

Agenda – Petitions Committee

Meeting Venue: HYBRID

For further information contact:

Committee Room 3 – Senedd

Gareth Price – Committee Clerk

Meeting date: 21 November 2022

0300 200 6565

Meeting time: 14.00

Petitions@senedd.wales

1 Introductions, apologies, substitutions and declarations of interest

(Pages 1 – 19)

2 New Petitions

2.1 P-06-1287 Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs

(Pages 20 – 38)

2.2 P-06-1297 Stop "Controlled Burning" in Wales

(Pages 39 – 47)

2.3 P-06-1304 To review the emergency temporary housing policy which impacts our communities

(Pages 48 – 54)

3 Updates to previous petitions

3.1 P-05-1112 Help Welsh Communities Buy Community Assets: Implement Part 5 Chapter 3 of the Localism Act 2011

(Pages 55 – 56)

3.2 P-06-1212 Mark Allen's Law – we want throwline stations around all open water sites in Wales

(Pages 57 – 65)

3.3 P-06-1240 Improve health services for people with epilepsy living in Wales

(Pages 66 – 69)



- 3.4 P-06-1235 Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales
(Pages 70 – 78)
- 3.5 P-06-1273 Drastically reduce waiting times for ambulances and at A&E departments
(Pages 79 – 80)
- 4 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of the meeting**
- 5 Petition of the year**
(Pages 81 – 86)
- 6 Scoping paper on future work**
(Pages 87 – 89)

Document is Restricted

Investigate Cardiff and Vale University Health Board's refusal to keep north Penarth's surgery, allocating patients to distant GPs.

Y Pwyllgor Deisebau | 21 Tachwedd 2022
Petitions Committee | 21 November 2022

Reference: SR22/3596-2

Petition Number: P-06-1287

Petition title: Investigate Cardiff and Vale (C&V) University Health Board's (UHB) refusal to keep north Penarth's surgery, allocating patients to distant GPs.

Text of petition:

We call to account UHB officials and politicians colluding with closure of Albert Rd surgery (north Penarth), allocating patients to Sully and Dinas Powys, and grossly overloading Stanwell surgery (Penarth Healthcare). We believe the local MS Vaughan Gething knew of the plan and he could have highlighted the concerns to the relevant Ministers and commissioners for Older Persons, Children and Future Generations, to uphold the principle of healthcare services close to home. The system has failed us.

C&V UHB rejected buying the Albert Rd premises when warned, years ago, the GP's lease was due to expire. Their plan to instead provide new premises far away in Cogan was publicly rejected. It failed their principle of health services close to home.

Successive UHB designs for a Wellbeing Hub at Cogan ignored the poor accessibility. Their choice of site discriminated against the elderly and mobility limited persons. While declining to help Albert Rd continue, the UHB offered funds to GPs in Sully, Penarth and Dinas Powys to expand to take the 7000 patients. The UHB did not consult on this plan. The overload at Stanwell (Penarth Health Care) surgery has worsened the standard of care.



We believe that there are only 7 GPs for 17 000 patients. The UHB pursuit of (newbuild) premises in the wrong place is at fault. They could still recognise their error and buy the Albert Surgery from the property developer.

1. Background

In November 2021 Cardiff and the Vale UHB and Vale of Glamorgan Council issued a statement setting out the background to the issues around Albert Road Surgery:

Following the notification that the landlord had served notice on the building and the subsequent decision of the GP Practice to hand back their General Medical Services (GMS) contract, the two organisations have committed to explore options to maintain GP Services for the local community from April 2022.

The UHB's focus of bringing care closer to home and staying within the local community is part of the longer-term primary care ambitions for a Health and Wellbeing Hub at Cogan in Penarth.

The UHB and the Local Authority are supportive in principle of the Cogan Wellbeing Hub and the UHB is progressing the programme of work required to finalise a business case to support this. However, it is important to reiterate this is a medium-term option and will require further discussion with the Vale of Glamorgan Council, as well as the necessary planning and approval processes and ongoing engagement with key stakeholders and the community as the plans progress.

Patients will continue to access primary care services at Albert Road Surgery until 18 March 2022. In the meantime, we will keep the local community updated with details of future provision of health care as we work through a sustainable solution. We would like to reiterate that no patients in this area will lose access to GP services.

The UHB would like to thank the community for their patience during this time and can reassure patients that we are committed to resolving

this to meet the sustainable health care needs of the local population in Penarth.

The UHB Board heard at its meeting on 27 January 2022 that:

COVID had delayed the building of the hub planned for Penarth.[...] Due to that delay one of the practices that was due to move into the new hub had notice served on its accommodation. (p.164)

The Board also received an update at its meeting on 31 March 2022:

The Independent Member – Finance (IMF) noted the concerns around the sustainability of GMS and highlighted that a number of practices had handed their GMS contracts back to the Health Board. He asked if any other practices were at risk. The UHB Chair responded that a practice in Penarth had been taken back due to the landlord wanting to sell the building. **The matter had been effectively managed by the Primary Care Team with an agreement reached for patients to be transferred to other practices in the local area** (p.15)

The final closure of the Albert Road Surgery in March 2022 attracted some critical press coverage with some patients questioning why the Welsh Government and the UHB did not step in to save the surgery and concerns about some patients being unable to access the new surgeries to which they were being allocated.

The UHB Board also heard on 31 March 2022 (p.231), 30 June 2022 (p.128), and 28 July 2022 (p.15) that the original Penarth Wellbeing Hub scheme was “under review due to changing requirements of Local Authority”.

2. Community Health Council response

South Glamorgan Community Health Council (CHC) spoke to the media in November 2021, acknowledging that it was a difficult situation for the UHB, called for time to find a solution, and noted that the CHC was working to reassure patients in Penarth they would have access to a GP going forward. At the same time, the CHC's Chief Officer noted that patients registered at Albert Road surgery should not move to another surgery because they would increase demand at Redlands and Penarth Health Partnerships.

In February 2022 the CHC hosted a virtual public engagement event regarding the closure of Albert Road Surgery. The CHC noted that “Whilst the event will not

stop the closure, this will allow patients and the wider public in the community the opportunity to share their views and experiences”.

The CHC Full Council on 9 March 2022 received an update on the event:

. It was noted that the UHB confirmed at the public meetings that additional funding had been made available to neighbouring practices for additional staff and telephone lines to help manage the additional patients and the CHC would be monitoring patient experience going forward. Cardiff and the Vale Health Board would also be transferring to the 111 service and this would need careful monitoring for patient experience going forward.

3. Welsh Government response

The Minister for Health and Social Services wrote to the Chair of the Petitions Committee on 27 July 2022 in response to the petition, stating that she appreciated the concerns raised, but:

I am aware that the Albert Road practice had given notice on their contract due to the building being sold. The General Medical Services Contract Regulations set out the notice period that is necessary for practices to give on contracts and each health board has procedures in place in such an occurrence to plan how services will be provided for patients going forward. The sustainability of general medical services remains a key priority for Cardiff & Vale University Health Board.

The health board primary care team are proactively working with the practice to ensure patients have been dispersed into neighbouring practices, by agreement, based on available capacity. The primary care team continues to provide support to the practice and work with the practices to monitor the impact of the dispersal on access to services for patients.

The consideration of future plans to develop a new build integrated health and care centre for the Cogan area are still under review, with ongoing discussions between the Health Board and Local Authority. I understand that options continue to be tested in terms of the preferred way forward.

Title: P-06-1287 Investigate Cardiff and Vale University Health Board's (UHB) refusal to keep north Penarth's surgery, allocating patients to distant GPs.

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-06-1287
Ein cyf/Our ref EM/02332/22

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

27 July 2022

Dear Jack,

Thank you for your letter of 14 June on behalf of the petition committee regarding Petition P-06-1287 - Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs.

I appreciate the concerns raised. There are currently huge pressures on all parts of the health service, including primary care and GP practices are facing exceptional levels of increased demand.

I am aware that the Albert Road practice had given notice on their contract due to the building being sold. The General Medical Services Contract Regulations set out the notice period that is necessary for practices to give on contracts and each health board has procedures in place in such an occurrence to plan how services will be provided for patients going forward. The sustainability of general medical services remains a key priority for Cardiff & Vale University Health Board.

The health board primary care team are proactively working with the practice to ensure patients have been dispersed into neighbouring practices, by agreement, based on available capacity. The primary care team continues to provide support to the practice and work with the practices to monitor the impact of the dispersal on access to services for patients.

The consideration of future plans to develop a new build integrated health and care centre for the Cogan area are still under review, with ongoing discussions between the Health Board and Local Authority. I understand that options continue to be tested in terms of the preferred way forward.

Bae Caerdydd • Cardiff Bay
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0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
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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.

I hope this information is helpful.

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

PETITION 245177 Investigate C&V UHB's refusal to keep north Penarth's surgery, allocating patients to distant GPs.

We call to account UHB officials and politicians colluding with closure of Albert Rd surgery (north Penarth), allocating patients to Sully and Dinas Powys, and grossly overloading Stanwell surgery (Penarth Healthcare). We believe the local MS Vaughan Gething knew of the plan and he could have highlighted the concerns to the relevant Ministers and commissioners for Older Persons, Children and Future Generations, to uphold the principle of healthcare services close to home. The system has failed us

We respond to the minister, Eluned Morgan's 27th July reply to the Petitions Committee chair. She writes that sustainability of GP practices remains a key priority of the Health Board. This recalls the Minister's launch of the *Primary Care Model for Wales* (Cabinet approval, June 2019):

*Stable general practice is at the heart of the Primary Care Model.
... support from health boards can help vulnerable GP practices*

We suggest Eluned Morgan means "...remains a key priority for" the Health Board. We show that sustaining the GP practice had no priority in Penarth in 2021.

The Board's *Primary Care Team* (PCT) said publicly that closure was a decision by the GP practice, as an independent business. This did not accord with the new *Primary Care Model for Wales*, nor with the e-mail documents we obtained through an FoI request (Annex and attached pdf). Documents from the PCT itself were withheld, despite explicit requests

The Minister writes "*due to buildings being sold*". The real story in the FoI disclosures show the Health Board was paying £31k/year and had said that would end in Dec 2021. The owners wrote 26 August 2021 to say they would have to put it on the market. The Board had told them the project to provide premises for a surgery at the Cogan *Wellbeing Hub* was "in progress";

you gave us notice that there was no use for the building after 31st of December 2021 and you would not be able to help with the mortgage after this date... putting us in a position where we had to sell despite there being a large penalty to pay (owners to Board on 5th October 2021).

The 26th August letter put the Health Board on notice to either extend the lease or offer to buy the surgery.

The FoI documents do not show any response from the Board, until the GP contract-holder Dr Leppik received notice-to-quit on 1 or 2nd October. She immediately contacted the Board, writing to the owners on 3rd October saying they were trying to find a solution:

We are having discussions with the Health Board relating to your notice to quit Albert Road on 1st March 2022. We are in the process of exploring several options with them

Later that day, Dr Leppik wrote

I believe that the uLHB have a contractual obligation to continue to make payments on the rent up to and until ... vacates the building

Alternative premises were suggested; including the Town Council's West House Annex (temporary solution), Avon House (Health Board's leased accommodation, vacated by Mental Health services). But the Board's PCT refused and by 4th Nov. wrote to Albert Rd patients that their surgery would close, while claiming

Our focus is to ensure services are provided closer to home and together with our stakeholders we will establish a way forward to ensure future provision of GP services to all existing patients.

It turned out that *closer-to-home* for many patients meant several miles from north Penarth, in Dinas

Powys and Sully. On 19th Nov., the VoG Council showed up saying they and C&V Health Board *have committed to explore options to maintain GP Services for the local community from April 2022... we will keep the local community updated with details of future provision of health care as we work through a sustainable solution.*

The same day, Vaughan Gething as the constituency MS met with the Health Board, but did not report back to constituents seeking a report from his office.

The Minister writes the dispersal into neighbouring practices was *based on available capacity*. It wasn't. The two Penarth Practices both said they'd be overstretched but were given no choice. None of the Practices had closed their books, but that did not mean as the PCT said, that they could take in a thousand or several thousand more patients. Under the *Primary Care Model*, it was for the GP Cluster to lead on the dispersal, but they were just told by the PCT to divide up the numbers. Both Penarth's surgeries report they are under severe stress to cope with the numbers, while social media carry many complaints from fraught transferred patients. The Minister adds

The primary care team continues to provide support to the practice and work with the practices to monitor the impact of the dispersal on access to services for patients.

This is strange as the *Primary Care Model* sets the GP Cluster to lead. Cluster meetings have not taken place, repeatedly cancelled by the Health Board. No minutes were disclosed in the FoI as there are none. The Minister should ask the Health Board to provide evidence of the claim *to monitor the impact of the dispersal.*

The Minister mentions that the

new build integrated health and care centre for the Cogan area (is) under review.

The PCT had claimed this was their long term plan. They pressed Dr Leppik in 2018 to relocate Albert Rd surgery there, but she declined (Sept. 2018). Yet by Sept. 2019, the Board had won her to agree, for they organised two information sessions at the surgery. Though the patients rejected it (as had wider 'consultations' throughout Penarth) saying Cogan is not close to home for north Penarth and accessibility is very poor (by walking, bus or car), the Health Board persisted. However their business case (OBC) stalled. Nevertheless, the PCT still declared in January that the Cogan option is their long-term plan. The Minister's phrasing "*under review*" shows it was a false premise.

Further Information provided with the Petition

C&V UHB rejected buying the Albert Rd premises when warned, years ago, that the GP's lease was due to expire. Their plan to instead provide new premises far away in Cogan was publicly rejected. It failed their principle of health services close to home.

Successive UHB designs for a *Wellbeing Hub* at Cogan ignored the poor accessibility. Their choice of site discriminated against the elderly and mobility-limited persons.

While declining to help Albert Rd surgery to continue, the UHB offered funds to GPs in Sully, Penarth and Dinas Powys to expand to take the 7000 patients. The UHB did not consult on this plan.

The overload at Stanwell (Penarth Health Care) surgery has worsened the standard of care. Expanding their staff took time (now 11GPs for 17 000 patients), but space is lacking and managing patients' needs is problematic. Redlands surgery had similar difficulties, having been told since 2018 to expect transfer to Cogan. The UHB pursuit of (new-build) premises in the wrong place is at fault.

They could still recognise their error and buy the Albert Surgery from the property developer.

Annex

The FoI disclosures at the following link are incomplete.

https://www.whatdotheyknow.com/request/closure_of_albert_road_surgery_a

They include e-mails exchanged between the GP and the owners but none of the Health Board itself or its Primary Care Team. We'd question whether the Board kept an audit trail, or rather just found diverse documents in a limited search of e-mails. The absence of documents from the Primary Care Team, with their public letters to patients, with no records of discussions with the Vale Council, Vaughan Gething MS and with the GP Cluster suggests deficient record-keeping. Nevertheless, the FoI disclosures are sufficient to give a story quite different from public statements of the PCT. The notice-to-quit the surgery was not unexpected, as they stated, but stemmed from the Health Board setting December 2021 for when they'd end the lease.

FoI request of 25 July:

Please disclose all information you hold regarding closure of Albert Rd surgery and GP practice from the time your officials were first notified of the prospective move due to sale of the building 3 or 4 years ago. The lead official was Robert Wilkinson, date before Sept.2019.

Please include

- 1) correspondence, e-mails and notes of meetings with the GP practice re. the proposed move to a future Wellbeing Hub proposed in 2019
- 2) consultations for patients conducted at the surgery attended by your officials in 2019
- 3) the engagement of your Primary Care Team from 2021, extending the closure past the end of 2021
- 4) documents of 2021-22 regarding possible alternative arrangements for the surgery to continue
- 5) the PCT's interactions with the Vale of Glamorgan Council in 2021-22 relating to the closure.

Despite the very specific requests, the response on the *whatdotheyknow* site covers only point 1).

The attachment pdf contains the following critical e-mails in the disclosures, as cited in the text

26Sept'18 LHB re Albert Rd options;

11-12Oct'18 Albert Rd declines to relocate to Penarth Leisure Centre;

3-8Oct'21 Response to Notice2Quit

Max Scott-Cook for *Save Albert Surgery campaign* ----- 1st November 2022

Questions for the Minister and Health Board

The FoI disclosures imply that the surgery closure was not an independent decision by Dr. Leppik, rather she was left with no option. The Health Board have failed to disclose their arrangements with her, when in 2019 she agreed to their pressure to move the surgery to Cogan. Did it include their commitment to pay £31k/year rent and under what conditions?

Did the Health Board comply with the *Primary Care Model for Wales* in providing support for the vulnerable Albert Rd practice, then suddenly ending it (on the basis that they'd expected the Cogan Hub to be available by the end of 2021)?

Did the Health Board work collaboratively through the *primary care cluster*, which enters the above story only when the PCT wanted the surgeries to accept the dispersed Albert Rd patients?

The Primary Care Model for Wales sets out a whole system approach from a health perspective... timely care and support that is delivered collaboratively by all partners through the primary care clusters. (NHS Wales Planning Framework 2019 to 2023)

The local cluster includes the 4 surgeries (Dinas Powys, Sully, Redlands and Stanwell), the lead being Dr Carl Lloyd of Redlands surgery.

Did the Health Board pay due regard to the Equality Act requirement on equity-of-access, to *ensure that reasonable adjustments are made to deliver equity of access to healthcare services for all individuals* (from the Planning Framework 2019-22 version)?

This both in the PCT ruling out alternatives to closure of the surgery and in the earlier determination to move both Albert Rd and Redlands GP Practices to Cogan, disregarding distances and difficulties of access.

Doesn't the Health Board fail in transparency and openness? The former is impeded by poor record-keeping evidenced by the very limited FoI disclosures; openness refused by the PCT who told the public zoom-session they'd wanted just to inform the public when the alternative arrangements were settled, but were forced to make an earlier statement when the closure leaked out.

It's clear that closing the GP surgery for north Penarth not only created stress for other surgeries in the cluster, but also is a great injustice for people reliant on a local surgery. Would the Minister comment on the failures under Core values of Welsh Governance:

- the constituency MS, Vaughan Gething, failing to report to and speak up for the surgery's patients, including vulnerable sections who particularly need a surgery within walking distance (as is Government policy).
- the Children's Commissioner and Older Person's Commissioner, who would speak for young children or the frail and elderly, but had no inputs.
- the Future Generations Commissioner, who sees the vital importance of local surgeries for sustainable communities, but had no input
- Social Justice, for which a Welsh Government minister is responsible, did not count in the Health Board decision.

Conclusion.

Will the Health Minister recognise that C&V Health Board's PCT strayed beyond their supporting role and disregarded principles, policies and guidance set by the Welsh Government, both in closing the surgery and in deciding our GP services should be at Cogan in the longer term?

Would she therefore require the Health Board to consider what can be done to consult with stakeholders with a view to restoring a surgery in north Penarth?

[REDACTED]

From:

Sent:

[REDACTED]
26 September 2018 18:03

To:

Cc:

Subject:

[REDACTED]
WH@Penarth - Albert Road Surgery

[REDACTED]

I just thought I would bring you up to speed re: Albert Road Surgery...

[REDACTED] met with the GP practice last week along with [REDACTED]. We thought it was primarily to bring them up to speed with where we are with the project. However, while they have indicated that they wish to be considered within the development of the WH@Penarth, in reality the situation is far less certain. There are [REDACTED] GP partners although [REDACTED] shortly and they are going through a second stab at recruitment [REDACTED].

[REDACTED] At the meeting they revealed that they are still exploring their options in terms of a merger with Redlands Road, whether they really wish to relocate to the Wellbeing Hub or remain where they are, or even if they hand back their list to the UHB. PCIC are to provide them with information re: financial implications for the practice to help them in their deliberations.

As you know Albert Road have been included in the Schedule of Accommodation, although we have had to reduce the scope to accommodate them. They have been made aware that we have reached a critical stage in the development and that we need to have a firmer commitment from them as we move into the design stage.

Cheers,

[REDACTED]

[REDACTED]

From: [REDACTED]

Sent: 12 October 2018 08:11

To: [REDACTED]

Subject: FW: Intention of Albert Rd to relocate to Penarth Leisure Centre

Hi All

We have received the confirmation below that Albert Rd do not want to relocate to the hub at Penarth. See below.

Regards

From: [REDACTED]

Sent: 11 October 2018 09:54

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Intention of Albert Rd to relocate to Penarth Leisure Centre

Thanks for that ...In view of those outcomes we do not wish to move to the hub

Yours sincerely

From: [REDACTED]

Sent: 10 October 2018 16:39

To: [REDACTED]

Cc: [REDACTED]

Subject: Intention of Albert Rd to relocate to Penarth Leisure Centre

Hi [REDACTED]

Following our telephone conversation earlier . Please could the practice provide a response to the LHB by close of play on Friday on your intention to relocate to Penarth Leisure centre or not when the Wellbeing hub is opened. (Expected by end Dec 2021.)

Following our meeting on the 19th of September you asked me to provide some further information on various items :-

1. The existing surgery has a notional rent of £ 31,000 effective from 4/11/2017
2. Notional rent applies only to owner occupied buildings. The retired GPs could lease the building to new partners. The rent would depend on whether the lease was on Tenant Internal Repairing or Fully Repairing

[REDACTED]

From: [REDACTED]
Sent: 08 October 2021 10:39
To: [REDACTED]
Cc:
Subject: FW: Albert Road Surgery
Importance: High

Hi All,
Please see below.

[REDACTED] can you link with [REDACTED] to work through the issues below as a priority and draft a response. We need to provide clarity on the rental issue raised and backdated payments/shortfall.
Can I have the position and email by 15/10/21

[REDACTED]

From: [REDACTED]
Sent: 08 October 2021 10:37
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Albert Road Surgery

Dear [REDACTED]
Thank you for your email and for the positive consideration. I can confirm receipt of the email and I will speak to [REDACTED] to start to work through the conditions within and write back to you within the timeframe.
I will be in touch in due course.
Best Wishes

[REDACTED]

From: [REDACTED]
Sent: 08 October 2021 09:50

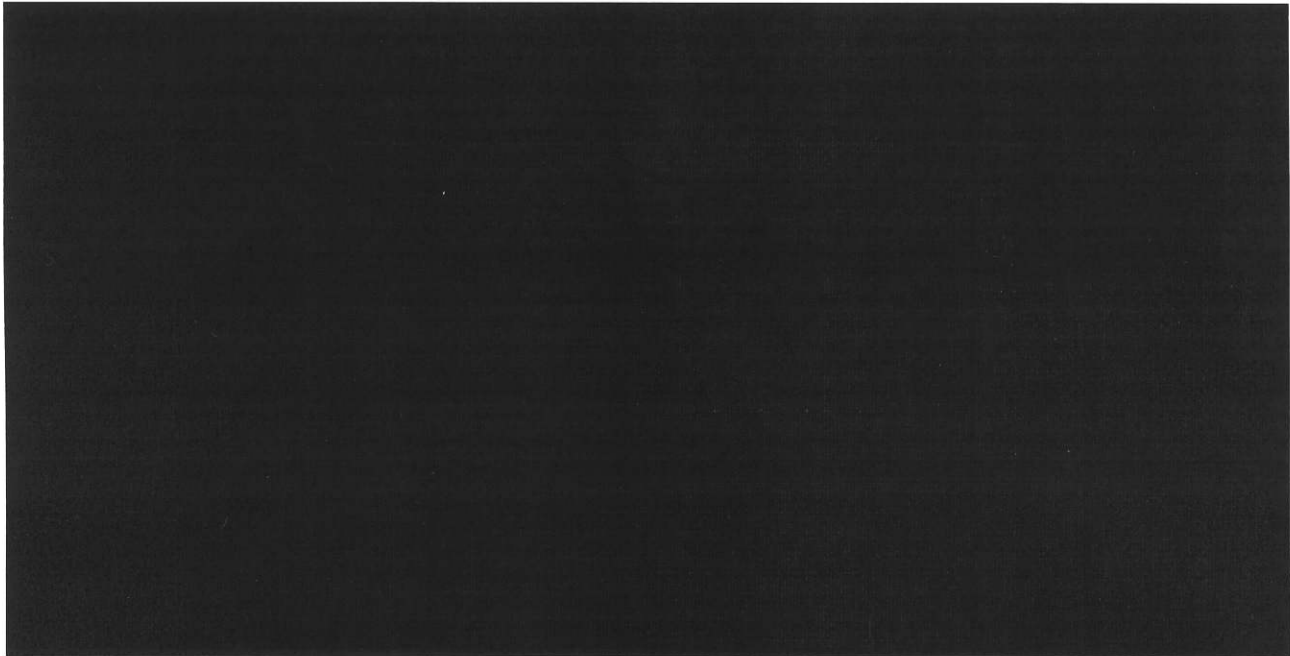
and Insuring terms. If the former then the rent would be £31,000. If the latter then this would be reduced by 5% giving £29,450.

3. Once GMS services cease being provided from the building, then the reimbursement stops. The building can then be sold, but only on the basis of an alternative use. This value can be up to 50% less than as a "going concern."
4. If that value is less than the outstanding mortgage (the original one to buy the property, not if remortgaged), then, if still being owner occupied, there is a grant available to make up the difference.
5. Private work can be carried out. It used to be limited to 10% of practice income without affecting reimbursement. The current approach depends on the number of rooms used and how long for. The rent reimbursement may be abated accordingly.
6. The occupation costs of the new building are approximately £60m2. 100% of exclusive space and a proportion of shared.

Let me know if you need anything further to aid with your decision.

[REDACTED] today and I hope that you found this to be useful. .

Regards



To:

Cc:

Subject: Re: Albert Road Surgery

Dear [REDACTED]

Thanks for your email reply.

After further lengthy discussion with my Owner Partners and the Vendor, we are willing to extend the notice to quit to allow [REDACTED]

[REDACTED] so that the vendor can take vacant possession on the 1st of April, 2022.

This offer is on the condition that the property will be vacated and clean by that date and that [REDACTED]

[REDACTED] will sign a letter confirming the new date to quit is acceptable, and also accept in writing that there will be no further extensions requested by [REDACTED] her team or by the Local Health Board . We would also like [REDACTED] to confirm [REDACTED] will pay us the rent of £31,000 per annum back dated from 1st July 2019 onwards [REDACTED] as this is the notional rent sum [REDACTED] receives from the Health Board. We have been receiving a small short fall in this amount in the quarterly payments.

Should [REDACTED] overstay this period then we would take action against [REDACTED] for any losses that may occur as a consequence of not quitting, which may include the value of the loss of sale and our current and future legal costs.

If you can all agree to these terms then we are willing to extend the notice to quit until the 1st of April 2022.

This extension will only be offered if we receive the confirmation duly signed within 2 weeks of receipt of this email, otherwise the agreement would no longer be offered.

Yours sincerely

From [REDACTED]

Sent: 05 October 2021 07:12

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Albert Road Surgery

Good Morning [REDACTED]

This is disappointing to hear given your email of 2nd September where you were amenable to a slight extension to the notice period of up to 3 months. Whilst we do not request the full 3 months, an extension to early April or at least to 1st April would be helpful to allow the practice to finalise their plans and vacate the property by this date. I am happy to have a separate conversation of my recollection of the meeting with [REDACTED] in September 2019.

Best wishes and we look forward to hearing from you.

[REDACTED]

From: [REDACTED]

Sent: 05 October 2021 06:39

To: [REDACTED]

Cc: [REDACTED]

Subject: Re: Albert Road Surgery

Good morning [REDACTED]

Thanks for your email.

Unfortunately we are not in a position to help with this. Our vendors has asked for vacant possession from the 1st of March 2022. They do not want to extend this as they have lots of work to do to change its purpose. We are concerned that we would lose the sale and be left with a building that would be a challenge to place in view of certain covenants on it. We would also point out that you gave us notice that there was no use for the building after the 31st of December 2021 and you would not be able to help with the mortgage after this date hence putting us in a position where we had to sell despite there being a large penalty to pay. You reiterated this at our meeting in Woodlands House in september 2019. There is no benefit for us to extend the "Notice to Quit Period."

So alas we feel that the 6 month notice to quit period was a fair amount of time for [REDACTED] to find a property .

Kind regards

[REDACTED]

From: [REDACTED]

Sent: 04 October 2021 06:57

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Albert Road Surgery

Good Morning [REDACTED]

We are working closely with [REDACTED] on a solution to ensure the ongoing provision of GMS services to patients at Albert Road Surgery. As part of the solution it would be beneficial if [REDACTED] could agree a small extension to the notice period as detailed by [REDACTED]. You will be aware we have had previous email correspondence on this subject. If this could be agreed then the current rental rate will be paid for the period agreed. Ideally this would be mid to late April 2022 or if that is not an option to vacate by 01/04/2022.

I look forward to hearing from you

Kind Regards

[REDACTED]

[REDACTED]

From: [REDACTED]

Sent: 03 October 2021 17:38

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Albert Road Surgery

Hi [REDACTED]

Many thanks for your prompt reply which is very much appreciated.

I totally understand your rationale for your decision to sell the building but as [REDACTED] is still the contract holder, I believe that the uLHB have a contractual obligation to continue to make payments on the rent up and until [REDACTED] vacates the building which as it stands is the 1st March 2022. On this basis, I do not believe that [REDACTED] would be financial penalised if the notice period to quit is extended. However, I do respect your decision not to extend. As mentioned previously, the extension period would allow us the opportunity to fully explore our options but if your final decision is not to agree to an extension then we accept that despite the limitations it will place on our options.

Many thanks and kind regards

[REDACTED]

From: [REDACTED]

Sent: 03 October 2021 12:47

To: [REDACTED]

Cc: [REDACTED]

Subject: Re: Albert Road Surgery

Dear [REDACTED]

Thanks for your email of the 3rd October asking us to extend the date to vacate until the end of March or April 2022.

We would remind you that the Local Health Board advised us in a meeting at Woodlands House Cardiff in September of 2019, that they had no use for Albert Road Surgery after the 31st of December 2021 and they would not support the Mortgage repayments after that date hence incurring a penalty to us as the owner partners.

We have a firm offer to buy the practice with vacant possession as of the 1st of March 2022.

There is no financially beneficial reason for us to keep ownership of the building for longer than necessary. We would also point out that at no point leading to the run up to the end of December 2021, has the LHB intimated that they would require the building longer nor support us in the Mortgage after that point. Infact we have had very little information from the Health Board as to the progress of the Hub except to say it is still in process. As a consequence of this we have had to put the building on the market to sell. You were offered the building to buy but understandably this is considered not financially viable for [REDACTED]

In view of this it is not in our financial interest to extend the notice to quit and it remains the 1st fo March 2022.

Please confirm receipt of this email by return.

Yours sincerely

[REDACTED]

From: [REDACTED]

Sent: 03 October 2021 07:02

To: [REDACTED]

Cc: [REDACTED]

Subject: Albert Road Surgery

Dear All

As you can imagine, we have been having discussions with the Health Board relating to your notice to quit Albert Road on the 1st March 2022.

We are in the process of exploring several options with them which requires us to make a formal request for you to consider extending the notice to quit period to at least the end of March or, preferably to the end of April 2022. This extension will give us the opportunity to properly explore and consider these options.

The Practice would be obliged if you would consider this request and let us know as soon as you are able to do so.

Kind regards

[REDACTED]

Confidentiality

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Hysbysiad preifatrwydd: Gellir gweld hysbysiad preifatrwydd Bwrdd Iechyd Prifysgol Caerdydd a?r Fro ar ein gwefan: (<http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/325392>)

Mae'r neges hon yn gyfrinachol. Os nad chi yw'r derbynnydd y bwriedid y neges ar ei gyfer, byddwch mor garedig ? rhoi gwybod i'r anfonydd yn ddi-oed. Dylid ystyried unrhyw ddatganiadau neu sylwadau a wneir uchod yn rhai personol, ac nid o angenrhaid yn rhai o eiddo Bwrdd Iechyd Prifysgol Caerdydd a?r Fro, nac unrhyw ran gyfansoddol ohoni na chorff cysylltiedig. Mae cyfathrebu drwy e-bost yn amodol l fonitro; am fwy o wybodaeth.

<http://www.wales.nhs.uk/sitesplus/864/cymraeg>

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Cofiwch fod yn ymwybodol ei bod yn bosibl y bydd disgwyl i Bwrdd Iechyd Prifysgol Caerdydd a?r Fro roi cyhoeddusrwydd i gynnwys unrhyw e-bost neu ohebiaeth a dderbynnir, yn unol ag amodau'r Ddeddf Rhyddid Gwybodaeth 2000. I gael mwy o wybodaeth am Ryddid Gwybodaeth, cofiwch gyfeirio at wefan Bwrdd Iechyd Prifysgol Caerdydd a?r Fro <http://www.wales.nhs.uk/sitesplus/864/cymraeg>

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Stop “Controlled Burning” in Wales

Y Pwyllgor Deisebau | 21 Tachwedd 2022
Petitions Committee | 21 November 2022

Reference: SR22/3945-2

Petition Number: P-06-1927

Petition title: Stop “Controlled Burning” in Wales

Text of petition: The recent Mynydd Mawr, Gwynedd, fire has highlighted the problem with so-called "controlled burning". This was lit within the allowed period (1st October to 31st March) despite recent dry weather and strong winds, and when many birds have already started nesting.

North Wales Fire Service described Mynydd Mawr as "quite devastated" by the fire. The smoke affected local residents, and the fire service described how valuable resources from as far as South Wales had to be enlisted to help.

This fire covered an area of 100,000 sq m at one stage and is not an isolated incident.

Last year there were over 2000 grassfires in Wales; over 75% of these deliberately lit.

These fires cause:

- Risks to the health and safety of our fire crews, local residents and property
- Dangerous diversion and monopolisation of fire crews putting lives elsewhere at risk
- Unacceptable cost to taxpayers into the hundreds of thousands of pounds due to the high burden on fire crews
- Release of smoke and carbon at a time of a climate crisis
- Impact on nesting birds and other wildlife such as increasingly threatened adder during a biodiversity crisis. The 1st October to 31st March were colder wetter months in Wales but our climate is already changing with drier warmer weather shifting wildlife's emergence and breeding seasons. The RSPB has called for an end to upland peatland burning due to the conservation and climate concerns.



We call on the Welsh Government to stop "controlled burning" now.

1. Background

Controlled burning, also known as prescribed burning, is the planned use of fire within a particular area.

The primary type of controlled burning undertaken within the UK is to remove uncut heather and moorland vegetation.

The [Heather and Grass Burning Code for Wales 2008](#) highlights the benefits and risks of heathland burning:

Fire has been part of the natural ecology of upland and some lowland environments, particularly heathland, for many thousands of years. It occurs naturally as a result of lightning strikes and it is also one of the oldest land-management tools, used for agriculture, game management and, more recently, wildlife conservation management.

A range of semi-natural habitats are subject to managed burning including in particular moorland and heath, but also some mires and other wetlands (such as reedbeds), grasslands and scrub. Carefully

planned, periodic, controlled burning can be beneficial for agriculture, game management, wildlife conservation and the wider environment. It can provide improved accessibility and better food value for grazing animals and produce a diversity of vegetation structure and composition suitable for a variety of wildlife and game including upland birds such as red grouse.

However, it is a powerful tool, which needs to be used with skill and understanding if it is not to do more harm than good. Ill-considered burning can be counter-productive: damaging valuable grazing, plants, animals, habitats and historic features; altering the physical structure, chemical composition and hydrology of the soil; affecting water quality and weakening the character of the landscape. In some circumstances burning may also be unsafe, damaging, or a waste of time and resources.

2. Welsh Government action

The Welsh Government has published three documents relating to controlled burning:

- [The Heather and Grass Burning Code for Wales 2008](#);
- [Burning Management Plan for Wales](#); and
- [Burning Management Plan for Wales: Supporting Technical Guidance](#).

These are underpinned by the [Heather and Grass etc Burning \(Wales\) Regulations 2008](#) (“the Burning Regulations”).

2.1. The Heather and Grass Burning Code for Wales 2008

The Code is split into two parts. Part 1 summarises the legal requirements under the revised [Heather and Grass etc Burning \(Wales\) Regulations 2008](#) and other legislation. Part 2 gives recommendations on good practice.

The Burning Regulations control the burning of heather, rough grass, bracken, gorse and Vaccinium (bilberry). They do not apply to private gardens or allotment gardens. The following controls apply throughout the year:

- The burning of heather, grass etc must not commence between sunset and sunrise;

-
- Sufficient people and equipment must be on hand at all times to control the burn;
 - All reasonable precautions must be taken to prevent injury or damage to persons, animals and adjacent property;
 - At least 24 hours but not more than seven day's notice of intent to burn must be given in writing to the owners/occupiers of the land concerned and persons in charge of adjacent land. This should include the dates, times, place and extent of the burn;
 - All proposed burns outside designated Sites of Special Scientific Interest (SSSIs) must have a valid Burning Management Plan (BMP), which is available for inspection by Welsh Assembly Government officials on request;
 - All proposed burns on SSSIs or other designates sites must also produce a BMP, however if one has been produced in agreement with the Countryside Council for Wales or other designating bodies this may be used to comply with the code;
 - Formal consent from Cadw may be required for burning on a Scheduled Ancient Monument.

Under the Regulations, burning is only allowed between:

- 1 October to 31 March in upland areas;
- 1 November to 15 March elsewhere; and
- At other times under a licence that may be obtained only in very specific circumstances.

Burning **within the designated burn period** does not require a licence. Both **South** and **North** Wales Fire and Rescue Services encourage landowners to inform them of planned burns.

Applications for **licences to burn in the restricted period** must be made to the Welsh Government.

Any person who contravenes any provision of the Burning Regulations commits an offence under section 20(2) of the *Hill Farming Act 1946*. Such offenders may be liable to a fine not exceeding £1000.

2.2. Burning Management Plan for Wales

Under the regulations, land managers are required to complete a **burning plan** and keep it updated. They are not required to submit a copy of their completed plan, but an up to date copy must be available for inspection by authorised

officers. The plan aims to help “develop a medium to long term approach (5+ years) for the management of land through burning, including assessing the risks involved”. The plan is accompanied by **technical guidance** to support land managers to draw up their plans.

2.3. Minister’s Paper

The Minister’s paper sets out that, in the Welsh Government’s view, the current Regulations and supporting Code are fit for purpose. It also states in circumstances where a land manager actively burns ‘no burn areas’ or negligently loses control of a planned burn, legal prosecution and or penalties relating to their Basic Payment Scheme subsidy support may be imposed.

It highlights two projects it is involved in relating to fires:

With the increase in both extreme weather events and incidence of fires occurring throughout the landscape of Wales, Welsh Government promotes co-ordinated action between the emergency services, statutory bodies and local communities, in order to react to, report and record incidence, and by doing so help address poor practice and promote behavioural change. Operation Dawns Glaw (Dawnsglaw) a multi-agency task force, comprising the three Fire and Rescue Services, Police, Natural Resources Wales, Met Office, National Parks, Crimestoppers, the Welsh Government and others, is an initiative at the forefront of this approach.

We currently favour promoting a partnership approach such as the Healthy Hillides project rather than reviewing the current regulations which we believe are fit for purpose when followed correctly. Healthy Hillides (Healthyhillides) is a Welsh Government funded partnership programme delivering a nature based solution to reducing the risk of wildfire, improving the recovery of habitats following fire damage, protecting soils to reduce carbon released by wildfires. The work will deliver wider benefits for ecosystem resilience, water and air quality, making the landscape of the valleys more resilient and better able to adapt to climate change.

3. Welsh Parliament action

The issue of controlled burning has not been discussed 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

Ein cyf/Our ref JJ/02250/22
Eich cyf/Your ref P-0601297

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

31 October 2022

Dear Jack Sargeant MS,

Thank you for your letter of 16 August to Lesley Griffiths MS, Minister for Rural Affairs and North Wales and Trefnydd, regarding controlled burning within the allowed period at Mynydd Mawr highlighted in petition P-06-1297 Stop "Controlled Burning" in Wales. As these matters are part of my portfolio it falls to me to respond.

The Heather and Grass Burning (Wales) Regulations 2008 and its accompanying Code are in place to ensure burning management is to be carried out in a planned, controlled, appropriate and safe manner which delivers environmental benefits and safeguards

Controlled burning is only permitted from 1 October – 31 March in upland areas and 1 November – 15 March elsewhere. Prior to the introduction of the Wales specific heather and grass burning regulations in 2008 the end dates for burning under the then England and Wales regulations were 15 April in the uplands and 31 March elsewhere. The dates were curtailed by some 15 days, in part, following research evidence provided by the BTO and RSPB of trends and timings for the commencement of nesting behaviour of relevant species in Wales at different altitudes. There is currently no evidence of nesting behaviour trends commencing earlier in the season. In the Welsh Government's view the current Regulations and supporting Code are fit for purpose.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

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.

A range of semi-natural habitats are subject to managed burning including moorland and heath, grasslands and scrub. Carefully planned, periodic, controlled burning can be beneficial for agriculture, game management, wildlife conservation and the wider environment. It can produce a diversity of vegetation structure and composition suitable for a variety of wildlife, including upland birds. However, it is also a powerful tool, which needs to be used with skill and understanding if it is not to do more harm than good. Ill-considered burning can be counter-productive: damaging valuable grazing, plants, animals, habitats and historic features; altering the physical structure, chemical composition and hydrology of the soil; affecting water quality and weakening the character of the landscape.

For these reasons the Regulations require the completion of a Burning Management Plan in order to ensure all aspects are considered and prepared for in advance. For example, some habitats and areas are by nature of the terrain, species composition or difficult growing conditions, vulnerable to damage from intensive management including burning. Such damage can result in exposure of bare peat, soil erosion, impacts upon water quality and flow, including increased water colouration and run-off, and changes in species composition and habitat structure. For these reasons, areas such as peat bog, wet heath and scree slopes are considered 'no burn areas' and must be excluded from the proposed burning plan. There are also restrictions on when a burn can take place and their size and frequency. Responsible burning also requires the creation of effective firebreaks and having sufficient manpower to control active burns as well as informing adjoining landowners and the Fire and Rescue Service prior to commencement

Not to allow any form of burn management on open ground would also be problematic as areas not burnt for successive years often allows the build-up of coarse vegetation and woody biomass creating a fuel load which, in the event of a summer wildfire, can cause catastrophic and long-lasting damage to soils, sensitive habitats, wildlife and the wider environment, including neighbouring properties.

In circumstances where a land manager actively burns 'no burn areas' or negligently loses control of a planned burn, legal prosecution and or penalties relating to their Basic Payment Scheme subsidy support may be imposed.

With the increase in both extreme weather events and incidence of fires occurring throughout the landscape of Wales, Welsh Government promotes co-ordinated action between the emergency services, statutory bodies and local communities, in order to react to, report and record incidence, and by doing so help address poor practice and promote behavioural change. Operation Dawns Glaw ([Dawns Glaw](#)) a multi-agency task force, comprising the three Fire and Rescue Services, Police, Natural Resources Wales, Met Office, National Parks, Crimestoppers, the Welsh Government and others, is an initiative at the forefront of this approach.

We currently favour promoting a partnership approach such as the Healthy Hillides project rather than reviewing the current regulations which we believe are fit for purpose when followed correctly. Healthy Hillides ([Healthyhillides](#)) is a Welsh Government funded partnership programme delivering a nature based solution to reducing the risk of wildfire, improving the recovery of habitats following fire damage, protecting soils to reduce carbon released by wildfires. The work will deliver wider benefits for ecosystem resilience, water and air quality, making the landscape of the valleys more resilient and better able to adapt to climate change.

The Fire and Rescue Services and partners also work all year-round cutting fire breaks in strategic locations across Wales, to prevent the spread and severity of grass fires, should they break out. They also deliver educational programmes to young people who have either offended or are on the cusp of offending, on the dangers and consequences of deliberate fire setting; all of which are funded by the Welsh Government.

Yours sincerely,

A handwritten signature in blue ink that reads "Julie James". The signature is written in a cursive, flowing style.

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

To review the emergency temporary housing policy which impacts our communities.

Y Pwyllgor Deisebau | 21 Tachwedd 2022
Petitions Committee | 21 November 2022

Reference: SR22/3945-1

Petition Number: P-06-1304

Petition title: To review the emergency temporary housing policy which impacts our communities.

Text of petition: The community of Thomastown in Tonyrefail have suffered due to a B&B in the heart of their community being used by the local authority as emergency temporary accommodation. Although the local authority has maintained that the persons placed here are risk assessed, the community has suffered from anti social behaviour, threats, violence and drug dealing. The community feels let down by the local authority and would like a review of the procedures that are in place to stop this happening again.

The local authority has placed homeless people there who have just been released from prison. The community has fought for many years for the council to stop using the B&B for ex prisoners. Local people have witnessed many incidents of anti social behaviour over the years, which deeply concern the community and impact negatively on their lives.

There is also no appropriate security in place and no support network for the residents.

The community does not want this to happen again and call for a full review on the procedures and policies of placing homeless people into emergency temporary accommodation in communities without the proper support



being put in place to support the residents placed there by the local authority.

1. Background

Since the start of the pandemic, the Welsh Government has taken a 'no-one left out' approach to homelessness. This has been supported by guidance and some additional funding while being delivered by local authorities and their partners. That response continues to be in place, and has resulted in significant numbers of people facing homelessness being provided with temporary accommodation and support services.

Different types of temporary accommodation are used and may include hotels, refuges, hostels, bed & breakfasts, social housing and accommodation in the private rented sector.

Guidance issued by the Welsh Government in 2016 details matters that local authorities must take into account when considering whether accommodation is suitable. The guidance states that B&Bs are not generally a suitable form of accommodation, noting that:

The use of B&B should only be used on an exceptional basis and for a limited period of time for any individual or household.

The Welsh Government has previously used its statutory powers to restrict the use of B&B accommodation as temporary accommodation. However, because of the pressures faced by local authorities as a result of the pandemic, and the continuation of the 'no-one left out' approach, the Welsh Government has consulted on temporarily allowing the use of B&B accommodation where local authorities are facing pressures because of the pandemic, subject to an end date of 31 March 2023. Legislative changes have not yet been made.

According to Welsh Government figures, the number of people placed in temporary accommodation rose steadily over the course of the pandemic, with a total of 26,400 people placed in such housing at some point between March 2020 and August 2022.

As of 31 August 2022, there were 8,545 individuals (including 2,515 dependent children under 16) still living in temporary accommodation and an estimated 152 people sleeping rough in Wales.

2. Welsh Government action

In October 2019, the Welsh Government launched the Strategy for Preventing and Ending Homelessness. This strategy seeks to ensure that homelessness is 'rare, brief and unrepeated'.

The Welsh Government published its Ending Homelessness Action Plan in November 2021 which builds on the work and recommendations of the Homelessness Action Group. The plan is split into three key areas of action: 'Rare', focusing on prevention; 'Brief', addressing rapid rehousing; and 'Unrepeated', which concerns long-term housing availability.

In May-June 2022, the Welsh Government ran a consultation on a proposal to update the 'priority need' categories to include people who are 'street homeless'. This would bring the 'no one left out' approach into law. The Homelessness (Priority Need and Intentionality) (Wales) Regulations 2022 were passed following a debate in the Senedd on 18 October 2022 and came into effect on 24 October.

On 1 November, the Minister for Climate Change wrote to the Chair of the Petitions Committee regarding this petition. Her letter acknowledges that the continuation of the 'no-one left out' approach has increased pressure on local authorities to source temporary accommodation, and has included the use of B&Bs. However, the Minister maintains that the Welsh Government will not

change its existing approach to homelessness, citing the above Regulations as evidence.

The Minister also noted the Welsh Government's commitment to improving the supply of longer-term housing, including plans to build new low-carbon social homes and the recent allocation of £65m to the Transitional Capital Accommodation Programme to help 'increase move-on options' for local authority housing services.

3. Welsh Parliament action

The Senedd's Local Government and Housing Committee is currently undertaking an inquiry into homelessness in Wales. As of 12 October, the agreed terms of reference for this inquiry are:

- The supply, suitability and quality of temporary accommodation currently being used to house people experiencing homelessness and the support services made available to them;
- The impact living in temporary accommodation has on individuals and families;
- The impact of the ongoing demand for temporary accommodation and support services on local authorities, their partners and communities;
- Options to increase the supply of affordable and appropriate housing in the short to medium term to reduce the use of temporary accommodation;
- Progress implementing Ending Homelessness in Wales: A high level action plan 2021-2026, and in particular the move towards a rapid rehousing approach.

The Committee has so far run two consultations with targeted stakeholders – a first in January-February 2022 and a second ongoing consultation due to end on 11 November.

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 1304
Ein cyf/Our ref JJ/02208/22

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

01 November 2022

Dear Jack,

Thank you for your letter of 4 October seeking my views regarding Petition P-06-1304 “to review the emergency temporary housing policy which impacts our communities” ahead of the formal consideration of the petition by the Committee.

The pandemic has enabled us to gain a much more accurate picture of the true scale of homelessness across Wales. Whilst the emergency response has helped many individuals to engage with services for the first time, it has demonstrated the level of hidden need that the housing, health and wider support system was not ordinarily addressing and the need to respond to these in both the short and longer term.

Since the start of the pandemic the Welsh Government has taken a ‘no-one left out’ approach to people experiencing homelessness, supported by specific guidance and funding. I have been very proud of the response in Wales - with over 25,200 people supported with temporary accommodation since March 2020 and provided with the wrap around support they need to stay safe – this inclusive response continues to be in place today and has undoubtedly saved lives.

The Committee will wish to note that there has recently been Senedd consideration of this policy. On 18th October, following a short debate in Plenary, the Senedd passed regulations to create an 11th category of Priority Need for those who are ‘street homeless’, to ensure the continuation of the ‘no-one left out’ approach ahead of wider legislative reform. This followed a public consultation on the proposals and the summary of responses can be found [here](#):

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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.

The pandemic has given us an opportunity to transform homelessness services and begin the adoption of a truly inclusive approach to ensure no-one is left without a home, and we are strongly committed to moving from a position of reliance on temporary accommodation, to a system focused on prevention and rapid rehousing – as outlined in the Programme for Government and our Ending Homelessness Action Plan. To support this, we are committed to delivering 20,000 new low carbon homes for rent in the social sector. We are investing over £197m in Housing Support and Homelessness Prevention services this year and a record £310m in Social Housing. Our aim is to build better social homes in Wales, build more of them, and build them more quickly – ensuring they are fit for the future.

In the short term, whilst we increase the supply of longer-term homes, it is vital we keep people and families experiencing homelessness safe through the provision of suitable temporary accommodation, so that no one is forced to sleep rough in Wales. Due to pressure on housing and homelessness services, local authorities are using a range of temporary accommodation to ensure people are not forced to sleep rough, including hotels and B&Bs. We are supporting local authorities to move away from this type of accommodation and have provided an additional £65m this year for a Transitional Capital Accommodation Programme to increase move-on options.

I am sure you will agree that there can be no going back, we need to build on the progress made, and together, we have an opportunity to end homelessness in Wales and it is one that I fully intend to take.

Yours sincerely,



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

Agenda Item 3.1

P-05-1112 Help Welsh Communities Buy Community Assets: Implement Part 5 Chapter 3 of the Localism Act 2011

This petition was submitted by Daniel Evans having collected a total of 655 signatures.

Text of Petition:

Welsh communities continue to lose community assets such as pubs and sports grounds at an alarming rate. Unlike England & Scotland, Welsh communities still do not have the statutory right to bid for assets.

We urgently require new legislation relating specifically to Assets of Community Value. We call on the next Welsh Government to immediately introduce the provisions of Part 5 Chapter 3 of the Localism Act 2011 to ensure groups in Wales have the legal right to buy & manage community assets.

Additional Information:

Community assets build social capital, health and wellbeing. Losing community assets leads to weaker, more disconnected & unhappier communities

Part 5, Ch. 3 of The Localism Act 2011 granted the legal right for community groups to bid for & run assets of community value (ACV) under threat/for sale. It also requires local authorities to keep lists of such community assets. In Scotland, community groups have first refusal on these assets (<https://commonslibrary.parliament.uk/research-briefings/sn06366/>).

In Wales, however, the Welsh Government decided to not apply the relevant parts of the act that would facilitate this. Our communities are therefore being placed in a hugely disadvantaged position relative to England & Scotland.

In 2015, the minister stated that action would be taken on ACV during the 2016-21 Welsh Government, but nothing happened.

Implementing the relevant provisos of the Localism Act would hugely benefit Welsh communities desperate to save valuable local assets.

Senedd Constituency and Region

- Bridgend
- South Wales West

Agenda Item 3.2

P-06-1212 Mark Allen's Law – we want throwline stations around all open water sites in Wales

This petition was submitted by Leeanne Elizabeth Bartley, having collected a total of 11,027 signatures.

Text of Petition:

Mark Allen, aged 18, drowned after jumping into a freezing reservoir on a hot day in June 2018. In May 2019 we watched whilst 3 throwlines were installed where he died. Mark could have possibly been saved if they were in place beforehand.

Additional Information:

We, Mark's family and friends, feel that it should be law that throwlines like those placed where Mark died should be placed in designated places around every reservoir, lake, canal etc. Speaking to people who work in water safety, e.g. fire services etc., such throwlines have saved many lives. We want to save lives and save people from going through the heartbreak and tragedy of losing someone they love to drowning.

Plz help us make a positive difference in Marks memory.

Thank you, Mark's family and friends.

Senedd Constituency and Region

- Clwyd West
- North Wales



24th August 2022

Dear Mr Sargeant,

Welsh Parliament Petitions Committee Report August 22: Mark Allen's Law - Water safety and drowning prevention

I read with interest the aforementioned report and appreciate the short period of time given for such a process. However, I am concerned that the consulted contributors (three utility companies, two public bodies, one fire and rescue service, the Chair of Water Safety Wales (WSW) and the families of those who have lost loved ones to drowning in Wales) were not able to present a balanced view of the issue and the work that is being done to improve water safety and prevent drowning in Wales. I recognise that the outdoor sector is incredibly wide and diverse and therefore, reaching out beyond this sphere would have been time-consuming.

I am Chair of the Wales Adventure Tourism Organisation (member of WSW), Chair of Outdoor Alliance Wales, Secretariat to the Cross Party Group for the Outdoor Activity Sector in Wales and one of the Project Leads for AdventureSmartWales and AdventureSmart.UK (member of WSW) and am also a contracted advisor to Visit Wales on aspects of safety in the outdoors. As such, I would have hoped to have been aware of the consultation and that the wider outdoor sector in Wales might have been consulted, to ensure a balanced perspective on safety.

The report certainly highlights a number of the issues we all face when it comes to ensuring water spaces are safer places for those who visit and use them as well as making suggestions to help mitigate such issues. Studies relating to the communication of both water safety and safety in an outdoor context, commissioned by WSW and the Visitor Safety Group in 2021 (organisations referred to in your report), provide an in-depth insight into the issues faced, together with a contextualised suite of recommendations for a variety of situations. This current thinking may have been helpful in adding a wider outdoor sector context to the many issues and challenges faced.

The report recommendations are, understandably very specific to the petition presented to you and seem to reflect the information shared by those consulted. They do however have the potential to further highlight the disconnect from the wider outdoor sector perspective if acted upon in isolation. Whilst I have some additional insight relating to all of the recommendations, I would like to pass comment on Recommendation 6.

A public awareness safety campaign (AdventureSmartWales & AdventureSmart.UK) already exists with clear and consistent bilingual safety messages. Its mission is to develop a coordinated approach with its regional and national partners, through a range of innovative interventions to ensure key safety messages reach new audiences and stimulate positive behaviour change towards safe, responsible outdoor recreation.

AdventureSmartWales was launched in Wales in 2018 as a legacy to the Year of Adventure and was partly funded by Welsh Government. The ultimate aim of the campaign is to reduce the number of avoidable incidents that the rescue and emergency services deal with each year and to promote safe enjoyment of the outdoor. The campaign currently has 100+ partners who through its collaborative approach work with the agreed safety messaging and share it with their respective networks.

Whilst I appreciated that this process has now concluded, I would welcome the opportunity to discuss any of my comments in the hope that I can provide context. Many thanks for taking the time to read this letter and I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, consisting of a stylized, cursive 'P' followed by a horizontal line extending to the right.

Paul Donovan

NB. The Cross Party Group for the Outdoor Activity Sector in Wales was established in June 2021 and has met quarterly to discuss many topical issues. Meeting #4 is due in September with a focus on outdoor education but I thought you might be interested in Meeting#5 which is in its early stages of being set up. It's focus will be safety in the outdoors and will be hosted by Plas Menai, Wales' National Outdoor Centre towards the end of this year.

Written Response by the Welsh Government to the recommendations within; Mark Allen's Law Water Safety and Drowning Prevention report.

There are still too many water-related incidents occurring in Wales and sadly water-related deaths. The recommendations brought forward in this report will enhance Wales' Drowning Prevention Strategy which was published in December 2020 by Water Safety Wales.

Wales has many iconic inland water features and Blue Flag beaches which attract a plethora of visitors every year. We fully support water activities and encourage everyone to enjoy the water in a safe way.

Wales has seen a substantial growth in outdoor activity over recent years, and our appreciation for our outdoor space has been solidified by the COVID pandemic. Outdoor spaces are important for our physical and mental health and wellbeing.

By increasing awareness of water safety throughout Wales, the hope is more people will be better informed and able judge the dangers of their surroundings. Places in Wales can be very remote which provides its own difficulties including the impact on our rescue services and our Health Service.

I would like to thank all members of the Petitions Committee for Mark Allen's Law Water Safety and Drowning Prevention report. In particular, I want to thank the campaigners who have lost loved ones and have inputted their valuable comments to the report and for their continued awareness raising. I am pleased to see the Committee's recommendations as sensible to improve water safety and increase awareness of the dangers. 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 providing clear leadership and co-ordination for water safety and drowning prevention by allocating a specific Minister to lead on this. At present this straddles various portfolios including community safety, education and mental health which hinders a concerted effort to progress this agenda.

Response: Accept.

The Minister for Climate Change will lead this work. Water safety and drowning prevention will be included within the Minister for Climate Change's portfolio to provide focus and coordination within Welsh Government and across relevant partner agencies.

Financial Implications: None.

Recommendation 2

The Welsh Government should formalise the relationship with Water Safety Wales and provide sufficient funding to ensure the effective delivery of the Drowning Prevention Strategy.

Response: Accept.

The work to date by Water Safety Wales, a third-party group consisting of more than 30 member organisations, has taken the water safety agenda forward since 2017. To ensure the effective delivery and maximise their work, my officials met with Water Safety Wales to discuss how funding can be made available to support the work of Water Safety Wales. My officials are exploring the appropriate mechanism to fund Water Safety Wales for the 2023-24 financial year.

Financial Implications: None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3

The Welsh Government should ensure that there is a coherent education and water safety programme in schools, delivered from a young age. Increasing awareness of the risks presented by water and an understanding of how to stay safe or respond in an accident can save lives.

Response: Accept.

A number of our delivery partners and wider organisations deliver Water Safety messaging as part of education campaigns. For example, Dŵr Cymru Welsh Water, Keep Wales Tidy (Blue Flag), Natural Resources Wales (the wild swimming code), and National Parks.

My officials are considering how to bring all partners together in a targeted approach. There could, for example, be opportunities to increase awareness in schools in Wales by including an ask of Water Safety Wales to co-ordinate and facilitate, linking close ties with already established education communicators who have Wales-wide reach.

My officials are liaising with their colleagues across Welsh Government with a view to using all of the available levers presented from the new school curriculum. With an increased role for outdoor learning and natural environment we will look for opportunities to increase young people's understanding of water safety. It is important we look further than formal education by consulting key external organisations to consider how to get the most impact in the most effective way.

The Dŵr Cymru Welsh Water Education Team proactively engage with schools in areas near reservoirs each spring and summer when the risk of unauthorised swimming is at its' highest. As well as raising awareness of the dangers, the provision also highlights the effect of cold water immersion on the human body, and uses video footage from the One Last Breath campaign to encourage behaviour change. 2,500 pupils across the Secondary School sector received a dedicated assembly on this topic by Dŵr Cymru Welsh Water's Education Team in the last academic year and following these visits, feedback from Cyfarthfa High in Merthyr Tydfil confirmed it was considered "*one of the most important assemblies of the year by far*". An email circular was also sent to further schools in some key areas, inviting staff to raise the crucial safety message with pupils through internal school communication channels and directing them to online video content to support in the process. The dangers of unauthorised swimming is also referenced, alongside other topics, in Dŵr Cymru Welsh Water curriculum-led Primary School water cycle outreach provision which is typically delivered to tens-of thousands of pupils each year.

Financial Implications: None. Any additional costs will be drawn from existing programme budgets.

Recommendation 4

The Welsh Government should take steps to ensure that there is clarity about the minimum safety information and signage required around water bodies to increase awareness of the risks present to those who enter the water. Good quality and visible information has been cited as essential, whilst there was concern about the lack of such information at key locations. This is one of a range of control measures identified as part of thorough risk assessments of water bodies.

Response: Accept in principle.

The landscape of Wales and location of waters where dangers can arise is complex and different organisations have varying roles and responsibilities. Welsh Government officials will bring relevant parties together to understand the issues including the information currently provided at key sites by the end of 2022/23 financial year with a view to developing guidance.

Financial Implications: None. Any additional costs will be drawn from existing programme budgets.

Recommendation 5

The Welsh Government should co-ordinate formalised links between the National Access Forum Wales Access to water sub-group with Water Safety Wales.

Response: Accept.

It has come to our attention that National Access Forum Wales (NAFW) Access to Water Sub-Group has completed its work. However, discussion between National Access Forum Wales will continue to see if there is scope to formalise links with Water Safety Wales. The primary purpose of NAFW is as follows.

- improve the quality and extent of access to the countryside and coasts of Wales.
- extend the opportunities for enjoyment and responsible outdoor recreation to all.

By formalising links between NAFW and Water Safety Wales we will enable better knowledge from their previous experiences where there are overlapping themes and interests. Welsh Government have arranged NAFW to invite Water Safety Wales to a future forum meeting, to introduce their work to date including their strategy as there is overlap in terms of “responsible outdoor recreation”.

Financial Implications: None. Any additional costs will be drawn from existing programme budgets.

Recommendation 6

The Welsh Government should develop a public awareness campaign, involving all the relevant organisations, to deliver a powerful and consistent message about water safety. At present water companies, various charities and organisations and families are working hard to raise awareness, educate and reach all members of the public. A co-ordinated campaign could be more effective and ensure a consistency of message.

Response: Accept.

My officials are working with their communications team to ensure full and effective messaging ahead of the 2023 Spring/Summer season. This will draw on the successful messaging from summer 2022 led by NRW, water companies and Public Health Wales for example on cold water shocks during heatwaves.

A targeted campaign by Dŵr Cymru Welsh Water on Reservoir safety in 2022 took place across radio, digital audio, social media, including Facebook, Instagram and TikTok, as well as YouTube and digital display. Coupled with ongoing organic social media, PR and influencer content. There was also a mock incident at Llandegfedd which included support from Fire and Rescue, Water Safety Wales Forum, and the RNLI. The rescue was filmed, and interviews took place with ITV and BBC Wales around World drowning Prevention Day. They also invited influencers who shared their content widely resulting in 53,000 views across TikTok and Instagram and almost 14,000 likes.

Coordinating a public awareness campaign will be a key brief of Water Safety Wales to bring stakeholders together to discuss and agree how a powerful and consistent message about water safety can be delivered with awareness of each other's communication strategies and timings.

Financial Implications: None. Any additional costs will be drawn from existing programme budgets.

P-06-1212 Mark Allen's Law - we want throwline stations around all open water sites in Wales, Correspondence – Petitioner to Committee, 14.11.22

We, Marks family are incredibly pleased with the response from the Welsh government in relation to the report entitled "Mark Allen's Law - water safety and drowning prevention" that was prompted by our petition

We are so grateful to the petitions committee for broadening the original ask of our petition and all the work that has gone into it to date and think that if implemented this will be a positive step forward for water safety and drowning prevention in Wales

Marks 23rd birthday (14th Feb 2023) is fast approaching and spring/summer 2023 will also soon be upon us. We would now like to ask that these matters are debated in the Senedd at the earliest opportunity

Agenda Item 3.3

P-06-1240 Improve health services for people with epilepsy living in Wales

This petition was submitted by Janet Paterson, having collected a total of 1,334 signatures.

Text of Petition:

We are concerned that the current services for people with epilepsy living in Wales are not providing people with the help and support they need.

Epilepsy Action recommends a caseload of no more than 250 people per Epilepsy Specialist Nurse (ESN), in order to minimise the effects of their condition and provide the best possible care. Currently no area in Wales is meeting this recommendation.

There is a lack of ESNs and waiting times to see neurologists are over 12 months in many areas.

Additional Information:

Increasing the number of ESNs in all health boards across Wales would help significantly improve access to services and the support that people with epilepsy receive.

ESNs are vital team members providing care to people with epilepsy. They work alongside consultant neurologists and other healthcare professionals to provide essential advice and support during and, as importantly, in-between appointments.

ESNs are often the first point of contact for people with epilepsy who require advice or support related to their condition and their contribution is invaluable. The crucial role of epilepsy specialist nurses in caring for and supporting people with epilepsy is set out in Epilepsy Action's recent ESPENTE report <https://www.epilepsy.org.uk/research/espente>

In addition to increasing the number of ESNs, all epilepsy services in Wales need more funding to ensure that people with epilepsy receive the support and care they need.

Senedd Constituency and Region

- Arfon
- North Wales

Ein cyf/Our ref: CEO.9114
Gofynnwch am/Please ask for: Katie Jenner
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 11 July 2022

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Jack Sargeant AS/MS
Cadeirydd y Pwyllgor Deisebau/Chair of the Petitions Committee
Trwy ebost/By email: petitions@senedd.wales

Dear Chair

Re: P-06-1240 Improve health services for people with Epilepsy living in Wales

Thank you for your letter of 7 June 2022, in which you invited Hywel Dda University Health Board (the Health Board) to provide details of the current services available for Epilepsy patients and any gaps in resource that have been identified.

Epilepsy is the most common neurological condition, with approximately 30,000 cases of active disease in Wales. There are circa 4,000 in the Health Board, and circa 6,000 patients within the area of Swansea Bay University Health Board (SBUHB). Research shows that the prevalence of epilepsy is highest in areas of greatest deprivation, and is more common in people with a learning disability than in the general population - about 1 in 3 people (32%) who have a mild to moderate learning disability also have Epilepsy.

Epilepsy is associated with significant medical and social morbidity and is the second most common cause of neurological sudden death after stroke, for patients at much younger ages. As well as causing seizures, Epilepsy is associated with higher rates of mental health problems and significantly increased mortality. Individuals with Epilepsy have an overall 2-3 times higher risk of premature death than the general population, with a 20-fold increase in sudden death in young people with Epilepsy.

The Health Board recognises the needs of its Epileptic patients and is working in partnership with colleagues in SBUHB and A Regional Collaboration for Health (ARCH) to achieve the collective aim of providing a single unified regional Epilepsy service for the whole of SBUHB and the Health Board region. This service is based on the following key principles:

- prompt and accurate diagnosis for all patients with suspected Epilepsy
- increased self-management, improved psychological well-being and independence
- increased flexibility and availability of rapid access clinic slots
- prevention of unscheduled hospital admissions
- strengthened community based services and links with community health teams
- Improved services for patients with dissociative seizures

Currently, in the Health Board, Epilepsy patients are managed by the general Neurology service. A pre-existing capacity gap within that service has been exacerbated by the COVID-19 pandemic, with the service experiencing waiting time pressures.

The Health Board employs one full time Band 6 Adult Epilepsy Clinical Nurse Specialist (CNS) with a special interest in Learning Disabilities, one full time Band 6 Epilepsy CNS, and one part time (15 hours per week) Band 6 Epilepsy CNS, along with a Children's Nurse in Epilepsy.

More recently, to support patients and alleviate pressure on the service, the Health Board adopted an open access service facilitated through the three Band 6 CNS'. The service aims to encourage patients to take ownership of their Epilepsy care and reduce the number of appointments they have to attend. There are no longer routine booked follow-up appointments, but patients are advised and encouraged to contact the team via a telephone or email helpline for any issues. The establishment of open access Epilepsy clinics is designed to see patients in a flexible and timely manner, when their need is greatest. This helps prevent unnecessary hospital admissions by increasing capacity for telephone advice and follow-up appointments for patients, ensuring outpatient waiting times remain low.

As part of our ongoing improvement of the service, the Swansea Bay Regional Epilepsy Service (SBRES) identified the following:

- 1) A Band 7 Epilepsy Specialist Nurse (ESN) - this role would strengthen our Open Access Service which is seen as essential to epilepsy care in SBUHB. The ESN would also provide training provision for the most vulnerable patients and manage remote clinics. The ESN would attend the SBRES hub at Morriston Hospital one day per week for Multi-disciplinary Team (MDT) working, Continuous Personal Development and peer support.
- 2) The appointment of a full time Consultant Neurologist with an interest in Epilepsy – the post would provide a first seizure clinic, a specialist Epilepsy clinic and general Neurology clinics to Health Board patients. The consultant would also form part of the SBRES and attend MDT meetings in Morriston Hospital.
- 3) The current Epilepsy coordinator in SBUHB would become a Band 5 service coordinator, covering the regional epilepsy services. A Band 2 would then be appointed to assist the epilepsy nurses with basic administration support.

The team continues to liaise regularly with colleagues in SBUHB and work closely together to provide a regional response for our patients. Additionally, the Health Board attends the ARCH Neurological meetings, through which colleagues across the region work to continue improving service delivery and address the service needs that have been identified.

I trust this information is of assistance, but should you require any further details please do not hesitate to contact me once more.

Yours sincerely



Steve Moore
Chief Executive

Agenda Item 3.4

P-06-1235 Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales

This petition was submitted by Dr Claire Williams, having collected a total of 443 signatures.

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.

Additional Information:

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.

Senedd Constituency and Region

- Gower
- South Wales West



Eich cyf/Your ref P-06-1235
Ein cyf/Our ref EM/02675/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN
Government.Committee.Business@gov.wales

04 November 2022

Dear Jack,

Thank you for your letter of 14 July on behalf of the Petition Committee, regarding the provision of services and support for people with Acquired Brain Injury in Wales. I apologise with the delay in responding. I have noted the further comments from the petitioner and have provided responses below.

Neurorehabilitation:

Neurological Conditions Plan

There are no plans to develop a specific ABI strategy in Wales at present. However, whilst health is a devolved matter in Wales, with existing policy and mechanisms to support implementation and service improvements, we will continue to collaborate with the Department of Health and Social Care in England on the Acquired Brain Injury Strategy being developed there. This collaboration provides an opportunity for shared learning, and where relevant and appropriate to do so, this will inform our thinking and decisions going forward.

ABI Data Dashboard

The ABI dashboard Phase 1 has been released and is available to NHS Wales users.

National Clinical Framework/Quality Statement

The draft Neurological conditions quality statement is currently being considered by Welsh Government and is due to be published on the Welsh Government website later this year. The Neurological Conditions implementation group has already agreed priorities for the work for the next 12 months and is developing a workplan to ensure these are delivered. Implementation remains the responsibility of health boards and the Welsh Health Specialised Services Committee (WHSCC).

Bae Caerdydd • Cardiff Bay
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CF99 1SN

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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.

National Rehabilitation Framework

The National Rehabilitation Framework is a high level strategic framework. Decisions about training staff to deliver services which meet the frameworks principles and expectations would be a decision for employers and professionals themselves. Health boards can commission training via Health Education and Improvement Wales (HEIW) if they wish.

Rehabilitation Prescription

We note your points regarding the rehabilitation prescription and thank you for raising them.

Neurorehabilitation Services for Children

This is the responsibility of the health board in question, the clinical and the multi-professional team providing care.

Education:

We agree that parents should not need to battle for the support their child needs. The ALN and Education Tribunal (Wales) Act is rights-based and aims to reduce the potential for conflict by removing aspects of the current system that can cause tension. As well unifying separate systems for pre and post-16, it emphasises the participation of children, their parents and young people in the decisions that affect them and in the development of individual development plans (IDPs). This should lead to a more consensual approach to planning.

All the training we have developed on the ALN system is available to everyone, in Welsh and English, on the Welsh Government's online learning platform, Hwb. It includes an [introductory e-learning course](#) on the new system for all interested parties and an [online training course](#) for those in statutory and senior leadership roles. We have also developed an online national [ALN professional learning programme](#). This programme, which is also on Hwb, is aimed at helping ALN Co-ordinators (ALNCos) and interested teachers and lecturers develop the skills they need to support all learners with ALN. The programme does not provide information and awareness training on all types of ALN. Practitioners can also opt to take their studies to a higher level by pursuing an ALN pathway on the [National Masters in Education](#). I have passed the helpful links you have provided to officials in the Education Directorate.

Local authority educational psychologists have an important role in the new ALN system as they help ensure learners with ALN receive the right support. It is essential that there are enough educational psychologists working in Wales to fulfil this role and to meet demand for the services across all corners of Wales, and bilingually. As part of ALN implementation we continue to work with local authorities to review provision and get an understanding of workforce gaps.

Over the next three years we are investing over £2.6 million to train new educational psychologists in Wales. Since 2018, the Welsh Government has funded 10 new places per year on the three-year Doctorate in Educational Psychology course at Cardiff University. An annual bursary is available to each student in the funded cohort. From September 2022, a new funding condition means that those who benefit from the fully funded training and bursary will be required to stay and work in the public sector in Wales for two years immediately after qualification. This will ensure more appropriately qualified educational psychologists enter the Welsh education system each year, with a steady pipeline to aid workforce planning.

Criminal Justice:

Criminal justice is a reserved issue under the current devolution settlement. Although we work closely with criminal justice organisations such as HM Prison and Probation Service in Wales, Policing in Wales and HM Courts and Tribunal Service, we do not have responsibility for the training provided to operational staff in these organisations. The petitioner may want to get in touch directly with the organisations involved, using the contact details provided on their websites, or to contact the Ministry of Justice directly using this link: [Start - Contact the Ministry of Justice](#)

On prison health specifically, acquired brain injuries do feature within the [partnership agreement for prison health](#) and the standards for mental health services in the prisons. The Partnership Agreement states we will aim to develop an agreed set of standards and indicators for mental health services in prison which will include brain injuries. Condition Specific Standards for brain injuries will be developed through a network approach taking learning from prison teams in Wales.

For the specific queries on provision at HMP&YOI Parc, the petitioner may wish to contact the establishment directly for the information. You can find more information on how to contact Parc at this link: [Contact Us - HMP Park \(hmpparc.co.uk\)](#)

Sport-Related Traumatic Brain Injury

The UK Government has commissioned the work to develop UK-wide guidance on concussion in sport and the Welsh Government, along with medical professionals from the Welsh Rugby Union and the Football Association of Wales, is engaged in those discussions.

Welfare Benefits System:

Thank you for your comments relating to what improvements should be made to Personal Independence Payment (PIP) assessment process to ensure that it is accessible for people with Acquired Brain Injury (ABI). We agree that changes are necessary to ensure that disabled people are treated in a compassionate manner and that any barriers to accessing financial support should be removed. We are still waiting for the DWP to set out what changes they intend to make to health and disability benefits and the assessment process in their White Paper which is yet to be published. Once published we will be working with DWP to determine how any new policies to be implemented will affect disabled people in Wales and take action accordingly.

It has never been more important as it is now with the rising cost of living that people are able to access all the financial support that they are entitled to, but we know people often find the benefit claiming process challenging. The Welsh Government funded Advicelink Cymru will assist people with filling in claim forms for welfare benefits and support them throughout the claiming process, including challenging adverse decisions. Advicelink Cymru can be contacted either by telephoning the freephone number 0800 702 2020 (9am to 5pm, Monday to Friday), or they can access information and/or speak with an adviser online by clicking [here](#)

Yours sincerely,



Eluned Morgan AS/MS

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

14 November 2022

Dear Petitions Committee,

Thank you for the actions you have already taken concerning our petition “P-06-1235 - *Ensure appropriate provision of services and support for people with Acquired Brain Injury in Wales*”, and for sharing the most recent response from Eluned Morgan AS/MS - Minister for Health and Social Services (letter dated 04.11.2022).

First, we would like to take the opportunity to express our gratitude to the petitions committee for facilitating dialogue between our group, Welsh Ministers, and other key parties. On each occasion we have received informative, considered and detailed responses to our queries. Notably, we been very grateful for the engagement evidenced by Eluned Morgan AS/MS and others, including Jo Whiteford, Chief Executive of Betsi Cadwaladr University Health Board. The level of engagement and openness has been truly appreciated, and we have appreciated receiving information about concerted efforts already underway to better support people with acquired brain injury in Wales.

Second, and as hopefully conveyed across our previous correspondence, improving the provision of services and support for people with Acquired Brain Injury (ABI) is a matter of utmost importance and one that we – alongside may hundreds of thousands of people in Wales – care passionately about. ABI 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. For this reason, we hope that concerted efforts already made by Welsh Government continue, and that ABI becomes a more prominent consideration across all sectors and departments (e.g., Health, Education, Social Services, and Justice) and at all levels of government policy going forward.

Third, and in response to the most recent letter from Eluned Morgan AS/M, Minister for Health and Social Services (letter dated 04.11.2022) – we have the following questions and/or general comments in response:

Neurorehabilitation: Thank you for confirming that you will continue to collaborate with the Department of Health and Social Care in England on the Acquired Brain Injury Strategy being developed there. This is welcomed news, with collaboration central to equitable implementation of resultant strategy and efforts to address the needs of those affected by ABI in Wales.

ABI Data Dashboard: Thank you for confirming that the ABI dashboard Phase 1 has been released and is available to NHS Wales users. In response, we are currently liaising with our clinical partners and collaborators for obtain additional information. However, and as before, we would welcome a more concrete timeline for this package of work so that we are able to chart its progress against a roll out plan, gain an understanding of the anticipated functionality of the data dashboard at various

points of release, and be aware of planned efforts to evaluate the efficacy and utility of the dashboard in understanding the demand for and impact of services for people living with ABI in Wales.

National Clinical Framework/Quality Statement: Thank you for the further information and we will await the forthcoming publication.

National Rehabilitation Framework: Thank you for confirming that decisions about training staff to deliver services which meet the frameworks principles and expectations is a decision for employers and professionals themselves, and that Health Boards can commission training via Health Education and Improvement Wales (HEIW) if they wish. In response, we will of course contact HEIW to raise our concerns but hope that you – Welsh Government – will also take any available opportunity to reiterate the need for increased awareness and specialist ABI focussed training across all relevant departments and sectors. It is an issue that concerns multiple sectors and agencies (e.g., education, social work, healthcare), and not solely those who work within the NHS.

Rehabilitation Prescription: As articulated previously, we believe that the Rehabilitation Prescription is an extremely valuable tool and we will continue to advocate for it to be given to all individuals with an ABI, not just those who have been in a Major Trauma Centre, on discharge from acute care. Support pathways need to be clear, equitable and available, and we cannot emphasise enough how valuable some form of equivalent rehabilitation prescription would be in other contexts/environments also (e.g., social services, criminal justice). For this reason, thank you for noting our previous comments on this matter and we hope that the Rehabilitation Prescription attracts further discussion in the future, such as when the National Clinical AHP Lead for Rehabilitation reviews the Rehabilitation Framework and underpinning guidance.

Neurorehabilitation Services for Children: Thank you for confirming that provision of services is ultimately the responsibility of the health boards in question, and we sincerely hope that more recent innovations, such as the ABI dashboard, serve to further highlight the critical need for investment and expansion of existing services across Wales.

Education: The recent investment in training new educational psychologists in Wales, as well as the bursary condition to work in Wales for at least two years post award, is very welcomed news. We hope that it will transpire to be a *sustained* investment in the coming years.

Criminal Justice: Thank you for signposting us to alternative contacts regarding our queries and the ‘partnership agreement for prison health’ document. We have several established links with several key organisations within criminal justice, and we will continue to work collaboratively with them to improve training and awareness across that sector.

Sport-Related Traumatic Brain Injury: We continue to work with the United Kingdom Acquired Brain Injury Forum, alongside Chris Bryant MP, on the UK wide commissioning work and ABI strategy. However, should there be further opportunities for us to support efforts at a more local level, please do not hesitate to contact us.

Welfare Benefits System: We are pleased that our comments related to needed improvements to the Personal Independent Payment (PIP) assessment process were informative. Our recommendations reflect the lived experiences of those with ABI, alongside those working to support those with ABI. Given the importance of the recommendations, is there an associated timeline for the DWP paper?

As before, we implore you to advocate on behalf of those with ABI when working with the DWP in the future – it is vital that evidence is sought from other health professionals and support organisations when an assessment is undertaken, and we simply cannot emphasise enough just how crucial it is that ABI has a voice on any consultation panels concerning changes to the welfare benefits system.

Finally, thank you once again for the detailed and helpful information received to date, as well as the opportunity to respond throughout the petitions process. The information received has been informative, considered and detailed, and we are very grateful to all those that have contributed so far. More broadly, we also hope that the dialogue continues and that collaboratively, we can work together going forward to ensure improved provision of services and support for people with ABI in Wales.

On behalf of my fellow petitioners and members of the South Wales Acquired Brain Injury Forum (and the United Kingdom Acquired Brain Injury Forum as a collective), please do not hesitate to contact us should you require further information and/or where representation from our group and associated contacts/networks would be helpful for ensuring that the ABI voice is better represented going forward.

Yours Sincerely,

On behalf of my fellow petitioners and members of the South Wales Acquired Brain Injury Forum

Dr Claire Williams



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Agenda Item 3.5

P-06-1273 Drastically reduce waiting times for ambulances and at A&E departments

This petition was submitted by Christopher Evans, having collected a total of 262 signatures.

Text of Petition:

My father had to wait 13 hours after suffering from a serious stroke. Part of the problem was ambulances stuck at A&E departments for several hours waiting to offload patients. Lack of beds and staff have been quoted as a cause. As a result of the long wait my father's chances of recovery have been reduced.

Additional Information:

A news story was run on BBC Wales Today, BBC radio Wales and BBC Wales website. Welsh Ambulance Service confirmed time scales with BBC news and apologised. I am waiting for response from ambulance service and call logs.

Senedd Constituency and Region

- Cynon Valley
- South Wales Central

P-06-1273 Drastically reduce waiting times for ambulances and at A&E departments, Correspondence – Petitioner to Committee, 11.11.22

Thanks for your email regarding my petition. I have the following questions/comments after reviewing The Health and Social Care Committee transcript.

- I understand that part of the problem is a "back end" issue with getting patients out of hospital and into care or their homes, but I don't think the GP situation is helping at the front end. From talking to family and friends and drawing on my own experience, it seems virtually impossible to see a GP face to face. If people can't get access to their GP's they are going to A&E departments or call ambulances for non-life-threatening illnesses.
- There should be better education of public around when an ambulance needs to be called or not called, and front-line services such as GP's should be easily accessible to people.
- I have two teenagers that have left school this year and are now looking for work, but I'm not seeing any advertising campaigns or Welsh Government drives to encourage young people into the care sector, even though the committee's report says that there is a recruitment shortfall in the care sector.
- Numerous minor injury departments have either been closed or are on reduced hours. Local minor injury department also play a big part in front line services, why aren't there more?
- There are comments in the debate about investment into technology and data sharing. Why not train more clinicians to be ambulance call handlers so better decisions can be made on ambulance priorities? Most people have a smartphone these days and if they are an older person that doesn't have a smartphone, usually one of their relatives or neighbours that phone for an ambulance as in my father's case will have a smart phone. A trained clinician (rather than a call handler working from a script) armed with a smartphone could see the patient "face to face" and make better/informed decisions on patient priority.
- GP's used to make house calls out of hours, why doesn't this happen anymore? It would filter non urgent calls to the ambulance service and improve waiting times.
- Lastly, why are there not more hospitals with 24-hour A&E? There used to be two hospitals in the Cynon valley, Aberdare and Mountain Ash. We now only have the newer hospital at Mountain Ash that promised so much, but alas is not used to its full potential. The minor injury unit was closed a while back due staff shortages and was only open until 16:30.

Thank you.

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