

## Agenda – Petitions Committee

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Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 17 February 2025

Meeting time: 14.00

For further information contact:

Gareth Price – Committee Clerk

0300 200 6565

[Petitions@senedd.wales](mailto:Petitions@senedd.wales)

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### 1 Introductions, apologies, substitutions and declarations of interest

### 2 New Petitions

2.1 P-06-1488 Establish a ‘Care Society’ to Tackle the Long COVID Crisis in Wales

(Pages 1 – 12)

### 3 Updates to previous petitions

3.1 P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash

(Pages 13 – 19)

3.2 P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now

(Pages 20 – 28)

3.3 P-06-1405 We want and need a Mental Health unit for men in North Wales with beds

(Pages 29 – 45)

### 4 Papers to note

4.1 P-06-1449 Designate the Tywi Valley as an Area of Outstanding Natural Beauty (AONB)

(Pages 46 – 47)



4.2 P-06-1467 Instruct NHS Wales to add Adenomyosis to its 111 A-Z webpages  
(Page 48)

4.3 P-06-1482 Ban smartphones in all schools in Wales with exemptions for  
exceptional circumstances  
(Pages 49 – 66)

**5 Motion under Standing Order 17.42(ix) to resolve to exclude the  
public from the meeting for the remainder of today's business:**

**6 Strategic Planning Discussion**  
(14.30 – 15.00) (Pages 67 – 79)

Document is Restricted

# P-06-1488 Establish a 'Care Society' to Tackle the Long COVID Crisis in Wales

Y Pwyllgor Deisebau | 17 Chwefror 2025  
Petitions Committee | 17 February 2025

Reference: SR2510372-1

Petition Number: P-06-1488

Petition title: Establish a 'Care Society' to Tackle the Long COVID Crisis in Wales

**Text of petition:** Wales is grappling with escalating long-term illnesses from Long COVID in previously healthy children and working people. In Wales, more than 12,000 have died with COVID. As many as 300,000 are battling Long COVID. Families are losing income providers. Hospitals under extreme pressure. School absences more than doubled. By 2030, 1 in 3 could have Long COVID.

We call for a 'Care Society' to safeguard our health and livelihoods.

**Additional information - Components of 'The Care Society'**

- 1. Health:** Funding for Long COVID clinics and research
- 2. Economic Participation:** Workplace adjustments such as flexible hours, remote work, and discrimination protections. A Universal Basic Income pilot, examining how financial support could empower people to contribute to society, regardless of health status.
- 3. Infrastructure:** Enhance air quality in public buildings, including schools and hospitals. Invest in green infrastructure to spur economic growth, including retraining for those transitioning from current roles due to Long COVID.



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# Background

## The Care Society

The term "**Care Society**" has been discussed in various contexts, particularly in social policy. It is a social and economic model that prioritises care as a fundamental value in society. The petitioner refers to the term to emphasise the importance of person-centred policies and to address structural inequalities exacerbated by the Covid-19 pandemic. Its key components include healthcare and research, economic empowerment, and investment in infrastructure.

Advocacy groups, including Long COVID Wales - the Welsh branch of the patient-led UK group Long COVID Support, back the petition, calling for a comprehensive response to the crisis in Wales.

## Long Covid

Over 15,000 deaths involving Covid-19 have been registered in Wales up to January 2025 (this includes deaths where Covid-19 was mentioned on the death certificate, whether as an underlying cause or not).

As of 5 March 2023, an estimated 108,000 people in Wales were experiencing the long-term effects of Covid infections, known as Long Covid (this figure is self-reported). The Office for National Statistics (ONS) has estimated that 2.9% of the UK population were experiencing self-reported Long Covid.

The term Long Covid describes symptoms persisting from, or starting after, a Covid infection. Covid is a serious vascular disease that can infect every major organ and system, so there are over 200 possible symptoms. These include neurological issues such as memory and concentration problems, autoimmune disorders, extreme fatigue, and cardiovascular problems.

## Welsh Government Action

The Welsh Government launched the Adferiad (Recovery) programme to support people suffering from the long-term effects of Covid-19, including Long Covid in June 2021. The Adferiad programme includes a patient pathway to diagnose Long Covid and assess the severity of symptoms. It offers treatment plans and rehabilitation services to help manage symptoms such as breathlessness, fatigue, and brain fog, and offers access to a team of healthcare professionals, including

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doctors, physiotherapists, occupational therapists, and psychologists. The programme provides guidance and resources to help individuals manage their symptoms at home.

The Welsh Government **allocated £5 million** to support the programme in 2021. In March 2023, the then Minister for Health and Social Services announced **an increase in annual funding** for Adferiad services, with £8 million now being allocated to health boards on an ongoing basis. The increased funding was intended to enable health boards to widen access to Adferiad-funded services to people with other post-acute infection illness, including people with conditions such as ME/CFS and fibromyalgia, as well as those with persistent physical symptoms, but no confirmed diagnosis.

The Welsh Government's response to this Committee sets out how it has prioritised supporting Long Covid patients since the pandemic began:

#### **Healthcare and research**

- The Welsh Government explains that its approach to supporting people living with Long Covid aligns with NICE guidelines and highlights that £6.93m was allocated to the Health and Care Research Wales Evidence Centre to guide policy and treatment approaches. It outlines its approach as providing local, community-based rehabilitation services with access to specialist care when needed.

#### **Economic empowerment**

- The Welsh Government states that employers must provide reasonable adjustments for workers with Long Covid, as required by the Equality Act 2010. It also refers to NHS Wales Guidance issued in July 2023, advising flexible support for NHS staff returning to work, including enhanced sick pay. The government's response notes that disability benefits for Long Covid fall under UK government jurisdiction.

#### **Infrastructure and air quality improvements**

- The Welsh Government highlights new ventilation guidelines to ensure effective infection control in hospital buildings, stating that health boards are responsible for overseeing ventilation in hospitals. It adds that local authorities are responsible for ventilation in schools.

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## Welsh Parliament Action

There have been several debates in the Senedd on Long Covid, most recently, a short debate, '[Long Covid: Developing an all-Wales approach for tackling a growing health crisis](#)' on 11 December 2024.

On 22 October 2024, Adam Price MS tabled a written question [WQ94701]:

How does the Welsh Government propose to ensure that the needs of the most seriously ill patients with ME, including those with long COVID who meet the NICE clinical criteria of severe/very severe ME, are appropriately met?

Answered by Cabinet Secretary for Health and Social Care on 31/10/2024:

The Adferiad (Recovery) programme, which was initially set up to support people with long-Covid is improving support for people with ME/CFs. £8m of recurrent funding has been allocated to health boards since March 2023 to widen access to Adferiad-funded services to people with other long-term conditions whose rehabilitation and recovery needs are similar to people with Long-Covid, including ME/CFS, and to continue to develop and expand community-focused multi-disciplinary rehabilitation services, supported by referral pathways into secondary care for those who need it.

All health boards are developing services focusing on proactive care and targeting recovery and rehabilitation, promoting self-management and supported self-management through a multidisciplinary team approach. Co-production is an essential factor in service development, and I expect health boards to engage with people with lived experience in this process.

Plans are progressing to include pathways for ME/CFS and long-Covid in the community health pathways programme overseen by the National Clinical Lead for Health and Care Pathways Planned Care Programme. Community health pathways offer clinicians locally agreed information to make the right decisions together with patients, at the point of care. The pathways are designed primarily for general practice teams, but are also available to specialists, allied health professionals, and other health professionals.

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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-06-1488  
Ein cyf/Our ref JMHSC/11064/24

Carolyn Thomas MS  
Chair  
Petitions Committee

[petitions@senedd.wales](mailto:petitions@senedd.wales)

17 January 2025

Dear Carolyn,

**Petition P-06-1488 Establish a 'Care Society' to Tackle the Long COVID Crisis in Wales**

Thank you for your letter of 5 December regarding the above petition.

In Wales, the need to invest in services to support people with Long-Covid has been acknowledged since the start of the pandemic. We are clear that continuing to support people with, and recovering from, the long-term effects of Covid-19 is a priority for the Welsh Government and the NHS in Wales.

We launched the Adferiad (Recovery) programme in June 2021 and invested £10m between 2021 and 2023. Health boards developed community-focused integrated, multi-professional rehabilitation services, which allow for referral to specialist assessment where needed. Adferiad-funded services can be accessed via primary care clinicians or other clinicians involved in an individual's care.

In March 2023, the then Minister for Health and Social Services announced an increase in annual funding for Adferiad services, with £8m now being allocated to health boards on an ongoing basis ([Written Statement: Adferiad Programme Update \(14 March 2023\) | GOV.WALES](#)). The increased funding has enabled health boards to widen access to Adferiad-funded services to people with other post-acute infection illness on a needs/symptom led basis, including people with conditions such as ME/CFS and fibromyalgia, as well as those with persistent physical symptoms, but no confirmed diagnosis.

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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.

It was decided that local services, supported by access to the necessary specialist services, was the optimal model in Wales to improve outcomes for people affected by long Covid, and to ensure an equitable access model. The approach adopted in Wales is consistent with the National Institute for Health and Care Excellence ([NICE](#)) [guideline](#), supported and guided by clinicians in Wales. Our policy direction and service model will continue to adapt as we learn more about the long-term effects of Covid- 19. As the evidence base grows, alongside evidence about treatments and different types or presentations of Long-Covid, this will further inform the optimal model and pathways required, and present opportunities to develop Adferiad-funded services further.

Health and Care Research Wales is actively scanning for research and trials to offer opportunities for people with Long-Covid to access potential treatments and therapies. In April 2023, we invested £6.93m over five years to create the Health and Care Research Wales Evidence Centre to produce timely evidence for policy and practice decision makers. This centre welcomes questions from practitioners and policy makers across health and social care, including questions relating to Long-Covid. It also seeks input from those with lived experience in refining their activities.

### **Economic Participation**

Employers are responsible for ensuring their employees are supported during periods of ill health and to return to work after any period of illness, including Long-Covid. Where necessary, they should make reasonable adjustments to facilitate this. We expect organisations to be fulfilling their requirements as employers, as outlined by the Equality Act 2010 in providing reasonable adjustments for disabled staff. The Equality and Human Rights Commission is the regulator for the provisions of the Equality Act, 2010. Regulation of public bodies is not a matter for Welsh Government. The Equality Advice and Support Service ([equalityadvisoryservice.com](http://equalityadvisoryservice.com)) may provide a useful source of information.

Recognising the particular issues NHS staff were experiencing, in July 2023 NHS Wales Employers developed a guidance document to [support colleagues with Long COVID-19 to return to work](#). This guidance reminded employers of the need to consider, on a case-by-case basis following discussions between manager and member of staff, whether it is appropriate to provide ongoing enhanced sick pay support above half pay or no pay. The guidance also asked line managers to consider every option open to them, to explore the flexibilities, and to do their utmost to support individuals with Long-Covid to return to the workplace wherever possible.

With regards to benefits this is a reserved matter and, as such, I refer the petitioner to the following websites for information: [Long-Covid disability benefits | Disability charity Scope UK](#).

### **Infrastructure**

In Wales, the Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection. Some key actions have included:

- The issue of a new Welsh Health Technical Memorandum (WHTM) 03-01 – Specialised Ventilation for Healthcare Buildings Parts A & B which covers design, validation and operational performance. These documents provide detailed

ventilation recommendations for all healthcare buildings, including primary and social care.

- Every health board and NHS trust in Wales has appointed Authorised Persons (APs) for ventilation. They ensure installations, maintenance and monitoring is completed to a compliant standard.
- Ventilation Safety Groups (VSG) are in place in all health boards and NHS trusts in Wales. These groups have the responsibility of ensuring all ventilation systems are designed, installed, tested, and maintained in accordance with the guidance.
- NWSSP-SES provides the services of an Authorising Engineer-Ventilation (AE-V) which is appointed as an independent advisor by health boards and NHS trusts to undertake assessments of Authorised Persons, audit systems and their associated operational management. The Authorising Engineer is also a member of the Ventilation Safety Group.
- NWSSP-SES engineers undertake full validations on specialist ventilation systems when they are first installed. In addition, they complete critical ventilation plant verifications annually and external contractors are also commissioned to carry out this work which ensures all specialist ventilation systems are covered.

The social care sector in Wales has been provided with advisory publications through PHW and the Welsh Government with a focus on infection transmission and clearly referencing the importance of effective ventilation systems to mitigate these risks and improve air quality. Social care settings, such as care homes, are people's home and not a clinical environment. The terms "air filtration" and "sterilisation" in relation to air quality are only relevant for healthcare settings.

Under Section 44 (4) (a) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, providers of regulated services must ensure premises are "accessible, adequately lit, heated and ventilated". The regulating body, Care Inspectorate Wales, carries out regular inspections of the services and the environment is one of the areas reported on.

With regards to ventilation in schools, it is the duty of the local authority and/or governing body to provide effective and suitable provision to ensure that every enclosed workplace is ventilated by a sufficient quantity of fresh or purified air in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992.

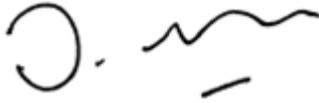
32,000 carbon dioxide monitors were distributed by the Welsh Government to assist in the monitoring and management of ventilation and air quality across schools during the pandemic. The guidance for monitoring carbon dioxide levels developed during that period remains valid and has a positive impact on air quality, accepting that this is only one element of air quality monitoring.

Where air handling systems are installed in new school buildings, filtration is an essential requirement of the systems and is of higher importance due to the air tightness of the new buildings.

Finally, we have committed, alongside the UK Government, to large scale green infrastructure projects such as City and Region Growth Deals, Freeports and Investment Zones, alongside our Optimised (Housing) Retrofit Programme. There is a range of skills support available, including fully funded upskilling and re-skilling training under our Personal Learning Accounts or Apprenticeships.

Our Communities for Work+ programme provides specialist employment advisory support and intensive mentoring for those aged 20 years old or over and Working Wales provides a range of careers related support including career reviews to support those thinking about new possibilities/career changes.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

## **P-06-1488 Establish a ‘Care Society’ to Tackle the Long COVID Crisis in Wales – Correspondence from the petitioners, 10 February 2025**

Dear Jeremy Miles AS/MS,  
Cabinet Secretary for Health and Social Care,

Thank you for your response to the petition calling for a ‘Care Society’ in Wales to address the Long COVID crisis. While I appreciate the Welsh Government’s recognition of the issue and investment in rehabilitation services, this crisis is not just a medical issue—it is an economic and social one. The current approach does not address the structural changes needed to prevent mass social and economic exclusion as levels of chronic illness continue to rise.

### The Cost of Inaction

Without meaningful intervention, Wales faces:

- A long-term workforce crisis: ONS data already shows exponentially increasing rates of economic inactivity due to long-term illness. If Wales continues to rely on employer discretion and a work-first model, more people will be forced out of the workforce entirely, leading to reduced tax revenues, increased NHS costs, and a growing crisis in care sectors.
- A rise in poverty and destitution: The current disability benefit system (which remains under Westminster control) is failing thousands. The Welsh Government cannot change this, but it can mitigate the consequences by creating pathways for participation that do not rely on punitive assessments or means-testing.
- Further decline in local economies: A shrinking workforce means fewer people with disposable income to support local businesses, leading to more closures, particularly in rural areas. Without intervention, this will accelerate economic decline in already struggling Welsh communities.

### A Practical Welsh Response: Policies Within Devolved Powers

This may seem beyond Wales’ capacity, but history shows otherwise. When Aneurin Bevan created the NHS, he did so in a time of economic hardship, and without full control over taxation or benefits. Today, Wales has more devolved powers than Bevan did—enough to lead the way again.

Here’s what Wales can do within its existing powers:

#### 1. A Guaranteed Basic Income for People with Chronic Illness

The Welsh Government has already piloted a basic income scheme for care leavers. A similar model could be extended to those with Long COVID and other chronic illnesses through:

- A Basic Income for Health and Participation, providing financial security without the conditionality of Universal Credit or Personal Independence Payment (PIP).
- Initial pilot funding through the Welsh discretionary social care budget, in partnership with local authorities and health boards.

This would not only improve individual well-being but also increase participation in alternative economic models, such as cooperatives, local food production, and mutual aid networks—sectors that will be vital in a shifting economic landscape.

## 2. Expansion of Community-Based Work & Care Cooperatives

Many people with chronic illnesses can contribute to society outside of traditional employment, but the current system does not recognise this. Wales could:

- Fund worker-owned co-ops for people with Long COVID and other disabilities, focused on flexible work in areas like digital services, local food production, and peer support.
- Expand Social Prescribing Initiatives, linking those with chronic conditions to meaningful local engagement that does not require adherence to standard work schedules.
- Establish a national Care Economy Strategy, similar to the foundational economy work already being explored, but explicitly focused on supporting disabled and chronically ill people in participatory roles.

## 3. A Publicly-Owned Clean Air Strategy

While improvements to ventilation in healthcare and education are noted in your response, this needs to go further. The Welsh Government can:

- Establish a National Clean Air Fund to retrofit public buildings, libraries, and transport hubs with HEPA filtration.
- Use devolved planning powers to mandate HEPA filtration in new social housing and public infrastructure projects under the Optimised Retrofit Programme.
- Fund public awareness campaigns on airborne disease prevention as a collective responsibility, similar to past public health efforts on smoking and seatbelt use.

## The Opportunity Before Us

Wales cannot wait for Westminster to solve this crisis. The principles that built the NHS—collective responsibility, universal access, and the prioritisation of human well-being over profit—are within our grasp today. With bold leadership, we can prevent the worst-case scenario of economic collapse, rising poverty, and social isolation.

Bevan built the NHS under greater constraints than we face now. Wales has an opportunity to lead once again—not just in rehabilitation services but in redefining what a care-based society looks like in the 21st century.

We urge the Welsh Government to take this moment not just to treat, but to transform.

Yours sincerely,  
Charles A. Waltz  
Co-Founder, The Care Society Cymru

# Agenda Item 3.1

**P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash**

This petition was submitted by Mencap Cymru, having collected 1,926 signatures online and 578 signatures on paper, making for a total of 2,504 signatures.

**Text of Petition:**

Mencap Cymru is concerned that the move to a cashless society will leave behind disabled people who cannot have access to electronic forms of payment.

In recent months people with a learning disability have been unable to pay for goods and services and have had to leave businesses empty-handed. Support workers are not permitted to use their own cards, and nor should they be.

This means they do not have equal access to goods and services with many businesses and organisations moving to cashless transactions.

**Senedd Constituency and Region**

- Cynon Valley
- South Wales Central

Jane Hutt AS/MS  
Ysgrifennydd y Cabinet dros Gyfiawnder Cymdeithasol, y  
Trefnydd a'r Prif Chwip  
Cabinet Secretary for Social Justice, Trefnydd and Chief Whip



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1335  
Ein cyf/Our ref JH-/10468/24

Carolyn Thomas MS  
Chair - Petitions committee

20 December 2024

Dear Carolyn,

Thank you for your letter of 6 December asking for an update on my recent meeting with Mencap Cymru. I had a very positive meeting with Mencap Cymru on 27 November, where we discussed issues raised in the debate on 23 October.

There is significant overlap between those who rely on cash and those who need face to face support for their banking needs. This population will often be the most vulnerable, including elderly and disabled people and those who are digitally excluded.

The provision of digital only payment routes with no option to use cash as a payment method also raises potential equality of treatment issues. There are risks that a cashless requirement could indirectly discriminate against persons from certain protected characteristics. This has been discussed in the Disability Rights Taskforce and may be included in the forthcoming Disability Rights Action Plan.

The establishment of the Disability Rights Taskforce, set up in direct response to the Locked-Out Report, shows the important progress we have made in listening to and working with disabled people to remove the hurdles they continue to face every day. The Taskforce's ten thematic working groups brought together over three-hundred and fifty external stakeholders and over two-hundred policy leads from across government to produce high quality recommendations.

These recommendations are being used to develop a Disability Rights Action Plan, which will include the outcomes needed to create long-term positive change for disabled people, putting the Social Model of Disability at the heart of our vision for Wales.

All Welsh Government teams will contribute to achieving the vision, through delivering the actions and changes we need to see. The Disability Rights Action Plan will be consulted upon in the early Spring 2025.

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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.

Whilst financial inclusion is a key social justice issue and is devolved, financial services is a reserved matter. Within this context, Welsh Government works closely with the Financial Conduct Authority (FCA) and sector funded organisations e.g. LINK to ensure that FCA rules on access to free-to-use cash points and access to free-to-use cash services are maintained throughout Wales.

Welsh Government supports the roll out of shared banking hubs and directly supports credit unions to provide access to ethical lending and credit in Welsh communities.

As well as offering suggestions to Mencap on organisations they may wish to contact, I agreed at the meeting to meet Mencap again in the New Year, when we can take the various issues forward. I also provided relevant Cabinet Secretaries with a note of the meeting so they may see issues which were raised within their portfolio.

I hope you find this information helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal line above the first few letters.

**Jane Hutt AS/MS**

Ysgrifennydd y Cabinet dros dros Gyfiawnder Cymdeithasol, y Trefnydd a'r Prif Chwip  
Cabinet Secretary for Social Justice, Trefnydd and Chief Whip



Eich cyf/Your ref P-06-1335  
Ein cyf/Our ref KSNWT/10969/24

Carolyn Thomas MS  
Chair Petitions Committee

15 January 2025

Dear Carolyn,

Thank you for your letter of 06 December regarding Mencap Cymru's Petition P-06-1335 - Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash.

We want everyone to be able use safe, accessible, and reliable transport mode of their choice. My officials have raised this issue with Transport for Wales (TfW) as part of their ongoing work to improve the rail and bus passenger experience, and to meet our legal obligations on accessibility and safety.

There are no restrictions in place when purchasing tickets with cash on the vast majority of public transport services in Wales. I can confirm that if a customer needs to buy a rail or bus ticket with cash, they can buy it from the ticket office if there is one at the station or purchase a ticket on the train or bus. If a customer is traveling from a rail station that only has a self-service machine, or the booking office is closed, they can use the machine to get a promise to pay voucher which can be exchanged for a normal ticket from the conductor, or at their destination. However, we understand that not everyone can use our self-service machines and the option to buy a ticket on the train or bus will always be available.

I am aware that TfW does not accept cash for catering transactions on its rail services, which is consistent with many other Train Operating Companies (TOCs). This decision was made initially due to the Covid-19 pandemic and continued as a safety measure for catering staff carrying cash, and the cost involved in handling and banking cash. In the event of a person travelling on a long rail journey with TfW where the means of payment by card are not available to them, TfW catering staff will use their discretion to serve complimentary refreshments as required.

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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.

In order to improve the rail and bus passenger experience, TFW runs an Accessibility & Inclusion Panel, the membership of which is comprised of disabled people with a range of impairments. The panel influences TFW's accessibility policies and advises the organisation on how to support disabled and older customers to use services effectively. It also advises TFW on plans for new and refurbished trains and stations, as well as its staff training programme. TFW have also worked to ensure that their approach aligns with their confidence to travel scheme, in which local groups can arrange awareness visits from TFW's Community Rail team for support buying tickets. Further information about TFW's confidence to travel initiative can be found here: [Confidence to travel | TFW](#).

The Welsh Government has also set up the Disability Rights Taskforce to identify the issues affecting the lives of disabled people in Wales and develop solutions that learn from their lived experience, including how to provide inclusive and accessible transport: [Disability Rights Taskforce | GOV.WALES](#)

I hope this information is helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ken', with a long, sweeping horizontal stroke above the name.

**Ken Skates AS/MS**

Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru  
Cabinet Secretary for Transport and North Wales



**P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash - Correspondence from the Petitioners, 10 February 2025**

Our Response:-

Mencap Cymru would like to thank the Senedd's Petitions Committee for its continued support for the issue which we raised in our petition:- **P-06-1335 Welsh Government should take steps to ensure vulnerable adults without bank cards can pay with cash**

We would also like to thank the Chair of the Committee for writing to the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, Jane Hutt MS, and the Cabinet Secretary for Transport and North Wales, Ken Skates MS regarding the issue of cashless payments.

**Response to letter from Cabinet Secretary for Social Justice, Trefnydd and Chief Whip to Chair**

We were pleased to meet with the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, Jane Hutt MS on the 27th November to discuss the issue of publicly funded venues further alongside Dot Gallagher, Chair of Mencap Môn, and her two sons who have a learning disability. We are grateful for the Cabinet Secretary's offer to meet with us again. During the meeting, we were pleased to hear that the Cabinet Secretary recognised this issue as one which requires a cross-Government approach. We are still hearing stories of venues in the Higher Education sector and the Culture and Arts Sector who are refusing to accept cash payment, which excludes people with a learning disability who might not have access to digital forms of payment. As we have said throughout this process, access to venues for people who do not have digital forms of payment can be as great a barrier as physical access for those with physical impairments; the social model of disability must be the basis of provision of such services by venues who are in receipt of public funds.

We are grateful to the Cabinet Secretary for updating the relevant Cabinet Secretaries following the meeting. We would, however, appreciate a written response from each Cabinet Secretary as a result of this. Although recognition of the scale of this issue is welcomed, people with a learning disability who have experienced this issue and those who have supported the petition should have the opportunity to hear from the relevant Cabinet Secretaries about their commitment to this issue.

**Response to letter from Cabinet Secretary for Transport and North Wales to Chair**

We are grateful to the Cabinet Secretary for his response, which addresses our concerns. There remains a concern that people with a learning disability may get fined for boarding a train without a valid ticket, but we are pleased that he has made it very clear that this will not happen.

We will share this update with members of the Wales Learning Disability Consortium so that they can inform their membership. We will also share with the Cross Party Group on Learning Disability at the next meeting.



Whilst we believe that the response was positive, we are still concerned that there will be no clear commitment to ensuring that future onboard catering contracts will require successful bids to accept cash. We noted in the Cabinet Secretary's response to a reference that catering staff will use their discretion to serve complimentary refreshments as required; we would like more clarification

about this offer as many people are still reporting of long train journeys without the ability to purchase food and drink.

#### **Additional Comments**

We were pleased to see how reference was made to this work at the Treasury Select Committee as part of their inquiry into the acceptance of cash. This shows how the voices of the most excluded within our society can influence public policy. We are grateful to the Petitions Committee for their continued support, understanding, and for leading the way on this issue.

# Agenda Item 3.2

## **P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now**

This petition was submitted by Jane Eleanor Seddon Barraclough, having collected, 1,314 signatures online and 4,214 signatures on paper, making for a total of 5,528 signatures.

### **Text of Petition:**

We are devastated by Betsi Cadwaladr's decision to 'temporarily' close the inpatient ward at Tywyn Hospital. We want it reopened now.

The action to close this ward without any consultation or notice is premeditated and lacks transparency; it is a misappropriation of our community's public service.

Please show us support by signing the petition. Diolch am eich cefnogaeth.

### **Additional Information:**

Staff and patients were told on Thursday that they would be moved to Dolgellau hospital by Tuesday.

No notice, no consultation, no discussion, no rationale.

If staff didn't want to move to Dolgellau they would not have a job. Tywyn is a new hospital which has excellent equipment and facilities. Our hospital has superb staff working there. Our relatives and friends have been provided with the best possible care you could wish for.

The health board have said that it is unable to recruit sufficient staff to fill posts. We want to see what evidence the health board have to show that they ever actively recruited staff for our hospital.

This hospital is a vital resource in our community. Please support our cause.

### **Senedd Constituency and Region**

- Dwyfor Meirionnydd
- Mid and West Wales



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanellwy,  
Llanellwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business  
Park, St Asaph, LL17 0JG

Carolyn Thomas MS,  
Chair,  
Petitions Committee,  
Welsh Parliament,  
Cardiff Bay,  
Cardiff,  
CF99 1SN

**Ein cyf / Our ref:** CS/CT(CE24/1102)

**☎:** 01745 448788 ext 6382

**Gofynnwch am / Ask for:** Emma Hughes

**E-bost / Email:** [emma.hughes19@wales.nhs.uk](mailto:emma.hughes19@wales.nhs.uk)

**Dyddiad / Date:** 23<sup>rd</sup> December 2024

By email – [seneddCovid@Senedd.wales](mailto:seneddCovid@Senedd.wales)

Dear Chair,

**RE: Petition P-06-1350 Re-open Dyfi Ward at Tywyn Hospital**

Thank you for your most recent letter relating to Dyfi Ward. I note the point that the Petitions Committee has discussed this petition for the fifth time on 30 September and that this is unusual, but I sincerely hope that from our continued correspondence you can see that the health board is doing everything it can to recruit and retain staff in this very rural area, and we share the Committee's frustration that it is proving to be extremely difficult despite all efforts.

**How the service used to be provided**

Prior to the temporary closure of Dyfi ward in April 2023, there were 10 staffed beds within Tywyn Hospital. Long term vacancies meant staff were working excessive hours over and above their contracted hours as overtime and often unable to take annual leave/cancelling annual leave to ensure safe levels of staffing for the ward. Agency staff were unreliable and often cancelled at short notice which presented significant risk to patient safety.

There was no Tuag Adref service, the Health Care Support Workers were all deployed on the ward. There was no Minor Injury Service, as staff employed to work in the Minor Injuries Unit were constantly required to be in the numbers to provide safe inpatient staffing. This had a negative impact on staff retention as staff were not working in the areas that they were originally employed to work, reducing the workforce even further. At the time of the decision to temporarily close Dyfi ward, there was a deficit of four Band 5 registered nurses, one Band 6 Deputy Ward Manager and one Band 7 Ward Manager post. Eighteen months later there remains one Band 5 registered nurse vacancy and one Band 6 Deputy Ward Manager vacancy for the ward. Four Internationally Trained nurses have been recruited to work in Tywyn Hospital, however retention of staff in the area has proven difficult with a number of staff leaving to seek employment out of the area.

**Where services are currently being provided, and what are the numbers of in-patients requiring the service.**

**Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:**  
Swyddfa'r Gweithredwyr / Executives' Office  
Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

**Pack Page 40** / **Swyddfa:** [www.pbc.cymru.nhs.uk](http://www.pbc.cymru.nhs.uk) / **Web:** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.  
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

In response to not being able to safely open the Dyfi ward due to insufficient staffing numbers, the health board focussed on providing alternative models of delivery which are often used in more rural areas where recruitment is a challenge. These included providing health and care services directly in patient's homes, working closer with care homes in the area to provide services for their residents to retain their place for a longer period, and enabling and providing the health support for patients to spend their last few weeks and days with dignity in their own home. We have outlined these to the Committee in our various correspondence. They have been welcomed by patients and their families, care homes and the local authority.

Additional inpatient beds have been opened in Dolgellau Hospital, now at 18 beds, an overall increase of 4 beds to accommodate the Tywyn demand. Some staff from Tywyn hospital have been deployed to support the additional beds. During this time, there have been 67 inpatient admissions from the Tywyn area. This represents an average of 3.5 patients per month.

Opening the additional beds in Dolgellau and temporarily redeploying staff from Tywyn has had a positive impact on length of stay for patients. Prior to the closure of Dyfi ward, Physiotherapists and Occupational Therapists worked across both Tywyn and Dolgellau in patient wards. Since the temporary closure of Dyfi ward, therapy staff have been able to provide increased levels of therapy support to patients improving their rehabilitation and recovery, and reducing the time needed for patients to remain in hospital.

Additional community capacity has been created in the Tywyn area through implementing the Tuag Adref (Homeward Bound) service. This service supports patients to remain at home, avoiding preventable hospital admissions as well as supporting earlier discharge from hospital, providing low level support and rehabilitation at home following discharge. Health care support workers who used to work on Dyfi ward were redeployed to provide the Tuag Adref service which receives an average of 7 referrals per week.

Another service established since the temporary ward closure is the Treatment Room. This service provides a range of wound care and dressings as well as blood tests and catheter management, with a view to expand as training and competencies develop. The establishment of this service has reduced demand on primary care as well as releasing District Nursing capacity allowing them to focus on the housebound and more complex patients at home. The treatment room has been operational since July 2023 with activity in excess of 2,700 attendances.

Without the need to redeploy staff from other areas to provide the minimum staffing levels for the inpatient ward in Tywyn, this has also allowed the successful reopening of the Minor Injury Unit. The MIU is currently open 5 days per week with plans to open 7 days per week and has seen activity levels in excess of 1,300 attendances since it's reopening. The Health Board has been able to provide these high demand services due to the redeployed staff working closely with the community teams and the community itself.

It is also worth noting that the ward area within the hospital is in daily use, occupied by the Well-being Hub, Older People's Mental Health Team, Flu and Covid vaccination clinics and Phlebotomy clinics. In addition, there are a number of outpatients clinics provided by Consultant from both BCUHB and Hywel Dda Health Board, and an IV suite has been introduced.

BCUHB staff have embraced the changes, having taken the opportunity to upskill and develop, with improved staff morale and team collaboration.

### **What are the options for the future**

As the discussion at the Petitions Committee reflected, there is a need to work with the local community and its representatives, to consider what is the best model of service delivery for this locality moving forward. There is no doubt that a safe and sustainable model of quality care is preferable to poor local care.

In wishing to try to reinstate Dyfi ward, which the health board has always stated as the intention, all efforts have been focussed on securing the required levels of staff. However, we have seen over the last 18 months the real challenge of not only recruiting but also retaining in rural areas, as in our previous correspondence to the Committee, once we recruit we have seen staff who have chosen not to stay for various reasons.

It is worth noting that, if and when recruitment is successful in securing the minimum safe staffing levels requirement for a 24/7 in patient ward, reopening Dyfi ward would undoubtedly impact on the health board's ability to maintain other clinical services and community provision in the long term. Vacancies as well as day to day absences (short and long term sickness/maternity leave/annual leave etc) would need to be covered which would mean that services such as District Nursing, Tuag Adref and Minor Injuries would be impacted (capacity reduced/service closed) as a consequence of trained staff from these services having to work on the ward to ensure the correct safe staffing levels required for the ward.

The health board has had discussion with the local community of what are the priorities for local services. The engagement workshop held in April 2024 identified a number of services which the group identified as lacking or could be improved upon in the area. These included in-patient beds provision, end of life care, respite care and improved mental health support. The workshop was attended by stakeholders including Cyngor Gwynedd, Tywyn Hospital Action Group, Local Town Councillors, Senedd Members, local nursing homes and Hywel Dda UHB. Workstreams to address the key themes are being established with the Care Closer to Home workstream looking at developing safe and sustainable pathways of care for the local population. This would include exploring closer working with the care homes and exploring the possibility of a hybrid model of working utilised in other rural areas.

On 26 November 2024, Llais North Wales held a public forum in Tywyn, to explore the impact of the closure of Dyfi Ward had had on the patients of Tywyn. Two sessions were held, one in the morning and one in the afternoon. The forum was an opportunity for the



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

public to offer insights into the effects of the closure of the inpatient ward. BCUHB staff supported this workshop and outlined what had been done to mitigate the closure of the inpatient ward whilst ensuring that the health needs of the people of Tywyn are met.

Reflecting the discussion of the Petitions Committee and working closely with LLAIS, further engagement is now planned with the community in early 2025 to discuss a more sustainable way forward.

Kind regards,

A handwritten signature in black ink, appearing to read 'Carol Shillabeer'.

---

**Carol Shillabeer**  
**Prif Weithredwr/Chief Executive**



5<sup>th</sup> February 2025

Ms Carolyn Thomas MS  
Chair –Petitions Committee  
Senedd Cymru.  
Cardiff  
CF99 1SN

Glan Eifion  
Seaview  
Borth-Y-Gest  
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Tel : 01766 513 337  
Mob: 07968 437 060  
e-mail: tom@communityhospitals.net

## **P-06-1350 Re-open Dyfi Ward at Tywyn Hospital**

Dear Ms Thomas,

Once again the petitioners have asked me to forward further observations to your Committee from the Community Hospitals Association. This follows the petitioners' receipt of a copy of the letter of 23<sup>rd</sup> December 2024, from the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB), to the Petitions Committee, and LLAIS arranging a Public Forum in November 2024, which I attended.

### **STRUCTURAL FAILING**

This saga has now continued for some 21 months. With respect, I have to say that the complacency shown by Betsi Cadwaladr University Health Board (BCUHB) to correct the healthcare service deficiency is astounding! It is now amongst the worse examples of health authority failed management in a community hospital setting that the Community Hospitals Association has experienced.

The failing does not appear to be an isolated example. In the last few weeks, Audit Wales has reported via a "Structured Assessment of BCUHB". It concludes "ongoing instability within the BCUHB Executive Team, gaps in wider senior leadership structures, and ongoing challenges with the operating model are compromising the Health Board's ability to tackle the significant challenges it faces".

The Welsh Government statistics NHS "Activity and Performance Summary Report" to end 2024, shows BCUHB underperforming the rest of Wales in almost every category. The Health Board remains in special measures of course, but questions perhaps need to be asked by Senedd members as to why it consistently fails to recover? Is there a management style in BCUHB, that seeks to park a problem like that in Tywyn, rather than to solve it? Does the Board scrutinise service "not spots" thoroughly enough to make a difference?

### **STAFFING CHALLENGES**

Informal contact with staff throughout the BCUHB area indicates that the population in the centre and west of BCUHB's area simply does NOT contain enough staff with appropriate qualifications to fill the vacancies. Workforce planning will remain an unrealistic pipe dream unless significant effort is made to recruit out of area. Overseas recruitment has confirmed the need but has been insufficient to solve the problem.

It is possible to recruit out of area to a pleasant place to live! The BBC featured the success of Bishops Castle community hospital recruiting out of area and reopening their ward some six months ago, in the



same period that Tywyn ward has been without its inpatients. Their solution had been to retain a recruitment agent in the West Midlands and for the local authority to assign an appropriate staff member to ensure that family relocation issues were addressed and made easy.

At the LLAIS public forum in Tywyn in November I asked which recruitment agent out of area, BCUHB had retained and was told by the BCUHB management present, “none”. I asked a County Councillor present whether Cyngor Gwynedd has identified a person to address relocation issues and was told, that the County Councillor didn’t believe so.

#### COMPLACENCY

The BCUHB letter to the Petitions Committee of 23<sup>rd</sup> December suggest that the community is “managing”. The residents present at the LLAIS meeting would not agree. Medical literature supports the residents. Frail persons sent out of their community to recuperate receive far less community visitors and encouragement and are much slower to recover. No measurement appears to have been made in Tywyn as to whether the BCUHB informal Tuag Adre service produces rehabilitation results to approach those attainable from a local community hospital based pathway.

The BCUHB letter to the Petitions Committee of 23<sup>rd</sup> December also proposes, after more than 20 months, “another shuffling of the pack” that MIGHT produce a “safe and sustainable” model of care. BCUHB does not promise to achieve a standard of patient outcomes that would stand scrutiny. There appears to have been no involvement of HIW or Public Health Wales in the analysis of the Tywyn challenge or in the search for an equitable solution.

There was little purpose in the Senedd passing the laudable 2014 Health and Wellbeing Act when the principles enshrined in it are so easy forgotten at the Health Board level. We trust that your committee can find some method of encouraging NHS Wales to live up to its responsibilities and to take credible action to restore service to the Tywyn area. We seek your committee’s continued support.

Yours sincerely

Tom Brooks

**Committee Member**  
**Community Hospitals Association**

## **P-06-1350 reopen Dyfi Ward at Tywyn Hospital now**

Correspondence from the Petitioner to the Committee, 09 February 2025

At the beginning of her latest reply, Carol Shillabeer, as Chief Executive of Betsi Cadwaladr University Health Board, begins with a paragraph 'how the service used to be provided'. Much of this section of her letter is devoted to how many outpatient 'services' are being provided. The facilities Tywyn Hospital contains, and the large-scale refurbishment and hospital building which were opened in 2017, are a most important part of understanding of what services were and should and could be provided for inpatients. Often the inpatients facility is referred to as a ward, or 'Dyfi Ward', but in fact the whole of the inpatient physical resource is based in a new wing, which has two wards and several single rooms in order to accommodate up to 19 patients. The inpatients wing was built to contain state of the art facilities including treatment rooms, staffing areas, a day room, specialist bathing facilities, a recently installed patients and relatives' kitchen, lift access and so on. The whole wing, which is a modern, purpose built and advanced facility, was closed in April 2023, only 6 years after it was first opened. It is precisely two years ago, in February 2023, that the health board began to plan to close it and were discussing repurposing it. Below the inpatient wing is the health centre, again containing state of the art specialist accommodation consulting rooms, pharmacy, treatment rooms etc.. The older part of the hospital, which is still used, has different offices and treatment and consulting rooms, and is joined on to these two new floors.

The health board often cite the number of beds available or 'funded' at around 4. The physical provision for inpatients in Tywyn can contain 19 beds with spacious and dedicated facilities, such as TV's and piped oxygen to each bed. The board have never fully staffed the inpatients facility from the outset and have not focused sufficient and serious effort on how to staff it properly, to capacity, in order to maximise the full potential of this publicly funded resource. It is quite absurd of Carol Shillabeer to say that 'an average of 3.5 patients per month' would have been placed at Tywyn since it was closed. This continuing narrative, of how few people would need to be placed in inpatient care, is wrong, and based on spurious and unsubstantiated information, and is in complete contradiction to all the evidence we not only see and hear on the news, but from firsthand accounts from paramedics queuing outside hospitals, to individuals and their relatives. The Royal College of Nursing mentions bed shortages 500 times in their latest report! 'Corridor Care' is a regular feature in local and national newspapers. For the health board to construct a rationale which shows very limited numbers of people requiring hospitalisation in Tywyn is beyond belief, because the hospital inpatient facility can accommodate any patient from the widest catchment required.

The letter refers to two staff vacancies the board says are necessary to reopen the inpatients facility. At a Tywyn Hospital Donations Committee meeting, held a fortnight ago, the Ward Manager stated unequivocally that there are sufficient staff to open the ward now, and that there are no live current vacancies for staff being advertised. A ward manager is being paid to manage a ward that the Chief Executive of the health board has no intention of opening. The latest veiled threat, stated in her letter, is that that reopening the inpatients facility would 'undoubtedly impact on the health board's ability to maintain other clinical services'. Staff were redeployed from inpatients to provide these services, many of which were already being delivered by health centre staff, district nurses and community carers. We now find that it is likely that those 'services' will no longer be provided if the inpatients wing is reopened.

Instead of focusing on how and when the inpatient facilities at Tywyn Hospital are going to be reopened and showing a concerted commitment to using our new hospital in full, the latest reply continues to reiterate how well the health board have been running peripheral services from Tywyn Hospital, how these services help the community and how many people have benefitted; all of which have been prioritised over inpatient care. The latest reply also shows that the health board have reached an all-time low in their management of Tywyn's health facilities, and threatening to remove other health services in order to reopen the inpatient wards shows an incapacity to respond with the required depth and level of integrity expected. To assert and insist that peripheral services, which are being staffed by nurses that could otherwise be staffing the inpatient wards, can replace inpatient care, providing real and essential hospital treatment, is wrong. This petition has always been about the closing of a new state of the art hospital inpatients facility, and it is shocking that the health board are not committed to ensuring that they provide the best possible health care service for each and every service they are required to deliver. To not open the inpatients facility, to let such an excellent public resource stay closed, when the health service in Wales is in crisis, is inexcusable.

The letter refers to 'discussions, meetings, workshops and consultations' with the local community and 'stakeholders'. 'Workstreams' is a term being introduced, to address 'key themes' such as 'Care Closer to Home', referred to as 'exploring' the use of care homes. Apparently 'further engagement' is yet again now planned with the community. Examples of these have already included two 'Llais' meetings, held recently in Tywyn in December 2024, in conjunction with the health board, which were very poorly attended, hardly advertised, and held mid-week during the daytime, when working people could not have attended. In April 2024 Ffion Johnstone, the health board's Integrated Health Community Director, led a 'workshop' with local community members and stated, 'the hospital (inpatients) ward will not close'. The public meeting with the Action Group held in November 2023 provided Carol Shillabeer and her managers, who were there, with a clear indication of the expectations of the people who signed the petition to reopen the ward and who attended the meeting. Time and again, continued procrastination has been the tactic the health board have used, in order to seek to wear down the public's resolve and to attempt to justify the closure of the inpatients service.

As ever, the Tywyn Hospital Action Group continues to endeavour to demonstrate in our replies to the Petitions Committee how BCUHB have mismanaged our facilities and health service. There is no reinforcement of the standards and attitudes required, and the continued obfuscation is a serious matter of concern. Almost two years later, it is clear that the health board has no sincere intention or will to reopen the inpatients facilities at Tywyn Hospital.

The 5,528 people who signed this petition have been ignored.

Yours sincerely

Jane Barraclough

Tywyn Hospital Action Group

# Agenda Item 3.3

**P-06-1405 We want and need a Mental Health unit for men in North Wales with beds**

This petition was submitted by Lynda Leigh, having collected a total of 261 signatures.

**Text of Petition:**

There are so many men suffering with mental health issues. It was bad enough before lockdown but now it's devastating. As a landlady, I can see for myself the many men struggling with many issues. They are crying out for help and told to speak up and ask for help, yet when they do it is non-existent.

**Senedd Constituency and Region**

- Delyn
- North Wales

Sarah Murphy AS/MS  
Y Gweinidog Iechyd Meddwl a Llesiant  
Minister for Mental Health and Wellbeing



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1405  
Ein cyf/Our ref SM/10341/24

Carolyn Thomas MS  
Chair  
Petitions Committee

[petitions@senedd.wales](mailto:petitions@senedd.wales)

27 January 2025

Dear Carolyn,

**Petition P-06-1405 We want and need a Mental Health unit for men in North Wales with beds**

Thank you for your letter of 15 November regarding the above petition and seeking further information about the provision of 24/7 acute mental health support in Wales.

Since my predecessor wrote to you in March, we have continued to develop our approach to acute mental health support, which includes the 111 press 2 service which has now supported more than 130,000 people.

As well as enhancing the availability of support, it is vital that we continue to increase awareness, understanding, and compassion within services and society in general so people feel confident to reach out in times of need without fear of stigma and judgement.

In 2023/24, further male-focused work continued with targeted workshops being held by the NHS Executive as well as working with male mental health support groups across Wales, and a male suicide webinar being held. A further national conference for suicide and self-harm in Wales will take place in March 2025, with the aim of having an aspect of that event dedicated to issues relating to male suicide.

Health boards also provide a range of services to support acute mental health issues, these include in-patient provision, crisis resolution and home treatment teams, and psychiatric liaison services for those who present in urgent and emergency departments. Health boards also provide designated places of safety for individuals detained by the police under Section 135 or Section 136 of the Mental Health Act.

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

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Sarah.Murphy@llyw.cymru](mailto:Gohebiaeth.Sarah.Murphy@llyw.cymru)  
[Correspondence.Sarah.Murphy@gov.wales](mailto:Correspondence.Sarah.Murphy@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.

Health boards also provide a range of sanctuary services for people at risk of mental health crisis, many of which are delivered by our third sector partners. Health Boards are also piloting similar provision for young people and I've included a link to the project in Swansea/Neath and Port Talbot for more information: [NWJCC Commissioned Sanctuary for Children and Young People Officially Opens - NHS Wales Joint Commissioning Committee](#)

We are also continuing our significant programme of work to improve mental health services, which includes an investment of more than £2m in the NHS Executive to drive improvements in access and quality. This includes a focus on improving support for adults through the Adult mental health clinical network and the development of an Acute and Crisis Care (ACC) workstream. The ACC workstream commenced in September and had a vision to develop a single acute and crisis care model for Wales. Its role is to:

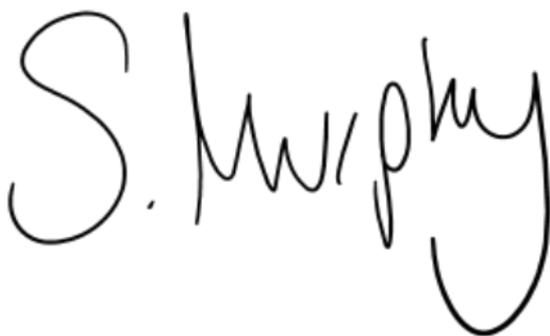
- Support the existing regional groups in their development and improvement of their local acute and crisis services,
- Lead a stocktake of existing acute and crisis service across Wales,
- Design the optimal acute and crisis care pathway based on best available evidence,
- Oversee the implementation of the new pathway across Wales

This is at its early stages but further updates to this work will become available [here](#)

Whilst we continue to develop our specialist mental health services, our aim is to prevent escalation and we are taking a cross-Government approach to do this, for instance with our whole system approach in schools.

The work of the Strategic Programme for Mental Health is being informed by the recent consultations in relation to the development of the [mental health and wellbeing strategy](#) and [suicide and self-harm prevention strategy](#). These documents also provide clarity on our priorities for the new strategies, which includes a strong focus on prevention and ensuring a 'no wrong door' approach to accessing appropriate support. The consultation summaries are also available on these links. Officials are currently working on the final strategies and associated delivery plans, with a view to publishing in the new year.

Yours sincerely,

A handwritten signature in black ink that reads "S. Murphy". The signature is written in a cursive, flowing style with a large initial 'S' and a long, sweeping underline.

**Sarah Murphy AS/MS**

Y Gweinidog Iechyd Meddwl a Llesiant  
Minister for Mental Health and Wellbeing



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



**Cyfeiriad Dychwelyd/ Return Address:**

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg  
Pencadlys  
Parc Navigation,  
Abercynon  
CF45 4SN

Cwm Taf Morgannwg  
University Health Board  
Headquarters  
Navigation Park  
Abercynon  
CF45 4SN

**Ffôn/Tel:** 01443 744803

**Eich cyf/Your Ref:**

P-06-1405

**Ein cyf/Our Ref:**

PM/JD

**Ebost Email:**

[Paul.Mears@wales.nhs.uk](mailto:Paul.Mears@wales.nhs.uk)

**Dyddiad/Date:**

27 November 2024

Carolyn Thomas  
Chair, Petitions Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

By email : [petitions@senedd.wales](mailto:petitions@senedd.wales)

Dear Chair

### **Senedd Petitions Committee Question**

Please find below the response from Mental Health and Learning Disabilities Care Group, Cwm Taf Morgannwg University Health Board following your letter dated 15 November 2024.

- (1) Clarification on the number of mental health in-patient places available for adults;**
- (2) Whether any of these are designated according to gender.**

Cwm Taff Morgannwg University Health Board currently has in total 126 acute beds across Adult and Older Adult and 14 beds in Psychiatric Intensive Care Unit.

The breakdown across the care group of the beds and designation according to gender is detailed below:

### **Adult Mental Health**

The Royal Glamorgan Hospital (RGH) and Princess of Wales (POW) Hospital currently has 58 Adult acute beds and 14 Psychiatric intensive care unit (PICU) beds available across the care group.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.*

*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

Across both sites, wards are mixed gender as there are individual rooms dependent on need. Adult Mental Health does not have specific gender designated beds and takes a pragmatic approach to bed allocation.

#### Princess of Wales (POW)

- ❖ Ward 14 – 8 Single Rooms (no en suite)
  - 1 four bedroom dormitory
  - 2 two bedroom dormitory

Dormitories are kept to the same gender. Female and Male toilets available.

#### Royal Glamorgan Hospital (RGH)

- ❖ Admissions Ward – 6 Single Rooms and 4 Double Rooms
- ❖ Ward 21 – 8 Single rooms and 3 Double Rooms
- ❖ Ward 22 - 8 Single rooms and 3 Double Rooms

Within RGH all single rooms have en suites. There are separate male and female bathroom and toilet facilities available to patients within the dormitories. The dormitories are kept to the same gender.

#### Psychiatric Intensive Care Unit (PICUs)

- ❖ RGH have 6 individual bedrooms with en suite facilities
- ❖ POW have 8 individual bedrooms with Female and Male bathroom and toilet facilities.

There is no gender designation in PICU beds across the care group.

### **Older Adult**

Within the older adult inpatient bed estate there are 68 open beds. Older Adult don't have specific gender designated beds but do take a pragmatic approach to bed allocation.

- ❖ Angleton Clinic Ward 2 is generally split into a Male & Female side, but utilises beds for either gender on each side dependant on demand and available capacity. Each bedroom has en suite.
- ❖ Royal Glamorgan Hospital, Seren and St Davids Wards have bay rooms. same gender is kept in those rooms, which extends to the bathrooms in those spaces also.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.*  
*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

- ❖ Ysbyty Cwm Cynon, Ward 7 has individual bedrooms (3 have en suite), and is shared gender ward.

Yours sincerely



**Paul Mears**  
**Prif Weithredwr/Chief Executive**

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.*

*You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

Ein cyf/ Our ref: CEO.15994  
Gofynnwch am/ Please ask for: Katie Jenner  
Rhif Ffôn / Telephone: 01267239730  
Dyddiad/ Date: 29 November 2024

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

Carolyn Thomas  
Chair, Petitions Committee  
Senedd Cymru

Email: [petitions@senedd.wales](mailto:petitions@senedd.wales)

Dear Carolyn,

**Re: P-06-1405 We want and need a Mental Health unit for men in North Wales with beds**

Thank you for your letter of 15 November 2024 regarding inpatient mental health beds available for adults.

I can confirm that in Hywel Dda University Health Board, the Adult Mental Health Service has provision for 42 inpatient beds, none of which are designated according to gender. The Low Secure Unit is gender designated for male patients and there are 14 beds. The Older Adult Mental Health Service has provision for 41 inpatient beds, none of which are designated according to gender.

I trust that this information is of assistance.

Yours sincerely,



**Prof. Phil Kloer**  
Chief Executive

## Correspondence from Aneurin Bevan University Health Board

MHLD Inpatient Beds					Core			Surge		
Specialty	Site	Ward	Core Beds	Optional Surge	Mixed	Male	Female	Mixed	Male	Female
Adult	STC	Pillmawr	13	1		13	0		1	0
Adult	STC	Belle Vue	6	0		0	6		0	0
Adult	STC	Adferiad	22	0	22			0		
Adult	STC	Beechwood PICU	9	0	9			0		
Adult	STC	North Lodge	3	0	3			0		
Adult	STC	South lodge	3	0	3			0		
Adult	County	Talgarn	20	2	20			2		
Adult	Maindiff	Lindisfarne	3	0		3	0		0	0
Adult	Maindiff	Ty Skirrid	12	0		12	0		0	0
Adult	YYF	Ty Cyfannol	24	0	24			0		
Adult	YAB	Carn-Y-Cefn	11	1	11			1		
Older Adult	County	Hafan Deg (Functional)	20	0	20			0		
Older Adult	YYF	Annwylfan (Dementia)	16	3	16			3		
Older Adult	YTC	Cedar Ward (Dementia)	14	2	14			2		
Older Adult	STW	Sycamore (Dementia)	14	0	14			0		
LD	LGH	Ty Lafant	7	0	7			0		
LD	Mitchell Close	Mitchell Close	1	0		1	0	0	0	0
LD	Twyn Glas	Twyn Glas	5	0	5		5			0
<b>TOTAL MHLD</b>			<b>203</b>	<b>9</b>	<b>168</b>	<b>34</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>0</b>
<b>TOTAL MH</b>			<b>190</b>	<b>9</b>	<b>156</b>	<b>28</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>0</b>
<b>TOTAL LD</b>			<b>13</b>	<b>0</b>	<b>12</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL OAMH</b>			<b>64</b>	<b>5</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>TOTAL AMH</b>			<b>126</b>	<b>4</b>	<b>92</b>	<b>28</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Cadeirydd/Chair: **Jan Williams**  
Prif Weithredwr dros dro/Interim Chief Executive: **Abigail Harris**

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.

We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Dyddiad / Date: 27/12/24

Ein Cyf / Our Ref: Petition Response

Name

clerking team at petitions@senedd.wales

**Please reply to:**

Mental Health and Learning  
Disability Delivery Unit  
Caswell Clinic  
Glanrhyd Hospital  
Tondu Road  
BRIDGEND  
CF31 4LN

 01656 753035

 dermot.nolan@wales.nhs.uk

Dear Sir/Madam

In relation to the response requested by the Petitions Committee I can provide the following response on behalf of Swansea Bay University Health Board.

Currently in relation to adult mental health inpatient services we can provide the following details;

Ward F, Neath Port Talbot Hospital provides 21 mixed gender acute mental health assessment beds.

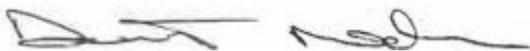
Fendrod Ward, Cefn Coed Hospital provides 20 male acute mental health treatment beds.

Clyne Ward, Cefn Coed Hospital provides 14 female acute mental health treatment beds.

It seems from the details in the letter and on the website that it is acute mental health inpatient services the focus is on, hence the information provided above.

We provide other specialist inpatient services for Mental Health Forensic, Rehab and Older Peoples Mental Health services and if you require further details in relation to these then please let us know

Your sincerely



**DERMOT NOLAN**  
**INTERIM SERVICE GROUP DIRECTOR**  
**MENTAL HEALTH AND LEARNING DISABILITIES SERVICES**  
**SWANSEA BAY UNIVERSITY HEALTH BOARD**

## **Correspondence from Powys Teaching Health Board, 6 January 2025**

Good Afternoon

In response to your request seeking clarification on the number of inpatient places available for adults and whether these are designated according to gender, please see below the current operating position at Powys Teaching Health Board (PTHB).

PTHB provides one Adult (18 years +) Mental Health Acute Inpatient Unit in Bronllys Hospital, called Felindre Ward, which operates with 16 bed capacity plus two admission beds. The Ward is mixed gender but there are separate accommodation corridors of the unit, with 8 designated male places and 8 designated female places.

PTHB also provides two Older Persons' (65 years +) Mental Health Acute Inpatient Units operating in Powys at present. Tawe Ward in Ystradgynlais Hospital with capacity for 8 places, and Clywedog Ward in Llandrindod Wells Hospital with capacity for 10 places. Both Units are mixed gender and the Wards work together to ensure patients are accommodated according to their needs.

There is also commissioning arrangements established with Shropshire and Telford Hospital NHS Trust and Swansea Bay University Health Board, both of which are mixed gender. This is to support both the geographical considerations of patients receiving services as close to home as possible, as well as the ability to have a resilient service if the in-county inpatients settings are at full capacity. The arrangements are based on a number of days purchased annually.

I trust this clarifies the position but please contact Louisa Kerr, Assistant Director Mental Health & Learning Disability Services – [louisa.kerr@wales.nhs.uk](mailto:louisa.kerr@wales.nhs.uk) - if any further information is required.

Many thanks

**Annamarie Price**

*Cynorthwy-ydd Gweithredol i / Executive Assistant to*

*Hayley Thomas*

*Prif Weithredwr / Chief Executive Officer*

*Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board*



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,  
Llanelwy, LL17 0JG

-----  
Block 5, Carlton Court, St Asaph Business  
Park, St Asaph, LL17 0JG

Carolyn Thomas MS,  
Chair,  
Petitions Committee,  
Welsh Parliament,  
Cardiff Bay,  
Cardiff,  
CF99 1SN

**Ein cyf / Our ref:** CS/CT(CE24/1198)

**☎:** 01745 448788 ext 6382

**Gofynnwch am / Ask for:** Emma Hughes

**E-bost / Email:** [emma.hughes19@wales.nhs.uk](mailto:emma.hughes19@wales.nhs.uk)

**Dyddiad / Date:** 6<sup>th</sup> January 2025

By email – [petitions@senedd.wales](mailto:petitions@senedd.wales)

Dear Chair,

**RE: P-06-1405 We want and need a Mental Health unit for men in North Wales with beds**

The Health Board welcomes this opportunity to provide an update for the Petitions Committee. We respond given your request to seek clarification on **the number of mental health in patient places available to adults, and whether any of these are designated according to gender.**

Betsi Cadwaladr University Health Board (BCUHB) provides mental health services for the population of North Wales. In response to the specific question - all 3 hospitals provide beds for acute adult mental health admissions:

- The **Hergest Unit** (in Ysbyty Gwynedd) has Cynan ward (with 17 beds for male patients) and Aneurin Ward (with 17 beds for female patients).
- The **Ablett Unit** (in Ysbyty Glan Clwyd) has Dinas Male ward (with 10 beds for male patients) and Dinas female ward (with 10 female patients).
- The **Heddfan Unit** (in Ysbyty Maelor Wrecsam) includes both Clywedog and Dyfrdwy wards. (Each has 19 beds). The ward areas are able to accommodate mixed sex admissions due to the design of the estate which can be formally segregated with the use of double doors that can be locked.

In total, the Health Board (HB) have 92 adult acute inpatient beds – 27 specifically for men and 27 for women, and another 38 which can be used more flexibly.

*(The HB has other beds with the MHLD division – indirectly those for older adult functional patients, dementia patients and learning patients. The HB also has beds in the Medium Secure Unit (Ty Llewelyn), within the Psychiatric Intensive Care Wards and on rehabilitation wards).*

---

**Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:**  
Swyddfa'r Gweithredwyr / Executives' Office  
Ysbyty Gwynedd, Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

**Paŋc Page 59** [www.bcu.cymru.nhs.uk](http://www.bcu.cymru.nhs.uk) / **Web:** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.  
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

To support the Committee discussions – the HB has provided the below update on some of its key services and men’s mental health.

Of note, are the Mental Health ICAN Hubs which can be accessed on a ‘drop in’ basis. The Health Board (HB) also has an ICAN connectors programme which can help sign-post people to appropriate services, and an ICAN occupational therapy programme in primary care is also underway. Most recently, an ‘ICAN farming’ pilot has been agreed (utilising charitable funds). This is at a procurement/tender stage, and has a specific link to men’s health in rural communities.

The HB is progressing its work on service user/carer engagement and involvement, with workshops (online and in person) being held. The HB has reached out to people across North Wales to help co-produce a new strategy. During Men’s Health Week 2025 (June), a virtual discussion is being planned with stakeholders internal and external to BCUHB with a focus on men’s health. The aim is to raise awareness about men’s health issues, and encourage men to take care of their physical, mental, and emotional wellbeing. It is anticipated that this year’s virtual discussion focus will be on violence and trauma especially amongst the 18 – 30 age group.

The North Wales Together for Mental Health Partnership Board is also active, chaired by the Vice Chairman of the Health Board. The Partnership Board ensures links with the Welsh Government, thus ensuring the HB and partners are aligned with the new Mental Health and Wellbeing Strategy for Wales and also the new Suicide and Self Harm Prevention Strategy (when published).

Within the HB, the Wellness, Work and Health service also acknowledges the need to provide support for men working within the Mental Health and Learning Disabilities (MHLDD) Division. The North Wales Suicide and Self Harm group is also active and meeting regularly with the HB supported by the NHS Executive suicide and self-harm prevention coordinator for North Wales. This group is also looking forward to the publication of the new national strategy on suicide and self-harm prevention.

Service wise, the ‘111, press 2’ service is available seven days a week, while information regarding mental health crisis is available on the HB website. Additionally, in terms of Community Services, the HB has a number of Community Mental Health Teams (CMHT) across North Wales. The HB also hosts the CALL (Community Advice and Listening Line) line for Wales which also offers emotional support and information/literature on mental health and related matters for all the people in Wales.

I do hope this update can support the Petition Committee conversations. Should you have any questions please do not hesitate to contact the Health Board once more.

Kind regards,



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

A handwritten signature in black ink, appearing to read 'Carol Shillabeer'.

---

**Carol Shillabeer**  
**Prif Weithredwr/Chief Executive**

**P-06-1405 We want and need a Mental Health unit for men in North Wales with beds – Correspondence from the Petitioner to the Committee, 11 February 2025**

I am very grateful to the Senedd for hearing my petition for more local Mental Health beds in North Wales particularly Flint.

I Have spoken to many people regarding this matter and it is upsetting to find out the number of men suffering with Mental Health issues.

I Have also noticed in many of the cases NWP were involved in the first instance and who willingly admit they have no Mental Health training.

Can I ask you to look at the statement that was made in the paperwork sent to me.

MENTAL HEALTH REPORT FROM BETSI CADWALDER UNIVERSITY HEALTH BOARD.

Urgent Mental Health Report 24hrs a day , seven days a week is available to people of all ages.

This statement is untrue as you will see from a letter a lady has submitted to me regarding her sons treatment and I find it absolutely shocking.

Through my own experience with a very dear friend. I witnessed just how absolutely appalling Mental Health is treated at Glan Clywd hospital.

My friend went to the hospital with his son first thing in the morning in a very desperate state, he was told to sit in the waiting room to be seen, this he did for 8 hours

to be then told there was no mental health doctors available till the next day and could he go home and return the next day, which he did in a coffin [REDACTED]

it is unimaginable what his last hours felt like he had just been sent away whilst literally begging for help.

I have asked 12months ago that there be a separate waiting area if flagged up with Mental Health issues, rather than sitting amongst others in mental torment. This has not happened WHY?

The time has come to stop sitting around meeting tables saying what is needed we now need no Demand action to help these poor people who are literally begging for help.

Kind Regards

Lynda Leigh

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

Document is Restricted

Our Ref: CX24-182  
Your Ref: P-06-1449

Carolyn Thomas MS  
Chair, Petitions Committee  
Welsh Parliament

By email only: petitions@senedd.wales

31 January 2025

Dear Carolyn

### **Petition P-06-1449 Designate the Tywi Valley as an Area of Outstanding Natural Beauty (AONB)**

Further our correspondence regarding the above petition, I'm pleased to confirm that as requested by your Committee, NRW met with the Tywi Valley petitioners on 19 December 2024.

In the meeting, we provided details of the statutory designation process for landscape designations in Wales and outlined our and Welsh Government's respective roles. We explained that our current designation work is focused on undertaking the Programme for Government commitment to examine the case for a new National Park in Wales, and that due to the complexity and legal requirements of the process, our limited resources and expertise are being concentrated on this significant piece of work.

The petitioners' proposal was discussed in greater detail and we clarified that landscape designation does not prevent lawful development from taking place. We advised that understanding the level of support from relevant local authorities, establishing the views of democratic representatives and local communities would be beneficial before consideration of any future proposals. We also discussed how the current NRW project to map natural beauty across Wales will provide an evidence base to inform initial assessments of any proposals for new landscape designations in the future.

We understand that the petitioners found our discussion useful and we have provided them with further information on our guidance on the landscape designation process.

Yours sincerely



**Ceri Davies**  
Prif Swyddog Gweithredol Dros Do  
Acting Chief Executive Officer

Croesewir gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg, heb i hynny arwain at oedi.  
Correspondence in Welsh is welcomed, and we will respond in Welsh without it leading to a delay.

Jeremy Miles AS/MS  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

Agenda Item 4.2



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-06-1467  
Ein cyf/Our ref JMHSC/00098/25

Carolyn Thomas MS  
Chair  
Petitions committee

[petitions@senedd.wales](mailto:petitions@senedd.wales)

28 January 2025

Dear Carolyn,

**Petition P-06-1467 Instruct NHS Wales to add Adenomyosis to its 111 A-Z webpages**

Thank you for your letter of 9 January regarding the above petition from Dee Montague-Coast.

I can confirm that Adenomyosis was added to the 111 A-Z webpages on 24 April 2024.

The Welsh Ambulance Service NHS University Trust is responsible for updating and maintaining the NHS Wales 111 website.

Yours sincerely,

**Jeremy Miles AS/MS**  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Jeremy.Miles@llyw.cymru](mailto:Gohebiaeth.Jeremy.Miles@llyw.cymru)  
[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@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.

# Agenda Item 4.3

**Platform**  
Head Office  
Beaufort House, Beaufort Road  
Swansea  
SA6 8JG

**For mental health  
and social change**  
Dros iechyd meddwl  
a newid cymdeithasol

jendaffin@platform.org

**January 2025**

## **Supplementary Evidence for: Petition Committee on ‘Banning Smartphones in Schools’**

Dear Committee,

Please find the below as supplementary evidence to go alongside the round table discussion. We welcome the chance to explore this really important issue with you and others stakeholder and would like to take this opportunity to thank the committee for their time and interest in this important topic. If you would like further clarification or information please don't hesitate to get in touch.

### **About Platform**

Platform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platform, the charity for mental health and social change. We take a holistic and social justice approach to mental health.

Today we work with over 12,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

**FORM**

**PLATF**

## **The role of smartphone use, our mental health and relational needs**

We would like to draw particular attention to smartphone and digital technology use and our mental and relational health. This is a summary of our focused concerns and not an exhaustive list of issues. We would like to focus specifically on the addictive elements of the technology used within smartphones, social media and games and their impact on relationships, connection, development and our mental health.

### **Mental Health**

Our understanding of mental health has evolved as research and evidence has advanced, leading to an urgent need for a paradigm shift in approach. By this, we mean we must move away from seeking to cure individuals by targeting disorders and move towards prioritising policy innovation at the population level ([WHO, 2014](#); [Shim & Compton, 2018](#)). The World Health Organisation now sees mental health as existing on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain ([WHO, 2022](#)).

Well-meaning statements like ‘one in four people will experience a mental health problem’ imply that poor mental health occurs equally and randomly across the population according to the fate of our levels of ‘personal resilience’ or biology. But this is not true.

Our mental health is largely determined by the conditions in which we are born, grow, work, live, age along with the wider set of forces shaping the conditions of our daily lives ([WHO, 2014](#)). It’s therefore not about what’s wrong with us. It’s about what’s happened to us, what relational needs we didn’t or aren’t getting met, what did we do to survive this and what impact it then has on our mind, body, and soul ([Perry & Oprah, 2021](#); [Johnstone & Boyle, 2018](#)).

At its simplest we can think of mental health as about nervous system regulation and connection to self, others, and the world. This means it is not just a problem for the ‘one in four’ of us, it is an issue for everyone.

jendaffin@platform.org

Every single one of us experiences degrees of distress, pain and suffering. This is part of our human condition. Therefore, mental health is relevant to all of us. It is by the luck of birth that our circumstances are protective or detrimental to our mental health. This makes mental health a human rights issue. The intergenerational nature of trauma and distress means this is a problem for our future generations too.

### **Relational health**

Relational health refers to the capacity to develop and sustain safe, stable and nurturing relationships (SSNR's), which in turn prevent the extreme or prolonged activation of the body's stress response systems ([Garner, 2021](#)). Not only do SSNRs buffer adversity and turn potentially toxic stress responses into tolerable or positive responses, but they are also the primary vehicle for building the foundational resilience skills that allow children to cope with future adversity in an adaptive, healthy manner.

Relational health is about having safe and supportive relationships with our families, our friends, our communities, and ourselves. It's about having our core needs of agency, security, connection, love, belonging, meaning, and trust met (PSC, 2015). We also need predictability, consistency, acceptance, empathic responses, and opportunity for repair when there are ruptures or breakdowns in our relationships.

We are not born with the ability to meet these needs ourselves. We first learn how to make sense of our emotions through our primary attachment figure tending to our needs. Through them tending to our cries and voicing back to us or 'organising our feelings' we learn to make sense of our emotional world and develop a sense of trust in others, ourselves and the world. What we are also learning here is how to feel safe and secure. A core need for happy healthy children and parents too. We call this developing a 'secure base' and it is how we learn to regulate our emotions as well as how we learn to do relationships. It gives us the blueprint for how we will respond in relationships with other people, as well as how we relate to ourselves, throughout the rest of our life. This is called our relational patterns.

Emotional regulation is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. We unconsciously use emotion regulation strategies to cope with stressful situations many times over throughout our day. But we are not islands and we can only ever be as regulated as the people around us ([Porges, 2011](#)). This is why our circumstances are so important but also deterministic of our mental health.

It is normal for all of us to feel overwhelmed and dysregulated throughout the day and periods of our lives. This does not make us broken or weak. But when we are persistently overwhelmed there are costs to our physical and mental health. You may know this as toxic stress or adverse childhood experiences. Too much stress in our daily lives, particularly our early years compromises our health and can lead to diabetes, heart disease, mental health issues including addiction as well as autoimmune issues, cancer and arthritis.

We know that we are more likely to experience emotional overwhelm if we're living in poverty, faced with injustice, forced to rely on fear and shame-based systems, and don't feel connected to our communities, ourselves, or the people around us.

We also know that the first two months of our lives have a disproportionate impact on our later life mental health outcomes than any other period in our development (Perry & Oprah, 2021). We therefore need to go back and ensure we create the right circumstances, right from birth for everyone. This means ensuring that we are meeting parents and caregivers needs too.

### **The role of Addiction**

“Animal models have shown that neuro-hormonal development, specifically the endogenous opioid and oxytocin systems, is shaped by early experiences possibly explaining the link between early adversity and later substance use patterns ([Panksepp, 2004](#); [Machin and Dunbar, 2011](#); [Panksepp and Biven, 2012](#)), and rodents with access to social interaction use fewer substances than those that are isolated ([Crofton et al., 2015](#)).

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In humans, having a cohesive support/social network and healthy attachments in childhood predict low risk of later addiction ([Heilig et al., 2016](#); [Christie, 2021](#)). Treatment and recovery regimens that often foster connection such as 12-step programs and therapeutic communities have shown benefit in reducing substance use ([De Leon and Unterrainer, 2020](#)). While having early, close human connection such as maternal/child bonding seems to predict low risk of problematic substance use, lack of such connection often predicts increased risk. Adverse Childhood Experiences (ACEs) including neglect or disruptions in attachment have repeatedly been shown to predict later addiction ([Felitti, 2004](#)) and individuals who are addicted to substances are often socially excluded and marginalized, findings which have been supported neurobiologically ([Heilig et al., 2016](#)). Individuals decrease pursuit of interpersonal connections and social bonds when they use substances that activate opioid receptors (substances of abuse and treatment medications such as methadone, buprenorphine, and naltrexone) ([Inagaki et al., 2015](#); [Torres, 2019](#); [Toubia and Khalife, 2019](#)). Granted, problematic substance use can be initiated or fueled by some types of social interaction, such as affiliation with a substance using social network, thus the investigation of qualitative aspects of human connection is paramount.

With this strong foundation of previous research, a next logical area of research is to investigate whether fostering healthy human connection can actually be used as an intervention or treatment for addiction. Our goal of exploring this question across disciplines was achieved as this issue includes contributions from addiction science, neurobiology, psychology, anthropology, theology, ethics, philosophy, ACEs, science, nursing, psychiatry, criminology, education, chemistry, political science, preventative medicine, and public health. In order to impose structure on this widely varying group of articles, we will group them into three sections according to focus: theoretical, methodological, and empirical.”

Clements, A., Unterrainer, H-F., & Cook, C., (2022). Editorial: Human Connection as a Treatment for Addiction. *Frontiers in Psychology*. Sec. Health Psychology

In summary addiction is connection seeking. It is the body trying to get back down to the ‘green’, to a regulated and balanced state. Dr Gabor Mate suggests we “Don’t ask why the addiction, ask why the pain

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addiction is a normal response to trauma.” He says “Many of the plights of modern society are, he says, natural responses to an unhealthy culture. Take addiction, something that he doesn’t just relate to drink and drugs, but also to “sex, gambling, pornography, extreme sports, cell phones”. His view is that there is no such thing as an “addictive personality”. Nor is addiction a disease.

### **Social Media, Smartphones and Addiction**

Social media helps to connect people around the world, but the documentary “The Social Dilemma” provides a new perspective on social media. “The Social Dilemma” is an original film created by Netflix, which contains interviews with staff that have previously worked for different social media platforms, such as Google, Facebook, Instagram, etc. These former social media staff explained how social media uses algorithms that contribute towards users becoming addicted to the apps. They also raised the issue that these practices could be unethical due to the negative impact social media can have on people, especially teenagers, both mentally and physically. The documentary is worth watching and it helps you to reflect on your life and your own social media habits!

### **Social Brain**

The following is the transcript from **What is the Social Brain?**

“The power of the social brain has been totally underestimated. It's a driving force in learning. It's the gateway to cognition. We have evidence that the social brain is operating to assist learning throughout the lifespan. We know in the development of language that there's a very important period between six months and 12 months of age where babies are mastering the sounds of language.

Experiments have been done in which babies are exposed to a foreign language right at that critical moment. They're listening to a Mandarin speaker when they're growing up in an English family. What we've demonstrated is that if a baby at nine months has 12 sessions of play with a live human speaker, they learn so well that they're statistically

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equivalent to the babies in the foreign country who've been listening for 10 months. However, if the babies are exposed to the same material at the same time, same room, same dosage, but not exposed to a live human being and instead on a beautiful DVD, they stare at it, you think they're learning, but the brain tests following exposure show that the kids in the machine group learned nothing.

The babies in the live group learned so well they matched the babies in the foreign country. So there's something about being in the presence of another human being and watching the eyes and watching the movements and paying attention to what that person is doing. That social context is extremely important to learning. We can see it in school-aged children who use the social brain when they're interacting with one another to collaborate, when they're studying how another person goes at it, when they're watching the eyes even unconsciously of their study partner to work towards a solution together.

In fact, I like to say the social brain gates human learning. That without the motivation and information provided by the social brain, learning just doesn't take off in the same way that it does when the social brain is engaged.

### **Comments from our Power up Young People led team**

Removing mobile phones from schools is a solution to the problem of young people's poor mental and relational health. But is it the only solution?

Figures on how much time young people spend online varies, with some recent research stating that young people may spend an average of 4 to 5 hours a day online ([Nominet and Fletcher, 2023](#)).

It is clear from various research that spending significant periods of time online can be detrimental to young people's development and wellbeing; including executive functioning, mental health outcomes and academic performance ([Cureus, 2023](#)).

Banning mobile phones may help young people be able to concentrate better in school. Young people may have more opportunity to form in-

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person connections and relationships with peers. They may be able to build their social skills. This also might reduce some bullying and harassment for young people.

But the issues around online safety, addiction, safe and healthy relationships and mental health will still exist even without phones on school grounds.

Young people can and still will be vulnerable to the dangers of using smartphones, social media and games outside of school.

They will still be at risk of forming unhealthy habits outside of school in terms of smartphone usage. They can still be exposed to or access harmful content. They can still experience bullying and discrimination in and outside of school, it may just look different. There needs to be opportunity for young people to learn about good habits online in a safe environment.

Yours Sincerely,

Dr Jen Daffin, Community Clinical Psychologist  
Director of Relational Practice, Policy and Campaigns, Platform  
13/1/2025

**FORM**

**PLATF**

**Diabetes UK Cymru**  
Global Reach Celtic Gateway,  
Cardiff Bay,  
Dunleavy Drive,  
Cardiff,  
CF11 0SN

**6<sup>th</sup> of February 2025**

**Petitions Committee**

Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

**Dear Carolyn Thomas MS,**

I am writing on behalf of Diabetes UK Cymru regarding the petition to ban smartphones (Smart Devices) in all schools in Wales.

We understand the concerns around the potential negative impacts of smartphone use on children's wellbeing and learning. However, we want to highlight smartphones' critical role in managing certain medical conditions, such as type 1 diabetes.

Recent discussions in England have demonstrated the importance of ensuring that any policies regarding mobile phones in schools account for the needs of children with medical conditions. The advisory guidance published in February 2024 by the Department for Education in England rightly stated the need for reasonable adjustments for children living with medical conditions, using diabetes as an example.<sup>1</sup>

Technology such as continuous glucose monitoring (CGM) systems now allow people with diabetes, including children, to monitor their blood sugar levels directly through their mobile phones / smart devices, including watches. Research has shown that improved blood glucose control through such technology is associated with higher educational attainment in children with type 1 diabetes despite potentially more school absences.

Diabetes UK has been campaigning to ensure that schools use individual healthcare plans / Individual Development Plans to identify pupils who need to use their phones for medical reasons.

While we understand the desire to create a smartphone-free (smart devices) school environment, we urge the Petitions Committee to consider the needs of children with medical conditions like diabetes. Any policies around mobile phones in schools must

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<sup>1</sup> Department for Education, Mobile Phones in Schools, Guidance for Schools on Prohibiting the use of mobile phones throughout the school day, February 2024,  
[https://assets.publishing.service.gov.uk/media/65cf5f2a4239310011b7b916/Mobile\\_phones\\_in\\_schools\\_guidance.pdf](https://assets.publishing.service.gov.uk/media/65cf5f2a4239310011b7b916/Mobile_phones_in_schools_guidance.pdf)

comply with the statutory duty to support children with medical conditions and ensure they can access the technology they need to manage their health effectively.

Further, we urge that any guidance recommended places the child who requires their smart devices for medical or other needs at the centre of the policy. The ban on smart devices at school will have the undesired effect of also highlighting the reasons why someone needs a smart device. This may not cause any added pressure on pupils' education, but it may highlight their condition/reason without their consent. In such instances, the smart devices may divide pupils and place some in awkward positions of explaining their condition/reason to their fellow pupils where they hadn't needed to before or had only confided to a close friend or network/group of friends. When a ban in a school is being considered, we ask that guidance reflects these concerns.

To support your consideration of the petition's calls, we submit the following evidence, Appendix:

1. Comments from Three Young Leaders of the Together Type 1 Diabetes Programme and the Youth Coordinator in Wales.
2. Comments from the National Paediatric Diabetes Education Lead for Wales and Diabetes Transitional Care National Coordinator.
3. Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.
4. Further comments from members of the Children and Young People's Wales Diabetes Network.

Diabetes UK Cymru will continue to monitor the discourse around mobile phones in schools and emphasise the need for children with diabetes to access the tools they need to manage their condition. We hope the Petitions Committee will consider our concerns when considering this petition.

**Sincerely,**

Mathew Norman

**Diabetes UK Cymru.**

# Appendix 1

## Together Type 1 Response to the Petition

Together Type 1 (the new name for Our Lives, Our Choices, Our Voices) is a pioneering programme for young people aged 11 to 25 with type 1 diabetes. Developed by Diabetes UK, the UK's leading diabetes charity, and funded by the Steve Morgan Foundation, it was launched in September 2022 and was the first of its kind to be rolled out in-person and online across the UK.

Thousands of children and young people with type 1 diabetes report feeling down about their condition, that they don't feel in control and that it's holding them back. Many feel isolated, often having never met another young person with the condition. A diagnosis of type 1 diabetes also impacts the families and loved ones of children and young people affected, with parents or guardians often feeling isolated, anxious and exhausted.

Driven by their experiences and needs, young people with type 1 diabetes and their families are being supported by the programme through:

- Increasing knowledge and confidence on how to best manage type 1 diabetes
- Reducing feelings of isolation and loneliness through developing peer support networks
- Improving relationships with healthcare professionals

## Help Shape Policy: Share Your Thoughts on Smartphones in Schools:

To help inform the Committee, we asked the young leaders of the programme in Wales the following questions: three young people responded in the short time period available (27/01/25 – 31/01/25):

1. How would a smartphone ban affect you?
2. Have you had any negative experiences with teachers regarding smartphone use?

Name	Question 1	Question 2	Both Questions in one
Respondent 1			Firstly, a ban on phones in school could cause many problems when it comes to type 1 diabetes. This is because individuals with the illness are unable to check their

			<p>glucose levels when needed and wouldn't know whether to take action or not. I've had a few times where my phone has tried to be taken, and I've had to argue and teachers then say it's not a good enough excuse. This is really frustrating as being a type 1 diabetic no one really understands the consequences of not being able to see my glucose levels. I've had my mum and dad complain several times and have even requested teachers to learn more about the illness.</p>
<b>Respondent 2</b>	<p>If I was in school and they introduced a phone ban, it would heighten my anxiety around diabetes in an education setting, as I would not be able to focus on the actual education and more worried that I can't use my phone to check my blood sugars and if I do, I would get told off.</p>	<p>There's been many times when a teacher has spoken up about how my phone shouldn't be out of the desk, which then forces me to say out loud that it's there for my diabetes and now I've told the whole class, which at the time I was recently diagnosed so made me feel uncomfortable, it's imperative that all teachers are aware when a student gets a type one diagnosis so they feel as comfortable as possible when returning to school.</p>	
<b>Respondent 3</b>	<p>Having my smartphone banned</p>	<p>Over the years in high school and</p>	

	<p>in an educational setting would affect my health detrimentally. I rely on my phone to give me update on the state of my blood glucose levels as frequent as every five minutes. Without this, I don't know the direction of where my blood sugars are going. Some people say my phone is my life for me it actually is!</p>	<p>even now my second year of college, my type one diabetes and my phone. I've had a lot of trouble during exam times where I've needed to either take treatment or check my blood sugars during an exam both in class and externally.</p>	
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**Comments from the Together Type 1 Diabetes Youth Coordinator, Wales  
Racheal Taylor DUK Cymru.**

A ban on smartphones would not only affect a young person's mental health but also have a knock-on effect on their education. Being at school should be a safe space for a young person to feel comfortable and enjoy learning.

Type 1 diabetes affects young people in many ways. Some can manage their type 1 easily, however, there is a large portion of young people who struggle on a daily basis. Besides managing blood sugar levels, worrying about insulin levels, finding a safe space to inject and mealtimes, young people want to fit in with their peers. If smartphones were banned from school and only given to young people who have type 1, this would then highlight that a young person has a medical condition. It is within a person's right to choose to disclose that they have a medical condition and not through a school policy of a phone ban.

We must remember that there can be a detrimental effect on mental health in connection with type 1 diabetes. Some young people may be diagnosed at an early age, at 2 or 3 years old, where they know no different and have adapted but will still have their challenges. However, for example, a young person diagnosed later in their teenage years will have to adapt to having the condition; this can be a challenge when returning to school after diagnosis and explaining their condition to friends and teachers. With all the challenges that young people are faced with, there can be a potential risk of young people becoming withdrawn at school and the possibility of depression and anxiety; there will be a considerable risk of the young person disengaging at school.

Having a smartphone for a person living with type 1 is a lifesaving treatment device, and every young person has the right to learn in the UK; let's not take this away from students because of the impact of a phone ban.

## Appendix 2

### **Comments from Lisa Daniels, National Paediatric Diabetes Education Lead, National Strategic Clinical Network for Diabetes:**

- We would support a mobile phone/smart device ban in educational settings, with the understanding that Children and young people with Diabetes would be exempt (exemptions for exceptional circumstances)
- With the exemption “exceptional circumstance”, we would advise that this needs to be based on an in-depth health care plan/assessment or review between educational staff and the health care professionals. Ensuring that the use of a mobile phone/smart device is a requirement of the diabetes plan.
- When noting Diabetes, this could be of different types (e.g., type 1, type 2 MODY, or pre-diabetes).
- During the development of the recommendation, it would be vital to include professionals directly involved with managing diabetes and ideally seek advice from children and young people living with diabetes in education.
- Many of the questions below would be aimed at educational staff on day-to-day issues in schools/colleges; however, in the planning stages, collaborative working with health colleagues on how this would work would be beneficial.

### **Comments from Sarah Crowley, Diabetes Transitional Care National Coordinator:**

- The additional consideration I would highlight is *how* this would be managed. It's important to ensure that young people who are exempt don't become targets or face additional inadvertent stigma, which can be a significant factor, particularly among adolescents. Often, this isn't a problem as exemptions are handled individually, but it could become an issue if not approached sensitively.
- Many young people with long-term health conditions want to be the same as everyone else, especially in situations where staff may not be aware of the child's exemption or the reason behind it.
- Clear communication and training for staff could help ensure exemptions are applied consistently and discreetly, reducing the risk of stigma.

## Appendix 3

### **Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.**

#### **Use of mobile phone for diabetes management in school / college / education setting**

The paediatric diabetes team would like to explain the necessity of the use of mobile phones for the monitoring and treatment of children and young people with diabetes within all educational settings and should be considered a vital medical device.

The paediatric diabetes team understand that the use of mobile phones is normally prohibited within educational settings, and have provided the supporting information below as to why such devices need to be used and the rationale behind this. The aim is to both support teaching staff in the use of these essential devices, and to enable children and young people with diabetes in achieving their educational, and physical potential during teaching, examination and other activities carried out in school.

NICE guidelines now recommend that all children and young people on insulin treatment are offered real time continuous glucose monitoring devices, where their mobile phone is used as a receiver. Glucose levels are sent to the phone continually, where they can be tracked and the phone will alert the child / young person and or carer if the glucose level is rising or falling, too high or too low, enabling the child / young person to monitor and manage their glucose levels. Intermittently scanned continuous glucose monitoring (Flash), such as Freestyle Libre, where a mobile phone app is used to scan the sensor may be used by some children and young people as an alternative to real-time continuous glucose monitoring. Whether through real-time or intermittently scanned glucose monitoring, the mobile phone app is an essential component to enable children and young people to manage their diabetes.

This is particularly important during exams, as maintaining blood glucose within target will best enable the child / young person to perform to the best of their ability on the day. By monitoring their glucose levels during exams, they can correct levels that are too low or too high, or that are dropping or rising too quickly. Please refer to Joint council for qualifications guidance [FAQs---June-2022-special-consideration-process-for-centres-in-Wales\\_FINAL.pdf \(jqc.org.uk\)](https://www.jcq.org.uk/media/2022/06/22/FAQs---June-2022-special-consideration-process-for-centres-in-Wales_FINAL.pdf).

Some children/young people manage their diabetes using a hybrid/closed loop system. This includes software run on a smartphone which takes readings from a Continuous Glucose Monitor and sends automatic instructions to the child/young persons' insulin pump to increase or decrease the amount of insulin being delivered. It is important to note that in these cases the insulin pump needs to be in close proximity to the phone and that the child/young person may need to make additional manual adjustments to their insulin using the phone.

We understand there may be concerns about the use of mobile phones at school / college, and particularly in exams. As the connection of the glucose transmitter and

insulin pump is Bluetooth, the phone will still work as a receiver or with the pump without Wi-Fi and with the phone in airplane mode with Bluetooth on. The mobile phone does however need to be within six meters of the child/young person with appropriate alerts on. The high and low alerts can be put on vibrate, so not to disturb others; only the urgent low alarm, which requires immediate attention cannot be muted.

Restricted access to mobile phones will prevent the child or young person from managing their diabetes safely.

We acknowledge that schools restrict mobile phone use in education settings for other reasons including safeguarding concerns. Adapting school policies and procedures to accommodate this would be in accordance with the legal requirement to make reasonable adjustments to prevent discrimination. Please do not hesitate to speak to a member of the paediatric diabetes team to discuss any further concerns.

Yours sincerely

[Paediatric Diabetes Team]



## **I bwy y gallai fod yn berthnasol**

### **Defnyddio ffôn symudol ar gyfer rheoli diabetes yn yr ysgol / coleg / lleoliad addysg**

Hoffai'r tîm diabetes pediatriig egluro'r angen i ddefnyddio ffonau symudol ar gyfer monitro a thrin plant a phobl ifanc â diabetes ym mhob lleoliad addysgol, a dylid ei ystyried yn ddyfais feddygol hanfodol.

Mae'r tîm diabetes pediatriig yn deall bod y defnydd o ffonau symudol fel arfer yn cael ei wahardd mewn lleoliadau addysgol, ac wedi darparu'r wybodaeth ategol isod ynghylch pam mae angen defnyddio dyfeisiau o'r fath a'r rhesymeg y tu ôl i hyn. Y nod yw cefnogi staff addysgu i ddefnyddio'r dyfeisiau hanfodol hyn, a galluogi plant a phobl ifanc â diabetes i gyflawni eu haddysg, a photensial corfforol yn ystod addysgu, arholiad a gweithgareddau eraill a gynhelir yn yr ysgol.

Mae canllawiau NICE nawr yn argymhell bod pob plentyn a pherson ifanc sy'n cael triniaeth inswlin yn cael cynnig dyfeisiau monitro glwcos parhaus amser real, lle mae eu ffôn symudol yn cael ei ddefnyddio fel derbynnnydd. Anfonir lefelau glwcos at y ffôn yn barhaus, lle gellir eu hollrhain a bydd y ffôn yn rhybuddio'r plentyn/person ifanc a/neu'r gofalwr os yw'r lefel glwcos yn codi neu'n gostwng, yn rhy uchel neu'n rhy isel, gan alluogi'r plentyn / person ifanc i fonitro a rheoli ei lefelau glwcos. Monitro glwcos parhaus (Flash) wedi'i sganio'n ysbeidiol, fel Freestyle Libre, lle defnyddir ap ffôn symudol i sganio'r synhwyrdd gall rhai plant a phobl ifanc ei ddefnyddio fel dewis arall yn lle monitro glwcos parhaus amser real. P'un ai trwy fonitro glwcos amser real neu ysbeidiol yn ysbeidiol, mae'r ap ffôn symudol yn elfen hanfodol i alluogi plant a phobl ifanc i reoli eu diabetes.

Mae hyn yn arbennig o bwysig yn ystod arholiadau, gan mai'r ffordd orau o gynnal glwcos yn y gwaed o fewn targed fydd yn galluogi'r plentyn / person ifanc i berfformio hyd eithaf eu gallu ar y diwrnod. Drwy fonitro eu lefelau glwcos yn ystod arholiadau, gallant gywiro lefelau sy'n rhy isel neu'n rhy uchel, neu sy'n gostwng neu'n codi'n rhy gyflym. Cyfeiriwch at ganllawiau Cyngor ar y Cyd ar gyfer cymwysterau Cwestiynau Cyffredin - [FAQs—June-2022-special-consideration-process-for-centres-in-Wales FINAL.pdf \(jcq.org.uk\)](#)

Mae rhai plant/pobl ifanc yn rheoli eu diabetes gan ddefnyddio system dolen hybrid/caeedig. Mae hyn yn cynnwys meddalwedd sy'n cael ei redeg ar ffôn clyfar sy'n cymryd darlleniadau o Fonitro Glwcos Parhaus ac yn anfon cyfarwyddiadau awtomatig i bwmp inswlin y plentyn / person ifanc i gynyddu neu leihau faint o inswlin sy'n cael ei gyflwyno. Mae'n bwysig nodi bod angen i'r pwmp inswlin fod yn agos at y ffôn yn yr achosion hyn ac efallai y bydd angen i'r plentyn/person ifanc wneud addasiadau llaw ychwanegol i'w inswlin gan ddefnyddio'r ffôn.

Rydym yn deall y gallai fod pryderon ynghylch defnyddio ffonau symudol yn yr ysgol / coleg, ac yn enwedig mewn arholiadau. Gan fod cysylltiad y trosglwyddydd glwcos a'r pwmp inswlin yn Bluetooth, bydd y ffôn yn dal i weithio fel derbynnydd neu gyda'r pwmp heb Wi-Fi a chyda'r ffôn yn y modd awyren gyda Bluetooth ar. Fodd bynnag, mae angen i'r ffôn symudol fod o fewn chwe metr i'r plentyn/person ifanc gyda rhybuddion priodol ar gael. Gellir rhoi rhybuddion uchel ac isel ar ddirgrynu, felly i beidio ag aflonyddu ar eraill; Dim ond y larwm isel brys, sy'n gofyn am sylw ar unwaith na ellir ei dawelu.

Bydd mynediad cyfyngedig i ffonau symudol yn atal y plentyn neu'r person ifanc rhag rheoli ei ddiabetes yn ddiogel.

Rydym yn cydnabod bod ysgolion yn cyfyngu ar y defnydd o ffonau symudol mewn lleoliadau addysg am resymau eraill gan gynnwys pryderon diogelu. Byddai addasu polisïau a gweithdrefnau ysgolion i ddarparu ar gyfer hyn yn unol â'r gofyniad cyfreithiol i wneud addasiadau rhesymol i atal gwahaniaethu. Peidiwch ag oedi cyn siarad ag aelod o'r tîm diabetes pediatrig i drafod unrhyw bryderon pellach.

Yn gywir

**[Tîm Diabetes Pediatrig]**

## Appendix 4

### **Statement from Jessica Thomas, formerly paediatric parent rep for CYPWDN and the FWDNN in Wales**

Prior to the remote monitoring of blood glucose levels in children using smartphones, integration in school life could present various difficulties for students, teaching staff and parents. The personal and anecdotal experiences I collected in my role as a parent representative illustrated difficulties including shame, embarrassment and lower engagement with treatment plans, especially notable during vulnerable periods of adolescence. This was particularly exacerbated when finger-prick methods of monitoring blood glucose and injecting insulin during school hours were used. Being reluctant to monitor can lead to food restriction or guessing starting blood glucose levels, which in turn will cause blood glucose fluctuations that can profoundly affect cognitive function, impacting both learning and behaviour.

Since 2017, I have been involved in the use and development of blood glucose monitoring, which has had a hugely positive effect on most aspects of school life. Being able to manage blood glucose monitoring using a smartphone and subcutaneous device such as a Dexcom negates the issues of finger prick testing, allowing children to focus on education and social relationships. For parents, remote monitoring can alleviate some of the serious concerns about safely integrating a child with type 1 diabetes into school life.

This means that a proposal to remove smartphones from schools must include a robust framework for protecting children and young people who use smartphones as part of the technology that helps manage their condition. This framework should ensure that no child's use of smartphones for monitoring and insulin delivery is questioned or erroneously removed. It should also include developing procedures relating to the use of monitoring and insulin delivery during exams.

The effect of being questioned in front of peers about why they would be exempt should not be underestimated. Thus, any smartphone restriction in schools should not proceed without thorough consultation with diabetic health professionals, parents, young people, and educational staff.

# Agenda Item 6

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

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