

Agenda – Petitions Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 11 December 2018

Meeting time: 09.30

For further information contact:

Graeme Francis – Committee Clerk

Kath Thomas – Deputy Clerk

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1 Introduction, apologies, substitutions and declarations of interest

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2 New petitions

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3 Updates to previous petitions

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3.8 P-05-778 Protect the Razor Clams on Llanfairfechan Beach
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Agenda Item 2.1

P-05-849 All men in Wales should have access through the NHS to the best possible diagnostic tests for prostate cancer

This petition was submitted by Stuart Davies, having collected 5,916 signatures online and 429 on paper, a total of 6,345 signatures.

Text of Petition

We, the undersigned call on the National Assembly for Wales to urge the Welsh Government to act now and make high-quality, multi-parametric MRI (mpMRI) before biopsy scans available to all eligible men across Wales who have a suspicion of prostate cancer.

Why is this petition needed?

Prostate cancer can be difficult to diagnose. For years, men have had biopsies that are invasive and painful. Sometimes they can lead to serious infections – we only want men to have a biopsy if it is needed.

If a biopsy is carried out before an mpMRI this involves using a series of needles that randomly sample tissue from the prostate, to see whether there are any cancerous cells. The problem with these techniques is there are gaps between the needles, so sometimes significant cancers can be missed if that section of tissue isn't sampled. A biopsy can lead to false positives, where clinically insignificant cancer is diagnosed, this can lead to unnecessary overtreatment.

mpMRI scans can be used with other tests to improve the number of aggressive prostate cancers being caught earlier. If the mpMRI is carried out to a sufficient standard it's also been proven to safely reduce the number of men who may have biopsies unnecessarily, by ruling them out of having prostate cancer at an earlier stage.

What is mpMRI?

mpMRI means multi-parametric MRI. This combines up to three different types of scan for a clearer picture of what's going on in the prostate. Also, an injection of a dye means that scan images can be enhanced making it clearer to see if cancer is present or not. This is different to a standard MRI scan which creates an image of an internal organ, these are rarely clear enough to confidently diagnose early prostate cancer.

What is happening in Wales?

There are 7 Health Boards in Wales, mpMRI before biopsy is being provided in 3 Health Boards. Only one board is doing it to a standard high enough to safely rule men out of biopsy. This means men in 4 Health Boards do not have access to mpMRI as a diagnostic test, unless they pay more than £900 to have it done privately.

Find more information about mpMRI and biopsies here:

<https://prostatecanceruk.org/prostate-information/prostate-tests/introduction-to-prostate-tests>

Assembly Constituency and Region

- Clwyd South
- North Wales

Status

This petition is currently under consideration by the [Petitions Committee](#).

Further information

- [Learn more about the Assembly's petitions process](#)
- [Sign an e-petition](#)
- [How the petitions system works](#)

P-05-849 All men in Wales should have access through the NHS to the best possible diagnostic tests for prostate cancer

Y Pwyllgor Deisebau | 11 Rhagfyr 2018
Petitions Committee | 11 December 2018

Research Briefing:

Petition number: [P-05-849](#)

Petition title: All men in Wales should have access through the NHS to the best possible diagnostic tests for prostate cancer

Text of petition:

We, the undersigned call on the National Assembly for Wales to urge the Welsh Government to act now and make high-quality, multi-parametric MRI (mpMRI) before biopsy scans available to all eligible men across Wales who have a suspicion of prostate cancer.

Background

Prostate cancer is the most common cancer in men in Wales, accounting for just over a quarter of men's cancer cases. In Wales, 12,592 cases of prostate cancer were diagnosed between 2011 and 2015.

The most commonly used tests for diagnosing prostate cancer include a blood test (prostate-specific antigen (PSA) test), a physical examination of the prostate (known as a digital rectal examination), and a transrectal ultrasound-guided (TRUS) biopsy. Biopsies can cause discomfort, and potential side effects include bleeding and infection. They may also miss up to one in five cancers of the prostate, because the precise location of the cancer is unknown when the biopsy is carried out.

[Research](#) published in February 2017 (known as PROMIS – Prostate MR Imaging Study) found that using a multi-parametric magnetic resonance imaging (MP-MRI) scan as a triage test before biopsy could reduce the number of unnecessary biopsies and could improve the detection of clinically significant cancer. (MP-MRI scans can create more detailed pictures of the prostate than standard MRI scans).

The charity [Prostate Cancer UK](#) are campaigning on this issue, having carried out some work to establish that access to MP-MRIs is not equitable across the UK. The charity [states](#):

Some areas in Wales do not offer access to mpMRI before biopsy at all. This is in large part due to a lack of resources to achieve widespread adoption. However, our activities have encouraged the Welsh Urology Board, with support from the Welsh Programme of Care Board, to make the adoption of mpMRI before biopsy a top priority.

Two centres in Wales are already leading the way, with Cwm Taf providing a one-stop shop service – like the RAPID pathway being piloted in England – and Aneurin Bevan, transforming its diagnostic pathway so that every man with suspected of having prostate cancer gets an mpMRI scan before a biopsy as standard practice.

We are working in collaboration with the Welsh Planned Care Programme team and Welsh Urology Board to support Welsh Health Boards in the adoption of high-quality, pre-biopsy mpMRI.

A key development to be aware of is that the National Institute for Health and Care Excellence (NICE) is currently updating its [guidance](#) on the diagnosis and management of prostate cancer, and will be considering the use of MP-MRI pre-biopsy in light of the PROMIS trial's findings.

Welsh Government response to the petition

In his response to the Committee, the Cabinet Secretary set out his expectation that Health Boards deliver consistent, high quality care in line with relevant clinical guidance, such as that issued by NICE.

He highlights that NICE does not currently recommend pre-biopsy mpMRI, but that it is [reviewing its guidance](#) on the diagnosis and management of prostate cancer. This is expected to be published in April 2019.

He stated:

If NICE recommends pre-biopsy mpMRI then I will expect all Health Boards to amend their pathways accordingly. However, what the Welsh Government cannot do is make a decision on what is the most clinically appropriate pathway to investigate suspected prostate cancer. This must be the responsibility of Health Boards and clinical leaders, based on the evidence available. I expect there to be greater consistency in service provision after the NICE guidelines have been updated.

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/03476/18

David John Rowlands AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff
CF99 1NA

SeneddPetitions@assembly.wales

7 November 2018

Dear David,

Thank you for your letter of 19 October regarding Petition P-05-849: access to diagnostic tests for suspected prostate cancer.

Patients in Wales should have access to investigations for cancer in line with clinical guidance and this should be delivered consistently across Wales. The introduction of new tests and procedures need to be fully understood and planned for by Health Boards. In terms of pre-biopsy mpMRI, evidence has emerged from at least one clinical trial that pre-biopsy mpMRI may have advantages over the current recommendations from the National Institute for Health and Care (NICE) for the investigation of suspected prostate cancer.

However, the issues are broader than whether or not mpMRI is conducted pre or post-biopsy. It is also about the standard of the test, the equipment specifications, the training requirement for the reporting and the potential to rule out the need for a biopsy in some patients. There will also be implications for other cancer and disease pathways if a significant element of demand shifts from histopathology to radiology, while there are already significant pressures on radiology, therefore any pathway changes must be planned for and managed.

My expectation is that Health Boards deliver high quality and consistent care by providing services in line with guidance from bodies such as NICE. As mentioned above, NICE does not currently recommend pre-biopsy mpMRI but it is undertaking a review of the guideline for prostate cancer diagnosis and management, which is due to be published in April 2019. Details on the scope and progress of this update can be found at:

<https://www.nice.org.uk/guidance/indevelopment/gid-ng10057/documents>

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

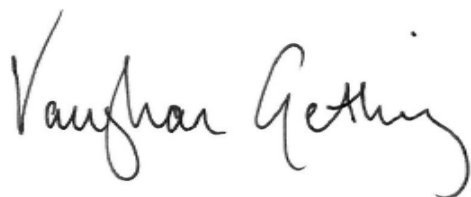
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Wales Urology Board has discussed this matter on a number of occasions in the past twelve months and at its last meeting agreed to establish a consensus building workshop to support health board planning in advance of the decision from NICE. This workshop is taking place on 12 November, with involvement from Prostate Cancer UK.

If NICE recommends pre-biopsy mpMRI then I will expect all Health Boards to amend their pathways accordingly. However, what the Welsh Government cannot do is make a decision on what is the most clinically appropriate pathway to investigate suspected prostate cancer. This must be the responsibility of Health Boards and clinical leaders, based on the evidence available. I expect there to be greater consistency in service provision after the NICE guidelines have been updated.

Thank you again for writing to me on this matter.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large, sweeping 'V' and 'G'.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

P-05-849 All men in Wales should have access through the NHS to the best possible diagnostic tests for prostate cancer – Correspondence from the Petitioner to the Committee, 1.12.18

To the Petitions Committee. Stuart Davies Petition

My reply to the Cab Secs evidence.

I have used the Cab Secs letter and my words are in red.

“Dear David,

Thank you for your letter of 19 October regarding Petition P-05-849: access to diagnostic tests for suspected prostate cancer.

Patients in Wales should have access to investigations for cancer in line with clinical guidance and this should be delivered consistently across Wales.

So why is it given free in your ward and two others in South Wales but not in North Wales and has done so for nearly two years that I know of! Ken Skates when I approached him said, NOT EQUITABLE. The stock answers that have come from your dept about NICE, about them being trials in South Wales etc ring hollow, one of the initial studies by NICE was done in the Maelor in Wrexham. So why did you not continue by offering the “free trials” in Wrexham?

Why have I and 15 other men had to pay £900 for each for scans privately, here in N Wales (recommended by the NHS pros by the way!)

The introduction of new tests and procedures need to be fully understood and planned for by Health Boards. In terms of pre-biopsy mpMRI, evidence has emerged from at least one clinical trial that pre- biopsy mpMRI may have advantages over the current recommendations from the National Institute for Health and Care (NICE) for the investigation of suspected prostate cancer.

We know that, the pros know that, I have spoken to quite a few on this journey, they want it, it takes out that horrible mechanical dangerous biopsy treatment.

For info, first hand knowledge.

Antibiotic pessaries are shoved up your bottom first, antibiotics are given orally as well

before and after. Then a cigar shaped instrument is pushed up your bottom and wriggled around as the doctor looks with the built in ultrasound for where to fire it. First comes the needle with the stuff to numb you, then the sample collector needles are fired at your prostate. It hurts! Some one asked what it was like? My reply, like someone sticking an airgun up your backside and then pulling the trigger! It works on compressed air I believe.

The procedure misses some tumours and a negative result can occur even though tumours are there. It is a dangerous procedure because of the instruments environment and the fact that the needle pierces the bowel wall and can infect the prostate. One of the reasons that doctors don't like giving PSA tests as a general rule as a well man thing is that it can lead to more dangerous things as outlined above. Mp mri scans have the potential to do away with these biopsies. It sees all!

However, the issues are broader than whether or not mpMRI is conducted pre or post- biopsy. It is also about the standard of the test, the equipment specifications, the training requirement for the reporting and the potential to rule out the need for a biopsy in some patients. There will also be implications for other cancer and disease pathways if a significant element of demand shifts from histopathology to radiology, while there are already significant pressures on radiology, therefore any pathway changes must be planned for and managed.

What are we waiting for, England went down the route months ago of saying mp mri as first line stuff! You yourself say you want to have more one stop diagnosis for cancer in Wales (not just S Wales!) If as believed mp mri scanning is superior to mechanical biopsy then the streamlining done by mri scanning could be cost neutral. Extra mri scanners can be utilised by other parts of the NHS anyway.

My expectation is that Health Boards deliver high quality and consistent care by providing services in line with guidance from bodies such as NICE. As mentioned above, NICE does not currently recommend pre-biopsy mpMRI but it is undertaking a review of the guideline for prostate cancer diagnosis and management, which is due to be published in April 2019. Details on the scope and progress of this update can be found at:

<https://www.nice.org.uk/guidance/indevelopment/gid-ng10057/documents>

The Wales Urology Board has discussed this matter on a number of occasions in the past twelve months and at its last meeting agreed to establish a consensus building workshop to support health board planning in advance of the decision from NICE. This workshop is taking place on 12 November, with involvement from Prostate Cancer UK.

Past twelve months, what has taken so long, Ive been asking the questions for longer than that! NICE made noises previous to that and a trial was conducted in the Maelor in Wrexham. Why was it rolled out in South Wales and not North wales, and purleese! don't keep giving me the official line that it was trials, that line came later when you realised that I was being serious and questions were being asked in the Senedd.

If NICE recommends pre-biopsy mpMRI then I will expect all Health Boards to amend their pathways accordingly. However, what the Welsh Government cannot do is make a decision on what is the most clinically appropriate pathway to investigate suspected prostate cancer.

You put the Betsi in to special measures, it still is, the buck stops with you, This must be the responsibility of Health Boards and clinical leaders, based on the evidence available. I expect there to be greater consistency in service provision You seem to accept that there has been INEQUITABLE TREATMENT across Wales with this statement after the NICE guidelines have been updated.

Can we now trust you to get a grip and make sure that treatment across the whole of Wales is now Equitable and that MP MRI scanning is made available, FREE to ALL men in Wales?

Thank you again for writing to me on this matter.

Yours sincerely,

*Vaughan Gething AC/AM Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol Cabinet Secretary for Health and Social Services”*

To Sum up:

Nealy 6000 people signed the petition online, nearly 400 have signed a manual one in Llangollen.

In October I note that you gave a Press Release that 3 new scanners are being paid for by the WG, 1 in N Wales. 1 in S Wales and one in Aberystwyth Mid Wales

Why has it taken so long?

We need it doing sooner rather than later!

We want to see funds allocated now so that the rollout of scanners, staff and infrastructure is not held up by lack of funding.

To help the process to go further faster, can the committee do as it says on its front page on the internet and get a debate scheduled as in **“seek time to debate the issue in the Assembly”** please?

Finally, I know of at least one guy in Wrexham who is holding out to have a scan rather than mechanical biopsy.

Will he die before we get this initiative up and running OR will you do the right thing and tell the Betsi to do what they are doing in South Wales and offer free scans NOW using the Spire equipment as an interim measure. As I have found out, the NHS only pays £300 for these scans as a “trade” rate and you do have an excellent radiographer in the Maelor who can and did interpret my paid for scan.

The Betsi is in Special Measures, the WG is in charge, the buck stops with you.

Stuart Davies

Agenda Item 2.2

P-05-851 Remove time restrictions on the layby to the east of Crickhowell

This petition was submitted by Crickhowell Town Council, having collected 209 signatures.

Text of Petition

We call on the Welsh Government to remove the time restriction on the layby to the east of Crickhowell. At present it has a time limit of one hour. It is the only such layby with this restriction on the A40 in Wales.

There is rarely a car there as to go into town for a cup of tea would exceed the time limit.

Assembly Constituency and Region

- Brecon and Radnorshire
- Mid and West Wales

Petition: Remove the time restrictions on the layby to the east of Crickhowell

Y Pwyllgor Deisebau | 11 December 2018

Petitions Committee | 11 Rhagfyr 2018

Research Briefing:

Petition Number: P-05-851

Petition title: Remove the time restrictions on the layby to the east of Crickhowell

Text of petition: We call on the Welsh Government to remove the time restriction on the layby to the east of Crickhowell. At present it has a time limit of one hour. It is the only such layby with this restriction on the A40 in Wales. There is rarely a car there as to go into town for a cup of tea would exceed the time limit.

Background

Trunk road network

In Wales, the highway authority for local roads is the local authority whilst the highway authority for the trunk road and motorway network is the Welsh Ministers. The A40 is a major trunk road linking London to Fishguard and forms part of the Welsh trunk road network. The Welsh Ministers are therefore the highway authority for the Welsh section of the road.

While statutory responsibility for the trunk road network rests with the Welsh Ministers, the Welsh Government funds two Welsh trunk road agents who are responsible for the day to day operation, maintenance and minor improvement of the network:

- the [North and Mid Wales Trunk Road Agent](#) (NMWTRA); and
- the [South Wales Trunk Road Agent](#) (SWTRA).

Traffic Regulation Orders

Traffic Regulation Orders (TROs) provide the legal powers to prohibit or restrict traffic for various traffic control purposes and may be either permanent or temporary in nature. TROs can be made by the relevant traffic authority for the road under [the Road Traffic Regulation](#)

[Act 1984](#) (the 1984 Act). The Welsh Government is the relevant traffic authority for the trunk road network in Wales.

[Section 2 of the 1984 Act](#) sets out what a TRO may provide for. This includes (emphasis added):

- (a) requiring vehicular traffic, or vehicular traffic of any class specified in the order, to proceed in a specified direction or prohibiting its so proceeding;
- (b) specifying the part of the carriageway to be used by such traffic proceeding in a specified direction;
- (c) **prohibiting or restricting the waiting of vehicles or the loading and unloading of vehicles;**
- (d) prohibiting the use of roads by through traffic; or
- (e) prohibiting or restricting overtaking.

Parking in Crickhowell

As [reported in January 2014 to Powys County Council's \(now disbanded\) Brecknockshire Committee](#) (PDF,68KB), the local authority met with NMWTRA regarding all day parking and trading within the laybys on the A40 trunk road in Crickhowell. It was agreed to introduce limited waiting restrictions and prohibition of waiting at any time restrictions within these laybys.

NMWTRA requested that the local authority carry out the Order implementation process. The local authority agreed to include these proposals as part of a wider review of parking in Crickhowell planned for later in 2014, and which was subject to public consultation. This wider review included parking on the local road network, for which the local authority is the highway authority.

As [reported in the media](#), there were local objections to the restrictions proposed for the laybys and to the wider proposals in relation to parking in Crickhowell. A number of the proposals in relation to the local road network [were not taken forward as a result of these objections](#).

Welsh Government Action

In his letter to the Chair of the Petitions Committee, the Cabinet Secretary for Economy and Transport states:

...although I appreciate the concerns raised regarding lack of parking provision in the town, trunk road laybys are not provided for use as car parks.

The Cabinet Secretary's letter goes on to state that the reason the time restriction was introduced at this layby was due to misuse by traders and the layby being used for long term parking. The Cabinet Secretary indicates he understands the petitioner has agreed they should contact the local authority, which is responsible for the local road network including on-street parking, regarding issues concerning parking in Crickhowell town centre.

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-851
Ein cyf/Our ref KS/03114/18

David John Rowlands AM
Chair - Petitions committee.

Government.Committee.Business@gov.wales

Dear David,

8 November 2018

Thank you for your letter of 25 October regarding Petition P-05-851 calling the time restriction on the layby to the east of Crickhowell to be removed.

I have responded to Crickhowell Town Council and although I appreciate the concerns raised regarding lack of parking provision in the town, trunk road laybys are not provided for use as car parks.

The time restriction was introduced at this particular layby because of a history of misuse by traders and because it was being used for long term parking.

I understand the Town Council has contacted the Local Authority and agree they are best placed to resolve the issues with parking in the town as they are responsible for determining the location and nature of on-street parking.

*Yours ever,
Ken*

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport

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

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

Agenda Item 2.3

P-05-852 Introduce a Licence to manage land for game bird shooting in an attempt to end raptor persecution.

This petition was submitted by Anthony Britner, having collected 119 signatures.

Text of Petition

We call upon the Welsh Government to introduce a licensing scheme for game bird shooting. In order to prevent the persecution of raptors which is commonly associated with this activity.

The RSPB Birdcrime reports show an exceptionally high number of raptor persecution events are by gamekeepers, however despite this knowledge, very few persecution events are successfully prosecuted due to difficulties in gaining sufficient evidence to charge any specific individual.

Even in Scotland, where vicarious liability exists, prosecutions are rare. Because of this, we believe the next most appropriate course of action is to introduce a licensing scheme.

This licence should be a "Licence to operate a game bird shoot" The licence should as a minimum:

1. Apply to a geographic area defined in the application licence.
2. Be required for an estate to carry out any activity related to game bird shooting including, but not necessary be limited to:
 - 2.a. Activities related to the rearing of gamebirds.
 - 2.b. Activities related to the legal control of predators (estates must hold an operators licence before they can be permitted to apply for general or specific licences associated with "pest control activities").
 - 2.c. To allow members of the shoot to partake in gamebird shooting outside of the closed season.
 - 2.d. To allow the shoot to sell shoot days to the public.

In the event of a persecution event, occurring on or near to an estates land the appropriate authority will be able to suspend the estates ability to carry out any or all of the activities listed under point 2. for a period of time Serious or, repeat persecution events should result in the estates operating licence being revoked.

Assembly Constituency and Region

- Wrexham
- North Wales

P-05-852 Introduce a "Licence to manage land for game bird shooting" to end raptor persecution.

Y Pwyllgor Deisebau | 11 Rhagfyr 2018
Petitions Committee | 11 December 2018

Research Briefing:

Petition number: P-05-852

Petition title: Introduce a "Licence to manage land for game bird shooting" in an attempt to end raptor persecution.

Text of petition: We call upon the Welsh Government to introduce a licensing scheme for game bird shooting. In order to prevent the persecution of raptors which is commonly associated with this activity.

The RSPB Birdcrime reports show an exceptionally high number of raptor persecution events are by gamekeepers, however despite this knowledge, very few persecution events are successfully prosecuted due to difficulties in gaining sufficient evidence to charge any specific individual. Even in Scotland, where vicarious liability exists, prosecutions are rare. Because of this, we believe the next most appropriate course of action is to introduce a licensing scheme. This licence should be a "Licence to operate a game bird shoot".

The licence should as a minimum:

1. Apply to a geographic area defined in the application licence.
2. Be required for an estate to carry out any activity related to game bird shooting including, but not necessary be limited to:
 - a. Activities related to the rearing of gamebirds.
 - b. Activities related to the legal control of predators (estates must hold an operator's licence before they can be permitted to apply for general or specific licences associated with "pest control activities").
 - c. To allow members of the shoot to partake in gamebird shooting outside of the closed season.

d. To allow the shoot to sell shoot days to the public.

In the event of a persecution event, occurring on or near to an estates land, the appropriate authority will be able to suspend the estates ability to carry out any or all of the activities listed under point 2 for a period of time.

Serious or repeat persecution events should result in the estates operating licence being revoked.

Background

In the UK, birds of prey, also known as raptors are a protected species and therefore any criminal offences committed against these species are covered by the [Wildlife and Countryside Act 1981](#).

Raptor persecution includes poisoning, shooting, trapping, habitat destruction and nest destruction/disturbance.

Incidences of raptor persecution

The [Wildlife Incident Investigation Scheme \(WIIS\)](#) investigates and provides analysis services for wildlife, companion animals and honey bees suspected of being poisoned by pesticides. In Wales the scheme is run by the [Welsh Government](#). In correspondence to the Committee ([23 November 2018](#)) the Welsh Government states that:

WIIS figures from the previous five years show an average of 2 confirmed cases per year of deliberate abuse of pesticides leading to the death of birds of prey.

However, the [latest WIIS results](#) show 15 overall incidences of raptor persecution in 2018 to date.

The RSPB's annual [Birdcrime report](#) for 2017, shows three [confirmed incidences](#) of raptor persecution in Wales:

Among the victims in Wales was a peregrine falcon, red kite and buzzard. The peregrine falcon suffered poisoning via pigeon bait, whilst the buzzard and red kite were shot.

Confirmed incidences are “where circumstances indicate that an illegal act has taken place. These incidents are typically substantiated by evidence such as post-mortem or toxicological analysis, or reliable eyewitness evidence”. The three confirmed incidences were out of 15 incidents in Wales reported to RSPB in 2017.

The Welsh Government states in its correspondence to the Committee that it works “closely with the four Welsh Police Forces, NRW [Natural Resources Wales] and other enforcement bodies through the Wales Wildlife and Rural Crime Group”:

The Group identifies regional wildlife and rural crime priorities as well as ensuring Welsh interests are represented at [UK Priority Delivery Groups](#) including the [Raptor Persecution Delivery Group](#).

Welsh Government action

The Minister for Environment, Hannah Blythyn AM, wrote to the Committee on [23 November](#), setting out her response to the petition. It states that in 2017 the Welsh Government funded ‘A Review of the Prevention and Investigation of Wildlife Crime in Wales’ undertaken by the [National Wildlife Crime Unit](#). The report is not publicly available at time of writing, however the Welsh Government says that it:

included 21 recommendations which are currently being considered by the Wales Wildlife and Rural Crime Group.

[...]

highlighted the success of both the secondment of police officers to NRW and the setting up of dedicated rural crime teams within the Welsh forces.

Hannah Blythyn says in the letter to the Committee that she will:

...continue to support NRW in their commitment to work collaboratively with Welsh Police Forces to encourage compliance with, and enforce, wildlife and environmental legislation in Wales. This includes the continued funding of seconded police officers who are essential to the delivery of this work.

She goes on to say that the ‘rural crime team’ model has been extended to include both [North Wales](#) and [Dyfed Powys Police Forces](#), with “South Wales and Gwent Forces ... also considering setting up similar teams”.

She concludes by saying that the “review highlighted best practice and looked at knowledge gaps and problems in taking prosecutions forward”, however licensing was not included in these:

The licensing of gamebird shooting / gamekeepers was not identified as an issue and was therefore not listed in the recommendations. In carrying out investigations jointly with the police, my officials have not had issues identifying local landowners or those with game interests and as such do not see any benefit in introducing a licensing regime which would be time consuming and costly to implement with no obvious benefit over and above existing protocols of dealing with raptor persecution incidents.

National Assembly for Wales action

The Assembly’s Petitions Committee is currently considering petition [P-05-816 Say 'NO' to pheasant shooting on Welsh public land](#). This petition calls on NRW to stop leasing out public land for commercial shooting operations, the petition states that these operations:

... negatively impacts on conservation, biodiversity and animal welfare. Shooting also pollutes the land with toxic lead shot which is responsible for poisoning and killing many animals.

The petition was first considered on [5 June 2018](#), and the Committee has written to NRW and the Cabinet Secretary for Environment, Planning and Rural Affairs, Lesley Griffiths AM, for more information.

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

Hannah Blythyn AC/AM
Gweinidog yr Amgylchedd
Minister for Environment



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-852
Ein cyf/Our ref HB/01046/18

David John Rowlands AM
Chair - Petitions committee.
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23 November 2018

Dear David

Thank you for your letter dated 25 October regarding Petition P-05-852 - Introduce a Licence to Manage Land for Game Bird Shooting in an Attempt to End Raptor Persecution.

In Wales, the Welsh Government is responsible for the Wildlife Incident Investigation Scheme (WIIS). The Scheme investigates and provides analysis services for wildlife, companion animals and honey bees suspected of being poisoned by pesticides. WIIS figures from the previous five years show an average of 2 confirmed cases per year of deliberate abuse of pesticides leading to the death of birds of prey. Wider results reported by the latest RSPB annual 'Birdcrime 2017' publication were 3 separate persecution incidents in Wales involving the shooting of a buzzard and a red kite and confirmed pesticide poisoning of a peregrine falcon.

Partnership working between the Welsh Government, Natural Resources Wales (NRW), the Police, Fire Service, Government Agency Intelligence Network and the Crown Prosecution Service plays a fundamental role in detecting, preventing, investigating and enforcing wildlife and rural crime, both at a national strategic level and a regional operational level. Welsh Government officials work closely with the four Welsh Police Forces, NRW and other enforcement bodies through the Wales Wildlife and Rural Crime Group. The Group identifies regional wildlife and rural crime priorities as well as ensuring Welsh interests are represented at UK Priority Delivery Groups including the Raptor Persecution Delivery Group. Raptor persecution is a priority in Wales as well as the UK as a whole. One of the shared aims of both the Welsh and UK Groups is 'to protect raptors from persecution by developing and sharing best practice methodologies to safeguard birds, their eggs and their nests'.

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

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

In 2017 Welsh Government funded 'A Review of the Prevention and Investigation of Wildlife Crime in Wales'. The Review was undertaken by the National Wildlife Crime Unit and included 21 recommendations which are currently being considered by the Wales Wildlife and Rural Crime Group. The report highlighted the success of both the secondment of police officers to NRW and the setting up of dedicated rural crime teams within the Welsh forces. I will continue to support NRW in their commitment to work collaboratively with Welsh Police Forces to encourage compliance with, and enforce, wildlife and environmental legislation in Wales. This includes the continued funding of seconded police officers who are essential to the delivery of this work. I am pleased to say the 'rural crime team' model has been extended and now includes both North Wales and Dyfed Powys Police Forces. South Wales and Gwent Forces are also considering setting up similar teams.

The Review highlighted best practice and looked at knowledge gaps and problems in taking prosecutions forward. The licensing of gamebird shooting / gamekeepers was not identified as an issue and was therefore not listed in the recommendations. In carrying out investigations jointly with the police, my officials have not had issues identifying local landowners or those with game interests and as such do not see any benefit in introducing a licensing regime which would be time consuming and costly to implement with no obvious benefit over and above existing protocols of dealing with raptor persecution incidents.

Yours sincerely



Hannah Blythyn AC/AM
Gweinidog yr Amgylchedd
Minister for Environment

Agenda Item 3.1

P-05-771 Reconsider the closure of the Welsh Independent Living Grant and support disabled people to live independently

This petition was submitted by Nathan Lee Davies and was first considered by the Committee in October 2017, having collected 631 signatures.

Text of Petition

I am a recipient of the Welsh Independent Living Grant (WILG) and a disability activist who intends on asking Welsh Government to reconsider their decision to close WILG as of April 2019.

The WILG was introduced to help people who previously claimed from the UK government's Independent Living Fund (ILF), which closed in 2015. More than 1,500 people are helped by the scheme across Wales. Recipients all have high degree of care and support needs.

It was due to run until the end of March 2017, but Social Services Minister Rebecca Evans said in November that funding would continue for another year.

The annual £27m fund will then transfer directly to local authorities during 2018-19 so they can meet the support needs of all former ILF recipients by 31 March 2019.

Additional information

Why we oppose this decision:

The Welsh Government said the decision was taken on stakeholder advice. The majority of representatives on the stakeholder group were third sector or citizens. But they didn't want WILG scrapped and the key point is that our advice was not accepted.

It should also be remembered that closure of WILG is not inevitable as is proved through the formation and success of the Scottish Independent Living Fund; which also works to support the Northern Ireland ILF.

Furthermore, the hugely popular Labour Party Manifesto outlined plans to set up a national care system to exist independently of local authorities.

This is exactly the time that the Labour Party should be united on such issues against the Tories. We must question why Welsh Labour are not playing their part in the changing political landscape?

Indeed, eventually it should be our aim to set up an Independent Living Fund for Wales so that no disabled person should have to suffer the same uncertainty and isolation as WILG recipients are now experiencing. We can only begin to believe that true social justice and equality for all is possible if Welsh Labour revisit their WILG decision.

Welsh Labour will no doubt argue that we should give the Social Services and Well-being (Wales) Act a chance to succeed. However, this idealistic act needs hefty investment and resources to ensure it is a success – with no sign of any of the necessary improvements to our infrastructure that the success of the Act depends on. This may indeed be the time for a revolutionary change in the way social care is delivered, but such a transformation could take a decade or more and WILG recipients do not deserve to be treated like guinea pigs when their high care and support needs require long-term stability and structure.

Assembly Constituency and Region

- Wrexham
- North Wales



Eich cyf/Your ref P-05-771
Ein cyf/Our ref HID/00853/18

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Chair
Petitions Committee
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22 November 2018

Dear

David,

Thank you for your letter of 31 October in connection with Nathan Davies' petition to reconsider the closure of the Welsh Independent Living Grant (WILG).

Before I respond to your questions I think it is important to remind ourselves of the purpose of the transition process we are undertaking. We are introducing this change to ensure equality of access for all disabled people in Wales to support to live independently in the community. This is to remove the two-tier arrangement which existed previously, where some were able to access support from their local authority and payments from the Independent Living Fund (ILF), while others, because of the UK Government's decision to close the ILF to new applicants in 2010, have only been able to access support from their authority. Hence the objective of this transition, and of the support reviews being undertaken within it, is to ensure all disabled people are empowered in a consistent way to be able to live independently in a manner that is appropriate in their particular circumstances. This could be by support provided directly from their local authority, by support provided by direct payments from their authority, by support provided in other ways (such as from the third sector, family or friends) or by a mix of any of these. This is the ethos and cornerstone the social services legislation we introduced and something which every disabled person in Wales deserves access to irrespective of how they may have been supported in the past.

Given this objective, and as I outline below the support for the majority of the disabled people affected by this transition is now being provided through their local authority, it is difficult to see how this could now be unpicked to reinstate the WILG as Mr Davies' petitions without creating turmoil for those who have been through this transition.

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

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

As you say we have now completed our latest quarterly monitoring of local authorities' progress in transitioning people who used to receive WILG payments to receiving their support to live independently through their local authority. This latest monitoring covers the period up to the end of September this year and details of this are below. Overall this shows good progress in undertaking future support reviews with people affected, in agreeing with them their future support package to deliver their wellbeing outcomes and in putting these in place to provide that support.

The data provided by local authorities shows that of the 1,336 people who were originally in receipt of payments under the WILG, over 1,242 (93%) had by the end of September completed or were in the process of completing their support review with their local authority. As a result 717 people (54%) had now agreed their future support package with their local authority and were receiving this through their authority. In the majority of these cases (531 - 74% of the 717) people were receiving support of a similar level and nature to that they would have received if they had still been receiving payments under the WILG. In around 100 of the 717 cases (14%) the level of support being provided had increased due to the dependency of the person increasing since their last review. In around 86 of the 717 cases (12%) the support from the authority itself has reduced as it was thought more appropriate in those people's circumstances if the support they required was provided in a different manner than previously (such as support provided from a third party).

With a small number of people (20) their review identified it was no longer appropriate for them to receive community care from their local authority, either because the person had developed a need for healthcare or was now in need of some form of residential based care.

This left around 64 people who were at that time yet to begin their support review. This is due to a mixture of social worker capacity within a small number of authorities, where they had not by that time been able to engage with all people affected, and a number of people who to date have not themselves engaged with their authority despite authorities' approaches to them to do so. As a result we have sought, and received, assurances from the seven authorities concerned that these remaining reviews will be completed by the end of the year at the latest so as not to impact upon the future support they agree with their authority being place by the end of March next year when the period for this transition is due to end.

Out of all the reviews completed as at the end of September there were 17 people who were challenging the outcome of their support reviews. This is just under 2% of the people who had undergone their review with their authority.

Despite this good progress I am not complacent. You will have seen the recent media coverage of this transition which focussed heavily on those people who are to receive less direct support from their local authority, with little or no reference to the majority who to receive the similar support from their authority or indeed are to receive more. I have, therefore, to be assured of this position, asked local authorities to undertake a deep dive review of all cases where following a support review there is an intention to reduce the authority's direct support to the person. This is to identify the reasons for this decision and the exact scale of any reductions and to receive from each Director of Social Services a personal assurance that where such changes occur they are appropriate and do not impact on people's ability to live independently in the community. The results of this deep dive review are due to be received and analysed by the end of November.

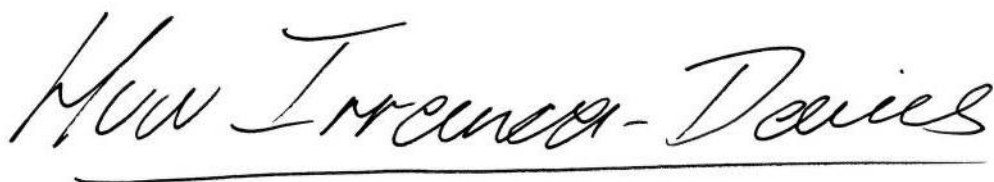
In addition to this I intend to undertake a series of regional meetings with Directors and Cabinet Members for Health and Social Services within authorities to discuss the outcome of these reviews to ensure that it is the case that any reduction in direct support from an authority is not impacting on people's ability to live independently. My officials are in the process of arranging these meetings, which I hope to have concluded by early December. That said, I have already visited both Wrexham County Borough Council and Powys County Council to meet their Directors and Cabinet Members and have received their assurance that people affected are genuinely being empowered to live independently to deliver their wellbeing outcomes.

You ask about the possibility of requiring local authorities to report the actual expenditure they incur on people who transition to local authority support. The level of expenditure on the support an individual requires is, of course, dependent on the level, nature and complexity of that support as identified by their support review. It is not determined by a standard amount per person and so the level of expenditure will vary from person to person as the support they require will vary. As a result the fact that one person may be having more or less expenditure on their support than another is not an indicator of the appropriateness of that support, but of the cost of the support they require.

Added to this it must be remembered that all people who received payments under the WILG would also have received a level of care and support from their local authority which it would have funded separately. This is because this was a qualifying condition originally set by the ILF for receiving payments. As such it is difficult to see how authorities could, if this request was made, separate out the cost of only one element of over 1,000 people's overall support package or indeed what value there would be in so doing.

What I can say is that the full funding of £27 million a year transferred from the UK Government to support people affected has been added from this year to the Revenue Support Grant on a recurrent basis. Not a single penny of this has been retained centrally. As a result no local authority has raised with me or my officials that a lack of funding is an issue with this transition or that this is adversely affecting the outcomes which they are able to receive for people affected.

Yours sincerely,

A handwritten signature in black ink that reads "Huw Irranca-Davies". The signature is written in a cursive style and is underlined with a single horizontal line.

Huw Irranca-Davies AC/AM

Y Gweinidog Plant, Pobl Hŷn a Gofal Cymdeithasol
Minister for Children, Older People and Social Care

P-05-771 Reconsider the closure of the Welsh Independent Living Grant and support disabled people to live independently – Correspondence from the Petitioner to the Committee, 3.12.18

Eich cyf/Your ref Petition P-05-771

David J Rowlands AM
Chair
Petitions Committee
National Assembly for Wales

SeneddPetitions@assembly.wales

3rd December 2018

Dear Mr Rowlands,

Thank you for giving me the opportunity to respond to the letter you received from the Minister for Children, Older People and Social Care regarding the planned closure of the Welsh Independent Living Grant (WILG).

For this letter I have decided to list my responses to the Minister's letter in an easy-to-read, bullet point format. This will allow the Committee time to access the key points against the weak arguments put forward by the Minister and the Welsh Government.

Without further ado, I will begin listing the reasons for which we strongly disagree with the Minister for Children, Older People and Social Care.

- The Minister begins his letter by stating that the purpose of the changes to Social Care are to end the "two-tier arrangement" that currently exists in order to provide a level playing field to all disabled people. The Minister is referring to a two-tier system that the Welsh Government chose to perpetuate. Meanwhile, during the consultation process ahead of the introduction of WILG, there were a number of other options on the table. Option 4 proposed opening up the WILG for new applicants. This option was never fully investigated by the Welsh Government who seem averse to investing in people.

- The #SaveWILG campaign fully supports equality across the board and it is a bizarre argument that says essential support should be jeopardised to give equal treatment to all. What is actually happening is an EQUALISATION DOWNWARD, however subtle and however long it takes to materialise. We cannot just sit back and let this happen.
- It is not AND never has been an excuse not to do something because it is "difficult to unpick". It would ONLY create "turmoil" if the Welsh Government handled it badly. It does not inspire confidence to witness such a lack of self-belief by our elected representatives. Of course, the obvious point is that there is mass turmoil NOW precisely BECAUSE of what the Welsh Government are doing. I'm afraid that those in power will have to put in the hours to make up for their initial mistakes against the warnings from disabled people and their families.
- In his letter, the Minister tries to blind the Committee with statistics. I prefer to concentrate on the human aspect and the number of emails that the #SaveWILG campaign receives regularly. These confidential messages are often found with tales of struggle, depression and desperation. On paper it is easy to ignore the negative effects of policies, but in the real world those that are directly affected deserve to be listened to. A large majority of struggling recipients do not have the ability to speak out against the Government in the way that I have done. Furthermore, many recipients are too afraid of the consequences of criticising Councils that have so much control over their lives. This was why arrangements under the ILF provided a safety net for disabled people: because assessments were carried out by independent Social Workers, who could not be manipulated by local authorities.
- We are told that the Minister has instructed local authorities to perform a "deep dive" into the WILG transition. How can we begin to trust the findings of local authorities when they are under such immense pressure to cut costs due to a lack of funding from Central Government? Disabled people must be protected in the face of these cuts and not be seen as an easy group to exploit.
- I fully believe that the Welsh Government have a responsibility to support disabled people and should work with them instead of pointing them towards cash-strapped local authorities, many of whom do not have an adequate complaints procedure in place.
- The Minister and his team have repeatedly told us this is not about money. However, when we say that the Government should open WILG to all

disabled people, they repeatedly say they can't afford it. So, it is about money, then?

- This situation has arisen because of the heartless closure of the ILF by the UK Government but the current mistakes, confusion, mess and inconsistencies proves that the Welsh Government are heading in the wrong direction. Disabled people with high support needs are the ones paying the price for these errors.
- At no point do we see the Minister or the Welsh Government acknowledging that MOST WILG recipients are not able to contribute on a level playing field to any consultation. There seems to be a complete – I am sure unconscious – lack of understanding about this. People are not machines that fit neatly into box-ticking exercises.
- Informing us of the huge delays already, shows that the turmoil, and lack of a competent working system, already exists. Hence the need to make sure long-term that those who need this support most, do not have to worry about this kind of upheaval on a yearly basis.
- THE most important thing is the healthcare & support for recipients. Many do not have the luxury of time to be fighting this full-throttle. Let me be clear though, there are plenty of us fortunate enough not to be in their position who will never give up or shut up about this.
- QUESTION FOR COMMITTEE MEMBERS: When do we expect to get the full, published, unedited or unamended report from the review?

Thank you very much indeed for facilitating this process. I am grateful to you and everyone at the Petitions Committee for taking the time to listen and consider our strong arguments.

Yours in hope,

Nathan Lee Davies
#SaveWILG campaign

Please find below links to three different reports into the effects of the ILF closure in England:

<https://www.gov.uk/government/publications/independent-living-fund-post-closure-review>

<https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/independent-living-social-care-and-health/ilf-one-year-on/>

<https://www.disabilitynewsservice.com/independent-living-fund-shocking-drop-in-support-after-ilf-closure/>

In addition, I have added some links below concerning my own fight for the continuation of WILG:

<http://www.leaderlive.co.uk/news/2015/07/07/gallery/our-fight-to-fund-independent-lives-in-flintshire-and-wrexham-74959/#.VZu96zMTWf4.twitter>

<http://www.disabilitynewsservice.com/welsh-government-has-sold-disabled-people-down-the-river-on-post-ilf-plans/>

<http://www.bbc.co.uk/news/uk-wales-politics-38385381?SThisFB>

<https://nathanleedavies.wordpress.com/save-wilg-campaign/>

<https://www.disabilitynewsservice.com/disabled-activist-is-fighting-for-his-life-as-he-hands-petition-to-welsh-government/>

Agenda Item 3.2

P-05-812 We call for the Welsh Government to encourage trusts to implement the NICE guidelines for Borderline Personality Disorder or justify why they do not do so

This petition was submitted by Keir Harding and was first considered by the Committee in May 2018, having collected 812 signatures.

Text of Petition

No Longer A Diagnosis of Exclusion, a document that highlighted the mistreatment of those diagnosed with personality disorder was published in 2003.

The NICE guidelines for Borderline Personality Disorder were published in 2009. 9 years on less than half of Welsh trusts provide services that comply with the guidelines. This compares to 84% of trusts in England.

People with this diagnosis have frequently come from backgrounds of maltreatment, neglect and abuse.

1 in 10 people with this diagnosis will die by suicide.

The National Confidential Inquiry into Suicide and Homicide found that of the 1 in 10 people who ended their lives over the period of their study, none were receiving NICE recommended care.

Experts in the field warn that trusts without specialist services will be over reliant on out of area private treatment. This view was supported by representatives of trusts without specialist services at the Personality Disorder Cymru conference in Cardiff in 2016.

We must do more to support the survivors of abuse who have been let down enough already.

We must do more to protect the Welsh tax payer by providing effective community services rather than expensive out of area placements.

We call for the Welsh Government to direct trusts to implement the NICE guidelines for Borderline Personality Disorder or justify why they do not do so.

Assembly Constituency and Region

- Wrexham

- North Wales



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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Our Ref: TCM/DR/cw

Date: 18th October 2018

David J Rowlands, AM
Chair
Petitions Committee
National Assembly for Wales

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Dear Mr Rowlands

In response to your request of 30th July for information relating to the provision of services and implementation of NICE 2009 Guidance (CG 78) within ABMUHB to individuals presenting with a diagnosis of 'Borderline Personality Disorder'. Please accept my apologies for the delay.

In 2015 a proposal was put and accepted for the phased development of a complex needs community service where people with this diagnosis could receive help, support and appropriate treatment within the Western Bay Region, (see attached). The proposal and development of this specialist service would help to go some way to meeting the recommendations in the NICE CG78 guidance – in particular-point 1.5.1.

The service, entitled 'Dechrau Newydd' has been in place within the Mental Health and Learning Disability Delivery Unit of ABMUHB since 2016. 'Dechrau Newydd' aims to provide specialist assessment and intervention for this adult client group and also offer support, consultation, supervision and advice to Mental Health and Learning Disability (MHLDD) staff working with these individuals throughout the system- again as per NICE CG78 guidance.

The service is multi-disciplinary in nature- at present it consists of four established posts including, a Team Manager/Therapist; a Clinical Lead/Clinical Psychologist and two therapist posts (one Occupational Therapist and Nurse Therapist). Three Consultant Psychiatrist sessions are also available to the team on a consultative basis where appropriate as per recommended in point 1.3.5.1 of the NICE guidance. The four core team

• Chairman/Cadeirydd: **Andrew Davies**

• Chief Executive/Prif Weithredwr: **Tracy Myhill**

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Telephone: 01639 683344 Ffon 01639 683344 FAX: 01639 687675 and 01639 687676

Bwrdd Iechyd ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg

ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board

www.abm.wales.nhs.uk

members all have specialist Dialectical Behaviour Therapy (DBT) training (recommended in point 1.3.4.5. of CG 78) and two team members are in the process of completing Cognitive Analytic Therapy Training. The DBT intervention offered to clients comprises of a year long group therapy skills based course alongside individual therapy where appropriate in accordance with NICE CG 78 that recommends treatment no shorter than that of a three month duration. Telephone coaching is also made available to DBT attendees in between sessions to enable clients to implement the skills learnt at times of crisis.

Referrals are received by Dechrau Newydd from across the ABMUHB footprint via a Single Point of Access Meeting- initial data indicates an average of 6 clients are referred to the service per month- in the main from primary and secondary community MH care, inpatient services and a small number from Learning Disability and PRAMS.

Care and Treatment Planning for these individuals is maintained within core secondary mental health services under the Wales Mental Health Measure, (2010) - in accordance with the recommendations in NICE CG78 point 1.3.4.6.

Future plans for the service include developing and tailoring sessions to the needs of carers, family members and friends of individuals presenting with these needs and the possibility of disseminating emotional regulation and trauma based interventions to LPMHSS. One of the main aims of Dechrau Newydd is also to reduce the need for out of county commissioned placements for this client group and allow repatriation where appropriate.

In addition to the aforementioned service developments; the MHL D Delivery Unit has also developed and been in the process of providing level one 'Personality Disorder' training sessions to staff who require a foundation of knowledge of this client group, future plans involve developing an intermediate training course for dissemination to staff working throughout the MHL D system.

The MHL D DU is also in the process of providing staff with accredited WARRN Risk Assessment, Formulation and Management training that will also help to meet the needs of this client group as per recommended in points 1.3.3.1 and 1.3.3.2. of NICE CG78.

Yours sincerely



TRACY MYHILL
CHIEF EXECUTIVE

c.c. Nesta Lloyd-Jones, Policy and Public Affairs Officer, NHS Confederation



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University Health Board



A PROPOSAL FOR THE PHASED DEVELOPMENT OF A COMPLEX NEEDS SERVICE FOR WOMEN

'Dechrau Newydd' – A fresh start

AUGUST 2015

DIALECTICAL BEHAVIOUR THERAPY (DBT)

DBT is a NICE recommended treatment for the treatment of suicidal women with a diagnosis of borderline personality disorder (DBT). Not only has DBT proven effective for BPD but it has also been adapted to work with a range of other mental health diagnoses including bulimia, bipolar disorder, and anxiety and depression, amongst other presentations.

DBT is a team approach whereby patients receiving DBT are allocated an individual therapist whom they see weekly for a 1:1 session, and they also attend a weekly skills group which lasts for 2.5 hours. Telephone coaching is also available to patients in between sessions as agreed with the therapist, or skills coach. DBT team members then attend a two-hour "consult" weekly where they supervise each other and ensure they stay true to model by keeping on top of the principles and skills inherent to DBT.

BACKGROUND TO THE SERVICE

Within Abertawe Bro Morgannwg University Health Board (ABMU HB) a need was identified for a personality disorder service some years ago, with a proposed model offered in 2009 at a day's conference held on the Cefn Coed Hospital site, led by Amanda Hall, Consultant Psychologist. This model was a multi-modality approach that would offer treatment and support for people with personality disorder, and for those working with people with personality disorder, across tiers within our service. One arm of this model was a DBT team, which at the time was created to prevent external commissioning of a patient who had a long history of involvement with services in the Swansea area. In October 2009 seven members of staff from across the ABMU HB site travelled to Chester to undertake week one of the DBT Intensive Training, with the second week of training completed in June 2010. However, the team was soon reduced to four members due to the loss of team members retiring on ill-health, leaving the Health Board, and being unable to afford the time to practice clinically due to the role that member of staff was in.

By late 2011 two further members were intensively trained with monies acquired from the eating disorders budget.

Unfortunately, this team disbanded in July 2012 due to insufficient staffing numbers to take on a new cohort of clients.

A VISION FOR 'DECHRAU NEWYDD – A FRESH START

Within the community services within ABMU HB there is not currently a specialist provision where people with complex needs, including borderline personality disorder, can receive help, support and appropriate treatment. This is at odds with our colleagues within the Learning Disabilities directorate within the health board, where a team of five senior clinicians are in the process of

establishing a DBT team having completed the second week of their intensive training in July 2015.

Looking to our neighbouring health boards, Cardiff and the Vale UHB have a specialist personality disorder service, Cynnwys, which was established in March 2012. This service comprises a Consultant Clinical Psychologist, a Highly Specialist Clinical Psychologist, five specialist personality disorder clinicians, and an administrator. This dedicated service offers DBT and CAT as therapeutic approaches for working with clients, as well as offering consultation to staff working in the community.

In Aneurin Bevan Health Board, a specialist personality service, Gwylfa Therapy Service, was established in February 2005. The service is staffed by a Consultant Clinical Psychologist (1 WTE), a Principal Clinical Psychologist (1 WTE), a Consultant Nurse (1 WTE), and a Consultant Psychotherapist/Psychiatrist (0.4 WTE) has recently retired. There is also an administrator. Gwylfa offers a range of therapies including DBT and CBT, in addition to offering consultation and support to CMHTs, and assessments for complex cases to access appropriate treatment.

Hywel Dda Health Board, our neighbours to the west, have a long established DBT team as part of a therapeutic service that offers additional therapies to people with personality disorders, such as CAT and schema therapy.

Phased Development – Five Year Plan

In order to reduce out of county specialist placements, and create a service capable of managing complex cases within mental health within our own health board a phased development of a substantive team able to provide specialist treatment and consultation is needed. For this to occur permanent posts need to be created to ensure the sustainability of the service, with a plan across five years to expand the coverage of the service as well as the specialist treatment options available.

Prior evidence of trying to establish a stand-alone DBT team within the community with seconded hours highlights that for a substantive team to be created posts need to be permanent with enough time to dedicate to delivering therapy whilst also developing as a team. Whilst Swales (2010) states that a minimum number of clinicians for a DBT team is four, with each having at least 1.5 days per week, she also states that a smaller team with more dedicated hours may be more efficient in the long-term delivering services than a larger team with less allocated hours per team member. Additionally, Swales (2010) asserts that “without dedicated time allocated to the DBT programme, learning and delivering the treatment becomes impossible” (p. 72).

Another important consideration is that whilst DBT is effective for people with complex needs, it is not the only therapy that has proven effective for this client group, with the NICE guidelines also citing, cognitive analytic therapy (CAT), schema focused cognitive therapy, interpersonal therapy, psychodynamic/psychoanalytic psychotherapy, amongst others. Having more than one psychotherapy offered as part of a team specialising in working with people with complex needs would ensure a person-centred approach, with recognition that DBT does not suit all clients that would be referred to Dechrau Newydd.

Phase One – 18 months

In order to get the service established Phase One will involve establishing a team trained in delivering DBT to a cohort of women with complex needs. There is currently a lack of provision for clients presenting with complex needs within ABMU HB, however, the evidence base for DBT was established with women with a diagnosis of borderline personality disorder. Therefore, in Phase One the focus will be on delivering one treatment (DBT), with women, within one area, Swansea.

The length of time for Phase One is based on initially getting a team established, and then delivering DBT to one cohort of clients, which takes a year

During Phase One, additional therapy training will take place for three team members, ready to be implemented in Phase Two. This training will be in cognitive analytic therapy (CAT), which has good evidence as being a useful therapy for complex presentations.

Phase One will also be used to assess the staffing numbers to help determine the extra staffing provision needed to expand the service across the Health Board area.

If clients receiving therapy from the service are admitted to hospital then their treatment will continue, although it will be encouraged as far as possible for those clients to continue to attend their therapy within the community which is line with the philosophy of DBT.

If staff from Dechrau Newydd in-reach into any hospital settings to see a client then it will be arranged with the client and the ward staff for a suitable therapeutic space to be used that is confidential.

Phase Two – 1-2 years

Phase Two will see the addition of CAT to the service as a therapy option offered following the completion of team members in the CAT practitioner level training. CAT will be available to female clients from across the health board who meet the service criteria.

DBT will take on a second cohort of female clients within Swansea, and look to take on a first cohort of female clients in the East part of the Health Board, such as Bridgend.

Phase Three – 18 months

As the service becomes established so it can expand further, looking to broaden its remit to become a gender neutral service, expanding into the Neath Port Talbot area, making the service Health Board wide and also increasing the number of therapies offered. The additional therapies offered will be based on evaluations of the service to date and might include a specific trauma therapy, such as eye movement desensitization and reprocessing (EMDR), or schema focused therapy.

Service Development – Where does Dechrau Newydd sit?

As this is a new service to be established, with evaluation coming from Professor Jason Davies, Consultant Clinical and Forensic Psychologist, then it makes sense that Dechrau Newydd fall under the management structure of the Rehab and Recovery Service. Dechrau Newydd will be designed to assist in the recovery of women (and in time, be gender neutral) with complex needs, and to rehabilitate those to engage within the community and try and lead a life worth living. This makes the service open to referrals from acute and community settings within the Mental Health directorate, but falls under Rehab and Recovery in the first instance to help with its development and growth. In time, it could sit under the Adult Mental Health Service Group, but with the support structures in place within Rehab and Recovery this seems the best fit initially.

Governance

In order to ensure effectiveness of the service Dr Nigel Evans, Consultant Psychiatrist, will offer three sessions to oversee the assessment of potential individuals to repatriate from out of county placements.

By sitting in the Rehab and Recovery directorate, governance of the development of Dechrau Newydd would be built into the service plan. Additionally, an option for greater governance is to

create a larger consult team that meet on a bi-monthly basis where additional DBT trained/interested individuals from within the health board join the existing consult to offer a fresh perspective on complex cases and help maintain objectivity within the service.

Accommodation

Another important consideration is where a team would be based. When considering that a single DBT cohort would typically be between 8-12 patients then there would need to be therapy rooms to enable team members to see patients simultaneously, whilst also having provision for office space with computer access for 6 staff members, a group room to conduct the weekly skills group in, and a meeting room for the weekly consult meeting. This would have to be a community based site given that the service would be a community based provision.

Additionally, having an administrative member of staff on at least a part-time basis would ensure that all the paperwork involved with new referrals, appointment letters, and resource development could be taken care of by the admin rather than time being taken out of a team members' clinical time. It would also ensure that phone messages could be taken by the admin member of staff freeing up the team members to focus on their clinical responsibilities.

Team requirements

Having liaised with the remaining members of staff of the previous DBT team there are three members who are interested in becoming part of Dechrau Newydd. One of these is the Clinical Psychologist who has taken the lead in driving this proposal forwards and has experience of CAT, another is a band 6 therapist who would bring schema therapy experience with her, and the third is another band 6 therapist.

As only three members of the original team are able to offer input into a re-established DBT team then new staff would need to be recruited. With the original DBT team having not practiced as a team since 2012 the make-up of the team needs to be considered in terms of whether new members are already DBT trained, or whether full-intensive training is required to get new members of staff up to speed who have no previous experience of the model. With that in mind, then opening team recruitment up to external staff with a job requirement of DBT training would ensure that training needs are lessened and trueness to model is ensured due to recruiting experienced members of fully-trained DBT staff. Recruitment of staff who are intensively trained in DBT will lead to Dechrau Newydd being fully functioning in a shorter time-span than if new team members had to go away and be intensively trained. This would mean Phase one is delivering a service as early as possible.

Team ambition

Ultimately, the aim of Dechrau Newydd would be to provide a specialist service to women (in the first instance) with complex needs, and consult to the staff team around those clients. By having a specialist team that care managers and psychiatrists can refer to it should lead to a reduction in complex cases requiring out of country specialist placements, or a reduction in cases being escalated into secure services because of increasingly difficult or risky behaviours.

EVIDENCE OF FINANCIAL COST SAVINGS

There is a substantial evidence base for the cost-effectiveness of DBT for people with borderline personality disorder. Pasieczny and Connor (2011) found within an Australian sample that an average of \$5927 Australian dollars was saved per patient when they received DBT compared with receiving treatment as usual (TAU). When they looked at 40 patients who had received DBT over three years the public mental health service saved approximately \$237,080 Australian dollars. Wagner et al. (2014) studied the societal cost-of-illness in a German sample of patients with BPD. During the year before the patients entered the DBT programme the mean annual cost

of psychiatric/general hospital contact was €14,167, whereas during the DBT treatment year it reduced to €1953 per annum, and during the follow-up year it reduced further to €1719. For contact with the accident and emergency service, the mean cost pre-treatment per annum was €72, during the DBT treatment year it reduced to €40, and in the follow-up year it rose slightly to €47 costs per annum. Mean costs for psychotropic drugs reduced from €657 pre-treatment, to €485 during the treatment year, and €330 during the follow-up year.

Within South Wales, the Cynnwys Service in Cardiff and the Vale UHB estimated a one year cost saving total of £547,000 for their University Health Board, when offset against staff costs. This figure was reached from keeping five clients within the locality and treating them within the Cynnwys Service rather than going ahead with out of county placements as had been planned, along with repatriating two clients back into the community in the local area and supporting them via input from the Cynnwys Service.

It is hoped that similar figures can be saved here within ABMU HB by investing in this service and reducing the need for expensive continuing health care placements, whilst also providing a service that people can be repatriated into from specialist placements, if appropriate.

TEAM PROPOSAL

Based on previous experience and also researching into staffing of other DBT teams within the UK then proposed clinical roles are:

Position	WTE	Unit Cost (£)	Total Cost (£)
Clinical Psychologist Band 8b – Clinical Team Leader	1.00	70,214	70,214
Band 7 Team Manager	1.00	50,179	50,179
4 x Band 6 Specialists	2.20	42,605	93,731
Band 2 admin	0.40	21,114	8,446
TOTAL	4.60		222,570

It is possible that the hours be spread across job share posts, or that split posts are created to ensure that interested parties are recruited.

CRITERIA AND REMIT OF THE TEAM

DBT Team

The team would be established in Swansea during the first phase with a capacity to have up to 12 clients per cohort for DBT. Each cohort would last for one year, with each client receiving individual therapy for that duration along with attendance at the skills group. Referrals received would be discussed within the team before a decision was made as to whether they were appropriate for DBT, or perhaps one of the other therapies, CAT or schema focused therapy. An alternative to therapy might be offered, such as consultancy to the team/care manager regarding the referred client.

Inclusion criteria for Dechrau Newydd in Phase One:

1. Resident in Swansea
2. Female client presenting with repeated serious self-harm and/or suicidal behaviour
3. Aged 18 and upwards at time of referral and client is aware of and consents to referral
4. Client has had multiple contacts with primary and/or secondary care, including emergency/crisis team services and or high use of unscheduled care

5. Diagnosis or clinical presentation highly suggestive of borderline personality disorder. A diagnostic interview will occur during assessment
6. Clients would be expected to be on CPA
7. Willing to engage in psychological therapy delivered in group and individual format.

Exclusion criteria:

1. An underlying cognitive impairment and/or poor literacy skills that would prevent reading handouts and completing homework tasks
2. Alcohol/drug dependency to a level which is highly likely to interfere with therapeutic engagement
3. Diagnosis of schizophrenia, schizoaffective disorder or bipolar disorders
4. Client presents with a BMI <15
5. Diagnosis of anti-social personality disorder or traits of ASPD including a history of harm/aggression to others
6. Risk of suicide is extreme and unlikely to be reduced by outpatient DBT in an acceptable timescale
7. DBT treats individuals as having capacity and responsible for their actions. Individuals who are deemed to lack capacity.

Criteria for CAT in Phase Two:

Much the same as the inclusion criteria listed above but suitable for those clients who have previously successfully engaged with DBT and need further work on repeating patterns of behaviour, especially in relationships, and would benefit from a deeper understanding of the causes and reinforcers of their behaviour, or for those clients who would not suit DBT but have repeating patterns of behaviour that affect their day-to-day lives resulting in borderline personality disorder presentations.

CAT can offered across the health board as a specialist service for complex cases if appropriate. There would be capacity for each member of staff trained in CAT to potentially take on an additional two-three clients; this would result in an additional 6-9 clients being offered specialist therapy at any one time in addition to the DBT cohort of up to 12. CAT offers 16-24 individual sessions to clients on an individual basis, with follow-up sessions. CAT is also helpful for teams to consider complex cases that perhaps are not suitable for therapy. CAT has a solid evidence base for working with BPD.

Consultation/Staff skills training

In order to reach as wide an audience as possible then the team would offer consultancy to staff members surrounding clients that are deemed not suitable for therapy but where the team working with the client might benefit from some collective thinking of the case to look at the complexities involved and how they might approach the case from a different perspective.

Additionally, staff training of the DBT skills would equip staff in the community, and within in-patient wards, to reinforce the work that is being carried out in the DBT team. This work might also help staff feel more skilled in working with clients with personality disorders and as a result lead to improved admission experiences within inpatient settings.

Referral pathway

Referrals would be expected to come from care managers within the community mental health teams (CMHTs) and Psychiatrists as they are the care providers who would know the person being referred the best. Referrals will not be accepted unless the client is already care managed within secondary services.

A regular referral meeting will take place to discuss the new referrals (please see appendix A for a flow chart of the referral pathway). The frequency of this meeting will be decided by the number of referrals received but is likely to be on a fortnight or monthly basis. If the referral does not meet the eligibility criteria then it will be returned to the sender with advice on appropriate options. If the referral meets the eligibility criteria then the team will decide whether the referral is suitable for a consultancy-only approach, or whether the client needs specialist therapy. If the client is deemed as requiring therapy then a screening assessment will take place with the client where it will be decided which therapy option would be most appropriate for the client's needs. Depending on capacity of the team in the different therapy modalities the client will then either be picked up immediately, or will be placed on a waiting list. If the client has to be placed on a waiting list then the care manager will be informed so as to ensure regular monitoring of the client continues.

Training Costs for Year One

Phase One

DBT course as a refresher (for instance, DBT Problem Solving Workshop): £600(+ VAT) x6 = £3,600 (plus accommodation and travel)

CAT practitioner training course South Wales: £4,700 for two year course x 3 = £14,100,
40x supervision groups per year £3,600 (course requirement) (x2 for two year course = £7,200)

TOTAL TRAINING COSTS (not including travel and accommodation):

£24,900

TOTAL SET UP COSTS:

Costs including staffing, equipment, and training needs (but not including accommodation and travel expenses for training) **equals £272,470.**

Evaluation

Detailed evaluation will be conducted in order to provide evidence upon which to develop and refine the service. This will include outcome data relating to participants accessing treatment, the impact of the team on the use of other services (e.g. through consultation, participants accessing treatment), and the financial impact of the service. Treatment needs will be assessed in order to inform the type and levels of service needed over time. The evaluation will be led by Professor Jason Davies, Consultant Clinical and Forensic Psychologist and will require 0.3 WTE band 4 resource.

This proposal was prepared by Dr Hayley Griffiths, Clinical Psychologist/DBT Lead.

REFERENCE:

Pasieczny, N. & Connor, J. (2011). The effectiveness of dialectical behavior therapy in routine public mental health settings: An Australian controlled trial. *Behaviour Research and Therapy*, 49, 4-10.

Swales, M. A. (2010). Implementing DBT: selecting, training and supervising a team. *The Cognitive Behaviour Therapist*, 3, 71-79.

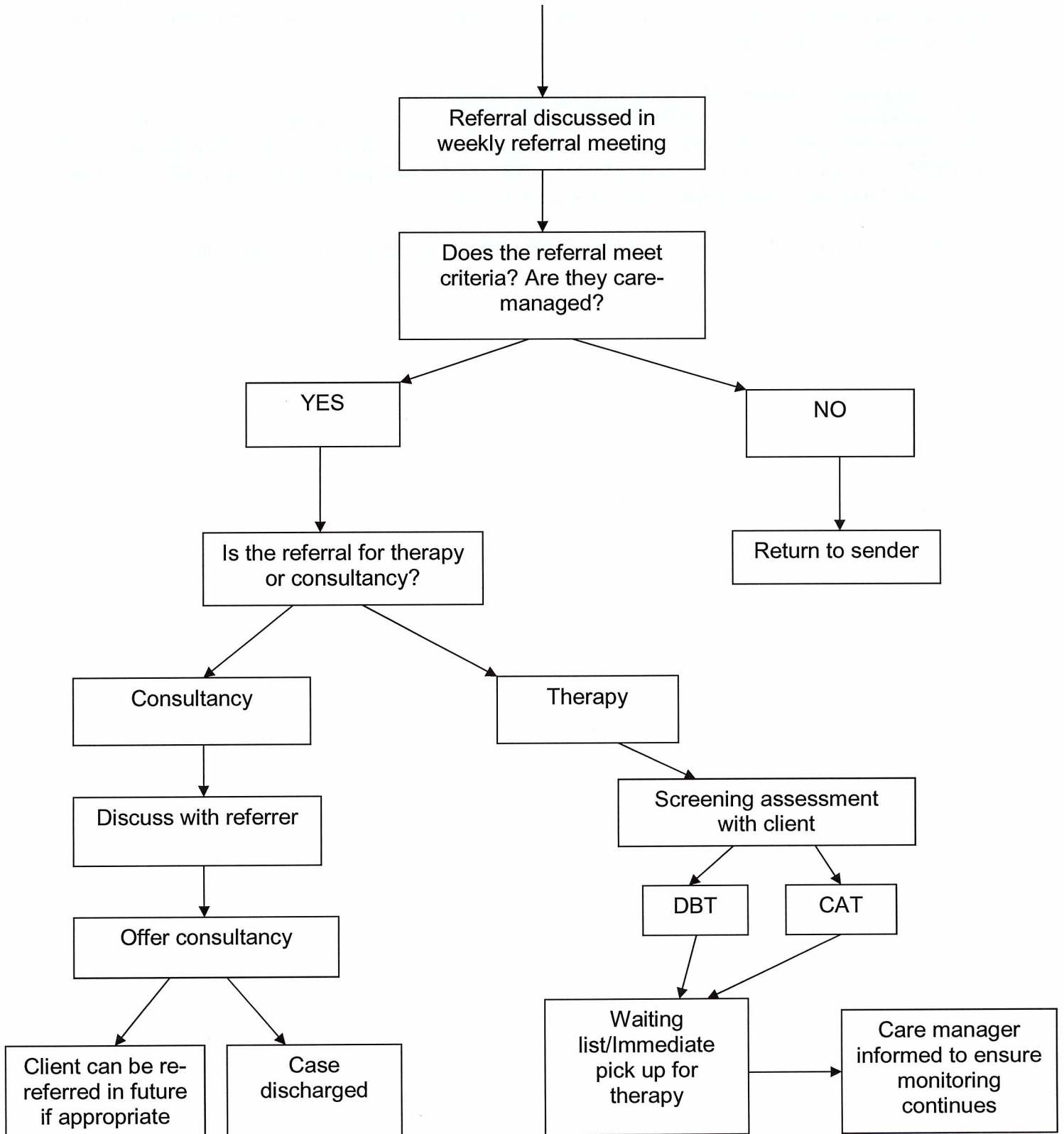
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APPENDIX A

Referral pathway for accessing the team.

Referral received

Pack Page 76



APPENDIX B

Training information – dates/costs

DBT Refresher Courses – Phase One

Suitable courses happen across the year but there is a DBT Problem-Solving Workshop, on 18-19th January 2016, in Queen Hotel, Chester which would be appropriate, for £600(+ VAT) x6 = £3,600 (plus accommodation and travel).

CAT Practitioner Training – Phase One ready for Phase Two

CAT practitioner training course South Wales: £4,700 for two year course x 3 = £14,100,
40x supervision groups per year (course requirement, each trainee needing 30 mins each, with cost £60 per hour) = 40 x 90 mins @ £90 = £3,600 (x2 for two year course = £7,200) (this would mean that three members of the team were able to offer CAT)

The CAT course is due to start in January 2016, with the application pack currently available.

P-05-812 Implement NICE guidelines on borderline personality disorder

Pwyllgor Deisebau | 11 Rhagfyr 2018
Petitions Committee | 11 December 2018

Research Briefing: Summary of Health Board responses

P-05-812 Implement NICE guidelines on borderline personality disorder

Petition text:

No Longer A Diagnosis of Exclusion, a document that highlighted the mistreatment of those diagnosed with personality disorder was published in 2003.

The NICE guidelines for Borderline Personality Disorder were published in 2009. 9 years on less than half of Welsh trusts provide services that comply with the guidelines. This compares to 84% of trusts in England.

People with this diagnosis have frequently come from backgrounds of maltreatment, neglect and abuse.

1 in 10 people with this diagnosis will die by suicide.

The National Confidential Inquiry into Suicide and Homicide found that of the 1 in 10 people who ended their lives over the period of their study, none were receiving NICE recommended care.

Experts in the field warn that trusts without specialist services will be over reliant on out of area private treatment. This view was supported by representatives of trusts without specialist services at the Personality Disorder Cymru conference in Cardiff in 2016.

We must do more to support the survivors of abuse who have been let down enough already.

We must do more to protect the Welsh tax payer by providing effective community services rather than expensive out of area placements.

We call for the Welsh Government to direct trusts to implement the NICE guidelines for Borderline Personality Disorder or justify why they do not do so.

Summary of Local Health Board Responses

On 30 July 2018, the Petitions Committee wrote to the 7 Local Health Boards (LHBs) in Wales for information about the services they currently provide to people with borderline personality disorder in their area, and specifically whether specialist services are available in line with NICE guidelines. Responses have been provided by all 7 LHBs.

The following is a **summary of the services currently provided** to people with borderline personality disorder:

- The Local Health Boards (LHBs) seek to reassure the Committee that psychological and therapeutic services for those with a diagnosis of borderline personality disorder are available in their local areas. However, it is clear from the responses that there is variation of access to the services currently provided across the different Health Board areas.
- The main provision of care for people diagnosed with borderline personality disorder is primarily delivered within secondary mental health services, augmented by specialist provision.
- Betsi Cadwaladr University Health Board (BCUHB) do not currently provide a fully comprehensive specialist service across the whole of North Wales. Powys Teaching Health Board (PTHB) currently commission some services from other Welsh Health Boards and from the independent sector (but are developing a new model to provide services within Powys).
- A range of specialist interventions are provided for people with a diagnosis of borderline personality disorder, including Cognitive Behavioural Therapy, Psychotherapy, and Cognitive Analytic Therapy (among others), but the focus has been on establishing an expertise in the provision of Dialectical Behaviour Therapy (DBT) in line with NICE guidelines.
- Specialist input is being developed and expanded by training multi-disciplinary teams and upskilling practitioners and clinicians in the Community Mental Health Teams (CMHTs), to develop 'a multi-professional, psychologically informed workforce'.
- The evidence on what treatment is available for young people with emerging borderline personality disorder is mixed. For example, DBT is available via specialist Child and Adolescent Mental Health Services (CAMHS) in Hywel Dda University Health Board (HDUHB), but Cardiff and Vale University Health Board (CVUHB) highlight gaps in services to support the transition of young people with emerging personality disorder from CAMHS to adult mental health services (as set out in the NICE guidelines).
- Health boards say that out of area services are used as a last resort – when a patients' risk is very high and/or interventions need to be provided in an in-patient setting.

The individual responses from the Health Boards can be found [here](#).

Agenda Item 3.3

P-05-817 Specialist prosthetics for child amputees

This petition was submitted by Rebecca Roberts having collected 116 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to ensure that funding is in place to enable each child amputee in Wales to have access to a specialist sports prosthetic.

We welcome the news that Westminster have made a further £1.5 million available to develop specialist prosthetics for young amputees in England. We ask that the same level of support be made available to children and young people living in Wales, so that any child or young person who would benefit from having a specialist sports prosthetic is able to have one made by the NHS.

Additional information

Petitioner's story

My daughter was born with a rare condition called Fibular Hemimelia, meaning a total absence of fibular bones. She has the rarer version of it, which affects both legs. A few days after her first birthday she underwent a double amputation at Alder Hey hospital. A few months later she attended the Limb Centre at Wrexham Maelor to fit her first pair of prosthetic legs.

We have never had anything other than excellent and skilled service from the staff at the Centre; but her prosthetic legs are by necessity, heavy and rigid. She can walk, but slowly. She can climb, but with difficulty. She has never known what it is to run as fast as she can, to be able to ride a bike, or to keep up with her cousins as they race around the park. She has overcome so many challenges in her short life, but she faces many more.

As a parent my wish is that she can be the best version of herself; that she can play without struggling to keep pace with her peers and that she can participate fully in all aspects of life.

Soon she will be old enough for specialist prosthetics. If they were available

to her on the NHS it would make a world of difference to her as she goes about her daily life.

I know other child amputees in Wales are facing similar struggles, and I believe that our children are as deserving of the specialist support as English children. Westminster has just released an additional £1.5 million funding to help English amputees. The number of child amputees in Wales is much smaller than in England, but their needs are the same. We're not asking for millions, just for equality.

My daughter will spend her entire life wearing prosthetic legs. Specialist support could make a huge difference to her as she grows up. Please don't deny her and other Welsh amputees the support offered to English children.

Assembly Constituency and Region

- Vale of Clwyd
- North Wales

**Welsh Health Specialised Services Committee (WHSSC)
response to:**

Petition P-05-817 Specialist prosthetics for child amputees

Prosthetics limbs for children – Nov 2018

**Why there appears to be a distinction made between upper
and lower limbs**

The WHSSC Specialised Services Service Specification for Prosthetic and Amputee Rehabilitation Services sets out the provision of prostheses for people with lower limb and upper limb amputations and absences for patients resident in Wales. It sets out how services must offer the prescription, provision and maintenance of partial limbs whether upper or lower limbs or both.

Whilst there is a section within the specification specifically on 'Provision of a Recreational Upper Limb for a Child' this is due to the low provision of upper limbs due to the fact that upper limb referrals across both adults and children account for only 10% of referrals to the Prosthetic services in Wales. The provision of lower recreational limbs is far more common within the three services.

We are currently in the process of updating our Prosthetic and Amputee Rehabilitation Services specification and will ask the Stakeholders who we consult with on the updated specification if there should be a distinction made between upper and lower limbs.

**The volume of applications received for lower limb
prosthetics under the IPFR process and an indication of the
proportion approved**

We have received less than five applications for lower limb prosthetics in the last two years and none of the applications have been approved. A number of lower limb prosthetics are provided within the Prosthetics budgets of the three centres across Wales and it is only devices such as sports blades that are not currently commissioned, that would be considered through the IPFR process.

**The average additional cost associated with providing a
recreational lower limb prosthetic to a child or a young
person**

Due to the way in which the budgets for Prosthetics are provided to the three centres across Wales, we are unable to provide specific

costs of a recreational lower limb prosthetic. This question would be most appropriately directed to the three Prosthetic services.

What use is currently made, or could be made in the future, of 3D printing for the production of prosthetics

3D printing is not currently used in any of our services in NHS Wales. Some of the Prosthetic students within the services have worked with Cardiff University on the use of 3D printing in Prosthetics and we welcome research in this area in order to understand where the technology can be best applied in terms of both clinically and cost effectiveness.

P-05-817 Specialist prosthetics for child amputees – Correspondence from the Petitioner to the Committee, 04.12.18

Petitioner's response to Welsh Health Specialised Services Committee (WHSSC) statement dated November 2018.

I noted with disappointment that not one of the 5 applications for a specialist limb was granted through the Individual Patient Funding Request. I understand that the NHS does not comment on individual cases, and as such are unable to give details of why the requests were refused, however one would sincerely hope that it was not purely a cost-cutting measure. Their response to the first question, 'Why there appears to be a distinction made between upper and lower limbs' gives me cause for concern.

Stating that specialist upper limbs are freely available because upper limb amputation / aplasia accounts for only 10% of patients nationwide is an admission of discrimination against lower limb amputees. Specialist prosthetic limbs should be granted on the basis of the positive impact they will have on a patient's mobility and quality of life; and **not** based on the number of amputees who share your disability. If patients with upper limb amputations are automatically entitled to specialist prosthetics, then the same should and must apply to patients with lower limb amputations. This distinction should be removed to ensure fairness and equitable treatment for ALL amputee patients.

Regarding the cost of providing specialist prosthetics such as sports blades: the WHSCC could/did not provide an estimate of the cost. However, there were only 5 amputee applications for an IPFR during the last two years in the whole of Wales. Even allowing that some of them may have been double amputees (like my daughter) and would require two blades, then the cost of granting these IPFRs would have been in the tens of thousands, rather than hundreds of thousands. (It is difficult to find an estimate of cost, however as stated in the BBC article below, a specialist running blade for a child costs around £1000 on the NHS: <https://www.bbc.co.uk/news/health-38517649>.) I would not consider this to be exorbitantly expensive.

Under the current IPFR criteria, children like my daughter would most likely be ineligible for specialist sports prosthetics as it would be difficult to demonstrate a 'clinical need' for them. WHSCC's apparent reluctance to grant any of the IPFR suggests that if the status quo continues, in a few years' time my daughter's application will also be unsuccessful.

I stress that my petition is not about 'clinical need'. It is about improving a child amputee's quality of life and lightening some of the burden of their disability. If NHS England sees the value of giving specialist sports prosthetics to children and deems it to be advantageous enough to their welfare to warrant a £1.5 million investment in prosthetics for children and young people, then surely NHS Wales must acknowledge the same principle and give Welsh children the right to access specialist limbs in the same way, without bureaucracy or being made to feel that our request is unreasonable?

I reiterate the point I made during my initial petition: we are not asking for millions in funding. We are not asking for untried or untested treatment. We are simply asking that young Welsh amputees have equality with their English peers, and that they have the prosthetics they need to reach their full potential.

I make no apology for ending with a personal plea – because for me, this is a deeply personal issue. This petition was created on behalf of my daughter, who is 4 years old and a double amputee. Learning to walk was a protracted struggle for her, and even now her strength, speed and stamina are not comparable with other children of her age. It grieves me when I remember that there is no magic cure for her amputation – all her life she will have to wear prosthetic legs or else be confined to a wheelchair. It grieves me unspeakably that this is something I cannot fix. I cannot take her disability away from her. All I can do is try my very best to help her overcome the challenges life has thrown at her. We plan journeys and activities carefully, make adaptations where possible, and let her set the pace of our lives. When her strength fails, when her prosthetics leave her sore and tired and uncomfortable, we abandon or change plans, adapt, and occasionally end up giving her a fireman's lift home. But she is growing fast. Planning ahead, the things we see as most essential for her comfort and independence are a pair of 'running blades'.

Specialist sports blades have been proven to help children become more active, and there is anecdotal evidence that they are lighter, more comfortable and can be worn for longer than normal prosthetics. Our prosthesis maker and her manager have both agreed that our daughter would benefit from them once she is older.

The only argument I can see for not giving child lower limb amputees access to specialist sports prosthetics on the NHS is a financial one. I hope I have given you a small glimpse into the reality of living day-to-day with such a life-altering disability; and that as a result you and any of the decision makers will see be able to see beyond the balance sheet. This is about quality of life; about enabling and empowering child amputees and making their young lives easier and more fulfilling.

My little girl is as deserving of support as a child who has lost an arm, or a child amputee living in England. I ask you please, make specialist sports prosthetics available to ALL Welsh child amputees.

Agenda Item 3.4

P-05-842 Give young people a voice when commissioning local services in Wales

This petition was submitted by the Changing Minds Campaign Group, having collected 1,387 signatures online and 2,865 on paper, a total of 4,252 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to acknowledge that the current level of young persons' participation in the commissioning of services does not allow for the inclusion of marginalised groups. We request a review of the policies and guidance in place and a recommendation that new guidelines are mandatory for services commissioned to work with young people.

Every young person in Wales needs to be able to share their voice and experience in a way that is meaningful to them, to shape the services that are available to support them. We are asking for your support to promote changes to achieve this goal. As young people we must be able to share our thoughts and views on the projects that we need in our area.

Currently, only youth councils/ forums are consulted- which is not representative of those who struggle to attend such forums such as those 1 in 5 young adults who have a diagnosable mental health disorder. There needs to be a platform for those young people who may not be able to participate in the current schemes due to their mental health to share their opinions on services and projects that are directly affecting them. We are a group of young people that have been involved in the Changing Minds Project coordinated by Newport Mind, which is due to lose funding in November of this year. Because of this we have been learning about the commissioning process, which has led to this petition being created and to our wider #changeit campaign. Direct inclusion of young people with mental health issues in the commissioning process will allow for greater tailoring of service provisions and improve confidence in the services amongst the targeted demographic.

“Involvement in this project enabled me to really understand the concerns of young people and the issues they face. Without these concerns being raised

and included from the inception of any policy which affects them, any initiative affecting young people will be flawed".

Additional Information

The Children's Rights Approach in Wales by the Children's Commissioner for Wales outlines a framework for embedding children's rights within services working with young people. These are guidelines and thus non-binding. Based on the United Nations Convention for the Rights of the Child (UNCRC) Article 12 outlines the right of children to be involved within policies creation and implementation; particularly those which affect their demographic. The Children's Commissioner for Wales Annual Report for the 2016/2017 year (the Report) specifically highlights the Commissioner's wish to see greater integration of young people within the commissioning process. The current guidelines for youth participation in Wales are, amongst other sources, contained within the Children and Young People's Participation in Wales Good Practice Guide 2016. The seven 'Core Standards' contained within the Guide are excellent starting steps. We feel that the non-mandatory nature of these standards and approaches, although partly met within some authorities in Wales, are insufficient for ensuring accountability for all services working with young people. We seek to ensure that young people from marginalised groups have a voice in the decision making processes as well as ensuring that service provision for young people all over Wales are of a similarly excellent standard. Our petition is in line with Recommendation 10 of the Mind over Matter report that highlights the current levels of provision of mental health services for young people, and compliments the work by the Together for Children and Young People Programme. Without change to the current guidelines, young people across Wales will continue to be marginalised. Specifically, those with mental health issues or additional needs who may not be able to take part in the current - and limited - youth participation initiatives will continue to find it difficult to voice their opinions.

Assembly Constituency and Region

- Newport West
- South Wales East

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/03600/18

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21 November 2018

Dear David,

Thank you for your letter of 31 October on behalf of the Petitions Committee regarding Petition P-05-842 – Give young people a voice when commissioning local services in Wales.

I note the comments from the petitioners, particularly those in relation to the inclusion and participation of children and young people. Regarding your first point around the notion of enhanced participation of children and young people within the commissioning process of mental health and youth services, the commissioning of services is the responsibility of the individual health boards and I expect children and young people to be represented appropriately when developing or enhancing services.

We work closely with the Children's Commissioner for Wales, whose key role is ensuring that children and young people have their voices heard, their concerns raised and have someone to safeguard their rights at a national level. We share the vision that children and young people should be at the heart of everything we do.

As outlined in my previous letter, the Together for Children and Young People (T4CYP) Programme already has mechanisms in place to engage young people in its work, through broad roots engagement that captures the well being of all children and not just those who use CAMHS. This includes working closely with Children in Wales, which in turn liaise with Young Wales, the Children's Commissioner's office and the third sector. An example of this is the T4CYP transition guidance from CAMHS to adult mental health services, which was launched in 2017. This was informed by the views of young people themselves and includes a young person's passport designed to empower and support the individual to take ownership of the process. There is also a commitment to review the specialist CAMHS Framework for Improvement which recommends an active patient voice and children participation in service development and feedback.

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

Whilst the work as a programme in the last few years has been focused specifically on access to specialist CAMHS we recognise there is more to be done. Officials are working with the T4CYP Programme on the delivery of the current work programme and to ensure legacy arrangements are put in place.

By way of governance arrangements, the T4CYP Project Board reports to the Welsh Government through the Children and Young People's Delivery Assurance Group, which ensures that the children and young people's actions in the Together for Mental Health Delivery Plan 2016-2019 are achieved. The Group includes representation from a wide variety of organisations including children and young people specific third sector organisations, heads of children's social services, youth justice board and heads of services in the health boards, so that the voices of children and young people are appropriately represented.

In addition, an all Wales, all ages Mental Health Network has been established, led by the NHS and overseen by an NHS Wales Mental Health Network Board. The purpose of the Network Board is to advise NHS Wales on issues regarding the development of mental health services in Wales, and, on behalf of NHS Wales, to oversee and guide the work of the Mental Health Network.

As you note, it is with regret that during late 2017 and early 2018, there was a hiatus in T4CYP central administrative activity due to a number of vacancies within the T4CYP programme and the wider network. The T4CYP programme now has a new Programme Lead and a Business Support Officer recently in post. These changes did not affect the programme of meetings, but did affect the record being uploaded to the website and we have now received assurance that the site will be updated with a copy of the minutes and products retrospectively. In the interim, minutes are available on request. The T4CYP twitter account was inactive for a period, however, the account has been active since October 2018.

Now the programme is at full capacity, I would expect regular updates, notes from quarterly board meetings and T4CYP twitter feeds to be readily available and circulated to a wide range of stakeholders to ensure that both children and young people and partner organisations involved in the delivery of services are kept up to date with current thinking and are able to influence developing proposals. We thank you for your comments on the sometimes inaccessible wording of some of this information and will be monitoring this communication channel for regular updates and their accessibility.

You have also noted the lack of reliable data and data collection methods (included in the T4CYP Board minutes, September 2017). There has been significant work in this area since September 2017. Following an audit of children and young people data collection, the mental health core data set will address improved consistency and quality of data and outcome measures across Wales, in line with the rollout of the Welsh Clinical Care Information System (WCCIS). There is also a joint workshop planned in March 2019 to discuss the current data with all relevant parties being invited to attend, which will feed into the development of WCCIS.

Regarding your comments about the suggestions in Hafal's *Making Sense* report, there will always be a need for young people who need to access CAMHS as well as those who are expressing the need for services under a non-medical model. It is not in anyone's interest to refer young people to a service which cannot meet their needs. Whilst we recognise the need to provide a range of support that meets specific needs of children and young people, there will always be a requirement for more specialist services.

As well as providing additional CAMHS funding, we have also invested additional funding since 2015 specifically to improve primary care children's provision, and expand the provision of talking therapies and work has already commenced on the development of a Matrics Cymru for children and young people. In addition, we have commissioned the NHS delivery unit to understand how local primary mental health support services are accessed and delivered to children and young people across Wales. This will be an opportunity for health boards to consider what actions need to be taken with local partners and community resource to ensure clear pathways for children and young people to access the right support to develop resilience.

With regards to the £1.4 million for the CAMHS In Reach pilots in schools, a key focus is supporting teachers to better understand childhood distress and emotional and mental health problems, as well as upskilling them to recognise and deal with low level problems within their competence. This work will now be taken forward in the broader context of our commitment to develop the whole school approach to the mental health and wellbeing in Wales. This work aims to ensure that mental health and wellbeing becomes central to the way schools work and will touch on many different aspects of school life.

This work is being driven forward by the Joint Ministerial Task and Finish Group that the Cabinet Secretary for Education and I chair. I can also confirm that young people will be participating in this work through a newly established national youth stakeholder group. This will ensure they have the opportunity to provide in-depth feedback and work with Welsh Government officials to co-produce this important area of work. It will be made up of young people from all over Wales and invitations to apply for the group will be published shortly. We will be promoting this in particular to young people from disadvantaged groups and expect the first meeting to be held early in the new year. The group will also be used by T4CYP programme to consult on their work.

The youth stakeholder group is only one part of our efforts to engage with children and young people and we also intend to run a series of consultation exercises in schools and youth groups to gather a wider range of opinions. The work of the Task and Finish Group is still at an early stage, but we aim to improve our digital presence in the new year and explore how we could use digital engagement to share information with more children and young people and receive feedback in return.

Finally, I appreciate the comments you make about the effort the Welsh Government is making in improving the standard of young people's mental health. I am particularly interested in the soon to be formed Welsh Youth Parliament and how we will work with it to ensure the voices of children and young people in Wales are heard by those with the power to make change.

I hope this provides some reassurance that engagement of children and young people is a priority in the development of our work.

Yours sincerely,



Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

P-05-842 Give young people a voice when commissioning local services in Wales – Correspondence from the Petitioner to the Committee, 05.12.18

Dear David,

Thank you for forwarding us the letter from Vaughan Gething, dated 21 November 2018.

We'd like to start by acknowledging what Mr Gething has highlighted and thank him for his response. In particular, we note his comments regarding the consultation of young people through the creation of the National Youth Stakeholder Group. The Campaign Group would like to comment that this is a positive step in the right direction.

However, we would like to draw your attention to the main argument of the Petition which is the lack of a mandatory participation – especially with reference to marginalised groups – within the commissioning of services for young people across Wales. Mr Gething has stated in his response, that the participation of children and young people in the commissioning of services for young people is the responsibility of health boards and local authorities. This is correct, however there is no legal requirements for Health Boards and Local Authorities to ensure young people are involved in the commissioning of services for them and no real consequences when young people are not included or excluded from the commissioning process.

Although Mr Gething makes a valid point, our aim is to ensure that engagement of young people in the commissioning process is mandatory throughout Wales. This will ensure that young people have an equal level of participation within the commissioning process.

Regarding the marginalised groups, the Petition highlights the diverse needs of this demographic, which require local authorities and health boards to provide accessible methods of engagement, for example an interactive online platform for participation that extends the aims of youth forums and councils. Making it a requirement that young people have a meaningful role in the commissioning for services for them will ensure that the Welsh Government, Health Boards and Local Authorities consider a range of engagement methods are provided and will hold to account agencies that do not abide by this.

The Campaign Group is confident in its suggestions. They are based upon the experiences of thousands of people, including those belonging to marginalised groups, across Wales. These views have been gathered by the Group over the course of several months. We have used a variety of engagement methods including: resources, such as dedicated participation workers and accessible meeting spaces; alternative communication methods like dedicated social media pages, phone/text messages and bespoke face-to-face inductions at a convenient location; and broad grass roots canvassing e.g. community outreach events.

Through the course of our Campaign, the Group noted that the use of these diverse methods is not widespread throughout Wales. However, it is through these methods that the Campaign has garnered the significant level of support it has and we can be sure that the methods we are putting forward for consideration work.

We appreciate the action that the Welsh Government is taking in its attempts to provide young people with a greater opportunity to voice their opinions; however we believe it should be a legal requirement with consequences for failure and not an optional extra. As we mentioned in our last letter, we just wish to help guide the Senedd's effort to provide policies and legislation that have a meaningful impact for young people.

Thank you again for your time.

Kindest regards,

The #Changeit Campaign Group

Agenda Item 3.5

P-05-807 Review and change the guidance for attendance awards in Welsh schools

This petition was submitted by Laura Charles-Price and was first considered by the Committee in April 2018, having collected 123 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to review any guidance it issues on school attendance awards in Wales.

Many children across Wales suffer with chronic illnesses that affect their school attendance. A child may miss school due to the illness itself or due to hospital appointments which they have to attend related to this illness.

Each year attendance awards are given out at school which many of these children miss out on. Not only is this unfair but it also discriminates against those children.

I would like to propose that the Welsh Government either makes allowances for those children or advises local authorities and schools that attendance awards should not be given.

Assembly Constituency and Region

- Gower
- South Wales West

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-807
Ein cyf/Our ref KW/02577/18

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Chair, Petitions Committee
National Assembly for Wales
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21st November 2018

Dear David,

P-05-807 Review and change the guidance for attendance awards in Welsh schools

Thank you for your letter of 21 June requesting an update on developments relating to the above petition; I understand your Committee Clerk chased for a response on 14 November. I am very sorry for the delay in responding to you which unfortunately is due to an administrative oversight.

My officials are continuing to undertake an extensive review of school attendance policy in Wales. This has included working with key stakeholders to understand the practical implications and challenges of the existing arrangements and to identify what changes are required to ensure arrangements continue to provide effective, fair and consistent support to parents, learners, schools and local authorities. Our initial but extensive stakeholder engagement work has now completed and my officials are using the evidence and feedback to revise the school attendance framework. The intention is to publish the revised framework for public consultation next year.

The petitioner's suggestion that attendance registers should include scope for absences to be recorded as being related to a chronic health condition is one of the points being considered as part of the review.

I hope this information is of help.

Yours sincerely

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

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

Agenda Item 3.6

P-05-824 Newtown Brimmon Oak Bypass

This petition was submitted by Mervyn Lloyd Jones having collected 402 signatures.

Text of Petition

We the undersigned call upon the National Assembly for Wales to urge the Welsh Government to consider our proposal to officially name the much needed, & historic, new road section of the A483, the 'Newtown Brimmon Oak bypass'.

In recognition of the enormously positive publicity and attention that one of the most significant 'Natural Monuments' of Montgomeryshire, namely the Brimmon Oak, has brought to Newtown, to the region and to Wales.

Firstly becoming 'Welsh Tree of the year', followed by winning the title of 'UK Tree of the year' shown on national TV , and ultimately, in being awarded second place in the highly prestigious European Tree of the year contest (2017) in a much reported ceremony in the EU Parliament Brussels. We feel that this culturally significant ancient Welsh Oak tree that has now become known throughout Wales, the UK & indeed around the globe be honoured in this ultimately fitting manner.

Assembly Constituency and Region

- Montgomeryshire
- Mid and West Wales

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref KS/03209/18

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau

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20 November 2018

Dear John,

Thank you for your letter of 29 October regarding Petition P-05-824: Newtown Brimmon Oak Bypass.

I wrote to County Councillor Rosemarie Harris, Executive Leader, Powys County Council on 25 August regarding this issue and enclose a copy for your information. To date I have not received any preferred options that have been consulted on locally from Newtown and Llanllwchaearn Town Council or Powys County Council.

*Yours ever,
Ken*

Ken Skates AC/AM

Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport

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

Agenda Item 3.7

P-05-841 Include the alternative 3rd Menai Crossing proposal 'Pont Bendigeidfran' in the formal assessment process

This petition was submitted by Benji Poulton, having collected 278 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to formally consider the alternative proposal for the 3rd Menai Crossing known as 'Pont Bendigeidfran' (as described in the video found here <https://www.youtube.com/watch?v=Ty2q-ctJZKM>).

This proposal provides increased benefits in terms of whole life cost, its ability to enhance the spectacular landscape, traffic benefits (both traffic flows and network resilience), environmental mitigation, promoting tourism, promoting Welsh culture, and is a better fit in terms of current legislation, for example the Wellbeing of Future Generations Act. This proposal appears to be achievable from an engineering perspective, and will be a more fitting addition to the two world famous bridges already present at this location.

We therefore call for this alternative proposal to be fully assessed alongside the original options presented in the recent Welsh Government 3rd Menai Crossing Public Consultation.

Assembly Constituency and Region

- Arfon
- North Wales

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-841
Ein cyf/Our ref KS/03187/18

David John Rowlands AM
Chair - Petitions committee.

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20 November 2018

Dear David,

Thank you for your letter of 31 October regarding Petition P-05-841 requesting the alternative 3rd Menai Crossing proposal 'Pont Bendigeidfran' is included in the formal assessment process.

As I stated in my letter to the Petitions Committee on 24 September Mr Poulton's proposal is being further assessed and considered. Consultants AECOM and Knight Architects are currently assessing and developing concepts of bridge designs which best fits within the Menai Strait landscape and consultation on these options with the Design Commission for Wales is ongoing.

The appropriateness of incorporating sculptures into bridges, such as Mr Poulton's Pont Bendigeidfran, forms part of this assessment. Like all investments in infrastructure projects, maximising the economic benefits is an integral part of scheme development and this will be no different on the 3rd Menai Crossing. Consulting and seeking views and support from all key stakeholders will also be a very important and integral part of this scheme development.

Yours ever,
Ken

Ken Skates AC/AM
Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth
Cabinet Secretary for Economy and Transport

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

P-05-841 Include the alternative 3rd Menai Crossing proposal 'Pont Bendigeidfran' – Correspondence from the Petitioner to the Committee, 30.11.18

Thanks for the providing this information, and the letter from Ken Skates for comment before the next meeting.

Please pass on my thanks to the committee and to Ken Skates for considering the petition further.

I am very pleased to receive this confirmation that the Pont Bendigeidfran proposal will be fully assessed alongside the other original proposals.

The letter also states that consulting and seeking views and support will be a very important and integral part of this scheme development. In light of this, I would like to request that my contact details are passed on to the project team, the consultants mentioned, and the Design Commission for Wales, and that my details are included in any consultation lists, so that I may be kept up to date on progress and remain engaged in this exciting project (should the Petitions Committee now consider this petition completed).

Many thanks,

Benji

Agenda Item 3.8

P-05-778 Protect the Razor Clams on Llanfairfechan Beach

This petition was submitted by Vanessa L Dye and was first considered by the Committee in December 2017, having collected 459 signatures.

Text of Petition

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

- commission a research study to ascertain the state of the health of the razor clam beds and their viability as a long term natural resource, and put in place a moratorium for fishing of razor clams until the research can report its findings;
- ratify a 'closed' season for the harvesting of razor clams aligned to the spawning season i.e. May to September;
- draw up regulations in addition to the minimum landing size of 10cm to include set quotas that individuals are allowed to take; and
- bring forward legislation and regulations to protect the razor clams on Llanfairfechan beach.

"The mass harvesting of razor clams on Llanfairfechan beach has been a matter of concern for many residents and conservationists for a number of years." (Ref: letter to Cabinet Secretary Lesley Griffiths AM from Janet Finch Saunders AM 28th July 2017.

Currently the only regulatory control on razor clams is that they must have a legal minimum landing size of 10cm, and there are checks relating to the control of clams ending in the food chain. Many residents are concerned about the apparent lack of procedures and/or regulations governing the taking of razor clams particularly in respect of designating a 'closed' season during spawning, quotas allowed, and the need for research evidence to be conducted on the razor clams to ascertain the impact on the local environment and ecosystem.

Since 2013 it has been noted by several sources that razor clams are being harvested in great numbers from Llanfairfechan beach. Evidence to support this claim has been documented on numerous occasions on social media. A recent request on the Llanfairfechan Noticeboard for any pictures or video

footage of those gathering the razor clams clearly shows that there are large numbers of people involved in this activity. The gathering of the razor clams generally takes place after a high tide.

Additional information

Just to provide some historic background about this issue. In 2013 the harvesting activity was brought to light by the Weekly News newspaper by Tom Davidson when it was noted that there was “A gang of more than 100 people harvesting huge amounts of razor clams.....” There were also concerns that illegal workers were being exploited and that the clams were being fished for commercial purposes. At the time, one resident said “they had seen similar scenes involving an increasing number of gatherers over the last few weeks. Residents are angry at the sheer number of harvesters with fears the local habitat could be damaged irreparably, with hundreds of clams taken off the beach regularly.” Whilst fears about the gatherers being used as part of modern slavery and the shellfish ending up in the food chain have been allayed by the ongoing efforts of the police and Food Standards Agency. The environmental consequences of this sustained and systematic removal of razor clams remains a major issue, which may impact on the other marine and bird life within the area, along with causing possible changes in the density of sand on the beach. There are some fears regarding the sand being unstable in places and people unfamiliar with the beach could easily get into difficulties e.g. some gatherers harvest the clams some distance away from the safety of the land. It has been quite disempowering and frustrating for ordinary citizens to watch the pillaging of an environmental resource and question why organisations who's remit is to protect the environment appear to be hamstrung because of the lack of appropriate procedures/laws. This is surprising given that Llanfairfechan beach is designated as a Special Scientific Interest (SSSI), Special Protection Area (SPA) and Special Area of Conservation (SAC). 2013. Surely there must be regulations within these bodies of knowledge to tap into as a source to protect this imbalance in such an ecosystem?

Assembly Constituency and Region

- Aberconwy
- North Wales

Agenda Item 3.9

P-05-825 Protect children's lungs from harmful pollution whilst at school

This petition was submitted by British Lung Foundation Cymru, having collected 159 signatures.

Text of Petition

People in towns and cities across Wales are breathing in levels of air pollution that are illegal and harmful for their health. Children are among those most vulnerable to air pollution. Their lungs are still growing, and polluted air can stunt the growth of their lungs and increase the likelihood of asthma and other health problems later on in life.

A freedom of information request by the BLF to local authorities in 2017 found that 68% of respondents (15 out of 22) were not monitoring air pollution within 10 metres of any of their schools.

We, the undersigned, call on the Welsh Government to require all Local Authorities to monitor the quality of the air children breathe whilst at school so decision-makers have the information they need to take action on air pollution.

Assembly Constituency and Region

- Cardiff South and Penarth
- South Wales Central

Hannah Blythyn AC/AM
Gweinidog yr Amgylchedd
Minister for Environment



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref HB/01054/18

David John Rowlands AM
Chair - Petitions committee.
National Assembly for Wales
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20 November 2018

Thank you for your letter of 2 November regarding Petition P-05-825, which concerns the protection of children's lungs from harmful pollution whilst at school.

Improving air quality to support healthier communities and better environments is a priority for the Welsh Government and this is reflected in our National Strategy: Prosperity for All. Likewise, this is a key portfolio priority for me. Outdoor air quality in Wales has, on the whole, improved over recent decades. This has been largely due to controls on emissions of pollutants from power stations, industry, including agriculture, transport and domestic sources. However, problems persist and pose considerable risks to public health in parts of Wales. Specifically, particulate matter pollution is generated from a number of sources including transport, industry, domestic solid fuel burning and sources in other European countries. Clean air is important for us all, but particularly for those who are most sensitive, including the very young, elderly people and those with certain health conditions.

This summer the Welsh Government established a Clean Air Programme. The aim of the Programme is to reduce the burden of poor air on human health and the natural environment, and also the requirement to comply with European and domestic legislative obligations. The Programme will develop and co-ordinate actions across all Government departments and sectors to reduce emissions and deliver improvements in air quality. Detail of action to improve air quality in Wales, will be included in a Clean Air Plan for Wales, which we intend to publish for consultation next year.

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

As I set out in my response to you of 18 July, local authorities are responsible for managing air pollution in their areas as part of the Local Air Quality Management (LAQM) regime, established under Part IV of the Environment Act 1995. The Welsh Government has issued extensive statutory guidance setting out what is expected of local authorities in fulfilling their LAQM duties. This includes monitoring and annual reporting on air quality in their area. Annual reports use a template designed by the Welsh Government, in consultation with local authorities and Public Health Wales. The template is intended to inform members of the public about air pollution in their area, the actions that are being taken to improve it and what they can do to contribute.

With specific regard to air quality monitoring, local authorities are required to take a risk-based approach to the assessment and monitoring of local air quality. Local authorities focus on locations where members of the public are likely to be exposed to high levels of air pollution. This should be informed by where the evidence, including evidence drawn to their attention by local communities, indicates people are likely to be exposed to the highest levels of air pollution. Some of the monitors used by local authorities for LAQM purposes offer real-time reporting which ensures information on levels of pollution are immediately available, allowing people to take action to avoid it where possible. This can be accessed, along with information from National and UK-wide monitoring networks on the Air Quality in Wales website. The website also provides an air pollution forecast tool and related public health advice.

Our existing LAQM guidance for local authorities recognises schools, amongst others, as 'sensitive receptor locations'. For example, highlighting the significant contribution made by the 'school run' to levels of air pollution and traffic congestion on roads and the potential for schools to help educate children and parents on the issues around air quality and explore potential solutions. As part of the Clean Air Plan, we will be reviewing the current LAQM regime to determine whether it can be improved.

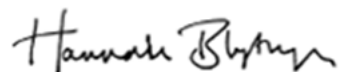
As part of the work required to underpin the Clean Air Programme and future Government policy, we are working with partners, including the British Lung Foundation Cymru, to provide the right evidence bases in Wales. To take this work forward, the Welsh Government has developed a project to complement existing evidence on airborne pollution with timely and more local evidence where it is needed, to enable better targeted actions and policies in Wales. Project activities will include the assessment of priority areas for action on air poor air quality across Wales, including at sensitive receptor locations such as schools and hospitals, collecting new evidence where it is necessary. This may be supported by the deployment of mobile monitors and modelling, if it is appropriate. The work will aim to enhance collaboration between stakeholders to help drive and evaluate air pollution reduction interventions, enabling a culture of prevention rather than mitigation.

Resources aimed at tackling poor air quality need to be targeted effectively and the type and level of assessment, including the number and location of monitoring stations, needs to be proportionate to the likely risk. Individuals don't tend to walk around urban environments constantly, including school grounds. However, people tend to spend time travelling or they are indoors. This can include their home, school or work, where they will be exposed to other sources of pollution. Individual exposure assessment is a developing field, being driven by the development of personal monitors and sensors which can support the collection of information on the individual's daily activity patterns. The Air Quality Expert Group has provided independent scientific advice to the Welsh Government on the application of air pollution sensors, their uncertainties and recommendations and where they may, or may not, be appropriate to use¹. I welcome innovative solutions to improve the assessment of air quality across Wales and as technologies evolve applications will arise which bring new insight to air pollution issues. We will keep such developments under review and welcome the active involvement of stakeholders to capitalise on potential development opportunities.

¹ <https://uk-air.defra.gov.uk/library/aqeg/pollution-sensors.php>

I welcome your ongoing interest in actions to improve air quality in Wales. I can assure you we will take account of all of the information and proposals provided by the British Lung Foundation Cymru as we develop our Clean Air Plan for Wales.

Yours sincerely

A handwritten signature in black ink, reading "Hannah Blythyn". The signature is written in a cursive style with a prominent initial 'H'.

Hannah Blythyn AC/AM
Gweinidog yr Amgylchedd
Minister for Environment

Agenda Item 3.10

P-05-844 Immediate review of the Neath Port Talbot LDP

This petition was submitted by Emma Eynon, having collected 56 signatures.

Text of Petition

We, the undersigned, call on the Welsh Government to schedule an immediate review of the Local Development Plan for the Neath Port Talbot Area. Urgent changes are needed in order to review the guidance for rural areas, specifically around Welsh Valley Regeneration. As local residents, we do not feel that enough measures are in place to protect our communities from negative commercial development which severely impacts residential areas. Change is needed to enforce policies on Active Travel, protecting residential settlements and the Well-Being of Future Generations Act (Wales) 2015. Our community in Blaengwrach is not adequately provided for in the LDP and we require action to be taken sooner than the scheduled review in 2020. We ask for the opportunity, at the very least, to be able to add exceptions and guidance to the LDP concerning developments attracting high volumes of traffic, such as petrol filling stations and drive through restaurants.

Assembly Constituency and Region

- Neath
- South Wales West

Lesley Griffiths AC/AM
Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig
Cabinet Secretary for Energy, Planning and Rural Affairs



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-844
Ein cyf/Our ref LG/02138/18

David John Rowlands AM
Chair - Petitions committee.
National Assembly for Wales
Cardiff Bay
CF99 1NA
Government.Committee.Business@gov.wales

Dear David

14 November 2018

Thank you for your letter of 31 October, regarding petition P-05-844 'Immediate review of the Neath Port Talbot LDP'.

The Planning and Compulsory Purchase Act 2004 (section 69) states a Local Planning Authority (LPA) must carry out a review of their Local Development Plan (LDP) at such times as the Welsh Ministers prescribe. This requirement is taken forward by Regulation 41 of the Town and Country Planning (Local Development Plan) (Wales) Regulations 2005 (as amended), which states a LPA must commence a full review of their LDP at least every 4 years from the date of adoption. For the Neath Port Talbot LDP the 4 year review date is January 2020.

A LPA can review its adopted LDP at any time before the statutory review date if it considers an early review is appropriate. This is a matter for each LPA to determine. Any person can request a LPA to review their plan and should set out their reasons and evidence in justification of the review. Such a request can then be considered by the Council with locally elected members determining whether the LDP should be reviewed, or not. There is nothing to prevent such requests being made or an adopted LDP being reviewed early.

The decision to review the Neath Port Talbot LDP is for the Council to determine. It is not appropriate for the Welsh Ministers to intervene in the ability of locally elected members to consider whether their adopted LDP should be reviewed, or not, in advance of the 4 year statutory review period.

Regards
Lesley

Lesley Griffiths AC/AM
Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig
Cabinet Secretary for Energy, Planning and Rural Affairs

Bae Caerdydd • Cardiff Bay
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Correspondence.Lesley.Griffiths@gov.wales

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

Pack Page 112

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

P-05-844 Immediate review of the Neath Port Talbot LDP – Correspondence from the Petitioner to the Committee, 04.12.18

Dear David,

The response from the Cabinet Secretary, Lesley Griffiths, serves to highlight my points that as a member of the public calling to make changes to a Local Development Plan, the only course of action is to appeal to our Local Planning Authority. In our case, on appealing to correct information in our LDP, we were told in no uncertain terms that this was not possible between the 4 year review periods – even with the full support of our locally elected Ward Member. For us, this meant that a questionably dangerous development was permitted to be built inside our settlement area because the information in the LDP to prevent this was missing. Unfortunately this omission was only found by residents on reviewing the development application.

This petition calls for a mechanism to be implemented to allow for ‘immediate’ amendments to be made to a Local Development Plan where omissions or errors have been discovered by affected residents. Currently, it could be argued that where such amendments would be detrimental to the intentions of a Planning Authority, such requests are easily denied with no official recourse or further discussion. Our Local Planning Authorities wield almost total power in planning matters and use these Local Development Plans as the ‘rulebook’ to guide their decision making process. The LDP is so important that a 4 year window is simply not sufficient, especially where planning decisions are made in just weeks after an application is submitted.

A mechanism to allow for immediate changes is desperately needed, which should be officially logged and considered by a LPA on **submission by a Ward Member**. As it stands, where a Planning Authority refuses to review and correct information in a Local Development Plan, affected residents are left powerless in the face of potentially dozens of planning decisions between reviews.

We need to enable more powers for affected residents to take part in what happens in their communities. Today, we can effect very little in the face of large scale development, and as a nation we risk losing our culture and heritage in smaller villages and towns to make way for such constructions as fast food drive through restaurants. With this mechanism for change, we can ensure that residents can protect their homes and communities, at the same time as working with the Local

Planning Authorities to ensure that new developments are appropriate and benefit everyone.

Agenda Item 3.11

P-05-845 End Conflict of Interest in Local Authority Constitution

This petition was submitted by Emma Eynon, having collected 56 signatures.

Text of Petition

We, the undersigned, call on the Welsh Government to enforce better code of conduct policies for employees in local authorities. Currently, planning authority officers are able to run private planning consultancy companies at the same time as maintaining their public roles. There is no available resource to invest in policing these private firms, where declared in the necessary forms, to ensure the prevention of fraud and corruption. In the example of planning officers, running private consultancies 'on the side' could potentially facilitate corruption, of which there are many types, generally relating to the abuse of office. This practice needs to be stopped immediately and the constitutions amended to no longer allow this conduct. We demand greater accountability and transparency from our local authorities and standards of conduct in such public roles need to be set higher than the private sector, where this is highly unacceptable.

Assembly Constituency and Region

- Neath
- South Wales West

Alun Davies AC/AM
Ysgrifennydd y Cabinet dros Lywodraeth Leol a
Gwasanaethau Cyhoeddus
Cabinet Secretary for Local Government and Public
Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-845
Ein cyf/Our ref ARD-00761-18

David J Rowlands AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

SeneddPetitions@assembly.wales

15 November 2018

Dear David,

Thank you for your letter of 31 October 2018, seeking my views on further correspondence relating to petition 'P-05-845 – End Conflict of Interest in Local Authority Constitution'.

In their letter to your Committee, the petitioners conflate the fact of local authority employees undertaking self-employed work outside of an authority's area, with an assumption of conflict of interest. I do not agree with this view, or the petitioners' proposal that there is a need to legislate for local authority employees to be barred from undertaking self-employed work in their professional fields outside of their public sector employment. There is no evidence to suggest this creates a conflict of interest and in any case, local authorities already have in place a system for recording and tracking conflicts of interest.

The employee code of conduct is a generic code which applies across the range of professional and other local government employees (with the exception of teachers and firefighters). As such, it is not appropriate or practicable to seek to shape its provisions to deal with the circumstances of specific employee groups.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

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

Gohebiaeth.Alun.Davies@llyw.cymru
Correspondence.Alun.Davies@gov.wales

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

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

It is the responsibility of each local authority, not the Welsh Ministers, to be aware of any potential conflicts of interest and to take appropriate steps to mitigate or remove them. In the case of planning matters, decisions made by the authority could be subject to judicial review if it could be proven the authority's handling of a matter was legally flawed. Although it would be for the petitioners to put their case forward to justify such a review, this could include claims of a conflict of interest by elected members or employees.

I remain satisfied that robust arrangements are in place for the disclosure and registration of conflicts of interest through the respective elected member and officer codes of conduct. The Public Services Ombudsman has powers to investigate alleged failures by members to disclose relevant interests. The employee code of conduct forms part of an employee's terms of appointment or conditions of employment. As such, any alleged failure to comply with the requirement to disclose a relevant interest is a potential disciplinary matter for the relevant local authority to consider as the employer.

The Public Services Ombudsman for Wales has no role in relation to employment matters. However, if as a consequence of a failure to comply with the code, there had been maladministration on the part of the authority in reaching a decision, it would be open to the affected party to make a complaint to the Ombudsman about that aspect. I note the objectors have already taken the opportunity to challenge the propriety of the Council's handling of the planning application which has given rise to the petition by referring the matter to the Ombudsman, who has declined to investigate. It is for the Ombudsman to decide whether there is any merit in the complaint. If there were any evidence of fraud, bribery or corruption in relation to the handling of a planning matter (or any other matter) then these would, of course, be criminal matters for the police to investigate.

The petitioners refer to the absence of an official strategy for local authorities in Wales to counter fraud and corruption, akin to 'The Local Government Counter Fraud and Corruption Strategy 2016-19', published in England. Every local authority must have a constitution which sets out the basic rules governing its business. This includes financial procedures for the authority to ensure good governance and effective stewardship of public money.

The model constitution in Wales includes arrangements for preventing fraud and corruption. These include a requirement on the chief finance officer to develop, maintain and review an anti-fraud and anti-corruption policy. It is the responsibility of all chief officers to promote the anti-fraud and anti-corruption policy within their service areas and to ensure that all suspected irregularities are reported to the chief internal auditor.

The Local Government Counter Fraud and Corruption Strategy was developed through a partnership between the Chartered Institute of Public Finance and Accountancy (CIPFA), the Local Government Association and the UK Government. Although badged as an England publication, the advice is widely applicable and a number of authorities in Wales have used it in producing their own anti-fraud and anti-corruption strategies. CIPFA also produces a number of other guides and tools in this area. Local authority chief finance officers are required to be appropriately professionally qualified and would be expected to be aware of these sources of guidance.

The 2016 Strategy document and authorities' policies stress the role of elected members and senior officers in setting a culture of non-tolerance of fraud and corruption. There is, therefore, an existing framework for local governance which includes consideration of counter fraud and corruption matters and a wealth of professional guidance. I am not convinced, therefore, that a Welsh Government or other organisation-led national strategy for Wales would add value to this existing landscape.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alun', with a horizontal line underneath it.

Alun Davies AC/AM

Ysgrifennydd y Cabinet dros Lywodraeth Leol a Gwasanaethau Cyhoeddus
Cabinet Secretary for Local Government and Public Services



RTPI Cymru
Royal Town Planning Institute
Sefydliad Cynllunio Trefol Brenhinol

David Rowlands AM
Chair
Petitions Committee
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SeneddPetitions@Assembly.Wales

15 November 2018

Dear Chair

Petition P-05-845 End Conflict of Interest in Local Authority Constitution

Thank you for your letter dated 2 November 2018 regarding the above Petition which your Committee is considering and for the opportunity to convey our views.

The Royal Town Planning Institute (RTPI) is the largest professional institute for planners in Europe, representing some 25,000 spatial planners. RTPI Cymru represents the RTPI in Wales, with 1,100 members in the public, private, academic and third sectors. The Institute seeks to advance the science and art of spatial planning for the benefit of the public.

We take the matter of the conduct of our members seriously and regard professional standards as a core function. This is essential in maintaining the public trust in the planning system. Our Members are obliged to adhere to the RTPI Code of Professional Conduct which is available on our website: https://i.emlfiles4.com/cmpdoc/6/2/1/9/5/1/files/59082_rtpi-code-of-professional-conduct-feb_2016_new-cover-2017.pdf . We have also published a practice advice note on ethics https://www.rtpi.org.uk/media/2675025/ethics_update_2017.pdf and have an online learning module to reinforce and support our Members to deal with ethical issues, such as conflicts of interest.

The RTPI's Code of Conduct is clear about conflicts of interest, which is relevant to this petition. It states: "Members must take all reasonable precautions to ensure that no conflict of duty arises between the interests of one employer, client or business associate and the interests of another." Our Practice advice clearly states: "You should not undertake any private planning work in the area where you are in the position to recommend the making of any decision materially affecting the development or use of land."

We are proactive in embedding ethics and the Code of Professional Conduct throughout our members' careers, including as part of the Assessment of Professional Competence (APC) process to become Chartered Planners, as well as the advice and training support provided through members' careers.

I note that the petitioner has referred to contacting the RTPI to make a complaint, however we have no record of any contact from the Group. We have a robust complaints and

investigation process in place, which can be viewed at:
<https://www.rtpi.org.uk/membership/professional-standards/how-to-make-a-complaint-about-rtpi-members/>. We take all complaints seriously.

I hope this provides the Committee with assurance that the RTPI's Code of Professional Conduct is robust and is supported by an effective complaints procedure. I would be happy to address any specific questions that you or the Committee have.

Yours sincerely,



Dr Roisin Willmott OBE FRTPi
Director
RTPI Cymru

P-05-845 End Conflict of Interest in Local Authority Constitution – Correspondence from the Petitioner to the Committee, 04.12.18

Dear David,

I must convey how disappointed I am with the reply from the Cabinet Secretary, Alun Davies, on the matter of this petition topic. What I am proposing, on behalf of the public, is simply to introduce measures to **prevent** conflicts of interest from occurring when those holding full time public roles are also working in private firms. Such conflicts leave the system open to abuse, such as ‘revolving door’ corruption which can be extremely hard to prove after the fact. This is not tolerated in the private sector and as I have previously stated, we demand higher standards from those charged with serving the public interest.

While I am aware that there are provisions in local authorities to report and record any conflicts of interest, what disturbs me is the lack of any legislation following on from this. Mr Davies points out that members of the public can report breaches of this code to the Public Ombudsman for Wales, or even to the police in more criminal matters. Even, should members of the public be able to conduct a full investigation to find the evidence needed in order to approach an authority, the Ombudsman is flooded with such complaints and often cannot investigate further due to a lack of resource.

In effect, in order to facilitate extra private earnings for those officers and councillors already in well paid full time public roles, public money and resource is being spent on recording and monitoring these conflicts of interest with little power or legislation to investigate such incidences further. While it is reassuring to know that the Welsh Authorities use the English Government counter fraud and corruption strategies as guidelines, again I point out that there is no legislation from our own Welsh Assembly to enforce anything. In the case of the Planning Authority, this is a major flaw in the system. Surely, by disallowing these conflicts of interest to exist, we are not only protecting the public but also those in public roles, especially in Planning, who are unelected and wield a vast amount of power? Such officials can be called in to a Judicial Review, but only in a 6 week window which favours professionals such as property developers rather than disorganised and ill-informed members of the public. Once such a window has passed, there is no authority that will step in or investigate any complaints, if Council Leaders refuse such requests.

I would argue that allowing conflicts of interest to continue is detrimental to the reputation of our local authorities, facilitates the potential for fraud and corruption

in key roles, increases the workload of the Public Services Ombudsman and Audit Committees and uses public resources to track and monitor said conflicts. Running a private firm in the same professional field as in a public role cannot avoid such conflicts, utilising the very same 'inside' knowledge, contacts and training. This surely also serves to undercut other professional firms who do not have this edge, regardless of geographical boundaries.

I urge you, the Welsh Government, to consider this issue on our behalf and hope that you will conclude that the arguments we present for a much needed change, outweigh the benefits of keeping the 'status quo'. Again, I feel I need to point out that I am looking to amend this generic code of conduct policy to prevent conflicts of interest from taking place. Mr Davies seems unsure of whether conflicts of interest even exist despite also defending the system that records them:

"There is no evidence to suggest this creates a conflict of interest and in any case, local authorities already have in place a system for recording and tracking conflicts of interest."

For interest, I enclose further media articles from the Daily Telegraph on planning officers 'for hire' which highlight how controversial, albeit legal, this subject is.

Yours sincerely
Emma Eynon

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Councillors for hire who give firms planning advice

Telegraph investigation: Councillors across England are offering themselves for hire to property developers who are hoping to take advantage of relaxed planning laws which come into effect within weeks.

By Holly Watt, Claire Newell and Ben Bryant
10:00PM GMT 10 Mar 2013

Councillors across the country are offering themselves for hire to property developers who are hoping to take advantage of relaxed planning laws which come into effect within weeks, a Daily Telegraph investigation reveals on Monday.

Local government politicians are trading on their inside knowledge of the planning system to receive fees of up to £20,000 for advice on how to get developments approved, it can be disclosed.

Despite apparently creating the potential for a conflict of interest, it is not illegal for councillors to work as paid consultants. Councils are expected to face an increase in applications for building when new planning laws take effect at the end of this month.

Under the changes, local authorities without a plan for development in their area will be expected to approve any application which can be said to be a "sustainable development", a term that has alarmed conservationists because it is open to wide interpretation.

<https://www.telegraph.co.uk/news/uknews/9923680/Moonlighting-planning-officers-help-builders-exploit-vulnerable-councils.html>

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Moonlighting planning officers help builders exploit 'vulnerable' councils

Planning officers are offering to draw up applications for developers who can take advantage of "vulnerable" councils in the wake of the relaxation of building laws, The Telegraph can disclose.

We're quite unusual as a planning consultancy company, in that we employ on a part-time basis,



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Telegraph undercover planning investigation: a summary

A guide to the Telegraph's undercover investigation into planning reforms, which exposed how councillors across England were offering to help people take advantage of relaxed planning laws



9:00AM GMT 04 Nov 2013

The Telegraph exposed how councillors across England were **offering themselves for hire to property developers** who were hoping to take advantage of a relaxation in planning laws.

An undercover investigation published in March 2013 showed how councillors traded on inside knowledge of the planning system **to receive fees of up to £20,000** for advice on how to get developments approved.

By Claire Newell, Holly Watt, Ben Bryant and Christopher Hope
10:44PM GMT 11 Mar 2013

The public sector officials, who work full-time for councils, charge thousands of pounds in consultancy fees to assist companies, including supermarkets and property companies, with planning applications.

A consultancy in Cambridge advised undercover reporters that the planning officials could explain the complex planning system to private clients while still working for local authorities.