

Agenda – Petitions Committee

Meeting Venue:

Committee Room 4 – Tŷ Hywel

Meeting date: 21 March 2022

Meeting time: 14.00

For further information contact:

Gareth Price – Committee Clerk

0300 200 6565

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1 Introduction, apologies, substitutions and declarations of interest

(Pages 1 – 21)

Panel 1

2 Evidence Session – P-06-1161 Routine collection and publication of data of how many babies/children return to their care experienced parents care at the end of a Parent and Child Placement

(Pages 22 – 31)

Dr Louise Roberts, CASCADE

Jennifer Molloy, care experienced parent

Panel 2

3 Evidence Session – P-06-1161 Routine collection and publication of data of how many babies/children return to their care experienced parents care at the end of a Parent and Child Placement

Mark Carter – Barnardo's Cymru South East Wales

Liz Baker – Barnardo's Cymru Cardiff and Vale



Sharon Lovell – NYAS

Daljit Kaur Morris – NYAS

4 New Petitions

- 4.1 P-06-1235 Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales
(Pages 32 – 44)
- 4.2 P-06-1248 Change Standing Orders and admissibility criteria for petitions
(Pages 45 – 48)
- 4.3 P-06-1255 Ensure fathers/birth partners are involved in all assessments & care throughout the perinatal period
(Pages 49 – 57)
- 4.4 P-06-1256 Hold a referendum on Wales becoming a Nation of sanctuary
(Pages 58 – 65)
- 4.5 P-06-1257 Reduced Council Tax for private estate properties
(Pages 66 – 72)
- 4.6 P-06-1259 Ban the use of non biodegradable dog poo bags
(Pages 73 – 77)
- 4.7 P-06-1260 End the need for covid passes for all events and activities
(Pages 78 – 79)

5 Updates to previous petitions

- 5.1 P-06-1224 Design a 'Care Leavers Plus' Universal Basic Income pilot that includes a range of people
(Pages 80 – 84)

The following two items are grouped together for consideration

- 5.2 P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
(Pages 85 – 110)

- 5.3 P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry
(Pages 111 – 122)
- 5.4 P-05-937 STOP BOILING CRUSTACEANS ALIVE (lobsters, crabs, crayfish, prawns etc)
(Pages 123 – 126)
- 5.5 P-06-1217 Open Long Covid one stop medical hubs / clinics
(Pages 127 – 131)
- 6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from item 7 of the meeting**
- 7 Discussion of Evidence – P-06-1161 Routine collection and publication of data of how many babies/children return to their care experienced parents care at the end of a Parent and Child Placement**

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Agenda Item 2

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales

Y Pwyllgor Deisebau | 21 March 2022
Petitions Committee | 21 Mawrth 2022

Reference: SR21/1626-04

Petition Number: P-06-1235

Petition title: Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales.

Text of petition: There is urgent need to review the provision of services and support for people with Acquired Brain Injury (ABI) in Wales.

There are currently no inpatient rehabilitation services for people with ABI in North Wales, and there are just four inpatient beds for children and young people with ABI in Wales.

Services need to be adequate and 'fit for purpose'.

Now is the Time for Change.

In 2018, the All-Party Parliamentary Group on ABI launched the following report

https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/campaigns/appg-abi_report_time-for-cha.pdf

However, an equivalent report that focussed specifically on Wales and considered its demographics, geography and service provision was needed.

This need has resulted in the 2021 'Acquired Brain Injury and Neurorehabilitation in Wales: Time for Change' report

<https://ukabif.org.uk/page/TFCWales>



Key recommendations are made across five areas - Neurorehabilitation, Education, Criminal Justice, Sport-related Traumatic Brain Injury, and the Welfare Benefits System – with each highlighting the urgent need for the provision of services and support for people with ABI in Wales to be reviewed. ABI is a hidden epidemic affecting many hundreds of thousands of people in Wales, and Services need to be adequate and ‘fit for purpose’.
Now is the Time for Change.

1. Background

Acquired Brain Injury (ABI) covers all situations in which brain injury has occurred since birth, and can include a fall, road accident, tumour or stroke. According to the ‘Time for Change’ report there were 84,374 ABI admissions in Wales between 2012-17; Betsi Cadwalader University Health Board (BCUHB) had the highest number of admissions with 20,187. The total numbers of individuals living with the effects of ABI in Wales is unknown.

1.1. Time to Change Report

In 2018 the All-Party Parliamentary Group (APPG) on Acquired Brain Injury (ABI) and United Kingdom Acquired Brain Injury Forum (UKABIF) launched a report ‘Acquired Brain Injury and Neurorehabilitation – Time for Change’ to raise awareness of ABI, and to seek improvements in the support available.

In 2021 the report was updated to reflect the Welsh position, noting that:

- It was timely to look at neurorehabilitation given the establishment of a Major Trauma Network (MTN) for South Wales and Powys;
- There are no inpatient beds in North Wales; and
- Appropriate provision of support for people with ABI is necessary for a sustainable and healthy Wales.

The report made a number of recommendations including the need to conduct a review of the incidence of ABI, and whether existing neurorehabilitation services in Wales are adequate and ‘fit for purpose’.

1.2. UK Government Action

On 2 December 2021 the UK Government announced its commitment to developing a cross - Government strategy on ABI which will be overseen by a Programme Board co-chaired by the Minister for Care and Mental Health and Chris Bryant, MP and a steering group will be established alongside the Programme Board.

In correspondance to the Committee on 22 February 2022, the Minister for Health and Social Services confirmed that the Welsh Government is liaising with the Department of Health and Social Care to ensure the strategy takes into account that health services are devolved in Wales, as well as consideration of Wales' national clinical framework and developing quality statements. The Minister also confirmed that the Welsh Government would be represented on the Programme Board and Steering Group.

2. Neurorehabilitation Services in Wales

Neurorehabilitation is a process of assessment, treatment and management and is delivered via a specialist multidisciplinary team (MDT), including roles such as Rehabilitation Consultant, Rehabilitation Nurse, Neuropsychologist, Speech and Language Therapist, Physiotherapist, and Occupational Therapist.

2.1. Neurorehabilitation services in south Wales

Major Trauma Networks (MTN) were established in England in 2010 and provide coordinated care pathways for individuals with major trauma. In Wales an MTN covering South and West Wales and South Powys is currently being established. University Hospital Wales (UHW) is a Major Trauma Centre and Morriston Hospital in Swansea is a Trauma Unit (TU) with specialist services. There will be five additional TUs and two rural trauma facilities. Level 1 neurorehabilitation services which provides specialist support to those with complex rehabilitation needs are provided in University Hospital Llandough (UHL) which includes a rehabilitation unit with 22 neurorehabilitation beds and 26 spinal beds. Neath Port Hospital has 13 beds for complex neurological cases.

Referring to the implementation of the South Wales MTN the Minister highlighted the investment in additional rehabilitation provision for patients with major trauma injuries including: additional rehabilitation consultant sessions;

introduction of major trauma rehabilitation practitioners; and implementation of the rehabilitation prescription.

2.2. Neurorehabilitation services in north Wales

Betsi Cadwalader University Health Board (BCUHB) is part of the the North West Midlands and North Wales MTN and has access to the MTC in Royal Stoke University Hospital, North Staffordshire. Residents in North Powys feed into the West Midlands MTN, and the Birmingham, Black County, Hereford and Worcester MTN. The Minister for Health and Social Services explained that all services are spot purchased through the Individual Patient Funding Requests process.

The **North Wales Brain Injury Service** (NWBIS) provides community-based, multi-disciplinary clinical team which provides outpatient rehabilitation.

Children who meet the criteria for specialist inpatient paediatric neurorehabilitation are referred to Alder Hey Children's Hospital, Liverpool (North Wales) or Noah's Ark Children's Hospital for Wales (NACHfW) in Cardiff. NACHfW provides a specialist inpatient paediatric neurorehabilitation unit with capacity for four children and young people with ABI.

The Minister noted that BCUHB has been trying to address the issue of the lack of inpatient Level 2 Neuro Rehabilitation services in north Wales since 2019/20. The Minister referred to a BCUHB Neuro project team which, in collaboration with clinicians and service users, have been:

working to understand and define what the delivery of a level 2 neuro rehabilitation service would involve. This included identifying potential capacity and demand, relevant service standards, resource requirements and how the current service pathway operates.

A report of the findings was submitted to the Executive Team in April 2021, and following delays due to pressures within the health board the Minister confirmed that in September 2021 it gave the Team approval to further develop potential options and conduct an appraisal to provide a recommended option. Work is currently underway and will be concluded by the Autumn.

The Minister suggested that if any of the petitioners would like to get involved in the development of this new service and have provided contact details.

3. Welsh Government Action

In correspondence to the Committee on 22 February 2022, the Minister for Health and Social Services highlighted the Neurological Conditions Delivery Plan 2017 which sets out the Welsh Government's vision for people living with all neurological conditions in Wales. The Plan is overseen by the Neurological Conditions Implementation Group (NCIG) which for the past two years has prioritised neuro-rehabilitation for people with ABI and other neurological conditions and has been allocated £900k for neuro-rehabilitation services annually. The Plan has been extended to March 2022.

The Minister explained that the NCIG are working with the Value in Health (ViH) team to develop a data dashboard for ABI which will enable NCIG, health boards and other stakeholders to understand the demand for services and the impact on people living with ABI.

The National Clinical Framework (NCF) was published in March 2021 and sets out how clinical services, including neurological conditions, should be provided over the next decade and the ways in which the Welsh Government can better support system planning and quality improvement. The Minister says that the:

NCF will be supported by a range of quality statements that consist of high-level policy intentions that set out the standards and outcomes expected of clinical services. The NCIG is currently working on a specific quality statement for neurological conditions.

A national rehabilitation Framework and population specific guidance was published in May 2020. The Minister said these would help services to better understand the increasing demand for rehabilitation, reablement and recovery throughout health and social care services, and are being used by health boards, local authority and third sector partners to plan for rehabilitation services to respond to the needs of their populations.

Responding to the petitioner, the Minister said :

I expect to see transformation to deliver increased and more consistent provision of rehabilitation, reablement and recovery services, including neuro-rehabilitation to ensure people can maximise their recovery from ill health as close to home as possible and live healthier, happier, longer, independent lives.

4. Welsh Parliament Action

Responding to concerns that the Neurological Conditions Delivery Plan had not resulted in the degree of change that was expected, the fifth Senedd's Cross Party Group on Neurological Conditions undertook an inquiry in 2019 which recommended actions to improve the implementation of the Plan and to deliver a long-term approach to raising the standard in support offered to people with neurological conditions. However, the Welsh Government did not accept all the recommendations outlined in the report.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1235
Ein cyf/Our ref EM/14337/21

Jack Sargeant MS
Chair - Petitions committee

22 February 2022

Dear Jack,

Thank you for your letter of 25 November on behalf of the petition committee regarding the provision of services and support for people with Acquired Brain Injury in Wales. Please accept my apologies for the delay in responding.

We are aware of UK Government plans to publish a cross government strategy on neurological conditions and are liaising with the Department of Health and Social Care to ensure that any such strategy takes into account that health services are devolved in Wales, as well as consideration of our national clinical framework and developing quality statements. A Programme Board co-chaired by the Minister for Care and Mental Health and Chris Bryant, MP is being established to oversee the strategy development and the first meeting is scheduled for 2 February. A Steering Group is also being established alongside the Programme Board and Welsh Government will be represented on both.

The Neurological Conditions delivery plan sets out the Welsh Government's vision for people living with all neurological conditions in Wales and is overseen by the Neurological Conditions Implementation Group (NCIG). The NCIG continues to allocate £900k for neuro-rehabilitation services annually and has made neuro-rehabilitation for people with ABI and other neurological conditions a priority for the last 2 years.

The NCIG are also working with the Value in Health (ViH) team on an ambitious project to develop a data dashboard for ABI. This will enable NCIG, health boards and other stakeholders to really understand the demand for and impact of services for people living with an ABI in Wales.

Our National Clinical Framework (NCF) published in March 2021 describes how clinical services such as neurological conditions should be provided over the next decade and how we can better support system planning and quality improvement. The NCF will be supported by a range of quality statements that consist of high-level policy intentions that set out the standards and outcomes expected of clinical services. The NCIG is currently working on a specific quality statement for neurological conditions.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We also published a [national rehabilitation framework](#) and underpinning population specific guidance in May 2020 to help services better understand the increasing demand for rehabilitation, reablement and recovery throughout health and social care services. Health boards, local authority and third sector partners are using the Framework to plan rehabilitation services to respond to the needs of their populations.

In addition, as part of the implementation of the South Wales Major Trauma Network, health boards have invested in additional rehabilitation provision for any patients with major trauma injuries including brain injuries. This includes the provision of additional rehabilitation consultant sessions, introduction of major trauma rehabilitation practitioners and implementation of the rehabilitation prescription.

In relation to north Wales, currently, there is no provision for adults or children in north Wales for inpatient neurorehabilitation and all services are spot purchased via the IPFR (Individual Patient Funding Requests) process.

Betsi Cadwaladr University Health Board (BCUHB) has been actively trying to address the issue of the lack of inpatient Level 2 Neuro Rehabilitation services in north Wales since 2019/20. During this time a project team, in collaboration with clinicians and service users, have been working to understand and define what the delivery of a level 2 neuro rehabilitation service would involve. This included identifying potential capacity and demand, relevant service standards, resource requirements and how the current service pathway operates.

A report detailing this information and suggesting a number of potential ways to deliver a Level 2 Neuro Rehabilitation service locally was submitted to the Executive team in April 2021. Consideration of the report was delayed due to pressures within the health board, however in Sept 2021 the Executive Team gave approval for BCUHB Neuro Rehab Project Board to further develop the potential options and complete an options appraisal to provide a recommended option. This work is currently in progress and will be concluded by autumn when it will return to their Executive team for potential approval. They are happy to provide an update to the Petitions Committee at this point.

They are keen that any new service is co-produced with service users and carers as well as health professionals so if any of the petitioners would like to be involved please contact Megan.Vickery@wales.nhs.uk for further information.

I expect to see transformation to deliver increased and more consistent provision of rehabilitation, reablement and recovery services, including neuro-rehabilitation to ensure people can maximise their recovery from ill health as close to home as possible and live healthier, happier, longer, independent lives.

I hope this information is helpful in responding to your constituent.

Yours sincerely,



Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Dear Petitions Committee,

Thank you for the actions you have already taken concerning our petition, and for also sharing the letter of 22 February 2022 from Eluned Morgan - Minister for Health and Social Services, regarding the provision of services and support for people with Acquired Brain Injury (ABI) in Wales.

ABI is a hidden epidemic affecting many hundreds of thousands of people in Wales. It is a chronic condition with hidden disabilities and life-long consequences, where many individuals require early and continued access to neurorehabilitation to optimise their recovery and maximise their long-term potential. However, the provision of services and support for people with ABI extends beyond the Health and Social Services sector, and rests on the cooperation between multiple sectors and departments.

Indeed, in our recently published 2021 '*Acquired Brain Injury and Neurorehabilitation in Wales: Time for Change*' report (appended with this letter - <https://ukabif.org.uk/page/TFCWales>), we make a number of recommendations across five key areas – Neurorehabilitation, Education, Criminal Justice, Sport-related Traumatic Brain Injury, and the Welfare Benefits System - with each highlighting the urgent need for the provision of services and support for people with ABI in Wales to be reviewed.

However, the letter - which we have gratefully received from Eluned Morgan –addresses only one of these five key areas. Consequently, we hope that the petitions committee are able to give their full consideration to our recommendations across all five key areas during their discussions:

1. Neurorehabilitation

- There is an urgent need in Wales to review the incidence of ABI and ensure existing neurorehabilitation services are adequate and 'fit for purpose' for children, young people, and adults, with new services implemented as required
- Children, young people, and adults with ABI in Wales should have access to high quality inpatient and community-based neurorehabilitation. Their neurorehabilitation needs should be assessed shortly after admittance to hospital, delivered during the inpatient phase, and continued, if required, in the local community.
- There is a need for cooperation between Health, Social Care, and Education departments, and funding for inpatient and community neurorehabilitation services needs to be reviewed.
- Neurorehabilitation must be a key consideration in the new Major Trauma Network for South and West Wales and South Powys, with a clear pathway to appropriate services.
- It should be mandatory for the Rehabilitation Prescription to be given to all individuals with an ABI, not just those who have been in a Major Trauma Centre, on discharge from hospital. Copies should also be sent to their General Practitioner and given to the patient and family.

2. Education

- There is a need to review the incidence of children and young people with ABI in the education system in Wales.

- All education professionals should have a minimum level of awareness and understanding about ABI and the educational requirements of children and young people with this condition (i.e., completion of a short online course for all school-based staff), with additional training for the named lead professional supporting the individual with an ABI and Additional Learning Needs Coordinators.
- Many children and young people with ABI require individually tailored, collaborative and integrated support for the return to school, and throughout their education.
- An agreed 'return-to-school' pathway plan is required, led, and monitored by a named lead professional, to provide a consistent approach and support for the individual, their family, and teachers.
- There is a need to ensure that Statements of Special Educational Needs (and Individual Development Plans in future) have consistent input from neuropsychological services to ensure that provision is fit for the individual's needs. The advice in the Statement should be specific - with no room for interpretation - to ensure that each individual receives appropriate support consistently.

3. Criminal Justice

- Criminal justice procedures, practices and processes need to be reformed to take into account the needs of individuals with ABI.
- Training and information about ABI is required across all services including the police, probation, prison services and the Courts.
- Brain injury screening for children, young people and adults is required routinely, and at the earliest point of contact with the Criminal Justice System.
- If an ABI is identified, neurorehabilitation is required with the appropriate interventions planned and implemented depending on injury severity. This could include ABI Awareness training for current Criminal Justice System staff to adapt their practices. In the cases of more severe brain injury, they may require specialist intervention with trained professionals.

4. Sport-Related Traumatic Brain Injury

- Funding for collaborative research is required to evaluate and improve assessment tools, develop objective diagnostic markers, and better understand the recovery process including post-concussion syndrome and potential long-term risks of sport-related brain injury.
- An education campaign is required in schools and communities to improve awareness and understanding of sport-related brain injury.
- Government should take the lead with clear sport-independent concussion guidance and policies. Sport associations should work collaboratively with government and professional clinical bodies to implement these policies and to improve health professionals' knowledge of concussion management.
- The National Health Service should develop better pipelines for the diagnosis and care of sport-related brain injury, including post-injury follow-up for earlier detection of post-concussion syndrome.

5. Welfare Benefits System

- Training is required for all assessors involved with individuals who have ABI.
- Re-assessment for welfare benefits should only take place every five years.
- A brain injury expert should be on the consultation panel when changes to the welfare system are proposed.

In addition, we also have the following comments and/or queries in response to the letter of 22 February 2022 from Eluned Morgan - Minister for Health and Social Services:

1. Thank you for confirming that the United Kingdom Government plans to publish a cross government strategy on neurological conditions and are liaising with the Department of Health and Social Care to ensure that any such strategy takes into account that health services are devolved in Wales, as well as consideration of the Welsh Government National Clinical Framework and developing quality statements. As you know, Chris Bryant MP, has been working closely with the United Kingdom Acquired Brain Injury Forum (UKABIF) regarding this, and has confirmed that there is representation from the Welsh Government at all levels in this work. It will be good to see how this translates, and we hope that at a *minimum*, the recommendations arising from the cross-government strategy on neurological conditions will be applied equally in each of the nations of the United Kingdom.
2. Concerning the Neurological Conditions Delivery Plan which sets out the Welsh Government's vision for people living with all neurological conditions in Wales, £900k has been allocated for neurological rehabilitation services annually. We note that Stroke and dementia are not covered in this plan as individuals with these conditions have their own delivery plans, but that still leaves coverage of approximately 250 recognised neurological conditions under the plan. How much of this £900k budget is allocated to ABI specifically? Additionally, as it is anticipated that the number of people with neurological conditions will increase in the future due to increased longevity, improved survival rates and improved general health care, how do you envisage that future levels of demand will be met and that the Delivery Plan continues to evolve to further improve provision? As recognised in the Neurological Conditions Delivery Plan, there is need to not only raise awareness of these conditions, but to also deliver a quicker pace of change going forward.
3. Improvements in the quality of neurorehabilitation are a long-standing aspiration across the United Kingdom, although its implementation has been somewhat neglected over the last two decades. As a requisite example, in 2001 the Parliamentary Health Select Committee published a report on 'Head Injury' rehabilitation containing over 20 recommendations. Though these recommendations were for the UK in general, they were also highly relevant to Wales as a devolved nation. However, whilst many of the recommendations related to acute care have been implemented to some extent, we have not seen substantial implementation of those recommendations in the last two decades (please refer to Page 16 in the appended '*Acquired Brain Injury and Neurorehabilitation in Wales: Time for Change*' report for further details). Therefore, and regarding the National Clinical Framework, what is the timescale for the quality statement for neurological conditions, and how do you envisage that these high-level policy intentions will be implemented at service level?
4. Further, the publication of the National Rehabilitation Framework and underpinning population specific guidance (published May 2020) is certainly welcome news, with this intended to help services to better understand the increasing demand for rehabilitation, reablement and recovery throughout health and social care services. However, does the implementation of this guidance, at least in part, also rest on the successful delivery of the data dashboard for ABI which as recognised, is an ambitious project? The development of the data dashboard is long overdue, but how will those with ABI who are not admitted to hospital and/or not attending for emergency and unscheduled care be identified and in turn, supported in the care pathway?
5. Thank you for sharing that health boards have invested additional rehabilitation provision for patients with major trauma injuries, including the implementation of the Rehabilitation Prescription. However, Rehabilitation Prescriptions are not made available to all individuals with an ABI, and General Practitioners do not always receive a copy when one is available, so cannot facilitate access to neurorehabilitation services post-discharge. Individuals with an ABI treated outside of a Major Trauma Centre in Wales are also still unlikely to receive a rehabilitation

prescription. Instead, we believe that a Rehabilitation Prescription should be given to all individuals with an ABI, not just those who have been in a Major Trauma Centre, on discharge from hospital. Given the inconsistent and limited use of Rehabilitation Prescriptions, is the implementation of and use of these under review, and are there plans to expand provision further? Additionally, whilst we welcome the recent investment in rehabilitation provision by health boards, do enough specialists currently exist to meet demand and are there plans for further investment?

6. We are very pleased to learn that Betsi Cadwaladr University Health Board (BCUHB) has been actively trying to address the issue of the lack of inpatient Level 2 Neuro Rehabilitation services in North Wales since 2019/20, including the establishment of the BCUHB Neuro Rehab Project Board in response to the report submitted to the Executive Team in April 2021. Thank you also for your suggestion of contacting Megan.Vickery@waes.nhs.uk. We will of course do this and look forward to further updates on progress, as well as the opportunity to be involved with this work.
7. In addition to a specific lack of neurorehabilitation services in North Wales, we also wish to highlight that such services are particularly limited for children in Wales. From April 2010, neurorehabilitation for children with ABI was transferred to the seven Health Boards, and planning undertaken through a joint committee, the Welsh Health Specialised Services Committee (WHSSC). As we understand, individuals who meet the criteria for specialist inpatient paediatric neurorehabilitation under the Welsh Health Specialised Services Committee policy are referred to Alder Hey Children's Hospital, Liverpool (North Wales) or Noah's Ark Children's Hospital for Wales in Cardiff (South Wales). The latter also provides secondary and tertiary services for children and young people, in areas relevant to trauma care. However, there are no other specialist NHS paediatric neurorehabilitation services in Wales, either inpatient or long-term in the community. How and when will this be addressed?


Thank you once again for considering our petition and for allowing us the opportunity to respond to the letter. Please do not hesitate to contact us should you have any queries or require further information. We would welcome the opportunity to work collaboratively and alongside you to ensure improved provision of services and support for people with ABI in Wales.

Yours Sincerely,
On behalf of my fellow petitioners

Dr Claire Williams



Associate Professor and School Education Lead
School of Psychology, Faculty of Medicine, Health and Life Science



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Local authorities and admissibility criteria for petitions

Y Pwyllgor Deisebau | 21 Mawrth 2022
Petitions Committee | 21 March 2022

Reference: SR22/2201

Petition Number: P-06-1248

Petition title: Change Standing Orders and admissibility criteria for petitions.

Text of petition: Currently petitions that concern the operational decisions of local authorities are automatically rejected by the Petitions Committee in accordance with Standing Orders. Across Wales, Local Authorities are disregarding Welsh Assembly declarations, such as Climate Emergency and Nature Emergency and making decisions which are in direct contravention of such declarations. Many farms are being lost whilst Councils seek to maximise their revenues by allowing additional building on greenbelt land.

In February 2016, the Petitions Committee, undertook a public consultation exercise and review of public petitions arrangements. Under Item 17, it was confirmed that 57% of the public favoured allowing petitions about local authority operational decisions and responses from petitioners were equally divided. Under 21, it was stated: "despite the responses to the online survey, there does not appear to be a consensus for change in this area and good reasons not to interfere in local democratic decision making". This is denying the public the right to avail themselves of the correct avenue to correctly challenge local authority decisions which go against the aims and commitments made by the Welsh Government. The Planning Policy for Wales states: "the Welsh Ministers have reserve powers to make their own revocation/modification or discontinuance orders but only after consultation with the planning authority." How can the public request this when petitions are automatically denied?



1. Background

Provisions governing the Senedd's public petitions procedure are set out in Standing Order 23. Under Standing Order 23.4, a petition is not admissible if it 'requests the Senedd to do anything which the Senedd clearly has no power to do.' The Senedd petitions website states that this includes 'something that [a] local council is responsible for (including planning decisions)'.

The Petitions Committee undertook a review of public petitions arrangements in 2016. This included consulting on admissibility rules. The Committee set out the current criteria as follows:

'Petitions about the operational responsibility of individual local authorities are not accepted. (This also extends to a local authority decisions on matters that may come before the Welsh Government, such as school closures and planning applications.) Conversely, petitions about the operational decisions of local health boards are admissible.'

As part of its review, the Committee ran a public consultation on admissibility criteria, via online survey. 57% of the 330 respondents were in favour of allowing petitions about local authority operational decisions.

The Committee also consulted stakeholders, including current and former petitioners and public bodies from across Wales. Petitioners were divided equally for and against, while stakeholders were broadly in favour of maintaining current arrangements.

The Committee concluded that 'there does not seem to be a consensus for change in this area and good reasons not to interfere in local democratic decision making,' and recommended that there should not be a change in admissibility rules.

The Petitions Committee's legacy report from the Fifth Senedd did not address any recommendation that local authority matters should be brought under the remit of the Senedd petitions system.

2. Local Government and Elections (Wales) Act 2021

The Local Government and Elections (Wales) Act 2021 places a duty on principal councils to prepare and publish their own petition scheme. The Act states that a principal council 'must make and publish a scheme setting out how the council intends to handle and respond to petitions (including electronic petitions)'. The scheme must set out:

- how a petition may be submitted to the council;
- how and by when the council will acknowledge receipt of a petition;
- the steps the council may take in response to a petition received by it;
- the circumstances (if any) in which the council may take no further action in response to a petition; and
- how and by when the council will make available its response to a petition to the person who submitted the petition and to the public.

Prior to the 2021 Act, local authorities could run Community Polls under the Local Government Act 1972. Community Polls are non-binding on a principal council and can only be enacted if a sufficient number of electors support one at a community meeting.

In its explanatory note to the 2021 Act, the Welsh Government set out two options: maintaining the status quo of the 1972 Act, or introducing a statutory duty on principal councils to introduce a petition scheme.

In their recommendation of option two (a new statutory duty), the Welsh Government argued that the provisions would 'provide a framework to enable councils to engage openly with the public, and [that] the abolition of community polls would make public access to petitions quicker and easier.'

These provisions have not yet commenced. The Welsh Government have launched a consultation for local authorities to ask questions about the new scheme. New statutory guidance is expected to be published in advance of the local government elections in May 2022.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Ensure fathers/birth partners are involved in all assessments & care throughout the perinatal period

Y Pwyllgor Deisebau | 21 Mawrth 2022
Petitions Committee | 21 March 2022

Reference: SR22/2236-1

Petition Number: P-06-1255

Petition title: Ensure fathers/birth partners are involved in all assessments & care throughout the perinatal period

Text of petition: The Covid-19 pandemic and resulting regulations have had a devastating impact on many fathers/partners who were not permitted at scans, assessments or sometimes even the baby's birth. Many fathers missed the birth altogether whilst being left outside in car parks for several hours and even days.

Fathers' experiences must be acknowledged and reviewed to inform future decision making and NHS guidance to ensure fathers/partners are treated fairly and not excluded in the future - even in a pandemic.

Whilst the negative impact on mothers has been highlighted, it is also important to recognise the effect on fathers/partners. Being excluded in this way has resulted in well-being and mental health issues, anxiety and concerns about the mother and the baby's health whilst being denied such precious and important experiences.



1. Background

During the pandemic, restrictions were put in place in relation to fathers/birthing partners attending maternity appointments and births.

In the response to the petition on 1 March 2022, the Minister for Health and Social Services notes that attendance restrictions were put in place in health care settings to ensure the safety and well-being of the birthing parent, their babies, the staff who supported them and others who needed access to maternity services at the time.

The current hospital visiting guidance was published by the Welsh Government in July 2021. Further Welsh Government guidance on Alert Level 0 (February 2022) notes that the focus remains on ensuring there is a balance between protecting vulnerable individuals receiving treatment in hospitals and allowing visiting, which is important for the well-being of patients and friends and families.

Annex 2 of the hospital visiting guidance sets out a framework to assist NHS health boards to assess visitor access for partners, visitors and other supporters of pregnant women in Welsh maternity services during the pandemic.

The framework has been informed by guidance provided to NHS England from the Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and the subsequent published framework by NHS England (September 2020).

Annex 2 of the guidance states that health boards are required to tailor their policies to the local situation and in periods of high local COVID-19 transmission rates and/or variants of concern, health boards should revise guidance according to need.

It is suggested that health boards undertake a risk-assessed approach, following an assessment, making any necessary changes according to local transmission of the virus to either relax or reinstate previous levels of restrictions.

Annex 2 of the guidance also states:

Policies on permitting access to women's partners, visitors or other supporters should be regularly reviewed, be tailored to the local context and take account of:

- current national pandemic risk and government policy;

- NHS recovery phases;
- local trends in COVID-19 incidence and prevalence;
- physical space in the maternity service, including in waiting areas and clinic rooms;
- the number of women expected to attend an outpatient scan or clinic, and the use of waiting areas which are shared with other services;
- the number of women expected in an inpatient maternity unit (e.g. a postnatal ward), distance between bed spaces and cots as well as flow through ward; and
- staffing of the maternity clinic/unit.

Consideration should also be given to the needs of women who require additional support to access maternity services and where reasonable adjustments may be required.

A supplementary statement on hospital visiting during the pandemic was issued by the Welsh Government in June 2021 (last updated 10 January 2022). The Welsh Government acknowledges that variations can occur in community transmission across different parts of Wales. The hospital visiting guidance sets out the current baseline for visiting in Wales during the pandemic, however, the Welsh Government recognises that providers of health care to which the guidance applies may depart from the guidance in response to:

- rising levels of COVID-19 transmission in their localities and/or evidence of nosocomial transmission within a particular setting, or
- falling levels of transmission in their local area.

Further guidance is provided in the supplementary statement, but all decisions to depart from the guidance should be made by the health board, trust or hospice's executive team with their own infection prevention and control teams in collaboration with Public Health Wales.

2. Welsh Parliament action

During the pandemic, Members of the Senedd asked a number of written and oral questions relating to restrictions on fathers/birthing partners accompanying pregnant women to medical appointments and births.

On 14 September 2021, Heledd Fychan MS stated in Plenary:

I have received phone calls and e-mails that are very emotional from mothers talking about the impact of this on their own mental health, fathers saying that this impacts that important bond between themselves and their children, and in terms of paediatrics, children wanting both parents there, and children in tears because that can't happen. [Para 242]

In response to a question in Plenary on 19 May 2021, the First Minister explained:

The guidance in Wales encourages the system to be as welcoming as possible, but the reason for discretion is real. Maternity units across Wales vary enormously in terms of the size of the premises, the nature of the layout of buildings and so on, and, obviously, individuals come with different levels of risk themselves. Coronavirus has not gone away; people who are ill with it find themselves in hospital, and it has to be, in the end, a clinical decision made by the team of people looking after the woman and her partner as to how safe it is for other people to be involved directly in appointments. Now, the policy is that wherever it is safe to do so, that is what should happen, but I don't think we are in a position in the Senedd to make those individual clinical judgments in the different physical circumstances and individual circumstances that people face. [Para 148]

A debate was held during Plenary on 9 December 2020 on support for babies and new parents during COVID-19, which discussed the restrictions placed on fathers and birthing partners.

3. Welsh Government action

In correspondence to the Committee on 1 March 2022, the Minister for Health and Social Services recognises that the restrictions that were in place during the pandemic will have had an adverse impact on the amount of time some fathers and parents were able to spend with their babies in their earliest days.

It is acknowledged that from the start of a child's life, the relationship with both parents is crucial to their well-being and development. The Minister states that 'at

the heart of all our children and early years policies, is the support and promotion of the positive involvement of all parents in a child's upbringing'.

The Minister highlights that as Wales enters a new phase of the pandemic, Welsh Government officials are looking at the guidance issued to health boards to ensure visiting policies, including attendance at maternity services by fathers and partners, will be sustainable and appropriate and will look to reduce variation in policy across Wales. The Minister will be looking for this advice to balance the safety of people attending and working in healthcare settings with their well-being and access to support and care from family and friends.

In January 2022, the Minister announced £1.15million to launch a **Maternity and Neonatal Safety Support Programme**. As part of this Programme, the Welsh Government is funding a Service User Engagement Manager to look at how the Welsh Government can better engage with parents and families at both a national and local level. The Minister notes:

I would like to ensure the experiences of all parents and families, including fathers helps to shape future policy and the safety of our maternity, perinatal and neonatal services and they are improved through fair and inclusive treatment.

To support the initial discovery work, the Minister offers for the newly appointed official, when in post, to meet with the petitioner to discuss their experiences and discuss the changes they would like to see in the future, in terms of engagement and inclusion of fathers and partners.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1255
Ein cyf/Our ref EM/00500/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

1 March 2022

Dear Jack,

Thank you for your email of 27 January concerning Petition P-06-1255 Ensure fathers/birth partners are involved in all assessments & care throughout the perinatal period.

I recognise from the very start of a child's life, the relationship with both parents is crucial to their well-being and development. At the heart of all our children and early years policies, is the support and promotion of the positive involvement of all parents in a child's upbringing.

During the pandemic, attendance restrictions were put in place in health care settings, to ensure the safety and well-being of the birthing parent, their babies, and the staff who supported them and indeed to safeguard everyone who needed access to maternity services at the time. I recognise that these restrictions will have had an adverse impact on the amount of time some fathers and parents were able to spend with their babies in their earliest days. Attendance of partners in maternity services has been based on a local, risk assessment approach by each health board. Maternity services facilities and accommodation differs widely between health boards, so risk assessments needed to be undertaken on an independent, local basis.

As we enter a new phase of the Pandemic, officials are looking at the guidance issued to health boards to ensure visiting policies including attendance at maternity services by fathers and partners will be sustainable and appropriate and will look to reduce variation in policy across Wales. I will be looking for this advice to balance the safety of people attending and working in our healthcare settings with their well-being and access to support and care from family and friends.

In January I announced £1.15million to launch a Maternity and Neonatal Safety Support Programme.

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Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

As part of this Programme we are funding a Service User Engagement Manager who will look at how we can better engage with parents and families at both a national and local level. I would like to ensure the experiences of all parents and families, including fathers helps to shape future policy and the safety of our maternity, perinatal and neonatal services and they are improved through fair and inclusive treatment.

To support the initial discovery work it would be very helpful if the newly appointed official, when in post, could meet with the petitioner to discuss his experiences and discuss the changes he would like to see in the future, in terms of engagement and inclusion of fathers and partners. If you think this would be a good course of action, I would be grateful if you would ask the petitioner if he would be happy to share his contact details with my office. Alternatively he is welcome to contact Karen Jewell Senior Midwifery Officer for Maternity and Early Years directly (Karen.jewell@gov.wales) to set up a meeting.

Thank you for bringing this important matter to my attention

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

P-06-1255 Ensure fathers/birth partners are involved in all assessments & care throughout the perinatal period, Correspondence – Petitioner to Committee, 14.03.22

Dear committee - Thank you for bringing this to attention. The biggest killer in men under 45 is suicide in the UK. The highest risk up to 47 times is during the perinatal period in father's.

Since Covid we have seen higher rates of antenatal anxiety and depression in father's which may have a impact on the mother's mental health and the devolpment of the child.

By supporting father's better may lower adverse childhood experiences (ACES) when father's are depressed the research shows they are less likely to play, read and dance with their children.

Covid has seen father's outside car parks for days leaving uncertainty and mother's willing their partners at scans. If we invest in father's mental health it will have far better outcomes for the whole family and the devolpment of the child.

Father's who suffer Postnatal Depression and PTSD after witnessing a traumatic birth has linked with depression in teenage daughters (2019) It looks different as father's surpress their feeling and use negative coping skills and avoid situations etc.

Canada has done a report that 1 in 4 father's suffer anxiety and depression maybe due to COVID-19 or due to men opening up about their feeling better. Like mums father's struggles to bond and all the thoughts and feeling mum has with PND of course dad's can too.

I would like to see better support and debrief for father's and better understanding if anything like COVID-19 happens again. Better pathways

P-06-1256 Hold a referendum on Wales becoming a Nation of Sanctuary

Y Pwyllgor Deisebau | 21 Mawrth 2022
Petitions Committee | 21 March 2022

Reference: SR22/2236-2

Petition Number: P-06-1256

Petition title: Hold a referendum on Wales becoming a Nation of sanctuary

Text of petition: With recent events in Afghanistan and Mark Drakeford reminding us all how the Welsh Government want Wales to be a Nation of Sanctuary, we truly believe that this should be a decision made by the Welsh people. We feel that as its the people of Wales who will be funding part of this through taxes, we have a right to decide if this is a decision that is right for the Welsh people. Hold a referendum on Wales being a nation of sanctuary.

Recently, [Mark Drakeford tweeted](#) "We want Wales to be a Nation of Sanctuary and we'll do everything we can to support evacuations from Afghanistan".

There has been many comments how Wales simply doesn't have the facilities nor financial infrastructure to take in and house people from all over the world. As mentioned, we have our own homelessness, drugs/alcohol and mental health crisis and on top of that, due to Covid the economy is crashing. There is a fair argument that whilst we have our own problems at the scale in which we do, we cannot support any more. For these reasons, we demand a referendum on Wales becoming a nation of sanctuary. This decision should never have been made with no vote from the public. No one was elected on a manifesto or promise to do this.



1. Background

1.1. International responsibilities

The UK has international legal responsibilities to protect refugees. Alongside 148 other countries, the UK is a party to the 1951 Refugee Convention, a global treaty overseen by the United Nations. The core principle of the Refugee Convention is 'non-refoulement', which means that a refugee should not be returned to a country where they face serious threats to their life or freedom.

The UK is also party to other treaties which protect refugees, such as the European Convention of Human Rights (ECHR).

The Welsh Government is required by the devolution settlement to comply with these obligations. In 2019, the Welsh Government declared that Wales would become the world's first 'Nation of Sanctuary'. The plan explains how it will ensure Wales fulfils its international obligations and has been endorsed by the United Nations.

1.2. Definitions

The UK Government pledged to resettle 20,000 Afghan refugees in the UK. According to the Refugee Convention 1951, a refugee is:

a person who is outside their country of nationality or habitual residence; has a well founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail themselves of the protection of that country, or to return there, for fear of persecution.

This differs from the definition of an asylum seeker. Other Afghan refugees are likely to reach the UK of their own accord and claim asylum. The definition of an asylum seeker is:

a person who has crossed an international border in search of protection, but whose claim for refugee status has not yet been decided. An asylum seeker is therefore someone who has arrived in a country and

asked for asylum. Until they receive a decision as to whether or not they are a refugee, they are known as an asylum seeker.

In the UK, asylum seekers do not have the same rights as a refugee or a British citizen. For example, people seeking asylum aren't allowed to work or claim benefits.

1.3. UK Government support for asylum seekers

The UK Government provides asylum seekers with housing, financial support and access to services if they meet the eligibility requirements (that they are homeless or do not have money to buy food). Where an application for asylum has been refused a person may be eligible for short-term support under section 4(2) of the Immigration and Asylum Act 1999.

Asylum accommodation is provided on a 'no choice' basis so asylum seekers cannot choose where in the UK they live. Asylum seekers in receipt of support will be placed in temporary accommodation which is managed by providers on behalf of the Home Office.

The UK operates three resettlement schemes: The UK Resettlement Scheme (UKRS), Community Sponsorship Scheme, and Mandate Resettlement Scheme. Other pathways include family reunion.

In September 2021 the UK Government announced two resettlement schemes for people fleeing Afghanistan:

- Afghanistan Relocations and Assistance Policy (ARAP). ARAP, or 'Operation Warm Welcome', applies to Afghans who have worked closely with the British military and UK Government in Afghanistan.
- The Afghan Citizens' Resettlement Scheme applies to Afghan citizens deemed most at risk of human rights abuses and dehumanising treatment by the Taliban, including women and girls.

The UK Government is currently responding to the humanitarian crisis in Ukraine and has announced a Humanitarian sponsorship pathway: Members of the Senedd across political parties have expressed strong support to provide sanctuary in Wales for those fleeing the conflict.

1.4. The Nationality and Borders Bill

The UK Government introduced the Nationality and Borders Bill in the House of Commons in July 2021. The Bill has three key objectives:

- Increase the fairness of the system to better protect and support those in need of asylum;
- Deter illegal entry into the UK, thereby breaking the business model of people smuggling networks and protecting the lives of those they endanger; and
- Remove those with no right to be in the UK more easily.

The Bill has attracted much criticism. The United Nations' Refugee Agency (UNHCR) warns that the Bill 'undermines the 1951 Refugee Convention, the agreement which has protected refugees for decades and of which the UK is a signatory'.

The House of Lords voted down a number of clauses, including Clause 11 which would have created a two-tier system based on the route of entry to the UK. A third reading of the Bill will take place before making a return to the House of Commons.

The Senedd has refused to give its consent to the 'Legislative Consent Memorandum' (LCM) on the Nationality and Borders Bill which was debated in Plenary on 15 February 2022.

2. Welsh Government action

Immigration is a reserved matter and as such the Welsh Government has had little involvement in the development of policies and action taken at a UK level. The Welsh Government is however responsible for the broad range of policies that support the integration of migrants including health and social care, housing, education, employment and is a key player in managing the impacts of migration and ensuring communities are cohesive.

In 2019, the Welsh Government announced it would become the world's first Nation of Sanctuary. This was in response to a 2017 inquiry by the Fifth Senedd's Equality, Local Government and Communities Committee into refugees and asylum seekers in Wales.

The Welsh Government's impact assessment summarises how the policy: seeks to remove barriers to asylum seekers accessing services, improve employability support for refugees, improve integration and knowledge of rights for refugees and asylum seekers and mitigate destitution, mental ill health and homelessness.

The plan also sets out the Welsh Government's position on devolution arrangements, given that asylum and immigration are reserved to the UK Government:

Responsibility for asylum and immigration rests with the UK Government rather than the Welsh Government. This means that some of the key levers to prevent harmful outcomes, such as timely and good asylum case decision-making, the quality of asylum accommodation and provision of legal aid, are out of our control.

However, the successful integration of refugees and asylum seekers will require concerted effort on the part of the Welsh Government, Welsh public services and Welsh communities.

In correspondance to the Petitions Committee on 11 February 2022, the Minister for Social Justice explained that the Nation of Sanctuary Plan was developed through "a three month open consultation" and heard from those people seeking sanctuary, public services and was open to members of the public. The Minister referred to the summary of responses and said they "[...] demonstrate substantial support for the draft Nation of Sanctuary proposals."

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Ein cyf/Our ref JH-/00116/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
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Government.Committee.Business@gov.wales

11 February 2022

Dear Jack,

Thank you for your recent letter on behalf of the Petitions Committee seeking views raised in Petition P-06-1256 requesting consideration of the request to hold a referendum on the Welsh Government's Nation of Sanctuary policy and in particular referring to costs associated with resettling those who have been evacuated from Afghanistan.

Equality and human rights are the cornerstone of the Welsh Government and our vision for Wales. They are also the cornerstone of our national identity. I do not believe that the strength of what it is to be Welsh is defined by a desire to turn a blind eye, but by a compassion that is so profoundly entrenched in our identities. The crisis in Afghanistan that we witnessed late in 2021 and still continues, demonstrates how this compassion and kindness remains within the hearts of Welsh people.

The Nation of Sanctuary plan was developed through a three month open consultation which commenced on 22 March 2018 and concluded on 25 June 2018. We met and listened to people seeking sanctuary and public services across Wales, both before and during the consultation. The consultation was also open to the public to comment. A copy of the consultation summary of responses can be found [here](#). As the report makes clear "Overall, the consultation responses demonstrate substantial support for the draft Nation of Sanctuary proposals."

I should also mention that this petition is very similar to P-06-1174 which came before your Committee in July 2021. As Committee member Joel James MS said at during Committee on 13 September 2021, *"I know it was previously in the Conservative manifesto about creating a nation of sanctuary and I assume it was in the Welsh Labour one as well, really. We've had an election recently, and regardless of whether or not we were supportive of the outcome or happy with the outcome, that should really end the discussion in terms of not*

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

having a say on the matter... I would be saying that we'd probably just agree that there's no further action and to close the petition, really. I think this is something that has already been discussed previously at quite a length really, even in the Senedd Chamber..."

The Nation of Sanctuary plan is about ensuring people seeking sanctuary can rebuild their lives here. It is about ensuring they can become a part of our communities and can utilise their skills and experience to the fullest extent. This Government remains steadfast in our commitment to the Nation of Sanctuary plan and to the people it seeks to support, including those from Afghanistan.

A handwritten signature in black ink, reading "Jane Hutt". The signature is written in a cursive style with a large initial 'J' and a distinct 'H'.

Jane Hutt AS/MS

Y Gweinidog Cyfiawnder Cymdeithasol
Minister for Social Justice

Reduced council tax for private estate properties

Y Pwyllgor Deisebau | 21 Mawrth 2022
Petitions Committee | 21 March 2022

Reference: SR22/2236-3

Petition Number: P-06-1257

Petition title: Reduced council tax for private estate properties

Text of petition:

Councils should be required to reduce the council tax for the properties that are within "private" estates as all the maintenance costs for communal areas are paid by the homeowners, both leaseholders and freeholders.

The local councils do not accept responsibility for covering costs of maintenance in common areas on new housing estates. This leads Developer to appoint a Management company to do it at costs that cannot be disputed or challenged by the freeholder. So, increasingly the cost of maintaining these communal areas on newer housing estates is pushed onto homeowners. However, these homeowners do not receive any corresponding reduction in their council tax bills.



1. Background

Where the local authority has not adopted common areas on housing estates like roads, open spaces and play facilities, private arrangements may be put in place to ensure they are maintained. Where this happens, it will typically result in a charge being levied on residents by a management company or agent to pay for the upkeep of those areas.

Leaseholders will pay these fees through their service charge and freeholders will be made subject to an estate rent charge. Tenants may pay these costs through their rent or a service charge.

2. Welsh Government action

The Programme for Government contains a commitment to “Ensure that estate charges for public open spaces and facilities are paid for in a way that is fair.”

The Welsh Government consulted on estate management charges in 2020. A summary of responses to the consultation was published on 30 November 2020 along with a written statement to the Senedd from the then Minister for Housing and Local Government. In terms of next steps for the Welsh Government, the consultation summary notes:

It is clear from the evidence provided that the practice of estate charges does not work effectively for everyone under the current arrangements. The Minister will therefore use the evidence that has been gathered to consider the areas where change is needed and the potential options which may be available to make those changes.

This is just the start of a change process and any changes proposed or considered will be developed in conjunction with the industry and would be subject to further formal consultation and stakeholder engagement affording a further opportunity for feedback.

The Minister for Finance and Local Government has written to the Chair commenting on this petition. The Minister notes that council tax “...is not directly linked to the receipt of specific services” but rather provides general funding for a range of public services.

The Minister also notes in her letter that “work is in train to deliver a number of actions to address the causes and symptoms of estate charges being applied to householders” and this includes “Legislating to enable freeholders to challenge the reasonableness of estate charges (on the same basis as leaseholders currently can)” and “regulating residential property management companies.”

3. Welsh Parliament action

The issue of estate charges has been raised on many occasions in the Senedd.

On 14 March 2018 the Senedd debated a Members’ Legislative Proposal on Estate Management Companies. The motion, moved by Hefin David MS, proposed a Bill for the regulation of estate management companies. The proposed Bill was to include, amongst other things, giving freeholders equivalent rights to leaseholders to challenge the reasonableness of charges. Responding to the debate, the then Minister for Housing and Regeneration, Rebecca Evans, committed to set up the task and finish group to examine this issue amongst others. That group was established and subsequently published its report in July 2019.

Following the 2021 election, on 15 June 2021, the issue of estate charges was again raised in the Senedd by Hefin David MS. He asked for a statement from the Minister for Climate Change on the issue. Responding on behalf of the government, Lesley Griffiths MS said “...the Minister for Climate Change is considering all options available before coming to any further decisions.”

In November 2021, the Petitions Committee considered a petition calling for the Welsh Government to legislate to give freeholders in new build properties the right to manage their own estates. After receiving correspondence from the Minister for Climate Change which addressed the petitioner’s concerns, the Committee agreed to close the petition. The Minister had indicated in that letter that the Welsh Government was considering a number of legislative and non-legislative actions and was also co-operating with the UK Government on the issue.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref: P-06-1257
Ein cyf/Our ref: RE-00051-22

Jack Sargeant MS
Chair - Petitions Committee
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8 February 2022

Dear Jack,

Thank you for your letter regarding petition P-06-1257 Reduced council tax for private estate properties.

The Minister for Climate Change is leading the delivery of our Programme for Government commitment to 'ensure that estate charges for public open spaces and facilities are paid for in a way that is fair'. Work is in train to deliver a number of actions to address the causes and symptoms of estate charges being applied to householders including:

- Legislation to establish consistent consent, adoption and payment regimes operated by local authorities
- Legislation to address the failure of local authorities to adopt new and existing drainage schemes;
- Legislating to enable freeholders to challenge the reasonableness of estate charges (on same basis as leaseholders currently can);
- Regulating residential property management companies.

Council tax is not a service charge but a local tax which contributes towards the general funding for a wide range of local services. It is not directly linked to the receipt of specific services. This general funding pays for a wide range of local services, including education, social services, housing, transport, waste collection and recycling, environmental services and leisure provision – services from which all local taxpayers benefit. The use of particular services by individual households varies widely depending on many factors, including geography and household circumstances.

The amenities on private estate developments are provided as specific services under separate arrangements.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Any household experiencing difficulty in paying their council tax bill should contact their local authority to establish whether they are eligible for a discount or reduction. As well as the range of mandatory schemes in place, local authorities have discretionary powers to reduce council tax bills for particular households or properties.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The script is cursive and fluid.

Rebecca Evans AS/MS

Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government

**P-06-1257 Reduced Council Tax for private estate properties, Correspondence –
Petitioner to Committee, 11.03.22**

Firstly, I welcome the work being carried out by the Welsh government to address the **unreasonable & unregulated** charges put upon residents of managed estates.

However it was on 6th February 2020, that the Minister for Housing and Local Government launched a Call for Evidence into the practice of estate charges. When are we likely to see some progress and actions to this report?

Also do Welsh Local Authorities have or need the power to create their own maintenance company?

South Somerset CC set up their own maintenance company to manage public open space on private estates. They didn't adopt but took control and charged home owners a reasonable amount but no reduction in Council Tax.

Ban the use of non-biodegradable dog poo bags

Y Pwyllgor Deisebau | 21 Mawrth 2022
Petitions Committee | 21 March 2022

Reference: SR22/2236-5

Petition Number: P-06-1259

Petition title: Ban the use of non-biodegradable dog poo bags

Text of petition: Plastic dog waste bags last for centuries and have a large negative impact on the environment. Even when they eventually break down, they remain as toxic micro plastics, threatening wildlife and human health.

1. Background

There are approximately nine million dogs in the UK, with 26% of households owning at least one dog. It has been estimated that dogs produce more than 1,000 tons of faeces every day in the UK and much of this waste is deposited in public areas.

There are a wide variety of dog waste bags available to purchase – from standard plastic to biodegradable. Dog waste bags are usually disposed of in general waste (“black bag”) bins. It is illegal for dog owners to not clean up their dog’s waste in a



public area, and [fixed penalty notices](#) can be issued for non-compliance. There is an [exemption](#) for some kinds of public land in England and Wales, including: land used for agriculture or woodlands; rural common land; land that is predominantly marshland, moor or heath; and highways with a speed limit of 50mph or more. Some local authorities in Wales also [issue fines](#) for dog owners who walk their pets without carrying waste bags. More information about dog fouling can be found in this [House of Commons library briefing](#).

In March 2021 the Welsh Government published its circular economy strategy, [Beyond Recycling](#), which includes a headline action to “phase out unnecessary single-use items, especially plastic”. Between July and October 2020 it [consulted on proposals to reduce single-use plastic](#). The consultation included a proposed list of nine items to be banned including **oxo-degradable products** (plastic products which break down by oxidation into micro-fragments). Examples include carrier bags, agricultural mulch films and, most recently, certain plastic bottles. The consultation does not specifically mention dog waste bags, but due to the wide variety available to purchase it is likely some would fall under this category. However the [Internal Market Act 2020](#) has raised [uncertainty about the practicalities of a ban](#), as any single-use plastics banned in Wales but permitted or imported into the rest of the UK could still be sold in Wales.

Keep Wales Tidy has published two reports on dog fouling: [Tackling Dog Fouling](#) and [Enforcement of Litter and Dog Fouling](#). The first references work by the Wales Centre for Behaviour Change, Bangor University and stakeholders which found that many people do not realise that they can put dog waste bags into a street bin, creating a barrier to responsible behaviour. Neither report explores the issue of non-biodegradable waste bags.

2. Welsh Government action

The letter from the Minister for Climate Change, Julie James, outlines a number of challenges associated with banning non-biodegradable dog waste bags, including:

- Variation in the materials used for making “environmentally friendly” bags. She states “compostable bags” made from natural materials often require specific conditions of heat and temperature to decompose, which are not found in the natural environment; and

- The potential unintended consequence of people not disposing of their bags properly as they believe they will quickly and safely break down.

The Minister believes the most effective way to tackle the issue is to ensure dog owners pick up dog waste and dispose of it appropriately in a bin. She outlines the Welsh Government is working with Local Authorities and Keep Wales Tidy, including funding the Caru Cymru programme, which has a specific campaign focused on dog fouling.

3. Welsh Parliament action

The issue of biodegradable dog waste bags has not been considered in the Senedd.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1259
Ein cyf/Our ref JJ/00236/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

18 February 2022

Dear Jack,

Thank you for your letter of 27 January regarding the petition to ban the use of non-biodegradable dog poo bags.

I sympathise with the concerns raised in this petition and am often dismayed to see dog waste bags strewn across our countryside by irresponsible dog owners. Whilst banning non-degradable bags may appear to offer a potential solution, such an approach comes with its own challenges. For example, materials used for making dog waste bags, even “environmentally friendly” ones, vary considerably. “Compostable” bags made from natural materials often require specific conditions of heat and temperature to decompose, which are not found in the natural environment. There is also the potential unintended consequence of people not disposing of their bags properly as they believe they will quickly and safely breakdown. However, they will likely remain littered in the environment for a long time.

I believe the most effective way to tackle this issue is to ensure dog owners pick up dog waste and dispose of it appropriately in a bin. To help with this, the Welsh Government continues to work with Local Authorities and organisations such as Keep Wales Tidy. This includes the recent funding of the *Caru Cymru* programme which aims to raise awareness and influence changes in behaviour across a range of local environment quality issues. This includes a specific campaign focusing on dog fouling and working with Local Authorities to trial different solutions to help address the problem. I have attached a link to their campaign page below for reference:

[Keep Wales Tidy – Leave Only Pawprints](#)

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@gov.Wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

In addition, last year we consulted on a draft *Litter and Fly-tipping Prevention Plan* which has been written in collaboration with a range of stakeholders including Councils, businesses and environmental charities. The plan will include a range of actions which will focus on things like reducing the amount of waste we produce, awareness raising and improving enforcement activity.

I hope you find this information helpful.

Yours sincerely,



Julie James AS/MS

Y Gweinidog Newid Hinsawdd
Minister for Climate Change



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1260
Ein cyf/Our ref EM/00628/22

Jack Sargeant MS
Chair - Petitions committee

Government.Committee.Business@gov.wales

23 February 2022

Dear Jack,

Thank you for your letter of 2 February concerning “Petition P-06-1260 - End the need for covid passes for all events and activities” sent to me as the Minister with lead responsibility for this area of policy.

The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020 require a review of the coronavirus restrictions to be undertaken every three weeks. The most recent three week review was completed on 10 February.

Coronavirus is still prevalent across Wales – and the UK. Following our latest review Wales will remain at alert level zero but we can cautiously and gradually begin to relax some of the protections which we have in place as these are no longer proportionate to the level of risk we face.

We therefore intend to begin removing the restrictions, starting with the domestic Covid Pass over this three-week cycle, taking into account the public health situation.

From 18 February, all venues previously covered by the domestic Covid Pass regulations – large indoor and outdoor events, nightclubs, cinemas, theatres and concert halls – will no longer need to restrict entry to vaccinated individuals or those who have a negative test (or are medically exempt). Guidance will set out that venues can still choose to use the domestic Covid Pass on a voluntary basis as part of their coronavirus risk assessment and reasonable measures.

The international Covid Pass will continue to be integral to arrangements for safer international travel. Travellers will need to check the relevant countries’ rules for entry, including any different requirements for children.

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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Further information about the measures in place to keep Wales safe are available on our [website](#).

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.1

P-06-1224 Design a 'Care Leavers Plus' Universal Basic Income pilot that includes a range of people.

This petition was submitted by Jonathan Rhys Williams, having collected a total of 1,051 signatures.

Text of Petition:

We're asking the Welsh Government to design a geographically-based Universal Basic Income (UBI) that includes children, the employed, the unemployed and pensioners, as well as care leavers.

This will allow the Welsh Government and the general public to understand how the policy would impact Wales if it were rolled out tomorrow.

Senedd Constituency and Region

- Cardiff South Penarth
- South Wales Central

Written Response by the Welsh Government to the report of the Petitions Committee entitled A UBI pilot for Wales

The Programme for Government 2021-2026 made a commitment to pilot the use of a basic income scheme in Wales.

The provision of a Basic Income can give people more control over their lives and have a positive effect on their mental health and well-being while contributing to tackling poverty and inequality. It can also encourage people to access training opportunities and allow people the space to become more involved in their community.

The purpose of the Basic Income pilot for Care Leavers in Wales is to try to give the young people in the pilot the best possible start to adulthood and make the transition out of care better, easier and more positive. The pilot will also test some of the claims made for Basic Income (including that it can encourage people to make longer term decisions that will ultimately lead them to better outcomes).

I would like to thank the members of the Petitions Committee for their report on a Basic Income Pilot in Wales. I am particularly pleased to see the Committee's recommendations are largely in line with our current and future plans. I have set out my response to the Report's individual recommendations below.

Detailed Responses to the report's recommendations are set out below:

Recommendation 1: The Welsh Government should consider increasing the size of the pilot scheme to provide more robust data. This could be done by adding additional groups (as suggested in the petition).

Response: Accept in principle

The pilot size has increased from the quoted 250 in the report to approx. 500-600. However, the cohort will still focus on care leavers. Participation will not be mandatory, therefore exact numbers will be unavailable until sometime after the pilot is underway.

Typically, actual and proposed trials in developed countries have been confined to relatively modest payments to limited groups which replace some, but not all, existing benefits.

It would be wrong to assume that by targeting the pilot on care leavers in Wales we would not be able to collect sufficient data to test the concept and stated benefits of a Universal Basic Income.

We hope that as well as learning about the cohort taking part in the pilot, the evaluation will provide valuable information about how the concept of basic income could apply to other similar groups and more widely across the Welsh population.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 2: An effective pilot scheme for care leavers should include care leavers from as diverse as possible a range of backgrounds, locations and circumstances.

Response: Accept

The pilot will be open to every care leaver in Wales who reaches their 18th birthday within a 12 month timeframe. Dates are still to be determined and will depend on a number of factors. We hope to be able to confirm a start date soon.

Although we know that statistically outcomes for looked after children are generally poor this does not mean that they are one homogenous group with the same experiences and aspirations. The cohort will include young people from a range of backgrounds, locations and circumstances.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 3: Payments must be guaranteed, unconditional, and paid to the individual (not the household).

Response: Accept

Payments will be guaranteed, unconditional, and paid to the individual.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 4: The pilot will be richer and produce more robust evidence if all relevant agencies are engaged in the enterprise. The Welsh Government should make every effort to persuade UK Government departments to support the widest possible pilot scheme.

Response: Accept

We are working with UK Government departments to develop the best possible pilot for care leavers.

We are also working with Local Authorities in Wales, advocacy organisations for care experienced young people, such as Voices from Care, Barnardo's and Llamau and other relevant stakeholders who can assist us in developing and evaluating this pilot.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 5: The evaluation of the pilot should:

- Be conducted by independent experts, with experience of working with care leavers and/or young people from similar backgrounds.
- Include a control group.
- Be on-going during the pilot, and at the end of the three-year scheme. There would also be merit in including an option in the evaluation contract for longer term follow-up of what happens to participants in the longer term.
- Attempt to capture any indirect savings (or costs) accruing as a result of the pilot.
- Consider all seven 'Wellbeing Goals' – specifically including mental health in the 'A Healthier Wales' goal.

Response: Accept in principle

The evaluation is being designed, specified, procured and managed by members of the Welsh Government's Knowledge and Analytical Services (KAS) and Government Social Research (GSR) profession. It will adhere to the five principles for social research in the Welsh Government, as agreed with Ministers in 2014. The evaluation will be procured via open competition and will include a specification that the contractor will need experience of working with care leavers and/or young people from similar backgrounds. In addition, the design of the evaluation will have input from the independent members of the Technical Advisory Group.

Evaluation will be a dynamic, continuous process for the life of the pilot and will enable changes to be made in response in real time.

It will not be a randomised control trial and there will be no control group within the eligible cohort in Wales. However, we recognise the value of having a comparator against which the impact of the pilot can be compared. Such a comparator involves a group of people who would not receive the income but apart from that were the same. The evaluation team is working with partners to identify an appropriate comparator group, taking into account the vulnerabilities of care experienced young people, as well as scoping what is possible methodologically.

It is proposed that the evaluation will consist of process / implementation, impact and value-for-money elements, drawing on both quantitative and qualitative methods. The intention is to provide a rich, insightful and multi-faceted evaluation. However it is worth noting at the outset that many of the longer-term impacts will take some time to manifest and so will not be possible to measure during the course of the pilot. The outcomes of the pilot are still under consideration but the wellbeing goals are being considered. We hope that by the end of this trial we will be able to produce a set of recommendations which will be relevant to both care leavers and other groups

who could potentially benefit. We also hope that the pilot will offer real-world deliverable ideas for financial wellbeing, emotional wellbeing, and pathways to education and employment.

Financial Implications – None. Costs will be met from existing programme budgets.

Agenda Item 5.2

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

This petition was submitted having collected 5,241 signatures online and 107 on paper, a total number of 5,348 signatures.

Text of Petition:

£30M would be spent on roads alone to access the land on which the new Centre is proposed. The old Whitchurch Hospital and the existing Velindre site have access in place already, and are viable alternatives.

The current plan is not in line with best practice for modern joined up cancer care, which is person-centred with services physically linked to larger acute hospitals. Heath Hospital offered Velindre space alongside Cardiff Uni cancer research in their new build due to start in 2023.

Additional Information

Velindre University Health Board would swap their current land (Whitchurch hospital site) for the meadow land, (owned by Cardiff and Vale Health Board). £30M of tax payers money would need be used to build access roads to enable building to take place on this land-locked meadow linked to SSSI.

Taking away the Northern Meadows would be hugely detrimental to physical and mental well-being.

Cancer treatment has become more complex, and patients undergoing treatment have increasingly complex issues. Locating at the Heath alongside Cardiff Uni cancer research, would provide rapid access to intensive care and other key medical and surgical specialties when patients need them.

The proposed Velindre Cancer Centre model is outdated & must be scrutinised. Onsite surgical and medical support services are considered ESSENTIAL: <https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2019/08/Independent-Clinical-Panel-Report.pdf>

https://savethenorthernmeadows.wales/?page_id=1129

Senedd Constituency and Region

- Cardiff North
- South Wales Central

Dear members of the Senedd Petitions Committee,

Thank you for taking the time to consider our petition calling for an independent inquiry into the choice of site for the new Velindre Cancer Centre (nVCC). We urge you to support our call and work to halt the project and investigate the decisions taken and those who have taken them. Please work with the other Senedd committees to commission an independent inquiry into the choice of site for the new Velindre Cancer Centre and its clinical, environmental, and economic impacts.

Significant developments in the new cancer centre have occurred in the time since the petition was last considered by this committee on 09/02/21. Therefore, we would like to take this opportunity to update the case for an independent inquiry into the choice of site for the nVCC.

- This issue has now been picked up by a member of the public undergoing treatment at Velindre. They have expressed disquiet about lack of freedom for clinical staff who question the stand-alone model for the new centre. Only an independent inquiry can get to the bottom of whether proper consultation with staff and other experts drove the development of the plans for the nVCC from the beginning.
- The plenary debate occurred on 03/03/21, over a year ago.
- The events around the debate last year live in our memories. We've still had no explanation from Senedd as to why a member wishing to support our petition was not allowed to do so at the debate or why the other petition's group got advanced notice of the debate's scheduling. This does not engender trust in Senedd short debates.
- Therefore we ask the petitions committee to work with other Senedd committees to secure an independent inquiry into the new Velindre Cancer Centre and the clinical, environmental, and economic consequences of allowing such a dangerous development to go ahead.

Since the committee last considered our petition, the Welsh Government has provided no action to guarantee that planning committees enforce their own planning conditions. This invites scrutiny of Welsh Government's role and assumptions from at least 2014 in relation to this project and the use of the meadow, Whitchurch Hospital, and Velindre land. In the time since our petition was last considered:

- Protests have been held against the development on numerous occasions, and save the northern meadows formed a part of the COP26 coalition march in Cardiff.
- Planning permission was granted to begin enabling works with the discharge of a number of planning conditions in December 2021. The committee approved the GIMs, which did not consider the implications of the whole site, rather the enabling works alone. This means no plan is in place to deal with the water runoff which will occur from the newly concreted site to Forest Farm Nature Reserve and the Melingriffith residential area, which flooded in 2020, and other residential spaces which are within the high risk flood zone in the updated TAN15.
- [Two women were arrested](#) in October 2021 as Velindre completed works on the site. Despite not having complete planning permissions (conditions were not discharged until December 2021), vegetation clearance occurred on site without the presence of ecologists. Cardiff Council did not provide notice to the community of the works starting, and no safety fencing was erected during the work.
- In December 2021, attempts to drill boreholes on the public right of way through the railway cutting were [observed by community members](#), who's work ensured appropriate health and safety measures were applied - this included asking for diversion signage and safety fencing to be put in place before a drill was moved on the public footpath. Injunction documentation clearly shows this did not occur before the drill was moved, placing the community's physical and mental health at risk. This borehole began to collapse during the christmas holidays, and the community put up safety signage and fencing to prevent an accident.
- An injunction was served by Velindre against four women and 'persons unnamed', who have [since spoken out against the intimidation](#) and fear they felt being faced with fines, asset seizure, and imprisonment because of potential actions perceived to be direct action. The injunction site covers residential areas, Forest Farm nature reserve and the public rights of way. Despite the injunction, papers have never been served to the individuals, rather, these were posted on social media displaying the names to individuals who have harassed and threatened campaigners.
- [Further protests occurred](#) in January 2022, as Velindre started enabling works on the Northern Meadows. This led to the creation of a nature emergency community camp opposite the entrance to the building site. The camp operates every Tuesday and Friday, and monitors work occurring on the work site. The work by the people at the camp has ensured violations of planning conditions are recorded and reported.

- An appeals committee found that the meadows constitute a public right of way (PROW), in addition to the PROW in the railway which was listed as a result of engagement with our local community. However, Cardiff Council have refused to implement the PROW, denying the community their legal right to roam on the northern meadows.
- During 2021, Cat Lewis [attempted to bring the](#) Welsh Government to [court via Judicial Review](#) over the decision to build on the meadows. On two occasions, a judge denied the request, and Ms. Lewis was ordered to pay over £30,000 in legal costs to the Welsh Government. On 04/03/22, an [Aarhus claim was granted](#) and these costs were revised to £5,000.

Lack of enforcement of planning conditions and construction activity around the Northern Meadows site invites the belief the matter carries no weight for Welsh Labour. Therefore, we urge this committee to urgently seek an independent inquiry into the choice of a Whitchurch site for the new cancer centre. This requirement has still not been met. This despite the significance of Velindre's decisions to the health and care of all Wales, and the significance of building on a significantly biodiverse site for the future of environmental policy in all of Wales.

Planning Permission and Enforcement

Violations of planning conditions within the first two months of work already include:

- Tree felling began in breach of a planning condition requiring a bat survey to first be completed.
- Ecologists conducting surveys for small mammals during works to cutback vegetation did not appear to be making any records of their activities.
- Wheel washing before entering the highway is not being done.
- Restrictions on construction vehicles to be outside of school opening and closing hours have not been followed and vehicles are obscuring active travel routes to primary and secondary school.
- Gaps in fencing so the site is not secure, kids and dogs able to run into the site unaware.
- Chainsawing trees and scrub down to ground level when they should leave 30cm.
- No gaps at base of fences for hedgehogs and other creatures.
- Workers carrying around jerry cans of diesel, not following safety procedures.

- Security guards smoking on site right next to working vehicles and unsecured Jerry cans.
- Security guards sitting in vehicles with engines running for hours at a time.
- Black smoke observed leaving chipper, planning documents state no black smoke will happen.
- Noisy work and bright lights outside of working hours and impacting residential properties in the area.
- Repeated breach of dormouse licence.
- Personal data breach of a video taken by David Powell on site, then appearing on facebook posted by a random member of the public.
- Unsafe public right of way (PROW) diversion.
- Illegal clearance occurred before the PROW had been diverted.
- Clearance beginning before planning permission was granted for 21/01954/MJR.
- Ecologist not doing any ground level checks before strimming.
- Registered suspicion of Wildlife Crime re disturbing / destruction of bats and /or bat roosts at Forest Farm to PC McKee, incident number 2200037147.

When challenging the Council for enforcement action to be taken, a member of the public was sent a letter, attached to the email, stating enforcement of planning conditions is discretionary. Therefore despite the impact of the above named violations, there is no way for the community to ask for even basic planning conditions to be implemented. In the long term, this will lead to harm to biodiversity and to individuals, and places children at high risk of harm as work for the project increases. Some estimations within the planning documentation stated over 200 vehicles could move to the site every day. This will undoubtedly cause harm.

Air Pollution

In addition, [concern has been raised](#) by parents from Coryton Primary, about the air pollution increasing in the community. At present, NO2 air pollution in Coryton is as high as that on Castle Street, as demonstrated by the additional WSP Air Quality monitoring Summary. If construction continues, air pollution will undoubtedly increase. The air quality and the effect on air quality that the construction will have was not adequately assessed in the planning stages. The removal of trees which are well known to clean the air was not factored into air quality changes.

The results that we have accessed were provided through an unnamed source within the Council, as no correspondence on the results of the monitoring has been forthcoming from Velindre or Cardiff Council. Cardiff Council stated in September 2021 that - ‘another “real-time, indicative, automatic analyser” will be put in place close to Coryton Primary School which will monitor for particulate matter (PM10 and PM2.5) and NO2 and the data will be publicly available.’ Yet no one has been provided the details of where and who the information will be available from.

In every single location being monitored Nitrogen levels have increased over the months of construction. The increase at one monitor has been so extreme it has been pushed above the 40ug/m3 limit. This information has not been shared with the public by government, council or Velindre. We have asked for responses to these levels but have received none.

The negative effect that this increase in air pollution could have on the local population is something that should have been investigated. A cost benefit analysis should have been carried out, looking at the costs to cancer care, respiratory illnesses, dementia and mental health from increased air pollution against the benefits of having this stand alone centre in this location.

This committee must act in order to prevent the significant harm which will impact the hundreds of children who live in Coryton and Whitchurch and must walk to school past the site entrances.

Clinical Concerns

It has become evident beyond doubt that ***an inquiry is now imperative for public transparency and for the future of best cancer care throughout Wales. The time for a petition ‘debate’ has passed:***

Here are some major revelations, shared with us by the medical campaign *Co-locate Velindre* these have emerged since our last petition submission was in late 2021:

- * **The Nuffield Advice (December 2021), has left a strong message for Velindre and government about the original choice of cancer centre site.** It insisted that any such choice should spring from ‘***a large-scale, full options appraisal***’.¹ It did not escape the panel’s notice that Velindre’s documents nowhere in 2014 and 2017 gave evidence of any such extensive appraisal. The choice of ‘*stand-alone*’ *site over co-location with a general hospital* lacks the usual underpinning. The narrative shows not a trace. And ‘large-scale’ means ‘very large’.²
- * **Yet more seriously, a recent Freedom of Information reply (January 2022) has sealed the matter dramatically.** Apparently Velindre management holds no evidence for *any* alleged, underpinning clinical consultation. None appear to stand behind the discarding of co-location. Records are missing for validating a massive £562m + + investment. See the

full FOI.³ But, as medical training teaches: ‘if it’s not written down it didn’t happen’. So the decision for a stand-alone site lacks the mandatory grounding and assurance for thousands of patients. No Senedd member would want to pass over such an unsettling disclosure just because it’s turned up late.

- * **The Judicial Review hearing of 17th November 2021, that concentrated on New Velindre processes, did not get to hear of this major discrepancy.** Velindre had moved its FOI reply date to the 23rd November 2021 (actually arriving in January). Heavier still, the *Outline Business Case* that secured government finance replicated the exact wording of the original documents. So the OBC too bears the same deficiency. Even more sobering, this OBC text was presented to the county court *as legal evidence*. At one point it’s at the centre of the main legal contention.
- * **Moreover, since our last petition submission, an overwhelming clinical consensus has challenged the choice of the New Velindre site.** Last September, long after Nuffield, Prof Neil Burnet reiterated his advisory board’s 2020 challenge to the New Velindre project, signed by all seven renowned cancer professors. The board’s job is to monitor cancer research *in all of Wales*.⁴ 163 senior clinicians working in cancer also spoke out with a similar message. Their letter was immediately validated as genuine by government despite recent innuendo to the contrary. No clinician in cancer, apart from at Velindre, seems to back the stand-alone model.
- * **The recent pleas from politicians and cancer charities for a cancer strategy in Wales strengthens the case for an inquiry into choice of site.** We suggest that in Wales such a strategy in 2014 would have led to wider engagement with clinicians and more planned collaboration and co-located cancer care of excellence. Financial focus on UHW2 could have got it much more prepared for collaborating in a real cancer centre of excellence. UHW2 has already proven itself up a challenge of this kind.
- * **Recent narratives from a New Velindre only create embarrassment.** New Velindre’s recent responses to the public regarding clinical assurance have left many scratching their heads. Apparently clinical assurance for the site choice now rests on Nuffield, Senedd and the Judicial Review. But Nuffield exposed the present *lack* of assurance. And Senedd and the courts have not so far diversified into DIY NHS clinical services. These can’t do instead of an evidence-base.

Therefore, we believe the Senedd and this committee must **urgently commission an independent inquiry into the choice of site for the new cancer centre**. No independent clinical review of the clinical model has occurred despite the significance of Velindre to the health and care of south east Wales, and no independent assessment of the significance of the biodiversity to the county of Cardiff, and the wellbeing of local people has been made either. **If we are to address the significant impacts of the climate and nature emergencies, and provide the best cancer treatment to our loved ones, this committee cannot delay any longer.**

Kind regards,

Members of Save the Northern Meadows

¹*Advice on the proposed model for non-surgical tertiary oncology services in South East Wales*, Nigel Edwards and Hilary Wilderspin, Nuffield Trust, p.11.

² 'Large-scale options appraisal'. Nuffield to Velindre.' (website *Co-locate Velindre*, January 6 2022), and 'Jaguar Electric v Rickshaw' (website *Co-locate Velindre*, November 12 2022)
<https://colocate-velindre.co.uk/large-scale-options-appraisal-nuffield-to-velindre/>
<https://colocate-velindre.co.uk/jaguar-electric-vs-rickshaw/>

³ Freedom of Information 'But where are the Velindre Minutes?' website *Co-locate Velindre*, January
website *Co-locate Velindre*, January 31 202
<https://colocate-velindre.co.uk/%ef%bf%bc-freedom-of-information-response-but-where-are-the-minutes-decision/>



Air Quality Sampling Summary

DATE:	16 February 2022	CONFIDENTIALITY:	Confidential
SUBJECT:	WSP Air Quality Monitoring at Velindre TCAR		
PROJECT:	nVCC Enabling Works: 70066877	AUTHOR:	██████████
CHECKED:	██████████	APPROVED:	██████████

INTRODUCTION

Introduction

This Air Quality sampling summary reports the initial sampling results from the Temporary Construction Access Route (TCAR) for the Construction of the Approved Velindre Cancer Centre, Whitchurch Hospital, Park Road, Whitchurch, Cardiff, CF14 7XB.

This summary report is the initial report, and is intended to meet Cardiff City councils planning condition 11 (Cardiff City Council reference: 20/01110/MJR).

Potential impacts On Air Quality

In order to assess the potential impacts from vehicle exhaust emissions from construction traffic, nitrogen dioxide (NO₂) is currently being monitored on a monthly basis at 6 locations close to the site, using diffusion tubes (Figure 1).

In order to compare sampling performance between NO₂ diffusion tube and NO₂ reference methods, an addition triplicate of NO₂ tubes are routinely colocated at the castle Street continuous NO₂ monitoring reference site.

RESULTS

WSP NO2 Sampling 25th November 2021 to 18th January 2022

Air quality sampling using NO₂ diffusion tubes has been undertaken over two periods to date, each period lasted a total of 4 weeks. Samples were placed at 6 pre-agreed locations close to the project site, as well as triplicate monitoring at the Cardiff City Castle Street site. The results of this monitoring are summarised in Table 1 below.

During the first sample round (26/11/2021 to 23/12/2021) sample tubes were found to be missing sample location 3 and 6.

Concentrations of NO₂ detected during sampling were generally well below the annual average objective level of 40 µg/m³, at all sample locations adjacent to the TCAR site. This is with exception to the sample collected upon the lamp post outside the Holybush, which had an average NO₂ concentration of 38.34 µg/m³ over the two sampling periods. This sample location is closer to the roadside than residential premises, or nearby footpaths, and is therefore likely to be impacted from emissions from vehicle exhausts, and not completely representative of exposure by local residents or pedestrians using the nearby footpath.

Table 1 Summary of Air Quality NO₂ Diffusion Tube Monitoring results TCAR, Whitchurch (Nov 2021 to Jan 2022)

Sampling Date	On	Off	On	Off
	26/11/2021 1	23/12/2021 1	23/12/2021 1	18/01/2022 2
Sample Location	NO ₂ Concentration µg/m ³			
1 - Lamppost 7, Pendwyallt Rd	25.97		30.83	
2 - Coryton Primary School	27.55		32.21	
3 - Opposite Lon-y-celyn	Missing Tube		27.40	
4 - Lamppost 10, Clos Coed Hir	26.41		34.56	
5 – Lamp post 1, Holybush Pub	35.92		40.76	
6 – Lamp post 24, Park Rd	Missing Tube		18.31	
7a -Castle Street 1	41.13		41.30	
7b -Castle Street 2	39.37		40.17	
7c -Castle Street 3	41.49		39.37	
Sample Blanks	0.10		0.20	

Figure 1 Nitrogen Dioxide Diffusion Tube Monitoring Locations, Velindre TCAR



Pack Page 96

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, Correspondence (Annex 2) – Petitioners to Committee, 14.03.22

It might be worth including mention of this email in the submission. Have highlighted two bits in red where the council is basically saying they rely on the CEMP to keep developers in check and they don't enforce it. They say that clear breaches will be dealt with and yet they have not been so far.

From: Planning Velindre / Cynllunio Felindre [REDACTED]

To: [REDACTED]

Cc: [REDACTED]
[REDACTED]

Sent: Tuesday, 22 February 2022, 10:24:35 GMT

Subject: RE: Planning regulations enforcement

Dear [REDACTED],

I refer to your recent emails in relation to the Velindre development.

As you may be aware, we have been receiving a significant number of emails in respect of the site, which have also been copied to numerous other parties. What the Council is seeking to do is to put in place appropriate arrangements to ensure that the concerns from the local community are appropriately targeted and addressed. As part of this please note the new Council email address planning.velindre@cardiff.gov.uk which will now be used by the Council, and to which any communication should be sent (subject to below process).

I appreciate your submissions about enforcement, and I am very aware of the strength of feeling towards the development of the site. However, I would respectfully advise that volume of incident reporting, whilst well intended, is becoming unmanageable in terms of its volume, and is notably largely identifying matters where limited control lies with the LPA (for example you refer to NRW who are responsible for the licensing in respect of European Protected Species).

In terms of monitoring, throughout Wales there are very few (if any) 'monitoring officers' whose job is to visit development sites to ensure full compliance with every aspect of a planning permission or its associated conditions. Indeed, both in terms of available resources and generally the way in which Local Planning Authorities (LPAs) manage new development, it is simply not possible for such proactive monitoring/enforcement of development sites to be undertaken, especially for an Authority such as Cardiff where we deal with over 3,000 applications a year.

There is also an acceptance that many development projects will have implications for a locality throughout construction, whether that be from noise, dust or highway related matters. However, these impacts are managed to an acceptable level by conditions, including the CEMP attached to the relevant planning permission. In such circumstances, I would emphasise that the Council is very unlikely to be able to respond to every concern raised, but instead focus on any critical breaches identified.

Notwithstanding the above, whilst enforcement is a discretionary function of the LPA, the Council has Planning Enforcement Officers who, where there are clear breaches of planning control that cannot be resolved through discussion, and it is in the public interest to do so, will consider the expediency of taking the necessary formal action to remedy matters.

With this in mind, and based on the agreed CEMP which refers to monitoring of complaints, the Council is in the process of agreeing a protocol to deal with local concerns. This would see all such matters directed first to the Trust (ideally direct by complainants, but if not through the Council) to provide them the opportunity to address and respond to matters first. We would be copied into all their responses, and would intervene to investigate as appropriate should matters identify breaches of planning, or if we (or a complainant) are not satisfied with the response given on a material planning matter. As noted above, the power to act against material breaches of planning remains with us at all times, should it be in the public interest to take such action.

In the intervening period before such a protocol is finalised, I would respectfully request that you direct any further complaints initially to handlingconcernsvelindre@wales.nhs.uk and (should you so wish) copying in our new planning.velindre@cardiff.gov.uk email address. We will use this email to record all local concerns, while we will seek to ensure all parties are appraised of how the complaints process is working. However, I would advise that we will be passing matters to the Trust to consider, and therefore will only respond directly should we feel that any email raises urgent issues that we feel could constitute a material breach of planning.

I appreciate that this will not address the underlying concerns of the Community regarding the development itself, but trust that this response will satisfy you that the Council take the concerns of residents seriously, and that the actions we are taking will ensure that you are able to raise any concerns through the appropriate channels, and that the Council remain as the primary regulator of development at the site should it be necessary to take action in the public interest.

Kinds regards

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Cyngor Caerdydd / Cardiff Council

E-bost / Email: [REDACTED]

[REDACTED]

[REDACTED]

you remain unwilling to provide a copy to the Committee, we would be grateful to receive a more detailed outline of the issues considered by the Review, including whether it expressly considered the issue of the location of a new Velindre Cancer Centre and any recommendations it made on this matter.

In January 2017, Dr Jane Barrett was a member of the team appointed by the Welsh Government to undertake a Gateway Review of the Transforming Cancer Services Programme. The gateway review is a standard part of the business case process required by the UK Treasury for all programmes of work and infrastructure projects. Its purpose was to provide assurance to the Senior Responsible Officer (SRO) in terms of the progress of the programme. The clinical model and the supporting projects were therefore considered as part of the gateway review but it did not specifically consider the location of the new Velindre Cancer Centre.

Having considered your request to release the Gateway Report again, we have concluded that the reasons we provided for not releasing, in correspondence dated 20 November 2020 are unchanged.

2. In your response to the Committee dated 25 November 2020 you provided figures from the Welsh Ambulance Service Trust (WAST) showing the number of patients transferred by them from Velindre Cancer Centre to local Care Providers. Can you provide a more detailed breakdown of the categorisation (i.e. Red, Amber and Green) given by WAST to the AS1 calls quoted for 2018, 2019 and 2020?

This is in the context of concerns received by Committee Members that the statement that “fewer than thirty patients a year on average need an

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**unplanned emergency transfer” may not be accurate or verifiable.
Therefore, the Committee would also be grateful to receive a breakdown
of how this figure was reached.**

The categorisation of incidents (Red, Amber and Green) by the Welsh Ambulance Service Trust is determined by a methodology used by ambulance services across the UK to prioritise the appropriate response.

The reference to 30 calls to which you refer was shared in response to a specific query from a member of the public. The Committee was provided with more detailed information to ensure it had a comprehensive understanding of the transfer from Velindre Cancer Centre. This data was provided by the WAST and in our original response to the Committee.

3. How regularly the Emergency Medical Retrieval and Transfer Service (EMRTS) has been required to attend the current Velindre Cancer Centre site over the past three years for the assessment and transfer of patients?

As noted in the Nuffield Trust report¹, EMRTS has recorded two attendances to Velindre Cancer Centre since its establishment in April 2015 and 2020.

4. Whether there is a specific agreement or memorandum of understanding between Velindre University NHS Trust and the EMRTS?

The (EMRTS) is a service provided by the Welsh Ambulance Services Trust (WAST) in support of their emergency response, provided by Emergency Ambulances, Rapid Response Vehicles, Medserve and the Basics services. It provides Consultant and

¹ [Advice on the proposed model for non-surgical tertiary cancer services in south east Wales](#)

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The Welsh Government Category A national standard is an 8 minute response time for all emergency calls.

Delays to response times reflect pressures within the unscheduled care system across Wales and is not specifically related to the location of Velindre Cancer Centre i.e. when the ambulance service is under pressure, unfortunately there may be occasions when patients wait longer than anybody would wish for. This applies to all patients and hospitals across Wales and the UK.

6. Thank you for your previous answer in relation to the engagement process carried out with clinicians, patients and partners. Can you provide further information as to how any agreement reached as part of that process was documented, and whether there is any documentary evidence of challenges or contrary views expressed by clinicians?

The future of non-surgical tertiary oncology services for south east Wales has been discussed extensively across the region and within the Velindre Cancer Centre during the lifetime of the project.

The clinical model was developed as a result of thorough engagement with patients, clinicians, healthcare professionals, Health Boards, Community Health Councils and voluntary sector partners. A detailed [timeline](#) and [comprehensive report](#) outlining engagement activity undertaken are available on our website.

In addition to the engagement outlined in our previous correspondence, the Nuffield Trust was commissioned by Velindre University NHS Trust in autumn 2020 to provide independent advice on the clinical model underpinning the planned changes to cancer services contained in the Transforming Cancer Services programme.

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The methodology the Nuffield Trust undertook, explained in the report, was robust in terms of: the interviews undertaken with a wide range of clinicians from across the region, including those who had led on previous letters of concern; the information considered; and the panel of eminent cancer experts from around the UK who considered and endorsed the report.

In addition to this, the Trust launched an anonymous digital platform that staff can use to raise concerns. The Trust works together to address concerns and issues raised and values open dialogue with our Local Partnership Forum partners and the Local Negotiating Committee of the BMA.

As you will be aware, correspondence sent from British Medical Association to the Senedd Petitions Committee on 12 February 2021 acknowledges that, in the context of a letter it sent to the Trust in August 2020 about staff engagement on the proposed site for the new cancer centre, the Trust committed to a proper and meaningful consultation with staff on the relevant issues and, to quote:

"We [BMA Cymru] remain fully satisfied that a proper and meaningful consultation with staff took place and that staff felt they were able to freely express their views and opinions."

The final report was published by the Nuffield Trust in December 2020. It concludes, that subject to the recommendations in the report being delivered, the model offers a safe and high-quality service that provides a good patient experience.

In response, the University Health Boards of south east Wales – Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale released a joint public statement:

"We fully support the Nuffield Trust's comprehensive and expert report on the future of non-surgical oncology in south east Wales. We are working together to ensure that all the recommendations are taken forward. The Nuffield Trust's

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FLATWEAVE - FLATWEAVE
Cyrillic as a Well
Healthy
Wedding Place



and consideration when raising concerns; and have their concerns listened to and addressed, when they have been involved in an incident or have raised a concern.

As further assurance, in the June 2021 Medical Engagement Survey for the Trust, the average of all ten of the scales were rated within the highest relative engagement compared to the external norms.

In addition, in September 2021 General Medical Council (GMC) National Training Survey results were shared by HEIW. HEIW wrote to congratulate the Trust for achieving such positive results. Numerous areas were identified as 'above outlier', which is a term used by the GMC to signify results that are significantly above average in particular domains, and thus denote areas of good practice. The report demonstrated that no patient safety or bullying concerns had been raised by Trainees in the 2021 survey.

Further to the responses to the specific questions asked by the committee, below, we also provide a summary of key project milestones since March 2021 which we hope will provide a useful update for the committee:

Key Project Milestones since March 2021

March 2021	Approval of the Outline Business Case for the new Velindre Cancer Centre The Minister for Health and Social Services approved the outline business case for the new Velindre Cancer Centre
April 2021	Pre-qualification evaluation work, prior to competitive dialogue, begins

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Summer 2021

Public Engagement initiatives

During Summer 2021, following the Senedd election and the easing of some COVID related restrictions, VUNHST launched a number of engagement initiatives to inform the development of the new cancer centre. These included meeting with representatives of from the local community, local residents and some virtual engagement opportunities that would allow for patients, staff and the wider public to influence the project. This also included two initiatives related to the development of updated reference designs – reference for the competition - for the new Velindre Cancer Centre.

In addition, and in partnership with Cardiff University and the TechnoHub, the **Velindre Minecraft Competition** was launched to encourage children and young people from primary and secondary schools across the south east Wales region to design their own version of the new Velindre Cancer Centre. The competition received 120 registrations, 35 worlds were submitted by teams and individuals, with 10 being shortlisted. The winners' announcement can be found [here](#) and their designs were considered as part of the competitive dialogue process.

Working with the Gower based social enterprise Down to Earth, we launched a **Digital Conversation** in June 2021 focused on how health and green spaces should work together to create an enhanced patient, staff and public

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	<p>experience at the new cancer centre. The Digital Conversation delivered a bespoke interactive website for the updated design, a survey for patients, staff and the wider public and a mix of online and public engagement events in support. The survey found that enhancing biodiversity and the use of natural materials were key priorities for the respondents. More information can be found here</p>
September 2021	<p>Competitive Dialogue commences</p> <p>Following the evaluation of the pre-qualification questionnaire responses, the competition to deliver the new Velindre Cancer Centre began with two consortia, Future Health and Acorn, proceeding to the dialogue stage of the procurement.</p> <p>At this stage of the process, the two consortia work with Velindre University NHS Trust (VUNHST) to develop their proposals for the new centre further, including potential design offerings and the Community Benefits proposals that must add social value both during and after the build. You can read more here</p>
Autumn 2021	<p>Preparatory ground clearance works commence on the site for the new Velindre Cancer Centre. You can find further information here</p>

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Yours sincerely,

Prof Donna Mead, OBE
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Agenda Item 5.3

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

This petition was submitted having collected a total of 11,392 signatures.

Text of Petition:

We the undersigned call on the Welsh Government to support the current proposed plans to build a new Velindre Cancer Centre at Whitchurch, Cardiff.

The current plan will ensure that Velindre Cancer Centre continues to provide specialist cancer services in a location that is more accessible to patients, with better access from Junction 32 of the M4. It is widely accepted that hospitals set within a natural setting aids patient recovery and lowers the stress levels of families and staff at hospitals.

Additional Information:

The current location lacks adequate parking and accessed is often delayed causing additional stress and anxiety to patients. The 60 year-old Velindre Cancer Centre does not have the facilities or space to meet this future challenge.

We want a space that blends medical care with nature.

The last couple of decades have seen a major development of research into the impact of architectural design on the success of healthcare environments.

One example is 'healing architecture'. The term 'healing architecture' was first coined in the 1980s, and is a specific discipline of the 'healing environment', which investigates the influence of the environment on patients' healing and recovery process. Research shows that patients could be discharged earlier, and needed fewer painkillers post-surgery, if they were in rooms with a view of a park with trees. Later studies demonstrated that such factors are important not only for the well-being of patients and residents, but for employees as well.

Senedd Constituency and Region

- Cardiff West
- South Wales Central

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Chair, Velindre University NHS Trust

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Agenda Item 5.4

P-05-937 STOP BOILING CRUSTACEANS ALIVE (lobsters, crabs, crayfish, prawns etc)

This petition was submitted by Cardiff Animal Rights having collected 1,253 signatures online and 505 on paper, a total of 2,008 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to implement greater protection for crustaceans and to ban the cruel practice of boiling lobsters, crabs crayfish, prawns etc alive.

Zoologists have found that, unlike humans, lobsters and other crustaceans DON'T have the ability to go into 'shock,' so when they are plunged into a pot of BOILING water, their suffering is prolonged. When other animals, including humans, experience extreme pain, their nervous system shuts down as a coping mechanism. Scientists have found that it takes lobsters & crabs up to 45 seconds to die when plunged into a pot of BOILING water (something which would be considered completely unacceptable in a vertebrate animal like a cow or a pig). To give this perspective, if they are dismembered their nervous system can still function for up to an hour.

The Animal Welfare Act is designed to protect animals on the understanding that sentient creatures can feel pain and we have a moral duty NOT to cause suffering. The Act makes it an offence to cause unnecessary suffering to any animal, both in their keeping and at the time of slaughter. It means that people or organisations who neglect or abuse 'protected' animals can be prosecuted. 'Farmed animals', fish and reptiles are all protected under this Act. However, invertebrates such as crabs and lobsters, crayfish & prawns are not.

Moreover, live crustaceans have been found for sale awaiting their fate on ice trays, packaged and bound tightly in tanks or plastic to be slaughtered at home by the customer. It is considered an act of animal cruelty to boil a lobster alive in Switzerland. The Swiss now need to stun or kill animals before boiling them and lobsters can't be kept alive on ice.

Extend the Animal Welfare Act 2006 to include crustaceans including Lobsters, crabs, prawns & crayfish etc.

Assembly Constituency and Region

- Cardiff North
- South Wales Central



Eich cyf/Your ref P-05-937
Ein cyf/Our ref LG/00039/22

Jack Sargeant MS
Chair - Petitions Committee

14 February 2022

Dear Jack,

Thank you for your letter of 20 January, regarding Petition P-05-937 Stop Boiling Crustaceans Alive (lobsters, crabs, crayfish, prawns etc).

We are following the progress of the Animal Welfare (Sentience) Bill ('the Bill') with interest. This is a UK Government Bill and its provisions do not apply to Wales. The Bill recognises animals are sentient beings and creates the Animal Sentience Committee as an accountability mechanism who's aims are to ensure UK Ministers have due regard to their welfare needs when formulating and implementing UK Government policy.

The London School of Economics (LSE) and Political Science 'Review of the evidence for sentience in decapod crustaceans and cephalopod molluscs' was published in November 2021. The authors found there is strong evidence of sentience in cephalopod molluscs and decapod crustaceans, and recommended they be included in UK animal welfare law in an explicit way. The Bill was subsequently amended by the UK Government to bring these invertebrates into the scope of the Bill.

Officials will continue to engage with their Defra counterparts on the progress of the UK Government Bill and the tacit inclusion of decapods crustaceans and cephalopod molluscs. Any consequential amendments to the Animal Welfare Act 2006 must be based on scientific evidence.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Lesley.Griffiths@llyw.cymru
Correspondence.Lesley.Griffiths@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We will take account of the recommendations in the LSE review, along with other relevant research, analysis and evidence, in a reasonable and proportionate manner, in the context of our own policy agenda for Wales.

Yours sincerely,

A handwritten signature in black ink, reading 'Lesley Griffiths'. The signature is written in a cursive style with a large, sweeping 'L' and a long, trailing 's'.

Lesley Griffiths AS/MS

**Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd
Minister for Rural Affairs and North Wales, and Trefnydd**

Agenda Item 5.5

P-06-1217 Open Long Covid one stop medical hubs / clinics

This petition was submitted by Lawson Webb, having collected a total of 1,214 signatures.

Text of Petition:

There are 1,000s of people suffering from long covid who are not getting any medical help. We feel ignored and helpless. Our lives have been decimated.

Senedd Constituency and Region

- Pontypridd
- South Wales Central

Petitions Committee
Welsh Parliament
Cardiff Bay, Cardiff

3rd March 2022

Petition P-06-1217 Open Long Covid one stop medical hubs/clinics

BMA Cymru Wales submission

BMA Cymru Wales requests that this submission be considered by the Committee during its next discussion of Petition P-06-1217.

While the petition proposes that Long-Covid hubs are opened across Wales as they provide greater expertise that is available for patients from primary care doctors, it is important that the Committee has details of the range of support and expertise available from doctors in primary care.

As GPs are one of the arms of primary care, for any Long-Covid patients their GP will be their first port of call.

This is fitting as, with access to a variety of specialists, GPs are well placed to refer patients to further specialist consultants- including specialist cardiovascular, respiratory, and immunology- as and when they may be needed. This process allows GPs to ensure patients receive the full package of care and support they need for their condition, while at the same time allowing their GP to continue to monitor the patient's overall health.

For patients with a complex variety of conditions, which can be the case for patients suffering from Long-Covid, referral to a multidisciplinary clinic with a level of centralised expertise could be beneficial in ensuring that the patient receives appropriate care and assistance. Where this does take place, a simple referral method should be in place to allow GPs to ensure patients are referred in a timely manner.

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):
Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestredig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Even after referral to a multidisciplinary clinic, oversight from the patient's GP will nonetheless remain an important pillar of the support that they receive as they recover and need access to further treatments, assistance, and specialisms.

Therefore while multidisciplinary clinics have a role to play in assisting and supporting patients with Long-Covid, there remains a role for their GP both from the outset and throughout the process.

We hope this assists the Committee in your consideration of this petition. If you would like a further update on the role that GPs and primary care can play, BMA Cymru Wales is of course willing to assist.



Eich cyf/Your ref P-06-1217
Ein cyf/Our ref EM/00846/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

9 March 2022

Dear Jack,

Thank you for your letter of 16 February on behalf of the Petitions Committee regarding Petition P-06-1217 to open Long Covid one stop medical hubs / clinics, and asking for the patient voice to be included in any decision on the future of long Covid service provision.

In my [statement on long COVID](#) in the Senedd on 8 February, I stated the first review of the Adferiad programme indicates the model of locally delivered, integrated and multi-professional rehabilitation appears to be meeting the needs of our population.

The preliminary national evaluation report undertaken by Cedar (Health Technology Research Centre), which informed this review, included service user feedback and will be published in due course.

In the next months, Cedar will continue to collect survey data from long COVID service users at a national level and plan to release a second national report to Welsh Government officials in the spring.

We will continue to monitor, learn and improve long Covid services, making sure we react to feedback from people who need and who use these services.

I hope this response has been helpful.

Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

**P-06-1217 Open Long Covid one stop medical hubs / clinics, Correspondence –
Petitioner to Committee, 15.03.22**

Dear Jack,

Thank you for your reply. There are a number of outstanding points I would like to address:

There are thousands of people in Wales who have been left so unwell after Covid that we are unable to take part in rehab services. We need more thorough investigations and medical treatments. Where these have not been made available on the NHS many of us have been forced to go private, often having to travel to England to access the healthcare we need. This isn't hearsay it's the experience of many people who have had their lives torn apart by debilitating long Covid.

Two years on, people are losing their jobs, their homes and their livelihoods due to illness which has now become chronic and are therefore suffering extreme financial hardship.

The rehab services in place are not suitable for people suffering from post-exertional symptom exacerbation and so many are unable to use them. In addition many of us have Mast Cell Activation and /or Postural Tachycardia Syndrome which in England's long Covid clinics are increasingly being recognised as typical Post Covid issues and which can be treated with a regime of diet and lifestyle changes as well as medications. However these are not being offered by the long Covid services in Wales. Does the minister recognise that a postcode lottery is the reality here and that long Covid sufferers who live in Wales are disadvantaged compared to their English counterparts?

Furthermore I am concerned that the survey referred to in the Minister's letter was not an anonymised survey nor was it carried out after people had stopped engaging with the long Covid service. This means that people will have felt an obligation to give favourable feedback to the services they are still accessing as any less than favourable feedback would surely lead to awkwardness in future encounters with those running the service. Survey data should be gathered after individuals have ceased to access services and should be anonymous so that people can give their views frankly without worry of consequence.

I remain deeply concerned at the lack of patient input into the formation of services in Wales. With a new illness such as long Covid, patient experience should be at the centre of shaping services and we urge the minister to speak to us directly so that we can voice our concerns about the status quo and put forward some suggestions on how the current gaps in services could be rectified.

Please consider meeting with long Covid sufferers like myself, I'd be happy to arrange a group of people with a range of long Covid presentations to meet with you.

Kindest Regards