

Petitions Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date:

25 March 2014

Meeting time:

09.30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Steve George

Committee Clerk

029 2089 8421

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Deputy Committee Clerk

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Agenda

- 1 **Introduction, apologies and substitutions (9.30)** (Pages 1 – 10)
- 2 **Updates to previous petitions (9.30 – 10.15)**

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- 2.3 P-04-506 Free bus pass / concessionary travel for benefit claimants , students and under 18s (Pages 20 – 21)

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3 **Letter from Chair of Communities, Equality and Local Government Committee – Responsibility for Welsh Language Issues** (Pages 82 – 88)

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Agenda Item 1

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

Document is Restricted

P-04-526 Please make Senedd TV accessible to deaf people

Petition wording:

We call upon the National Assembly for Wales to provide subtitling and signed language access to televised debates and proceedings, to enable the 300,000 with hearing loss and deafness in Wales to follow the democratic processes hearing people already enjoy.

Petition raised by: Mervyn James

Date Petition first considered by Committee: 21 January 2014

Number of signatures: 25

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Your ref: P-04-526
Our ref: PO679/RB/HP

21 February 2014

Dear William

Thank you for letter concerning the Assembly Petition:

P-04-526: We call upon the National Assembly for Wales to provide subtitling and signed language access to televised debates and proceedings, to enable the 300,000 with hearing loss and deafness in Wales to follow the democratic processes hearing people already enjoy.

I am responding to the issues raised in turn by the petitioner, below.

Senedd TV

At the moment, the current Senedd TV service cannot carry subtitles of Assembly proceedings. We have recently begun subtitling videos of First Minister's Questions which are added to our YouTube channel the next day. Although they are not live, they are available as a record as soon as possible.

We have consulted with disabled users and accessibility specialists in the past, and as part of that work, there are improvements being made to Senedd TV at the moment that should be realised by the summer term. These features will improve the accessibility of our proceedings and include:

- Transcripts of plenary meetings being viewed alongside an archived video within 24 hours so viewers can see who is speaking and what they are saying; and

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg/We welcome correspondence in both English and Welsh



- Onscreen captioning which will show who is speaking and the agenda item being discussed.

We recently worked with S4C to pilot the provision of live interpretation of First Minister's Questions in British Sign Language (BSL). The live interpretation was available in the viewing gallery, reception areas in the Senedd and Tŷ Hywel, and the recorded interpretation was shown on S4C's *Dydd yn y Cynulliad* programme later the same night. The aim was also to show the videos on our YouTube channel.

The pilot provided some valuable insights into the issues around providing a BSL and live subtitling service. Feedback from the interpreters and service users has indicated that interpreting live Plenary proceedings is exceptionally challenging due to the pace and the technical language, terms and number of statistics used in proceedings. Although the service was welcomed, there was a concern amongst the interpreters and users about the accuracy of the service provided, and as such the extension of the pilot has been put on hold. We are working with the interpreters and S4C on how the issues raised in the pilot can be resolved satisfactorily.

We understand that the Scottish Parliament has recently conducted some research into the provision of BSL and subtitling services which has produced some useful insights and we will contact colleagues to discuss their findings. This, coupled with the results of the pilot, will give us an indication of cost, resource and practical requirements that would involve further increasing the accessibility of Assembly proceedings via Senedd TV to Deaf people and people with hearing loss. We will also discuss the petition and accessibility services with our broadcasting partners, although the editorial responsibility for what is shown rests with the individual broadcasters. I'd like to assure the Committee, that the Assembly Commission remains committed to its equality agenda and to exploring ways in which we can increase access to the Assembly and its work for Deaf people.

It is worth remembering that the bilingual written transcript of Assembly Business is available within 24 hours enabling everyone to engage with Assembly Business as soon as is reasonably practicable. Also, reasonable adjustments such as BSL interpreters and subtitling for any visitors to our viewing galleries can be made upon request with reasonable, advance notice.

Engagement in the democratic process

With regards to increasing awareness of the Assembly and its work with the Deaf community and other people with hearing loss, our Communications Team is in a position to review what publications could be usefully translated into a BSL/captioned format. We can consult directly with the Deaf community as to what we could usefully design and we welcome feedback from petitioners on this matter.

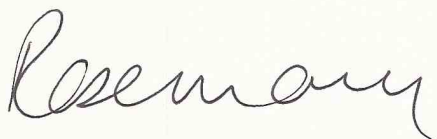
Our Outreach Team is also keen to build upon its contacts from the Deaf community in order to raise awareness amongst Deaf groups and seek opportunities for engagement in committee inquiries and other Assembly activity.

Website

I understand that the petitioner has been in correspondence with the Assembly's Equality Team with regard to comments about the Assembly's website. Through further investigation, it transpired that the comments related to the Welsh Government's website, which we have passed on to its website team for consideration. We have had our website tested by different disabled user groups, and also tested by accessibility specialists Bunnyfoot and The Shaw Trust. We have also invited any comments or suggestions from the petitioner (in separate correspondence) about the Assembly's website and how we could make any improvements for Deaf people and people with hearing loss.

If you feel it would be beneficial, Assembly staff from the Equality Team and Broadcasting Team are on hand to discuss any issues on which you might wish to have further clarification. My office can arrange a meeting at your convenience.

Also, we invite Mr James to meet with our staff or correspond in any way which is preferable to Mr James, to talk through the issues raised in this letter.



Dame Rosemary Butler AM
Presiding Officer

Questions to the Assembly Commission – 25.09.2013

Accessibility of Assembly Broadcasting for People with Disabilities

Eluned Parrott, Assembly Member 14:57: Will the Commission make a statement on the accessibility of Assembly broadcasting for people with disabilities?

Sandy Mewies, Assembly Commissioner 14:57: I thank the Member for South Wales Central for the question. I should say in the first place that I think that all Members had a question about British Sign Language from a constituent in Newport. I have written to the gentleman, giving him a very full explanation of the situation as it is now and, maybe, as it will change in the future. I think that everybody here knows that we as an Assembly are committed to accessibility and to ensuring that everyone can engage with our work. We make reasonable adjustments for people with disabilities whenever we can. In June, Action on Hearing Loss awarded us the Louder than Words charter mark for reducing barriers for people who are deaf or have a hearing loss. In addition to the live online broadcast on Senedd.tv, a summary of Plenary business is published on our website within 30 minutes of the end of each meeting, with full transcripts available within 24 hours. As technology allows, we will give consideration to further options, such as signing or subtitling.

Eluned Parrott 14:59: Thank you very much for that answer, and thank you for the correspondence regarding the issue. As you say, there is no signing or subtitling, but I have had representations from people who say that some of the accessibility software that is available to read web pages has difficulty with the Assembly's Record. Does the Commission conduct a regular audit of the accessibility of our business here?

Sandy Mewies 14:59: I think that Peter Black was listening very carefully to what you said. I would imagine that it does happen, though I cannot say for sure. However, I am sure that he will be in touch with you, or at least someone from the Commission will give you

a full answer on that. Perhaps I should say that the Assembly has the technical capacity to include in-vision British Sign Language signing for one meeting at present, and we are working with S4C on a pilot project to broadcast BSL interpretation for First Minister's questions. The signed broadcast feed will be shown on S4C's 'Y Dydd yn y Cynulliad' programme on Tuesday evenings, and also on the Assembly's internal television system. As part of the pilot we will evaluate how we can provide a BSL signing service in future, how effective it is, the benefits it delivers, and what the implications are in terms of the likely cost and resource implications of continuing or expanding the service. As part of the development of the new Senedd.tv service, we are aiming to implement a captioning system that will give us the ability to provide subtitles of proceedings. As this would be a brand-new service for the Assembly, we would need to take a detailed look at how it could be provided in terms of the resources and cost before a pilot could be set up.

We do provide a bilingual Record of Proceedings, as I have said, within 24 hours to ensure that all people in Wales have an opportunity to access an accurate and timely record of debates, which is considered best practice by Action on Hearing Loss. Before I finish, I think that I should pay tribute to the continuing work that Ann Jones does supporting people with hearing problems. She continues to bring such problems to our attention.

P-03-240 Improvements to the A40 in Llanddewi Velfrey

Petition Wording

Due to the increasing levels of traffic, especially heavy goods vehicles, on the A40 and due to the inadequate provision of safe pavements and pedestrian crossings acknowledged by the Trunk Road Agency through research on behalf of the Welsh Assembly Government we, the undersigned, hereby demand the Welsh Assembly Government, as a matter of urgency, improve road safety in the village of Llanddewi Velfrey, Narberth, Pembrokeshire through implementation of the following measures:

1. Improve the inadequate pavement along the southern side of the A40 between Llandaff Row and the far eastern end of the village to ensure that it meets current safety standards, that it is sufficiently wide for the safe use of pedestrians, pushchairs and wheel chair users taking into consideration the proximity of heavy goods traffic passing by at speeds often in excess of the current limit of 40mph.
2. Install speed cameras at the eastern and western ends of the village.
3. Utilise the existing electrical installation for road crossing signs to provide flashing warning lights at times when children will be crossing the A40 to catch their school bus.
4. Install traffic calming measures at each end of the village and at road junctions to emphasise the need to reduce speed.
5. Reduce the speed limit to 30mph.

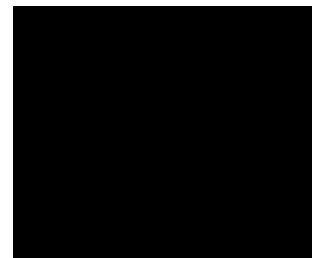
Petition raised by: Llanddewi Velfrey Community Council

Date petition first considered by Committee: September 2009

Number of signatures: 154

**P-03-240 Safety improvements to the A40 in Llanddewi Velfrey,
Correspondence from the Petitioner to the Chair, 01.03.14.**

LLANDDEWI VELFREY COMMUNITY COUNCIL



William Powell AC/AM
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

1.3.14

Dear Mr Powell

Ref: P-03-240 Safety improvements to the A40 in Llanddewi Velfrey

In response to the letter from the Minister regarding action taken to improve road safety on the A40 in Llanddewi Velfrey, members of the Community Council would like the Petitions Committee to know that they appreciate the traffic calming measures put in place recently and are hopeful that they will go some way to slowing traffic on the A40 in Llanddewi Velfrey.

While councillors understand that it would now be difficult to justify making the suggested improvements in view of the expected provision of a by-pass, an alternative has been suggested. That is to replace the flashing speed limit warning signs with ones that show the actual speed of vehicles as they pass by. This would be considerably less costly than the original proposals but would hopefully be more effective in reducing the problem of speeding traffic while we wait for the proposed by-pass.

Councillors are now keen to hear more about the appointment of an Employers' Agent that was promised in the New Year in order to move the A40 improvement scheme on as quickly as possible. We look forward to hearing more about the progress with the scheme and about our proposal in the near future.

Yours sincerely

Lynda Hill
Clerk to the Community Council

Agenda Item 2.3

P-04-506 Free bus pass / concessionary travel for benefit claimants, students and under 18s

Petition wording:

I live in an area where wealthy landowners and owner occupiers have access to free bus travel/pass due to their age , while a few miles away benefit claimants have to pay in order to "sign-on"! This is another example of the poor and vulnerable being regressively charged for a public service which is essential to their daily lives, it is unfair and unjust. To remedy this unfair system I hereby petition the Welsh Assembly to set up a scheme for the poor and vulnerable in our society to have free access to bus services in wales and concessionary fares on the rail network. This can easily be funded by transferring benefits currently being wastefully awarded to the wealthy members of society.

Additional information:

If adopted this measure will greatly assist the poor in Wales to have the basic human right to travel, access local services and, in addition: improve environment by reducing co2 emissions. Encourage use and increase capacity of public transport. Improve emotional well-being. Encourage aid employment opportunities for unemployed. Aid access to basic health care needs. Demonstrate the need for an integrated public (re-nationalised) transport system.

Petition raised by: Mark Griffiths

Date petition first considered by Committee: 8 October 2013

Number of signatures: 60



Eich cyf/Your ref P-04-506
Ein cyf/Our ref EH/00683/14

William Powell AM
Chair
Petitions Committee
National Assembly for Wales

committeebusiness@Wales.gsi.gov.uk

04 March 2014

Dear William,

Thank you for your letter of 14 February regarding free bus passes and concessionary travel for benefit claimants.

While I shall continue to keep under review the categories of eligibility for a concessionary bus pass, I have no plans to extend these in the near future.

The Welsh Government supports benefits claimants in several ways, including the Fuel Poverty Scheme, Nest and funding not-for-profit organisations to provide free debt and money management advice, particularly in areas where there is a high percentage of people living in poverty.

A handwritten signature in black ink, appearing to read 'Edwina Hart', written in a cursive style.

Agenda Item 2.4

P-04-456 Dementia – This Could Happen to you

Petition wording:

We, the undersigned, call on the National Assembly for Wales to urge the Welsh Government to:

- i. Bring to an end the discrimination against dementia sufferers in Wales who apply for N.H.S. Continuing Care Funding, by allowing for the cognition category of need (known as the "domain") to go up to the level "Severe" in the Welsh version of the Decision Support Tool. This would bring it in line with the English version; and
- ii. Direct Local Health Boards to implement the National Framework for N.H.S., Continuing Care Funding correctly in terms of patient eligibility and without regard to budgetary constraints.

Petition raised by: Helen Jones

Date petition first considered by Committee: 19 February 2013

Number of signatures: 1413

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-456
Ein cyf/Our ref MD/00964/14

William Powell AM
Chair, Petitions Committee
committeebusiness@Wales.gsi.gov.uk

5 March 2014

Dear William,

Thank you for your letter of 21 February, in which you ask for an update on the review of the 2010 National Framework for Continuing NHS Healthcare.

We are reviewing the National Framework and it is currently out for public consultation until 13 March 2014 through the below link. The proposed changes to the Framework take account of the views of a wide range of stakeholders including service users, their families and carers, as well as Local Health Board leads.

<http://wales.gov.uk/consultations/healthsocialcare/continuing/?lang=en>

One of the proposals being tested as part of the public consultation exercise is to adopt the same Decision Support Tool as that used in England. The potential impact of the proposed change on people with dementia in particular, is being tested in three Local Health Boards during the consultation period. The revised Framework also places greater emphasis on rounded and comprehensive assessment, undertaken with the service user and their carers.

My officials are continuing to engage with stakeholders throughout the consultation process and there have been a number of regional events held to discuss the proposed changes, as well as discussions with individuals. Once the consultation period closes, we will consider the feedback and develop the final version of the Framework which will be published this summer. It will be supported by an Implementation Plan and Performance Framework to monitor the effectiveness of those new arrangements.

*Best wishes
Mark*

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

P-04-456 Dementia – This Could Happen to you – Correspondence from the Petitioner to the Clerking Team, 12.03.14

Dear Kayleigh,

Thank you for this latest email regarding the next meeting on Tuesday the 25th of March, 2014 where my petition will be considered.

I would like you to let the committee know that I feel strongly aggrieved that there was absolutely no follow up in making contact with me regarding the implication in Mark Drakeford's letter dated 3rd of August 2013 Ref: MD/01817/13 that, and I quote 'My officials will liaise, as you have requested, with your clerking team to ensure your petitioners are included as part of that process'. I would very much appreciate the committee making contact with Mark Drakeford's office to enquire as to why I was not contacted as a stakeholder, as was expected. I would be particularly interested in enquiring as to who the 'stakeholders' are that Mark Drakeford's officials are continuing to engage with throughout the consultation process. Also where have the 'regional events' referred to been held to discuss the proposed changes and what 'individuals' have there been 'discussions' with, as I would very much have wished to have attended any and all of these 'events' particularly as this petition was raised by me, and I would also have been extremely interested in engaging with the 'individuals' there have been 'discussions' with.

In which three Local Health Boards are the tests mentioned in Mr. Drakeford's letter being undertaken during the consultation period.

I will be attending in the gallery on the 25th and would appreciate it if you would be kind enough to let reception know.

Kind regards,

Helen (Jones)

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-456
Ein cyf/Our ref MD/01817/13

William Powell AM
National Assembly for Wales
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

3 August 2013

Dear William

Thank you for your letter of 23 July and your subsequent request for your Committee to be consulted on my review of the Continuing NHS Healthcare (CHC) Framework.

I am also grateful to you for bringing to my attention the various issues brought to the Committee regarding CHC processes. In particular, you mention the petitioners concerns that budgetary considerations may influence decisions made about CHC support provided to individuals. The guidance of the 2010 National Framework is clear, however, in stating the sole criterion for eligibility for CHC is whether there is a primary health need. Decision making must be based on the outcomes of an appropriate multi-disciplinary assessment process, engaging the appropriate staff, assessment tools and the clinical opinion of the consultant or GP who has responsibility for the individual. Carers and relatives must be involved and kept informed throughout the process.

More broadly, my work on reviewing the Framework is already underway. A number of Task and Finish groups have been established to look at how to ensure future arrangements remain fit for purpose. The issues you highlight will be looked at as part of the formal consultation later on this year. My officials will liaise, as you have requested, with your clerking team to ensure your petitioners are included as part of that process.

*Best wishes
Mark.*

Mark Drakeford 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: Mark.Drakeford@wales.gsi.gov.uk

Printed on 100% recycled paper

Agenda Item 2.5

P-04-490 Antiretroviral Medication in Cardiff

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to act in regards to the very limited supply of antiretroviral HIV medications. Recent changes by the Cardiff University Hospital means that every single patient receiving antiretroviral medications has to come either to the hospital pharmacy with restricted opening times or opt for home delivery. Stable patients with good adherence are seen every 4-6 months for an appointment with the consultant yet distribution of medication is limited to a monthly supply only. The minister of health does not feel responsible and does not step in. Patients should receive a fair distribution of medication that is according to the guidance of the UK HIV association.

Petition raised by: Joerg Thieme

Date petition first considered by Committee: 18 June 2013

Number of signatures: 150

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-490
Ein cyf/Our ref MD/00056/14

William Powell AM
AM for Mid & West Wales
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

16 January 2014

Dear William

Thank you for your letter of 16 December on behalf of the Petitions Committee regarding Petition P-04-490 concerning the inclusion of antiretroviral HIV medicines in the 28 day prescribing rule.

I have responded to your queries as raised:

The extent to which clinicians are able to depart from guidance. The petitioner makes the point that departure from guidance would not be something that should be lightly undertaken

I can only reiterate the position as I reported in my previous letter of 10 July on implementation of the 28 day prescribing policy. Prescribing intervals for all medication (including antiretroviral HIV medicines) should be in line with the medically appropriate needs of the patient. I expect all Health Boards when adopting the 28 day prescribing policy to ensure the needs of the patient are taken into account and that they work closely with patients to ensure a degree of flexibility in the delivery of the medicines.

How the saving of £15- 50 million has been arrived and why there is such a wide variation in the estimate. In addition how much, if any of this, can be attributed to savings on antiretroviral HIV medicines.

It is estimated that wasted medicines in Wales costs the NHS a minimum £15 million a year but the Department of Health has previously estimated that 10% of the primary care prescribing budget may be wasted, which puts the value at over £50 million per year for Wales.

Whether the NHS in other parts of the UK uses similar guidance, in respect of antiretroviral HIV medicines, to that in use in Wales. You will note the petitioner's view that this is not the case in England at least

I have attached a copy of the All Wales Medicines Strategy Group publication entitled 'All Wales Review and Guidance for Prescribing Intervals' published in February 2013. The guidance, although predominately relating to guidance on 28 day prescribing in Wales, does refer to the policy as having been promoted across the UK and references guidance from the NHS in England on 28 day prescribing intervals. This includes the 2010 joint report by the York Health Economics Consortium and the School of Pharmacy at the University of London supporting the use of 28-day prescribing intervals.

I hope this further information has been helpful.

Best wishes

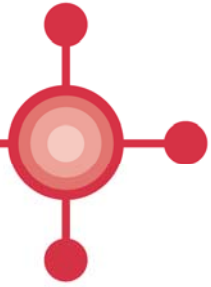
Mark.

Mark Drakeford AC / AM

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

All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



All Wales Review and Guidance for Prescribing Intervals

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This document should be cited as:
All Wales Medicines Strategy Group. All Wales Review and Guidance for Prescribing Intervals. February 2013.

1.0 RECOMMENDATIONS

- A 28-day repeat prescribing interval is broadly recommended; however, discretion should be used for individual patients or medicines. This should be coupled with a rigorous and effective medication review process.
- Repeat prescribing systems that promote synchronised, once per month requests for long-term medication should be developed.
- People that are stabilised on their medicines and are suitable for longer prescribing intervals can be considered for repeat dispensing (28-day prescriptions for 6–12 months).
- However, due to low uptake and other issues highlighted in this paper, a robust evaluation of the Repeat Dispensing Scheme in Wales would ensure that resources are being spent appropriately and will guide a decision on the future of the service.
- Prescribers should consider a flexible approach when initiating a medicine; a shorter interval (7–14 days) may be appropriate initially to assess tolerability and compliance, or may be recommended by the BNF or regulatory bodies.

2.0 BACKGROUND

28-day prescribing within primary care was included as an Annual Operating Framework (AOF) target of NHS Wales in 2010–2011 as part of the Productivity and Efficiency measures, along with a target for repeat dispensing. Repeat dispensing is a service under the community pharmacy contract whereby GPs can print out up to 12 prescriptions at once to be dispensed at appropriate intervals by a community pharmacist (equivalent to up to 12 months of treatment)². Repeat dispensing provides pharmacists with a number of opportunities for a discussion with the patient to determine whether they still require the medicine, and whether the patient is experiencing any problems with taking it. Feedback from areas that have implemented repeat dispensing is that patients find the system more convenient³.

3.0 28-DAY INTERVALS VERSUS “APPROPRIATE” SUPPLY INTERVALS

A 28-day prescribing interval has been promoted across the UK, primarily to reduce waste from unused medicines. A literature search was undertaken to identify papers addressing prescribing intervals. The literature search did not support a definitive position, and the recommendations made are a consensus position of the All Wales Prescribing Advisory Group (AWPAG) following consultation with stakeholders.

One of the earliest references to a 28-day prescribing cycle is from a 1996 Yorkshire study, estimating that there would be a 34% reduction in the cost of waste medication by changing the prescription duration to 28 days, with a linear correlation between mean values of returns and prescription length⁴. Other audits, studies and reports have supported a link between increased prescribing intervals and increased waste^{5,6}.

It has been argued that the evidence supporting waste reduction from a 28-day prescribing interval is not robust, and may have a negative impact on patient compliance⁷. However, it is suggested that by enabling patients to collect all medicines at the same time (i.e. synchronising their ordering to no more than once a month), compliance is likely to improve.

A 2010 joint report by the York Health Economics Consortium and the School of Pharmacy at the University of London supports the use of 28-day prescribing intervals

where appropriate, but recognises that not all waste can be reduced and the cost of interventions required to reduce the waste may exceed the cost of the waste itself⁸. Reflecting data from this study in his presentation at the AWMSG 10-year conference in 2012, Rob Darracott of Pharmacy Voice stated “*The value of wasted medicines is approximately £300m a year (England), of which:*

- £90m is at home
- £110m is returned to pharmacies
- £50m is disposed of by care homes”

50% of this waste is cost-effectively preventable, but significantly greater returns are available by better medicines use (£500m in just five therapy areas)”.

The Welsh Government has stated its support for 28-day prescribing in its 2010 medication waste campaign, but qualifies this by prompting prescribers to consider other intervals (usually shorter) where clinically appropriate⁹.

Longer prescribing intervals have been called for both by patient groups^{10,11} and some GPs¹², citing patient inconvenience (and costs from travel and prescriptions [in England]), excess GP workload and dispensing costs as negative aspects of a 28-day policy. As generic drug costs fall, the cost of reimbursing for the act of dispensing (fees and allowances) may in some cases exceed the cost of the drugs. Repeat dispensing is increasingly being used and can provide a mechanism to address some of these concerns (see Section 6.0).

Longer prescribing intervals may be appropriate for some patients on stable doses of certain medicines (e.g. hormone replacement therapy [HRT], contraceptives and levothyroxine). A proportion of patients on levothyroxine remain on a stable dose for many years, suggesting that all prescriptions for this medicine could be based on longer prescribing intervals; however, many of these patients have other conditions, and may therefore have multiple medicines being prescribed. For example, a sample of three Welsh GP practices in 2012 noted that just 12–14% of levothyroxine patients were solely prescribed levothyroxine, the remainder receiving additional medicines on their repeat prescription. Prescribing medicines for the same patient with different intervals may result in the patient having to make as many, if not more, trips to the GP and pharmacy, or may lead to the patient having excess stocks of some medicines and not others. Prescribing according to manufacturers’ pack sizes (often a mix of both 28- and 30-day packs), together with multiples of “as required” medicines, such as analgesics, compound this effect.

Synchronising medication intervals is recommended by the National Prescribing Centre¹³, and there is an argument that synchronising the prescribing interval allows better medicines management, since clinicians can more easily monitor repeat request intervals¹⁴. It would seem logical to synchronise to the shorter interval, which may leave most patients still on a 28-day cycle. It is therefore also considered more appropriate to synchronise the medicines to the same quantity per month than to prescribe according to pack size, i.e. 28-day rather than 30-day. The synchronisation of small numbers of tablets on a monthly basis was considered impractical, certainly as a “prescriber” task. It was noted that it may be better for Community Pharmacists to undertake this level of synchronisation, although this in turn raises issues of communication back to the prescriber to record any changes. The development of repeat prescribing systems that encourage synchronised, once per month requests for long-term medication was strongly supported by AWPAG.

4.0 PERFORMANCE RELATIVE TO 28-DAY TARGET

The AOF for NHS Wales sets out various measures by which NHS performance is benchmarked, and is reviewed by the Welsh Government on a yearly basis. In 2010–2011, targets were added to the Efficiency and Productivity section, alongside the established AWMSG National Prescribing Indicators, to encourage a move towards 28-day prescribing and increased use of the repeat dispensing service, available as part of the community pharmacy contractual framework.

The 28-day prescribing target requires prescribers to “*maintain performance levels within the range 25 to 31 quantity per prescription or demonstrate a movement towards 28 per script*”. The drug basket contains mostly cardiovascular medicines – all usually taken as once-daily doses – and excludes HRT, levothyroxine and other medicines likely to be prescribed for longer intervals (see Table 1). AWPAG concluded that the 28-day basket of medicines is appropriate as a means of identifying excessive use of 56- or 84-day prescribing.

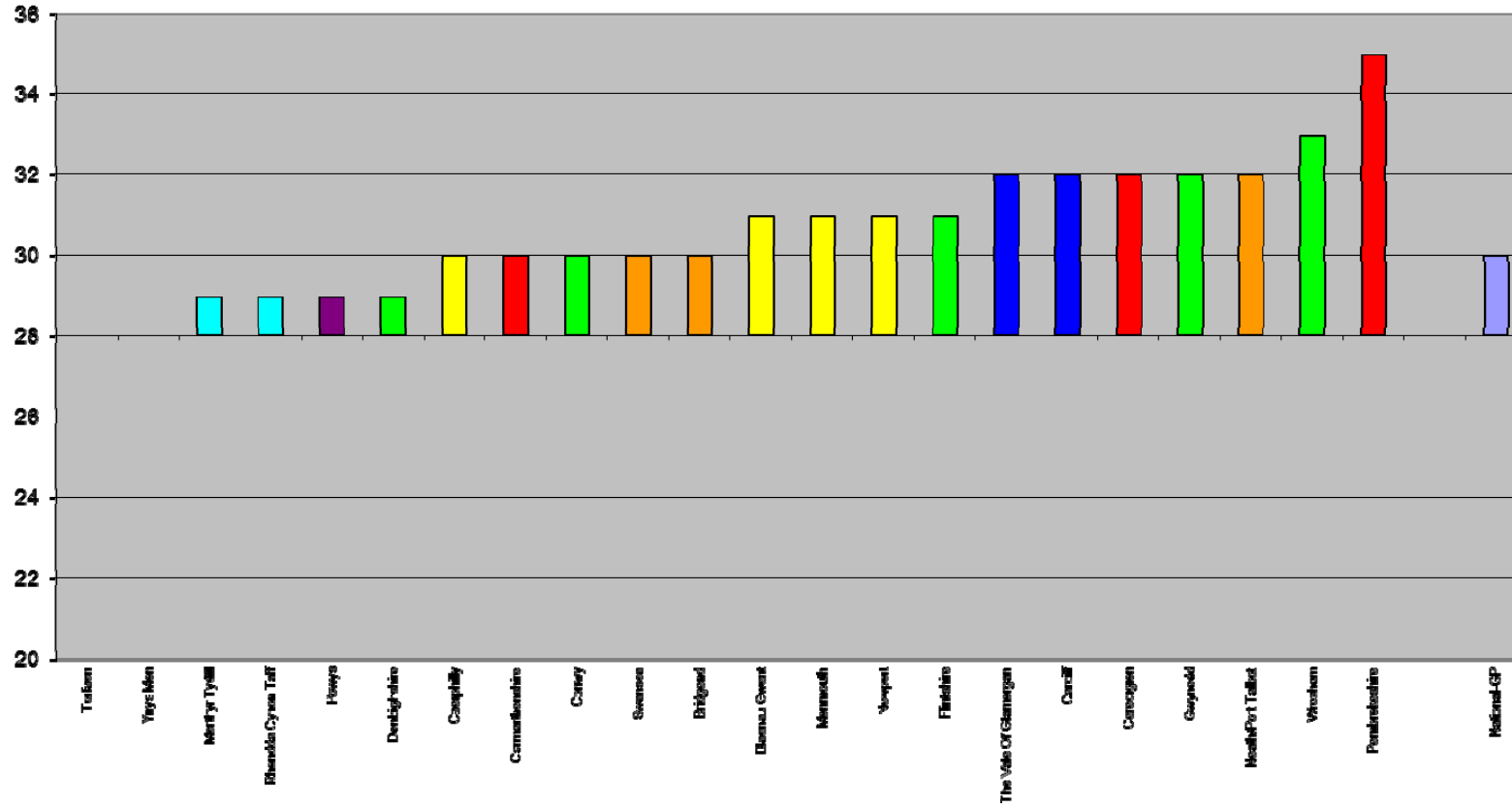
Table 1. Generic medicines included in the 28-day basket

Amlodipine	Clopidogrel	Furosemide	Omeprazole
Aspirin	Co-tenidone	Indapamide	Pantoprazole
Atenolol	Digoxin	Irbesartan	Perindopril
Atorvastatin	Diltiazem	Irbesartan/hydrochloroth	Pioglitazone
Bendroflumethiazide	Dilzem	Lacidipine	Pravastatin
Bezafibrate	Doxazosin	Lansoprazole	Rosuvastatin
Bisoprolol	Eprosartan	Lercanidipine	Simvastatin
Bumetanide	Esomeprazole	Lisinopril	Simvastatin/ezetimibe
Candesartan	Ezetimibe	Losartan	Telmisartan
Celiprolol	Fenofibrate	Montelukast	Telmisartan/hydrochloroth
Ciprofibrate	Fluvastatin	Nifedipine	Trandolapril
Citalopram	Fosinopril	Olmesartan	
NOTE: not all strengths or presentations are included			

Performance for the quarter ending 31 March 2012 ranges from 28 days in Torfaen and Ynys Mon to 35 days in Pembrokeshire (see Figure 1; please note that trend data to compare movement over time are not available).

Figure 1. March 2012 performance against 28-day target by locality (source: CASPA/NWIS).

28 Day Prescribing - March 2012 Qtr (Target = Maintain performance levels within the range 25 to 31 quantity per prescription or demonstrate a movement towards 28 per script.)



5.0 IMPACT ON PRESCRIBERS, DISPENSERS AND THE NHS

Payments for dispensing contractors (community pharmacies, dispensing GPs and appliance contractors) are, to varying extents, based on reimbursement for the medicines/appliances supplied plus a dispensing fee. Tiered additional allowances are also paid to community pharmacies and appliance contractors based on numbers of prescription items dispensed each month. Because of this reimbursement model, it is difficult to quantify precisely the extra costs involved, should all prescriptions be written as 28 days or less, but there would undoubtedly be an increased cost to the NHS in terms of dispensing costs.

The move to 28-day prescribing has implications for the interpretation of prescribing data; in particular, the subsequent increase in the number of prescription items per capita. Wales has the highest number of prescriptions per person of all the UK nations (24, compared to 20.2 in Northern Ireland, 18.4 in England and 18.3 in Scotland)¹⁵. Comparing data from the 2011 Prescription Cost Analyses for each of these nations for a random group of medicines taken from the 28-day basket (see Appendix 1) shows that Wales has the lowest quantity of tablets per prescription at 32.3, with Northern Ireland and Scotland averaging almost 50 tablets per prescription compared to 37.6 in England. The prescribing interval is unlikely to be the sole reason for the difference in prescriptions per capita, with patient factors such as socioeconomic status, existing health needs and average age, plus prescriber pressures including commercial factors, peer pressure and patient expectations all influencing prescribing rates to some extent^{16–198}.

Since 2008–2009, there has been an 11.4% increase in prescription items in Wales (although a slightly lower annual increase since the AOF target was launched). In that time, there has been a smaller increase (3.52%) in total spend (which includes drug costs), mostly driven by an increase in fees and allowances paid (average increase of 11.43%). Further details are in Appendix 2.

Increasing the number of prescriptions increases the costs of medication supply, as well as GP time in printing and signing the prescriptions. Longer prescribing intervals could reduce these costs to the NHS, but raises issues of synchronisation, outlined in Section 3.

6.0 REPEAT DISPENSING SYSTEM: BENEFITS, LIMITATIONS AND UPTAKE

It has been argued that increased workload for GPs, mainly in signing prescriptions, is one reason for not reducing the prescribing interval to 28 days¹². Since 2005, repeat dispensing (sometimes referred to as batch prescribing) has been available as an alternative to traditional repeat prescribing systems. Repeat dispensing is an essential service under the community pharmacy contractual framework. This states that pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will also ensure that each repeat supply is required, and seek to ascertain that there is no reason why the patient should be referred back to their GP. Potential benefits of repeat dispensing are a reduced workload for GPs and practices, and increased patient convenience¹⁹.

Under this scheme, suitable patients on appropriate repeat medication can have up to 12 repeats authorised (the GP signs only the authorising repeat dispensing prescription; the repeat dispensing forms are not signed), potentially reducing the number of prescriptions that need to be signed from 12 to 1. GPs may retain closer clinical oversight by authorising fewer repeats (6 instead of 12).

Evidence for the benefit of this service is poor in terms of impact on GPs; however, in 2002, a Cabinet Office report estimated “*up to 330 million (80%) of all repeat prescriptions could be replaced with repeat dispensing over time. This could yield a saving of up to 2.7 million hours of GP and practice time*”²⁰. For a community pharmacy, a 2006 Manchester University report estimated a time saving of 25 seconds for the processing and dispensing of a four-item repeat dispensing batch prescription, compared to a non-repeat dispensing prescription. Time taken to hand out a repeat dispensing prescription was an average 6 seconds longer, indicating that pharmacists took more time talking to patients. The report also supports the theory that repeat dispensing saves the NHS money by increasing the amounts of “not dispensed” items (mean saving of 56.89 pence per repeat dispensing script, compared to 0.77 pence per non-repeat dispensing script)²¹.

Uptake of the repeat dispensing scheme depends on initiation by the GP. Technical issues in aligning the printer templates for the repeat dispensing scripts with the prescription stationery initially hampered the roll out; however other anecdotal reasons for the lack of uptake since are included in Table 2.

Most health boards have designed support packs for repeat dispensing, based on the original NHS Wales document²², and have also helped interested practices to set the scheme up. Such packs include good practice tips, such as what cohorts of patients to offer the service to. Uptake is inconsistent across health boards (see Appendix 3 for Torfaen data) and within Wales. In April 2012, 182 of 562 practices (32.4%) were issuing some repeat dispensing forms. Resistance to uptake of the scheme remains, at least in some areas²³.

In late 2012, the Steering Group on Improving the Use of Medicines (for better outcomes and reduced waste) published their action plan³. Repeat dispensing featured as part of the targeted support for patients in primary and community care, with the following actions proposed:

- Develop a repeat dispensing engagement plan for local NHS bodies and GPs to highlight the benefits to all. The Steering Group believes there is a key role for the Royal Pharmaceutical Society and Royal College of General Practitioners to work collaboratively to develop this.
- An electronic repeat dispensing solution will remove one barrier to uptake, but practices should not wait for this as many practices have successfully implemented repeat dispensing in its current form.
- Software companies should be encouraged to resolve any barriers to repeat dispensing faced by non-medical prescribers.

A fourth recommendation (to benchmark practices by monitoring the proportion of prescriptions issued as Repeat Dispensing) is already in place in Wales.

Some primary care trusts in England now have rates of repeat dispensing in excess of 25%.

A robust evaluation of the repeat dispensing scheme in Wales would ensure that resources are being spent appropriately and will guide a decision on the future of the service.

Table 2. Anecdotal reasons for lack of repeat dispensing uptake

Perceived barrier	Potential solution
Difficulties in setting up the system and migrating patients across; in particular, gaining patients' signed consent, difficulties in educating patients about the "new" system	<p>Collaboration between the pharmacists and GP practice to:</p> <ul style="list-style-type: none"> • identify suitable patients • inform patients about how the system works <p>Uptake will increase if there is a system for education and consent agreed between the pharmacy and practice.</p> <p>The community pharmacist is best placed to provide information and consent, in discussion with the practice. Repeat dispensing provides continuity between patient and pharmacy.</p>
Practical difficulties maintaining repeat dispensing for patients and co-ordinating chronic disease reviews with repeat dispensing scripts	Practice recalls/medication reviews to be synchronised with repeat dispensing where possible.
Continued motivation from all practice members until repeat dispensing is perceived as a "normal default procedure"	Careful patient selection initially, eg levothyroxine and stabilised people on antihypertensives, can increase confidence
Perceived lack of prescribing control – patients bypassing the practice for their repeats	<p>Where active surveillance is appropriate, repeat dispensing should not be undertaken.</p> <p>Patients can be provided one-month scripts if therapy is under active review, and repeat dispensing restarted once the patient is stabilised.</p> <p>After undertaking a medication review, practices may decide to re-authorise medicines for 12 months but only issue 6-month repeat dispensing. This will allow a brief review of the record before issuing the remaining batch.</p>
Difficulty in communicating prescription changes to the community pharmacy (ensuring that medicines no longer authorised do not get dispensed), need to reprint all items on the repeat dispensing script should one item change (may indicate poor selection of patients/medication).	<p>Practices encouraged to start repeat dispensing with the most stable patients (as above).</p> <p>It is essential that patients on repeat dispensing are clearly identified at the point of prescribing, and that medicine changes are documented and communicated with the community pharmacist.</p>

7.0 MEDICATION REVIEW

Regardless of the method for repeating medicine supply, good medicines management remains key to ensuring patients are kept safe and NHS resources are used wisely. Effective medication review processes, preferably involving the patient so that compliance and patient wishes can be taken into account, are needed. Such reviews should not only identify whether a medicine is clinically appropriate for the presenting condition, but also whether it is appropriate for the patient, considering any other conditions they may have, and whether there is over/under use (which is not always possible from the prescribing history). A gold-standard medication review is outlined in the AWMMSG guidance document "Warfarin Monitoring"²⁴.

8.0 SUMMARY

The evidence regarding whether 28-day prescribing in itself reduces medication waste has some limitations; however, it should be stressed that most NHS guidance calls for the appropriate use of a 28-day prescribing interval, reducing or increasing the interval as clinically necessary. There are potential additional benefits in terms of facilitating medication review and medicines management.

The AOF target highlights those practices where the majority of prescribing is significantly longer than the 28-day interval, which should apply *in most cases*. The basket of drugs from which the target is calculated includes medicines normally taken as once-daily doses (for ease of calculation) and, in common with other indicators, allows practices and prescribing advisors to engage in a conversation as to why a practice is prescribing in a certain way – the answer to this *might* justify a practice lying outside of the “norm”.

According to NHS Eastern and Coastal Kent “A 28-day repeat prescribing interval is recognised by the NHS as making the best possible balance between **patient convenience, good medical practice and minimal drug wastage**.”²⁵

This message has been echoed by most NHS bodies and this review suggests that it remains appropriate, although this is based on a consensus view rather than robust evidence. The 28-day indicator is appropriate as a means of identifying excessive use of the 56- or 84-day prescribing interval. Whilst a 28-day prescribing interval is recommended, discretion is required by the prescriber to avoid excessively applying it to all patients or medicines. GPs concerned with increased workload should discuss the options for repeat dispensing with their health board and community pharmacies.

Health boards and prescribers could ideally adopt a flexible approach for suitable patients, whereby a shorter interval (7–14 days) is used for initiating a medicine to assess tolerability and compliance, or is recommended by the BNF or regulatory bodies. This should be coupled with a rigorous and effective medication review process, and, where possible, a system which promotes synchronised, once per month requests for long-term medication.

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APPENDIX 1: Prescribing cost analyses for 2011

Data from prescribing cost analyses for 2011: for illustrative purposes only, generic prescribing unless otherwise indicated

Drug / strength	England			Northern Ireland			Scotland			Wales		
	Items (i)	quantity (q)	q/i	Items (i)	quantity (q)	q/i	Items (i)	quantity (q)	q/i	Items (i)	quantity (q)	q/i
Amlodipine 5mg	11,970,148	430,743,305	35.98	265128	12216505	46.08	915,372	42,435,352	46.36	933,099	28,465,314	30.51
Amlodipine 10mg	7,426,126	267,218,570	35.98	139022	6365134	45.79	544,432	25,534,278	46.90	526,852	15,970,630	30.31
Aspirin 75mg disp	22,790,770	766,662,044	33.64	310652	13921185	44.81	2,364,814	111,598,636	47.19	2,106,957	63,439,503	30.11
Atenolol 100mg	1,731,273	63,876,809	36.90	28238	1412738	50.03	209,905	10,167,648	48.44	125,919	3,994,987	31.73
Atenolol 25mg	3,843,486	140,302,975	36.50	32972	1738656	52.73	452,380	24,555,506	54.28	248,907	7,826,404	31.44
Atenolol 50mg	6,529,011	243,562,165	37.30	71979	3694666	51.33	746,247	38,548,515	51.66	462,863	14,790,948	31.96
Atorvastatin 10mg (lipitor)	2,586,156	92,368,614	35.72	71629	3416530	47.70	207,577	9,487,333	45.71	218,642	6,668,397	30.50
Atorvastatin 20mg (lipitor)	3,143,837	111,390,663	35.43	105127	4969652	47.27	294,978	13,725,278	46.53	315,217	9,518,178	30.20
Atorvastatin 40mg (lipitor)	4,103,250	138,927,016	33.86	142754	6449858	45.18	441,345	20,325,711	46.05	330,975	9,784,098	29.56
Bendroflumethiazide 2.5mg	1,795,741	67,277,456	37.47	487379	23721222	48.67	1,893,828	92,303,030	48.74	1,477,820	47,188,203	31.93
Clopidogrel 75mg	4,155,074	120,777,321	29.07	181637	7558570	41.61	322,571	14,163,808	43.91	262,108	7,167,831	27.35
Ezetimibe 10mg tab (ezetrol)	2,221,687	76,130,426	34.27	55737	2536931	45.52	199,530	9,032,525	45.27	168,045	4,996,955	29.74
Lacidipine 2mg	183,942	7,133,050	38.78	1169	60653	51.88	6,810	320,643	47.08	15,748	519,876	33.01
Lacidipine 4mg	262,666	9,867,166	37.57	1642	80791	49.20	10,521	479,170	45.54	22,468	727,573	32.38
Lisinopril 10mg	3,013,251	113,546,320	37.68	64447	3182699	49.38	299,936	14,727,232	49.10	253,050	8,110,674	32.05
Lisinopril 2.5mg	1,132,952	38,513,998	33.99	20380	905047	44.41	106,068	4,795,863	45.21	92,295	2,770,513	30.02
Lisinopril 20mg	3,455,761	146,552,747	42.41	56343	3056969	54.26	349,522	20,090,867	57.48	286,316	10,508,220	36.70
Lisinopril 5mg	2,322,073	85,102,088	36.65	45395	2180815	48.04	224,090	10,672,077	47.62	192,148	6,006,583	31.26
Losartan 25mg	802,148	28,110,069	35.04	10551	485213	45.99	58,596	2,680,481	45.75	57,637	1,721,398	29.87
Losartan 50mg	1,958,619	74,853,188	38.22	32964	1651719	50.11	161,311	7,997,559	49.58	136,898	4,412,195	32.23
Losartan 100mg	1,682,947	62,339,888	37.04	27012	1315144	48.69	150,778	7,201,239	47.76	123,557	3,862,531	31.26
Simvastatin 10mg	2,436,835	85,927,459	35.26	40875	1908258	46.69	134,579	6,095,309	45.29	170,804	5,122,717	29.99
Simvastatin 20mg	10,463,914	371,353,335	35.49	146046	6733845	46.11	674,214	31,466,044	46.67	863,441	25,905,676	30.00
Simvastatin 40mg	26,918,203	931,047,237	34.59	620034	27818554	44.87	2,074,808	95,034,295	45.80	1,950,904	58,081,713	29.77
Average qty/script			37.60			49.84			49.74			32.34

References for Prescription Cost Analyses:

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APPENDIX 2: Dispensing account analysis

DISPENSING ACCOUNT

nb excludes scripts dispensed in England

Number of prescription items						
Contractor Type	April 2008 To March 2009 Items	April 2009 To March 2010 Items	April 2010 To March 2011 Items	April 2011 To March 2012 Items	% change in items 08/09 to 11/12	net change items 08/09 to 11/12
Chemists	60619833	63120942	65162761	67597571	11.5%	6,977,738
Appliance Contractors	149489	163837	185279	195991	31.1%	46,502
Dispensing Doctors	4029626	4154014	4279339	4362126	8.3%	332,500
Personal Admin	767653	838102	856031	867521	13.0%	99,868
Total	65566601	68276895	70483410	73023209	11.4%	7,456,608
year on year increase		4.13%	3.23%	3.60%		

Increase in total spend						
Contractor Type	April 2008 To March 2009 spend	April 2009 To March 2010 spend	April 2010 To March 2011 spend	April 2011 To March 2012 spend	% change 08/09 to 11/12	net change spend 08/09 to 11/12
Chemists	£607,016,070.00	£618,739,515.00	£629,040,742.00	£629,075,891.00	3.63%	£22,059,821.00
Appliance Contractors	£11,432,664.00	£12,258,205.00	£13,638,958.00	£15,408,388.00	34.78%	£3,975,724.00
Dispensing Doctors	£39,286,818.00	£38,638,439.00	£38,551,506.00	£37,497,393.00	-4.55%	£-1,789,425.00
Personal Admin	£12,694,809.00	£12,238,246.00	£12,232,601.00	£12,080,712.00	-4.84%	£-614,097.00
Total	£670,430,361.00	£681,874,405.00	£693,463,806.00	£694,062,383.00	3.52%	£23,632,022.00

spend includes:

Basic Price SDR	On Cost
Basic Price ZD	Addition Fee
Discount	Dispensing Fees
Container Allowance	Oxygen Fees
Professional Fees	VAT (excl chemists)
Expensive Fees	Adjustments
Professional Payment	Elastic Hosiery

Increases in fees						
Contractor Type	April 2008 to March 2009 fees	April 2009 To March 2010 fees	April 2010 To March 2011 fees	April 2011 To March 2012 fees	% change fees 08/09 to 11/12	net change fees 08/09 to 11/12
Chemists	£122,659,454.00	£129,453,174.00	£133,837,440.00	£138,518,366.00	12.93%	£15,858,912.00
Appliance Contractors	£1,449,821.00	£1,596,252.00	£1,041,328.00	£1,156,432.00	-20.24%	£-293,389.00
Dispensing Doctors	£8,662,719.00	£8,532,201.00	£8,384,063.00	£8,510,111.00	-1.76%	£-152,608.00
Personal Admin	£1,912,267.00	£1,880,958.00	£1,885,034.00	£1,891,751.00	-1.07%	£-20,516.00
Total	£134,684,261.00	£141,462,585.00	£145,147,865.00	£150,076,660.00	11.43%	£15,392,399.00

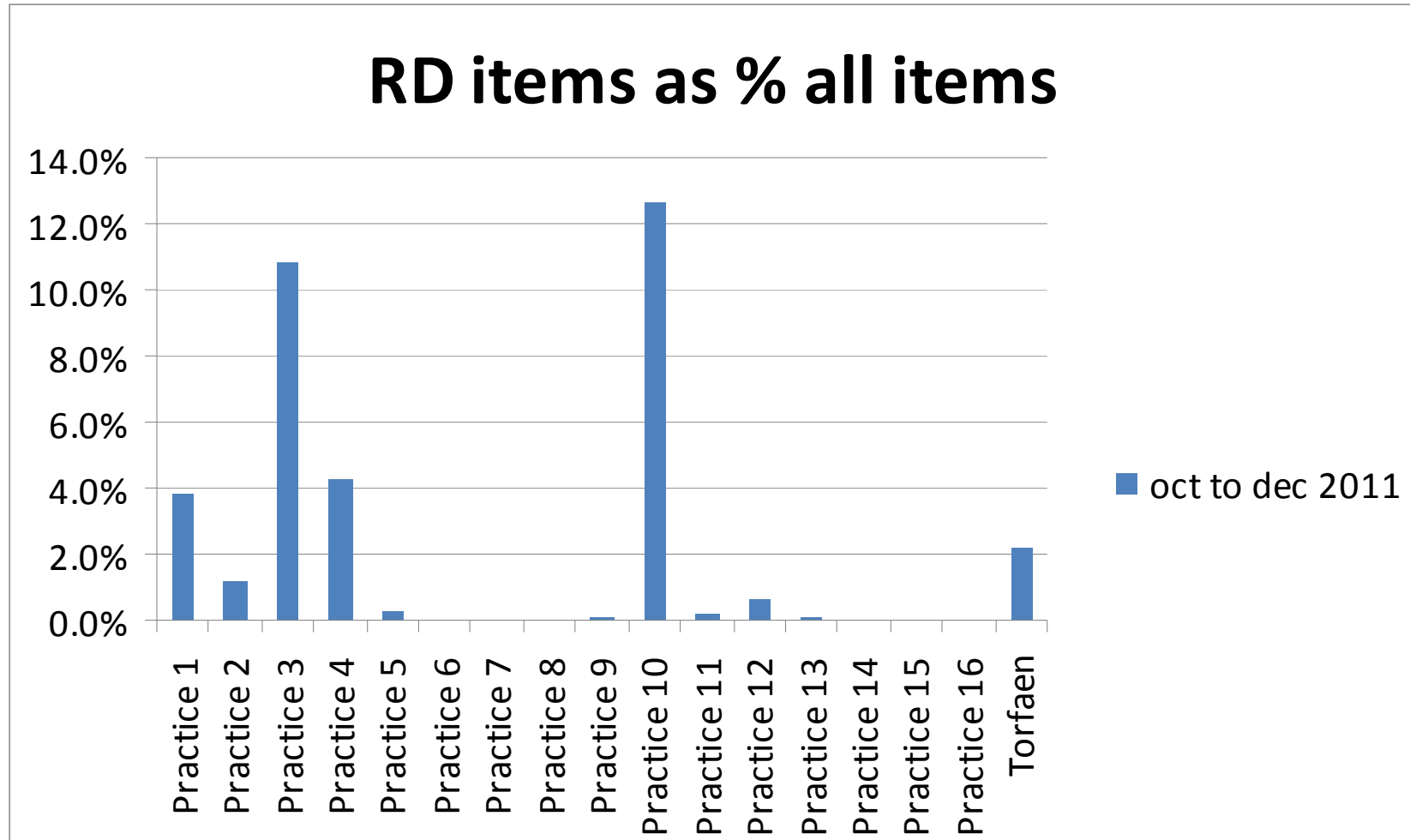
nb appliance contractor fees included on cost allowance in 08/09 and 09/10

fees include

Container Allowance	On Cost
Professional Fees	Addition Fee
Expensive Fees	Dispensing Fees
Professional Payment	Oxygen Fees

Data taken from NHS Dispensing Account, access restricted to NHS staff

APPENDIX 3: Torfaen repeat dispensing data



This report has been prepared by the All Wales Prescribing Advisory Group (AWPAG) with support from the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG). Please direct any queries to AWTTC:

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Agenda Item 2.6

P-04-492 Diagnosis of autism in children

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to:

- ensure timely diagnosis for children with Autism Spectrum Disorder [ASD], regardless of where they live, so that children with autism can be supported and lead fulfilled lives; and
- review implementation of and ensure compliance with the NICE guidelines on recognition, referral and diagnosis of children and young people on the autism spectrum as part of the Welsh Government's refresh of its ASD Strategic Action Plan.

Supporting information:

Diagnosing can be a critical milestone for people with autism. For children, it can help ensure that the right support is put in place from an early age.

Diagnosing autism can be difficult because autism is complex condition that affects each person in a different way. We therefore support the view that a number of different specialists should be part of the process to ensure a correct diagnosis.

However a timely diagnosis is vital in order to minimise anxiety and stress for children with autism and their families. The Deputy Minister for Social Services supports this view and in response to a question from Rebecca Evans AM said: 'I fully recognise the importance of receiving a timely diagnosis.' We also know that early intervention for children with autism is crucial in their educational, emotional and social development and for their longer-term health.

While there are good examples of diagnostic and assessments services in Wales, we are very concerned that not everyone can access a timely diagnosis and that not every area is following the NICE guidelines on

recognition, referral and diagnosis of children and young people on the autism spectrum.

Our experience in Pembrokeshire has been particularly difficult, with some members of the branch waiting up to seven years for a diagnostic assessment. This lengthy wait for diagnosis is having a huge impact on families across Pembrokeshire.

We have tried on several occasions to engage with Hywel Dda Local Health Board. We have also met with local AMs Paul Davies and Angela Burns outlining our concerns. Paul Davies has written to Hywel Dda Health Board urging them to meet with the branch. We are still waiting for the Health Board to act on that request.

One of the branch members has 'waited over six years for my one son to get a diagnosis. Now I'm waiting for the other it's been about two years and it fills me with dread.'

We want to ensure timely diagnosis for all children with an Autism Spectrum Disorder across Wales so that they can be supported appropriately to lead fulfilled lives.

About autism

Autism is a lifelong developmental disability that affects the way a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share three main areas of difficulty, their condition will affect them in different ways. The three main areas of difficulty are:

- Difficulty with social interaction. This includes recognising and understanding other people's feelings and managing their own. Not understanding how to interact with other people can make it hard to form friendships;
- Difficulty with social communication. This includes using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice; and

- Difficulty with social imagination. This includes the ability to understand and predict other people's intentions and behaviour and to imagine situations outside of their own routine. This can be accompanied by a narrow repetitive range of activities.

Some people with autism are able to live relatively independent lives but others may need a lifetime of specialist support. People with autism may also experience some form of sensory sensitivity or under-sensitivity, for example to sounds touch, tastes, smells, light or colours. Asperger syndrome is a form of autism.

Research has shown that 1 in 100 people have autism. By applying the 1 in 100 figure we estimate that over 30,000 people in Wales have autism. Together with their families, they make up over 100,000 people whose lives are touched by autism every single day.

About the NAS and Pembrokeshire Branch

The National Autistic Society Cymru [NAS Cymru] is Wales' only member-led charity for people affected by autism. The National Autistic Society was founded in 1962 by a group of parents who were passionate about ensuring a better future for their children. In Wales, since 1994, we have been providing local support, services and actively campaigning so that people with autism get to lead the life they choose.

NAS Cymru believes that the right support at the right time makes an enormous difference to the lives of those affected by autism and we are committed to ensuring that their voices are heard.

Across Wales we have over 900 members and 11 local branches including the one in Pembrokeshire. Launched on the 1st April 2011, the branch is for parents of children with autism to provide a network of support for people connected through autism living in Pembrokeshire and surrounding areas. The branch meets on a regular basis holding formal and informal events, as well as campaigning and fundraising locally.

Petition raised by: National Autistic Society Pembrokeshire Branch

Date petition first considered by Committee: 18 June 2013

Number of signatures: 902

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MB/GT/0785/14

William Powell AM
Chair
Petitions Committee
National Assembly for Wales

Dear William,

8 March 2014

When I last wrote to you in October 2013 I agreed to ask local health boards to provide me with information about waiting times for autistic spectrum disorder (ASD) diagnosis in children and to enquire about compliance with National Institute for Health and Care Excellence (NICE) ASD guidelines. I subsequently wrote to health boards in November to request this information for both children and adults so as to give me a full picture of ASD diagnostic services.

From the responses I have received it is apparent that health boards have clearly recognised that more needs to be done to reduce waiting times and that this work is a high priority. In many areas, including Hwyl Dda, which you specifically enquired about, improvement plans are now in place with a significant reduction in waiting times anticipated. I was also pleased to see that health boards have developed their diagnostic pathways taking into account the relevant NICE guidelines. A fuller summary of the responses received is enclosed but in short waiting times for children from referral to initial assessment by health board are as follows:

Abertawe Bro Morgannwg UHB	information not yet provided
Aneurin Bevan UHB	12 months
Betsi Cadwaladr UHB	6-26 weeks for initial assessment and 30 -90 weeks for completion of assessment
Cardiff and the Vale UHB	information not yet provided
Cwm Taf UHB	North Cwm Taf 17 weeks/ South Cwm Taf 52 weeks
Hwyl Dda UHB	Carmarthenshire and Ceredigion 2 years Pembrokeshire 4 years
Powys THB	13 weeks maximum, average 7 weeks

In their responses health boards have highlighted that the management of both children's and adult's ASD diagnostic services is very complex, as the diagnostic pathway involves multi agency professional teams working collaboratively across health boards and local authorities. Many different professions are involved in the diagnosis to ensure that the correct diagnosis is received, and as such the pathway can take a very long time to complete. It is also the case that waiting times have been exacerbated by a significant increase in diagnosis referrals in recent years and there are also other urgent competing pressures for services which are impacting on ASD provision.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

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

You specifically asked for an update on the progress being made by Hywel Dda University Health board in implementing its action plan to address ASD waiting times. I have been advised that a dedicated clinical team which will focus solely on ASD diagnosis has been created and recruitment has now been undertaken to fulfil the necessary roles. There is also a commitment to broaden the expertise around diagnosis across the health board so that there is a consistent clinical approach to the diagnostic pathway. Also strategic planning will now be undertaken by the newly convened population health group for mental health and learning disabilities and the operational structures needed to deliver the ASD plan are in place.

It is important that there is transparent information across health boards and you will see there is an absence of data provided by some areas. I will be writing again to both Abertawe Bro Morgannwg UHB and Cardiff and the Vale UHB, requesting the information on children's diagnostic services including waiting times they have yet to submit. I will provide you with an update when this information is received.

The committee may also be interested in the progress achieved in adult's diagnostic services. The absence of adult's services was recognised by our ASD Adults Task and Finish Group and through the implementation of the Autistic Spectrum Disorder Strategic Action Plan (ASD SAP) we have supported the development of the all Wales Adults ASD Diagnostic and Pre/Post Counselling Network. This has brought health boards together to develop a clear diagnostic pathway, agreed diagnostic standards and has raised awareness and increased clinical expertise through training. I am heartened by the progress achieved which is an excellent example of where the Welsh Government has provided focussed support to address a gap in service provision. There is still a lot more that needs to be done and I will look to continue the adult's network to secure further improvements. At present the waiting times from referral to initial assessment for adults ASD diagnosis are:

Abertawe Bro Morgannwg UHB	within 12 weeks
Aneurin Bevan UHB	12 months
Betsi Cadwaladr UHB	up to 40 weeks (average is 16 weeks).
Cardiff and the Vale UHB	within 70 days
Cwm Taf UHB	below 14 weeks
Hwyel Dda UHB	up to 10 months
Powys THB	up to 16 months (will be reduced by March 2014)

We are currently refreshing the ASD SAP and an ASD Advisory Group is providing me with advice on the actions we need to take to address the priorities for action which includes timely access to children's diagnostic services. As part of the implementation of the refreshed ASD SAP we will work with our partners to agree how we can best target the resources available to bring the greatest improvements. I will ensure that parents and carers will be included in any future discussion. We will shortly be consulting on the draft refreshed ASD SAP and I would urge members of the Pembrokeshire Parents Group to respond to the consultation as their views will help us to set the right direction for the years ahead.

Yours Sincerely



Gwenda Thomas AC / AM

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

The National Autistic Society Cymru
Pembrokeshire Branch
C/O 6&7 Village Way
Greenmeadow Springs Business Park
Cardiff
CF15 7NE
18 March 2014

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear William Powell

The Pembrokeshire branch of the National Autistic Society Cymru [NAS Cymru] welcomes the letter from the Deputy Minister for Social Services detailing the responses to her request for health boards to supply the waiting times for autistic spectrum disorder [ASD] diagnosis in children and their compliance with NICE guidelines.

From the summary of responses given, it confirms that the waiting times for a diagnosis of autism in children is longer in Hywel Dda UHB than in five of the seven local health boards in Wales. The figures also show that while diagnosis for children in some health boards is relatively swift, this is not the case in all health boards. It also demonstrates that none of the health boards are complying with the NICE guidelines on recognition, referral and diagnosis of children and young people on the autism spectrum

We are disappointed that Abertawe Bro Morgannwg and Cardiff and the Vale UHB have not yet provided the information requested by the Deputy Minister. We agree that it is important that there is transparent information across health boards and are pleased that the Deputy Minister will update the Committee when the information is received.

We note the Deputy Minister's acknowledgement that health boards recognise that more needs to be done to reduce waiting times and that this is a high priority. We also welcome the fact that Hywel Dda now has an improvement plan, which is having a material effect on the waiting times for diagnosis in children in Pembrokeshire.

We thank the Deputy Minister for the way she has responded to our petition and for sharing our views on the importance of a timely diagnosis for autism in children. We are also grateful to the Deputy Minister for the information on adult diagnosis and the achievements of the all Wales Adult Network.

We look forward to responding to the consultation on the refreshed ASD strategic action plan in due course and acknowledge that the Welsh Government was the first among the UK's nations to implement an action plan for autism.



Accept difference. Not indifference.

We would however ask that the Committee:

- shares the full summary of responses with the Pembrokeshire NAS branch;
- monitors the situation to ensure that Abertawe Bro Morgannwg and Cardiff and the Vale Committee supply their waiting times for diagnosis of autism in children before the beginning of the National Assembly Wales' summer recess;
- receives an update from Hywel Dda on progress of its action plan by the end of June 2014; and
- highlights the importance of a timely diagnosis by recommending that the ASD National Coordinator reports on waiting times and compliance with NICE guidelines as part of their duties in the Welsh Government's refreshed Strategic Action Plan.

We look forward to hearing the Committee's response.

Kind regards

Lisa Phillips
NAS Pembrokeshire branch

Agenda Item 2.7

P-04-481 Close the Gap for deaf pupils in Wales

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to develop a national strategy to Close the Gap in educational attainment between deaf pupils and their peers.

The National Deaf Children's Society (NDCS) Cymru presents this petition today as it is both Deaf Awareness Week and two years since 55 AMs pledged to take action to Close the Gap for deaf pupils.

Still, Welsh Government statistics demonstrate significant attainment gaps between deaf pupils and their peers. In 2012, deaf pupils were 26% less likely to achieve 5 GCSEs at A*-C, and 41% less likely to achieve A*-C passes in core subjects English/Welsh, Maths and Science.

Our video petition asks the experts (deaf pupils themselves) what matters most. They told us:

- We need appropriate support in school and college
- We need all classrooms to have good acoustics
- Some of us use sign language. Help us encourage our hearing peers and teachers to learn sign.
- We need more teachers and pupils to be deaf aware.

Too many deaf pupils are facing barriers in these areas. A national strategy is needed to address the barriers and Close the Gap!

Additional Information

Our video petition and an accompanying report can be downloaded at www.ndcs.org.uk/ClosetheGapWales

The video petition was produced with the help of eight deaf young people outlines the four things that they feel are most important to deaf pupils at school and college.

The accompanying report outlines the barriers that many deaf pupils in Wales are facing in these areas. It also makes suggestions on how a strategy could help to overcome these barriers.

Petition raised by: NDCS

Date petition first considered by Committee: 14 May 2013

William Powell AM
Chair, Petitions Committee,
National Assembly for Wales,
Pierhead St.,
Cardiff CF99 1NA



26.02.2014

Ref: P-04-481

www.ndcs.org.uk

Dear Mr Powell,

2 Ty Nant Court
Morganstown
Cardiff CF15 8LW

Thank you for your letter sent on February 21st with regard to the Close the Gap petition P-04-481.

2 Cwrt Ty Nant
Treforgan
Caerdydd CF15 8LW

We welcome your intention to commission a piece of work on the issues facing deaf pupils in Wales. Throughout this process we have involved the young people who created and presented the petition in May 2013. Once again we have asked them to identify their priorities.

Tel: 029 2037 3474
Text: 029 2081 1861
Fax: 029 2081 4900
ndcswales@ndcs.org.uk
Freephone Helpline
0808 800 8880 (v/t)

The two key issues for deaf children and young people are lack of deaf awareness and poor acoustics in schools.

Deaf children and young people tell us that they wished teachers; support staff and fellow pupils had some awareness of what it is to be deaf. Simple things like knowing how to speak with a deaf child; knowing how to include deaf children in group activities and good communication in the classroom would make a world of difference for deaf children and young people. Most deaf children attend mainstream schools with 85% in schools where there is no specialist provision. We would welcome your report looking at how deaf awareness training can be introduced for staff and pupils in all schools in Wales.

Poor acoustics in schools can make life extremely difficult for deaf children. When a child wears a hearing aid the device amplifies all sounds. One pupil told us, "When there is too much noise in the classroom my ears are painful and hurt so much I have to take my hearing aids out, then I can't hear the teacher." In such circumstances it is no wonder that the educational attainment of deaf pupils falls behind that of hearing pupils. Good acoustics in a classroom is of benefit to all pupils and staff.

As you know, Building Regulations were devolved to Wales on December 31st 2011. We are keen to see the regulations concerning acoustics in new build schools, which are contained in Building Bulletin 93 (BB93), strengthened and extended to cover all new nurseries, schools and college buildings. We would also wish to see more rigorous compliance with BB93 including mandatory pre-completion testing to ensure new buildings achieve the acoustic standards.

BB93 only applies to new buildings and as so many school premises in Wales are in older buildings we would wish to see steps being taken to improve the acoustic environment in these settings. We are more than willing to provide our toolkit for improving acoustics to schools in Wales.

Good acoustics in schools, nurseries and colleges will not only benefit deaf children and young people. It will improve the teaching environment for all pupils and staff. 10 organisations have supported our campaigns to improve acoustics in schools: Action on Hearing Loss Cymru; Afasic Cymru; Autism Cymru; BATOD; Deaf Access Cymru; Down's Syndrome Association; National Autistic Society Cymru; North Wales Deaf Association; RNIB Cymru and SENSE Cymru.

The National Assembly has an opportunity to make a difference not only to the lives of deaf children and young people but to all pupils in Wales.

If the research team that is preparing the report wish to have further information we are more than happy to work with them to provide background information and resources.

Looking forward to hearing from you

Elin Wyn
Policy Adviser
NDCS Cymru

elin.wyn@ndcs.org.uk

c.c. Ann Jones AM, Chair APGDI

Agenda Item 2.8

P-04-516 Make political science compulsory in education

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to make political science a compulsory part of the school curriculum.

Petition raised by: Mark Griffiths

Date petition first considered by Committee: 26 November 2013

Number of signatures: 12



Eich cyf/Your ref P-04-516
Ein cyf/Our ref HL/00386/14

William Powell AM
Chair Petitions committee

committeebusiness@Wales.gsi.gov.uk

4 March 2014

Dear William

Thank you for your letter of 21st February on behalf of the Petitions Committee seeking my views on the additional information regarding making political science a compulsory part of the school curriculum.

I note the additional information from the correspondent and as previously stated in my response of 6 January, Personal and Social education (PSE) is a statutory curriculum requirement and forms part of the Basic curriculum for all registered pupils at maintained schools who are of compulsory school age. Decisions on the precise content and model of delivery of a school PSE programme lie with head teachers and their governors, working with local authorities and other local partners. This gives schools flexibility to focus on aspects of PSE that are particularly relevant to their situation and best meet the needs of their learners.

In addition, within the Welsh Baccalaureate qualification PSE, which includes a Community Participation element and Wales, Europe and the World are compulsory elements of the Core of the Welsh Baccalaureate at all three levels. PSE aims to:

- develop awareness of what it means to be an active and responsible citizen through helping others;
- provide opportunities for candidates to involve themselves in working in active community participation, it cannot be desk based;
- relate to the real world and the wider community, outside the classroom; and
- encourage candidates to work in groups.

Wales, Europe & the World aims to:

- develop awareness of political, social, economic, and cultural issues in the context of Wales, Europe and the World.

Following the Review of Qualifications in Wales, the Welsh BaccaLaureate is being revised to make the model more rigorous. The revised more rigorous model is due for first teaching in September 2015. A Steering Group has been established to oversee this development and a number of working groups are considering the detail of the elements of the Core.

A high level model has been agreed. It retains, at all levels, a compulsory Community Participation element - the strengthened and renamed 'Community Challenge'. Learners will be expected to identify and develop opportunities in the local or wider community and actively participate to support improvement. This may be a centre led activity or involve third sector organisations specifically designed challenges.

The Wales, Europe and the World element has also been retained and strengthened – now named 'Global Citizenship Challenge'. Learners will be expected to understand, empathise and respond appropriately to a global issue. Again this may be centre led or involve external organisations.

Currently the Welsh BaccaLaureate is not compulsory and approximately 60% of learners in post 16 and half of Key Stage 4 learners now follow Welsh BaccaLaureate courses. However, in line with the recommendations from the Review of Qualifications, Welsh Government will encourage universal take up of the revised, more rigorous Welsh BaccaLaureate that will be implemented from September 2015.

Precise details of the challenges are being developed and Officials are working closely with stakeholders, such as the Welsh Centre for International affairs and the British Council, to develop the Community & Global Citizenship Challenge part of the qualification.

In addition, the Review of the National Curriculum and Assessment provides an important opportunity to look at existing arrangements and consider how they can be improved. It gives us recourse to look at how we will continue to drive up standards, not only by strengthening and supporting the teaching of literacy and numeracy in schools in Wales, but by looking at curriculum and assessment arrangements as a whole.

Whilst the first phase of the review has included a focus on literacy and numeracy, we will be taking a much wider view as we move forward. On 22 October 2013 I announced a second phase to the review. This second phase will give us an opportunity to do something unique in Wales: to develop a curriculum for Wales and, in doing so, give every child the best possible chance to go out and succeed as citizens of the world. The second phase of the review will also revisit the Basic curriculum to ensure that it addresses some of the key challenges faced by learners growing up in the modern global society.

Yours sincerely



Huw Lewis AC / AM

Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

P-04-522 Asbestos in Schools

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to put measures in place to ensure that parents and guardians of children across Wales can easily access information about the presence and management of asbestos in all school buildings.

Given the health risks associated with the presence of asbestos in public buildings, we believe parents and guardians across Wales have the right;

- to know if asbestos is located in their school;
- to know whether, where asbestos is present, it is being managed in line with the Control of Asbestos Regulations 2012;
- to access that information easily online

Petition raised by: Cenric Clement-Evans

Date Petition first considered by Committee: 10 December 2013

Number of signatures: 448

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-O4-0522
Ein cyf/Our ref HL/00378/14

William Powell AM

committeebusiness@Wales.gsi.gov.uk

3 March 2014

Dear William

Thank you for your recent letter regarding the Petition Committee's request to investigate an apparent inconsistency regarding the responsibility for development of policies for the management and control of asbestos of schools in Wales.

As I explained in my letter to you of 2 January, responsibility for these issues has not been devolved to the Welsh Government but lies with the Health and Safety Executive. The legislative competence of the National Assembly for Wales is set out in Schedule 7 to the Government of Wales Act 2006. You will note that in Part 1 of that Schedule in the "Health and health services" subject there is an exception to the legislative competence of the NAW in relation to Health and Safety Commission, Health and Safety Executive.

While my officials have prepared guidance on asbestos management in schools, this is to give school staff the information they need to fulfil their responsibilities effectively and thus reflects the legislative requirements and policy of the Health and Safety Executive. A similar approach has been adopted in England.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Huw Lewis'.

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

P-04-522 Asbestos in Schools, Correspondence from the petitioner to the Clerking Team, 19.03.2014

Dear Kayleigh

Thank you for your e-mail. I am aware that the committee was seeking legal opinion on the issue of responsibility for the issue of asbestos in schools in Wales and I look forward to seeing that opinion. I remain most concerned at the Minister's refusal to accept that Welsh Government has any responsibility for the issue. The publication of guidance on the issue by Welsh Government is of course most welcome, although I would observe that the Department for Education (DfE) took a lead publishing guidelines in October 2012, with those published here in February 2014 in Wales largely replicating those in England.

You will appreciate that this issue of asbestos in schools is of crucial importance to the people of Wales, in that the future health of the nation's children is at stake, as is the health of those working in schools. 85% of schools in Wales contain asbestos, a substantial majority of our schools. The risk to which they are exposed is of developing the fatal cancer mesothelioma, which is a terrible disease taking decades from exposure to the development of symptoms.

On the 31st January 2014 the DfE launched a consultation entitled "Policy Review: Asbestos in Schools". This relates to schools in England (not the United Kingdom or Wales). The driver behind the consultation as is clear from the opening paragraph is the report from the Committee on Carcinogenicity of June 2013.

"In 2011, the DfE asked the Committee on Carcinogenicity (CoC) to consider the relative vulnerability of children to exposure to asbestos and the CoC published its statement on 7 June 2013. ¹ We committed to review the current DfE policy on asbestos management in schools to take account of the information and conclusions of the CoC statement."

The report of the CoC is to be found at http://www.iacoc.org.uk/statements/documents/Asbestosinschoolsstatement_000.pdf with the DfE summary being set out below

"In summary, the CoC concluded:

- Asbestos causes mesothelioma and other cancers;

- The range of asbestos fibres in air will vary depending on the environment, presence and condition of asbestos;
- There is a lack of contemporary data on the levels of asbestos found in schools and there would be benefit in collecting and analysing new exposure data;
- There is potential for children to be exposed to asbestos in their homes where asbestos was used in its construction or maintenance. Maintenance activity can disturb asbestos and increase exposure both at home and at school;
- There is evidence that exposure to asbestos in childhood can cause mesothelioma in later life. The effect of increased life expectancy and the long latency period is recognised with the lifetime risk of developing mesothelioma predicted to be about 3.5 times greater for a child first exposed at age 5 compared to an adult first exposed at age 25 and about 5 times greater when compared to an adult first exposed at age 30. “

In short young children are at significantly greater risk of developing mesothelioma from asbestos exposure than even young adults.

I would like to highlight the sharp contrast between the position of the DfE and Welsh Government.

Attached is a copy of the letter of Annette Brooke MP, Chair of the Asbestos in Schools Group, written on my behalf to the Minister of State for Schools dated 25th October 2013 and his response of the 15th November 2013 wherein unequivocally he stated that “the management of asbestos in schools in Wales rests with the Welsh Government”.

The position of the UK Government has been further confirmed in both the House of Lords and the House of Commons.

As previously advised here are the answers received by Lord Wigley following his written questions:-

“Question

http://www.publications.parliament.uk/pa/ld201314/ldhansrd/text/140115w0001.htm#w_a_st_44

Asked by Lord Wigley

To ask Her Majesty's Government whether it is their intention that the asbestos awareness guidance for schools, issued by the Department for Education, be adopted in Wales.[HL4362]

15 Jan 2014 : Column WA26

The Parliamentary Under-Secretary of State for Schools (Lord Nash) (Con): The responsibility for the management of asbestos in schools in Wales is devolved to the Welsh Government and does not rest with the Department for Education. I understand, however, that the Welsh Government intends issuing similar guidance on asbestos management to schools in Wales shortly.

Schools: Asbestos

Questions

http://www.publications.parliament.uk/pa/ld201314/ldhansrd/text/140114w0001.htm#wa_st_25

Asked by Lord Wigley

To ask Her Majesty's Government whether they will clarify who has the overall responsibility for asbestos policy for schools in Wales.[HL4359]

To ask Her Majesty's Government whose responsibility it is to respond to the final report of the Committee on carcinogenicity insofar as schools in Wales are concerned.[HL4360]

To ask Her Majesty's Government whether there are any plans to conduct a review of asbestos policy in Wales; and whose responsibility it would be to undertake such a review.[HL4361]

The Parliamentary Under-Secretary of State, Wales Office (Baroness Randerson) (LD): The Health and Safety Executive has responsibility for regulations and guidance as it applies to the management and control of asbestos in all workplaces in Great Britain, including schools. However, within this framework, the development of policies for the management and control of asbestos in schools is a matter for the Welsh Government.

The report by the Committee on Carcinogenicity was commissioned by the Department of Education. The report was a statement on the vulnerability of

children to asbestos and made no recommendations; however, in England, the Department for Education is undertaking a review of its policy on asbestos management in schools. It is for the Welsh Government to decide whether they wish to review any policies as a result of the report.

14 Jan 2014 : Column WA12”

On 24th, 25th and 27th January 2014 Hywel Williams MP asked a series of questions regarding asbestos in schools

http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cmallfiles/mps/commmons_hansard_4619_wad.html

Since then in response to questions from Hywel Williams MP

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140224/text/140224w0008.htm#14022583001562> on the 24th February the Minister of State for

Schools stated as follows:–

“Schools: Asbestos

Hywel Williams: To ask the Secretary of State for Education which Government Department has responsibility for asbestos policy for schools in Wales. [188046]

Mr Laws: Responsibility for asbestos policy for schools in Wales is a devolved matter for the Welsh Government.

Hywel Williams: To ask the Secretary of State for Education which Government department is responsible for the management of asbestos in schools in Wales. [188123]

Mr Laws: Responsibility for the management of asbestos in schools in Wales is a devolved matter for the Welsh Government.”

In response to questions from Hywel Williams MP

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140227/text/140227w0001.htm#140227105001444> on the 27th February the Secretary of State

for Wales stated as follows:–

“Mr David Jones: The Health and Safety Executive (HSE) has responsibility for enforcing legislation on the management and control of asbestos in all workplaces

in Great Britain, including schools. The statutory responsibility for ensuring that risks from asbestos are managed, however, falls to the duty holder and to any employer undertaking work on asbestos containing materials in those premises. For schools this depends on its status and could be the local authority, the Board of Governors, the trustees or a proprietor.

The HSE produces general guidance on the management of asbestos and the precautions that need to be taken before work is undertaken on any property where asbestos is present.

It is for the Welsh Government to decide if it wishes to introduce overall policies for dealing with asbestos management across maintained schools in Wales.”

This is wholly different to the position adopted by the Welsh Government as can be seen from the response of the First Minister in the Senedd on the 28th January 2014

“The responsibility lies with the Health and Safety Executive; that is quite clear. As regards ensuring that things happen as they should, that is the responsibility of the executive and also of the local authority environmental health officers. Also, of course, some responsibility falls on the schools themselves, if they have to dispose of asbestos, to ensure that that is done properly and safely. Guidelines will be published before long, which will include details relating to the responsibilities of those who have various duties relating to the management and disposal of asbestos. However, in terms of the responsibility, it lies with the Health and Safety Executive, and, then, of course, in terms of ensuring that the responsibilities are progressed, that is also a responsibility of the environmental health officers.”

In short therefore insofar as schools in England are concerned the Department for Education is taking the issue seriously as evidenced *inter alia* by the following:-

- Setting up an asbestos in schools steering group
- Asking the CoC to consider the relative vulnerability of children to exposure to asbestos
- In the light of the CoC carrying out a review of its policy with regard to asbestos in schools

In Wales other than recently publishing guidance replicating that given in England, Welsh Government refuses to act.

The consequence, as is clear when one compares the responses of UK Government and Welsh Government, is that between them no-one is taking responsibility for management of asbestos in schools and for policy for asbestos in schools in Wales

When the health of a nation is at stake surely that cannot be right.

Kind regards

Cenric

Rt. Hon David Laws MP,
Minister of State for Schools,
Sanctuary Buildings,
Great Smith Street,
London SW1P 3BT

25th October 2013

Welsh schools and asbestos

The issue of asbestos in schools in Wales has been raised with me by a member of the Asbestos in Schools Group, Cenric Clement-Evans, who is also a spokesperson for the Right to Know: Asbestos in Schools Wales Campaign.

His concern is that schools in Wales may be less well served than those in England and in particular that the Welsh Government does not accept that they have overall responsibility for the safety of children and staff in Welsh schools. This has been particularly highlighted by the circumstances relating to Cwmcarn High School.

As you are of course aware, in March the Commons Education Select Committee heard evidence on the issues relating to asbestos in English schools when you confirmed that the Department for Education (DfE) would review its asbestos policies for English schools on receipt of a report from the Committee on Carcinogenicity (COC). I understand that the terms of reference are now being set for the review which will begin shortly.

In June the CoC published its final report which concluded that children are at increased risk from asbestos exposure compared to adults. Although the assessment was requested by the DfE in England the findings equally apply to children in Wales, and in particular in Welsh schools. This matter is therefore directly relevant to the Welsh Department of Health and Social Services and Department for Education and Skills.

You may recall that in June you wrote to the Joint Union Asbestos Committee (JUAC) and stated;-

“As you will appreciate the responsibility for Cwmcarn High School rests with the Welsh Assembly rather than this Department. We are, however, keen to understand the situation at this school and establish if there are aspects of this case that can improve how we manage asbestos in schools in England.”

In August the Minister for Education and Skills Huw Lewis AM responded to a written question from Nick Ramsay AM asking whether Welsh Government intended to review its policy on Asbestos in Schools in light of the findings of the COC. The Minister's response was "As has been previously advised by the previous Minister for Education and Skills, Health and Safety policy is not devolved to this Government"

It would appear that these two statements (together with those of the previous Minister for Education and Skills) are contradictory, with neither Welsh Government nor the Welsh Department for Education and Skills accepting that they are responsible for asbestos in schools in Wales.

According to the Department for Education in the Welsh Government the responsibility for asbestos lies with the HSE. They stated in a letter to JUAC: "As you are aware asbestos is a non-devolved matter and responsibility for the subject lies with the Health and Safety Executive and not with Welsh Government."

This is at odds with the policy of the Department for Education in England who accept that they have overall responsibility for asbestos policy in English schools, and that HSE's role is to advise and act as regulators.

HSE's sponsor department, DWP, have classified schools as 'low risk' and therefore they are a low priority for the HSE. HSE also do not have the resources to effectively regulate the management of asbestos in schools, let alone make and oversee asbestos policy for schools in Wales and presumably Scotland.

If responsibility lies with the HSE then it raises a further anomaly in as much as the Secretary of State for Education in England has overall responsibility for asbestos policy in English schools whereas in Wales, apparently, the Secretary of State at the Department for Work and Pensions has overall responsibility for asbestos policy in Welsh schools.

Another example of action being taken in England and not Wales relates to asbestos guidance. As you are aware in October 2012, the DfE published asbestos awareness guidance for English schools. The previous Welsh Education and Skills Minister wrote to Nick Ramsay AM acknowledging that it does not apply to schools in Wales, but advised that his officials were working with DfE officials to see whether the guidance was suitable for adoption in Wales. A year has now passed with no

apparent action, when on the face of it there seems no reason why the guidance should not be simply adopted in Wales.

Mr Clement-Evans is concerned that in contrast with the positive actions of the DfE in England, neither the Welsh Department for Education nor Welsh Government accepts that the issue of asbestos in schools in Wales is their overall responsibility. Instead they consider it is HSE's – but their priorities are elsewhere and they do not have the resources to fulfil that role. The end result is that the whole issue of asbestos in Welsh schools appears to be sliding into a 'devolutionary crack' with no Minister positively taking control.

I would be grateful if you would please consider raising these concerns with the Minister for Education and Skills Huw Lewis AM, as I am sure that dialogue between Ministers would ensure that the issue of asbestos in schools receives the attention in Wales that it already deservedly does in England. I would suggest clarity is required on the following issues:-

- Who has the overall responsibility for asbestos policy for schools in Wales?
- Who is to respond to the conclusions of the CoC insofar as schools in Wales are concerned?
- Will a review of asbestos policy be carried out in Wales.
- If so who will be responsible for the review?
- Why has the DfE asbestos awareness guidance for schools not been adopted in Wales?
- HSE's role and responsibilities towards asbestos policy for schools in Wales and Scotland need to be clearly defined.

Yours sincerely,

Annette Brooke MP



20 NOV 2013

2013/0067951PODL

Rt Hon David Laws MP
Minister of State for Schools

Sanctuary Buildings 20 Great Smith Street Westminster London SW1P 3BT
tel: 0370 000 2288 www.education.gov.uk/help/contactus

Annette Brooke MP
House of Commons
London
SW1A 0AA

Dear Annette, ^{15th} November 2013

Subject: Welsh schools and asbestos

Thank you for your letter of 25 October, on behalf of Cenric Clement-Evans, spokesperson for the Right to Know: Asbestos in Schools Wales Campaign.

I am pleased that you acknowledge the positive actions being taken by the Department for Education on this issue. However, the management of asbestos in schools in Wales rests with the Welsh Government. I can only advise that the best way to resolve these issues is by raising your concerns directly with the Welsh Government. Alongside this, I have asked officials in this Department to contact the Department for Education and Skills in Wales to discuss any information and further support on asbestos management in schools that it may find helpful.

The Health and Safety Executive (HSE) has confirmed that it is responsible for the enforcement of health and safety law in all educational establishments across Great Britain, including enforcement of the Control of Asbestos Regulations 2012. HSE's role is to make sure the risks from asbestos are controlled in premises across the three nations. HSE also responds to requests for advice on asbestos issues from all three education departments in Great Britain, and in this respect, I know it has provided authoritative advice to officials in this Department.

Although education policy is devolved, the requirements for managing the risks from asbestos are set out in legislation and guidance that apply across Great Britain.

Thank you for writing to me on this important issue. I hope this is helpful.

Yours sincerely,

David Laws

David Laws MP



Department
for Education

Launch date 31 January 2014
Respond by 31 March 2014
Ref: Department for Education

Policy Review: Asbestos Management in Schools

Policy review: asbestos management in schools

In 2011, the DfE asked the Committee on Carcinogenicity (CoC) to consider the relative vulnerability of children to exposure to asbestos and the CoC published its statement on 7 June 2013.¹ We committed to review the current DfE policy on asbestos management in schools to take account of the information and conclusions of the CoC statement.

In reviewing the policy, we also want to hear your opinions and ideas on asbestos management in schools.

The call is open to anyone to respond. In particular, we would like to hear from those that are involved in the day to day management of asbestos in schools on their experiences and how DfE can support them to fulfil their responsibilities. The results of the call for evidence will form part of a report on asbestos management in schools which will be published in June 2014.

The Control of Asbestos Regulations 2012 set minimum standards for the protection of employees and others from the risks associated with asbestos exposure. The standards and duties in this legislation **are not** within scope of this review.

To Local authorities, academy trusts, dioceses, schools, head teachers, teaching and other school staff, governors, representative organisations, unions, others with an interest in asbestos/health and safety.

Issued 31 January 2014

Enquiries To If your enquiry is related to the content of the document you can contact the Department by e-mail: asbestos.review@education.gsi.gov.uk

Contact Details

If you have a query relating to the call for evidence process you can telephone: 0370 000 2288 or use the '[Contact Us](#)' page.

¹ The CoC is an independent advisory committee that provides expert advice to Government Departments and agencies on the potential carcinogenicity of chemicals and substances.

1 Policy context: asbestos management in schools

DfE does not manage the schools estate in England; we provide funding for new school places and to schools and local authorities to maintain their existing buildings.

Responsibility for asbestos management rests with the duty holder – whoever it is that has responsibility for the maintenance and/or repair of non-domestic premises, including schools. For the majority of schools, the duty holder will be the employer and this will generally be the local authority, school governors or academy trust.

The Department takes the issue of asbestos management in schools very seriously and our policy aims to support duty holders to fulfil their responsibilities effectively.

New guidance was developed – aimed at headteachers, school governors and other members of school management teams - which was published on the Department's website in October 2012. We have also established the Asbestos in Schools Steering Group – with representatives from a wide range of interested parties – to promote and raise awareness of the need to ensure the proper management of asbestos in schools.

The Department acted upon the Steering Group's recommendation to ask the Committee on Carcinogenicity (CoC) to look into the relative vulnerability of children to low level exposure to asbestos fibres. The Department committed to review its policy on asbestos management in light of the CoC's statement which was published in June 2013.

Policy responsibility for regulation of health and safety legislation in schools, including prosecuting breaches of the Control of Asbestos Regulations 2012, lies with the Health and Safety Executive (HSE). We work closely with HSE in the development and application of our policy on asbestos management in schools.

In reviewing our policy, we will take account of the current legislative framework, along with evidence from a range of parties, including members of the Asbestos in Schools Steering Group.

The HSE has also inspected 150 schools that are outside local authority control in 2013 and the HSE's findings will also inform the

review. This builds on information from previous HSE inspections of schools, both within and outside local authority control, conducted in recent years.

This call for evidence will be open between 31 January 2014 and 31 March 2014.

2 Legislation and current DfE policy

Legislation and Responsibilities - The legislation covering the management of asbestos is contained within the Control of Asbestos Regulations (CAR) last updated in 2012. The regulations provide that anyone who has responsibility for the maintenance and/or repair of non-domestic premises, including schools, is a duty holder. For the majority of schools, the duty holder will be the employer and this will generally be the local authority, school governors or academy trust.

DfE is not the duty holder for schools.

The requirements on the duty holder include that they must:

- take reasonable steps to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and what condition it is in;
- make, and keep up-to-date, a record of the location and condition of the asbestos containing materials - or materials which are presumed to contain asbestos;
- assess the risk of anyone being exposed to fibres from the materials identified;
- prepare a plan that sets out in detail how the risks from these materials will be managed;
- take the necessary steps to put the plan into action;
- periodically review and monitor the plan and the arrangements to act on it so that the plan remains relevant and up-to-date; and
- provide information on the location and condition of the materials to anyone who is liable to work on or disturb them.

The Health and Safety Executive (HSE) is responsible for the enforcement of the regulations in schools. Its guidance is clear that, if asbestos is undamaged and unlikely to be disturbed then, it is usually safer to leave it in place and to manage it. If asbestos is found in an unsealed, damaged or poor condition, this will need to be repaired,

sealed, enclosed or removed using trained personnel. Asbestos must be properly managed and schools must keep records that are regularly updated and made available to anyone carrying out maintenance work.

Current DfE Policy – the current DfE policy on asbestos management in schools aims to give schools the guidance they need to fulfil their responsibilities effectively. It reflects legislative requirements, the role and responsibilities of the duty holder and the advice of HSE.

3 Guidance on asbestos management in schools

The obligation to manage asbestos falls to the duty holder. In order to help schools fulfil their responsibilities, the Department's asbestos management guidance offers advice on duty holders' responsibilities. This includes examples showing where asbestos is commonly found, advice on recording its location and condition, the risks, legislative framework, advice on training and what to do if things go wrong. This guidance links to other resources, including those provided by the HSE, and is intended to support schools in actively managing and controlling asbestos risks. The full guidance can be found via the link at:

[Asbestos management in schools - Publications - GOV.UK](#)

Many local authorities support schools with asbestos management consultancy. In some authorities this support is offered to academies (including free schools), while others only work with schools where they have a legal interest in the building. Where authorities do not offer these services, schools are advised to use the services of organisations that are qualified to give appropriate support and advice.

The Department will review its guidance as part of this policy review and is interested in getting feedback on its usefulness, relevance and any suggestions for improvement.

4 Committee on Carcinogenicity (CoC) conclusions

In 2011, the Department asked the Committee on Carcinogenicity (CoC) to look into the relative vulnerability of children to low level exposure to asbestos fibres. The Department committed to review its policy on asbestos management in schools in light of the CoC's statement. This was published in June 2013 and is available at: http://www.iacoc.org.uk/statements/documents/Asbestosinschoolstatement_000.pdf

In summary, the CoC concluded:

- Asbestos causes mesothelioma and other cancers;
- The range of asbestos fibres in air will vary depending on the environment, presence and condition of asbestos;
- There is a lack of contemporary data on the levels of asbestos found in schools and there would be benefit in collecting and analysing new exposure data;
- There is potential for children to be exposed to asbestos in their homes where asbestos was used in its construction or maintenance. Maintenance activity can disturb asbestos and increase exposure both at home and at school;
- There is evidence that exposure to asbestos in childhood can cause mesothelioma in later life. The effect of increased life expectancy and the long latency period is recognised with the lifetime risk of developing mesothelioma predicted to be about 3.5 times greater for a child first exposed at age 5 compared to an adult first exposed at age 25 and about 5 times greater when compared to an adult first exposed at age 30.

5 Policy review: asbestos management in schools

We want to understand more about:

- the effectiveness of the current DfE policy;
- how asbestos is managed in schools; and
- how DfE can support duty holders to fulfil their responsibilities effectively.

Purpose of policy and the role of DfE

Q1: How strongly do you agree or disagree with the following statements –

- asbestos management in schools works well.
- the current DfE policy (as outlined in section 2 above) offers the right level of support to schools.

Q2: Are there other things that DfE could do to support duty holders to fulfil their responsibilities? If so, please give details.

Q3: Can any issues only be fixed or resolved through government intervention? Is there something that needs to be done that only DfE can deliver? Please provide details.

Q4: The role of duty holders is clearly outlined in legislation. Is there a role for others in supporting schools to manage asbestos effectively? If so, what is the role and who should carry it out?

Evidence for change

We want to gather evidence – including real life examples - of how the current asbestos policy works in practice along with any evidence to support proposals for changes.

Q5: What examples of good practice are there and what works well?

Q6: Are there any particular barriers or disincentives that hinder the effective management of asbestos in schools? Please provide details.

Q7: What evidence is there that the current policy needs changing or that improvements need to be made? Please provide details.

Q8: Do you have evidence to show that duty holders are not fulfilling their responsibilities? If so, please provide evidence of the underlying problems.

Q9: What could be improved, how and by whom? What practical difference would your suggestion make to duty holders, school staff and pupils?

Q10: What would be the estimated cost of any improvements that you suggest? How should these improvements be funded?

Guidance and tools for duty holders/others

We want to understand more about what is helpful to duty holders and what more can be done to provide support.

Q11: Are you a duty holder for a school? If not, do you know who the duty holder is?

Q12: Are you aware of the DfE asbestos management in schools guidance? Have you read/used the guidance?

Q13: Has the guidance been useful and relevant to your needs? What did you find most helpful?

Q14: Please provide any suggestions that you have to improve the DfE guidance.

Q15: Please provide details of any other sources of guidance that you use or tools to help you understand and fulfil your responsibilities.

Q16: Are there other things that could be done/provided that would help raise awareness of asbestos management issues? Please provide details.

Q17: What would be the cost of any improvements that you suggest? How should these improvements be funded?

If you have further views about asbestos management in schools that you would like to share, please do include them in your response. There is space for additional comments at the end of the response form.

6 How To Respond

Call for evidence responses can be completed electronically and emailed to:

asbestos.review@education.gsi.gov.uk

or can be sent to:

DfE Asbestos Policy Review
Central Capital Unit - 4th Floor
Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

7 Additional Copies

Additional copies can be requested by emailing: asbestos.review@education.gsi.gov.uk

8 Plans for making results public

The results of the call for evidence and the Department's response will be made available by June 2014.

Agenda Item 3

Y Pwyllgor Cymunedau, Cydraddoldeb a
Llywodraeth Leol

Communities, Equality and Local Government
Committee

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

William Powell AM
Chair
Petitions Committee

28 January 2014

Dear William

As you will be aware, matters relating to the Welsh language fall within the remit of the Communities, Equality and Local Government Committee. We have recently taken evidence from the First Minister, as Minister with responsibility for overseeing and co-ordinating Welsh language policy. The Committee has subsequently written to the First Minister highlighting specific areas of Welsh language policy that we intend to keep under review. A copy of the letter is enclosed, for information.

The session covered a number of issues, including some that fall within the remit of other scrutiny committees. As such, it served to reinforce the cross cutting nature of the Welsh language and highlighted the importance of a more co-ordinated our approach to its scrutiny across committees.

In this context, the Committee agreed that I should write to all committees asking them to consider their existing approach to scrutiny of the Welsh language as it relates to their remit and to seek views on how best the Welsh language can be mainstreamed into all aspects of our scrutiny work. In addition, the Committee would welcome your views on how best Welsh language considerations could be taken forward in the budget scrutiny process.

It would be helpful if you could provide your views on the above as soon as practicable and, if possible, by the end of February.

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh
Y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol / Communities, Equality and Local Government Committee
Gwasanaeth y Pwyllgorau / Committee Service
Ffôn / Tel: 029 2089 8025
E-bost / Email : PwyllgorCCLII@cymru.gov.uk

I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink that reads "Christine Chapman." The signature is written in a cursive style with a large initial 'C'.

Christine Chapman AC / AM
Cadeirydd / Chair

Y Pwyllgor Cymunedau, Cydraddoldeb a
Llywodraeth Leol

Communities, Equality and Local Government
Committee

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Carwyn Jones AM
First Minister

28 January 2014

Dear First Minister

Thank you for attending the Communities, Equality and Local Government Committee meeting on 4 December 2013 to give evidence in relation to your responsibilities for Welsh language policy within the Welsh Government.

As you will be aware, the 2011 Census results showed that the percentage of Welsh speakers in Wales fell from 20.8% in 2001 to 19.0% in 2011. Following the meeting on 4 December, the Committee agreed to write to you outlining its thoughts on the way in which the Welsh Government has responded and is responding to these statistics and driving forward policy in this area.

On 4 December, you told us about a number of on-going initiatives that you had put in place in response to the Census figures, particularly as a result of *Y Gynhadledd Fawr*. You also referred to a number of policy reviews, surveys and task and finish groups established to inform future policy developments in this area, including those on Welsh-speaking communities; the Welsh language and the economy; and *Mentrau Iaith*. You told us that this work would feed into a further and more detailed statement in due course, after the evidence had been collated and analysed.

We believe that this work has the potential to go some way towards addressing concerns about the future of the Welsh language. We are also pleased that you have recognised the urgency with which these issues need to be addressed. We intend to keep this matter under regular review and, as part of this, we will be inviting you to a further scrutiny session in the summer term to discuss progress with this work.

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh
Y Pwyllgor Cymunedau, Cydraddoldeb a Llywodraeth Leol / Communities, Equality and Local Government Committee
Gwasanaeth y Pwyllgorau / Committee Service
Ffôn / Tel: 029 2089 8025
E-bost / Email : PwyllgorCCLII@cymru.gov.uk

Further to the above, the following are specific areas of Welsh language policy that we intend to keep under review, and wish to revisit with you in due course.

Progress on the strategy, *A Living Language: A Language for Living*

The Committee awaits the publication of the annual report on the Welsh language strategy, *A Living Language, A Language for Living*, and will be interested to see how it demonstrates the Welsh Government's progress towards achieving its aim to increase the number of Welsh speakers in Wales. We will wish to discuss this with you in our follow-up session in the summer term.

In particular, we note that this strategy only contains references to the 2001 Census figures, and was therefore prepared before the 2011 Census figures were available. In light of the demographic changes in Welsh-speaking communities highlighted by the 2011 figures, we would be interested in your views about whether this strategy is still appropriate and adequate, or whether there is now a need to revise the strategy.

Y Gynhadledd Fawr

We acknowledge the initial steps that the Welsh Government is taking to address some of the challenges highlighted by *Y Gynhadledd Fawr*, which you set up in response to the 2011 Census figures. We believe that, collectively, these steps have the potential to bring about a certain degree of positive change. However, in this context, we would like further information on the specific outcomes you expect to see as a result of the initial actions that you announced, and when you expect them to be achieved.

Further to this, we welcome your commitment to making a further statement on additional actions the Welsh Government will be taking in response to *Y Gynhadledd Fawr*. We look forward to this statement and, in particular, to hearing more detail about the timetable for action in this respect.

Mainstreaming the Welsh language within the Welsh Government

You will be aware that, following our scrutiny of the 2014-15 draft budget, we were critical of the Welsh Government's approach to assessing the impact of budget allocations on the Welsh language, particularly as funding for the Welsh language had been reduced in certain areas. This was a concern we raised in a letter to the Minister for Finance on 29 October 2013, stating that "a more systematic way is needed for ensuring that policies and budget decisions are screened for their impact on the Welsh language."

In this context, you referred to an Improvement Plan that was being developed to embed Welsh language considerations within the Welsh Government, and to assess the impact of decisions on the language. You said that an important part of this included appointing officials as 'language champions' within departments. We look forward to following up on these developments in due course, and to hear more from you about the outcomes the Improvement Plan has led to in this respect.

You also told us that you were preparing “to put a more thorough system together” in terms of how expenditure impacts on the Welsh language. We would like you to provide us with more detail on this later in the year.

The Welsh Language Commissioner’s budget and role

In her meeting with the Committee on 14 November 2013, the Welsh Language Commissioner raised some concern about the impact of the 10% reduction in her budget for 2014-15 on the work of her office. When questioned on this issue, you stated that, despite the reduction, the budget remains “substantial” and one within which the Commissioner “can manage”.

While we acknowledge that budget reductions are symptomatic of the current financial climate, we question how the 10% reduction in the Commissioner's budget compares to the percentage reductions across other spending areas. As such, we would welcome further information from you on the work that was undertaken to assess the impact of this reduction on the Commissioner’s role, particularly given the fact that 2014-15 will see Welsh language standards being introduced for the first time as part of the implementation of the *Welsh Language (Wales) Measure 2011*.

With regard to the Welsh Language Commissioner’s wider role, we note that your paper explained that the Framework Agreement governing the relationship between the Welsh Government and the Commissioner was being reviewed, and would hopefully be published in the new year. You told us that now was an appropriate time to look at whether the arrangements were right in terms of who was leading on which elements of Welsh language policy, and the way in which the Commissioner and the Welsh Government were collaborating, especially in terms of language promotion and facilitation. We look forward to the publication of the new Framework Agreement in this respect.

Communities, planning and population migration

We note that the latest progress report on your *Programme for Government* (July 2013) recognises the impact of population migration on the Welsh language. As such, we welcome the publication in October 2013 of the revised *TAN 20: The Welsh Language*, by the Minister for Housing and Regeneration. You told us that local authorities would be expected to take account of TAN 20 in the early part of the LDP preparation process and when reviewing those plans.

When we heard from the Welsh Language Commissioner, she emphasised the importance of “clear guidance” for local authorities in relation to the application of the revised TAN 20. She also referred to a “nervousness” among some planners who “feel that they do not have the tools to make evidence-based decisions” in this respect. To this end, we welcome the Welsh Government's intention to develop guidance for planning authorities, but seek clarification from you as to how this will make clear the expectations for authorities in respect of the revised TAN 20 and the LDP review process. We would also like further information on the timetable for the development and publication of this guidance.

Linked to this, we note that the Task and Finish Group set up to look at the future of Welsh-speaking communities published its report following our meeting on 4 December 2013. We would be grateful if you would indicate the likely timing of the Welsh Government's response to this report.

The Social Services and Well-being (Wales) Bill

Responding to concerns raised by the Welsh Language Commissioner that the Social Services and Well-being (Wales) Bill contains no reference to the Welsh language, we note your suggestion that secondary legislation was the most appropriate place for this, and would be interested to hear more from you as to why you believe this to be the case

In this context, we remain concerned about the opportunities for training within the field of health and social services through the medium of Welsh, and issues around the availability of a Welsh-speaking workforce. We note your view that it was incumbent on local authorities to ensure sufficient numbers in the workforce who can provide services through the medium of Welsh, and to provide the necessary resources to facilitate this. However, we would like further information from you about the arrangements in place to monitor this, to ensure that patients have access to health and social services, including those relating to personal care, through the medium of Welsh.

Sustainable development

We draw your attention to the Welsh Language Commissioner's Annual Report for 2012-13 in which she states that her response to the White Paper on a Sustainable Development Bill note "that the Government's definition of sustainable development was not totally clear in relation to the Welsh language, and that the emphasis on the Welsh language in the wider context of sustainable development was not robust enough". We would welcome your response to criticisms from the Commissioner about how the Welsh language links in with the Welsh Government's approach to sustainable development.

Flying Start and links with the tackling poverty agenda

During our meeting, we touched upon the importance of adequate nursery and pre-school provision through the medium of Welsh. Linked to this, we would welcome more detail about the work you are doing to ensure that Flying Start works with, and is coordinated with, Welsh-medium education more generally.

Welsh-medium education

We are aware that the Annual Report on the Welsh-medium Education Strategy for 2012-13 stated that "there has been little progress made against the strategy's targets" and that the target of 25 per cent of seven year olds being taught through the medium of Welsh by 2015 is "unlikely" to be achieved. In contrast, you told us you believed this target is "more than achievable". We are concerned that there seems to be a divergence of opinion within the Welsh Government on this issue, and we would like further information from you in relation to this.

On a related matter, the Welsh Language Commissioner strongly emphasised the need to ensure better progression within the education system as far as Welsh language skills are concerned. You told us that the “link between skills, the economy and Welsh-speaking communities is something that we are considering at the moment” and will be addressed in a further statement to be made by you in the spring. We look forward to see what specific action this will entail, and intend to revisit this issue with you in our follow-up session in the summer term.

The Welsh Language Commissioner also highlighted the need to ensure that young people made use of the language more often in social contexts. You agreed that this was an issue that needed addressing, and suggested that providing more activities through the medium of Welsh outside school and more opportunities to use technology through the medium of Welsh could be a way of doing this. However, you made no reference in this context to asking schools about the barriers and disincentives facing pupils in speaking Welsh outside the classroom. We believe this is an area where further work could be undertaken and we would like to hear more from you in due course about the steps you have taken to provide these opportunities and the outcomes of these.

Finally, we discussed the importance of ensuring a positive experience for all children and young people taking part in the Urdd Eisteddfod, given its potential to shape their future views on the Welsh language. While we recognise the importance of the competitive element of the Urdd, we would like you to consider how best to reward the efforts of participants who are not prize winners.

I will write separately to you about a further scrutiny session to follow up on progress with the specific areas of Welsh language policy referred to above. In the meantime, I look forward to receiving a written response from you.

Yours sincerely

A handwritten signature in cursive script that reads "Christine Chapman".

Christine Chapman AC / AM
Cadeirydd / Chair

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

Document is Restricted

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

Document is Restricted

P-04-475 Wanted – Buses for Meirionnydd

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to:

- Review the funding for rural bus services to ensure adequate levels of service for the whole of Gwynedd but particularly south Meirionnydd.
- Consider funding to be ensured for additional services to improve access to health services, education, and employment, and thus support the economy and tourism of the area.

Petition raised by: Barbara Snowball

Date petition first considered by Committee: 30 April 2013

Number of signatures : 174

Agenda Item 4.2

P-04-513 Save the Wrexham/Barmouth X94 bus service

Petition wording:

Arriva Buses has announced that they will cut the X94 service which links the towns of Barmouth, Dolgellau, Bala, Corwen, Llangollen and Wrexham and 5 other bus services on December 21st this year. All of these bus services connect communities across Wales from north to south and east to west. We call on the Welsh Government to investigate how cutting these bus services might be avoided and what is the best way of securing and promoting national bus services that link the regions of Wales, especially where there is no equivalent railway service.

Petition raised by: Karen Dunford

Date petition first considered by Committee: 11 November 2013

Number of signatures: 494

P-04-515 Increase Funding for Welsh Bus Services

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to provide increased funding to bus services so that it adheres to its own policy aims of reducing poverty and exclusion, ensuring that people across Wales are not socially or economically disadvantaged by their location.

Additional information: This petition aims to increase the level of funding given to hard to reach, and disadvantaged areas of Wales. A number of local authority areas have had to reduce the frequency and range of bus routes since the Regional Transport Services Grant was introduced. This has left some residents isolated, especially on weekends and bank holidays.

Petition raised by: Daniel Thomas

Date petition first considered by Committee: 26 November 2013

Number of signatures: 246