

Petitions Committee

Meeting Venue:
Stiwt Theatre, Wrexham

Meeting date:
2 July 2012

Meeting time:
10:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Abigail Phillips
Committee Clerk
029 2089 8421
Petition@wales.gov.uk

Agenda

- 1. Introduction, apologies and substitutions 10.00**
- 2. P-04-361 Free Bus Passes for Students under 25, and in Full-time Education 10.00 – 10.30** (Pages 1 – 5)
 - 2.1 P-04-361 Free Bus Passes for Students under 25, and in Full-time Education – Oral Evidence Session **10.00 – 10.20**

Poppy Thomas
Kayleigh Stone
Jenny Taylor
Richard Williams
Darren Millar AM
 - 2.2 P-04-361 Free Bus Passes for Students under 25, and in Full-time Education – Consideration of Evidence **10.20 – 10.30**
- 3. P-04-381 Restoration for North Wales Hospital 10.30 – 11.10** (Pages 6 – 12)
 - 3.1 P-04-381 Restoration for North Wales Hospital – Oral Evidence Session **10.30 – 11.00**

Myrddin Davies, Stiwt Theatre
Liz Doylan, Colwyn Bay Café
 - 3.2 P-04-381 Restoration for North Wales Hospital – Consideration of Oral Evidence **11.00 – 11.10**

4. New petitions 11.10 – 11.25

- 4.1 P-04-402 Council Prayers (Pages 13 – 22)
- 4.2 P-04-403 Saving Plas Cwrt yn Dre/Old Parliament House for the Nation (Page 23)
- 4.3 P-04-404 Aberporth Unmanned Aerial Vehicle (Page 24)
- 4.4 P-04-405 Medieval manuscript The Laws of Hywel Dda (Page 25)
- 4.5 P-04-406 Against Proposed MCZ zones in North Wales (Page 26)

5. Updates to previous petitions 11.25 – 12.10

Housing, Regeneration & Heritage

- 5.1 P-04-335 The Establishment of a Welsh Cricket Team (Pages 27 – 33)

Health & Social Services

- 5.2 P-03-085 Surgeries in Flintshire (Pages 34 – 35)
- 5.3 P-03-221 Improved NHS Chiropody Treatment (Pages 36 – 41)
- 5.4 P-03-222 National Osteoporosis Society (Pages 42 – 44)
- 5.5 P-03-318 Cross Border Maternity Services (Pages 45 – 76)
- 5.6 P-04-366 Closure of Aberystwyth Day Centre (Pages 77 – 83)

Environment & Sustainable Development

- 5.7 P-04-369 Against the proposed Cardiff to Newport Coastal Path (Pages 84 – 89)
- 5.8 P-04-378 Extend the Gower Area of Outstanding Natural Beauty (Pages 90 – 93)

Business, Enterprise, Technology & Science

- 5.9 P-04-360 Penylan Not Spot Petition (Pages 94 – 95)
- 5.10 P-04-364 Fibre Optic for Rural Areas (Pages 96 – 101)

6. Paper to Note

- 6.1 P-04-341 Waste and Incineration (Pages 102 – 104)

P-04-361 Free bus passes for students under 25, and in full-time education

Petition wording:

Students under 25 in full time education should be entitled to a free Arriva bus pass because when you're in college and finish half a day you have to wait for the 5 o'clock bus and some students cannot afford a bus (Arriva) due to parents' low income and students not being liable to receive EMA or ALG.

Petition raised by: Students of Llandrillo College

Date petition first considered by Committee: 24 January 2012

Number of signatures: 15

Carl Sargeant AC / AM
Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-361
Ein cyf/Our ref CS/05236/12

William Powell AM
Chair Petition's committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

February 2012

Thank you for your letter of 23 January to Leighton Andrews AM regarding the petition for free bus passes for students aged under 25 and in full-time education. I am replying as learner transport issues fall within my Ministerial portfolio.

Section 2 of the Learner Travel (Wales) Measure 2008 requires local authorities to assess the travel needs of all learners up to the age of, and including, 19. However, there is no legal requirement on local authorities to provide transport for students in post-16 education. Such arrangements are discretionary matters for local authorities and they are required to publish details of their policies on the provision of any post-16 transport arrangements.

Some students would be eligible for a concessionary bus pass if they meet the disability criteria set out in the Local Transport Act 2000. This allows free travel on all local bus services throughout the day.

In addition, many local authorities, colleges and commercial operators have worked together to put in place local concessionary travel schemes for students to assist with the cost of using public transport to and from college, for example :-

- Conwy, Denbighshire and Flintshire provide discounted bus services to post 16 learners who reside 3 miles or further from Llandrillo College. Students currently fund 20% of the overall transport costs entailed in providing this service, with local authorities covering the remaining cost;

- Flintshire Council offer a discounted travel pass for young people who are aged 16-22;
- National Rail's '16-25 Railcard' provides student card holders with one third off the cost of standard priced rail tickets through the UK; and,
- Arriva's 'Student Saver' scheme provides students with at least 30% discounts on bus tickets compared with normal fares.

The Welsh Government is committed to assisting students from low-income families with the costs associated with study. We are aware that students may experience financial pressures which can distract them from their studies. In addition to the Assembly Learning Grant and the Education Maintenance Allowance, the Welsh Government provides support for those students facing hardship through the Financial Contingency Fund (FCF), which is distributed to further and higher education institutions in Wales. Each year a significant number of students in further education benefit from the support provided by the FCF.

The Department for Work and Pensions (DWP) also provides additional financial support for learners (who are in receipt of benefits) who are undertaking training courses, which have been organised and/ or endorsed by DWP to assist the learner back into employment.

The Welsh Government is not able to take forward a national scheme that would provide concessionary travel for students and learners between 16 – 25 years of age. Such a scheme would be unaffordable in the face of the very tight spending constraints we face.



Carl Sargeant AC / AM

Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities



undeb cenedlaethol myfyrwyr cymru

1st March 2012

FW: P-04-361 Free bus passes for students under 25 and in full time education

Dear William,

NUS Wales has been supporting FE students up and down the country to lobby and campaign for better transport. This is because over the past year we have seen FE students' financial support coming under stack from all angles. What's more, as cuts start to bite in local councils, we are seeing transport subsidies for young people slashed or removed completely and even the loss of some bus services.

All this combined puts us in a situation where students are facing increasingly insurmountable barriers to even arrive at the college gates.

The Comprehensive Spending Review in October 2010 saw the CLG Local Authority budget face a phased 7.5% decrease in budgets between 2010 and 2015. Understandably, this has led to cuts in local authorities as they try to respond to such a decrease in funding. This has equated to loss of jobs, services and support across the full gambit of local authority departments.

Given the flexibility of requirements on local authorities to meet the needs of young peoples' transport costs, this has been an area we have quickly seen become one of close scrutiny as councils look to limit costs. However, we know that this could have disastrous consequences for people's education:

- Lack of access to transport

For young people in rural areas, there is already a huge issue with already limited services being cut or removed completely, limited students' access to college and activities outside



the classroom. In cities, though transport links may be more numerous, the cost can be so prohibitive so as to still leave young people's transport options very limited.

- **Lack of financial support**

With transport costs ever increasing, and pots of funding ever-diminishing, there is also a real threat of people not being able to afford services where they do remain. This may result in people opting for less safe transport options or travel routes, or having to make difficult decision about what they can afford in connection to college and what they cannot. In some circumstances, it may lead to people feeling they cannot afford to attend every day.

- **Available to all that need it**

We would like to raise the point that significant number of FE students are over the age of 25 and/or studying part time. These cohorts of students are vital to the wellbeing of society and the economy and as such should also have access to similar transport subsidies.

NUS Wales is calling for a system whereby all students can access the appropriate education that benefits them. As such, it is vital that the lack, or expense of transport is not prohibitive to this.

We look forward to working with you closely on the matter.

Yours sincerely,



Raechel Matthey
NUS Wales Deputy President

Agenda Item 3

P-04-381 Restoration for North Wales Hospital

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to assess the architectural heritage of the North Wales Hospital and to ensure that the bat roosts located there are protected. We would like this truly unique building to be preserved and restored for the nation.

Supporting information:

The North Wales Hospital is a fine example of a Victorian asylum designed by architect Thomas Full James, opening in 1848 and closed 1995. Encompassing a 160 years of history, the threat is imminent, the former North Wales Hospital should impart its sad story with aim of preservation and retention of the site, to preserve the historical context for future generations in this 126 acre site. During the period after disposal, it has had a succession of owners some of whom involved in letting the buildings fall in dereliction, asset stripping and demolishing listed buildings contrary Planning (Listed Building and Conservation Areas) Act 1990. Bat roosts have been disturbed contrary to The Wildlife and Countryside Act 1981.

The disposal and re-development of this Victorian hospital and associated buildings, once described by the Welsh historic environment agency Cadw as the finest purpose-built hospital in Wales, has been beset with problems for more than 15 years. The local authority could be placed at significant financial risk if they were to acquire the site while the condition of the buildings continue to deteriorate unless they have agreed a viable mix of new uses and have a developer partner to deliver the scheme. It is worth examining the history to date of the disposal process as it highlights a number of really useful lessons of wider applicability.'

Petition raised by: Paul Sharrock, restoration4nwh

Date petition first considered by Committee: 27 March 2012

Number of signatures: 29

Huw Lewis AC / AM
Y Gweinidog Tai, Adfywio a Threftadaeth
Minister for Housing, Regeneration and Heritage



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-381
Ein cyf/Our ref HL/05461/12

William Powell AM
committeebusiness@Wales.gsi.gov.uk

10 April 2012

Dear William

Thank you for your letter of 26 March about the petition by Paul Sharrock, on behalf of the Restoration for North Wales Hospital Group, asking the National Assembly for Wales to urge the Welsh Government to assess the architectural heritage of the former North Wales Hospital and to ensure that the bat roosts at the site are protected.

Responsibility for the condition and restoration of the former hospital is a matter for the owner. Denbighshire County Council has lead responsibility for listed building matters in its area rather than the Welsh Government and may intervene with statutory notices if it has concerns about a building's condition.

The former hospital was assessed – and listed - by my officials in Cadw in 1981 as an exceptionally fine, and pioneering example of, Victorian asylum architecture. In 2000, further buildings at the site were listed on account of their architectural importance at the national level.

Since its closure as a mental hospital in 1995, the Council has been actively seeking a new and appropriate use. In 2006, the Council approved outline planning permission for the restoration and development of the site for residential, commercial and parkland use. In 2008, the Council approved an application for listed building consent to demolish a number of the lesser important listed structures so that the development could proceed and the more significant historic buildings could be retained. My officials in Cadw were notified of that application to consider if it should be called-in for determination by the Welsh Ministers but concluded that such intervention was unnecessary. The work commenced but soon stopped as the development was said, by the private owner based in the Virgin Islands, to be no longer viable due to the economic climate at that time.

The former hospital is currently derelict and in a fragile and dangerous condition. The Council is currently taking action under the Planning (Listed Buildings and Conservation

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence huw.lewis@wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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Areas) Act 1990, carrying out urgent preservation works in the region of some £850K and attempting to recover the cost of the initial works from the owner's agent. The Council is also considering the feasibility of legally transferring ownership of the buildings so that they may be saved and any such transfer could potentially involve an enforced sale or Compulsory Purchase Order by the Council. My officials are kept fully informed of the position but as the owner has appealed to the Welsh Ministers, in practice the Welsh Government's Planning Division, against the recovery of costs by the Council, it is inappropriate for me, or my officials, to comment.

The condition of the former hospital is such that I understand that it has been necessary to carefully demolish unstable elements of the buildings although the material has been stored for reconstruction at a later date. I understand from previous correspondence with the Restoration for the North Wales Hospital Group that it has reservations about the need to remove so much original fabric and my officials have clarified the position. I also understand that the Council's project team includes the full range of specialists that one would expect to be working on such a project and the Health and Safety Executive, and the Prince's Regeneration Trust, are fully involved.

The Council has explained to my officials that it continues to have proper regard to the protected species, including bats, but this is outside my ministerial portfolio and you may wish to take it up with the Minister for Environment and Sustainable Development.

Finally, the issues raised by the petitioner are matters for the local authority to consider and I understand that the Council's Conservation Architect, Phil Ebbrell, would be pleased to explain the Council's approach to the preservation of this important listed building. Mr Ebbrell may be contacted by email phil.ebbrell@denbighshire.gov.uk or telephone 01824 406937. If the petitioner remains dissatisfied, he may take the matter up with the Council's Monitoring Officer who is also the Council's Head of Legal and Democratic Services Department and can be contacted by telephone 01824 712562 or dcc_admin@denbighshire.gov.uk



Huw Lewis AC / AM

Y Gweinidog Tai, Adfywio a Threftadaeth
Minister for Housing, Regeneration and Heritage

John Griffiths AC /AM
Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-381
Ein cyf/Our ref JG/06208/12

William Powell AM

committeebusiness@Wales.gsi.gov.uk

14 June 2012

Dear William,

Thank you for your enquiry regarding a petition concerning the bats at the Old Denbigh Hospital.

As you have already received a response on this matter from the Minister for Housing Regeneration and Heritage I will not reiterate the circumstances leading to the current situation.


At the time of the fire, the Countryside Council for Wales (CCW) advised that any bats that survived would be expected to desert the remains of the building, and would be unlikely to return while the structures remained unsuitable for them.

A bat specialist is working with the conservation engineers to monitor any remaining bat activity and assess the requirement to reinstate or provide new bat roosting spaces when the building is restored. He has confirmed that he has found no bats or evidence of post-fire bat use in or around the affected area, and in his expert opinion they are unlikely to show any interest in returning prior to restoration. If bats were to return prematurely this would hamper restoration work.

There are a large number of buildings on the site which are good quality bat habitat; the damaged part represented at most 5% of the roosting potential of the site as a whole. CCW and the site and county ecologists all advise that there are ample roosting opportunities across the site for any displaced bats, and there is very unlikely to be any detriment to the bat population of the area. The bulk of stabilisation work was done during last winter, when the bats hibernate elsewhere.

Officials are in communication with CCW and Denbighshire County Council regarding the bats at this site, and will continue to monitor the situation. At present there seems to be no need for additional intervention by the Welsh Government; furthermore, it would be inappropriate for the Welsh Government to intervene further owing to its role in present and possible future appeals under the Planning (Listed Buildings and Conservation Areas) Act 1990.

I thank the petitioners for their concern and can assure them that the present and long-term wellbeing of the bats is being well addressed by the current arrangements.

Yours,


John Griffiths AC / AM

Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development



STIWT ARTS TRUST LIMITED

National Assembly for Wales – Petitions Committee 2nd. July 2012

Stiwt Theatre, Broad Street, Rhosllannerchrugog, Wrexham. LL14 1RB

Presentation by Mr. Myrddin Davies ~ Trustee.

1. History of building 1920 ~ 2012.
2. Refurbishment Project Background.
 - ✚ Volunteers
 - ✚ Community Organisations.
3. Heritage Lottery Grant Application.
 - Capital.
 - Revenue.
4. Application of lottery grant:-
 - ❖ Tendering.
 - ❖ Control of expenditure.
 - ❖ Unknowns.
 - ❖ Diversification / modification of original specifications.
 - ❖ Additional Funding for modifications or rescheduled items.
 - ❖ Snagging lists completion.
 - ❖ Cash flow.
5. Funding :-
 - Public authorities;
 - County
 - Community
 - Assembly
 - Europe
 - Landfill Tax
 - Others
6. Independent expert reports.
 - ✓ Value/money well spent?
 - ✓ Useless information?
7. On going support:-
 - Friends./volunteers
 - Community organisations.
 - National organisations

- Marketing
- Audiences/patrons.

P-04-402 Council Prayers

Petition wording:

We the undersigned call upon the Welsh Government to amend the Local Government Act 1972 to afford each local authority in Wales the opportunity to decide whether it would like to hold council prayers during each council meeting and have it formally recorded on the official business agenda.

Petition raised by: Rev Alan Hewitt

Date petition first considered by Committee: 2 July 2012

Number of signatures: 155

PET(4)-11-12 : Monday 2 July 2012
P-04-402 : Council Prayers

Dear Minister,

Re: Council prayers in Wales

I would like to provide fresh evidence from Wales' 22 local councils to present a case that it is necessary to legislate on the issue of council prayers in Wales.

I contacted all 22 Welsh councils in March and April this year to gather information relating to council prayers and the extent to which the Bideford judgment of 10 February (National Secular Society and Clive Bone v Bideford Town Council) had affected them.

This stemmed from a meeting of the Faith Communities Forum on 27 March 2012 in which the issue was on the agenda and raised by Rev Aled Edwards. It will also be an agenda item at the next Forum meeting on 24 October.

Of the 22 councils at the time of the Bideford judgment:

- 5 councils indicated that they had *some* arrangements for prayer but not as part of formal meetings
- 5 had no stated arrangements for prayer either before or as part of formal meetings
- 12 were holding prayers as part of the agenda of formal meetings

What is crucial to the issue is that each one of these 12 councils that were holding prayers - without exception - subsequently removed them from the agenda of formal meetings in order to comply with the judgment. In other words, the power to promote wellbeing was not used by any as a power of first resort to retain prayers on the agenda. A 13th council, Cardiff, also complied with the judgment by moving prayers, even though they were not being held as part of the formal agenda.¹ Therefore I suggest that legislation on the issue is necessary.

The following were questions asked of the councils:

Question 1: Were prayers part of the formal agenda for council meetings before the ruling in Bideford in February this year?

This first question was asked to all 22 councils, of which prayers *were not* part of the agenda for the following 10:

¹ See Cardiff Council statement in Table 3

| Council | Reply |
|----------------------|---|
| 1. Bridgend | <i>"Prayers have not been part of the agenda of any formal meeting of Bridgend County Borough Council since its formation in 1996."</i> ² |
| 2. Caerphilly | <i>"No."</i> ³ |
| 3. Cardiff | <i>"Prior to this, prayers were not included as a standing item on the formal summons or agenda of Council meetings, but were held on an informal basis before the commencement of formal business at the discretion of the Lord Mayor and in line with previous custom and practice. All Councillors did not have to be present in the Council Chamber when prayers were offered by the Lord Mayor's chosen faith representative immediately after the Lord Mayor had entered the Chamber, with some choosing to remain outside the Chamber until they had ended before joining the meeting."</i> ⁴ |
| 4. Carmarthenshire | <i>"A short prayer is given by a member prior to the commencement of the formal meeting."</i> ⁵ |
| 5. Merthyr Tydfil | <i>"Prayers have never formed part of the agenda for Council meetings at Merthyr Tydfil County Borough Council."</i> ⁶ |
| 6. Pembrokeshire | <i>"Prayers are not on the agenda in Pembrokeshire County Council meetings, and never have been. However, it is at the discretion of the Chairman at the time as to whether he or she wishes to commence with prayers."</i> ⁷ |
| 7. Rhondda Cynon Taf | <i>"No."</i> ⁸ |
| 8. Swansea | <i>"No."</i> ⁹ |
| 9. Torfaen | <i>"Prayers have always been said immediately before the start of Torfaen Council meetings."</i> ¹⁰ |
| 10. Wrexham | <i>"Wrexham Council have prayers with those who wish to participate before the Council meeting starts."</i> ¹¹ |

Table 1

² Email received from Mr. PA Jolley, Bridgend County Borough Council, on 15 May 2012

³ Email received from Stephen Pugh, Caerphilly County Borough Council, on 16 May 2012

⁴ Email received by Adam Foster, Cardiff Council, on 3 April 2012

⁵ Email received from John Tillman, Carmarthenshire County Council, on 2 May 2012

⁶ Email received from the Freedom of Information Officer, Merthyr Tydfil County Borough Council, on 24 April 2012

⁷ Email received from Anna Wilson, Pembrokeshire County Council, on 30 March 2012

⁸ Email received from Emma Coates, Rhondda Cynon Taf county Borough Council, on 30 March 2012

⁹ Email received from Greg Jones, City & County of Swansea, 17 April 2012

¹⁰ Email received from Lauren Mills, Torfaen County Borough Council, on 2 April 2012

¹¹ Email received from Gill Stevens, Wrexham County Borough Council, on 3 April 2012

However, there were 12 councils for whom prayers were a part of the formal agenda of council meetings at the time of the Bideford ruling:

| Council | Reply |
|----------------------|---|
| 1. Blaenau Gwent | <i>"Prayers were a formal part of the agenda until recently i.e. until the [Bideford] judgement was received."</i> ¹² |
| 2. Ceredigion | <i>"Yes"</i> ¹³ |
| 3. Conwy | <i>"Yes, prayer was an agenda item."</i> ¹⁴ |
| 4. Denbighshire | <i>"Prayers used to be included on the summons/agenda page for meetings of full Council, but they weren't formally part of the business of the meeting. They would be held to open the meeting prior to moving to the agenda business itself."</i> ¹⁵ |
| 5. Flintshire | <i>"Prior to the court ruling in England prayers were a formal part of meetings of Flintshire County Council."</i> ¹⁶ |
| 6. Gwynedd | <i>"In a recent case against Bideford town council in Devon, the High Court ruled that councils do not have a legal right to include a prayer on their committee agenda. As a result, Gwynedd Council will no longer be including prayer on the agenda of its full council meetings."</i> ¹⁷ |
| 7. Isle of Anglesey | <i>"I can confirm that prayers are no longer part of the formal agenda of full council (following the recent ruling), they had been in the past."</i> ¹⁸ |
| 8. Monmouthshire | <i>"Yes"</i> ¹⁹ |
| 9. Neath Port Talbot | <i>"Prayers were previously on the Council Agenda as part of the formal meeting."</i> ²⁰ |
| 10. Newport | <i>"Prior to the ruling against Bideford Town Council, prayers were always a formal part of full council meetings at Newport City Council."</i> ²¹ |

¹² Email received from Alwyn Holland, Blaenau Gwent County Borough Council, on 19 April 2012

¹³ Email received from Claire Jones, Ceredigion County Council, on 14 May 2012

¹⁴ Email received from Eirian Edwards, Conwy County Borough Council, on 2 April 2012

¹⁵ Email received from Nicola Samuel, Denbighshire County Council, on 18 April 2012

¹⁶ Email received from Delwyn Evans, Flintshire County Council, on 3 April 2012

¹⁷ Email received from Ceri Llwyd Brunelli, Gwynedd Council, on 3 April 2012

¹⁸ Email received from Gethin Jones, Isle of Anglesey County Council, on 3 April 2012

¹⁹ Email received from Mike Trigg, Monmouthshire County Council, on 18 April 2012

²⁰ Email received from Linda White, Neath Port Talbot County Borough Council, on 17 May 2012

²¹ Email received from Christopher Latham, Newport City Council, on 5 April 2012

| | |
|-----------------------|---|
| 11. Powys | <i>"Since the recent Court ruling prayers have not been included on the Council agenda - they previously had been."</i> ²² |
| 12. Vale of Glamorgan | <i>"Yes"</i> ²³ |

Table 2

Question 2: Are prayers still taking place?

For those 12 councils in Table 2 plus Cardiff, I asked for clarification if prayers were still taking place. This was to establish if those councils had made alternative provision for prayers *and* if they had opted to use the power to promote wellbeing as a first resort in order to protect the tradition of prayers as part of the formal agenda.

The decisions of each of these 13 councils *not* to opt to use the power to promote wellbeing as a power of first resort were consistent with research findings of the UK government:

*...the scope of action permitted to councils under [the power to promote wellbeing] is not clear, and cautious legal departments in many local authorities are wary of using the power for fear of costly and time-consuming legal challenge. As a result the Government's own research shows that only a small number of authorities have used the power of wellbeing as a power of first resort; many local authorities have not used it at all.*²⁴

I am not suggesting that the power to promote wellbeing is wholly ineffective but that it is vis-à-vis council prayers.

| Council | Reply |
|------------------|---|
| 1. Blaenau Gwent | <i>"Prayers now take place prior to the start of the formal meeting."</i> ²⁵ |
| 2. Cardiff | <i>"As the general power of competence in the Localism Act recently approved by Eric Pickles does not apply in Wales, prayers at Council meetings are still deemed to be unlawful following the recent Bideford judgement. As Cardiff Council does not wish to act unlawfully, following a discussion between party leaders last night, the decision was made to hold prayers prior to the summonsed start of the Council Meeting in the Council Chamber for those councillors who wish to be present."</i> ²⁶ |

²² Email received from Steve Boyd, Powys County Council, on 11 April 2012

²³ Email received from Dennis Baker, Vale of Glamorgan Council, on 22 May 2012

²⁴ <http://www.parliament.uk/briefing-papers/SN05687> Accessed 20 May 2012

²⁵ Email received from Alwyn Holland, Blaenau Gwent County Borough Council, on 19 April 2012

²⁶ Email received by Adam Foster, Cardiff Council, on 3 April 2012

| | |
|-----------------------|---|
| 3. Ceredigion | <i>"Now taking place before the meeting."</i> ²⁷ |
| 4. Conwy | <i>"We will continue with the prayers but they will not be included in the agenda."</i> ²⁸ |
| 5. Denbighshire | <i>"After the High Court's ruling the council looked at the judgement and removed prayers from the agenda page. Council decided that prayers would still be said but before the meeting of full Council started, on a completely informal basis i.e. they would not be part of the meeting itself."</i> ²⁹ |
| 6. Flintshire | <i>"Since the ruling prayers now take place before the start of the formal meetings of the county council."</i> ³⁰ |
| 7. Gwynedd | <i>"Any member who wishes to pray before a meeting should contact the Council beforehand and will be invited by the Council's Chairman to meet in prayer before the meeting begins."</i> ³¹ |
| 8. Isle of Anglesey | <i>"During the last full council, members said a prayer before the formal agenda got underway."</i> ³² |
| 9. Monmouthshire | <i>"No longer on the agenda-taking place before the meeting."</i> ³³ |
| 10. Neath Port Talbot | <i>"In order to comply with the terms of the judgement, prayers are said at the 6 weekly Council meetings and occur before the meeting is formally opened."</i> ³⁴ |
| 11. Newport | <i>"Members are now given the opportunity to join the Mayor and her chaplain in prayers before the formal meeting begins."</i> ³⁵ |
| 12. Powys | <i>"At the last meeting Members were invited by the Chairman to prayers 10 minutes before the meeting."</i> ³⁶ |
| 13. Vale of Glamorgan | <i>"The Vale of Glamorgan Council currently holds formal prayers ahead of Council meetings. The agenda for each Council meeting indicates that prayers will be said before, and not as part of, the meeting. This complies with the recent legal ruling that prayers should not form part of formal proceedings."</i> ³⁷ |

Table 3

Councils in Blaenau Gwent, Newport and Powys also offered the following related comments when asked if they were aware of the Welsh Government

²⁷ Email received from Claire Jones, Ceredigion County Council, on 14 May 2012

²⁸ Email received from Eirian Edwards, Conwy County Borough Council, on 2 April 2012

²⁹ Email received from Nicola Samuel, Denbighshire County Council, on 18 April 2012

³⁰ Email received from Delwyn Evans, Flintshire County Council, on 3 April 2012

³¹ Email received from Ceri Llwyd Brunelli, Gwynedd Council, on 3 April 2012

³² Email received from Gethin Jones, Isle of Anglesey County Council, on 3 April 2012

³³ Email received from Mike Trigg, Monmouthshire County Council, on 18 April 2012

³⁴ Email received from Ali Forbes, Neath Port Talbot County Borough Council, on 20 April 2012

³⁵ Email received from Christopher Latham, Newport City Council, on 5 April 2012

³⁶ Email received from Steve Boyd, Powys County Council, on 11 April 2012

³⁷ Email received from Catherine Evans, Vale of Glamorgan Council, on 10 April 2012

communication on council prayers, particularly with reference to section 2 of the Local Government Act 2000:

*"Following the court decision, in order to prevent any challenge, it was felt wiser to remove [prayer] from the formal agenda."*³⁸

*"This was a pragmatic decision taken to avoid any potential legal issues."*³⁹

*"...our view is that the Council would still be open to challenge"*⁴⁰

Question 3: If they used to be a part but have now been taken off, was that decision made after taking legal advice?

This question was asked to the same 13 councils who were asked Question 2. The responses that I received illustrate that the councils had due regard for legal process:

| Council | Reply |
|------------------|--|
| 1. Blaenau Gwent | <i>"The advice was provided by the Chief Legal Officer."</i> ⁴¹ |
| 2. Cardiff | <i>No reply</i> |
| 3. Ceredigion | <i>"Yes."</i> ⁴² |
| 4. Conwy | <i>"Technically, Conwy has taken Legal advice."</i> ⁴³ (the Head of Legal and Democratic Services, who took the decision, is a solicitor) |
| 5. Denbighshire | <i>"The council's Legal Services Department looked at the judge's ruling but no external advice was sought."</i> ⁴⁴ |
| 6. Flintshire | <i>"Prayers were taken off the County Council meeting agenda after taking legal advice."</i> ⁴⁵ |
| 7. Gwynedd | <i>"Gwynedd Council can confirm that the decision to remove prayers as an agenda item was taken on legal advice."</i> ⁴⁶ |

³⁸ Email received from Alwyn Holland, Blaenau Gwent County Borough Council, on 30 April 2012

³⁹ Email received from Christopher Latham, Newport City Council, on 2 May 2012

⁴⁰ Email received from Steve Boyd, Powys County Council, on 1 May 2012

⁴¹ Email received from Alwyn Holland, Blaenau Gwent County Borough Council, on 19 April 2012

⁴² Email received from Claire Jones, Ceredigion County Council, on 14 May 2012

⁴³ Email received from Eirian Edwards, Conwy County Borough Council, on 2 April 2012

⁴⁴ Email received from Nicola Samuel, Denbighshire County Council, on 18 April 2012

⁴⁵ Email received from Delwyn Evans, Flintshire County Council, on 11 April 2012

⁴⁶ Email received from Ceri Llwyd Brunelli, Gwynedd Council, on 10 April 2012

| | |
|-----------------------|--|
| 8. Isle of Anglesey | <i>No reply</i> |
| 9. Monmouthshire | <i>"Yes - the Chairman sought advice of the Council's Monitoring Officer."</i> ⁴⁷ |
| 10. Neath Port Talbot | <i>"Legal advice was taken before this decision."</i> ⁴⁸ |
| 11. Newport | <i>"The council has taken legal advice and has now been forced to remove prayers from the official agenda for these meetings."</i> ⁴⁹ |
| 12. Powys | <i>"We acted on the advice of our own senior officers."</i> ⁵⁰ |
| 13. Vale of Glamorgan | <i>"Yes"</i> ⁵¹ |

Table 4

Concluding comments

The Welsh Government has been clear in its correspondence on the issue of council prayers that the matter of when and where to hold council prayers is one for local determination. Prior to my research, the Welsh Government perhaps did not realise how ineffective the power to promote wellbeing was in this respect. The First Minister, for example, commented in the 27 March Faith Communities Forum meeting that he thought that it would be a relatively straightforward matter for councils to satisfy the wellbeing criterion to allow prayers on the agenda of meetings.

We conclude that, vis-à-vis council prayers in light of the 10 February Bideford judgment, the Welsh Government never intended for councils to be hindered by promoting the power to promote wellbeing over the general power of competence.

Although the 13 councils in question have made alternative arrangements for prayers, pre-Bideford freedoms were clearly preferred as can be seen in the following statements from Newport City Council and Flintshire County Council:

*"Prior to the ruling against Bideford Town Council, prayers were always a formal part of full council meetings at Newport City Council. The council has taken legal advice and has now been forced to remove prayers from the official agenda for these meetings."*⁵²

⁴⁷ Email received from Mike Trigg, Monmouthshire County Council, on 18 April 2012

⁴⁸ Email received from Ali Forbes, Neath Port Talbot County Borough Council, on 24 April 2012

⁴⁹ Email received from Christopher Latham, Newport City Council, on 5 April 2012

⁵⁰ Email received from Steve Boyd, Powys County Council, on 11 April 2012

⁵¹ Email received from Dennis Baker, Vale of Glamorgan Council, on 22 May 2012

⁵² Email received from Christopher Latham, Newport City Council, on 5 April 2012

*“I am advised that if the Bideford ruling were overturned, the likelihood is that formal prayers would be restored to the agenda of Flintshire County Council meetings.”*⁵³

Therefore, despite previous Welsh Government statements that they did not intend to legislate on the matter, I ask in light of the findings in this document, on behalf of Evangelical Alliance Wales and members of the Faith Communities Forum, that the Welsh Government either amends existing legislation or brings legislation forward in order to remedy this situation.⁵⁴ This would be entirely consistent with the Welsh Government’s commitment to localism and to finding Welsh solutions to Welsh problems.

Wales’ faith communities are committed to helping our communities – Evangelical Alliance members, for example, play a central role in services such as Street Pastors, night shelters, foodbanks and debt advice centres – but the issue of council prayers remains important to us.

Finally, as Welsh Government has a proud record not only of upholding human rights and equalities but of going beyond what is expected in order to ensure that they are embedded into our political culture, I’m sure that you will be grateful to me for bringing a related concern to your attention.

A BBC online article from Feb 28th quoted a Welsh Government spokesman as saying:

*“With record unemployment, huge cuts to funding for English local authorities, cuts to vital public services and the abolition of council tax benefit, one really has to wonder if this is the most urgent matter crossing Eric Pickles’ desk.”*⁵⁵

This is an unacceptable statement as the issue in question, council prayers, clearly has a human rights dimension relating to freedom of worship. It also involves a protected equality group, i.e. those in Welsh councils who share the protected characteristic of religion, who had been negatively affected by the Bideford judgment. Although the *full* impact of the judgment was perhaps not then known, councils such as Newport and Cardiff were publicly outspoken at the time of their wish to be able to retain council prayers on the agenda of meetings, and it is reasonable to conclude that the Welsh Government was aware of this strength of feeling.

⁵³ Email received from Delwyn Evans, Flintshire County Council, on 16 April 2012

⁵⁴ I am aware, for example, of the recent NAW *Council Prayers* petition and the statement of opinion (OPIN-2012-0084) raised by Russell George AM and Aled Roberts AM, both of which call on the Welsh Government to amend the Local Government Act 1972 to enable prayers to be held as part of the formal agenda of council meetings for those councils that wish to do so.

⁵⁵ *Council prayers: Newport parties urge worship at meetings* <http://m.bbc.co.uk/news/uk-wales-south-east-wales-17193614> Accessed 12 June 2012.

Having stated our case and expressed our concern, we reaffirm our support for the Welsh Government and recognise the overall respect given by them to faith and to Wales' faith communities.

Yours sincerely,

Jim Stewart
Evangelical Alliance Wales

P-04-403 Saving Plas Cwrt yn Dre/Old Parliament House for the Nation

Petition wording:

We call upon the National Assembly of Wales to instruct the Welsh Government to purchase Plas Cwrt yn Dre also known as Dolgellau's Old Parliament House before this national treasure is sold on the open market and lost for ever.

Additional information: Plas Cwrt yn Dre, also known as Owain Glyndwr's Old Parliament House was moved from Dolgellau to the Dolerw Park, Newtown in 1886. The Quakers, who currently own it can no longer afford to maintain it and are selling it for £55,000. It is undoubtedly a national treasure and we think it should be purchased by the Welsh Government for the nation.

Petition raised by: Sian Ifan

Date petition first considered by Committee: 2 July 2012

Number of signatures: 218

Agenda Item 4.3

P-04-404 Aberporth Unmanned Aerial Vehicle

Petition wording:

We call on the Welsh Government to withdraw the support given for UK unmanned aircraft to be tested at Aberporth and to fly across a large area of Wales.

Supporting Information: Unmanned aircraft are a significant and dangerous development in the weapons arsenal. These unmanned aircraft are used all too easily, without taking into account the lives of innocent people who are often killed.

Petition raised by: Cymdeithas y Cymod

Date petition first considered by Committee: 2 July 2012

Number of signatures: 534

P-04-405 Medieval manuscript The Laws of Hywel Dda

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to purchase the Medieval manuscript The Laws of Hywel Dda, that is being auctioned off at Sotheby's on 10 July. We feel the Welsh Government should step in and purchase this for the people of Wales and either place it in a museum in Wales or in the lobby of the Senedd. Rather than it possibly being bought by a private collector and never seen again by the public

Petition raised by: Russell Gwilym Morris

Date petition first considered by Committee: 2 July 2012

Number of signatures: 53

Agenda Item 4.5

P-04-406 : Against Proposed MCZ zones in North Wales

Petition wording:

We Call upon the Welsh Assembly Government NOT to include any of the six proposed sites within North Wales to become Marine Conservation Zones (MCZ). We say no to Llanbedrog/Pwllheli, Aberdaron/Bardsey Island, Porthdinllaen/Tudweiliog, Aberech/Llanstyndwy, Puffin Island/Beaumaris and North East Menai Strait.

This proposal would have a detrimental effect not only on our fishing industry but also on our tourism and economy. We rely on our coasts for our livings and enjoyment. We strongly oppose all six potential sites.

Petition raised by: Claire Russell Griffiths

Date petition first considered by Committee: 2 July 2012

Number of signatures: 1,186

P-04-335 The Establishment of a Welsh Cricket Team

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to support the establishment of a Welsh international cricket team.

Petition raised by: Matthew Richard Bumford

Date petition first considered by Committee: 11 October 2011

Number of signatures: 187

Supporting information:

Whereas Scotland and Ireland gained associate membership of the International Cricket Council (ICC) and went on to compete in World Cups, Wales has failed to do so. In fact, no Welsh player has played international cricket for over five years as a result of being affiliated to the England Cricket Board. Recently the England and Wales cricket team played several "home" games in the capital of Wales, although no Welsh players were present. It would be unacceptable in other sports, like rugby, for a team comprised entirely of non-Welsh people, playing under a non-Welsh flag, with the badge of another country on their chest, to ostensibly play a "home" game in the Welsh capital. This would simply not be acceptable for other sports and should not be so for cricket. The current arrangements do not foster the game of cricket in Wales and are to its detriment because there is a lack of opportunity for Welsh cricketers to play at the highest level. At present Wales is completely unrepresented in international cricket and this must change with the establishment of an Welsh international cricket team.

PET(4)-11-12 : Monday 2 July 2012
P-04-335 : The Establishment of a Welsh Cricket Team

Correspondence from Chief Executive, Cricket Ireland

Dear Mr Powell,

Thank you for your letter of March 26, which our (now) former President Mr Richard Johnson has passed to me for response.

The debate in the Assembly was very illuminating and struck a chord with me, as one that has worked at ECB, ICC and now Cricket Ireland.

If you will permit me to sound vague, my sense of the matter is that both the petitioner and Glamorgan CCC are right. The petitioner is half correct to say that creation of a national team on the will ultimately benefit the nation, but one presumes that he is assuming automatic success based on his assertion of historic performance of the Glamorgan team in the ECB system. Of course, the key word here is 'ultimately'.

And this is where Glamorgan CCC, Cricket Wales and Sport Wales are correct – is the sport in Wales prepared to forego the funding and match-hosting benefits which accrues from being part of the ECB system in order to reach the sunlit uplands of future international success at some indistinct point in the future? It seems to me this is the rub.

My sense is that the petitioners have their hearts in absolutely the right place – they are patriots who care deeply about their country, understand the capacity for successful sports teams to foster national pride, and see the talented cricketers who can deliver that. It seems to me that the sports administrators fully understand those concepts, and I am sure are equally patriotic, but their job is to run businesses as well as sporting teams and as a consequence they understand that the long term may be beneficial, but is the game in Wales prepared to go through the short-medium term pain of financial impecunity to reach that stage?

One of the petitioners says that the argument should not be about money. Unfortunately, it is. Money creates playing contracts, coaching expertise, staffing, infrastructure, overseas tours, inbound tours, administration costs, development programmes, academy structures and all the things that drive performance in the first place. I guess you need to look no further than the WRU to see how funding properly channelled creates success and engenders national pride.

It seems to me the reality is this. ECB has already notified Glamorgan and Cricket Wales that if the latter secedes from ECB, then it will essentially become a competitor to England, and will no longer receive funding. Wales would enter the ICC structures in a low division, and would take time to secure the requisite funding. Ireland is the #1 Associate country and receives a guaranteed US\$685,000 per year plus an annual grant of US\$300,000 for qualifying for the World Cup. We get a separate participation fee for qualifying for the World T20 every 2 years. The rest of our funding is made up of government grants and commercial revenue. It seems to me that even if Wales was to supplant Ireland in that role, it would take a while to get there (working through the ICC divisions) and you might still be worse off!

This is not to decry the desire among the petitioners to get there – their desire is wholly laudable. It strikes me that the sporting bodies are merely playing the role of the Finance Director agreeing that it is a laudable aim in principle, but one should be aware of the risks of doing so. However, whether the financial reality should ever supplant a dream is another matter.

Please feel free to make further contact with me should you feel it necessary.

Kind regards

Warren

Warren Deutrom
Chief Executive

PET(4)-11-12 : Monday 2 July 2012

P-04-335 : The Establishment of a Welsh Cricket Team

Smith backs Five Nations suggestion

Neil Drysdale (CricketEurope)

17 May 2012

Roddy Smith, the chief executive of Cricket Scotland, has endorsed the creation of a Five Nations Championship, featuring Europe's leading Associate countries. The idea, which would involve Scotland, Ireland, the Netherlands, Wales and, possibly, a "Rest of Europe" Select – although there might be the tantalising prospect of inviting the England Lions to participate in the new tournament – would guarantee a minimum of eight matches every summer, and Smith suggested that the competition might work best as a T20 festival, which would be staged at a different venue every season.

"It is a sound idea and worthy of discussion," said Smith, who is committed to increasing the number of high-profile fixtures for his leading performers. "The issue is always playing appropriate competition to test and improve our players, while getting a balance across the three formats. (T20, 50-over ODIs and three/four-day contests).

"This will be our objective, moving forward, and will include additional national/Scotland Lions/regional team games. We need to play more cricket at these levels, but it has to be meaningful and competitive and prepare our players for international competitions (such as the World Cup and the World T20).

"Your (Five Nations) idea may be best suited to a T20 event at a central venue."

Smith also revealed that the Scots will not be involved in any matches with IPL franchises in 2012, despite the latter's keenness to lock horns with Associate nations in the future, as they strive to forge links beyond the sub-continent. Although he thinks the notion has merit, once the details are properly sorted out, Smith shares the Irish view that the nuts and bolts of financial terms with the Indian ensembles would have to be thoroughly researched before his governing body enter into any deals. To that end, he will welcome talks with the IPL organisers during the coming months.

PET(4)-11-12 : Monday 2 July 2012

P-04-335 : The Establishment of a Welsh Cricket Team

Thank you for the e email in regard to the potential Welsh cricket team. I think the best way to respond is for me to put down some bullet points in regard to Scotland and our own independent membership of the International Cricket Council;

- Cricket Scotland (formerly) the Scottish Cricket Union joined the ICC in 1994. Previously we were members of the TCCB (now the ECB), but had to resign this membership to become a member in our own right of the ICC
- Scotland representative sides now play in a formal competition structure within ICC Europe and globally. Scotland have ODI status and play in the World Cricket league Championship. We are currently ranked 13th and 15th in T20 and ODI cricket respectively.
- Cricket Scotland, as an Associate member of the ICC, receive between \$600 and \$900K per annum from the ICC – the figure varies depending on current rankings and qualifications from ICC global events.
- CS have an excellent relationship with the ECB, and work together on a number of levels. Scottish age group and women's sides continue to play in ECB competitions and our Second XI play fixtures against English county teams.

I hope this information is useful to you.

Regards

Roddy

Roddy Smith
Chief Executive
Cricket Scotland

PET(4)-11-12 : Monday 2 July 2012

P-04-335 : The Establishment of a Welsh Cricket Team

Carmel & District Cricket Club, Flintshire News Article

Carmel EuroTwenty20 Tournament

The idea for a European Twenty20 tournament was born in 2007 following a groundbreaking trip by a Carmel Touring XI who became the first Welsh village club to defeat a national cricket team.

Inspired by the late Harry Thompson's *Penguins Stopped Play* Carmel went behind the old Iron Curtain to the former USSR on a cricket tour, which made would make history.

The club faced national teams from Estonia, Russia and Latvia and also became the first touring side to win the Helsinki International Sixes competition in the nine-year history of the event.

Players were touched by the warmth, hospitality and passion for cricket in these countries and it was decided that the club would like to do something to assist with the development of European cricket.

After a proposal was ratified at the club's Annual General Meeting the club sought permission from the International Cricket Council (ICC Europe) to stage an invitational Twenty20 tournament.

ICC Europe subsequently agreed to support the event and the 2008 Carmel Invitational EuroTwenty20 tournament was born.

National teams from Croatia, Czech Republic, Estonia, Poland, Russia and Slovakia along with Carmel and a team representing the Cricket Board of Wales (CBW) contested the first eight-team tournament.

Estonia were the inaugural champions with a dramatic last-over victory over Czech Republic at Carmel's picturesque Pen-y-Gelli ground in Flintshire.

The success of the inaugural tournament prompted the club to commit to hold the EuroTwenty20 tournament again in 2009 with Hungary, Bulgaria, Flanders, the Island of Alderney and Southport club side New Victoria among the newcomers.

Despite a difficult week with the weather all the matches were played and Flanders claimed the second title with a victory over the hosts in the final while Croatia took home the plate trophy.

After two years of hosting the tournament in Wales it was decided that it would be good to take it abroad and after several countries

expressed and interest Skopje, the capital of Macedonia, was chosen as the host destination for the 2010 event.

It is hoped that the tournament will be held in mainland Europe again in 2011 with the aim of hosting a significantly expanded event in Wales in 2012 as an official ICC event.

Agenda Item 5.2

P-03-085 Surgeries in Flintshire

Petition wording

We, the doctors at the Laurels Surgery, Eyton Place Surgery and Allt Goch Medical Centre are frustrated (as we are sure you are) by our difficulties in offering enough appointments for our patients.

As you will be aware, we are totally constrained by the size of our building and desperately need to move to larger premises — preferably in a new Primary Care Centre.

Progress towards this has stopped following the recent appointment of the new Health Minister and we wish to bring our concerns to her notice.

We would ask that you sign this petition to support our efforts to have this process speeded up;

“As a patient at a GP Surgery in Flint, we would ask that our Assembly Member, Mrs Sandy Mewies, applies pressure at the Welsh Assembly Government for the development of a new Primary Care Centre as a matter of urgency.”

Petition raised by: Gillian Robinson

Date petition first considered by Committee: 21 February 2008

Number of signatures: 412

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-03-85
Ein cyf/Our ref LG/07010/12

William Powell AM

committeebusiness@Wales.gsi.gov.uk

9 June 2012

Dear Bill

Thank you for your letter of 21 May regarding surgeries in Flintshire.

As you know responsibility for the planning and delivery of health care services for the residents of Flintshire is the responsibility of the Betsi Cadwaladr University Health Board and I would expect them to provide safe, efficient and high quality healthcare services.

I understand the issues surrounding the provision of services and facilities in Holywell and Flint are being actively addressed by the Health Board and have been discussed within the recent North West Flintshire locality meeting.

I am pleased these discussions are taking place and look forward to receiving the Health Board's proposals for the provision of primary care services within the Flint area in the near future.

Regards
Lesley

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.3

P-03-221 Improved NHS Chiropody Treatment

Petition wording:

We the Cynon Valley 50 plus Older People's Forum wish to present a petition for improved Chiropody Service (footcare) to be available on the NHS especially for Older People who are housebound in the RCT area:

Please sign our petition

Petition raised by: Cynon Valley 50 plus Older People's Forum

Petition first considered by Committee: 9 June 2009

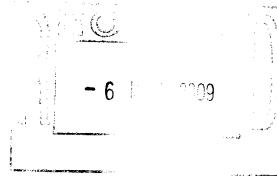
Number of signatures: 49

Supporting information:

Sian Jones
Forum Development Officer
Principality House
Rear of 31 Taff Street
Pontypridd
CF37 4TR.



Val Lloyd AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA.



5-5-09

Dear Val Laloyd

Re: Footcare in Cynon Valley

GDI

I am writing to you on behalf of the above, Fifty Plus Older People's Forum.
We have petitioned in the area for better, affordable Footcare; which involves older people who are represented in the Forum, and those who are housebound.

David Davies one of our members highlighted this issue when he realised the NHS were referring to Toe Nail cutting etc: as a social need and not a medical one. This has brought the issue to our attention as we all currently pay for such a service in our own homes as it isn't readily available on the NHS.

After considerable research we find that some GP Surgery's offer Chiropody/Podiatry service in some part of Wales and even some parts of RCT. However, we feel once again this is a post code lottery, service for some and not for others.

We have met with Age Concern Cymru who have printed a document on this subject 'Little steps can make a Big Difference' and are carrying out some research to consider this issue.
Falls Prevention – the new strategy takes into consideration that falls can happen if that person has long toe nails/hard skin/in-growing toe nails which are untreated. Routine foot care services are a simple and inexpensive way of preventing problems and avoiding the necessity of more expensive hospital based interventions. To prevent falls and improve foot care, more funding should be made available to voluntary organisations for example, the 'Wellbeing Regeneration' organisation in Burryport, who are a Social Enterprise offering an affordable service to house-bound older people.

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/GT/001612/12

William Powell AM
Chair
Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA
petition@wales.gov.uk

28th February 2012

Dear Bill

NHS Chiropody Services

My predecessor wrote to the Committee in January last year about the report on Basic Foot Care in Wales and a report on the outcome of a subsequent pilot project.

I have asked my officials to reconvene the original Consultation Group to invite them to add anything to the published reports before consultation with the Local Health Boards. Following consultation with the Local Health Boards, I have written to the Chief Executives and I attach a copy of my letter to them.

*Regards
Lesley*

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/GT/001612/12

Chief Executives
NHS Local Health Boards

February 2012

Dear Colleagues

Basic Foot Care

You will recall last year you were consulted on the way forward for the delivery of Basic Foot Care in Wales following a scoping study we had commissioned and a local pilot study. I am grateful for your comments on the recommendations and for your local consultation.

A significant amount of work has now been undertaken on this important subject and I am writing to advise there is a strong consensus about a need to provide a more consistent approach to the delivery of basic foot care provision.

The agreed option for delivery of basic foot care is the creation of models within each Local Health Board which meet the minimum standards as attached. It is anticipated these can be developed through local partnerships between NHS Podiatry services, the private sector and/or voluntary groups and there should be agreement with the partnership about what reasonable range of charges should be paid by individuals to cover the cost. You should discuss fair charging regimes with local providers which take account of the position of people on a low income and their ability to pay. It will be up to you as individual LHBs to decide which model to utilise to deliver this, however, the services will need to be fit for purpose and adhere to the recommendations.

I am copying this letter to Directors of Social Services.

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence: lesley.Griffiths@wales.gsi.gov.uk

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Table 1

BASIC FOOTCARE MINIMUM STANDARDS

| |
|--|
| <p>Standard 1 The definition adopted in Wales to describe basic foot care is: Foot care for people with no foot pathology, including those who have a medical condition but have been assessed as at low risk of developing lower limb complications.</p> <p>Toenail cutting</p> <ul style="list-style-type: none"> • Cutting and filing toenails safely, and keeping them at a length which feels comfortable <p>Skincare</p> <ul style="list-style-type: none"> • Smoothing and moisturising dry and rough skin • Checking for cracks and breaks in the skin and signs of inflammation • Looking for signs of infection or other obvious early problems and referring for further professional advice. |
| <p>Standard 2 Relevant existing assessment and screening programmes should identify the level of need for basic foot care</p> |
| <p>Standard 3 All service providers are required to ensure that instrumentation is of single patient use and disposable, OR decontaminated via recognised pressured steam sterilisation in order to meet minimum standards of infection control.</p> |
| <p>Standard 4 An audit of currently available training packages and awards should be undertaken by NHS Podiatry Managers.</p> |
| <p>Standard 5 A training package is developed by the All Wales NHS Podiatry Managers Group that meets the minimum requirements for the provision of safe basic foot care.</p> |
| <p>Standard 6 All basic foot care service providers must have received a minimum of 3 hours of appropriate recognised education relating to providing basic foot care in a safe and effective manner.</p> |
| <p>Standard 7 All service providers in partnership with local NHS Podiatry services develop and agree robust pathways for clients who need access to more specialist intervention.</p> |
| <p>Standard 8 Basic foot care initiatives are modelled to complement NHS Podiatry provision to 'at risk' patients and not compromise existing NHS provision.</p> |
| <p>Standard 9 All personnel providing foot care services should be CRB checked. (This is a cost to employers, but volunteers can be checked free of charge)</p> |
| <p>Standard 10 LHBs should discuss fair charging regimes with local providers which take account of the position of people on low income and their ability to pay.</p> |

PET(4)-11-12 : Monday 2 July 2012
P-03-221 : Improved NHS Chiropody Treatment

To: Welsh Assembly Petitions Committee
From: Petitioner, Cynon Valley 50+ Forum
Re: Petition P-03-221, Footcare

The Cynon Valley 50+ Forum met on 19 June, 2012 to review and comment on the Basic Footcare Minimum Standards [Table 1.]

On the report and recommendation of the Footcare Petition Committee, with approximately 42 Forum members present and voting, the Forum unanimously voted to:

Agree with Standard 1 completely including Toenail Cutting and Skincare.

Agree with Standard 2

Agree with Standard 3

Agree with Standard 4

Agree with Standard 5

We **do not** agree with Standard 6 because we do not think 3 hours of appropriate training is sufficient. We recommend that the appropriate training be increased to a minimum of 18 hours, which we understand to be the current professional standard.

Agree with Standard 7

Agree with Standard 8

Agree with Standard 9

Agree with Standard 10. 'LHB should discuss fair charging regimes to the level of Standard 1, which should take into account local economic conditions, and the number of Older People who are economically deprived in our area. We have been informed that a local qualified podiatrist is making home visits and delivering services as in Standard One for a fee of £10.00'

Submitted by Anthony M. D'Anna, Forum Support Officer on behalf of the Cynon Valley 50+ Forum. 20 June, 2012

Agenda Item 5.4

P-03-222 National Osteoporosis Society

Petition Wording

The National Osteoporosis Society calls upon the National Assembly for Wales to urge the Welsh government to fully implement the Falls and Fractures Standard in the National Service Framework for Older People, ensuring that patients with and at risk of fragility fractures are identified, assessed and treated by Fracture Liaison Services (FLS) in all of the new Local Health Boards. We would like a FLS to be linked to every hospital that receives fragility fractures, and ask that the Welsh government insists upon universal provision of FLS's across the NHS in Wales

Petition raised by: National Osteoporosis Society 7 July 2009

Petition first considered by Committee: 7 July 2009

Number of signatures: 22

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-03-222
Ein cyf/Our ref LG/05792/12

William Powell AM
Chair
Petitions Committee
National Assembly for Wales

Committeebusiness@Wales.gsi.gov.uk

May 2012

Dear Bill

I am writing to provide the Committee with an update on the National Service Framework (NSF) for Older People and Fracture Liaison Services in Wales as requested.

The NSF for Older People sets out a specific standard for falls and fractures. In addition to this, some of the other standards, such as health promotion and hospital care, are pertinent to this work.

The falls and fractures standard in the NSF particularly focussed attention on the delivery of fracture liaison services (FLS) in Wales. The services are supported by a compelling evidence-base and are highly effective in preventing subsequent fractures. An audit by the Welsh Osteoporosis Advisory Group is due for publication shortly and it shows there has been an increase in the provision of FLS in Wales but some further work is also needed.

The NSF has been independently reviewed by Health Inspectorate Wales and Care and Social Services Inspectorate for Wales. The review found the NSF has made a positive impact and that a new phase of work can build on progress to date. In the next phase of the NSF, the increased delivery of FLS by the NHS could be one of the priorities, based on the audit. Their increased provision could make a significant positive impact on health and social care.

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Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk
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More broadly, there is an opportunity to tackle the challenges associated with falls and fractures. For example, in 2012 – 2013, osteoporosis management is included as a specific item in the General Medical Contract. Furthermore, there are opportunities to consider all the work currently active in Wales, such as the Falls Collaborative and the National Exercise Referral Scheme, so that a coherent and co-ordinated approach can be taken. Through a partnership approach, I expect to see the falls and fractures agenda progressed systematically in Wales.

Regards
Lesley

Lesley Griffiths AC/AM

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

P-03-318 Cross-border maternity services

Petition wording

We, the undersigned, note the proposal to move the consultant-led maternity unit, neonatal intensive care unit and child inpatient unit from the Royal Shrewsbury Hospital (RSH) to the Princess Royal Hospital (PRH) at Telford.

We believe this would cause a great deal of hardship and stress for patients and their families travelling from Montgomeryshire. It would add an extra twenty minutes onto a journey which is already fifty minutes at best and ambulance response times will inevitably be significantly increased.

It is vital that these proposals are not considered in isolation to proposals in Wales and that the Welsh Government adopts a strategic approach to cross border health issues, to ensure that the needs of patients from Mid Wales are fully represented in any proposals at catchment hospitals.

We therefore call on the National Assembly to urge the Welsh Government to fully engage in the 'Keeping it in the County' consultation process, to ensure that patients from Mid Wales are not disadvantaged by any changes.

Petition raised by: Mrs Helen Jervis

Petition first considered by Committee: March 2011

Number of signatures: 164

Mel Evans, Chairman

Cadeirydd

Andrew Cottom, Chief Executive

Y Prif Weithredwr

Phone: 01874 712643

Ffon: 01874 712643

Fax: 01874 712554

Ffacs: 01874 712554

E-bost/Email :

mel.evans2@wales.nhs.uk

andrew.cottom@wales.nhs.uk



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Powys Teaching
Health Board

Ref: CS/CL/sj

3rd April 2012

Mr W Powell AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

**Re: Petitions Committee – Cross-border Maternity Services (ref P-04-318)
Powys teaching Health Board submission**

Powys teaching Health Board is pleased to provide the following information for consideration by the Committee to help inform the response to cross-border maternity services petition.

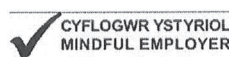
Powys is the largest county in Wales covering approximately 25% of the land mass of Wales a distance of 130 miles from north to south, but only has 4% of the population at 130,000. Powys teaching Health Board (tHB) provides antenatal and postnatal midwifery care for approximately 1200 women and their babies a year, of which approximately 300 births are within Powys. The births within Powys are home births or births in one of six free-standing midwife led units, and Powys has one of the highest home birth rates in the UK. Powys does not have its own District General Hospital but secures services on behalf of its population from six main DGHs. Furthermore, although there are 10 community hospitals in Powys there are no inpatient services for children, of any age, with any condition, with all inpatient services for children being provided out of county.

The District General Hospitals are:

Wrexham Maelor, Wrexham (Betsi Cadwaladr University Health Board)
Bronglais, Aberystwyth (Hywel Dda Health Board)
Singleton, Swansea (Abertawe Bro Morgannwg University Health Board)
Nevill Hall, Abergavenny (Aneurin Bevan Health Board)
Hereford Hospital (Wye Valley NHS Trust)
Royal Shrewsbury Hospital (Shrewsbury and Telford NHS Trust)

In relation to maternity and neonatal services, there is no single centre to which such women and neonates from Powys could be transferred, due to the considerable distances involved in accessing services. Working collaboratively, beyond our borders, is fundamental to how Powys operates. Trusts such as Shrewsbury and

Pencadlys y Bwrdd Iechyd
Y Plasty, Bronllys, Aberhonddu, Powys LD3 0LS
Ffôn: 01874 711661 Ffacs: 01874 711601



Health Board Headquarters
Mansion House, Bronllys, Brecon, Powys LD3 0LS
Tel: 01874 711661 Fax: 01874 711601

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Telford NHS Trust have been reviewing and redesigning services in order to increase sustainability. This has meant a proposal for maternity services to be transferred from Shrewsbury to Telford (20 minutes further away from mid Wales). This has caused concern for the population in mid Wales in relation to the 'moving away' of services and Powys teaching Health Board continues to work closely to ensure any proposals safeguard the interests of the Powys population. This includes;

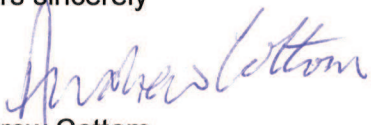
1. As part of our maternity strategy for Powys we seek to undertake as much maternity care within Powys as safely possible. Clearly there are some women who require more specialist care and this would not generally be able to be provided within Powys. We are exploring how best we could provide ultrasound scanning, day assessment and consultant obstetrician clinics within Powys to enable more women to access these services locally and to reduce travel.
2. We are also working with other Welsh maternity services to enable a wider range of options for maternity care. For the majority of the population who have accessed services in Shrewsbury, the pathway for maternity services in Wrexham is a realistic alternative option. Fruitful collaboration is taking place with Betsi Cadwaladr University health Board in this regard.
3. The teaching Health Board recognises that the standards set out by, for example, the Royal College of Obstetricians and Gynaecologists, and the National Institute of Clinical and Healthcare Effectiveness (NICE) means that Health Boards and Trusts are actively reviewing their services to ensure they are sustainable and meet the standards expected.

Powys teaching Health Board is playing its full part in discussions and is striving to ensure that the needs of people living in rural mid Wales are fully taken into account. Senior clinicians, managers and healthcare planners are actively involved in this process.

I enclose for your information our Maternity Services Strategy and accompanying implementation plan.

Please do not hesitate to contact me with any further points of clarification.

Yours sincerely



Andrew Cottom
Chief Executive

Attachments

Maternity services strategy

Maternity services strategy implementation plan



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Powys teaching Health Board Maternity Strategy Implementation plan

1 Introduction

The purpose of this document is to give a broad outline of how Powys teaching Health Board maternity services intends to implement the 2011-14 Maternity strategy, as approved by the Health Board in December 2011. The intention of the plan is to ensure that services deliver on the identified areas within the strategy and continues to progress from a 'good to a great' service.

2 Strategic Aims Action Plans and measures of success

Strategic Aim 1

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

Strategic Aim 2

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

Strategic Aim 3

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

Strategic Aim 4

Employ highly trained workforce able to deliver high quality, safe and effective services

Strategic Aim 5

A service for the population that is constantly reviewed and improved

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

2012-13

2013-14

| | | |
|---|--|---|
| <p>Strengthen midwives and allied professionals skills in supporting women and families to make health life choices i.e. smoking cessation, obesity</p> | <p>Training needs analysis in relation to specific topic areas: Smoking Substance misuse Obesity Motivational interviewing training to identified midwives</p> | <p>Training plan that reflects needs of service and individual midwives</p> <p>Motivational interviewing training rolled out across teams</p> |
| <p>Achieve full community and hospital UNICEF Baby Friendly status, and aim to increase breastfeeding rates further.</p> | <p>Submission of evidence for UNICEF BFI level 2 accreditation</p> | <p>Submission of evidence UNICEF BFI level 3 accreditation</p> |
| <p>Work in partnership with Public Health Wales and others to deliver targeted health improvement services for woman and families.</p> | <p>Baseline data on: Smoking in pregnancy at booking and at discharge Referral to smoking cessation services Outcomes for mothers and babies Substance misuse at booking and at discharge Referral to substance misuse teams Outcomes for mothers and babies BMI >30 at booking</p> | <p>Ensure collection of outcome data as per All Wales Maternity strategy 'Outcomes and Measures' subgroup: Smoking Substance misuse Obesity</p> |
| | | <p>Develop research proposal for</p> |

| | |
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| <p>obesity project – identify funding and gain ethics approval.</p> <p>Develop local guidance in line with foetal alcohol syndrome best practice.</p> <p>Develop and pilot screening tool for alcohol assessment</p> | <p>Ensure that staff involved with women and their families have an awareness and understanding of perinatal mental health issues</p> <p>Complete local guidance in line with All Wales Perinatal Mental health group information.</p> <p>Implement All Wales Perinatal Mental health toolkit (training)</p> <p>Audit compliance</p> |
|--|--|

Measures of Success

- Completed training needs analysis.
- Each midwifery team will have 1 midwife who has completed motivational interviewing training.
- Motivational interviewing techniques can be described by all midwives.
- Achieved UNICEF BFI level 2
- Achieved UNICEF BFI level 3
- % breastfeeding at birth (year on year improvement)
- % breastfeeding at 10 days postnatal (year on year improvement)
- % breastfeeding at 28 days postnatal (year on year improvement)
- % of women accessing Powys maternity services referred to smoking cessation
- % of women who report no longer smoking on discharge from maternity service

- % of women referred to substance misuse teams
- Local guideline fetal alcohol syndrome.

DRAFT

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

2012-13

2013-14

| | | |
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| <p>Strengthen the voice of service users at strategic, local and personal level</p> | <p>Increase awareness of MSLC Patient stories Launch Comment on our Service cards</p> | <p>Review patient stories Review comments on our services Ensure Powys voice on provider services users forums</p> |
| <p>Work in partnership with Obstetric teams to deliver joined up services for women and their families</p> | <p>Review current pathways Agree regular meeting plan in conjunction with localities and commissioning</p> | <p>Regular meetings</p> |
| <p>Monitor and further develop maternity pathways in and out of Powys to ensure that Powys women and families receive the best possible care</p> | <p>Monitor Datix and complaints and share findings with Powys teams and providers. Audit of low risk cases choosing DGH care</p> | <p>Monitor Datix and complaints and share findings with Powys teams and providers.</p> |
| <p>Continue to work in partnership with 1000 Lives Plus Programme to develop community solutions for maternity care priorities i.e. sepsis and venous thromboembolism</p> | <p>Roll out of 'unwell woman' and VTE bundles Continue with input into development of next priority area</p> | <p>Provide community perspective on next priority area. Develop community solutions as appropriate</p> |

Measures of success

- Annual MSLC report

- All women have had the opportunity to comment on services provided
- Annual report on women's feedback through patient/birth stories, feedback through patient/birth stories, comment on our service cards
- % of women scoring Powys maternity services 5 and above (10 being top marks)
- Annual report and review of Datix submissions
- Report on low risk women choosing DGH birth.
- Audit report on VTE and 'unwell woman' bundle compliance.

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

2012-13

2013-14

Ensure that woman and their families know how to access their local midwifery service as the first point of contact

Baseline audit first point of contact – analysis of results, target areas where identified. Agree pathways with Primary care.

Implement national guidance from subgroup Re-audit

Review and revise information available in community – website, posters, 'Welcome to Powys' leaflet
 Powys representation on All Wales maternity subgroup 'Accessing services'

Develop clear pathways of care as close to home as safely possible linking seamlessly to providers outside of Powys

Review current pathways
 Clear HDHB pathway
 Agree service specifications with commissioning, locality teams and provider units:
 BCUHB
 And develop for
 HDHB
 WVT
 ABHB
 ABMUHB
 SaTH
 Implement antenatal prophylactic Anti-D pathway

Review pathways in relation to service reconfiguration completed:
 SaTH

| and audit outcomes | | |
|---|--|--|
| Develop 'one stop shop' services for those accessing services from Obstetric units | Access to ultrasound during obstetric consultations - Welshpool. | Access to ultrasound during obstetric consultations - Llandrindod |
| Review parent education and improve access, availability and effectiveness | Complete design of '4 th prong' antenatal education and launch. | Audit satisfaction of antenatal education |
| Work closely with our neighbouring Health Boards and Trusts to ensure best outcomes of care are achieved, and that careful consideration is given to the Powys population needs in any service change | Review and explore potential for increasing service provision within Powys: Midwife led ultrasound service Antenatal day assessment units | If appropriate, business case. |
| Ensure that the use of water in labour and birth is an option for all women using our Birth centres | Involvement with Llandrindod and Welshpool reconfiguration plans | Move to relocated birth centres in Llandrindod and Welshpool with waterbirth facilities. |

Measures of Success

- % of women accessing services directly (year on year increase)
- Clear pathways of care for woman accessing Hywel Dda services.
- BCUHB service specification agreed and in place.
- Antenatal prophylactic Anti-D routinely administered in Powys, to appropriate women.
- Service specifications developed for all provider units.
- Areas where care can be safely provided in Powys identified and business case available.
- One stop obstetric clinics with ultrasound Welshpool and Llandrindod.
- Birth pool at Llandrindod and Welshpool birth centres

Employ highly trained workforce able to deliver high quality, safe and effective services

2012-13

2013-14

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| <p>Implement the workforce plan for maternity services in Powys, ensuring that all midwives and support workers employed in Powys Maternity Services have the skills and competencies required.</p> | <p>Birth Rate+ undertaken Undertake NLIAMH workforce redesign training Review workforce, including skill mix in light of both Implement program for midwives in high risk care that also supports care for Powys women</p> | <p>Implement any necessary changes in light of workforce redesign and Birth rate + reviews</p> |
| <p>Ensure that Powys Maternity Services remain the option of choice for midwifery students from Wales and beyond</p> | <p>Improve university links Increase numbers of midwives as sign off mentors Increase links with Institute for Rural Health.</p> | <p>Option for primary placements (12 weeks) taken up by students</p> |
| <p>Engage with health care professionals in Powys, who offer care to pregnant women, to share and develop education and research opportunities.</p> | <p>Maintain universal meetings (Maternity, Health Visiting, Safeguarding, School Nursing) Explore opportunities with adult learning disability team, Primary care.</p> | |
| <p>Ensure leadership within the service is effective and plans for the future leadership are developed</p> | <p>Identify appropriate leadership/management/coaching training for band 7 and 8a midwives. 8a leads to commence training</p> | <p>First cohort Band 7 midwives commence leadership/management/coaching training</p> |
| <p>Implement the Training and Practice Development</p> | <p>All identified training completed by eligible staff members</p> | <p>All identified training completed by eligible staff members</p> |

plan established through effective appraisal and objective setting processes

Review training plan

Measures of success

- Birth Rate Plus complete
- NLIH workforce redesign complete
- Number of high risk cases that have Powys midwifery support in obstetric unit.
- Number of students choosing to come to Powys for placements.
- Number of midwife 'sign off' mentors
- Clear career pathway for midwives including leadership and specialist clinical role choices.
- All 8a's and 15% band 7's completed leadership/management/coaching training.
- 100% completed IPRs
- 100% completed mandatory training

A service for the population that is constantly reviewed and improved

2012-13

2013-14

| | | |
|---|--|---|
| <p>Provide women and families with the information they require to make decisions about the type of care available.</p> | <p>Review and revise information already available and explore alternative mechanisms.</p> <p>Implementation of electronic maternity information system</p> | <p>Written information for all women accessing services</p> <p>Website page with up to date information regarding local care and choices</p> <p>Electronic maternity system used to inform service and women of care choices and outcomes</p> |
| <p>Implement mechanisms to measure the outcomes of care for the Powys population, including the experience of care</p> | <p>Launch comment on our service cards</p> <p>Audit of guideline compliance.</p> <p>Support increased representation on Maternity services liaison committee, Better birth environment audit</p> <p>Expand 'Birth stories' and opportunities for women to give their stories to MSLC, Supervisors of Midwives, Health Board.</p> | <p>Feedback from 'Trust' research</p> |
| <p>Implement 1000 Lives Plus Programme and Transforming Maternity services within a rural health setting</p> | <p>Commence Transforming Health within midwifery teams</p> <p>Roll out of 'unwell woman' and</p> | <p>Continue Transforming Health within midwifery teams</p> <p>Provide community perspective</p> |

| | |
|---|--|
| <p>VTE bundles Continue with input into development of next priority area</p> | <p>on next priority area. Develop community solutions as appropriate</p> |
|---|--|

Measures of Success

- Leaflet for women about choices and Powys services
- Website in place
- Electronic maternity information system in place and in use.
- % of women scoring Powys maternity services 5 and above (10 being top marks)
- Principles of Transforming healthcare used across all midwifery teams.



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MATERNITY STRATEGY 2011 – 2014

Contents

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1. Introduction

The purpose of this Strategy is to provide clear direction regarding the future planning and delivery of NHS Maternity services for women and their families for the population of Powys. It describes the core principles fundamental to service provision and outlines the key issues that need to be addressed in forthcoming years in order to deliver high quality, safe and cost effective services.

The strategy has been designed to reflect our commitment to achieving effective change in maternity services and to be congruent with Powys tHB Strategies and priorities including:

- Women's and Children's workforce plan
- Women's and Children's training plan
- Women's and Children's Practice Development Strategy
- Annual Operating Framework
- Annual Quality framework
- LHB Nursing and Midwifery Strategy 2011-2014
- Service, Workforce and Financial Framework for Powys
- The LHB's Business Plan
- The LHB Training plan.
- LHB Policies and Procedures
- LHB Clinical Governance strategy

Maternity services are key to ensuring that families have a safe and emotionally satisfying experience during their child bearing period. In Powys, this hinges on ensuring effective partnerships with all members of the health care team, ranging from local services such as General Practitioners, support workers, to obstetric and neonatal teams in neighbouring District General Hospitals (DGH). This strategic plan sets out the contribution required to achieve quality and cost effective services for families across Powys.

The strategy sets out the prioritised actions to be taken over the 3 years to respond to the key messages within all the national and local drivers described below. The strategy will steer the focused work to address the key priorities within "*A Strategic Vision for Maternity Services in Wales*" (WG 2011) and Midwifery 2020 (DOH 2010). As well as meeting the requirements for standards for Health services (WAG 2010).

- Organising maternity care to meet the needs of women and their babies;
- Protecting and improving the health and well-being of mothers and their babies;
- Ensuring pregnancy and childbirth is a safe, fulfilling, life-enhancing experience.

For Powys Maternity Services this will involve developing care closer to home; less unnecessary care outside Powys; focuses on community orientated services, and services using the finite healthcare resources to ensure that clients are treated in the right place at the right time by the right people.

2. Strategic Context

2.1 Powys – the green heart of Wales

Powys covers one quarter of the area of Wales, with the distance between north and south similar to that of from Bristol to London. With just over 130,000 people in the whole of the county, there are just 26 people per square kilometre and is therefore the most sparsely populated county in all of England and Wales.

The population of Powys as a whole enjoys on better health than the Welsh average, however there are significant inequalities across the county. The population is generally older in Powys than the average in Wales, with fewer children and young people than the Wales average.

Apart from the geography, the population profile and spread, Powys is also unique amongst Health Boards in Wales as it does not have any District General Hospitals within the county. It does therefore rely on working with partners to provide services to the population, some within but the majority outside of Powys including importantly into England.

Powys teaching Health Board provides a wide range of services itself as well as securing services for its population from partner organisations including the Voluntary sector.

Powys Maternity Services are provided to the local community by eight midwifery teams working with others across the whole pathway of care. These teams coordinate the care for woman and their families and liaise with services provided in and out of Powys. Women are offered a choice of pathways for care and these include:

- Complete Midwife led care in Powys including Home Birth
- Complete Midwife Led Care in Powys including a Birth centre birth
- Midwife led antenatal and postnatal care in Powys with external DGH midwife led Hospital birth
- Midwife led antenatal and postnatal care in Powys with external DGH consultant led Hospital birth
- Shared care between Powys Midwife and external DGH including hospital Consultant led birth
- Complete consultant care with DGH consultant led birth
- Neonates requiring special or intensive care receive their care from either the hospital team where they are born, transferred by ambulance from Powys with midwifery escort or, in rare cases transferred to a tertiary unit.

The maternity and neonatal teams that Powys Maternity services work in partnership include:

- Shrewsbury and Telford NHS Trust - maternity (Shrewsbury, Telford) and neonatal (Shrewsbury).

- Hywel Dda Health Board - maternity (Aberystwyth, Carmarthen, Haverford West), neonatal (Carmarthen, Haverford West)
- Aneurin Bevan Health Board - maternity and neonatal (Abergavenny, Newport)
- Cwm Taf Health Board - maternity and neonatal (Merthyr Tydfil)
- Wye Valley NHS Trust (Hereford) – maternity and neonatal
- Abertawe BroMorgannwg University Health Board – maternity and neonatal (Swansea)
- Betsi Cadwaladr University Health Board – maternity and neonatal (Wrexham, Bangor).
- Tertiary neonatal services – Stafford, Birmingham, Cardiff, Liverpool

2.2 Strategic Context and Drivers for Change

There are a number of important strategic drivers that set the direction of travel for Maternity Services in Wales and across the UK. These drivers do not specifically focus on the rural context of maternity services but give a platform upon which national priorities can be translated into rural healthcare.

Strategic Vision for Maternity Services in Wales (WG 2011)

The direction for maternity services was published this year with a focus on

“Promoting pregnancy and childbirth as an event of social and emotional significance where women and their families are treated with dignity and respect. For every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be a safe and positive experience so that she, her partner and family can begin parenting feeling confident, capable and well supported in giving their child a secure start in life. “

Together for Health - A five year vision for the NHS in Wales (2011)

This sets out the collective aim for the NHS in Wales and lays out a commitment to deliver improvement in key areas

- Health will be better for everyone
- Access and patient experience will be better
- Better service safety and quality will improve health outcomes

One Powys Single delivery plan (2011) - This outlines how all public sectors, within Powys, will work collaboratively to deliver a ‘single plan’ for the people of

Powys. The key outcomes of this collaboration of particular relevance to Maternity services include:

- People in Powys live in supportive, sharing and self-reliant communities.
- Powys families are safe and supportive places in which to live.
- People in Powys are health and independent.
- People in Powys feel and are safe and confident.
- People in Powys can easily access the services they need.

1000 Lives Plus Campaign (2011) - Although initially aimed at inpatient services, Powys teaching Health Board Women and Children's Services are committed to the principles set out in '1000 Lives plus' and developing community based programmes to support the campaign.

Doing Well Doing Better: Standards for Health Services (2010) – These Standards set out a framework of what the public should expect from NHS services and should assist services in assessing and monitoring the service for users.

Our Healthy Future (2010) – The Public Health Strategy for Wales sets the direction for improving the health of the population of Wales.

Midwifery 20:20 Delivering Expectations (2010) - presents new challenges and opportunities for midwives to develop further their role as practitioners, partners and leaders in delivering and shaping maternity services. A focus on delivering safe and effective services for families through empowerment and choice, skill mix and workforce planning features highly in achieving the aims of Midwifery 2020.

Realising the Potential – Welsh Assembly Government Nursing Strategy (2009) - A number of 'briefing papers' under this document set out priorities for nursing education, midwifery, child and adolescent mental health and paediatric nursing. Delivering the future for Maternity services focuses on midwives being the lead professionals for low risk women, by booking 60% of the caseload as midwife led care and to increase to a 10% home birth service.

Rural Health Plan (2009) – Focuses on the need to develop services that reflect the needs of a rural community and addressing issues such as access, integration and community involvement.

National Service Framework (NSF) for Maternity, Children and Young People (2008) – the NSF is a ten year plan that sets out standards to be achieved on a multi-agency basis across Wales. They include 'flagged' standards that should be regarded as priorities. For maternity services the focus is to have midwives 'visible' in the community, to be first point of contact for pregnant women, to increase the number of low risk women offered early labour home assessments and consider home births as a safe and preferred option.

National Institute for Clinical Excellence (NICE) guidance in relation to a variety of maternity guidelines and care pathways have a bearing on this strategy.

3. From Good to Great

It is clear from a number of sources, more latterly the Wales Audit Office Follow-up report (2011) that Maternity Services in Powys are well regarded. In some aspects the service that the Powys population receives is leading the way in Wales and across the UK. The summaries below outline some of the successes. There is however more to do. With expectations rising, issues of service sustainability and limited resources the Maternity service recognises the need to change.

3.1 Breastfeeding

Powys teaching Health Board is unique in attempting to obtain both hospital and community UNICEF baby friendly status. Stage 1 has completed successfully and stage 2 is being worked toward. Powys currently has the highest breastfeeding rates at birth in Wales, 78% compared to the national average of 55%. The Bron i'r Babi, peer support groups across the county and the appointment of an infant feeding coordinator have been a crucial elements of this success.

3.2 Home Birth

Powys has one of the highest home birth rates in the United Kingdom. Approximately 3.4% of all births in 2010 in Wales were homebirths. In Powys, however, between 9 and 10%, of women choose to have their babies at home supported by midwives, that in the main they will have met during their pregnancy.

3.3 1 to 1 Care in Labour

All women who choose to have their baby in Powys, at home or in a birth centre, have one-to-one care from a qualified midwife from the onset of established labour. For the birth itself there will typically be two midwives present, one for the woman and one for the baby. Individual midwives in Powys are never responsible for more than woman in labour at a time. This meets that nationally recognised standard.

3.4 Promotion of Normality

Powys maternity services encourage all low risk women, regardless of planned place of birth, to access midwives directly for home labour assessments. For those women, especially those planning to use a District General Hospital for the birth, this reduces their chances of attending a DGH or birth centre and being sent away as deemed not in labour. Four of the Birth centres in Powys have birth pools and all have labour and birth rooms with floor mats and birth balls, facilities which support normality.

3.5 Women's views

Women are actively encouraged to contribute ideas and comments about the Powys Maternity services. Women's birth stories are available in all the midwifery teams. Women have contributed to the changes in birth environments through the National Childbirth Trust birth environment audit. Our Maternity Services Liaison Committee meets quarterly and our parent education group has women as

members. Both inform changes in the service, the most recent of which is a review of the content of antenatal education which has helped shape planned changes.

3.6 Public health priorities

The Maternity services in Powys have a close relationship with the Public Health team and are working together on providing information and developing practice in relation to flu immunisation, obesity, weight management, smoking and alcohol use.

3.7 Wales Audit Office review

Powys maternity services were reviewed by the Welsh Audit Office in 2011 as a follow up from a comprehensive national and local review in 2007. The follow up report concluded that there is evidence that the Health Board is making good progress in further improving its maternity service:

“Maternity services are seen as a high priority with good executive engagement and our previous work is being actively used to drive improvements; positive steps have been made to strengthen the information base which underpins planning and performance management of the Health Board’s maternity service; a comprehensive mapping exercise has provided a good foundation for forward planning however changes in the shape of services in neighbouring health bodies will have consequences for maternity services in Powys; there are a number of positive mechanisms in place to support safe and effective maternity care in Powys; and positive improvements have been made in all aspects of maternity care.” (WAO 2011)

There is however more to do.

4. Strategic Priorities

In order to fulfil the Ministers vision for the future of maternity services as described in the Strategic Vision for Maternity Services in Wales (WG 2011) and the recommendations of Midwifery 2020 (DOH 2010) maternity services will need to look to developing the excellent foundations of care that are already provided for the Powys population.

The Powys teaching Health Board’s vision is to develop:

‘Truly integrated care at a local level centred in the community.....’

With this vision in mind this strategy will look at how maternity practice can be developed within the five key areas identified within the ‘Strategic Vision for the Maternity Services’.

3.1 Strategic Aim 1:

Promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health

Powys maternity services will need to concentrate on developing practice which focuses on the prevention of ill health and the promotion of health and wellbeing and a reduction in inequalities. Care provision should be provided within environments that are appropriate and that take into account the needs of the individual. To achieve this we will need to work in partnership with other agencies in providing care within local communities. This could be achieved through the developments within 'One Powys: Single Delivery plan' for example, as well as working closely with other Health Boards and Trusts.

Services should be developed to encourage health and independence. A refocus of our service will need to take place to ensure that every opportunity is taken to support women and their families to develop healthy lifestyles. Staff will need to be, and feel, well prepared to undertake that informative and supportive role. As a service we will need to demonstrate adequate delivery of the targets within the Children and Young People's Plan, development of the target areas within 'Our Healthy Nation', the National Service Framework and Midwifery 2020. Specific areas to be targeted within the next three years include:

- Smoking cessation
- Alcohol and substance Misuse
- National screening programs
- Pregnancy as a safe and healthy experience
- Nutrition/ Physical activity/ Obesity
- Teenage conception
- Breastfeeding
- Mental Health and wellbeing

Breastfeeding: Building upon the success achieved to date, the maternity service will look to maximise the support that can be provided in partnership with our Health Visiting colleagues in particular. An investment in generic staff training will increase the overall level of support offered by midwives and other staff working directly with women and families. We continue to commit ourselves to working in accordance with our local Breastfeeding Action Plan and achievement of BFI hospital and community accreditation. We seek to improve our breastfeeding rates further, specifically in terms of the length of time breastfeeding takes place.

Obesity: This is a major and increasing problem across the UK and has many significant risks to health. Obesity can cause or contribute to high blood pressure, cardiac conditions, diabetes, incontinence, poorer obstetric outcomes and ultimately premature death. Midwives need to play their full part in achieving care that reflects the NICE guidelines for tackling Obesity NICE (2006). Powys maternity services are in an ideal position to begin the process of tackling this problem. The service is already based within local communities and the focus for midwifery care is to promote normality and encourage healthy lifestyles. By

focusing on a system of care that promotes wellbeing in mother and babies the ripple effect could change the health of whole families and in time entire communities. This would also be an ideal opportunity to link with partners providing similar care. An action plan will be drawn up with a proposal for change looking at ideas for implementing new practice and services to tackle this issue.

Mental Health: The promotion of emotional health and well-being is an essential platform upon which families can develop good relationships. Powys Maternity services are represented on the All Wales Perinatal Mental Health development group and have contributed to the development of guidelines and training. In order to play a full part in promoting emotional health and well-being, the maternity Services will launch the All Wales Perinatal Mental Health training package for Midwives, developing and implementing appropriate care pathways and reviewing the current Midwifery Mental Health guideline and practice.

We will:

- ✓ ***Strengthen midwives and allied professionals skills in supporting women and families to make health life choices i.e. smoking cessation, obesity***
- ✓ ***Achieve full community and hospital UNICEF Baby Friendly status, and aim to increase breastfeeding rates further.***
- ✓ ***Work in partnership with Public Health Wales and others to deliver targeted health improvement services for woman and families.***
- ✓ ***Ensure that staff involved with women and their families have an awareness and understanding of perinatal mental health issues.***

3.2 Strategic Aim 2:

Place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect

In order to best meet the needs of Powys families services will need to be developed in local communities, with the engagement of local citizens to help design, plan, deliver and review the transformation of our service. For those women whose care needs to be partly or wholly led by obstetric partners, ensuring good communication between teams is crucial to ensuring safe outcomes and Powys Maternity services will work with all partner organisations to ensure that pathways are not only appropriate but deliver the best outcomes.

In order to achieve these, maternity services will need to embrace opportunities for engagement with families through the Patient Involvement and Experience committee (IPIE), learn from complaints and concerns and maximise the value of

the Maternity Services Liaison Committee (MSLC). There should be an emphasis on enabling individuals to contribute and take some responsibility for their own plan of care.

One key area for development will be the birth environments and ensuring women from all areas have access to a birth environment that is safe, relaxing and fit for purpose. For individuals to be involved to this extent the service needs to recognise the language and cultural needs of the client and work with partners within the community to ensure all families are equally involved in the care process. This will enable continuous improvement of safety and effectiveness based on the client experience. Client views will be collected on a regular basis through implementation of the 'Coos Card', which is a postcard sized feedback card based on satisfaction scores.

People accessing our care should be offered adequate information to enable them to make appropriate choices which are based on best evidence, research and safety. Developments in practice need to acknowledge and respond to national drivers and guidance such as NICE, NSF, Confidential Enquiries Maternal and Child Health (CEMACH) and child protection regulations. Maternity services will work with the 1000 Lives Plus programme to develop safe maternity care in the community setting. Placing quality and safety above all else, managing risk and ensuring that continuous improvement is part of every working day. Developing practice should reflect active involvement in research, audit and service evaluation.

We will:

- ✓ ***Strengthen the voice of service users at strategic, local and personal level.***
- ✓ ***Work in partnership with Obstetric teams to deliver joined up services for women and their families.***
- ✓ ***Monitor and further develop maternity pathways in and out of Powys to ensure that Powys women and families receive the best possible care.***
- ✓ ***Continue to work in partnership with 1000 Lives Plus Programme to develop community solutions for maternity care priorities i.e. sepsis and venous thromboembolism***

3.3 Strategic Aim 3:

Provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services

Maternity services need to provide care which is responsive, flexible and accessible. Developments will focus on exploring the principles of midwives as first point of contact, continuity of care and seamless care provision. We need to address the issues in collaboration with GP's and other health colleagues who have access to women either before they become pregnant or when they are first pregnant. There will need to be more effective signposting of women to midwives. In order to do this we will need to invest some time in understanding the reasons why women choose to book with a midwife or not. This may be done through focus groups, case study or some local research.

Powys families access care and information from a number of services during their life cycle often unaware or unconcerned about how those services work with each other. When considering any change or development in practice maternity services need to recognise the affect this may have on other services based in Powys and how working together and communicating well could ensure that families are provided with a service which is multi-disciplinary and multi-agency yet seamless to families in receipt of care provision.

By linking better with partners in the District General Hospitals and looking at developing care provision locally, maternity services need to strengthen and improve the care pathways for families in order to prevent delays in care provision. This will require some innovative thinking, honesty and a willingness to assess who or what is best placed to meet an individual's need. This will require development of an integrated network of providers for pre-conception, antenatal, intra partum and postnatal care.

Ultimately the achievement of this will not only benefit families in a seamless provision of care but also benefit organisations in reducing waste, duplication and improve efficiency and productivity.

We should continue to develop services for women suffering from domestic abuse and substance misuse; and develop services for young people. Special attention this year will be given to reviewing the recommendations of the British Medical Association in relation to fetal alcohol syndrome (2006) in order to improve care provision and outcomes. Furthermore, ensuring the service works well for hard to reach and often vulnerable groups is essential and therefore the service will undertake a review parent education provision in an effort to improve information provision and support given to these groups.

Powys families have accessed obstetric-led care in district general hospitals provided by other Health Boards and Trusts. On the whole services have been well regarded. There is however variation in outcomes for example in relation to intervention rates particularly Caesarean section. Working on behalf of our population we will renew our focus on the outcomes for women in each DGH, looking to ensure that providers of care are offering a world class service to our population.

In the context of service sustainability, several key Health Boards and Trusts will be reviewing their provision of maternity services. Powys teaching Health Board will need to play its full part in discussions about service provision to the Powys

population. This also extends to issues of neonatal care. We will therefore work closely with maternity partners in the provider units to establish safe and effective care pathways for both maternity and neonatal care.

We will:

- ✓ ***Ensure that woman and their families know how to access their local midwifery service as the first point of contact.***
- ✓ ***Develop clear pathways of care as close to home as safely possible linking seamlessly to providers outside of Powys.***
- ✓ ***Develop 'one stop shop' services for those accessing services from Obstetric units.***
- ✓ ***Review parent education and improve access, availability and effectiveness.***
- ✓ ***Work closely with our neighbouring Health Boards and Trusts to ensure best outcomes of care are achieved, and that careful consideration is given to the Powys population needs in any service change.***

3.4 Strategic Aim 4:

Employ highly trained workforce able to deliver high quality, safe and effective services

In order to work effectively as team, maternity staff need to feel valued and respected, with clarity of roles and responsibilities and a culture of lifelong learning and development. Developing staff will lead to an increase in expertise, skills and availability within Powys of specialist advice and guidance. Staff need to be appropriately recruited, trained and supported in order for them to make sound clinical decisions based on research evidence and guidance. Having an appropriate workforce is essential to taking any developments in practice forward and this is the focus of the Women's and Children's workforce plan. Investment in staff and development through adequate training is covered in detail within the training plan and Practice Development Strategy.

We will focus on empowering our workforce to provide evidence based care through a commitment to understanding and implementing research and audit findings. This will include where possible supporting front line staff to initiate, be involved in and evaluate local research projects working with other professionals and services where beneficial.

Statutory supervision of midwives is a key element to successful, safe services. We will continue to develop proactive supervision within Powys through the midwifery updates, supervisory toolboxes and one to one support. We will continue our commitment to support midwives with training to be supervisors.

Powys teaching Health Board has achieved a good standard of placement for midwifery students in the last four years and continues to provide experience for external students from across the UK. All birth centres have been educationally audited and are suitable for university placements. Current mentors will need to maintain their status as required by new NMC regulations introduced in 2007, through attendance at university mentorship updates and education. The service would aim to be the first choice for midwifery students seeking a positive rural health experience.

We will:

- ✓ ***Implement the workforce plan for maternity services in Powys, ensuring that all midwives and support workers employed in Powys Maternity Services have the skills and competencies required.***
- ✓ ***Ensure that Powys Maternity Services remain the option of choice for midwifery students from Wales and beyond.***
- ✓ ***Engage with health care professionals in Powys, who offer care to pregnant women, to share and develop education and research opportunities.***
- ✓ ***Ensure leadership within the service is effective and plans for the future leadership are developed.***
- ✓ ***Implement the Training and Practice Development plan established through effective appraisal and objective setting processes.***

3.5 Strategic Aim 5:

A service for the population that is constantly reviewed and improved
The Maternity service will provide reassurance to the public that innovative developments in practice to ensure continuous improvements in care are central to our core philosophy. All developments in practice will need to demonstrate that any investments required will lead to an increase in quality of care, reduction in waste, improved effective use of resources such as IT systems and maximisation of positive clinical outcomes. Powys Maternity Services vision is to tailor

developments to what really matter to women in order to use resources in an effective way while remaining focussed on a vision for:

“Ensuring pregnancy and childbirth is a safe, fulfilling, life-enhancing experience”.
(WG 2011)

The NHS in Wales and Maternity services in particular must be able to demonstrate to the public that services are safe and effective. A focus on measurable outcomes is therefore a key strand of work moving forward. In line with a national approach the teaching Health Board will measure the experiences of women and their families of the services they receive, and the outcomes of care. In view of openness and transparency a greater emphasis on making this information available to the public will take place.

Maternity Services will embrace the use of audit as a tool to drive further improvement and the full commitment of the Powys services to develop and implement 1000 Lives Plus programme for transforming maternity care in a rural setting is already made. More specifically, challenging the status quo in an attempt to improve practice will continue. Increasingly we will look to increase the number of women who choose to birth their babies in Powys. We are keen to look at ways to increase the number of medium risk women birthing in Powys. This must be done with careful consideration to our criteria and the maintenance of safety for Powys women.

We will:

- ✓ ***Provide women and families with the information they require to make decisions about the type of care available.***
- ✓ ***Implement mechanisms to measure the outcomes of care for the Powys population, including the experience of care***
- ✓ ***Implement 1000 Lives Plus Programme for Transforming Maternity services within a rural health setting***

4.0 Implementation, Monitoring and Reporting

The Welsh Government, within the Strategy for Maternity Services puts a requirement on the Chief Executive and Lead Executive for Maternity Services in each Health Board to publish progress against the local delivery plan (implementation plan of this strategy) each quarter on the organisations website.

An implementation plan will shortly be drawn up offering more detail on how the commitments made in this strategy will be delivered, the timescales for delivery, the measurable outcome and the lead.

The implementation of the strategy will be reviewed through the Women and Children's Performance management mechanisms. This will also include a review of the clinical outcomes and experience of care of the services provided to the population of Powys. Furthermore, there is a requirement to report formal progress against the delivery/implementation plan to the Board and to Welsh Government annually.

5.0 Conclusion

This Strategy provides a clear direction for maternity services for the Powys population. It reflects the priorities laid down by the Welsh Government and envelopes the needs of the Powys population. Its implementation will enable an already good service for the population to become a great service. The proof of this however will be through measurable clinical outcomes and the judgement of service users themselves.

P-04-366 Closure of Aberystwyth Day Centre

Petition wording:

We the undersigned call on the Welsh Government to consider if proposals for day care for the vulnerable elderly, to be moved from a purpose built, thirty year old Day Centre, to an unsuitable basement in an old building, previously used as the Town Hall Aberystwyth, are compliant with statutory requirements, and any relevant guidance. The County Council are planning to demolish the Centre as part of a development to build a car park, a supermarket and a retail outlet.

Petition raised by: Pamela Ellis

Date petition first considered by Committee: 28 February 2012

Number of signatures: 10 (An associated petition collected approximately 6,000 signatures)

Supporting information: The present Day Centre is a purpose built facility, about thirty years old. It is in a convenient situation in the town centre, with easy access, a large drop off point and is near a road safety crossing. It is light and sunny, and can accommodate about 90 clients of mixed dependency, in several spacious rooms. The envisaged centre is not quite half the size and will only be able to cater for 32 clients in one main room. At present those carers of disabled clients or those caring for victims of a stroke, can have access to respite care on 2 or 3 days of the week. We feel the move will discriminate against this group as already fewer people are being assessed and referred by Social Services for this respite care. The council have admitted there will be rationing. Because of difficulties of access to the basement area, an outdoor, steep ramp with a 180 degree turning point half way down has been built. We feel strongly that carers or mobile chair users will have huge problems, particularly in stormy or icy weather. The ceilings in the basement are low; there is a large pillar in the centre of the room making it difficult to move wheelchairs or trolleys, natural light levels are low as it is partially below ground and several doors have to be navigated to access toilets. The old centre has a superb new kitchen providing good meals, the weekly luncheon club, a valuable socially inclusive option, has been closed already. In future, meals will be prepared elsewhere and brought in. There will only be one area available for meals and all other activities; thus space will be extremely limited. The local WVS presently provides drinks and snacks; that will no longer exist. The present centre has a large bathroom with a hoist, also laundry facilities, which were invaluable. The new centre will have a shower built into a toilet for assisted bathing, which opens directly onto a communal area. As this is the only disabled

toilet, it will be difficult for a disabled client to access a toilet if another client is having a shower. If the only new facility will only be able to cater for 32 clients, these will almost certainly have to be those needing respite cares, so those older citizens who value the opportunity to enjoy time at the centre to socialise, take part in activities, have a bath and enjoy a good meal will not be able to do so. The present centre has a very pleasant garden with seats, ample parking, a bay for dropping off people and is completely accessible to all. The present centre is made available in the evenings to groups of elderly, for example the Arthritis Care group fear that they will not be able to cope with the rain, in the dark, for their evening meetings. The new centre is on a dangerous main road turning, with heavy traffic use. Former users of the basement when it was the Town Hall have complained that it is too hot in the summer and cold and damp in the winter. The heating system has been improved, but the present sash windows are not being replaced and there will be no air-conditioning installed. Whilst the County Council have made efforts to meet our concerns, we strongly believe that the proposed new centre is absolutely unsuitable and is vastly inferior in the present centre. We would add that the Council have admitted that they did not carry out a proper consultation. Hence the formation of this pressure group.

**Petitions Committee rapporteur visit in connection with
P-04-366 Closure of Aberystwyth Day Centre**

Background

The rapporteur visit took place in Aberystwyth on 15 June 2012. Members of the Petitions Committee met with petitioners at St Paul's Church Hall, Aberystwyth. Following that meeting, Members met with representatives of the Ceredigion County Council and attendees at the new day care centre facility in the Town Hall, Aberystwyth. The meetings are recorded in this note.

Meeting with Petitioners

Present:

- William Powell AM, Chair of the Petitions Committee
- Bethan Jenkins AM, Petitions Committee member
- Elin Jones AM (observer)
- Frank Hogg
- Gerald Morgan
- Joyce Evans
- Pamela Hughes
- Gwenda Williams
- Ken Thomas
- Martin Shewring
- Pam Ellis
- Eurwen Booth
- Richard Spencer
- Abigail Phillips, Committee Clerk
- Alex Phillips, AMSS

Gerald Morgan welcomed everyone to the meeting and thanked the Petitions Committee for considering the petition and for visiting Aberystwyth in order to see the new day care centre.

The petitioners expressed their regret that the Petitions Committee members would not be visiting the Park Avenue Day Care Centre which had been closed and replaced by the Town Hall Day Care Centre. Petitioners felt that it would have been useful for the Committee to gain a clear idea of the space available at the old centre and the gardens surrounding the building.

Petitioners raised a number of concerns. These were:

- A need for clarity with regard to the evacuation of service users at the day centre in the event of a fire. The Committee was asked to seek assurances that a personal evacuation

plan was in place for all users and that a fire officer's report had taken account of the mobility needs of service users

- There is no pedestrian crossing or layby outside the building to enable service users to access the centre safely. Service Users were previously taken undercover to a door, but access is now via a long ramp that is open to the elements
- There is no public bus service to the centre at present
- No more than 32 Services Users can access the Centre at any one time, which is fewer than the 90 – 100 that the old centre allowed. Petitioners have been told that the number of people wishing to access the service has declined, but they remain concerned about the reasons for that reduction and question whether everyone who wants to access the service is able to
- Petitioners felt that no proper consultation was carried out ahead of the closure of the Park Avenue Day Care Centre
- People who had previously met with friends at the Park Avenue Day Care Centre on a Wednesday are now unable to attend the new Centre as it is open to patients on referral only
- There is no bathing facility available in the new centre, only a combined shower and disabled toilet room. There was an expectation that patients who could not be bathed at home would be taken to an alternative location to be bathed, but this has not happened. It was reported that one patient had been unable to access a bath or shower for the 6 weeks since the closure of the old centre.
- One service users was unable to use the new Day Care Centre with his wife as he could not walk the length of the access ramp. This has resulted in a loss of 15 hours of respite for his carer and means that the couple cannot socialise together.
- Petitioners pointed out that socialising was an important aspect of life for individuals who were being cared for at home. It is also important that carers are able to maintain a social life.

Petitioners told the Committee that they would like an alternative centre to be provided. The old Drill Hall had been offered as an alternative to the Park Avenue site, but there had been no consultation on that and the offer had since been withdrawn.

Petitioners also told the Committee that the Council's decision three years ago to close the Day Care Centre with no alternative provision could have been 'called in' but that too much time had now elapsed for that to happen.

Petitioners reported that they had been told by Council Officers that the Day Care Centre was non-statutory provision and so could be withdrawn altogether. The petitioners feel that as the Day Care Centre is paid for by the over-stretched Social Services which encourages care at home, the funding may be under threat. The petitioners feel that the centre should be paid for from the Health budget.

One petitioner described the care that people receive at home from visiting professionals as rushed in comparison with the relaxed atmosphere of a day care centre at which service users benefit from the varied skills of a larger work force and the company of others.

One petitioner suggested that costs were not an issue for the Council but if they were, the Centre could be run by a charity in an alternative location. Examples of such an approach in the Netherlands were cited.

Petitioners felt that the decision to close Park Avenue Day Centre would have been overturned by the newly elected council, but for the binding contracts that they are a party to. As Welsh Government is part funder of the Mill Street Regeneration that has led to the need to close Park Avenue Day Care Centre, petitioners feel that the Welsh Government have a responsibility to take action, perhaps by 'calling in' the decision.

Finally, petitioners called for an independent assessment of the current centre. Any such assessment should include consideration of the experience of carers and service users along with the effects of the changes on those who had used Park Avenue Day Care Centre but felt they could not use the new centre.

Meeting with representatives of Ceredigion County Council

Present:

- William Powell AM, Chair of the Petitions Committee
- Bethan Jenkins AM, Petitions Committee member
- Elin Jones AM (observer)
- Ellen ap Gwynn, Leader of the Council
- Catherine Hughes, Cabinet Member
- Shirley Steen, Officer in Charge of the Day Centre
- Sue Darnbrook, Assistant Director (Adults & Mental Health)
- Alan Baily, Architect
- Peter Gough, Health & Safety
- Abigail Phillips, Committee Clerk
- Alex Phillips, AMSS

The Leader of the Council welcomed everyone to the meeting. The Chair of the Petitions Committee thanked the Leader for honouring the meeting date, given the pressures on her time following the recent floods. Sympathies were offered to the victims of the floods.

The Chair explained that the Committee had received a petition relating to the new Day Care Centre, and had met with petitions to hear their concerns.

The Council Leader explained that decisions made before the elections relating to the Mill Street Area development were binding, and carried a heavy financial penalty should the council now reverse the decision. The decision had been made under European Procurement Rules and used a matrix for bidder selection. Following selection, the developers chosen requested a bigger footprint of land for development that included both the Park Avenue Day Care Centre and the Drill Hall, which had been the council's preferred site for Day Care provision. It was then that the library site was identified for the Day Care provision. It was acknowledged that there had been insufficient

consultation and that no alternatives had been sought. Although the Day Care provision is non-statutory, the Leader of the Council made it clear that the provision would continue. Some service users had been distressed by newspaper reports speculating on the future and current provision of care at the new centre. Service users had told Councillors that they preferred to move than have no provision at all.

The Assistant Director (Adults and Mental Health) told the Committee that falling rolls for Day Care Centres are typical across Councils as service users seek alternative provision through direct payments and community based services if they don't need the specialist care provided at centres like that at the Town Hall, and because people are typically remaining healthier for longer. Only one gentleman had not transferred to the new centre and this is because he has chosen not to.

The Football Club now provides a luncheon club for those service users who used to access the drop in sessions on Wednesdays. The sessions are reported to be well attended and growing in popularity.

The integration of the specialist Day Care Centre in the basement of the Town Hall and the library on the Ground and upper floor of the Town Hall was felt to go some way towards integrating older people with other members of the community. It was also felt that the new centre is more intimate and encourages people to converse and use the library facilities. Two senior citizen groups were using the centre on a regular basis for meetings.

The lack of a public bus service was recognised as an issue. The Council is hoping that a service bus will soon be serving the Town Hall.

The entrance ramp that is open to the elements had also been identified as an issue. The Council intends to create a covered entrance to the side of the Town Hall that will enable service users to alight from buses and enter the Day Care Centre while staying undercover.

The Petitions Committee shared petitioners' concerns regarding the combined shower and disabled toilet but staff reassured the Committee that no patient had needed to access the toilet while the shower had been in use. Showers were planned to take place while other service users were in activities and unlikely to ask to use the toilet. There were alternative disabled toilets elsewhere in the building for wheelchair users, although very few wheelchair users attended the Centre. Alternative toilets for ambulant users were available

Council officials told the Committee that, where possible, bathing should take place away from the Day Care Centre as it was not the right environment or setting for such levels of personal care. Those service users who need aids or adaptations in order to be able to bathe or shower at home were being assessed and provided with equipment or, where appropriate, had been offered a bath at an alternative venue. The Committee was told that only one service user was still awaiting a bath, but that a bath at an alternative venue had been offered to her.

The Committee was told that the architect had worked with building control and fire officers during the design, construction and post-construction stage to ensure that the needs of users were taken into account. The Health and Safety assessment of the building showed that provision for a fire emergency was over and above the standards required.

The Leader of the Council confirmed that a review of the provision would take place around the end of April next year, and that she would welcome that to be carried out by the Care and Social Services Inspectorate Wales as regulating body. Service user comments are being regularly gathered and acted on in the meantime. A service users group will be formed to enable attendees at the centre to shape the service.

The Committee agreed to send those present a note of the meeting, and to keep them informed of the Committee's consideration of the petition.

The Committee was then given a tour of the library facilities and Day Care Centre before chatting with service users and sharing a meal with them.

Feedback from service users

The Committee was aware that not all service users were present on the day of the visit, although the centre was full to capacity on that day. Members sensed a certain amount of anxiety from some service users who felt that they had to 'put up' with the new centre or risk losing it altogether.

Service users praised the staff, activities and quality of food at the centre.

Some service users said that they missed the bathing facility.

The lack of a covered entrance was problematic with users having to sit in wet clothes after getting wet on the way in. There was a fear that this would get worse in the winter months.

Some users asked the Committee to do what they could to re-open the old facility as it was just sitting empty.

Some users seemed to feel that they had been treated as unimportant because they had been moved to the basement facility.

One lady felt that alternatives for bathing should have been put in place before the move to the Town Hall.

Committee Service

June 2012

Agenda Item 5.7

P-04-369 Against the proposed Cardiff to Newport coastal path

Petition wording:

We call upon the National Assembly for Wales, to urge the Welsh Government and the Countryside Council for Wales to terminate the Proposed Coastal Path around Wales, at Cardiff.

Petition raised by: Roger Price

Date petition first considered by Committee: 28 February 2012

Number of signatures: 14

Supporting information: We believe installing the path between Cardiff and Newport and beyond, will cause an excessive and destructive level of disturbance to the 1000's of wild shorebirds, easily put to flight (Tolerance to people, Curlew: c.400yds. Dunlin and Redshank: c.200 to 300yds.), which depend for their rest and security, on this narrow strip of land and saltmarsh, adjacent to their feeding zone.

Designated as a Site of Special Scientific Interest for the purposes of conservation, and part of the internationally 'Important for birds', Severn Estuary. This has been a refuge for what must be 1000's of years, and often under threat.

While many other options exist for walking, this is not the case for this coastal habitat.

When disturbed, these birds have to fly to another area where a human being is not within their field of tolerance. This entails using up valuable energy and disturbance of their resting patterns. With multiple disturbances this could lead to flocks of birds permanently deserting this area seeking other feeding areas, which in the modern world, are already under pressure. Members of the Glamorgan, Gwent and the RSPB bird watching societies and others, present and future, will be deprived of this valuable local asset.<



nature's voice
llais natur



William Powell AM

Chair of the Petitions Committee

National Assembly for Wales,

Cardiff Bay,

Cardiff,

CF99 1NA

11th June 2012

Dear Chair,

Re: Letter concerning Petition: Against the Proposed Cardiff to Newport Coastal Path

Thank you for your letter seeking the RSPB's views on the possible impacts on wintering waterbirds of the Cardiff to Newport stretch of the Wales Coastal Path (WCP).

The RSPB supports the quiet enjoyment of the countryside, and encourages its million members, and members of the public, to access the countryside and its wildlife responsibly. The Wales Coastal Path is an important means of enabling and encouraging access to Wales' incredible coastline and marine environment.

There have been a number of sections of the WCP across Wales where appropriate measures and some realignment has been necessary to avoid any material (i.e. significant) adverse impacts on nationally important populations of bird species of acknowledged conservation concern, and statutorily designated nature conservation sites. It will be important that these sites are monitored, employing approved survey methods, and appropriate further action is taken if required.

In terms of the Cardiff to Newport stretch of the WCP, the petition focuses around possible impacts on populations of wintering waterfowl which are features of the Severn Estuary Special Protection Area (SPA), which is internationally important for its bird interest, the main possible adverse impacts cited by the petitioners being

Wales Headquarters
Sutherland House
Castlebridge
Cowbridge Road East
Cardiff
CF11 9AB

Pencadlys Cymru
Tŷ Sutherland
Pont y Castell
Heol Ddwyrainiol y Bont-faen
Caerdydd
CF11 9AB

Tel/ffôn 029 2035 3000
Fax/ffacs 029 2035 3017
www.rspb.org.uk



disturbance to these populations by walkers and their dogs.

The Countryside Council for Wales (CCW) commissioned an Appropriate Assessment (AA) pursuant to the Habitats Regulations (under which the Severn Estuary SPA is designated). The AA, which was completed in May 2011, concluded that, provided that certain steps were taken to avoid the risk of adverse impacts on the integrity of the site, the WCP at these locations would not have an adverse effect on the integrity of the SPA.

These steps included :-

- Realignment of the path at certain locations
- Screening of the path at certain locations
- Implementation and enforcement of Dog Control Orders
- Severe winter weather restrictions
- Use of signage, to ensure users do not stray from the path at certain locations

The CCW report also concluded that there will need to be a comprehensive programme of monitoring and review of these measures to ensure their success, and that further measures may be introduced if needed.

RSPB Cymru supports these conclusions, provided that they are thoroughly enforced, and are in place in perpetuity. We look to all stakeholders in this process to ensure that the laudable aim of encouraging the public to experience the wildlife spectacles which the Wales Coastal Path can offer at this location does not compromise the wildlife which makes it so attractive to the public.

Please let me know if I can provide any further information to the Committee.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Sean F. Christian". The signature is written in a cursive, flowing style.

Sean Christian
Head of Conservation

PET(4)-11-12 : Monday 2 July 2012

P-04-369 : Against the proposed Cardiff to Newport Coastal Path

25 June 2012

Email from Petitioner

We do not have any updates to our petition to send you, following on from our suggestion of an alternative inland route within our previous communication, which has been the policy adopted for many miles around sensitive areas of coastline or industrial areas etc. Consequently this is a reply to the letter of 12th June from Mr Sean Christian of RSPB CYMRU. Please note that the Petition is a concern for disturbance to Shorebirds, not specifically wintering waterfowl, and to more walkers not specifically dog walkers.

The members of the committee may not know that most birdwatching of Shorebirds is done through birdwatching telescopes. Magnification power 30 to 60X. This allows birdwatching at a distance. The RSPB fits out its reserves with viewing hides and screened approach routes from behind or the side. Disturbance is eliminated. The best way for people to learn how to birdwatch is to join the RSPB, or the Gwent Ornithological Society, or the Glamorgan Bird Club and take part in organised field trips and learn how to identify various bird types and interact responsibly with these wildlife areas in an informed way.

Roger Price

PET(4)-11-12 : Monday 2 July 2012
P-04-369 : Against the proposed Cardiff to Newport Coastal Path

To: Welsh Assembly Petitions Committee.

Re Petition : Against The Cardiff To Newport Coastal Path and Beyond

25.06.2012

Response to letter of Mr Sean Christian of RSPB CYMRU - 11th June 2012.

Firstly we acknowledge the splendid work the RSPB does. The Society being generated out of a small group of conservation enthusiasts, who created the first reserve on the east coast of England. The RSPB reserves are usually enclosed areas of desirable habitat that they have purchased and which can be managed and protected on a continuous basis, since they are in control.

I am not aware of any interest the RSPB has had in the coastline of the Welsh side of the Severn Estuary, which is the subject of our petition. That is until, or just prior to, the Cardiff Bay Development when they became interested in the purchase of the Uskmouth Power Station settling pool reedbeds and also creation of a reserve area as part of Cardiff Bay.

As events turned out, the whole Uskmouth and Goldcliffe area was developed as a bird reserve by the CCW. In recent years the RSPB has built a visitor centre at Uskmouth, in some kind of arrangement with the Countryside Commission for Wales.

The concern at stake is to prevent any more disturbance to this coastline habitat. Reference is made to the Appropriate Assessment which was carried out by the CCW and completed in May 2011. The fact that their report concluded that there would need to be a comprehensive programme of monitoring and review of the measures proposed, confirms the CCW's previously stated opinion that 'all supporting habitats are highly vulnerable to noise and visual disturbance'. Regulation 33.5.7.2.3.viii.
THE SEVERN ESTUARY, SPECIAL AREA OF CONSERVATION, SPECIAL PROTECTION AREA.

The RSPB letter repeats some key points of the CCW Report.

* Realignment of the path at certain locations.

The length of path which is of concern is 7 miles of route to the southeast of Newport, a mile at Goldcliff Pill and 2.5 miles at Magor Pill and Undy foreshore to the northeast of Newport. The opportunity for local realignment seems very limited.

*Screening of the path at certain locations.

This would presumably refer to heavy duty expensive wooden screening, but since the potential problem of disturbance exists all along the coast, we doubt whether it can be usefully or economically employed.

*Dog Control Orders.

This would be necessary if more dog walkers drove to sections of the coastal path in order to walk their dogs. However it is the presence of increased numbers of people, with or without dogs which is the concern.

*Signage: Straying from the seawall can exacerbate the problem. We do not wish the path to be created here in any case, bringing in a small number of coastal walkers who already have a marvellous choice for rambles in South Wales to choose from. Any such signage should be specific to the walkers, since fishermen, birdwatchers, wildfowlers etc already using the coast, do so over the whole area.

*Comprehensive monitoring.

When the monitoring discovers there is a problem, providing the monitors are present at the problem incidents, the likely solution will be to divert the path away from the coast. Walkers are

unlikely to respond to a request to use the track behind the seabank, since then they would lose the view. Monitoring along the length of the path around the year would be a major task.

The problems and the desire of the Welsh Government to have a continuous path to Chepstow can be resolved by putting the Shorebird conservation interest first, and routing the path north of the coast, in the way we have suggested on alternative route maps sent to the committee, and which is consistent with other necessary inland diversions of the Welsh Coastal Path, including those around bird reserves.

Agenda Item 5.8

P-04-378 Extend the Gower Area of Outstanding Natural Beauty

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to ensure that the Gower Society's proposal for the Gower Area of Outstanding Natural Beauty to be extended is expedited, given that the request has been with the CCW for consideration since 2005 and the fact that, as of December 2011, the CCW is no longer considering such proposals due to the potential establishment of a new Single Environment Body for Wales.

Petition raised by: The Gower Society

Date petition first considered by Committee: 13 March 2012

Number of signatures: 1 (from an organisation)

Supporting information: On 1 March 2005, The Gower Society (one of the oldest and largest local amenity groups in Wales) wrote to the Countryside Council for Wales requesting it to consider extending the Gower Area of Outstanding Natural Beauty to areas in the north east of the Gower peninsula, parts of the Loughor Estuary and Loughor Conservation Area, and much of the upland area of Mawr.

The response of the Chief Executive of CCW (29.03.05) was that CCW was working with Denbighshire County Council "to work up a process that will inform any decisions on whether a tract of land should be put forward as a proposal for AONB designation. It is intended that the resultant process will be entirely transferable to any other areas in Wales." He went on to say: "It is likely that this pilot will be completed by March 2006".

A series of correspondence has followed this initial exchange and several meetings have taken place at National Assembly offices between representatives of The Gower Society and CCW, arranged by – and usually in the presence of – Edwina Hart, Assembly Member for Gower.

Two meetings were held with Ms Jane Davidson when she was Minister with responsibility for the environment, and on 18.07.11, representatives of The Gower Society met Mr John Griffiths, Minister for (inter alia) the Environment.

At each of these three meetings the proposed AONB extension was discussed.

The City and County of Swansea's policy is to support such an extension and Mawr Community Council (the area most largely affected by the proposal) has expressed its full support.

After the Clwyddian Range and Dee Valley designation Order was confirmed by the Minister on 22.11.11, we wrote to CCW again, urging them now to move forward with our 2005 proposal for the Gower AONB. The Chief Executive's reply noted the Welsh Government's approval of the case for establishing a Single Environment Body for Wales. "Given these momentous changes", he continued "we will be focussing our efforts in the next 18 months in working... to ensure a smooth transition from CCW to the SEB". Therefore "We are not in a position to consider any further proposal for boundary changes or new designations".

By then, it will have been over eight years since our proposal was first put to CCW. In our view, this length of delay is unreasonable, and we call upon the National Assembly for Wales to expedite this process.



Cyngor Cefn Gwlad Cymru Countryside Council for Wales

CADEIRYDD/CHAIRMAN: MORGAN PARRY • PRIF WEITHREDWR/CHIEF EXECUTIVE: ROGER THOMAS

Anfonwch eich ateb at/Please reply to: Roger Thomas, Prif Weithredwr/Chief Executive
Cyfeiriad Isod/Address Below
Llinell Union/Direct Line: 01248 387146; Ffacs/Fax: 01248 385506
Ebost/Email: n.sanpher@ccw.gov.uk

Abigail Phillips
Clerk to Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

7 June 2012

Dear Ms Phillips

PETITIONS COMMITTEE- GOWER SOCIETY PETITION RE: PROPOSED GOWER AONB

This is in response to William Powell's letter of 21st May 2012, regarding the Gower Society's proposal for CCW to give consideration towards extending the Gower AONB.

CCW welcomes the Gower Society's interest in this matter and, as you will be aware, we receive a number of such requests on a regular basis. We have been consistent and clear in all our responses to the Gower Society, that we are concentrating resources on finalising work in relation to the Clwydian Range & Dee Valley AONB. In addition, our work on the Y Berwyn & Ceiriog Valley needs to be concluded before any new proposals can be formally considered.

As set out previously, the technical, legal and lengthy nature of the designation process means that it is not possible to conclude this before we lose our statutory designation powers. In the interim period before the new Single Body's establishment, we will be concentrating our reduced staff resources on supporting operational readiness for the new organisation and meeting our agreed Remit Letter targets. The latter includes progressing the work in North East Wales outlined above, which is likely to go forward into the Single Body.

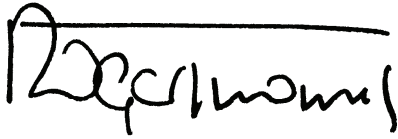
In Sustaining a Living Wales, Welsh Government have also announced their intention to undertake a review of all designations in order to inform the proposed Environment Bill. It is possible that this proposal may make changes to the statutory purposes of Protected Landscapes and provide opportunities for new types of landscape designations, which could become available for consideration. For all these reasons, I hope that you will understand that it would not be appropriate or feasible for CCW to proceed with consideration of this proposal at the current time.



Gofalu am natur Cymru - ar y tir ac yn y môr • Caring for our natural heritage - on land and in the sea

Please let me know if I can be of further assistance with the Committee's work.

Yours sincerely

A handwritten signature in black ink, appearing to read "Roger Thomas". The signature is written in a cursive style and is positioned below the text "Yours sincerely".

Roger Thomas
Chief Executive

Agenda Item 5.9

P-04-360 Penylan Not Spot Petition

Petition wording:

We the residents of Penylan ward of Cardiff Central constituency are being denied full access to the internet.

The continued failure of BT and all other telecommunication providers to invest anything in the area between Cyncoed Road and the A48 Llanederyn Interchange means that nearly 500 homes are only able to receive 20% of the minimum UK acceptable internet speed of 2 megabites. The majority of UK households receive speeds of at least 5 to 10 mbs. We call upon the Welsh Government to take action to end the Penylan Not Spot.

Petition raised by: Penylan residents

Date petition first considered by Committee: 24 January 2012

Number of signatures: 348

PET(4)-11-12 : Monday 2 July 2012
P-04-360 : Penylan Not Spot Petition

Correspondence from Robert Ford (on behalf of BT Wales)

Further to our phone conversation, I am pleased to provide further information in relation to the petition 'Penylan Not Spot Petition (P-04-360)' to update Members of the Committee on BT's current commercial investment plans in the area.

You will be aware that Penylan is served by the Roath exchange in Cardiff. The 'go live' date for the Roath exchange is December 2012. At this point, some of the cabinets within the planned rollout will be live and Openreach 'releases' the exchange to communications providers who can then choose to offer fibre services to their customers. In the weeks after an exchange 'go live' date, all of the cabinets within the roll-out will be enabled and made available to communications providers to offer fibre service.

Please do hesitate to contact me for any further information.

Kind regards,

Robert Ford
(on behalf of BT Wales)

Agenda Item 5.10

P-04-364 Fibre Optic for Rural Areas

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to do more to support the roll-out of next generation/fibre optic broadband and to ensure that it is available to everyone in Wales by 2013, including Ecommerce, new communication businesses (IT Industry) and enhanced communication between current businesses while having the side effect of benefiting the local communities. For an example, in the Valleys many families and businesses are stuck with slow speeds in comparison to the rest of the UK. This petition is to get Fibre Optic installed to these areas where businesses already are to be able to help revive the poorest areas in Wales/Cymru.

Petition raised by: Kai Childheart

Date petition first considered by Committee: 7 February 2012

Number of signatures: 17

Supporting information: At the moment the Internet Service Providers are under their own duty to get speeds to certain areas and they are partially backed (for the whole of the UK) to get Highspeed Internet to the rural areas. Ofcom & Fujitsu for instance. However this is not a welsh initiative and I personally believe it could provide work for Wales should the Assembly press for it. The benefits to businesses would be great in terms of Communication and E-Commerce and also to attract new business!

Edwina Hart MBE OStJ AC / AM
Y Gweinidog Busnes, Menter, Technoleg a Gwyddoniaeth
Minister for Business, Enterprise, Technology and Science



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-364
Ein cyf/Our ref EH/06004/12

William Powell AM
Chair
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

8th June 2012

Dear William,

Thank you for your letter of 21 May asking for an update on the roll out of next generation broadband to rural areas across Wales.

We are addressing a lack of high speed broadband availability through the Next Generation Broadband for Wales project, which seeks to ensure that residential and business premises across Wales have access to high speed broadband by 2015. The project will intervene in areas where the private sector is not investing and this predominately includes rural, remote and deprived areas.

The procurement process for the Next Generation Broadband Wales project has very nearly concluded and we anticipate that a preferred bidder will be announced in the near future. We are on track to deliver the Programme for Government target by 2015.

In the meantime, in 2012/13 the successful Broadband Support Scheme will continue to run alongside the NGBW project to provide support to rural 'not spot' and 'slow spot' areas in Wales.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.edwina.Hart@Wales.gsi.gov.uk
Printed on 100% recycled paper

Datganiad: Cynhwysiant Digidol/Cymunedau 2.0

Statement: Digital Inclusion/Communities 2.0

The Record

The Minister for Finance and Leader of the House (Jane Hutt): People's lives are being transformed by their use of the internet: searching and applying for jobs, accessing public services, shopping—often with more choice and lower prices than on the high street—online banking, or just keeping in touch with friends and family. The pace at which technology is changing the way that our society and economy works is astonishing, so much so that in our modern society, the need to be digitally included is fast becoming a necessity.

Everyone should be able to benefit from using the latest digital technologies. This is a key social justice and equality issue that cuts across all areas of society, and one which we should all embrace. Yet in 2010, a third of the Welsh population—around 785,000 people—were not accessing the internet. Let us be clear what that means for individuals and families in Wales: they cannot apply for jobs that are increasingly only advertised online and require an e-mail application; they cannot save money by securing better deals on fuel bills and car insurance, which are often worth hundreds of pounds a year; and they cannot get their voice heard. Increasingly, the only way to make complaints is through the internet, and one of the main ways for individuals to influence Government is via e-petitions. People who are not accessing the internet cannot benefit from the convenience and simplicity of accessing online public services, such as those that allow them to renew their car tax or book a GP appointment. I am particularly concerned to ensure that digital proposals in the UK Government welfare reforms do not result in excluding some of the most disadvantaged people in Wales from these services.

Y Gweinidog Cyllid ac Arweinydd y Tŷ (Jane Hutt): Mae bywydau pobl yn cael eu trawsnewid gan eu defnydd o'r rhyngwrwyd: drwy chwilio a gwneud cais am swyddi, defnyddio gwasanaethau cyhoeddus, siopa—yn aml gan gael mwy o ddewis a phrisiau is na'r stryd fawr—bancio ar-lein, neu gadw mewn cysylltiad â ffrindiau a theulu. Mae'r cyflymder y mae technoleg yn newid y ffordd y mae ein cymdeithas a'n heconomi yn gweithio yn rhyfeddol, gymaint felly fel bod yr angen yn ein cymdeithas fodern i gael eich cynnwys yn ddigidol yn prysur ddod yn angenrheidiol.

Dylai pawb allu elwa ar ddefnyddio'r technolegau digidol diweddaraf. Mae hwn yn fater cyfiawnder cymdeithasol a chydaddoldeb allweddol sy'n berthnasol i bob rhan o gymdeithas, a dylem oll ei groesawu. Fodd bynnag, yn 2010, nid oedd traean o boblogaeth Cymru—tua 785,000 o bobl—yn defnyddio'r rhyngwrwyd. Gadewch inni fod yn glir ynghylch beth mae hynny'n ei olygu i unigolion a theuluoedd yng Nghymru: ni allant wneud cais am swyddi sydd yn gynyddol yn cael eu hysbysebu ar-lein yn unig ac y mae angen gwneud cais amdanynt drwy e-bost; ni allant arbed arian drwy gael bargeinion gwell ar filiau tanwydd ac yswiriant car, sy'n aml yn werth cannoedd o bunnoedd y flwyddyn; ac ni allant leisio'u barn. Yn gynyddol, yr unig ffordd i wneud cwynion yw drwy'r rhyngwrwyd, ac un o'r prif ffyrdd y gall unigolion ddylanwadu ar y Llywodraeth yw drwy e-ddeisebau. Ni all pobl nad ydynt yn defnyddio'r rhyngwrwyd elwa ar y cyfleustra a'r symlewydd o gael gafael ar wasanaethau cyhoeddus ar-lein, fel y rhai sy'n eu galluogi i adnewyddu eu treth car neu drefnu apwyntiad gyda meddyg teulu. Rwy'n arbennig o awyddus i sicrhau na fydd y cynigion digidol yn niwygiadau lles Llywodraeth y DU yn

arwain at eithrio rhai o'r bobl fwyaf difreintiedig yng Nghymru o'r gwasanaethau hyn.

The reasons why people are not digitally included are many and varied. Some do not see it as relevant to them, some lack the skills and trust to use the technology safely and confidently, and many simply cannot afford the equipment and services to be online. This Government is committed to reducing digital exclusion and the associated risk of increasing social and economic exclusion. Our digital inclusion framework identified that the majority of the digitally excluded in Wales are likely to be older people, the unemployed, residents of social housing, or disabled people. It is therefore logical that our digital inclusion activity is focused on these groups.

We are working towards our 2015 target to reduce digital exclusion to 25% of the adult population. That means getting an additional 200,000 people online compared with the figure in 2010. There are already signs that we are making good progress. Indeed, the most recent Ofcom take-up figures for 2011 suggest a 7% decrease in exclusion to 29% since 2010. We will have an accurate picture of progress when the next national survey data comes out in September.

A fully digitally-included society has the potential to improve people's lives and the communities in which they live. It can create economic opportunities, improve skills and offer more convenient access to services, including public services. Putting public services online can be an opportunity to engage more people, simplify services and reduce costs. However, we must recognise that access to online services will continue to represent a challenge for some. Those people will need the appropriate support, whether face-to-face, over the phone or through intermediaries, to ensure that those who most need access to services will be able to access them. Digital exclusion cannot be tackled in isolation and needs support across the public,

Mae nifer o resymau amrywiol pam nad yw pobl wedi'u cynnwys yn ddigidol. Nid yw rhai yn ystyried y peth yn berthnasol iddynt, nid oes gan rai'r sgiliau na'r ffydd i ddefnyddio'r dechnoleg yn ddiogel ac yn hyderus, ac mae llawer o bobl na allant fforddio'r offer a'r gwasanaethau y mae eu hangen i fod ar-lein. Mae'r Llywodraeth wedi ymrwymo i leihau allgáu digidol a'r risg gysylltiedig o gynyddu allgáu cymdeithasol ac economaidd. Canfu ein fframwaith cynhwysiant digidol fod mwyaftrif y bobl sy'n cael eu hallgáu'n ddigidol yng Nghymru yn debygol o fod yn bobl hŷn, yn ddi-waith, yn drigolion tai cymdeithasol, neu'n bobl anabl. Felly, mae'n rhesymegol fod ein gweithgarwch ym maes cynhwysiant digidol yn canolbwyntio ar y grwpiau hynny.

Rydym yn gweithio tuag at ein targed o leihau allgáu digidol i 25% o'r oedolion yn y boblogaeth erbyn 2015. Mae hynny'n golygu sicrhau bod 200,000 yn ychwanegol o bobl ar-lein o gymharu â'r ffigur yn 2010. Mae arwyddion eisoes ein bod yn gwneud cynnydd da. Yn wir, mae ffigurau mwyaf diweddar Ofcom ynghylch nifer y bobl a ddaeth ar-lein yn 2011 yn awgrymu y bu gostyngiad o 7% yn y lefel allgáu er 2010, i 29%. Bydd gennym ddarlun cywir o'r cynnydd a wnaed pan fydd data'r arolwg cenedlaethol nesaf yn cael eu cyhoeddi ym mis Medi.

Mae gan gymdeithas sy'n gwbl gynhwysol yn ddigidol y potensial i wella bywydau pobl a gwella'r cymunedau y maent yn byw ynddynt. Gall greu cyfleoedd economaidd, gwella sgiliau a chynnig mynediad mwy hwylus at wasanaethau, gan gynnwys gwasanaethau cyhoeddus. Gall rhoi gwasanaethau cyhoeddus ar-lein fod yn gyfle i ymgysylltu â mwy o bobl, symleiddio gwasanaethau a lleihau costau. Fodd bynnag, rhaid inni gydnabod y bydd mynediad at wasanaethau ar-lein yn parhau i fod yn her i rai. Bydd angen y cymorth priodol ar y bobl hynny, boed wyneb-yn-wyneb, dros y ffôn neu drwy gyfryngwyr, i sicrhau bod y rhai sydd fwyaf o angen mynediad at wasanaethau yn gallu cael mynediad atynt. Ni ellir mynd i'r

private and third sectors. The Welsh Government approach is to align policies and plans, co-ordinate activities towards the common goal of digital inclusion, and to secure buy-in from a wide range of stakeholders across all sectors. As a Government, we will continue to ensure that our policies, strategies and initiatives—whether growth and prosperity, public service delivery, tackling poverty or independent living—align with our vision of a digitally-inclusive Wales.

The Government has supported many different and complementary areas of activity that encourage or help people to be online, including engagement through libraries, learning opportunities and volunteering. Key to achieving these has been the Communities 2.0 programme. It has helped many thousands of people in some of the most deprived areas of Wales to go online and start accessing the benefits and opportunities that so many of us take for granted. The programme, which has a further three years to run, has successfully linked with other campaigns and initiatives, such as the BBC First Click campaign, BT's Get IT Together initiative and Digital Day, part of Adult Learners' Week. I have visited a number of projects over the last year, and each time I have been impressed by the positive impact that the internet can have on people's lives, whether it is care home residents learning to use Skype to keep in touch with family, or somebody buying goods online for the first time—the sense of achievement and confidence they show is remarkable. That can then encourage them to do more online and enjoy even greater benefits. Just last week on Digital Day, as part of Adult Learners' Week, I visited a project in Blackwood that is helping local housing association tenants—many of whom were unemployed—to learn more about how to use the internet, including how to search and apply for jobs online.

afael ag allgau digidol ar ei ben ei hunac mae angen cymorth ar draws y sector cyhoeddus, y sector preifat a'r trydydd sector yn hynny o beth. Dull Llywodraeth Cymru yw alinio polisïau a chynlluniau, cydgysylltu gweithgareddau tuag at y nod cyffredin o gynhwysiant digidol a sicrhau ymrwymiad ystod eang o randdeiliaid ar draws pob sector. Fel Llywodraeth, byddwn yn parhau i sicrhau bod ein polisïau, strategaethau a mentrau—boed yn hyrwyddo twf a ffyniant, darparu gwasanaethau cyhoeddus, mynd i'r afael â thlodi neu fyw'n annibynnol—yn cyd-fynd â'n gweledigaeth o Gymru sy'n ddigidol gynhwysol yn.

Mae'r Llywodraeth wedi cefnogi nifer o weithgareddau gwahanol a chyflenwol sy'n annog neu'n helpu pobl i fod ar-lein, gan gynnwys ymgysylltu trwy lyfrgelloedd, cyfleoedd dysgu a gwirfoddoli. Mae rhaglen Cymunedau 2.0 wedi bod yn hanfodol wrth Cymunedau 2.0 wedi bod yn hanfodol wrth miloedd o bobl mewn rhai o ardaloedd mwyaf difreintiedig Cymru i fynd ar-lein a dechrau cael mynediad at y manteision a'r cyfleoedd y mae cymaint ohonom yn eu cymryd yn ganiataol. Mae'r rhaglen, sydd â thair blynedd arall i redeg, wedi cysylltu'n llwyddiannus ag ymgyrchoedd a mentrau eraill, fel ymgyrch First Click y BBC, menter Get IT Together BT a'r Digital Day, rhan o'r Wythnos Addysg and Digital Day, part of Adult Learners' Week. I Oedolion. Rwyf wedi ymweld â nifer o brosiectau yn ystod y flwyddyn ddiwethaf, a phob tro, yr hyn sydd wedi cael argraff arnaf yw'r effaith gadarnhaol y gall y rhyngwrwd ei chael ar fywydau pobl, boed yn breswylwyr mewn cartref gofal yn dysgu sut mae defnyddio Skype i gadw mewn cysylltiad â theulu, neu rywun yn prynu nwyddau ar-lein am y tro cyntaf—mae'r ymdeimlad o gyflawniad a hyder y maent yn ei ddangos yn rhyfeddol. Gall hynny wedyn eu hannog i wneud mwy ar-lein ac elwa hyd yn oed yn fwy. Dim ond yr wythnos diwethaf ar Digital Day, fel rhan o'r Wythnos Addysg Oedolion, bûm yn ymweld â phrosiect yn y Coed Duon sy'n helpu tenantiaid y gymdeithas dai leol—llawer ohonynt yn ddi-waith—i ddysgu mwy am sut i ddefnyddio'r rhyngwrwd, gan gynnwys sut i chwilio am swyddi ar-lein a gwneud cais amdanynt.

Through the Communities 2.0 initiative, we have supported a pan-Wales project with Care and Repair Cymru whereby case workers assist people to get online in their homes.

Communities 2.0 also recently supported Age Cymru's Myfriends Online Week, which helped older people to make more use of social media. We also work closely with organisations such as Age Cymru and Disability Wales to increase internet take-up among their members, which helps to reduce isolation and assists independent living. We recognise the opportunities afforded by the digital age to boost the Welsh language by encouraging people to use Welsh in everyday life through new technology and social media. Communities 2.0 activities are delivered in the language of people's choice and a number of dedicated Welsh-language initiatives are supported. The importance of volunteering in tackling digital inclusion is reflected in the joint initiative that Communities 2.0 and the Wales Council for Voluntary Action are taking to host a conference this autumn on volunteering in a digital age.

This is a cross-cutting issue that needs to be mainstreamed across organisations in all sectors. The economic potential of more people being online is considerable. In an increasingly digital age, we need to do everything we can to ensure that Wales can fully reach its digital potential, while ensuring that people are not left behind. Simply put, I see this as a social necessity and an economic opportunity.

Drwy'r fenter Cymunedau 2.0, rydym wedi cefnogi prosiect ledled Cymru gyda Gofal a Thrwsio Cymru lle mae gweithwyr achos yn cynorthwyo pobl i fynd ar-lein yn eu cartrefi. Yn ddiweddar, bu Cymunedau 2.0 hefyd yn cefnogi Myfriends Online Week Age Cymru, a oedd yn helpu pobl hŷn i wneud mwy o ddefnydd o gyfryngau cymdeithasol. Rydym hefyd yn gweithio'n agos gyda sefydliadau fel Age Cymru ac Anabledd Cymru i gynyddu'r defnydd o'r rhyngwrwyd ymhlith eu haelodau, sy'n helpu i leihau unigrwydd ac yn cynorthwyo byw'n annibynnol. Rydym yn cydnabod y cyfleoedd a gynnigir gan yr oes ddigidol i roi hwb i'r iaith Gymraeg trwy annog pobl i ddefnyddio'r Gymraeg yn eu bywyd bob dydd drwy dechnoleg newydd a chyfryngau cymdeithasol. Caiff gweithgareddau Cymunedau 2.0 eu cynnig i bobl yn eu dewis iaith ac mae nifer o fentrau yn yr iaith Gymraeg yn benodol yn cael eu cefnogi. Mae pwysigrwydd gwirfoddoli o ran mynd i'r afael â chynhwysiant digidol yn cael ei adlewyrchu yn y fenter ar y cyd rhwng Cymunedau 2.0 a Chyngor Gweithredu Gwirfoddol Cymru i gynnal cynhadledd yn yr hydref ar wirfoddoli mewn oes ddigidol.

Mae hwn yn fater trawsbynciol y mae angen ei brif-ffrydio ar draws sefydliadau ym mhob sector. Mae potensial economaidd cael mwy o bobl ar-lein yn sylweddol. Mewn oes fwyfwy ddigidol, mae angen inni wneud popeth o fewn ein gallu i sicrhau y gall Cymru gyrraedd ei llawn botensial yn ddigidol, tra'n sicrhau nad yw pobl yn cael eu gadael ar ôl. Yn syml, rwy'n gweld hyn fel anghenraid cymdeithasol a chyfle economaidd.

Agenda Item 6.1

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PET(4)-11-12 : Monday 2 July 2012

P-04-341 : Waste and Incineration

Paper to Note

Dr Dick van Steenis MBBS

Petitions Committee
National Assembly for Wales
Cardiff Bay, CARDIFF CF99 1NA

YOUR REF P-04-341 WASTE & INCINERATION. Oral evidence

Thank you for allowing me to provide my response in brief to your oral sessions of 27 March and 1 May 2012 which I was unable to attend due to being in hospital and subsequent slow recovery.

The two sessions comprise incinerator lobbyist propaganda & serious misinformation with an occasional pertinent comment. The chief incinerator lobbyist (Mark Broomfield) was lead author of the infamous 2004 DEFRA “review”. He told me at a public meeting he had plucked his figures out of the air hence the DEFRA report relied upon by HPA, PCTs, Health Boards & Environment Agency is worthless fiction. Broomfield wrote Surrey County Council that he worked for various incinerator companies with Friends of the Earth. Hence FoE policy has ignored health data proving UK incinerators are unsafe and has promoted MBT & anaerobic digestion both of which provide an unsafe end product that must go to landfill or in the case of MBT go to an incinerator causing yet more incinerators to be built (eg Ferrybridge). These policies do not solve landfill or UK incinerator problems. The FoE speakers have no solution for business, imported or hazardous waste.

The seriousness of the corruption and lies by the HPA have led to tens of thousands of deaths pa in the UK from the junk quality UK EfW (incinerators), in other words they have been promoting mass murder without any evidence whatsoever of single or cocktail effects of these plants, refusing to map out health data as ordered by the WHO 1997 & USEPA more recently BEFORE determining public health policy. My colleague Michael Ryan has documentary proof that on or about 17 November 2005 the HPA hosted a secret meeting of polluter with the regulators, discussing how to cover up the deaths and how to suppress the facts from the public.

The Welsh current policy is breaking many laws including EC/50 (refusing to accurately measure PM2.5s in the communities so the annual 25ug/m3 limit can be broken in Newport, Cardiff etc causing needless deaths). EC/98 stipulates that the latest safest technology must be used to protect public health, meaning plasma gasification. EC/98 states the public must be involved from the outset—which is not happening, and that fuel conventionally used to heat plants is classified as hazardous. The Human Rights Act is being ignored by needless killing, maiming & wrecking of family life. The IPPC is being broken as PM2.5s are not measured at the stack or community while companies use fake modelling to allege grounding of around an extra 0.02ug/m3 without a single measurement, while actual emissions from Wolverhampton & SELCHP must have exceeded an extra 29ug/m3 PM2.5s annually,

leading to SMRs of 159 (Essington) & 161 (New Cross) respectively and 11 years off lifespan (Essington).

References to incinerators in other countries are deceptive when technology, abatement and working temperatures vary hugely between countries. The UK 850C temperature is far below the over 1000C used in USA, Finland & Sweden. Reference to Denmark as being a model for incinerators (& windfarms) is about the worst example possible with Denmark having twice the death rates of cardiovascular & respiratory diseases of the rest of Europe and having the highest cancer death rate in Europe, especially of women just as was found at St Niklaas incinerator in Flanders. The minister conveniently omits the closure of that plant which was compliant with the useless WID. Did the minister Mr Griffiths see the incinerators in Beveren in Flanders that were found to have caused northern Antwerp to have the highest death rates in NW MAINLAND Europe??

There have been many studies of incinerators outside the UK in Japan, Italy, France, Sweden, Finland, Mexico City etc. The Finnish study analysed input and output of PM1s & PM2.5s including content analysis. Emissions averaged 0.25mg/m³. The incinerators had mostly fluidised beds with extensive abatement—all missing in the junk UK ones. An analysis of PM2.5 content & source was done in Sweden. The EC BREF demands emissions of 1 to 5mg/m³. The UK EA authorises 10mg/m³ (of PM10s) with peaks or continuous levels of 30mg/m³. Hence Wolverhampton incinerator is authorised at 120TIMES the levels achieved in Finland & Sweden. The false allegations in your oral sessions about the UK being best is the opposite of the truth, namely the UK is the filthiest. The Finnish report proved grate systems produced the most PM1 particulates. The UK EA in 2010 admitted 90% of PM1s escape through BAT UK bag filters and 35% of PM2.5s. This explains the astronomic UK death rates and maiming by UK EfW (incinerators). In Mexico City, analysis of PM2.5s and blood tests of children downwind by Berkeley Labs USA proved the city smog was due to the municipal incinerator and autopsies of all who died located PM1 particles in the blood cells & brains of victims downwind and not those clear of the incinerator. Tests of UK incinerators for the EA revealed all first tests done exceeded the generous EA limits revealing the junk UK incinerators are exceedingly dangerous to health.

Jasper Roberts admitted in 2011 at my WAG meeting that his false allegations about incinerators came from their lobbyists. I revealed that scrapping the inland wind farm and incinerator programs in Wales, replacing them with plasma gasification units would save the Welsh economy over £5BILLION pounds (if savings NHS bills from the proposed incinerators were included), and ideally a plasma manufacturing unit be erected. No account has been taken of the distances affected by the EfW plants eg 15 miles downwind for those at Splott (passed) and Llanwern (yet to be determined). Not has account been taken of cocktail effects of biomass & other sources of PM2.5s and PM1s. The only six PM2.5 monitors in Wales are on highways.

FoE alleged a lack of health UK studies. They could have commissioned some if really interested. In fact, Michael Ryan & I have already mapped out ONS & PCT and school data. eg Michael Ryan has mapped out 6 health parameters from ONS & NHS in London. The DATA PROVES that downwind of each London incinerator consistent with prevailing winds, for a distance consistent with published Harvard

measurements such as 15 miles for standard 65m chimney height, at a rate consistent with each main incinerator the health damage & death rates are very severe, while rates upwind are repeatedly much lower irrespective of socio-economic or any other factors. Incinerator lobbyists cannot find or prove freedom from harm from UK EfW.

Death rates downwind as described are for example for men SMR has been 160 to 200% of national average downwind of SELCHP. Infant mortality increases by 8 per 1000 live births downwind of all UK EfW/incinerators. Low birth weight rates increase downwind. Heart attack death rates are increased over 200% downwind of for example Wolverhampton & SELCHP incinerators. Cancer rates are up 70% in Wolverhampton. Also increased are stroke deaths, obesity rates, diabetes type 2, ASD & ADHD in children, a drop in child IQ, clinical depression, suicide & gastroschisis. High rates of suicide & gastroschisis resulted in 2007 in Bridgend from the Crymlyn Burrows incinerator, which dropped sharply when the EA closed the plant c.2010. These conditions are expected from my 360 journal references.

The lobbyists claim energy efficiency. But plasma arc gasification produces 250% more electricity from the same waste at a fraction of the build and running costs. For WAG officials to only listen to an uninformed lobbyists reveals complete lunacy and lack of due diligence. Even the EA is still uncertain concerning bottom ash safety. If used in highways content can leach into underground water and stability is uncertain. Rate of capture of particles by filters varies with particle size. Mr Farrow makes unsubstantiated claims about 99.99% capture without quantifying size. Perhaps he has heard about Buananno's counts of sticky nanoparticles, which can stick to form stable PM1 & PM2.5 particles, which then escape through the bag filters. The EA has stated 90% of PM1s escape through the filters and similarly 35% of PM2.5s. Note that grate EfW plants create the maximum amount of PM1 particles. Mr. Farrow quotes AEA for figures but note that Mr Broomfield has recently joined AEA. It must be noted DEFRA have no real measurements, so make wild guesses and have no PM2.5 monitors downwind of any UK EfW plant. Mr. Farrow prefers slick unsubstantiated lobbyist claims to mapping health data. In (197) Mr Farrow states dioxins which are contained in particulate emissions, to have a concentration 50 times higher than the particulates themselves!!!! The Tango report referred to by Farrow included ALL Japanese incinerators but failed to take account of chimney height or upwind versus downwind, on Tango's own admission. Mr Farrow admits he is not a scientist. He suggests plants are open to inspection, but no health data is published regarding HOW MANY ARE MAIMED OR KILLED EACH YEAR BY THAT VERY PLANT.

Mr John Griffiths wants communities effectively informed. He is not achieving that promise as he believes anything published by the HPA who for 9 years have refused to carry out the needed research including health mapping, PM2.5 measurements with BAM instruments, analysis of content etc as has been done in Mexico, Finland, USA. They have no evidence so have not re-evaluated their deliberate lies. So why does Mr Griffiths abide by that HPA? He should obtain accurate data and ignore lobbyists. Wales deserves better than the lobbyist tripe.