable organisations with a shared aim to reduce poverty and tackle social exclusion amongst pensioners to work together. ▪ It involves DWP, voluntary sector organisations, local government associations (in particular LGA), and individual local authorities to share ideas, skills and resources to improve the take-up of benefit entitlement. The Welsh Assembly is part of the group and a representative will be attending the next meeting.
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		<ul style="list-style-type: none">▪ The group has been instrumental in helping to develop products such as the shorter Minimum Income Guarantee (MIG) claim form, the new MIG leaflet and the recently published At a Glance and Good Practice Guides, which all support the take-up of benefit entitlements. It also regularly reviews new and revised leaflets and has provided invaluable feedback into the training packages developed by the Pension Service local service.▪ Four individual groups have now evolved focusing on England and Wales, Scotland, Black and Minority Ethnic elders and Pensions Credit. The latter two are effectively subgroups of the national meetings.▪ The terms of reference for the four groups are:<ul style="list-style-type: none">▪ To draw together DWP, local authorities, major voluntary organisations and organisations representing black and minority ethnic elders to evaluate existing work on take-up of social security benefits.▪ To consider new initiatives and to help inform the development of a co-ordinated approach to benefit take-up.▪ To contribute to the development of new business processes, training, forms and leaflets to encourage take-up.▪ Identify and address barriers to take-up.▪ To consider which organisations are best placed to lead on take-up initiatives and to consider resourcing the initiatives.
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3.11	<p>The Department for Work and Pensions should undertake a targeted approach, tailored to the needs of Wales, to improve take up of the Minimum Income Guarantee and other state benefits for older people.</p> <p>Given the commitment of the UK Government to the introduction of Pensions Credits, it should be handled in a simple and sympathetic way that takes account of older people's needs and provides an integrated and easy access approach to advice and support in a user friendly manner to ensure maximum take up.</p>	<p>The Pension Service, which will administer Pension Credit, will provide an organisation dedicated to meeting the needs of today's and future pensioners.</p> <p>It will focus on people not process and will provide a modern and efficient service accessible by telephone, post, in time the Internet and locally where pensioners need it.</p> <p>The UK Government is working closely with partner organisations to ensure that they have the opportunity to input to the development and testing of the communications, processes and materials supporting Pension Credit take up. This will help ensure that products are fit for purpose and that local service and partner organisations are fully engaged in and supportive of Pension Credit.</p> <p><u>Partnerships Against Poverty – Pensions Credit Working Group:</u></p> <p>This sub-group team has recently been established to take forward implementation of Pension Credit. It meets monthly and it is envisaged that it will continue until October 2002.</p> <p>The group is largely consultative, with representative bodies providing input into the development of Pension Credit products and informing and contributing to the take-up strategy. The group will provide regular updates to the PAP meetings for England & Wales and Scotland.</p>
3.12	<p>The Welsh Assembly Government should lead the development of integrated, flexible and innovative transport schemes to address</p>	<p>The Assembly recognises the particular transport needs of older people. We are taking wide-ranging measures to improve bus and community transport services, of which older people are frequent users. Through the Local Transport Services Grant scheme the Assembly is allocating more than</p>

	<p>transport needs of older people, particularly in non-urban areas. This should include the provision of shelters at bus stops, disabled access, portering services, improved access to information, staff training to increase sensitivity to older people's needs and other safety issues.</p>	<p>£7.5m to local authorities in 2002-03 to help them develop and extend community transport projects in Wales, and to subsidise bus services. We recently extended Bus Service Operators Grant to more community transport services, helping to off-set the cost of fuel duty paid by operators. It is hoped that one effect will be to allow operators to invest in more and better services.</p>
3.13. and 5.22	<p>The Welsh Assembly Government should require local authorities to promote practical schemes to secure improvements to transport links to Hospitals, GP surgeries and other primary care facilities etc where older people are often the dominant users.</p>	<p>It is accepted that community transport can in certain circumstances provide a realistic, flexible and cost-effective alternative to conventional public transport. At the same time, we wish to see community transport increasingly mainstreamed alongside conventional modes. See 5.22</p>
3.14.	<p>Further development of community transport should be undertaken through an integrated, structured programme co-ordinated by all local authorities in Wales. Urban and transport planning should take more account of the needs of older people more effectively eg potential increase use of powered scooters</p>	<p>The Welsh Assembly Government will include a vision for community transport in its review of the Transport Framework of Wales. The report reviewing community transport in Wales, which was launched in October 2002, identifies the importance of effective partnerships leading to better integration of needs and provision. The recommendations are being implemented by a stakeholders group including the voluntary sector and local government.</p> <p>Regional public transport strategies will make a vital contribution to the</p>

	and wheelchairs, timing of pedestrian crossings	<p>effective planning of services by local authorities to meet the identified transport and accessibility needs of local communities, including older people. Local authorities will continue to have a key role as local co-ordinators. Local authorities will be preparing community transport strategies as part of their regional public transport strategies</p> <p>At the same time, these will be incorporated as bus strategies in which authorities will need to demonstrate how they meet their obligations for co-ordinating passenger transport planning and procurement.</p>
3.15.	<p>The Welsh Assembly Government should investigate the cost and benefits of utilising school buses, post office vans etc “out of hours” to improve transport for older people. The business potential for local transport schemes and the development of voluntary transport schemes should also be explored. Extension of the free bus scheme to trains and community transport as well as to include carers accompanying older people should be considered.</p>	<p>The report reviewing community transport in Wales was launched by the Minister for Environment on 21 October. The report contains a range of recommendations for the Assembly Government, local authorities, the community and voluntary sectors and operators designed to improve efficiency and maximise the use of vehicles. A stakeholders group is being set up to take forward and implement the recommendations, including representatives of the health, education and social services sectors. Ministers have accepted that free travel should, as funding allows, be extended to include the community transport sector, and a group including representatives of the sector and local authorities, along with the Assembly, is due to report by the end of June 2003.</p>
3.16	<p>The Welsh Assembly Government and local government should support the initiative to extend and integrate services for older people through sub post offices and work proactively to maximise the</p>	<p>Agreed.</p>

	potential role of Post Offices as a community resource to provide services, sources of information, advice and support for older people.	
3.17	The UK Government should eradicate ageism through legal action. The UK Government and the Welsh Assembly Government should provide leadership in challenging ageism through its policies and funding programmes and seek to change attitudes, avoid stereotyping and to promote positive images of older people.	<p>The UK Government recognises the need to promote a change in the culture at work in order to get rid of false stereotypes which characterise older workers as incapable of learning new skills, being slow to adapt to change, and likely to take more sick leave. To help bring about that culture change, the Code of Practice on Age Diversity in Employment was launched in June 1999. It was produced in partnership with Age Concern, TUC, CBI and EFA, and features a voluntary Code of Practice, guidance for employers and case studies.(see also the response to paragraph 3.7)</p> <p>The UK Government are continually reviewing the effectiveness of back to work help for the over 50s, particularly New Deal 50plus.</p> <p>The Employment Directive applies to employment and training. That is a major step, involving a number of complex issues which the Government will be addressing through two consultations (the first – <i>Towards Equality and Diversity</i> - ended in March, and a second consultation on age, next year, on specific proposals for implementing the Directive). There are no plans at present to extend legislation to goods and services: the Government's first priority is to concentrate on getting implementation in respect of employment and training right.</p> <p>Tackling discrimination in employment and training will help significantly to change the ageist culture</p>
3.18	Further research on the experiences	Relatively little research has been undertaken into the experiences and needs

	<p>and future needs of older people from ethnic minority communities in Wales should be undertaken to improve the knowledge and understanding of policy makers and service providers about the needs of this group improve the impact of policies.</p>	<p>of older people from the Black Minority Ethnic communities in Wales. Research that focused on elders from these communities would greatly assist policy making and service development at all levels.</p> <p>Of particular, topical interest over the next few years would be research into the impact of the Race Relations (Amendment) Act on policy, planning and delivery of services for older people from BME communities. This could be linked to the implementation of the race, religion and age strands of the EU Equal Treatment Directives (the “Article 13” Directives) in 2003 (race, religion) and 2006 (age).</p> <p>BME organisations, including AWEMA and the CRE, should be involved in determining the priorities for research.</p> <p>(As recommendation 3.19 implies, any development programme would need to follow on the research, so this is a longer term objective.)</p>
3.19	<p>A development programme should be introduced to address the priorities that research and on-going work reveals for older people from ethnic minority communities in Wales, and to identify specific actions to improve their access to and take up of health and other relevant services.</p>	<p>We will consider what action needs to be taken in the light of the research being undertaken into older people from the BME communities in Wales (recommendation 3.18), particularly as regards equality of access to health and other services.</p>
3.20	<p>In the period before the EC/UK legislation is implemented we recommend that the UK Government should give greater</p>	<p>The UK Government’s Age Positive campaign seeks to eliminate age discrimination from the workplace and change attitudes towards age by the stronger promotion of the business benefits of age diverse employment practices, encouraging employers to adopt the standards</p>

<p>emphasis to the use of Codes of Practice to tackle ageism in employment and allow continued access to the labour market for older people.</p>	<p>set out in the Code of Practice. Age Positive is the PR/marketing strand of the wider Age Diversity strategy which is a combination of research, development projects with leading external partners and employers, incentives and action. The key elements of the strategy are:</p> <ul style="list-style-type: none">to develop the business case with national partners with an updated, sharper Code of Practice– including tackling the barriers to the employment of older workers, such as early mandatory retirement ages and developing flexible retirement practice;to increase understanding and action amongst small and medium sized employers, including extending coverage into Scotland and Wales (DWP will shortly be tendering in Wales);to review and prompt changes to institutionalised ageism;further evaluation and research. <p>Age Positive seeks to achieve clear results. It is not sufficient to simply make employers aware of the Age Positive message. They need to actually understand the issues and business benefits, to know how to change ageist practices and to take action to effect those changes throughout their workforce practices. This has specifically highlighted the business case for the recruitment and retention of older workers.</p> <p>The current Age Positive campaign will inform and influence employers via:</p> <ul style="list-style-type: none">targeted employer events/conferences/exhibitions and an Age Positive week. Two Age Positive conferences are planned for Wales. One in N. Wales and one in Cardiff to bring together employers and interested parties; <ul style="list-style-type: none">PR activity with partners;development of communication products;
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		<p>the promotion of good practice via national awards events;; work with the media; extensive use of our website: www.agepositive.gov.uk .</p> <p>(refer also to para 3.7)</p>
3.21	<p>To encourage employers, the Welsh Assembly Government should publicise and disseminate good practice on recruitment / retention of older people in employment in Wales. To show leadership in this we recommend that Government scheme/ Assembly for Wales funded bodies should develop their practices so as to act as best examples in promoting the employment of older people.</p>	<p>Employment policy is reserved to the UK Government and broad measures are already in place to address a range of employment issues faced by older people and encourage employers to recruit and retain older employees. Action includes:- setting up a Code of Practice on Age Diversity in Employment; an Age Positive Initiative with SMEs, already undertaken by the Department of Work and Pensions in England and planned in Wales in the current year; and the recent consultation under taken by the Department of Trade and Industry entitled Towards Equality and Diversity.</p> <p>In addition, support is provided through the Welfare to Work agenda. The New Deal 50 Plus is designed to address specific barriers to assist the older person return to work but support is also provided through the New Deal for the Disabled, and Lone Parent and Partners. Targets for Jobcentre Plus, the UK Government agency for delivery of the Welfare to Work agenda, set a priority for working with this client group and a higher weighting for placing older people into employment than younger easier to help clients.</p> <p>The Welsh Assembly Government works in partnership with Jobcentre Plus – Wales to influence the UK Government in developing and enhancing New Deal programmes to take account of issues specific to Wales. Supporting action through key strategies ‘A Plan for Wales’, ‘The Learning Country’ ‘A Winning Wales’ and the ‘ Skills and Employment Action Plan’ looks to lever up skill levels across all ages to enhance opportunities to secure employment</p>

		<p>Individual Learning Accounts will be available to eligible people aged 18 and over. Following work undertaken by the Strategic Policy Unit into economic inactivity in Wales opportunities to work with EU programmes will be used to strengthen any action undertaken. In addition, the study planned by the Economic Research Advisory Panel study into what will further the understanding of the range of issues and barriers involved in what.</p>
3.22	<p>Promoting participation in education by older people should be a key policy objective for the Welsh Assembly Government and ELWA. In particular the disincentives for older people to participation in learning should be addressed, including consideration of policies for fees, student loans, Assembly learning grants and for increasing opportunities for informal courses.</p>	<p>Widening participation in learning is a key objective of the Welsh Assembly Government and ELWa - National Council, though the prime focus is on the acquisition of skills for employment in support of the Welsh Assembly Government's economic development strategy 'A Winning Wales' and its 'Skills and Employment Action Plan'. There is no discrimination against older people in providing access to learning through the financial support mechanisms available. Whilst those over 54 are not able to access student loans (not a policy area devolved to Wales), older learners do have the same opportunities to access grants (Assembly Learning Grants) as younger adult learners. In addition, there will be no upper age limit for access to Individual Learning Accounts – when relaunched. The Council has discretion to support the provision of informal learning in all settings and is addressing the scope for assessing the value added by various forms of such provision.</p>
3.23	<p>ELWa and Careers Wales should produce better information and advice on life long learning for older people which emphasises the health and life benefits that can be gained from education and learning.</p>	<p>Information on learning opportunities available is produced by individual learning providers. Assistance to learners in accessing such information and in selecting a suitable course of learning to meet an individual's learning needs is available from Careers Wales offices or via the "learndirect" freephone helpline operated by Careers Wales. In many areas this service is being supplemented by information available locally from Community</p>

		<p>Consortia for Education and Training. ELWa - National Council has a locus in promoting the benefits of learning and runs awareness raising marketing campaigns in support of its strategic plans designed to stimulate interest in learning and to direct those who register an interest to suitable learning opportunities. Such campaigns might be pitched at particular groups in society and consideration will be given by ELWa, Careers Wales and other partners to the need for marketing specifically targeted at older potential learners. All of the organisations involved will keep under review the need for quality information that is readily accessible, through information technology as well as through literature and advertising.</p>
3.24	<p>The Welsh Assembly Government should undertake a review of how the further expansion of learning through non traditional routes such as University of the 3rd Age, Retired Service Volunteers Programme, Older and Bolder etc could be effectively funded and achieved.</p>	<p>ELWa' - National Council is currently in the process of reviewing all of the programmes of learning and developmental projects which it has inherited from its predecessor bodies, including all of the courses of adult continuing education and informal learning which are aimed at older learners or which deliver learning through volunteering. It is assessing each of these programmes and products against the aims and objectives in its approved corporate strategy and corporate plan which seek to promote, amongst other things, lifelong learning, equal opportunity, social inclusion and the development of learning communities through the expansion of learning throughout all sections of society in Wales.</p>
3.25	<p>Further work should be completed to promote the development of community information technology facilities to provide more equal access including in public libraries and post offices. We recommend that ELWA should investigate how information technology training tailored to needs of older people can</p>	<p>There is already an extensive network of community learning centres in Wales supported by the local education authorities and the further education institutions (some of the latter being provided as part of the University for Industry learning infrastructure). More are being developed using ICT facilities in schools out of hours and an extensive network is being planned in the areas of Gwent most affected by the CORUS steel closures. the Welsh Assembly Government is contributing to the development of this infrastructure via its funding of the local authorities and ELWa' - National Council – particularly its specific funding of community developments under the</p>

	<p>be made more readily available, accessible in a range of common meeting places.</p>	<p>'Communities First Initiative', the roll-out of broadband cabling across Wales, and the CORUS regeneration measures. It has set up an ICT Advisory Panel to advise the ELL Minister on the development and delivery of a strategy for ICT in schools, and in particular to guide the work of the ICT Task Force and the National Grid for Learning Cymru team (both in which have specific school-orientated remits) The Panel is operating in tandem with ELWa's Expert Group on ICT and E learning which has a similar aim in respect of post 16 provision. The two groups are working together to produce an overall ICT and E learning strategy, which will align with the Cymru Arlein programme. Major players in the field of E learning such as the Digital College and University for Industry are closely involved in the development of the strategy as well as in the development of E learning products that deliver remote access as well as community centre-based learning. The needs of all prospective learners form part of the consideration by Community Consortia for Education and Training in advising on the development of local community learning centres. Welsh Assembly Government is funding the development of Careers Wales On-Line which will provide access through ICT to advice and guidance</p>
3.26	<p>The Welsh Assembly Government and local government should take the initiative to explore how its communications to older people generally might be promoted and better co-ordinated. Consideration should also be given to the development of a general access web site and public forum facility for older people in Wales.</p>	<p>See also 2.3 and 2.7. Communications to older people are vital and we look to improve approaches taken at all levels of Government.</p>
3.27	<p>The UK Government and the Welsh</p>	<p>The Association of Chief Police Officers (ACPO) have produced guidelines on</p>

	<p>Assembly Government should review the current strategies for tackling crime, their impact on the needs of older people and how more could be done to focus on the fear of crime experienced by many older people. The impact of distraction or doorstep crimes on older people should be included in this work. Street lighting and police liaison with older people's groups should also be considered in this context.</p>	<p>providing services to older people. These guidelines take into consideration fear of crime by the elderly and their vulnerability as a result of increasing frailty. Forces are also encouraged to develop effective channels of communication with those groups representing older people to obtain their views as regard service provisions to this section of the community.</p> <p>Under the Reducing Burglary Initiative (part of the Crime Reduction Programme) the Home Office has set up a Distraction Burglary Task Force, with £1 million funding, which brings together a wide range of organisations including the police, voluntary organisations, the utility companies, banks and local authorities, to gather data, publicise good practice, raise awareness and provide guidance for victims and those at risk of this type of burglary. The Task Force has issued a Good Practice Guide for use by community safety officers and others in combating distraction burglary. It has also recently run a number of well-attended regional seminars which helped to disseminate up to date information about what can be done by the different agencies individually and in partnership to combat distraction burglary. The Taskforce is continuing to look at ways in which its guidance can be developed and the principle of partnership working to combat distraction burglary be further disseminated.</p> <p>The Task Force membership represents a range of organisations e.g. the police, voluntary organisations, utility companies (or their umbrella organisations), banks and local authorities who cover Wales through their contacts. Of 12 regional seminars on the subject of distraction burglary which brought practitioners together one was held in February in Swansea.</p> <p>The Crime Reduction Unit was set up as part of the Assembly to take forward programmes and policies on crime and disorder reduction. The Unit takes an active role in providing advice to the Assembly and in mainstreaming</p>
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		<p>crime reduction throughout the department. In addition, officials manage the Crime Reduction Programme projects in Wales as agents of the Home Office and should be regarded as the first point of contact for queries about the Programme from Wales</p>
3.28.	<p>In the light of the work of the Beth Johnson Foundation the Welsh Assembly Government should undertake further development work to define how the awareness and benefits of intergenerational links could be promoted in Wales. They should also consider the development of a programme of intergenerational activity that could be taken forward in collaboration with local government, the voluntary sector and others.</p>	<p>Older People's contribution to society and to the well-being of families is vital and we will develop a new and innovative programme to promote inter-generational links in Wales</p>
4.1, 4.2, 4.3 4.4 4.6, 4.9. 4.11, 4.16	<p>The Welsh Assembly Government should develop a tailored Strategy for health promotion for older people in Wales including pre retirement action to improve health, decrease dependency in old age and avoid practices that are health-damaging.</p>	<p>The Welsh Assembly Government accepts the need for a more holistic approach to health promotion for older people to be developed. The Assembly's Well Being in Wales, which builds on the Better Health Better Wales Strategy has highlighted the need to extend such action to improve the health of older people. The Welsh Assembly Government proposes to develop in collaboration with Health Alliances and others a multifaceted evidence based health promotion action framework for older people. The framework will take account of and contribute to cross cutting issues and focus on: Pre-retirement action to improve health;</p>

		<p>Nutrition and diet; Physical activity; Smoking cessation; Safety promotion; Mental health promotion; Training and development for carers and professionals; Groups with specific needs.</p>
4.2	<p>Building on "Better Health Better Wales", the Welsh Assembly Government's health and social care policy development should give firmer emphasis and direct targeted funding toward health promotion, benefit uptake and the prevention of ill health.</p>	<p>See 4.1</p>
4.3	<p>The Welsh Assembly Government should give priority to developing a coherent and effective approach to health promotion for older people. In so doing the Welsh Assembly Government should take a joined up approach to policy development and take into account related issues from other areas of its responsibilities e.g. health, local government, life long learning, housing, benefits take up, rapid response programme etc..</p>	<p>See 4.1</p>

4.4	The Welsh Assembly Government should improve publicity, information and communications on health promotion specifically targeted at older people and groups with specific needs e.g. Wheelchair users, blind and deaf people - covering all aspects of physical and mental health including exercise.	See 4.1
4.5	Further research should be undertaken on nutrition and diet for older people. The findings of this research should be used to provide advice and publicity to stress the benefits of healthy eating and to encourage and facilitate older people to change to healthier diets and to shop for healthy and affordable food.	<p>The Food Standards Agency, Wales, in collaboration with the Welsh Assembly Government, has launched a Nutrition Strategy for Wales. Following consultation on the strategy an action plan has been drafted. This aims to improve nutrition among the whole population of Wales, but also targets action among key population groups, including older people, who stand to gain the most benefit from improved nutrition. Initiatives particularly targeting older people include:</p> <ul style="list-style-type: none"> • a public education campaign to promote healthy eating • work with primary producers and others to facilitate improved food access, including the setting up of food co-ops.
4.6	A programme of development and training in health promotion for older people and groups with specific needs e.g. wheelchair users, blind and deaf people should be taken forward for GPs and other Primary Care professionals by the Welsh Assembly Government	See 4.1

4.7.	Further research should be undertaken on the availability and impact of chiropody services and how support might be improved and developed.	A Therapies Strategy is currently being prepared for consultation. This will include looking at the future development of chiropody services.
4.8.	Building on existing examples, an evaluation study should be undertaken as a basis for promotion and development of 'healthy ageing' day health centres for older people across Wales that include a range of "one stop shop" services and trained staff. The NHS and local authorities should develop a clear policy objective as a consequence.	A project to scope the health risks for older people will be undertaken by NHS Wales Department. The aim is to provide a holistic picture of their present and future health needs. This will be used to develop a comprehensive Older Person's policy and action plan for the NHS in Wales to meet those needs.

4.9	Working with its partners, the Welsh Assembly Government should lead the development of a programme to promote exercise and avoid falls in old age, including training and development for carers, other care providers and professionals.	See 4.1.
4.10	The Welsh Assembly Government should develop guidance in collaboration with its partners to promote well co-ordinated and effective continence services for older people throughout Wales. Access to public toilets in commercial outlets for older people should be promoted.	We will develop guidance in collaboration with partners to promote well co-ordinated and effective continence services for older people throughout Wales. We will undertake a study into improving the access to public toilet facilities, for older people.
4.11	The Welsh Assembly Government should promote the development of Health Alliances. Further work should also be undertaken to facilitate the sharing of good practice across Wales including joint working, practical schemes e.g. easy walking schemes, healthy eating facilities, safety at home etc..	See 4.1

4.12	<p>The Welsh Assembly Government should review the provision of cancer services in Wales to ensure the availability of timely and appropriate diagnostic/screening facilities regardless of age.</p>	<p>The Welsh Assembly Government recognises the benefit of timely and appropriate diagnostic/screening facilities for cancer regardless of age. With regard to diagnosis, it is already committed to the implementation across Wales of the Cancer Services Co-ordinating Group's (CSCG) Standards of Cancer Care which, amongst other things, set out recommended arrangements and times for patients suspected of having cancer to receive their diagnosis. With regard to screening, it is already advised by the National Screening Committee of where it is clinically and operationally appropriate to have population screening programmes for particular cancers, such as exist for breast and cervical cancers, and will act upon such advice.</p>
4.13.	<p>We recommend that a programme should be developed to promote the benefits of good oral, ophthalmic and hearing health in older people and offer practical advice and encourage regular check-ups.</p>	<p>Primary care needs to be a central performer in the development of a healthier Wales. The Primary Care Strategy for Wales sets out the direction for family health services to be strengthened to enable a wide range of services to be delivered in the community. These services will also become more proactive in identifying and supporting the more vulnerable people within practice population</p> <p>The Welsh Assembly Government's strategy for primary dental care sets out how we can improve the oral health of Wales. This is currently out for consultation.</p> <p>A strategy for the future of optometric services in primary care is also out for consultation. It sets out proposed service developments to meet patient's needs.</p> <p>The Welsh Assembly Government has made funding available for the modernisation of audiology services in Wales. A programme of improvements to facilities and training of audiologists was undertaken at all NHS Trusts. From August 2002 all NHS Trusts are able to fit modern hearing</p>

		<p>aids.</p> <p>The proposal to develop an Older Person's Policy for NHS Wales, see 4.8, will include older person's sensory disabilities and how services should respond to meet those needs.</p>
4.14	<p>We further recommend that the Welsh Assembly Government takes action to ensure the adequate provision of dental services to older people in the community and in residential care. Oral health needs must be seen as an integrated component of all health and social care plans for older people.</p>	<p>See 4.13</p>

4.15.	The Welsh Assembly Government should also review the efficiency and cost effectiveness of alternative models of health and social care checks for over 75s.	This will be looked at as part of the scoping project referred to in 4.8.
4.16	The Welsh Assembly Government And local government should develop a specification of the requirements of older people for leisure and exercise facilities. Existing services should be developed to ensure that they are accessible, affordable and suitable for older people.	See 4.1

5.1	In the context of the development from Housing Strategy for Wales, a National debate should be led by the Welsh Assembly Government about the options for meeting the future housing needs of older people. The debate should be wide ranging and ensure participation of all key interests including older people themselves.	The Welsh Assembly Government accepts that there should be a wide-ranging debate about the options for meeting the future housing needs of older people. This must be based on a thorough understanding of the scale and nature of these changing needs and of the resources and aspirations of older people themselves.
5.2	The Welsh Assembly Government should take action to further strengthen the links between health services, social services and housing departments.	<p>The Welsh Assembly Government accepts that it should take action to further strengthen the links between health services, social services and housing departments. These linkages are vital to developing the Strategy.</p> <p>The recently published guidance in respect of the private sector renewal changes emphasises the need for local authorities and health sector organisations to work in concert in the delivery of services particularly in the field of disabled facilities grants. The recently launched Rapid Response Adaptations Programme is also securely modelled on these bodies working in unison with Care and Repair agencies and other voluntary sector organisations.</p>
5.3.	The Welsh Assembly Government should review the role of housing associations and related regulations on residential homes and supported accommodation so that they can participate effectively in the	Accepted and already in force as current regulations and permitted objects allow Housing Associations to participate in respect of supported housing. The position in respect of residential care is being examined.

	implementation of health and well being and care strategies.	
5.4.	Further research and development should be undertaken to identify and evaluate how the use of equity release schemes (including small sum releases) can benefit older people, improve their housing and increase income safely.	The Welsh Assembly Government understands this recommendation and has already instituted actions which will achieve the objective.
5.5	Consideration should be given to how changes in the private sector housing renewal arrangements might help in improving living conditions for older people.	The Welsh Assembly Government accepts that changes in the private sector renewal arrangements should help in improve living conditions for older people. The guidance accompanying the recently published Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 gives prominence to the importance of providing help for elderly and disabled people through a package of grants and/or loans. All local authorities will have to publish a private sector renewal strategy by July 2003 at the latest which will describe its policy towards these client groups.
5.6	The Welsh Assembly Government should give priority to progress their initiative as to how handyman and other home maintenance services might be enhanced and developed on a more consistent and stronger basis.	The Welsh Assembly Government agrees that the provision of Care and Repair handyperson services throughout Wales is very important in allowing elderly and disabled people to remain in their own homes in comfort and security. The Welsh Assembly Government has asked Care and Repair Cymru to provide a report on the effectiveness of the handyperson services and associated works by 28 February 2003
5.7	The Welsh Assembly Government	The Welsh Assembly Government accepts that it should examine the Home

	should examine the Home Energy Efficiency Scheme conditions to ensure they do not present any unnecessary barriers for participation by older people.	Energy Efficiency Scheme conditions to ensure they do not present any unnecessary barriers for participation by older people.
5.8.	Development of Fair Traders Registers and quality assurance kite marks for specific trades such as builders should be considered by local authorities to enhance consumer protection for older people	The Quality Mark is a government backed scheme designed to help the private householder find a reputable builder to carry out repairs and improvements to their home. It also provides reputable builders/tradesmen with a scheme which allows them demonstrate their commitment to quality through a single recognisable brand. Following successful pilots in Birmingham and Somerset, Construction Minister Brian Wilson announced on 26 March 2002 that Quality mark would be rolled out across England and Wales over a 3 to 4 year period.
5.9	Action should be taken to ensure that the Welsh Assembly Government e- Health Strategy and future e-Health services are developed to provide the benefits of new technology to support older people living in their own homes.	<p>“Informing Healthcare” has been published for consultation. It details our emerging information and IT strategy and looks to make information for patients, including access to their own records, much easier.</p> <p>The role of home monitoring to support older people will be considered within the development of an all-Wales Telemedicine and Telecare Strategy</p>
5.10	Further action should be taken by the Welsh Assembly Government and local government to promote health and social care policies which support older people to live at home with appropriate help and to be able	<p>The areas covered by these recommendations are already on the Wales Care Strategy Group’s agenda and will form part of its considerations as it works towards a blueprint for a world class care sector by 2010.</p> <p>In addition, a number of initiatives are already in hand/ in place (e.g. charges for home care, the means test for residential care, delayed transfer of care)</p>

	to access high quality supported and residential accommodation when necessary	
5.11	In the light of the Nuffield Institute report, the Welsh Assembly Government should undertake follow up research and evaluation to identify the level and range of unmet need in provision of social care for older people in 2002 and urgently examine options for how the deficit might be addressed.	There is already a body of accepted evidence and recent research available in this area. The issue is one of resources and priorities and local government, as statutory commissioners and providers of care has a key role to play in identifying needs at the local level.
5.12	The Welsh Assembly Government, local government and care providers should undertake a review of domiciliary care provision in Wales and consider how the sector could be stabilised and developed to ensure older people can continue to live independently in their own homes for as long as they are able.	See 5.10
5.13	As part of its continued development of the Carers Strategy, the Welsh Assembly Government should give consideration as to how respite	Ensuring that carer rights, and access to assessment of need remain key priorities of the Strategy. The Strategy aims for continuous improvement and sustainability in respite and other services (including training) to improve the health and well being of carers.

	<p>support can be enhanced and made available on a regular and consistent basis by local authorities. Further work should also be undertaken to ensure that carers' rights to assessment are met.</p>	
5.14	<p>The Welsh Assembly Government should develop policies and guidance that secure greater consistency and fairness in eligibility, access and charges for community care services across Wales.</p>	<p>Fairness and Equity are part of the Welsh Assembly Government's agenda. A range of measures are already in place or underway.</p> <p>Action has been taken in areas such as domiciliary care charging and commissioning care, with the issue of statutory guidance. Commitments have been made to explore other areas such as disability related benefits disregard from the means test for home care, a review of the implications and level of capital limits for property disregard and a review of personal expenses allowances for those in residential care. Regulations have been put in place to disregard property from the means test for residential care for 12 weeks and will be in place by autumn 2003 to enable Local authorities to take charges on property to avoid the need for an individual's home to be sold during their lifetime.</p>
5.15&6 .15	<p>The Welsh Assembly Government should look to develop coherent, systematic and integrated arrangements for the funding and distribution of health and social care specialist equipment. Arrangements should be developed to: improve</p>	<p>Specialist equipment is recognised as essential to the independence and confidence of older and disabled people. There is a continuing commitment to improving the provision of equipment.</p> <p>The Audit Commission has published two reports "Fully Equipped" March 2002 and a follow-up in June this year "Fully Equipped 2002: Assisting Independence". The reports looked at equipment services to older or</p>

	<p>service and supply to older people, use the joint assessment as a catalyst, bridge different funding streams, be less bureaucratic, returns/recycles equipment effectively for further use, and provides the help when and where it is needed. The concept of joint health and social care equipment stores should be promoted and developed. The equipment needs of disabled people should be given particular attention in seeking all of these improvements.</p>	<p>disabled people by the NHS and social services in England and Wales in five areas, orthotics, prosthetics, wheelchairs and specialist seating and audiology.</p> <p>The Specialised Health Service for Wales has considered the reports in relation to the wheelchair and prosthetic services provided by the Artificial Limb and Appliance Service A new policy for these services will be developed.</p>
5.16	<p>Further research should be undertaken on the prevalence and impact of disability in older people and how policies and programmes might better meet requirements and address short-falls that present barriers to healthy and active ageing for people with disabilities.”</p>	<p>Work is currently being undertaken by the Welsh Assembly Government, in conjunction with Swansea University, on the prevalence of disability in Wales. The project focuses on maximising the use of existing sources of information. The report of this project is expected in February 2003.</p> <p>We will consult with disability groups, including Disability Wales and the Disability Rights Commission, about the outcome of this research, which will help determine priorities for future disability research.</p>
5.17 & 6.3	<p>The Welsh Assembly Government, the NHS, Primary care, Local Government, the voluntary and independent sectors should all review their information giving</p>	<p>Agreed. Decisions about the piloting of Social Care Direct in Wales will be considered when the outcomes from piloting in South West England are known.</p>

	<p>strategies and practices to secure quality, improvement and innovation to better meet the needs of older people. The piloting of Social Care Direct in Wales should be taken forward.</p>	
5.18	<p>Targets established to measure performance in waiting times for social care should be applied consistently, reviewed and progressive improvement made, in the light of available resources. Local Authority Policy Agreements should be used to monitor the effectiveness of care for older people.</p>	<p>We are funding the improvement of local authority performance management systems that address this proposal. Local Authority Policy Agreements already monitor care for older people adequately.</p>
5.19	<p>The Welsh Assembly Government should put in place measures to secure fairer charging structures for long term care. This should include examination of the cost, benefits and other implications of improving the position under the capital limits for means testing arrangements where people have to sell their homes to pay for care</p>	<p>See 5.14</p>

5.20	Local Government working with the voluntary sector should consider how support for “less intensive needs” might be made available to older people in cost effective and innovative ways and as part of integrated prevention strategies at a local level.	See 5.10
5.21	As part of its Primary Care Strategy, the Welsh Assembly Government should ensure that the needs and requirements of older people are addressed. A range of action should be considered including greater emphasis on nurse and allied health professional led assessment, easier and more flexible access to GPs of choice, more community health clinics, greater use of nurse practitioners training and skills development, role of health visitors, better liaison between GPs and hospitals, and better GP services to individuals in residential care	A key element of the Primary Care Strategy is the prevention and early detection of disease and ill –health, particularly important for older people who are more at risk. The Strategy will also address the requirements of the changing population including older people who have high levels of need, to access and use primary care services more effectively
5.22	The Welsh Assembly Government, the NHS and local government should ensure the provision of accessible and co-ordinated	We are committed to supporting more and better community transport as part of an integrated transport system in Wales. The Welsh Transport Forum has produced a report into the provision of community transport in Wales, and its recommendations will be implemented through a partnership including the

	transport services to health facilities, including specifically (the) location of bus stops close to health centres, surgeries and hospitals. Improved community transport services should also contribute to the resolution of this problem.	Assembly, the health service, local government and the community transport and voluntary sectors. An Action Plan has been drawn up.
5.23	Local government and the NHS should ensure the needs of Welsh speakers are addressed more effectively when planning and providing health care services.	Agreed. This is covered by the Assembly Government Policy Statement 'Bilingual Future'
5.24	Local government and the NHS should ensure the needs of ethnic minority language speakers are addressed more effectively when planning and providing health care services including those whose use of English has deteriorated due to illness and age.	Agreed. The WAG is committed to undertaking research into the needs older people from minority ethnic communities (recommendation 3.19). Priority will be given to research into the needs of ethnic minority language speakers in the provision of NHS and local authority services. We will look to develop innovative and practical solutions based on the recommendations of this research
5.25	Further emphasis should be given to the development of joint working at the interface between health and social care and housing and other local government services including use of the Health Act Flexibilities.	Effective joint working is key to service planning and provision at the interface between health and social care and wider local government. We are continuing to emphasise partnership working, including the use of Health Act Increased Flexibilities. Co-ordinated policy development will be achieved through closer co-

	The Welsh Assembly Government should ensure its internal structures reflect the need for an integrated approach across NHS, Social Care and Housing.	ordination between Assembly Departments, and overseen by the Health & Wellbeing Partnership Board, to be Chaired by the Minister for Health & Personal Social Services.
5.26	We recognise that in a number of areas in Wales, development in the housing market and local services threatens the supportive social and cultural network for older people and we ask the Welsh Assembly Government to undertake further research to explore this issue and identify action that might be taken.	The Welsh Assembly Government accepts the recommendation that further research be undertaken to explore the way in which, in a number of areas in Wales, development in the housing market and local services threatens the supportive social and cultural network for older people, and to identify action that might be taken.
5.27	The development of joint working between health and social care, housing, other local government services and the independent sector should be given priority as new Partnership arrangements for health and well-being are developed	From April 2003, each local health board and local authority will be required to formulate and implement a Health, Social Care and Well-being Strategy. In formulating their strategy, local health boards, local authority and their local partners should take account of the recommendations contained within the Strategy for Older People. These strategies will include the wide range of relevant local authority services including housing, education and transport.
5.49 5.50	The Welsh Assembly Government should formally accept the Royal Commission's recommendations. The Welsh Assembly Government should challenge the UK Government to fund and implement free personal care in the context of UK taxation, benefits and	The Welsh Assembly voted in plenary, during the May debate on the Report of the Advisory Group on an Older Person's Strategy to 'confirm as Welsh Assembly Government policy, the Advisory Group's conclusions in relation to free provision of personal care by the National Assembly'. This policy has not changed. One of the Advisory Group's conclusions was to adopt formally the Royal Commission's recommendations in relation to free personal care. The Welsh Assembly Government wrote to the Secretary of State for Wales. The UK Government's response reiterated its original position (copied below).

	<p>inheritance policy as the Royal Commission had intended.</p> <p>The key principles and driving force in charging policy for long term care should be the Unified Assessment Framework and diagnostic equity rather than the definition of nursing and personal care currently used.</p>	<p>“The UK Government has rejected the Royal Commission’s recommendation on personal care and took a deliberate decision to spend the resources available on improving the quality and range of services provided for older people and people with disabilities. These services will help them regain as much independence as possible, support them in their own homes, and be tailored to their needs, not those of the organisations providing them.</p> <p>The UK Government believes that investing in free personal care would be at the expense of its objectives for a better range of services and chose investment in new intermediate care and related services, including community equipment services, to promote independence and improve quality of care for older people.”</p> <p>Changes to primary legislation would be necessary to introduce free personal care in Wales. In the absence of primary legislative powers, the Welsh Assembly Government will explore what opportunities there might be for increased flexibility for the Assembly, if, and when, any changes could be afforded.</p>
6.1.	<p>The Welsh Assembly Government should develop a National Service Framework for older people in Wales, tailored to the requirements of Wales and should issue robust guidance on its implementation to the NHS and local government.</p>	<p>This work is already in train. The Assembly’s draft National Service Framework (NSF) for Older People was out for consultation earlier this year. Our aim is to issue the NSF in summer 2003</p>

6.2	<p>The Welsh Assembly Government should work with all relevant statutory and voluntary sector bodies in Wales to ensure there is a comprehensive and appropriately funded Strategy for Mental Health Services for Older People. This should address the areas for action identified by the Audit Commission including securing early support, assessment and information, strengthened joint working to help people stay at home, better integrated services for those who cannot stay at home and consistent accountability and strategic leadership, commissioning and planning</p>	<p>This work is already in progress. The Welsh Assembly Government's National Service Framework (NSF) for Older People will be prepared for issue next summer and will cover comprehensive service design quality needs such as Mental Health Services for Older People. This will build on, and complement the Assembly Government's Strategy for Mental Health.</p>
6.3	<p>The development of joint working between health and social care, housing other local government services and the independent sector should be given priority as new Partnership arrangements for health and well-being are developed.</p>	<p>See 5.17 & 6.2.</p>
6.4	<p>User and sector participation, strategic planning, common</p>	<p>Effective joint working is key to service planning and provision at the interface between health and social care and wider local government. We are</p>

	<p>definitions, funding methodologies, policies and procedures, joint training, joint assessment and sharing resources should be taken forward proactively to secure effective joint working in all areas of Wales.</p>	<p>continuing to emphasise partnership working, including the use of Health Act Increased Flexibilities. Local Health, Social Care & Wellbeing Strategies will be firmly rooted in wide consultation and stakeholder interests to ensure effective joint working between sectors across Wales.</p>
6.5	<p>The Welsh Assembly Government and local government should work in close partnership with the care sector to address current problems of capacity, quality, choice and accessibility and bring greater stability, looking at both short and medium term solutions.</p>	<p>These issues are being addressed by the Wales Care Strategy Group. See also 5.10.</p>
6.6	<p>Up to date research to identify and record good practice in the provision of health and social care for older people across the European Community and elsewhere should be used to inform future policy development</p>	<p>Agreed. We will develop a co-ordinated and integrated approach to research on older people and their needs. Evidence from the EU will form part of that process.</p>
6.7	<p>The Welsh Assembly Government should examine the role which leaders or "champions" for older</p>	<p>See 2.6</p>

	people might have in local health boards and health and well-being partnerships (when formed) to ensure that all health housing and social care services are sensitive to their needs and are free from policies or practices that could be perceived as discriminatory on grounds of age.	
6.8.	Action should be taken to monitor performance of the NHS in the delivery of policies to address age discrimination and ensure there is equal access to services regardless of age.	See 6.1
6.9.	Local Government should ensure that robust local policies and effective monitoring are in place to help prevent abuse and to deal with it effectively where it occurs including liaison with the police on involvement in reporting of abuse by families	Agreed. In Safe Hands guidance requires that LAs and partner agencies including the police should develop local adult protection policies and procedures.
6.10	Action to tackle delayed transfers of care from hospital to the community is needed, to ensure that support provided to older people is	We acknowledge that delaying an older person's transfer of care from hospital to a more appropriate care setting can be detrimental to their health and well-being. The Welsh Assembly Government is committed to reducing the incidences of delayed transfers of care through promoting a wider range of

	<p>appropriate, timely and co-ordinated and focuses on their needs rather than on the operational demands of the NHS. Improved follow up action once people have returned to the community is also needed</p>	<p>services and support for older people such as intermediate care and rapid response services (see 6.12 & 6.13) and more effective partnership working between health, social care and housing agencies (see 5.25 for key role of partnership working). Action to tackle delayed transfers of care includes:</p> <ul style="list-style-type: none"> • A grant scheme making £17m available to local government over the 2 years 2001-2 to 2002-3 and a further £12m for 2003-4; • A new information management system established to allow local health and social services partners monitor and address the causes of delays in their area; • Steps to improve discharge planning and processes, including new discharge guidance, currently being developed and the annual Emergency Pressures Planning Guidance; and • Further steps to improve service delivery through a programme of visits by health and social care professionals to local health and social care communities to identify and address causes of delays in the area and share good practice.
6.11	<p>In the development of a Palliative Care Strategy, the Welsh Assembly Government should ensure that older people and their carers are fully involved and that improvements are achieved across all aspects of the services from hospice to community. Palliative care should be available for all conditions that require it, good quality care at the end of life should be the right of all.</p>	<p>We are developing and implementing a strategic framework for Palliative Care to provide for a consistently high quality service that is available uniformly across Wales.</p>

	Bereavement support services should particularly seek to combat social isolation and provide help for surviving partners at a particularly vulnerable time.	
6.12	A Strategy to develop more effective prevention and rehabilitation services should be developed by the Welsh Assembly Government with all of its care partners to offer an integrated and cost effective approach that ensures the maximum possible degree of independence is restored and maintained, and that inappropriate hospital stays are avoided.	<p>The development of policies and plans for rehabilitation services for older people will be based on the District Auditors 2002 bulletin.</p> <p>Prevention activities are outlined in 4.1.</p>
6.13	The concept of intermediate care requires development and clarification. It should be taken forward through a clear policy and implementation framework. This should be linked to the development of comprehensive care pathways utilising the unified assessment framework.	<p>We are developing comprehensive guidance which identifies the priority need for the development of intermediate care services in Wales.</p> <p>Intermediate Care Guidance will be issued this year and will provide a framework in which to plan services. The planning will require a joint approach to both the commissioning and the provision of a range of services designed to prevent avoidable hospital stays, maximise older people's rehabilitation and recovery after illness and minimise dependence on long term health and social care services. It involves inputs from a range of services in the NHS, social services, housing, independent and voluntary sectors thereby offering an integrated approach.</p>

		Intermediate care will form an integrated part of a seamless continuum of services linking health promotion, preventative services, primary care, community health services, social care, support for carers and acute hospital care.
6.14	The implementation of the Unified Assessment Framework for Wales should lead to much closer, timely multi-disciplinary collaboration in the assessment process, especially for the frail older people. Using skilled specialist staff, a training and development programme should be undertaken to underpin the implementation.	Accepted & fully recognised as supporting implementation programme. An incremental approach to implementation is being adopted and this will lead to a person centred approach to assessment of need with the service user and the carer being at the centre of the process.
6.15	An effective structure of support services and training for the informal carers of older people, including particularly older carers, should be developed, that ensures that all carers have access to a common assessment of their needs and to appropriate levels and types of respite care.	<p>The Carer Strategy aims for continuous improvement and sustainability in respite and other services (including training) to improve the health and well being of carers. Ensuring that carer rights, and access to assessment of need remain key priorities of the Strategy.</p> <p>In July 2001, the National Assembly implemented those provisions of the Carers and Disabled Children Act 2000 which provide carers (for the first time) with a right to an independent assessment of need. It also extended the possibilities for services beyond respite care to any services the local authority may consider appropriate to help and support carers with their caring role. Local authorities are fully supportive of the Carers Strategy and are developing a range of services that are more flexible and accessible to</p>

		carers and engaging carers and carers organisations in service planning.
6.16	Consideration should be given to the development of clinical networks to ensure the provision of co-ordinated services for older people, with particular reference to specialist medical services.	The Chief Medical Officer has undertaken some foundation work on clinical networks and the horizontal and vertical integration of services. This area will be included in the scoping project - see 4.8
6.17	Consideration should be given as to how older people's choice of where to die can be respected.	We are developing a Palliative Care strategy (see 6.11) which includes older person's choice.
7.1.	The Welsh Assembly Government should produce a comprehensive Imp Plan for the Strategy for Older People in Wales taking account of the outcomes of consultation on this Strategy Report. A clear and robust monitoring and evaluation framework should be drawn up	An Action Plan will be published as part of the Strategy. Monitoring and Evaluation Plans will be developed (during 2003).
7.2.	The Welsh Assembly Government should consider the financial implications of implementing this Strategy Report ensuring a priority	£10 m will be allocated to the Strategy over the first 3 financial years. In addition to this new and dedicated funding, many other Assembly budgets include policies and programmes that will benefit older people eg free bus travel, health promotion, 6 weeks free home care, carers strategy, housing

	<p>is given to identifying sufficient resources to enable priorities to be addresses. In the light of recommendations at Chapter 2, consideration should be given to the development of a dynamic and effective process for leading and monitoring the implementation of a Strategy for Older People in Wales.</p>	<p>support etc. The Cabinet Sub-Committee will keep overall programmes under review.</p>
7.3.	<p>The Welsh Assembly Government should develop a dedicated research and development programme on ageing as a basis for a better understanding of older people and their concerns and to inform policy development across its statutory responsibilities. A priority for responsive research on older people should be agreed. Data collection and forecasting of demography, population movements should all form part of the programme.</p>	<p>An integrated and co-ordinated approach to research on older people's issues will be developed. This will complement a full monitoring and evaluation process. This is an area where the Older Peoples Forum will have a significant role to play.</p>
7.4.	<p>Local Government and other relevant statutory bodies in Wales should develop and resource their own strategies and implementation</p>	<p>Local decisions on funding of the Strategy are for local authorities to take, but should be consistent with local community strategies and Local Health, Social Care and Wellbeing strategies developed jointly with Local Health Boards.</p>

	plans to take forward the relevant recommendations in this Strategy Report.	
7.5.	The Welsh Assembly Government should finance Local Government, Local Health Boards, Assembly Sponsored Bodies, national voluntary organisations and other statutory bodies to develop the organisational capacity to deliver the action on older peoples issues set out in this Report.	£10 million over the first 3 years of the Strategy will be available. Details of how the funding will be accessed and distributed will be announced separately.

Atodiad C

DRAFFT TERFYNOL 15 TACHWEDD 2002

Y STRATEGAETH AR GYFER POBL HŶN YNG NGHYMRU

Ionawr 2003

Y STRATEGAETH AR GYFER POBL HŶN YNG NGHYMRU

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Atodiad – Cynllun Gweithredu Strategol

Rhagair – Jane Hutt AC, Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cynulliad Cymru

Mae'n bleser gennyf gyflwyno'r Strategaeth gyntaf erioed ar gyfer Pobl Hŷn yng

Nghymru. Fe'i cyhoeddir ar adeg pan rydym oll yn fwy ymwybodol o'r angen i flaengynllunio ar gyfer "Cymdeithas sy'n Heneiddio" ac i wneud llawer mwy nawr i

wella bywyd llawer o bobl hŷn sy'n byw mewn amgylchiadau anodd.

Mae'r Strategaeth yn adeiladu ar ganfyddiadau adroddiad y Grŵp Ymgynghorol 'Pan wyf yn hen a pharchus' (Mai 2002), ac mae'n anelu at ddarparu fframwaith cynhwysfawr, heriol a deinamig ar gyfer sicrhau cynnydd. Bydd yn ein helpu oll i wynebu rhagfarn ar sail oedran ac achosion eraill o wahaniaethau yn erbyn pobl hŷn; i fynd i'r afael â stereoteipiau o henaint a gwella'r cysylltiad â phobl hŷn a chyfraniad pobl hŷn yn ein cymunedau. Mae gan Bobl Hŷn rôl hanfodol i'w chwarae yn y gymdeithas ac mae'n rhaid i ni sicrhau y caiff hyn ei gydnabod ac y caiff eu cyfraniad ei werthfawrogi a'i wella ymhellach. Mae angen i ni barchu pobl hŷn a sylweddoli, yng Nghymru, bod hyn yn golygu parchu eu hiaith.

Caiff llawer o faterion eu hamlygu yn y Strategaeth hon ynglŷn â sut y mae'r llywodraeth ar bob lefel yn effeithio ar bobl hŷn a'u bywydau. Ceir agenda sylweddol o waith i fynd i'r afael â'r angen am welliannau i bobl hŷn mewn gwasanaethau allweddol megis iechyd, tai, gwasanaethau cymdeithasol, trafndiaeth ac ati. Mae angen i ni ddymchwel y rhwystrau i gyflogi pobl hŷn o ran eu hunan-gyflawniad yn ogystal ag er budd i'r economi Gymreig. Mae angen i ni annog ffordd o fyw iach yn gynnar mewn bywyd er mwyn sicrhau bod y blynyddoedd ychwanegol yn rhai gweithgar hefyd. Dylai'r holl waith hwn wrth gwrs adeiladu ar gyflawniadau ac arfer da sydd eisoes ar waith heb "ailddyfeisio'r olwyn" lle y mae eisoes yn gweithio'n ddigon da.

Nodwedd bwysig o'r Strategaeth yw'r ffaith nad yw'n delio â'r holl faterion hyn ar eu pennau eu hunain ac mae ymagwedd "gydgysylltiedig" tuag at weithredu wrth wraidd y Strategaeth. Mae'n atgyfnerthu ein proses o ddatblygu *Lles yng Nghymru* fel ymagwedd sy'n torri ar draws holl feysydd polisi Llywodraeth y Cynulliad fel rhan o ymagwedd integredig tuag at bolisïau a rhaglenni. Partneriaeth eang "sy'n seiliedig ar weithredu" fydd yr unig ffordd i fynd ati'n llwyddiannus i wireddu'r dyheadau hyn. Fforwm Cenedlaethol y Bobl Hŷn y bwriadaf ei sefydlu fydd y symbyliad sy'n sail i'r Strategaeth. Yn arbennig, bydd angen i'r Fforwm roi blaenoriaeth gynnar i'r strwythurau y bydd eu hangen ar lefel genedlaethol a lleol er mwyn ategu'r Strategaeth ac hefyd i gynghori ar y broses o fonitro a gwerthuso'r Cynllun Gweithredu.

Mae'r Cynulliad Cenedlaethol wedi derbyn yr egwyddor o ofal personol am ddim ar sail argymhelliad y Comisiwn Brenhinol y dylai hwn fod yn fater ar gyfer polisi trethiant, budd-daliadau ac etifeddiaeth y DU. Ar hyn o bryd, mae Llywodraeth y DU yn cynnal ei safbwynt mai buddsoddi yn y broses o wella ystod ac ansawdd gwasanaethau i bobl hŷn ddylai fod y flaenoriaeth o ran gwario ar ofal tymor hir. Yn absenoldeb unrhyw newid ar lefel y DU, nid oes gan y Cynulliad Cenedlaethol y pwerau deddfwriaethol i weithredu polisi o ofal personol am ddim. Bydd Llywodraeth Cynulliad Cymru yn parhau i bwysio ar Lywodraeth y DU am y pwerau a'r adnoddau i allu ystyried y mater yng Nghymru, ond bydd yn parhau, fodd bynnag, i archwilio cyfleoedd i leihau'r baich o dalu am ofal personol.

Ar wahân i'r arian a fydd yn datblygu'r Strategaeth yn rhaglenni prif ffrwd Llywodraeth y Cynulliad, rydym yn darparu £10 miliwn dros 3 blynedd i sicrhau bod gan y Strategaeth sylfaen gadarn y gellir adeiladu arni. Ond dim ond man cychwyn yw hwn ac mae'n hanfodol, dros y 10 blynedd nesaf, bod y fframwaith hwn yn cael ei ddatblygu ymhellach gan yr holl grwpiau â diddordeb ar draws Cymru yn gweithio ar y cyd. Bydd camau gweithredu a mentrau a arweinir yn lleol yn ganolog i'r broses weithredu. Mae ein Cymdeithas sy'n Heneiddio yn fater sy'n berthnasol i bob un ohonom p'un a ydym eisoes yn "hŷn", yn nesáu at oedran ymddeol, yn cynllunio ar gyfer henaint neu â rhieni neu daid a nain sy'n bobl hŷn. Felly gadewch i ni sicrhau bod y Strategaeth hon yn llwyddiant i Gymru!

2. Crynodeb Gweithredol a Nodau Strategol

Mae'r Strategaeth hon yn gynnyrch ymgynghoriad eang, ymchwil a safbwyntiau arbenigol am fywydau pobl hŷn yng Nghymru ar hyn o bryd ac yn y dyfodol. Mae nodau, amcanion a rhaglenni a phrosiectau mwy manwl yn adlewyrchu canfyddiadau

adroddiad y Grŵp Ymgynghorol 'Pan wyf yn hen a pharchus' a gyhoeddwyd ym Mai

2002 a thros 100 o ymatebion a gafwyd i'r adroddiad. Mae'r Strategaeth yn cydnabod:

- dros yr 20 mlynedd nesaf bydd newidiadau demograffig yn newid cydbwysedd y boblogaeth yn sylweddol gan olygu y bydd yn rhaid i bolisïau a rhaglenni yng Nghymru yn y dyfodol adlewyrchu anghenion cymdeithas sy'n heneiddio;
- bod angen gwella ansawdd, nifer ac ymatebolrwydd gwasanaethau i bobl hŷn

Mae **Pennod 3** yn nodi'r cyd-destun a'r cefndir ar gyfer y Strategaeth, yn egluro ei sylfaen yn Egwyddorion y Cenedloedd Unedig ar gyfer Pobl Hŷn, yn crynhoi casgliadau adroddiad y Grŵp Ymgynghorol ac yn amlinellu'r prif ddaliadau sy'n sail i'r Strategaeth.

Mae **Pennod 4** yn delio â rôl pobl hŷn mewn cymunedau a bywyd cyhoeddus yng Nghymru. Awgryma'r dystiolaeth fod problemau parhaol yn wynebu llawer o bobl hŷn h.y. gwahaniaethu ar sail oedran, rhagfarn ar sail oedran a stereoteipio, cysylltiad a chyfraniad gwael gan bobl hŷn, eithrio cymdeithasol, ynysu, tlodi a bylchau rhwng y cenedlaethau. Disgrifir cyfres o amcanion a pholisïau i fynd i'r afael â'r problemau hyn, gyda llywodraeth leol yn cael ei nodi fel asiantwyr newid allweddol. Ymhlith y camau penodol mae sefydlu is-bwyllgor Cabinet y Cynulliad ar gyfer pobl hŷn, sefydlu Fforwm Pobl Hŷn Cenedlaethol, proses cynllunio strategol fwy effeithiol i fynd i'r afael ag anghenion pobl hŷn ac ymagwedd arloesol newydd i hyrwyddo arferion rhyng-genedliadol. Amlygir rôl ganolog trafnidiaeth ym mywydau llawer o bobl hŷn hefyd.

Mae **Pennod 5** yn canolbwyntio ar gyfraniad gweithwyr hŷn tuag at adeiladu ein heconomi yng Nghymru. Bydd eu sgiliau, eu gwybodaeth a'u profiad yn parhau i fod yn ased. Mae manteision cyflogaeth barhaol ar gyfer pobl hŷn, os dymunant, yn cynnwys incwm gwell, ffordd o fyw mwy gweithgar, a lleihau'r risgiau o eithrio cymdeithasol a dibyniaeth yn ddiweddarach mewn bywyd. Disgrifir angen i sicrhau'r incwm a'r pensiynau mwyaf ar gyfer ymddeoliad drwy ymagweddau fwy hyblyg tuag at gyflogi pobl hŷn. Mae polisïau penodol yn cynnwys mynd i'r afael ag achosion o wahaniaethu ar sail oedran mewn cyflogaeth, '*Prime Cymru*' i gynorthwyo pobl dros 50 oed i fod yn hunan-gyflogedig, annog pobl dros 50 oed i ddysgu, datblygu sgiliau TG a chyfleusterau yn y gymuned.

Dywed **Pennod 6**, gan fod niferoedd cynyddol o bobl bellach yn byw bywyd hwy mae'n bwysig sicrhau iechyd da yn ystod y blynyddoedd ychwanegol, ac ansawdd bywyd gwell. Gall newidiadau mewn ymddygiadau byw yn ddiweddarach mewn bywyd ddwyn buddiannau. Byddwn yn sicrhau yr eir i'r afael ag anghenion penodol pobl hŷn drwy Gynllun Gweithredu Hybu Iechyd i Bobl Hŷn. Mae'r gwasanaeth iechyd yn chwarae rôl weithredol a phwysig i gynnal iechyd ac atal salwch ac amlinellir nifer o strategaethau newydd i wella gwasanaethau gofal sylfaenol ac eilaidd e.e. fferylliaeth, deintyddol, optometreg, maetheg. Bydd Cynllunio Strategol newydd a iechyd a lles ar lefelau lleol yn hanfodol i sicrhau gwasanaethau gwell ac integredig ar gyfer pobl hŷn. Bydd Fframwaith Gwasanaeth Cenedlaethol ar gyfer pobl hŷn yn mynd i'r afael ag amrywiaethau mewn safonau gofal gan anelu at gyflawni mwy o gysondeb o ran argaeledd ac ansawdd gwasanaethau.

Eglura **Pennod 7** bod tai; iechyd a gwasanaethau cymdeithasol, yn anochel, yn dod yn bwysicach i bobl wrth iddynt dyfu'n hŷn. Mae cynnal annibyniaeth neu newid i

ddibyniaeth yn gofyn am sicrhau y caiff y gwasanaethau hyn eu cyflwyno'n effeithiol yn ôl safon uchel ac mewn dull cydgysylltiedig. Bydd Llywodraeth y Cynulliad yn arwain dadl genedlaethol ynglŷn â'r blaenoriaethau a'r strategaethau ar gyfer diwallu anghenion pobl hŷn mewn perthynas â thai. Byddwn hefyd yn gweithio i hyrwyddo sector gofal cartref hyderus, hyblyg ac ymarferol gan helpu i sicrhau bod gwasanaethau cymunedol effeithiol ar waith i gynnal pobl ddi-amddiffyn hŷn.

Mae **Pennod 8** yn amlinellu fframwaith ar gyfer gweithredu'r Strategaeth dros y degawd nesaf sy'n arwain at y Cynllun Gweithredu mwy manwl a atodir. Cyflawnir y sylfaen ar gyfer ymagwedd gydlynol a chydgyssylltiedig ar draws yr holl feysydd polisi datganoledig a rhai meysydd polisi nad ydynt yn ddatganoledig drwy "brif ffrydio" materion sy'n ymwneud â phobl hŷn. Ar wahân i'r adnoddau a ddarperir ar gyfer gwasanaethau i bobl hŷn drwy raglenni prif ffrwd, bydd Llywodraeth Cynulliad Cymru yn sicrhau bod £10 miliwn ar gael dros y 3 blynedd ariannol nesaf i gynnal y broses o weithredu'r Strategaeth hon. Disgrifir cynllun ymchwil, monitro a gwerthuso fel sylfaen ar gyfer datblygiad pellach.

5 Nod allweddol y Strategaeth ar gyfer Pobl Hŷn yng Nghymru yw:

- Adlewyrchu egwyddorion y Cenhedloedd Unedig ar gyfer Pobl Hŷn, mynd i'r afael ag achosion o wahaniaethu yn erbyn pobl hŷn lle bynnag y bydd yn digwydd, hyrwyddo delweddau positif o heneiddio a rhoi llais cryfach i bobl hŷn yn y gymdeithas.
- Hyrwyddo a datblygu gallu pobl hŷn i barhau i weithio a dysgu am gyhyd ag y dymunant, a gwneud cyfraniad gweithredol ar ôl iddynt ymddeol.
- Hyrwyddo a gwella iechyd a lles pobl hŷn drwy fframweithiau cynllunio a darparu gwasanaethau integredig a gwasanaethau diagnostig a chymorth mwy ymatebol.
- Hyrwyddo'r ddarpariaeth o wasanaethau a chymorth o safon uchel sy'n galluogi pobl hŷn i fyw mor annibynnol â phosibl mewn amgylchedd addas a diogel a sicrhau y caiff gwasanaethau eu trefnu o amgylch eu hanghenion ac mewn dull sy'n ymateb i'w hanghenion.
- Gweithredu'r Strategaeth ar gyfer Pobl Hŷn yng Nghymru drwy ddefnyddio cyllid cymorth i sicrhau ei fod yn gatalydd ar gyfer newid ac arloesedd ar draws pob sector, yn gwella gwasanaethau i bobl hŷn ac yn darparu'r sylfaen ar gyfer dull effeithiol o gynllunio ar gyfer poblogaeth sy'n heneiddio.

3. Cyflwyniad a Chefndir

1. Mae cyhoeddi'r Strategaeth hon ar gyfer Pobl Hŷn yn drobwyt i Gymru. Am y tro cyntaf, rydym wedi dadansoddi dyheadau ac anghenion pobl hŷn yng Nghymru yn systematig drwy gynhyrchu'r strategaeth hon a'r cynllun gweithredu i fynd i'r afael â materion o flaenoriaeth dros y degawd nesaf a thu hwnt i hynny.
2. Dros y ganrif ddiwethaf mae cyfran y boblogaeth sy'n 60 oed a throsodd wedi mwy na threblu. Dros yr 20 mlynedd nesaf rhagwelir y bydd y boblogaeth gyffredinol yn tyfu'n araf iawn, tua 3 y cant yn unig (llai na 100,000 o bobl), ond bydd nifer y bobl sydd o oedran ymddeol cyffredol yng Nghymru yn codi tua 11 y cant i 650,000. Rhagwelir y bydd nifer yr hen bobl (85+) yng Nghymru yn codi dros draean i 82,000. Bydd y newidiadau demograffig yn newid cydbwysedd cyffredinol y boblogaeth yn ddramatig gan gynnig cyfleoedd a heriau. Dylai polisiâu a rhaglenni yn y dyfodol adlewyrchu anghenion

cymdeithas sy'n heneiddio. Yn fwy cyffredinol, mae angen hefyd gwella ansawdd ac ymatebolrwydd gwasanaethau i bobl hŷn. Yn sgîl y ffactorau hyn sefydlodd Llywodraeth Cynulliad Cymru Grŵp Ymgynghorol yn ystod Gwanwyn 2001 i gynnal y broses o ddatblygu Strategaeth ar gyfer Pobl Hŷn yng Nghymru.

3. Cyhoeddwyd adroddiad y Grŵp Ymgynghorol 'Pan wyf yn hen a pharchus' ym mis Mai 2002. Roedd casgliadau o adolygiadau llenyddiaeth o ymchwil i fywydau pobl hŷn, cyfraniadau gan "bencampwyr" pwnc a rhaglen ymgynghori eang yn cynnwys grwpiau ffocws, cynhadledd, sesiynau a holiadur gan Bwyllgor Rhanbarthol y Cynulliad yn sail i'r broses o ddatblygu adroddiad y Grŵp. Yn gyffredinol, arweiniodd y rhaglen ymgynghori hon at dderbyn cyfraniadau uniongyrchol gan dros 1,000 o bobl yng Nghymru.
4. Roedd argymhellion y Grŵp Ymgynghorol yn eang eu cwmpas, ac yn cwmpasu materion datganoledig a materion nad oeddent yn ddatganoledig. Mae'r prif gasgliadau yn cynnwys:
 - Sicrhau y rhoddir proffil uwch i faterion yn ymwneud â phobl hŷn ledled Cymru ac ymhob agwedd ar fywyd a sicrhau y caiff buddiannau pobl hŷn eu cynrychioli o fewn Llywodraeth Genedlaethol a Lleol
 - Sicrhau y gall pobl hŷn gyfrannu'n llawn fel dinasyddion ym mhob agwedd ar y gymdeithas
 - Sicrhau bod y broses o ymgynghori yn y dyfodol ar bolisïau newydd yn cynnwys cyfraniad gan bobl hŷn a chysylltu â phobl hŷn ar bob cam
 - Herio a mynd i'r afael â rhagfarn ar sail oedran a mathau eraill o wahaniaethau yn erbyn pobl hŷn a hyrwyddo delweddau mwy positif o bobl hŷn
 - Atgyfnerthu a hyrwyddo cyfraniad mewn gweithgareddau cymunedol a gwirfoddoli gan bobl hŷn ac ar gyfer pobl hŷn
 - Dymchwel rhwystrau i gyflogaeth, cynnal y broses o recriwtio a chadw pobl hŷn, ac annog eu cyfraniad at addysg a hyfforddiant.
 - Datblygu cynlluniau i sicrhau gwelliannau o ran symudedd a gwasanaethau trafndiaeth integredig i bobl hŷn
 - Mynd i'r afael â thlodi a thai ansafonol ymhlith pobl hŷn a hyrwyddo mwy o bobl i wneud cais am fudd-daliadau
 - Adolygu'r strategaethau cyfredol ar gyfer mynd i'r afael â throsteddau, eu heffaith ar anghenion pobl hŷn, gan gyfeirio'n arbennig at gynlluniau i fynd i'r afael â thwyllwyr hyder, twyllwyr masnach ac eraill sy'n poenydio neu sy'n bygwth pobl hŷn
 - Hyrwyddo'r broses o ddatblygu a gwella'r ymwybyddiaeth o fanteision cysylltiadau ar draws pob cenhedlaeth
 - Hyrwyddo dull hybu iechyd a chymau gweithredu ataliol ar gyfer pobl hŷn yn cynnwys camau y gellid eu cymryd cyn ymddeol i wella iechyd a lleihau dibyniaeth yn ystod henaint

- Hyrwyddo polisiau iechyd a gofal cymdeithasol sy'n galluogi pobl hŷn i fyw yn eu cartrefi â chymorth priodol am gyhyd â phosibl.
5. Mae ymateb ffurfiol Llywodraeth Cynulliad Cymru i argymhellion y Grŵp Ymgynghorol a chrynodeb o'r ymatebion o'r ymgynghoriad ar gael ar gais (029 20825191) ac ar ein Gwefan:
<http://www.wales.gov.uk/subisocialpolicy/content/ssg/contents-e.htm>
6. Mae'r Strategaeth hon yn adeiladu ar brif gasgliadau adroddiad y Grŵp Ymgynghorol a sylwadau a dderbyniwyd gan y sefydliadau a'r unigolion niferus a ymatebodd iddo yn ystod y cyfnod ymgynghori. Mae'r Strategaeth hefyd yn cwmpasu Egwyddorion y Cenhedloedd Unedig ar gyfer Pobl Hŷn –
- annibyniaeth,
 - cyfraniad,
 - gofal,
 - hunan gyflawniad,
 - Urddas.
7. Bydd y Strategaeth yn gyfrwng pwysig ar gyfer newid. Mae'n ystyried, fel ei man cychwyn, yr egwyddor nad oes "ateb cyflym" ar gael i'r heriau a'r cyfleoedd a gyflwynir gan boblogaeth sy'n heneiddio. Mae'n rhaid sicrhau ymdrech gynaliadwy a difrifol dros gyfnod o 10 mlynedd o leiaf er mwyn i ni fynd i'r afael â'r materion eang eu cwmpas ac yn aml, materion rhyng-ddibynnol, lle y mae angen newid er mwyn sicrhau bod pobl hŷn yn eiwa yn awr ac yn y dyfodol. Bydd hyn yn gofyn am gydweithio sylweddol ar bob lefel o'r Llywodraeth, rhwng pob sector a phob partner.
8. Mae'n amlwg i ni o waith y Grŵp Ymgynghorol nad yw diffinio angen drwy gyfeirio at oedran bob amser yn ymateb strategol effeithiol. Mae'r Strategaeth felly yn mabwysiadu ymagwedd gyfannol lle bynnag y bo'n ymarferol er mwyn cyfuno camau gweithredu ar draws mwy nag un ffin yn effeithiol. Fodd bynnag, lle ceir materion sy'n ymwneud ag oedran neu heneiddio, mae'n rhaid i ni sicrhau bod gwasanaethau yn ymateb mewn ffordd sydd wedi'i theilwra ar gyfer gofynion defnyddwyr. Yn ogystal, bydd hyrwyddo ymarfer rhyng-genedliadol yn helpu i adeiladu cymunedau cydlynol ac yn lleihau achosion o eithrio cymdeithasol. Bydd y Strategaeth hefyd yn darparu fframwaith lefel uchel y gall polisiau eraill ymwneud ag ef e.e. Strategaethau Cymunedol Lleol, a'r Fframwaith Gwasanaeth Cenedlaethol i Bobl Hŷn. Yn y ffordd hon bydd y Strategaeth yn dylanwadu ar bolisiau a phrosiectau sy'n canolbwyntio mwy ar weithredu. O ran materion nad ydynt wedi'u datganoli sy'n effeithio ar bobl hŷn yng Nghymru (megis troseddau, pensiynau, budd-daliadau, diogelu defnyddwyr, cyfraith cyflogaeth) byddwn yn parhau i weithio'n agos â Llywodraeth y DU er mwyn sicrhau bod cydlynad gyda pholisiau cysylltiedig Llywodraeth y Cynulliad. Bydd ein strategaeth yn ategu Rhaglen "Gwell Llywodraeth i Bobl Hŷn" gan Lywodraeth y DU.

9. Ymhlith oedolion, tuedda'r ganran uchaf o siaradwyr Cymraeg fod yn bobl hŷn o hyd ac ar gyfer yr henoed sy'n siarad Cymraeg fel eu hiaith gyntaf, gall anawsterau ychwanegol godi wrth gyfathrebu'n effeithiol mewn Saesneg. Mae gan hyn oblygiadau ar gyfer yr angen i ddarparu gwasanaethau drwy gyfrwng y Gymraeg yn ogystal â'r Saesneg. Gallai materion ynglŷn ag iaith, y gymuned a diwylliant hefyd fod yn allweddol wrth ddiffinio anghenion pobl hŷn ymhlith cymunedau Croenddu a Lleiafrifol Ethnig yng Nghymru. Mae angen mwy o ymchwil arnom i nodi a datblygu gwasanaethau sy'n gallu ymateb yn briodol i'r rhain yn ogystal â grwpiau eraill sydd angen cymorth arbennig neu gymorth wedi'i deilwra'n arbennig.
10. Ceir llawer o feysydd wrth gwrs lle gallai adnoddau ychwanegol helpu i wella gwasanaethau i bobl hŷn. Wrth ddatblygu'r Strategaeth hon, bydd Llywodraeth Cynulliad Cymru yn mynegi barn ar yr hyn y gellir ei fforddio a'i gyflawni. Mae proses weithredu dros gyfnod o ddegawd yn rhoi'r cyfle i sefydlu amserlenni a blaenoriaethau realistig o fewn cyddestun y gyllideb sydd ar gael i ni. Yn ogystal â buddsoddiad perthnasol mewn rhaglenni penodol sydd ofudd i bobl hŷn, caiff y Cynllun Gweithredu ei gynnal gan £10 miliwn yn ystod tair blynedd ariannol gyntaf ei oes. Bydd hyn yn darparu sylfaen gadarn er mwyn cymryd camau ar lefel genedlaethol a lleol. Bydd trefniadau monitro cadarn yn sicrhau ein bod ni a'n holl bartneriaid – yn cynnwys llywodraeth leol, awdurdodau iechyd a chyrrff statudol – yn cyflawni'r amcanion a'r camau cyhoeddedig. Bydd y sectorau gwirfoddol ac annibynnol a sefydliadau pobl hŷn yn bartneriaid allweddol yn y broses honno.
11. Wrth ddatblygu'r Strategaeth, bydd yn bwysig ei bod yn cael ei diweddarau a'i hadolygu'n gyfnodol gan ddefnyddio canlyniadau gwaith monitro a gwerthuso. Byddwn yn disgwyl defnyddio cymorth gweithredol a chyfraniad Awdurdodau Lleol (ALI), Cyrff Cyhoeddus a Noddir gan y Cynulliad, a chwmnïau eraill yn y Sectorau Gwirfoddol a Phreifat i ddarparu'r Strategaeth. Mae gan ALI yn arbennig rôl allweddol i sicrhau y caiff anghenion pobl hŷn eu gosod wrth wraidd gwasanaethau a phrosesau cynllunio strategol lleol. Byddwn yn gweithio gyda hwy i lunio Rhaglen fonitro a gwerthuso. Byddwn yn cyflwyno adroddiad ar gynnydd ar ôl 3 blynedd ac ar gyfnodau rheolaidd wedi hynny.
12. Os bydd gennych unrhyw sylwadau ynglŷn â'r Strategaeth hon neu os dymunwch gyfrannu at ei gweithrediad ysgrifennwch at: Steve Milsom, Is-Adran Polisi Gofal Cymdeithasol, Llywodraeth Cynulliad Cymru, Parc Cathays, Caerdydd, CF10 3NQ Ffôn 029 20 823206 neu anfonwch e-bost at Steve.Milsom@Wales.gsi.gov.uk

4. Gwerthfawrogi Pobl Hŷn

Nod Strategol

Adlewyrchu egwyddorion y Cenedloedd Unedig ar gyfer Pobl Hŷn, mynd i'r afael ag achosion o wahaniaethu yn erbyn pobl hŷn lle bynnag y bydd yn digwydd, hyrwyddo delweddau positif o henaint a rhoi llais cryfach i bobl hŷn mewn cymdeithas.

Amcanion Strategol

- Gwella'r cysylltiad â phobl hŷn a chyfraniad pobl hŷn yn y gymdeithas ac ar bob lefel o'r llywodraeth.
- Sefydlu Partneriaeth Genedlaethol a Fforwm Polisi i Bobl Hŷn a fydd yn cynnwys pobl hŷn ac a fydd yn darparu cyngor arbenigol a hyddysg i Lywodraeth Cynulliad Cymru a chyrrff statudol eraill.
- Datblygu ymagweddau yng Nghymru a fydd yn hyrwyddo'r ddelwedd o bobl hŷn a sicrhau gwell dealltwriaeth a pharch rhwng y cenedlaethau.
- Cynyddu lefel ac effaith cyfraniad pobl hŷn yn eu cymunedau drwy raglenni gwirfoddoli a chymhellion i gyfrannu'n weithredol at y broses o gynllunio a datblygu gwasanaethau a seilwaith lleol.
- Datblygu a hyrwyddo polisiau a rhaglenni i fynd i'r afael â thlodi ac eithrio cymdeithasol ymhlith pobl hŷn.
- Datblygu gwasanaethau cydgysylltiedig sydd wedi'u teilwra a'u hintegreiddio i ddiwallu anghenion pobl hŷn, gan ystyried anghenion iaith, drwy drefniadau partneriaeth cadarn.
- Datblygu trafndiaeth gymunedol well fel rhan o system drafnidiaeth integredig ar gyfer Cymru yn cynnwys cynllunio, gwybodaeth gyhoeddus ac argaeledd.

Polisiau a Rhaglenni

13. Mae gan Bobl Hŷn gyfoeth o brofiadau a gwybodaeth sy'n gallu cyfoethogi bywyd y cymunedau y maent yn byw ynddynt. Ond ceir delweddau negyddol o bobl hŷn hefyd, ac mae rhai pobl o'r farn nad yw eu cyfraniad yn cael ei werthfawrogi gymaint ag y dylai, neu gymaint ag yr arferwyd gwneud. Dehonglir y canfyddiadau hyn mewn ffyrdd amrywiol: - gwahaniaethau ar sail oedran, cysylltiad gwael â phobl hŷn a chyfraniad prin gan bobl hŷn, eithrio cymdeithasol, ynysu, tlodi a bylchau rhwng cenedlaethau. Bydd Strategaeth Llywodraeth y Cynulliad yn herio ac yn newid ymagweddau tuag at bobl hŷn. Lle bynnag y bydd pobl hŷn yn byw yng Nghymru a beth bynnag fo'u

hamgylchiadau, dylid eu trin yn deg a dylent allu cyfrannu yn y gymdeithas fel dinasyddion cyfartal. **Rhaglen o ddinasyddiaeth** yw un o brif themâu'r Strategaeth hon.

14. Dylid mynd i'r afael â phob achos o wahaniaethu ar sail oedran. Byddwn yn gweithio gyda Llywodraeth y DU, llywodraeth leol a chyrff statudol a gwirfoddol eraill i fynd i'r afael â hyn. Mae cysylltiad a chyfranogiad pobl hŷn yn y gymdeithas yn hanfodol er mwyn cydnabod eu cyfraniad a'i ddatblygu. Ar y lefel genedlaethol mae angen dulliau newydd arnom i sicrhau cynrychiolaeth ac ymgynghoriad effeithiol gyda phobl hŷn yng Nghymru. Dim ond os byddwn yn llwyddo i sicrhau bod Pobl Hŷn yn rhan ganolog o'r broses o lunio polisiau a darparu gwasanaethau y gellir datblygu'r Strategaeth a'i darparu'n llwyddiannus. Mae Llywodraeth y Cynulliad yn ymrwymedig i gynnwys safbwyntiau pobl hŷn yn y broses o ddatblygu polisiau ar bob lefel. Bydd gwaith y Fforwm Partneriaeth yn cynorthwyo'r broses hon, ond bydd ymrwymiad pellach yn hanfodol er mwyn hybu'r strategaeth hon.

15. Bydd Llywodraeth y Cynulliad yn sefydlu **Is-Bwyllgor y Cabinet ar gyfer anghenion Pobl Hŷn** – ac yn sicrhau bod y broses o weithredu'r strategaeth hon yn effeithiol yn parhau i dderbyn proffil rheolaidd o lefel uchel. Sefydlir **Fforwm Partneriaeth Cenedlaethol ar gyfer Pobl Hŷn**. Un o'i dasgau cyntaf fydd darparu cyngor ar y ffordd orau o sicrhau **cysylltiad gwell** â phobl hŷn a **chyfraniad** gan bobl hŷn. Bydd y Fforwm Cenedlaethol am drafod a chytuno ar ei rôl, cylch gwaith, amcanion a rhaglen waith, fodd bynnag, bydd y nodau cychwynnol y byddwn yn eu pennu ar gyfer y Fforwm yn cynnwys:

- darparu cyngor arbenigol a hyddysg i Lywodraeth Cynulliad Cymru ar ddatblygu ei pholisiau ar gyfer pobl hŷn;
- darparu ffocws a symbyliad ar gyfer y ddadl dros ddatblygu polisiau effeithiol ar bob lefel o'r llywodraeth ac ysgogi cefnogaeth i'r broses hon er mwyn iddi fod o fudd i bobl hŷn a;
- darparu cyfrwng cyfathrebu effeithiol o'r bobl hŷn a'u cynrychiolwyr i'r llywodraeth leol a Llywodraeth Cynulliad Cymru a thrwy'r Cynulliad i Lywodraeth y DU.

16. Ar lefel leol, rydym am sicrhau bod gan bobl hŷn **lais effeithiol** ar ystod eang o faterion yn ymwneud â chyfranogiad a chynllunio. Mae'n rhaid i'w lleisiau gael eu clywed yn y strategaethau cymunedau lleol newydd, yn ogystal â mewn Byrddau Iechyd Lleol (BILI), Cynghorau Iechyd Cymunedol (CIC), a threfniadau ymgynghorol lleol eraill. Yn ogystal disgwyliwn i Adran Weithredol pob ALI benodi "**Pencampwr Pobl Hŷn**".

16. Mae gan bobl hŷn rôl allweddol i'w chwarae yn eu teuluoedd ac yn eu cymunedau. Rydym yn ymrwymedig i **hyrwyddo delwedd well** o henaint i bobl hŷn yn gyffredinol – ac yn enwedig y rhai hynny ag anableddau – yng ngwaith y llywodraeth ar bobl lefel, bydd Llywodraeth Cynulliad Cymru yn amlinellu safon arfer da yn ein gwaith cyhoeddi ac yn y cyfryngau, ac yn annog eraill i wneud hynny. Byddwn hefyd yn cynnal **ymagweddau newydd tuag at gysylltiadau rhyng-**

genedliadol er enghraifft mewn meysydd fel datblygiad cymunedol a chymorth ar gyfer camau gwirfoddol.

17. Gall **cyfraniad gweithredol pobl hŷn yn y gymuned** ddwyn llawer o fuddiannau. Mae'n gwella ansawdd bywyd, yn helpu i fynd i'r afael ag achosion o eithrio, ynysu ac unigrwydd ac yn sicrhau y gall pobl hŷn ddylanwadu ar y broses o ddatblygu'r pentrefi a'r trefi y maent yn byw ynddynt. Anogir Llywodraeth Leol a'r sector gwirfoddol i adeiladu ar arfer cyfredol a, thrwy weithio gydag eraill, sefydlu **canolfannau datblygu lleol** ar gyfer gweithgareddau gwirfoddol a darparu cymhellion i fwy o bobl gyfranogi yn eu cymunedau a rhannu gwybodaeth a phrofiad gyda chenedlaethau eraill. Mae Llywodraeth Cynulliad Cymru eisoes yn ariannu cynllun i hyrwyddo **gwirfoddoli** ymhlith pobl hŷn fel rhan o'r Fenter Cymunedau Gweithredol. Cydnabuwn y rôl y mae iaith yn ei chwarae wrth annog cyfraniad, a bod pobl yn fwy tebygol o gyfranogi os gallant wneud hynny yn eu dewis iaith.

19. Mae llawer o bobl hŷn yng Nghymru yn byw mewn amgylchiadau economaidd anodd. Gall y problemau hyn fod yn waeth ar gyfer y rhai sy'n byw mewn ardaloedd gwledig. Ceir nifer o bolisiau, mentrau a chynlluniau ar lefel y DU, Cymru ac ar lefel leol i fynd i'r afael â thlodi ymhlith pobl hŷn ac i sicrhau eu bod yn cael yr incwm a'r cymorth mwyaf posibl. Drwy gyfrwng ein **rhaglenni cynhwysiant cymdeithasol**, byddwn yn gweithio'n agos gyda Llywodraeth y DU a llywodraeth leol i adeiladu ar y mesurau hyn. Un ffordd o fynd i'r afael â'r materion hyn fydd gwella mynediad i wasanaethau i bobl hŷn a gwella'r wybodaeth amdanynt drwy ddatblygu **canolfannau gwasanaeth "un cam" integredig** sydd hefyd yn helpu i sicrhau'r incwm a'r pensiwn mwyaf a chynyddu nifer y bobl sy'n gwneud cais am fudd-daliadau. Rydym wedi sicrhau tocynnau teithio am ddim ar fysiau lleol i bensiynwyr a phobl anabl (a thywysydd, lle y bo'n briodol). Bwriadwn ymestyn **tocynnau teithio am ddim ar fysiau i bensiynwyr dros 60 oed sy'n ddynion**.

20. Rydym eisoes yn mynd i'r afael ag achosion o eithrio ac amddifadedd yn ein hardaloedd mwyaf difreintiedig drwy ein rhaglen allweddol **Cymunedau yn Gyntaf**. Caiff y rhaglen hon effaith gref ar y Strategaeth ar gyfer Pobl Hŷn drwy annog pobl hŷn i gyfrannu at y broses o ddatblygu a gweithredu prosiectau adfywio yn eu hardaloedd. O dan y rhaglen, cynhelir nifer o fentrau a fydd o fudd uniongyrchol i bobl hŷn.

21. Gwyddom fod Pobl Hŷn yn pryderu'n arbennig am **ddiogelwch personol a diogelwch cymunedol** a'u bod yn ofidus iawn ynghylch troseddau. Mae'r Cynulliad yn ystyried y mater hwn o ddifrif. Mae'r Uned Diogelwch Cymunedol yn y Cynulliad yn datblygu rhaglenni a pholisiau ar leihau trosedd ac anrhefn. Rydym yn cymryd camau i ehangu ac integreiddio gwasanaethau i bobl hŷn drwy is-swyddfeydd post (yn enwedig mewn ardaloedd gwledig ac ardaloedd lle ceir lefel uchel o amddifadedd cymdeithasol) a gwella rôl bosibl Swyddfeydd Post fel adnodd cymunedol. Ar y cyd â'n rhaglenni a gyhoeddwyd eisoes i wella **Trafnidiaeth Gymunedol**, mae hyn yn arbennig o bwysig i bobl hŷn sy'n byw mewn ardaloedd gwledig ac ardaloedd eraill nad ydynt yn rhai trefol.

Pennod 5: Cymdeithas sy'n Newid

Nod Strategol

Hybu a datblygu gallu pobl hŷn i barhau i weithio a dysgu am gyhyd ag y dymunant, a gwneud cyfraniad gweithredol unwaith y byddant yn ymddeol.

Amcanion Strategol

- ❖ Gweithio gyda Llywodraeth y DU i gynnal y broses o recriwtio a chadw pobl hŷn mewn cyflogaeth.
- ❖ Gweithio gyda Llywodraeth y DU wrth weithredu deddfwriaeth i fynd i'r afael ag achosion o wahaniaethu mewn cyflogaeth ar sail oedran
- ❖ Helpu mwy o bobl hŷn i sefydlu eu busnesau eu hunain ac annog y broses o drosglwyddo gwybodaeth a phrofiad o bobl busnes hŷn/sydd wedi ymddeol i entrepreneuriaid newydd.
- ❖ Hybu buddiannau dysgu a darparu gwybodaeth a chyingor y gellir cael mynediad iddynt yn hawdd ar y cyfleoedd dysgu sydd ar gael i ddarparu ddysgwyr o bob oedran.
- ❖ Creu rhwydwaith o ganolfannau dysgu cymunedol ledled Cymru yn unol ag anghenion lleol
- ❖ Hybu a datblygu argaeledd cyfleusterau TG mewn cymunedau a sgiliau TG i bobl hŷn.

Polisiau a Rhaglenni

22. Mae'r newidiadau demograffig yn golygu y bydd cyfran uwch o'r boblogaeth yng Nghymru o oedran ôl-ymddeol ac mae'r newid hwn ym maint perthynol a phroffil oedran y boblogaeth sy'n gweithio yn creu materion economaidd sylfaenol i Gymru. Bydd cyfraniad posibl gweithwyr hŷn yn parhau i fod yn adnodd sylweddol. Bydd eu sgiliau, eu gwybodaeth a'u profiad yn parhau i fod yn ased y bydd angen ei ddefnyddio er mwyn cynnal twf economaidd, cyflenwad o weithwyr a chyllid cyhoeddus cadarn. Mae **cyflogaeth barhaus**, wrth gwrs, yn cyflwyno manteision i bobl hŷn, os dymunant fanteisio arnynt, yn cynnwys incwm, ffordd o fyw, a lleihau'r risgiau o eithrio cymdeithasol a dibyniaeth yn ddiweddarach mewn bywyd.
23. Bydd y Strategaeth hon yn cyfrannu at fesurau sy'n anelu at **gynyddu gweithgaredd cyflogaeth** ymhliith y bobl hynny sydd dros 50 oed er budd busnesau ac unigolion. Er mwyn cyflawni hyn, **bydd angen dymchwel y rhwystrau i gyflogaeth**. Mae'r Fargen Newydd ar gyfer Pobl 50 oed a throsodd yn targedu'r bobl hŷn sy'n ddi-waith drwy gynnig mynediad i hyfforddiant, profiad gwaith ac arian. Dylid gwneud mwy o ddefnydd o fesurau i gadw ac ysgogi gweithwyr hŷn a'u galluogi i symud i gyfleoedd gwaith newydd. Mae angen i arferion cyflogaeth ar gyfer gweithwyr hŷn ddod yn fwy hyblyg o ran patrymau gwaith, recriwtio, ailsefydlu, dysgu a hyfforddiant, ymddeoliad graddol, gofalu am ddibynnyddion ac ati. Bydd y cynnydd sylweddol yn nifer y bobl dros 85 oed hefyd yn cynyddu'r galw am weithwyr iechyd a gofal cymdeithasol – yn anffurfiol ac yn ffurfiol.
24. Mae Llywodraeth y DU yn ymrwymedig i gyflwyno deddfwriaeth cyflogaeth sy'n **gwahardd achosion uniongyrchol neu anuniongyrchol o wahaniaethu** ar sail oedran erbyn Rhagfyr 2006. Bydd hyn – ynghyd â

gofynion economaidd – yn gofyn i fusnesau yng Nghymru fabwysiadu ymagwedd gadarnhaol tuag at gyflogi gweithwyr hŷn. Bydd y dewis ar gyfer yr unigolyn o ran pennu dyheadau gwaith yn hanfodol. Bydd gan Lywodraeth y DU hefyd rôl yn y broses o alinio cyfundrefnau budd-daliadau a phensiynau yn briodol er mwyn sicrhau na chaiff gweithwyr hŷn eu cosbi am aros yn y farchnad lafur. Bydd angen arweiniad gan y Llywodraeth ar bob lefel er mwyn newid ymagweddau yn erbyn pobl hŷn a hybu diwylliant cadarnhaol tuag at bobl hŷn mewn cyflogaeth. Yng Nghymru, mae'r Cynulliad yn cefnogi'r gwaith o ehangu cymorth i ofalwyr mewn gwaith a diddymodd yr oedran ymddeol o 60 oed ar gyfer ei gyflogeion ei hun.

25. Mae **Annog Entrepreneuriaeth** yn thema allweddol yn 'Cymru'n Ennill' – strategaeth datblygiad economaidd cenedlaethol Llywodraeth Cynulliad Cymru. Mae gan Gymru nifer cymharol is o bobl sy'n gysylltiedig â gweithgaredd busnes o gymharu â rhanbarthau eraill yn y DU a chaiff pobl hŷn yn arbennig eu tangynrychioli. Mae *Cynllun Gweithredu Entrepreneuriaeth* Cymru yn cynnwys rhaglenni a anelir at helpu i greu'r math cywir o hinsawdd ar gyfer pobl sy'n cychwyn busnesau, lleihau rhwystrau i fentrau a sicrhau bod y math cywir o gymorth busnes ar gael i fusnesau newydd a busnesau sy'n tyfu. Fel rhan o'r broses hon, sefydlwyd 'Prime Cymru' fel cangen annibynnol Gymreig y 'Prime Initiative for Mature Enterprise' i gynorthwyo pobl dros 50 oed i hunan-gyflogaeth. Mae Prime Cymru yn gweithio gyda phobl hŷn yn ystod camau cychwynnol y broses o sefydlu busnes ac mae'n helpu i brif ffrydio darparwyr cymorth busnes i ddatblygu busnesau sy'n hygyrch, yn ddealladwy ac wedi'u teilwra i ddiwallu anghenion pobl yn y grŵp oedran hwn. Mae sefydliadau Cymorth Busnes hefyd yn cael eu hannog i gynyddu cyfraniad pobl fusnes hŷn a'r rhai sydd wedi ymddeol i drosglwyddo eu gwybodaeth a'u profiad o redeg busnes i entrepreneuriaid newydd gan weithio fel **mentoriaid busnes** ar draws ystod o raglenni cychwyn a datblygu busnes.
26. Amlinellodd 'Y Wlad sy'n Dysgu', rhaglen gynhwysfawr Llywodraeth Cynulliad Cymru ar gyfer addysg a dysgu gydol oed hyd 2010, dair blaenoriaeth allweddol: dymchwel rhwystrau i ddysgu; ehangu cyfranogiad; a, datblygu sgiliau'r gweithlu. Bydd **annog pobl dros 50 oed yn ôl i ddysgu** yn cynnig ffyrdd iddynt feithrin hyder a sgiliau newydd, i ddod yn economaidd weithgar neu i ddod yn gysylltiedig â gweithgareddau yn y gymuned a gwella'r gymuned. Gall hybu dysgu i bobl hŷn ddarparu ystod o fuddiannau personol megis cyfleoedd cymdeithasol gwell ac ansawdd bywyd gwell, annibyniaeth ac iechyd.
27. Mae'r broses o ddatblygu **canolfannau ac adnoddau Technoleg Gwybodaeth cymunedol** ar waith a fydd yn cynyddu ac yn gwella mynediad i bobl hŷn. Drwy gyfrwng "Cymru ar Lein" rydym am i Gymru fod yn lle a fydd yn galluogi ein cymunedau lleol i ddefnyddio TGCh yn weithredol er mwyn dymchwel rhwystrau corfforol, daearyddol ac ieithyddol, lle y defnyddir TGCh i oresgyn eithrio cymdeithasol a lleihau'r rhaniadau cymdeithasol presennol. Rydym am sicrhau y gall pawb yng Nghymru feithrin y sgiliau a'r ddealltwriaeth i gyfrannu at yr Oes Wybodaeth a manteisio arni. Bydd hyn yn cynnwys camau i annog y broses o ddatblygu sgiliau TGCh hanfodol ledled ein cymunedau lleol. Er mwyn cael manylion llawn am ein cynnydd neu er mwyn cyflwyno eich safbwyntiau ar ein gwaith, ewch i'n gwefan ar: <http://www.cymruarlein.wales.gov.uk>, ymwelwch â'ch llyfrgell leol i edrych ar y strategaeth neu ffoniwch: 0800 100 900 i ganfod lle y gallwch logio ymlaen yn rhad ac am ddim.

Pennod 6 – Byw Yn Hirach ac yn Iachach

Nod Strategol

Hybu a gwella iechyd a lles pobl hŷn drwy fframweithiau cynllunio a darparu gwasanaethau integredig a gwasanaethau diagnostig a chymorth mwy ymatebol.

Amcanion Strategol

- Datblygu rhaglen hybu iechyd amlochrog sy'n seiliedig ar dystiolaeth ar gyfer pobl hŷn
- Gweithredu Fframwaith Gwasanaeth Cenedlaethol ar gyfer Pobl Hŷn yng Nghymru sy'n mynd i'r afael ag amrywiaethau mewn safonau gofal ac sy'n cyflawni mwy o gysondeb o ran argaeledd ac ansawdd gwasanaethau iechyd a gofal cymdeithasol.
- Atal, oedi cychwyniad a lleihau effaith salwch ac anabledd ar gyfer pobl hŷn drwy bolisïau a rhaglenni sy'n mynd i'r afael â'r ffactorau risg a hybu ffordd o fyw iach.
- Hybu iechyd a lles pobl hŷn drwy bartneriaeth gadarn ar lefel leol rhwng awdurdodau lleol, byrddau iechyd lleol, Ymddiriedolaethau GIG a phartneriaid statudol ac annibynnol eraill.
- Atgyfnerthu a datblygu gwasanaethau Gofal Sylfaenol a Chymunedol i ddiwallu anghenion newidiol cleifion – yn cynnwys pobl hŷn – eu teuluoedd a'r cymunedau y maent yn byw ynddynt
- Datblygu gwasanaethau o safon uchel sy'n ymatebol i anghenion pobl hŷn drwy ddatblygu strategaethau a rhaglenni ar gyfer optometreg, gofal deintyddol a maetheg, a gwasanaethau clyw a fferylliaeth.

Polisïau a Rhaglenni

28. Wrth i bobl heneiddio mae'n bwysig y gallant fwynhau iechyd da yn eu blynyddoedd ychwanegol. Mae buddiannau iechyd da yn amlwg – ansawdd bywyd gwell i unigolion, mwy o gyfleoedd i barhau yn weithgar mewn bywyd teuluol a chymunedol – a llai o alw ar wasanaethau iechyd a gofal. Mae gan unigolion a Chymru yn gyffredinol achos da i roi blaenoriaeth uchel i hybu iechyd. Gall newidiadau mewn ffyrdd o fyw hyd yn oed yn ddiweddarach mewn bywyd ddwyn buddiannau, felly mae Hybu Iechyd ar gyfer pobl hŷn yn thema allweddol o'r Strategaeth hon, a chaiff ei darparu drwy **Gynllun Gweithredu Hybu Iechyd** i Bobl Hŷn. Bydd hyn yn cwmpasu materion megis camau cyn-ymddeol i wella iechyd, annog ymarfer corff, a deiet, mynd i'r afael â ffactorau negyddol fel ysmegu, alcohol ac iselder. Caiff ymagwedd amlochrog ei mabwysiadu tuag at annog ffyrdd o fyw iach.
29. **Lles yng Nghymru** a lansiwyd ym mis Medi 2002 yw strategaeth newydd Llywodraeth y Cynulliad i gyflawni gwelliannau mewn iechyd personol a chyhoeddus ar draws Cymru. Mae'n amlgu pwysigrwydd iechyd i'r economi ac yn amlinellu cynigion ar gyfer mwy o gamau i leihau anghydraddoldebau iechyd ar draws holl feysydd polisi Llywodraeth y Cynulliad. Mae'r ymagwedd gyffredinol hon yn arbennig o berthnasol i bobl hŷn.

30. Mae Pobl Hŷn yn defnyddio gwasanaethau iechyd cyffredinol a sylfaenol yn rheolaidd fwy fwy, ac maent hefyd yn gwneud defnydd helaeth o wasanaethau gofal cymunedol a gwasanaethau cymdeithasol awdurdodau lleol. I lawer o bobl hŷn, mae angen i'r gwasanaethau hyn weithio gyda'i gilydd ac yn aml gyda'r gwasanaeth Tai hefyd – i helpu i fynd i'r afael â'r problemau sy'n deillio pan fydd pobl hŷn (neu eu partneriaid a'u teuluoedd) yn sâl neu, yn syml, yn mynd yn gynyddol fregus dros y blynyddoedd. Cafwyd datblygiadau sylweddol yn y broses o ddarparu iechyd a gofal cymdeithasol i Bobl Hŷn mewn blynyddoedd diweddar. Un o'r heriau mwyaf, fodd bynnag, yw sicrhau cydweithrediad effeithiol ar draws yr ystod gyffredinol o wasanaethau iechyd a gofal i bobl hŷn.

31. Bydd y Byrddau Iechyd Lleol newydd yn dod â'r broses o gynllunio a chomisiynu gwasanaethau iechyd yn nes at y gymuned leol. O fis Ebrill 2003, bydd gan Fyrddau Iechyd Lleol ac Awdurdodau Lleol ddyletswydd statudol i gydweithio i gynllunio a darparu gwasanaethau, drwy Strategaeth ar y Cyd ar gyfer Iechyd, Gofal Cymdeithasol a Lles. Bydd gan anghenion Pobl Hŷn ran ganolog yn y trefniadau partneriaeth newydd hyn, a fydd yn sicrhau cydweithrediad rhwng yr ystod lawn o wasanaethau iechyd a gwasanaethau cymdeithasol, ynghyd â thai a gwasanaethau awdurdod lleol eraill. Bydd y Strategaethau Iechyd, gofal cymdeithasol a lles yn rhan ganolog o'r strategaethau cymunedol ehangach sy'n cael eu datblygu ym mhob rhan o Gymru.

32. Mae llawer o Bobl Hŷn yn cysylltu'n rheolaidd â'r gwasanaethau gofal sylfaenol. Mae'n rhan hanfodol o'r gwasanaeth iechyd ac yn chwarae rhan weithredol a phwysig yn y broses o **gynnal a chadw iechyd ac atal salwch**. Mae ei lwyddiant yn hanfodol wrth i'n cymdeithas heneiddio. Elfen allweddol o **Strategaeth Gofal Sylfaenol** y Cynulliad yw atal a chanfod afiechydon a salwch yn gynnar, ac mae hyn yn hynod bwysig i bobl hŷn sy'n wynebu mwy o risg. Bydd y Strategaeth yn mynd i'r afael â gofynion y boblogaeth sy'n newid yn cynnwys pobl hŷn sydd â lefelau uchel o anghenion, i gael mynediad i wasanaethau gofal sylfaenol a'u defnyddio yn fwy effeithiol. Awgrymodd ymchwil ac ymgynghoriad fod hyn yn broblem i bobl hŷn yn arbennig, yn enwedig mewn ardaloedd gwledig. Yn ogystal ag addysg, mae mynediad cyfartal i wasanaethau o ansawdd uchel ledled Cymru ac eiddo sydd o safon uchel ac sy'n defnyddio'r offer diweddaraf yn amcanion pwysig.

33. Mae Fframweithiau Gwasanaeth Cenedlaethol yn cael eu datblygu i fynd i'r afael ag amrywiaethau mewn safonau gofal ac i gyflawni mwy o gysondeb o ran argaeledd ac ansawdd gwasanaethau, drwy osod dulliau ar waith a fydd yn darparu'r gofal gorau i bawb. Yng ngoleuni Adroddiad y Grŵp Ymgynghorol a'r Strategaeth hon, byddwn yn datblygu **Fframwaith Gwasanaeth Cenedlaethol i Bobl Hŷn yng Nghymru**. Mae'r Fframwaith Gwasanaeth Cenedlaethol yn atgyfnerthu'r gwaith sydd eisoes yn mynd rhagddo gan ystyried sut y bydd y Strategaeth hon yn mynd i'r afael ag achosion o wahaniaethu, asesiad unedig a hybu iechyd a chaiff ei deilwra i anghenion pobl hŷn yng Nghymru. Bydd **Iechyd Meddwl Pobl Hŷn** yn flaenoriaeth arall ar gyfer y Fframwaith Gwasanaeth Cenedlaethol. Mae'r fenter **Sylfeini Gofal** yn anelu at fynd i'r afael ag anghysondeb ar draws

lleoliadau gwasanaeth a gwella ansawdd yr agweddau pwysicaf ar iechyd a gofal cymdeithasol i bobl ddiameddiffyn.

34. Mae'r GIG yng Nghymru yn ceisio sicrhau gwasanaethau a safonau gwell. Wrth wraidd ein cynlluniau bydd y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Pobl Hŷn yn gosod canllawiau cyffredinol ar ansawdd gwasanaethau, hygyrchedd a darpariaeth ar gyfer yr holl wasanaethau perthnasol. Bydd hefyd yn cwmpasu gofal cymdeithasol. Ochr yn ochr â'r Fframwaith Gwasanaeth Cenedlaethol, mae amrywiaeth o strategaethau gwasanaeth mwy manwl, y bydd llawer ohonynt yn arbennig o berthnasol i Bobl Hŷn. Mae'r rhain yn cynnwys strôc, clefyd y siwgr, anymataledd, gofal lliniarol, atal cwmpadau, ond ymhlith y pwysicaf mae'r canlynol:

- ❖ Mae'r **Strategaeth Fferylliaeth** yn nodi gweledigaeth 10 mlynedd i ddarparu mynediad cyfleus a chyflym i bobl i ofal fferyllol, gan anelu at wella dealltwriaeth y cyhoedd o rôl fferylliaeth, mynediad a'r cymorth y gall ei ddarparu i bobl, yn enwedig pobl hŷn.
- ❖ Mae angen i Gynulliad Llywodraeth Cymru sicrhau bod **gofal deintyddol sylfaenol** yn chwarae rôl ganolog yn y broses o ddatblygu Cymru iachach ac mae'r strategaeth yn nodi sut y gallwn wella iechyd y geg yng Nghymru.
- ❖ Rydym eisoes wedi cymryd camau arloesol ym maes optometreg. Er enghraifft, rydym wedi cyflwyno profion iechyd llygaid am ddim i'r rhai sy'n wynebu risg o glefyd ar y llygaid. Mae'r **strategaeth ddrafft ar optometreg** yn edrych ar y broses o ddatblygu optometreg yn y dyfodol ac yn delio â'r galwadau cynyddol ar y proffesiwn gan roi sylw arbennig i ddiwallu anghenion poblogaeth sy'n heneiddio.
- ❖ Mae'r **Strategaeth Faetheg** yn mynd i'r afael â'r broblem o ddiffygion dietegol ymhlith poblogaeth Cymru yn gyffredinol, ond yn arbennig ymhlith grwpiau o dan anfantais. Yn dilyn ymgynghoriad ar y strategaeth, drafftwyd cynllun gweithredu. Nod y cynllun yw gwella maetheg ymhlith poblogaeth Cymru yn gyffredinol, ond mae hefyd yn targedu gweithrediad ymhlith grwpiau allweddol o'r boblogaeth, yn cynnwys pobl hŷn, sy'n debygol o elwa fwyaf ar faetheg well. I raddau helaeth, bydd llwyddiant neu fethiant y strategaeth yn dibynnu ar weithredu newidiadau mewn ymddygiad ar draws rhan helaeth o'r boblogaeth. Bydd mentrau addysgol yn sail i lawer o'r hyn y bydd y strategaeth yn ceisio ei chyflawni. Mae anghenion pobl hŷn mewn perthynas â maetheg a deiet yn faterion allweddol i'w hystyried o fewn yr ymagwedd gyffredinol.

35. Daeth adroddiad Cyngor Defnyddwyr Cymru '*Cymraeg yn y Gwasanaeth Iechyd*' (2000) i'r casgliad bod y ddarpariaeth Gymraeg yn y GIG yng Nghymru yn wael, a bod pobl hŷn yn un o'r pedwar grŵp allweddol o siaradwyr Cymraeg na all dderbyn triniaeth effeithiol mewn llawer o achosion oni bai ei bod yn eu hiaith gyntaf. O ganlyniad i'r adroddiad, ym mis Awst

2002 sefydlodd y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol Dasglu Cymru Gyfan ar gyfer Gwasanaethau Cymraeg i edrych **ar faterion yn ymwneud â'r Gymraeg yn y GIG**. Mae'r Tasglu wedi ffurfio Strategaeth Genedlaethol i fynd i'r afael â'r materion a godwyd yn adroddiad Cyngor Defnyddwyr Cymru. Sefydlwyd Uned yr Iaith Gymraeg o fewn Adran y GIG yng Nghymru ym mis Ionawr 2002 i gydlynu'r broses o weithredu'r Gymraeg.

Pennod 7: Ymdopi â Dibyniaeth Gynyddol: Tai, Gofal Cymdeithasol ac Iechyd

Nod Strategol

Hyrwyddo'r broses o ddarparu gwasanaethau a chymorth o safon uchel sy'n galluogi pobl hŷn i fyw mor annibynnol â phosibl mewn amgylchedd addas a diogel a sicrhau bod gwasanaethau aciwt, sylfaenol ac arbenigol yn cael eu trefnu o amgylch eu hanghenion a'u bod yn ymatebol iddynt.

Amcanion Strategol

- ❖ Hyrwyddo cyflenwad digonol o fathau arbennig o dai sy'n diwallu anghenion amrywiol a newidiol pobl hŷn a sicrhau y gallant barhau i fod yn annibynnol am gyhyd â phosibl.
- ❖ Sicrhau bod gan bobl hŷn – yn enwedig y rhai ag anableddau – fynediad i'r cymorth sydd ei angen arnynt i aros yn eu cartrefi eu hunain yn cynnwys mynediad amserol i addasiadau ac atgyweiriadau.
- ❖ Sefydlu gweithdrefnau asesu unedig effeithiol ar gyfer gofal iechyd a chymdeithasol.
- ❖ Datblygu'r ddarpariaeth o wasanaethau gofal canolradd i ddiwallu'r angen am ofal tymor byr a thymor hir i bobl hŷn yn agos i'w cartrefi lle bynnag y bo'n briodol.
- ❖ Hybu'r broses o ddatblygu ystod o wasanaethau gofal cartref yng Nghymru i gynnig dewisiadau i bobl hŷn i gael mynediad i gymorth effeithiol, sy'n canolbwyntio ar ddefnyddwyr er mwyn cynnal eu hannibyniaeth.
- ❖ Hybu'r broses o ddatblygu sector gofal dichonadwy, hyderus ac ymatebol i ddarparu gwasanaethau o ansawdd yng Nghymru sy'n cynnwys modelau gofal mwy hyblyg.
- ❖ Cynnal ac ehangu dull cadarn o reoleiddio gwasanaethau gofal i Bobl Hŷn gan yr Arolygiaeth Safonau Gofal yng Nghymru a thrwy Isafswm Safonau Cenedlaethol.

Polisiau a Rhaglenni

36. Daw gwasanaethau tai, iechyd a gofal cymdeithasol, yn ddiau, yn bwysicach i bobl wrth iddynt dyfu'n hŷn a bydd angen cymorth arnynt i gynnal eu hannibyniaeth, eu symudedd a'u hiechyd. Mae cynnal annibyniaeth neu newid i ddibyniaeth yn gofyn i'r gwasanaethau hyn gael eu darparu'n effeithiol yn ôl safon uchel ac mewn dull cydgysylltiedig. Nod y strategaeth hon yw cynorthwyo gwelliant parhaus yn y gwasanaethau hyn er mwyn i bobl hŷn allu dibynnu ar dderbyn cymorth o safon uchel lle bynnag y bônt yn byw yng Nghymru.
37. Mae gofynion pobl hŷn mewn perthynas â thai yn amrywio'n sylweddol. Cred y rhan fwyaf o bobl hŷn yn gryf eu bod am barhau i fyw'n annibynnol yn eu cartref am gyhyd â phosibl. Byddwn yn arwain **dadl genedlaethol** ynglŷn â'r blaenoriaethau a'r strategaethau ar gyfer diwallu **anghenion tai pobl hŷn**.

Bydd y ddadl hon yn ystyried ymchwil sy'n bodoli eisoes ac ymchwil newydd i fodolau newydd o dai a gynhelir a datrysiaidau eraill sydd eu hangen er mwyn diwallu anghenion amrywiol poblogaeth sy'n heneiddio. Bydd y broses yn helpu i nodi opsiynau polisi clir a fframwaith ar gyfer y dyfodol. Byddwn yn ymgynghori ar ein cynigion am newid. Mae **'Cartrefi Gwell i Bobl Cymru – Strategaeth Dai Genedlaethol'** yn darparu'r fframwaith cyffredinol ac yn amlinellu ein gweledigaeth bendant ar gyfer tai yng Nghymru. Caiff y nod cyfansoddol o "helpu pobl hŷn i ddod o hyd i'r tai a'r gwasanaethau cymorth sydd eu hangen arnynt yn y dull mwyaf effeithlon a pharhau yn eu tai eu hunain am gyhyd ag sy'n ymarferol" ei weithredu drwy raglenni cyflenwol, a nodir yng Nghynllun Gweithredu'r Strategaeth, a'i raeadru drwy arweiniad Strategaeth Tai Lleol.

38. Mae tai ac argaeledd cymorth i fyw yn y cartref yn aml yn ffactor hanfodol yn y dewisiadau y mae'n rhaid i bobl hŷn eu gwneud pan fyddant yn wynebu salwch neu wendid cynyddol. Rydym yn ymrwymedig i bartneriaeth agos rhwng datblygu polisiâu, cynllunio strategol, a darparu gwasanaethau ar gyfer gwasanaethau tai, iechyd a gofal cymdeithasol. Mae'r cydadwaith rhwng y rhain yn arbennig o bwysig pan fydd pobl hŷn yn cael eu derbyn neu eu rhyddhau o'r ysbyty; rydym yn mynd i'r afael â hyn drwy nifer o fentrau newydd a arweinir gan y Cynulliad i wella gwasanaethau mewn cysylltiad â:

- Pwysau Brys;
- Rhyddhau effeithiol, cynllunio;
- 6 wythnos o ofal cartref am ddim;
- Atgyweiriadau ac addasiadau tai ymateb cyflym.

39. Mae Gwasanaethau Cymdeithasol yn darparu cymorth a diogelwch hanfodol i lawer o bobl hŷn yng Nghymru. Mae'n angenrheidiol felly y gallant ddarparu'r safonau gwasanaeth uchaf, drwy gyfundrefn a gaiff ei harwain a'i rheoli'n dda sy'n gweithio'n dda gydag eraill, sy'n canolbwyntio ar yr unigolyn ac sy'n anelu at sicrhau gwelliant parhaus. Byddwn yn cynyddu ein **buddsoddiad mewn gwasanaethau gofal cymdeithasol** £230 miliwn erbyn 2005 i helpu cynghorau lleol i gyflawni'r nodau hyn. Bydd ein trefniadau Arolygu ac Adolygu hefyd yn parhau i fonitro a gwerthuso'r canlyniadau ar gyfer defnyddwyr gwasanaethau, gan roi ystyriaeth briodol i bwysigrwydd y ddarpariaeth Gymraeg. Bydd penderfynu ar flaenoriaethau ac anghenion yn lleol yn hanfodol o hyd ond bydd angen i ddull effeithiol o reoli a defnyddio'r adnoddau sydd ar gael sicrhau gwelliannau a mwy o gysondeb o ran argaeledd ac ansawdd gwasanaethau i bobl hŷn ac eraill.

40. Fel arfer, yn y gorffennol, cafodd unigolion a oedd angen cymorth eu hasesu gan amrywiaeth o staff iechyd a gofal cymdeithasol gwahanol a oedd yn gweithio'n annibynnol ar ei gilydd. Rydym wedi cyflwyno gweithdrefnau **Asesu unedig** newydd sydd, yn hytrach, yn mabwysiadu ymagwedd gyfannol tuag at asesu sydd o fudd i bobl sy'n defnyddio gwasanaethau, asiantaethau a gweithwyr proffesiynol. Bydd gweithdrefnau asesu unedig yn sicrhau dull mwy effeithiol o weithio ar y cyd gan atal pobl rhag cael eu hasesu mewn rhannau a chael eu gorfodi i roi'r un wybodaeth i wahanol asiantaethau. Dylai gwybodaeth ar y dewis o iaith fod yn rhan hanfodol o ddull effeithiol o'r fath o weithio ar y cyd. Rydym wedi cyhoeddi arweiniad statudol a phroffesiynol i gynnal y broses o weithredu'r trefniadau newydd hyn ar gyfer pobl hŷn erbyn 2005.

41. Gall llawer o bobl hŷn fyw'n annibynnol yn eu cartrefi drwy'r cymorth gwerthfawr a gânt gan ofalwyr anffurfiol. Bydd ein **Strategaeth Gofalwyr** yn parhau i roi ffocws cadarn ar gyfer eu cydnabod a rhoi cymorth iddynt. Mae rhoi dewis yn golygu cynnig ystod o opsiynau. Y cam cyntaf ar gyfer darparu cymorth i Bobl Hŷn fyw'n annibynnol yn eu cartrefi yw sicrhau gwasanaethau cartref gwell a mwy hyblyg. Mae **Gwasanaethau Gofal Cartref** a ddarperir gan awdurdodau lleol yn bwysig i bobl hŷn er mwyn cynnal eu hannibyniaeth a sicrhau eu bod yn gwella'n iawn yn dilyn arhosiad yn yr ysbyty. Cyflwynir rheoliadau newydd ac Isafswm Safonau Cenedlaethol ar gyfer y sector hwn. Rydym hefyd wedi cyhoeddi arweiniad statudol i gynorthwyo cynghorau i sicrhau y **cynllunnir polisiau codi tâl am ofal cartref mewn ffordd deg** a'u bod yn gweithredu'n gyson rhwng gwahanol wasanaethau. Ariannwyd cynllun newydd i ddarparu hyd at **6 wythnos o ofal cartref am ddim** gan Lywodraeth y Cynulliad. Fodd bynnag, mae angen gwneud mwy i ailfywiogi'r sector hwn a bydd Grŵp Strategaeth Gofal Cymru yn cynghori ar **gyfeiriad strategol** newydd ar gyfer y gwasanaethau pwysig hyn fel rhan o'i amcanion.
42. I rai bobl, mae gwendid cynyddol ynghyd â salwch neu anghenion dibyniaeth uchel eraill yn golygu na ellir parhau i fyw'n annibynnol yn y cartref. Iddynt hwy, newid i ofal preswyl neu ofal nyrsio yw'r cam nesaf yn y daith i ddibyniaeth uwch. Mae symud o'ch cartref eich hun a derbyn natur anorfod gofal hir dymor, yn newid mawr yn eich ffordd o fyw. Mae angen i'r penderfyniad i symud i ofal, y dewisiadau sydd ar gael i bobl, ac ansawdd y gofal a gânt, gael eu cynllunio'n dda a'u rheoli'n sensitif. Mae Llywodraeth y Cynulliad yn cydnabod bod gan lywodraeth leol a'r sectorau gwirfoddol a phreifat rôl bwysig i'w chwarae yn y ddarpariaeth o wasanaethau cartrefi gofal o safon uchel sy'n ymatebol ac sydd wedi'u cynllunio'n dda.
43. Mae Llywodraeth y Cynulliad am weld twf cynaliadwy sector gofal cartref hyderus, hyblyg a dichonadwy ar gyfer y dyfodol, i sicrhau bod gwasanaethau ar waith i gynorthwyo pobl ddiameddiffyn hŷn. Rydym wedi sefydlu **Grŵp Strategaeth Gofal Cymru** gydag ystod o bartneriaid i fynd i'r afael â'r problemau cydberthynol sy'n wynebu'r sector gofal yn gyffredinol. Ein nod yw sicrhau bod Sector Gofal cynhwysfawr o safon uchel yn cael ei ddatblygu yng Nghymru dros y degawd nesaf a chyflwyno modelau gofal mwy hyblyg.
44. Mae gwaith yn mynd rhagddo ar hyn o bryd gan Lywodraeth Cynulliad Cymru, ar y cyd â Phrifysgol Abertawe, ar **amlder anabledd** yng Nghymru. Mae'r prosiect yn canolbwyntio ar sicrhau'r defnydd mwyaf posibl o ffynonellau gwybodaeth sy'n bodoli eisoes. Byddwn yn ymgynghori â grwpiau anabledd, yn cynnwys Anabledd Cymru a'r Comisiwn Hawliau Anabledd, ynglŷn â chanlyniad yr ymchwil hon, a fydd yn pennu blaenoriaethau ar gyfer gwaith ymchwil i anabledd yn y dyfodol. Rydym hefyd ym ymrwymedig i gyflawni ymchwil i anghenion **pobl hŷn o gymunedau lleiafrifol ethnig**.
45. Caiff **cyfundrefn reoliadol newydd** o dan y Ddeddf Safonau Gofal ei chyflwyno am y tro cyntaf i sicrhau gwasanaethau gofal o safon uchel yn cynnwys gwasanaethau ar gyfer pobl hŷn. Sefydlwyd yr **Arolygiaeth Safonau Gofal i Gymru** yn y Cynulliad Cenedlaethol (gyda swyddfeydd rhanbarthol ledled Cymru) i sicrhau cydymffurfiaeth â rheoliadau a safonau cenedlaethol.

Pennod 8: Gweithredu – Cyflawni'r Nod

Nod Strategol

Gweithredu'r Strategaeth ar gyfer Pobl Hŷn yng Nghymru â chyllid cymorth i sicrhau ei bod yn gatalydd ar gyfer newid ac arloesedd ar draws pob sector, gwella gwasanaethau ar gyfer pobl hŷn a darparu'r sylfaen ar gyfer proses gynllunio effeithiol ar gyfer poblogaeth sy'n heneiddio.

Fframwaith Gweithredu

46. Ni fydd y broses o weithredu'r Strategaeth hon yn digwydd dros nos. Yn wir, dylai'r broses fod yn un sy'n adeiladu ar anghenion lleol yn ogystal â nodau cenedlaethol gan ymateb i newid. Gosodir y Strategaeth felly o fewn **fframwaith gweithredu 10 mlynedd** sy'n cychwyn yn y ddogfen hon ac yn y **Cynllun Gweithredu** sy'n dilyn yr adran hon. Amlinellir yr amcanion a'r rhaglenni mwy manwl sy'n sail i'r Strategaeth. Dim ond man cychwyn yw hwn a bydd yn hanfodol cynnal momentwm a monitro cynnydd ar yr ystod o weithgareddau a ddisgrifir ac adolygu ac ehangu'r Cynllun Gweithredol yn gyfnodol ar sail flaenoriaethol. Bydd y Fforwm Cenedlaethol mewn sefyllfa dda i ddarparu cyngor i Lywodraeth y Cynulliad ar y mater hwn.

Cyllid

47. Mae adnoddau'n bodoli eisoes o fewn ystod eang o raglenni ariannu a gwasanaethau prif ffrwd ar draws holl raglenni Llywodraeth y Cynulliad. Mewn llawer o achosion nid yw'n bosibl datgrynhoi cyllid yn union, fodd bynnag bydd Pobl Hŷn yn rhan allweddol o'r grŵp targed, er enghraifft, mewn perthynas â diwygio'r GIG, cynlluniau gweithredu Gofal Sylfaenol, Teithio am Ddim ar Fysiau i Bensynwyr, Cyflogi pobl dros 50 oed, Menter Wirfoddoli, Strategaeth Hybu Iechyd, 6 wythnos o ofal cartref am ddim, Cymunedau yn Gyntaf ac ati.

48. Ar wahân i hyn bydd Llywodraeth Cynulliad Cymru yn **clustnodi £10 miliwn dros y 3 blynedd ariannol nesaf** i gynnal y broses o weithredu'r Strategaeth hon. Bydd hyn yn cynnwys:

2003-4 £1m

2004-5 - £3m

2005-6 £6m

Cyhoeddir manylion am y trefniadau ar gyfer dosbarthu a chael mynediad i'r cyllid hwn ar wahân.

Fframwaith ymchwil, monitro a gwerthuso

49. Bydd ymagwedd gydlynus tuag at ymchwil a datblygiad o ran heneiddio a phobl hŷn yn sicrhau bod gan Lywodraeth y Cynulliad a'r Fforwm Cenedlaethol fynediad i wybodaeth a chyngor cadarn. Bydd yn hanfodol bod hwn yn cael ei integreiddio â'r broses o weithredu'r Strategaeth. Trafodir manylion pellach am fesurau a gweithdrefnau ar gyfer rheoli'r broses weithredu a chynnwys pawb sydd â diddordeb drwy'r Fforwm Cenedlaethol a chaiff y wybodaeth ei chyhoeddi. Prif nodweddion ein hymagwedd tuag at ymchwil, monitro a gwerthuso fydd:

- ❖ Dewis a chytuno ar ddangosyddion gwaelodlin a dangosyddion perfformiad ar gyfer y Strategaeth
- ❖ Datblygu rhaglen gyffredinol o ymchwil sy'n uno'r amryw brosiectau ymchwil yn y Strategaeth a sicrhau y defnyddir yr ymchwil hon i wneud penderfyniadau parhaus;
- ❖ Nodi a llenwi bylchau yn y sylfaen wybodaeth a thystiolaeth i gynnal y strategaeth e.e. hybu iechyd, anabledd, tai, Pobl Hŷn Croenddu a Lleiafrifol Ethnig;
- ❖ Datblygu'r sylfaen dystiolaeth a sicrhau y'i defnyddir i lywio'r broses o weithredu'r strategaeth ar gamau allweddol;
- ❖ Comisiynu gwerthusiad cyffredinol a fyddai: yn rhedeg ochr yn ochr â'r broses o weithredu'r Strategaeth; yn llywio'r broses ddatblygu a gweithredu ar gamau allweddol; ac yn darparu dadansoddiad o ganlyniadau ac effaith y Strategaeth.

50. Bydd gan y Fforwm Cenedlaethol ar gyfer Pobl Hŷn rôl allweddol yn y broses o fonitro cynnydd yn rheolaidd ynglŷn â sut y caiff y Strategaeth ei gweithredu. Yn ogystal, cynhyrchir Adroddiad interim ar 3 blynedd gyntaf y Strategaeth i'w drafod gan y Fforwm a'i gyhoeddi yn dilyn hynny.

50. Ceir nodau a heriau clir i fynd i'r afael â'r Strategaeth hon. Mae rhai yn ceisio adeiladu ar bolisiâu a chyflawniadau presennol, ac eraill yn ceisio newid y cyfeiriad neu gynyddu cyflymder y broses o ddatblygu gwasanaethau. Yn ei hanfod, mae nifer o feysydd eraill hefyd lle mae'r Strategaeth yn ceisio torri tir newydd neu fabwysiadu ymagwedd arloesol. Maent oll yn bwysig a bydd angen neilltuo amser ac ymrwymiad i'w cyflawni. Ar y cyd â Llywodraeth Cynulliad Cymru, gwahoddir pob partner, ym mhob sector i helpu i wireddu'r dyheadau hyn er budd pobl hŷn yn awr ac yn y dyfodol.

Llywodraeth Cynulliad Cymru
Ionawr 2003

Y STRATEGAETH AR GYFER POBL HŶN YNG NGHYMURU – CYNLLUN GWEITHREDU

Mae'r Cynllun Gweithredu hwn yn disgrifio'r prif brosiectau a'r gweithgareddau sy'n cynnal y Strategaeth ar gyfer Pobl Hŷn yng Nghymru. Nid yw'n cynnwys popeth y mae Llywodraeth y Cynulliad yn ei wneud eisoes neu'r hyn a gynllunnir ar gyfer pobl hŷn ond mae'n canolbwyntio ar y meysydd allweddol lle mae'r gweithredu newydd ddechrau neu lle y cyfeirir y gweithredu am y tro cyntaf. Mae cynlluniau prosiect, amcanion a chamau milltir manwl ar gyfer pob maes gweithredu yn cael eu datblygu.

Mater	Camau Gweithredu Llywodraeth y Cynulliad
1. Sefydlu Is-Bwyllgor Cabinet ar gyfer Pobl Hŷn	Sefydlir Pwyllgor erbyn Haf 2003 i sicrhau y mabwysiadir ymagwedd gydlynus a chyfannol tuag at oblygiadau poblogaeth sy'n heneiddio ac anghenion newidiol pobl hŷn
2. Sefydlu Fforwm Cenedlaethol ar gyfer Pobl Hŷn er mwyn cynghori Llywodraeth y Cynulliad	Erbyn diwedd 2003, sefydlu Fforwm Cenedlaethol cynrychioliadol ac effeithiol sy'n darparu cyngor arbenigol ar faterion sy'n effeithio ar bobl hŷn yng Nghymru
3. Gwella'r cysylltiad â phobl hŷn yn eu cymunedau	Awdurdodau Lleol a chyrrff statudol eraill i sicrhau bod cysylltiad a chyfranogiad pobl hŷn yn rhan o'u systemau cynllunio ac ymgynghorol erbyn Ebrill 2004
4. Datblygu Swyddfeydd Post fel canolfannau datblygu economaidd cymunedol	Datblygu Cronfa i gynnal a datblygu swyddfeydd post mewn ardaloedd difreintiedig a/neu anghysbell yng Nghymru erbyn diwedd 2002
5. Camau i gynorthwyo'r henoed a'r bobl sydd wedi ymddeol yng nghefn gwlad Cymru	Mesurau adfywio cymunedol a ariennir o dan y Rhaglen LEADER+ yn cynnwys mynediad da i wasanaethau manwerthu a gwasanaethau eraill mewn ardaloedd gwledig Gweithredu cynigion sy'n cael eu datblygu erbyn 2003-4
6. Cynorthwyo cynlluniau Trafnidiaeth Gymunedol ledled Cymru	Cyllid refeniw o dan Gynlluniau Grant Trafnidiaeth Wledig
7. Teithio am Ddim ar Fysiau i Bensiynwyr	Bydd y cynllun Teithio am Ddim ar fysiau lleol i bensiynwyr (a phobl anabl) o Ebrill 2002 yn cael ei ehangu i ddynion 60-64 oed o Ebrill 2003. Bydd hyn yn gwella mynediad a symudedd i bobl hŷn a phobl anabl
8. Ymchwil i brofiadau ac anghenion pobl hŷn Croenddu a Lleafrifol Ethnig yn y dyfodol	Cynhelir ymgynghoriad â sefydliadau Lleafrifol Ethnig Croenddu yn ystod Hydref 2002, i bennu blaenoriaethau ar gyfer ymchwil
9. Rhaglen ddatblygu i hybu cysylltiadau rhyng-genedliadol	Datblygu Cynllun Gweithredu erbyn Ebrill 2004 i hybu cysylltiadau rhyng-genedliadol yn seiliedig ar dystiolaeth ac arfer gorau, ac adfywiad cymunedol. Bydd angen i hyn gynnwys pobl hŷn yn uniongyrchol a bydd yn gofyn am gymorth yr holl bartneriaid allweddol
10. Annog pobl dros 50 oed i ystyried hunangyflogaeth a darparu cymorth yn ystod cyfnod cychwynnol sefydlu eu busnes	Drwy gyfrwng y fenter PRIME a phrosiect Cyfenter: Rhaglen ymchwil i'r rhwystrau i fenter sy'n wynebu pobl dros 50 oed a grwpiau eraill a gaiff eu tangynrychioli Sicrhau ymwybyddiaeth o anghenion pobl hŷn gan ddarparwyr cymorth busnes a darparu gwasanaethau mwy hygyrch a pherthnasol. Darparu cymorth cychwyn busnes i 1000 o bobl hŷn (erbyn diwedd Rhagfyr 2004), gan anelu at greu 250 o fusnesau newydd.

11. Camau gweithredu i ehangu'r cyfranogiad mewn dysgu.	Hybu buddiannau dysgu a darparu gwybodaeth a chyngor hygyrch i ddarpar ddysgwyr o bob oedran ar y cyfleoedd dysgu sydd ar gael. Dylai ELWa a Gyrfaoedd Cymru ystyried anghenion darpar ddysgwyr hŷn wrth gynllunio eu hymgyrchoedd marchnata a gwybodaeth
12. Camau gweithredu i gynorthwyo'r broses o recriwtio a chadw pobl hŷn.	Ymgynghori â'r Adran Gwaith a Phensiynau ar y Fenter 'Age Positive' Sicrhau bod 20,000 ychwanegol o bobl dros 50 oed o oedran gweithio wedi'u cyflogi erbyn 2002/03 a tharged cyffredinol i gynyddu cyfranogiad mewn cyflogaeth ymhlith pobl dros 50 oed erbyn 2010
13. Dylai Byrddau Iechyd Lleol ac awdurdodau lleol lunio Strategaethau Iechyd, Gofal Cymdeithasol a Lles	Dylid sicrhau bod Strategaethau Iechyd, Gofal Cymdeithasol a Lles sy'n ystyried anghenion Pobl Hŷn ar waith erbyn Ebrill 2005
14. Fframwaith gweithredu hybu iechyd ar gyfer pobl hŷn.	Cynhyrchu fframwaith gweithredu hybu iechyd 3 blynedd, sy'n adlewyrchu'r adnoddau sydd ar gael.
15. Datblygu a chyhoeddi Fframwaith Gwasanaeth Cenedlaethol ar gyfer Iechyd a Gofal Cymdeithasol ar gyfer Pobl Hŷn yng Nghymru.	Ymgynghori ar Fframwaith Gwasanaeth Cenedlaethol drafft – Mai 2003 Cyhoeddi'r Fframwaith Gwasanaeth Cenedlaethol yn ystod haf 2003
16. Cynnal dadl eang ynglŷn â'r opsiynau ar gyfer diwallu anghenion tai pobl hŷn yn y dyfodol	i. Llunio sylfaen dystiolaeth gynhwysfawr ar anghenion tai pobl hŷn erbyn diwedd 2003. ii. Erbyn 2004, monitro a gwerthuso'r newidiadau newydd i system adnewyddu'r sector preifat i sicrhau y gellir eu defnyddio yn y ffordd orau i wella amodau byw pobl hŷn, iii. Monitro'r rhwydwaith o wasanaethau person cyfleus a chymryd camau i atgyfnethu ansawdd y gwasanaeth erbyn 2004 iv. Gwerthusiad dros dro o'r Cynllun Effeithlonrwydd Ynni Cartref ar gyfer Gaeaf 2002/03 a nodi unrhyw rwystrau diangen i gyfranogiad gan bobl hŷn. v. Astudiaeth ar farchnadoedd tai gwledig, fel rhan o'r Rhaglen Ymchwil Tai i nodi ffyrdd y dylid addasu polisi tai gwledig Llywodraeth y Cynulliad i oresgyn unrhyw ganlyniadau anffafriol.
17. Datblygu gwasanaethau ar gyfer Gofalwyr drwy'r Strategaeth Gofalwyr.	Cyfathrebu effeithiol ar arfer gorau ar gyfer asesu, hyfforddi a darparu cymorth a gwasanaethau ehangach i ofalwyr Datblygu menter i gynorthwyo gofalwyr yn y gweithle
18. Hybu'r Sector Gofal yng Nghymru	Adroddiad Grŵp Strategaeth Gofal Cymru ac argymhellion ar gyfer dyfodol y sector.
19. Atgyfnerthu'r broses o reoleiddio ac arolygu gwasanaethau gofal sy'n effeithio ar bobl hŷn o dan Ddeddf Safonau Gofal 2000	Cyflwyno Rheoliadau ac Isafswm Safonau Cenedlaethol ar gyfer Gofal Cartref erbyn Ionawr 2004 a Chanolfannau Dydd erbyn diwedd 2004
20. Hybu Gofal Canolradd o fewn proses integredig o gynllunio Iechyd a Gofal Cymdeithasol	Cyhoeddi Arweiniad ar ddatblygu gwasanaethau Gofal Canolradd i ddiwallu'r angen am ofal tymor byr a thymor hir i bobl hŷn
21. Camau osgoi arhosiad hirfaith	Lleihau'r achosion o oedi cyn trosglwyddo pobl i gael

yn yr ysbyty a derbyniadau diangen i'r ysbyty	gofal a derbyniadau y gellir eu hosgoi drwy: <ul data-bbox="735 226 1358 412" style="list-style-type: none">• Cynllun Grant Oedi Cyn Trosglwyddo Pobl i gael Gofal• Arweiniad ar gyfer prosesau rhyddhau• Rhaglen Addasiadau Ymateb Cyflym• Gweithgaredd "Newid Asiant" i helpu partneriaid lleol i ddatblygu/gwella gwasanaethau
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