

Agenda – Y Pwyllgor Deisebau

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 1 – Y Senedd	Graeme Francis – Clerc y Pwyllgor
Dyddiad: Dydd Mawrth, 12 Chwefror 2019	Kath Thomas – Dipwrwy Glerc 0300 200 6565
Amser: 09.00	SeneddDeisebau@cynulliad.cymru

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datganiadau o fuddiant
(Tudalennau 1 – 27)

2 Deisebau newydd

2.1 P-05-862 Mynd i'r afael â bwlio mewn ysgolion
(Tudalennau 28 – 35)

2.2 P-05-863 Galwn ar Lywodraeth Cymru i ddarparu cynhyrchion hylendid am
ddim i bob menyw mewn cartrefi incwm isel
(Tudalennau 36 – 41)

3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

Cydraddoldebau

3.1 P-05-836 Adroddiadau ar y Bwlch Cyflog rhwng y Rhyweddau
(Tudalennau 42 – 44)

Iechyd a Gwasanaethau Cymdeithasol

Bydd y ddwy eitem a ganlyn yn cael eu trafod ar y cyd

3.2 P-04-408 Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc
(Tudalennau 45 – 47)



- 3.3 P-04-505 Uned Anhwylderau Bwyta yng Nghymru
(Tudalen 48)
- 3.4 P-05-826 Mae sir Benfro yn dweud NA!! i gau adran damweiniau ac achosion brys Llwynhelyg!
(Tudalennau 49 – 52)
- 3.5 P-05-831 Rhowch ddiwedd ar yr annhegwch a'r gwahaniaethu yn y cymorth ariannol a roddir i ddioddefwyr sgandal gwaed wedi'i heintio yng Nghymru
(Tudalennau 53 – 56)
- 3.6 P-05-849 Dylai pob dyn yng Nghymru gael mynediad drwy'r GIG at y profion diagnostig gorau posibl ar gyfer canser y prostad.
(Tudalennau 57 – 64)

Amgylchedd

- 3.7 P-05-743 Rhowch Derfyn ar Fasnachu Anifeiliaid Anwes Egsotig yng Nghymru
(Tudalennau 65 – 69)
- 3.8 P-05-801 Rhaid achub y coed a'r tir yng Ngerddi Melin y Rhath a Nant y Rhath cyn iddi fynd yn rhy hwyr
(Tudalennau 70 – 73)

Cyllid

- 3.9 P-05-840 Cyllid Teg i Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot (CBSCNPT) a phob Awdurdod Lleol arall
(Tudalennau 74 – 93)

Llywodraeth Leol

- 3.10 P-05-781 Cymuned Port Talbot yn erbyn yr Archgarchar
(Tudalennau 94 – 95)

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes a ganlyn:

Item 5

5 Ystyried adroddiadau drafft

5.1 Adroddiad drafft – P-05-771 Ailystyried y penderfyniad i roi'r gorau i Grant Byw'n Annibynnol Cymru a'r angen i gefnogi pobl anabl i fyw'n annibynnol
(Tudalennau 96 – 121)

5.2 Adroddiad drafft – P-05-784 Dibyniaeth ar gyffuriau presgripsiwn ac effeithiau diddyfnu – adnabyddiaeth a chefnogaeth
(Tudalennau 122 – 170)

6 Sesiwn dystiolaeth – P-05-846 Achub Ysbyty Tywysog Philip Llanelli

(Tudalennau 171 – 176)

Cyng John Prosser (SOSPPAN)

Cyng Louvain Roberts (SOSPPAN)

Cyng Deryk Cundy (SOSPPAN)

7 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes a ganlyn:

Item 8

8 Trafodaeth yn ystod y sesiwn dystiolaeth flaenorol

Mae cyfyngiadau ar y ddogfen hon

Eitem 2.1

P-05-862 Mynd i'r afael â bwlio mewn ysgolion

Cyflwynwyd y ddeiseb hon gan BlowforBradley Campaign, ar ôl casglu 1,463 o lofnodion.

Geiriad y ddeiseb

Rydym yn credu bod achosion o fwlio mewn ysgolion yn cael eu hanwybyddu'n aml ac nad yw'r mater yn cael ei wynebu mewn gormod o achosion. Mae'n ofynnol i ysgolion fod â pholisi gwrth-fwlio ond, yn rhy aml, datganiad gwaith papur yn unig yw hyn na weithredir arno.

Rydym am i Gynulliad Cymru greu fframwaith gwrth-fwlio safonol y gellir ei orfodi drwy'r gyfraith. Mae bwlio mewn ysgolion yn aml yn effeithio ar y dioddefwyr ar hyd eu bywydau, felly mae angen newidiadau gan fod y system bresennol yn fethiant.

Yn aml, nid yw ysgolion yn cofnodi achosion o fwlio o'r fath oherwydd ofn gwneud niwed i'w henw da ac mae'r dioddefwyr sy'n codi llais yn aml yn canfod eu bod eu hunain yn cael eu cosbi, gan wneud mwy fyth o niwed i'w hunan-barch.

Rydym yn mynnu y caiff achosion o fwlio eu cofnodi ac y gweithredir arnynt drwy system gofnodi well, teledu cylch cyfyng, adrodd, a chyswllt gorfodol â rhieni.

Etholaeth a Rhanbarth y Cynulliad

- Llanelli
- Canolbarth a Gorllewin Cymru

Mynd i'r afael â bwlio mewn ysgolion

Y Pwyllgor Deisebau | 12 Chwefror 2019

Petitions Committee | 12 February 2019

Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: P-05-862

Teitl y ddeiseb: Mynd i'r afael â bwlio mewn ysgolion

Testun y ddeiseb: Rydym yn credu bod achosion o fwlio mewn ysgolion yn cael eu hanwybyddu'n aml ac nad yw'r mater yn cael ei wynebu mewn gormod o achosion. Mae'n ofynnol i ysgolion fod â pholisi gwrth-fwlio ond, yn rhy aml, datganiad gwaith papur yn unig yw hyn na weithredir arno.

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1. Y cefndir

Dyletswyddau cyfreithiol

Mae dyletswydd gyfreithiol ar bob ysgol yng Nghymru i sicrhau bod unrhyw fath o fwlio yn cael ei drin yn effeithiol. Mae ystod o ddeddfwriaeth sy'n berthnasol i Gymru sydd â'r nod o amddiffyn plant a phobl ifanc rhag camdriniaeth, gan gynnwys bwlio. Mae'r ddeddfwriaeth bresennol sy'n berthnasol i fwlio yn cynnwys: Deddf Cydraddoldeb 2010; Deddf Addysg ac Arolygiadau 2006; Deddf Plant 2004; Deddf Addysg 2002; Deddf Llywodraeth Cymru 1998; Deddf Hawliau Dynol 1998; Mesur Hawliau Plant a Phobl Ifanc (Cymru) 2011.

O dan adran 89 o Ddeddf Addysg ac Arolygiadau 2006, mae'n ofynnol i benaethiaid ysgolion a gynhelir bennu mesurau i annog ymddygiad da ac atal pob math o fwlio ymhlith dysgwyr. Mae rhai ysgolion yn dewis cynnwys y wybodaeth hon mewn polisi gwrth-fwlio tra bod eraill yn ei chynnwys yn eu polisi ymddygiad. O dan Ddeddf 2006, mae'n rhaid i bob ysgol gael polisi ymddygiad yn ôl y gyfraith.

Canllawiau

Yng Nghymru, mae **canllawiau a chylchlythyrau Llywodraeth Cymru** yn cefnogi'r ddeddfwriaeth. Nid yw'r rhain yn gosod dyletswyddau cyfreithiol yn uniongyrchol, ond maent yn rhoi arweiniad i awdurdodau lleol ac ysgolion ar sut i weithredu polisiau bwlio o ddydd i ddydd. Bwriad y canllawiau yw cefnogi'r gwaith o gyflawni'r dyletswyddau cyfreithiol.

Yn unol â [Parchu Eraill: Canllawiau Gwrth-fwlio](#) Llywodraeth Cymru (Medi 2003), mae'n rhaid i **benaethiaid a chyrff llywodraethu gael polisi i atal pob math o fwlio ymhlith disgyblion**, a hynny yn ôl y gyfraith. Mae'r cylchlythyr yn nodi'r mathau o wybodaeth y dylid eu cynnwys o fewn polisi ysgol a sut y gall ysgolion fynd i'r afael â bwlio.

Mae'r cylchlythyr hefyd yn nodi y dylai uwch aelod o staff oruchwylio'r polisi; bod egwyddorion y polisi yn cael eu hadnewyddu'n rheolaidd er mwyn parhau i atgoffa disgyblion a staff; ac y dylai corff llywodraethu'r ysgol adolygu'r polisi yn flynyddol i sicrhau ei fod yn effeithiol.

Mae'r cylchlythyr yn awgrymu y dylai ysgolion gadw cofnodion cywir o achosion o fwlio ac ymateb yr ysgol.

Yn 2011, ychwanegodd Llywodraeth Cymru at y cylchlythyr gyda [chyfres o ddeunyddiau gwrth-fwlio](#) sy'n darparu arweiniad ac atebion ymarferol ar atal ac ymateb i achosion o fwlio mewn ysgolion.

2. Ymgynghoriad cyfredol Llywodraeth Cymru

Ar 14 Tachwedd 2018, cyhoeddodd Llywodraeth Cymru ymgynghoriad ar [ganllawiau drafft i herio bwlio mewn ysgolion](#). Daw'r cyfnod ymgynghori i ben ar 14 Chwefror 2019. Nod y canllawiau diwygiedig yw:

- Creu canllawiau cliriach, haws eu defnyddio, wedi'u targedu at y cynulleidfaoedd allweddol (ysgolion, llywodraethwyr, awdurdodau lleol, rhieni, plant a phobl ifanc);
- Esbonio'r agweddau allweddol yn gliriach (gan gynnwys rolau a chyfrifoldebau a chofnodi a monitro digwyddiadau);
- Sicrhau bod y canllawiau'n cwmpasu pob math o fwlio;
- Mynd i'r afael â bwlio mewn ffordd fwy cyfannol, gan sicrhau bod y canllawiau'n adlewyrchu polisiau a diwygiadau ehangach sydd ar waith eisoes a rhai a gyflwynir yn y dyfodol;
- Cynnwys a chyfeirio at adnoddau gwrth-fwlio yn y canllawiau i helpu ysgolion i roi'r polisi ar waith ar lefel weithredol.

Mae'r canllawiau drafft, diwygiedig yn cynnwys adran ar gofnodi a monitro. Mae'n dweud:

Dylai ysgolion gael trefniadau yn eu lle er mwyn adrodd am a chofnodi bwlio ac ymddygiad gwael. Drwy gynnal a chadw cofnodion effeithiol mae'n galluogi ysgolion i wirio os oes adroddiadau eraill am y dysgwyr, a gwneud penderfyniad am yr hyn sydd wedi ei gofnodi mewn dull cyfannol a gwybodus. Gall ysgolion adnabod patrymau ymddygiad ac ehangder y bwlio drwy fonitro digwyddiadau, a chymryd camau rhagweithiol i'w herio.

Mae'n mynd ymlaen i nodi y dylai ysgolion gofnodi pob achos o fwlio gan amlinellu'r mathau penodol o fwlio, gan gynnwys bwlio sy'n ymwneud â'r nodweddion gwarchoddedig a fydd yn helpu ysgolion i gefnogi Dyletswydd Cydraddoldeb y Sector Cyhoeddus o dan Ddeddf Cydraddoldeb 2010.

Mae'r canllawiau'n nodi mai'r ysgolion unigol fydd yn penderfynu pa ddata a gwybodaeth a gesglir ganddynt yng nghyd-destun materion penodol eu hysgolion.

3. Adroddiad Comisiynydd Plant Cymru

Ar 16 Gorffennaf 2017, cyhoeddodd Comisiynydd Plant Cymru [Stori Sam, Gwranddo i brofiadau plant a phobl ifanc o fwlio yng Nghymru](#). Roedd hyn yn cynnwys y blaenoriaethau a ganlyn i Lywodraeth Cymru er mwyn sicrhau gwelliant:

- Dylai Llywodraeth Cymru osod dyletswydd statudol ar ysgolion i gofnodi pob digwyddiad a'r mathau o fwlio sy'n cael eu nodi. Mae hyn yn golygu y bydd angen diffiniad clir o fwlio, i'w gytuno wedi ymgynghoriad llawn gyda phlant a phobl ifanc;
- Dylai Llywodraeth Cymru sicrhau bod addysg am hawliau plant yn elfen orfodol o'r cwricwlwm.

Mae ymgynghoriad Llywodraeth Cymru yn nodi bod adroddiad y Comisiynydd Plant wedi llywio'r gwaith o ddrafftio'r canllawiau diwygiedig.

Camau gweithredu Cynulliad Cenedlaethol Cymru

Yn 2017, ystyriodd y Pwyllgor Deisebau y ddeiseb, [P-05-752 Meithrin gallu plant i wrthsefyll seiberfwlio](#). Er i'r Pwyllgor gael ymateb gan Ysgrifennydd y Cabinet dros Addysg, ni roddodd y Deisebydd unrhyw ymateb pellach a chytunodd y Pwyllgor i gau'r ddeiseb.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.



Eich cyf/Your ref P-05-862
Ein cyf/Our ref KW/05031/18

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
CF99 1NA

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7 Ionawr 2019

Annwyl David

Deiseb P-05-862 Mynd i'r afael â bwlio mewn ysgolion

Diolch am eich llythyr dyddiedig 18 Rhagfyr yn gofyn am fy safbwynt i ar y ddeiseb uchod.

Mae Llywodraeth Cymru yn credu na ddylid goddef unrhyw fwlio yn y system addysg yng Nghymru. Rydym yn credu bod diogelwch a lles plant a phobl ifanc yn hollbwysig, ac rydym yn disgwyl i ysgolion fabwysiadu dull gweithredu "dim goddefgarwch" wrth fynd i'r afael â phob math o fwlio. Ein gweledigaeth yw mynd i'r afael â bwlio mewn ffordd holistaidd. Bydd y ffordd hon yn ymdrin â'r hyn sydd wrth wraidd ymddygiad annerbyniol, ac yn creu amgylchedd diogel sy'n ennyn diddordeb y dysgwyr er mwyn iddynt fod yn barod i ddysgu.

Rhaid i bob ysgol, yn ôl y gyfraith, gael polisi ymddygiad. Dylai strategaethau gwrthfwlio effeithiol o'r fath fod yn rhan ganolog o'r polisi ymddygiad hwnnw a dylent gael eu datblygu a'u gweithredu gan bawb yn yr ysgol, gan gynnwys y dysgwyr.

Ceir ystod o strategaethau a rhaglenni ar gyfer mynd i'r afael â bwlio. Mater i'r ysgol, fel rhan o'i dull gweithredu, yw penderfynu ar yr hyn sy'n gweithio orau i'w dysgwyr. Bydd y penderfyniadau hyn wedyn yn llunio sut y mae ysgol yn cofnodi ac yn monitro bwlio.

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

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Correspondence.Kirsty.Williams@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.

Tudalen y pecyn 32
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.

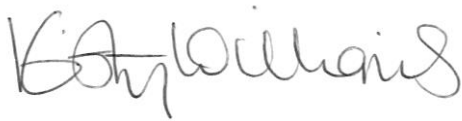
Rydym yn diweddarau ein canllawiau gwrthfwlio, sef *Parchu eraill*, a gyhoeddwyd yn 2011. Cyhoeddodd ganllawiau diwygiedig ar gyfer ymgynghori arnynt ym mis Tachwedd. Lluniwyd y drafft a gyhoeddwyd gennym gyda chymorth arbenigwyr, ac mae'n rhoi ystyriaeth i'r gwaith ymgysylltu helaeth sydd eisoes wedi ei wneud gyda'r prif randdeiliaid, gan gynnwys ysgolion, sefydliadau cyhoeddus a sefydliadau'r trydydd sector, a phlant a phobl ifanc. Rydym eisiau sicrhau bod y canllawiau diwygiedig yn rhoi cefnogaeth ymarferol i ysgolion ac yn egluro'r gyfraith, y polisi a strategaethau effeithiol. Mae'r canllawiau hyn yn nodi'r pwysigrwydd o gael dull gweithredu rhagweithiol ar gyfer yr ysgol gyfan er mwyn mynd i'r afael â bwlio a'i atal, sy'n cynnwys cynnal trafodaethau gyda rhieni. Bydd adnodd ar-lein yn ategu'r canllawiau diwygiedig, ac mae fersiwn gynharach ohono wedi ei gyhoeddi fel rhan o'r ymgynghoriad.

Hoffwn sicrhau ein bod yn cael yr ystod ehangaf bosibl o safbwyntiau yn yr ymgynghoriad. Er mwyn hwyluso hyn, bydd fy swyddogion yn cynnal cyfres o ddigwyddiadau ymgysylltu amlasiantaethol yn fuan yn y Flwyddyn Newydd.

Rydym yn annog eich deisebwyr i ddweud eu dweud ar y canllawiau drafft drwy ymateb i'r [ymgynghoriad](#).

Gobeithio y bydd yr wybodaeth hon o ddefnydd ichi.

Yn gywir



Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education

P-05-862 Tackling school bullying – Correspondence from the Petitioner to the Chair, 06.02.19

Dear Sir/Madam

I refer to our recent petition which is due to be discussed.

I am recently aware of proposed updates to the WA guidelines in respect of bullying in schools. Whilst there is some great potential in dealing with bullying within the updated guidelines I would like to share my reservations.

1/ Schools are obliged to create an anti bullying/safeguarding policy, based upon the government guidelines. There is flexibility to tailor the policy.

2/ Bullying/Safeguarding policies are to be updated periodically.

3/ 1&2 are very good BUT the policies must be acted upon. What rules or legislation is going to be put in place to ensure the actions of staff are carried out in relation to the policy.

4/ Supposing the point raised in 3 is put into legislation HOW is it going to be overviewed? School inspections need to investigate it is being carried out.

5/ to date bullying is a dirty word within schools and far too often is swept under the carpet. The mental health and wellbeing of victims are a casualty of this. Bullying progresses throughout adulthood if not checked early enough. Early intervention stops progression.

6/ Too often victims feel penalised by schools actions(or often inaction) towards dealing with bullying.

Given all of the above we would like a tighter national framework with a standard policy. This would simplify inspections and when teachers change jobs the policy is the same. Temporary staff would be aware of correct procedures also.

We need to adopt a system of early intervention and a stepped systematic approach to dealing with it. I suggest upon possibly the second incident parents are informed, the third incident the perpetrator undergoes awareness education, possibly a short course to be carried out during a detention. Any further incident is compulsory referred to a police liaison officer.

I am merely suggesting all of the above. I lost my son in the most tragic of circumstances due to bullying and I want you to be bold and make a difference and

adopt a policy that works. Lets intervene, let's keep pupils safe and turn lives around.
In order to do this we have to accept that the current system is flawed and
inadequate.

Yours faithfully

Byron John

Eitem 2.2

P-05-863 Galwn ar Lywodraeth Cymru i ddarparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Cyflwynwyd y ddeiseb hon gan Malpas Women's Institute, ar ôl casglu 141 o lofnodion.

Geiriad y ddeiseb

Mae Sefydliad y Merched (WI) Malpas yn galw am ddarparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Sefydlwyd Sefydliad y Merched ym 1915, ac mae'n ymgyrchu dros faterion sy'n bwysig i fenywod a'u cymunedau. Ein nod yw grymuso ac ysbrydoli menywod o bob oed. Credwn na ddylid gorfodi neb i fynd heb gynhyrchion hylendid oherwydd cost y nwyddau hyn.

Gyda rhagor o fenywod o hyd yn gorfod defnyddio banciau bwyd i gadw eu hunain yn fyw, daeth yn amlwg bod cynhyrchion hylendid yn foethustra na all menywod ar incwm isel eu fforddio.

Ar draws y DU mae genethod sy'n rhy dlawd i brynu nwyddau hylendid. Maent yn gorfod colli ysgol. Tanseilir eu hurddas.

Mae anghenion menywod wedi cael eu hesgeuluso am amser rhy faith. Yn wahanol i drafodion eiddo, mae cynhyrchion hylendid yn dal heb eu heithrio rhag TAW. Nid yw'r mislif yn rhywbeth moethus, mae'n rhywbeth anhepgor. Nid yw menywod yn dewis cael mislif.

Rydym yn galw ar Lywodraeth Cymru i ddilyn arweiniad yr Alban a darparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Rydym yn mynnu y caiff achosion o fwlio eu cofnodi ac y gweithredir arnynt drwy system gofnodi well, teledu cylch cyfyng, adrodd, a chyswllt gorfodol â rhieni.

Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Casnewydd
- Dwyrain De Cymru

P-05-863 Darparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Y Pwyllgor Deisebau | 12 Chwefror 2019

Petitions Committee | 12 February 2019

Papur briffio gan y Gwasanaeth Ymchwil:

P-05-863 Darparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

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Ar draws y DU mae genethod sy'n rhy dlawd i brynu nwyddau hylendid. Maent yn gorfod colli ysgol. Tanseilir eu hurddas.

Mae anghenion menywod wedi cael eu hesgeuluso am amser rhy faith. Yn wahanol i drafodion eiddo, mae cynhyrchion hylendid yn dal heb eu heithrio rhag TAW. Nid yw'r mislif yn rhywbeth moethus, mae'n rhywbeth anhepgor. Nid yw menywod yn dewis cael mislif.

Rydym yn galw ar Lywodraeth Cymru i ddilyn arweiniad yr Alban a darparu cynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Cefndir

Tlodi mislif yw pan fo menywod a merched yn ei chael hi'n anodd fforddio cynhyrchion hylendid hanfodol bob mis, gan arwain at effeithiau sylweddol ar eu hylendid, eu hiechyd a'u llesiant.

Yn ôl [Plan International UK](#), elusen hawliau i ferched, nid yw un o bob 10 merch yn y DU yn gallu fforddio eitemau hylendid. Mae canfyddiadau eu gwaith ymchwil yn dangos bod un o bob saith merch wedi gorfod gofyn am gael benthyg eitemau hylendid gan ffrind oherwydd materion ynghylch fforddiadwyedd, a bu'n rhaid i fwy nag un o bob 10 merch greu eu cynhyrchion hylendid eu hun am yr un rheswm. Mae'r elusen wedi galw ar Lywodraeth y DU i roi terfyn ar dlodi mislif drwy ddarparu cynhyrchion hylendid am ddim mewn ysgolion, banciau bwyd a llochesi i'r digartref.

Camau gweithredu Llywodraeth Cymru

Gwnaeth Carwyn Jones AC, y cyn Brif Weinidog, [ymrwymiad](#) y byddai Llywodraeth Cymru yn gweithio gyda llywodraeth leol yng Nghymru i lunio ymateb cenedlaethol a chynaliadwy i dlodi mislif.

Ar 23 Mawrth 2018, [cyhoeddodd](#) Llywodraeth Cymru ei bod wedi dyrannu £1 miliwn i fynd i'r afael â thlodi mislif yng Nghymru. Mae datganiad Llywodraeth Cymru yn egluro y bydd 'awdurdodau lleol yn derbyn £440,000 dros y ddwy flynedd nesaf i fynd i'r afael â thlodi misglwyf yn eu cymunedau lle mae lefelau amddifadedd ar eu huchaf. Byddan nhw'n derbyn £700,000 o gyllid cyfalaf hefyd er mwyn gwella cyfleusterau a chyfarpar mewn ysgolion – gan wneud yn siŵr y gall pob merch a menyw ifanc gael mynediad i gyfleusterau hylendid da pan fyddan nhw eu hangen'.

Dadl yn y Cynulliad

Ar 2 Mai 2018, pasiodd Aelodau'r Cynulliad gynnig, a gyflwynwyd gan Jane Hutt AC a Jenny Rathbone AC, yn galw ar Lywodraeth Cymru i ystyried effaith tlodi mislif a'r stigma cysylltiedig ar fenywod a merched yng Nghymru yn ystod [dadl](#) yn y Cyfarfod Llawn.

Codwyd y mater yn flaenorol yn y Senedd. Ym mis Hydref 2017, cyflwynodd Huw Irranca-Davies AC [gwestiwn](#) yn galw am ddatganiad ar y camau y mae Llywodraeth Cymru yn eu cymryd i gefnogi ac annog ymdrechion gan wirfoddolwyr ac awdurdodau lleol ar lawr gwlad i fynd i'r afael â thlodi mislif.

Rhagor o wybodaeth

Ar 2 Chwefror 2019, cyhoeddodd BBC Cymru erthygl, [‘Patients ‘denied free sanitary products’ in some Welsh hospitals’](#), a oedd yn nodi nad yw rhai byrddau iechyd yn darparu cynhyrchion hylendid i gleifion.

Mae adran Ymchwil Gymdeithasol Llywodraeth Cymru wedi cyhoeddi adroddiad, '[Archwilio ymatebion banciau bwyd Cymru i dlodi mislif](#)'.

Mae Llywodraeth yr Alban yn ymdrin â thlodi mislif drwy gynnig padiau hylendid a thamponau am ddim i fenywod a merched o gartrefi incwm isel. Darparwyd cynhyrchion hylendid am ddim mewn llawer o ysgolion, colegau a phrifysgolion ers mis Awst 2018. Ym mis Ionawr 2019, [cyhoeddodd](#) Llywodraeth yr Alban ei bwriad i ehangu'r gwaith hwn, gan sicrhau bod £4 miliwn ar gael i dalu am ddarparu cynhyrchion hylendid am ddim mewn mwy o leoedd cyhoeddus, fel canolfannau hamdden a llyfrgelloedd. Awdurdodau lleol fydd yn penderfynu ar leoliadau penodol ar gyfer dosbarthu'r cynhyrchion hyn i ateb y galw lleol yn y ffordd orau.

Jane Hutt AC/AM
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref JH-/05008/18

David John Rowlands AC
Cadeirydd – Pwyllgor Deisebau
Cynulliad Cenedlaethol Cymru
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16 Ionawr 2019

Amrygl David

Diolch am eich llythyr dyddiedig 18 Rhagfyr yn fy hysbysu am ddeiseb Sefydliad y Merched Malpas yn galw am gynhyrchion hylendid am ddim i bob menyw mewn cartrefi incwm isel.

Rwy'n meddwl ei bod hi'n warthus bod rhai pobl yng Nghymru yn methu byw eu bywydau'n llawn bob dydd gan eu bod yn methu fforddio cynhyrchion misglwyf digonol i'w hunain a'u teuluoedd.

Efallai eich bod chi'n gwybod ein bod ni wedi dyrannu dros £1 miliwn o gyllid grant dros dair blynedd hyd at 2020 i awdurdodau lleol i helpu i drechu tlodi misglwyf a sicrhau urddas. Mae cyfran o'r cyllid hwn yn cael ei defnyddio i sicrhau bod toiledau ysgolion yn cynnwys cynhyrchion digonol fel bod pobl ifanc yn gallu ymdopi'n hyderus â'u misglwyf. Awdurdodau lleol sy'n deall anghenion eu cymunedau orau a phwy sydd angen y cymorth fwyaf. Maent wedi cael rhyddid i wario'r cyllid ar gyflenwi cynhyrchion misglwyf i bobl a fyddai'n methu eu fforddio fel arall drwy weithio gydag ysgolion, banciau bwyd a sefydliadau cymunedol eraill.

Mae yna enghreifftiau rhagorol o pa mor dda mae hyn yn gweithio ac rwy'n arbennig o falch o weld sut mae awdurdodau lleol yn ymgysylltu â phobl ifanc ac yn gwrando ar eu safbwyntiau o ran pa fath o ddarpariaeth a fyddai orau iddyn nhw. Bydd fy swyddogion yn parhau i fonitro'r cynnydd a wneir gan awdurdodau lleol ac yn rhannu arferion gorau ledled Cymru fel y bo'n briodol.

Mae'n rhaid canmol ymrwymiad Llywodraeth yr Alban i ddarparu cynhyrchion misglwyf am ddim i bob disgybl a myfyriwr mewn ysgolion, colegau a phrifysgolion ac am eu cymorth

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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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. All correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen ym 40

arbennig i gartrefi incwm isel. Mae fy swyddogion mewn cysylltiad rheolaidd â'u swyddogion cyfatebol yn yr Alban i gael y newyddion diweddaraf am y sefyllfa a pha wersi y gellir eu dysgu.

Un o'r cynigion ym maniffesto'r Prif Weinidog oedd hyrwyddo cynllun gweithredu i gefnogi urddas mewn perthynas â'r misglwyf a chynnal y buddsoddiad cyfredol mewn ysgolion. Bydd gwersi a ddysgwyd o raglenni eraill i fynd i'r afael â thlodi misglwyf, ac adborth gan awdurdodau lleol ar eu camau gweithredu yn helpu i lywio ein dull o fynd i'r afael â'r mater hwn yn y dyfodol.



Jane Hutt AC/AM

Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

Eitem 3.1

P-05-836 Adroddiadau ar y Bwlch Cyflog rhwng y Rhyweddau

Cyflwynwyd y ddeiseb hon gan Estelle Hart, ar ôl casglu 56 o lofnodion.

Geiriad y ddeiseb

Nid yw Rheoliadau Cydraddoldeb 2010 (Dyletswyddau Penodol ac Awdurdodau Cyhoeddus) 2017 wedi cael eu cymhwyso i Gymru, gan olygu nad oes gofyniad ar gyrff cyhoeddus datganoledig i gyhoeddi adroddiadau ar eu bwlch cyflog rhwng y rhyweddau mewn man canolog.

Rydym yn credu y dylai gyrff sy'n derbyn arian cyhoeddus gyhoeddi'r wybodaeth hon, ac i sicrhau tryloywder arian cyhoeddus, dylai'r wybodaeth hon fod ar gael mewn man canolog ac yn yr un fformat, gan ddilyn canllawiau a ddatblygwyd ar gyfer gyrff sector cyhoeddus yn Lloegr.

Etholaeth a Rhanbarth y Cynulliad

- Gŵyr
- Gorllewin De Cymru

Jane Hutt AC/AM
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: JJ/01096/18

David John Rowlands AM
Chair - Petitions committee.
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16 January 2019

Dear David,

Thank you for your letter of 29 November requesting an update regarding the petition concerning gender pay gap reporting (P-05-836) to the Leader of the House.

I have made a clear and public commitment to publish gender pay gap data in a more open, user-friendly and accessible format. In my previous letter, I explained that any changes to gender pay gap reporting would be made in the context of strengthening the Public Sector Equality Duty (PSED) regulations generally and work has begun to determine how best to take this forward.

We will be working with the EHRC to consider the results of their monitoring exercise which has been undertaken over recent months with public bodies in Wales, as outlined previously. The outcomes of this exercise should be known in the new year. This will inform our work around the most appropriate ways to strengthen the PSED in Wales, including the gender pay gap reporting arrangements.

As detailed previously, we are already adopting the 'open data' approach through our work on public sector employment data and are working to expand it to cover the PSED information. A timescale for this project will be established in the new year based on the outcomes of the EHRC monitoring exercise.

It is clear from the ongoing work of the Gender Equality Review and discussions with stakeholders that strengthening gender pay gap reporting is a part of a much wider call to safeguard and enhance equality and human rights in Wales, particularly in the context of the UK's impending exit from the EU.

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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.

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In light of this, I have asked my officials to commission research to assist our consideration of these issues. This will help us assess the benefits of a variety of possible actions, including strengthening existing regulation, enactment of the socio-economic duty and legislative provision relating to relevant international treaties.

This work will be linked closely to Phase 2 of the Gender Equality Review. To move it forward, we will be convening a seminar early in the new year, to engage with key stakeholders and scope the work that will be needed in more detail.

The work on reviewing and strengthening the Welsh PSED and the reporting arrangements will also be considered as a part of this research to ensure that the changes we make are effective, appropriate and complement existing legislation.

The aim of the Gender Equality Review is to ensure the Welsh Government is a feminist government which truly puts gender at the centre of our policies, ensuring no-one is left behind and everyone has the opportunity to be the best they can be. Gender pay gap reporting is an area which the Review is looking at, where change is needed and where we can make changes. It remains a priority and is an area in which I expect rapid progress to be made.

In the face of unprecedented change we must and will be proactive, ambitious, forward thinking and continue to do whatever is within our powers to ensure that Wales remains a modern, inclusive place to live and work. The work we are doing to tackle gender inequality, including the gender pay gap, is an important step in making this happen.

*Yours ever,
Jane*

Jane Hutt AC/AM
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

P-04-408 : Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ariannu'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc yng Nghymru i'r un graddau â'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Oedolion yng Nghymru.

Daeth i'm sylw bod symiau gwahanol o arian yn cael eu rhoi i Wasanaethau i Oedolion a Gwasanaethau i Blant a Phobl Ifanc ar gyfer ymdrin ag anhwylder bwyta. Ar hyn o bryd, mae'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Oedolion yn cael £1 filiwn y flwyddyn gan Gynulliad Cymru, yn ogystal â phedwar grŵp darparu a hyfforddwyd gan arbenigwyr. Yn anffodus, mae gwaith ymchwil yn nodi'r ffaith bod pobl yn fwyaf tebygol o gael eu profiad cyntaf o anhwylder bwyta, yn enwedig Anorecsia Nerfosa, yn ystod eu glaslencyndod. Yn hanesyddol, roedd pobl yn cyrraedd glaslencyndod pan oeddent rhwng 12 a 15 oed. Fodd bynnag, bellach, mae hyn yn digwydd pan fydd pobl yn llawer iau ac felly mae'r ystadegau'n dechrau dangos bod mwy o blant iau yn dioddef o Anorecsia Nerfosa. Bydd pobl fel arfer yn dechrau dioddef o Fwlimia Nerfosa pan fyddant rhwng 18 a 25 oed. Fodd bynnag, fel gydag Anorecsia, gall hyn amrywio o berson i berson. Mae'r ffaith mai cymryd camau buan yw'r allwedd i sicrhau gwellhad cyflym mewn perthynas â'r ddau anhwylder, ac, yn ddiaw, pob anhwylder bwyta y gellir ei ddiagnosio, sy'n atal goblygiadau ariannol hirdymor i'r Llywodraeth, yn gwneud y cais hwn yn fwy perthnasol. Felly, rwy'n ymbil ar y Cynulliad i ystyried hyn yn flaenoriaeth ar gyfer dadl i gael gwared ar y gwahaniaeth hwn drwy roi'r un swm o arian i'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc Nghymru ag a roddir i'r Gwasanaeth i oedolion.

Cyflwynwyd y ddeiseb gan: Helen Missen

Ysytirwyd am y tro cyntaf gan y Pwyllgor: 17 Gorffennaf 2012

Nifer y llofnodion: . 246

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/05038/18

David John Rowlands AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
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17 January 2019

Dear David,

Thank you for your email of 10 December regarding petitions P-04-408 Child and Adolescent Eating Disorder Service and P-04-505 Eating Disorder Unit Wales.

Dr Jacinta Tan submitted her independent review on 30 November. It is a detailed, 260-page review, which my officials are considering.

A short, focused consultation with the NHS will take place before Welsh Government responds formally to the review.

I will write to you again in due course to confirm timescales for the focused consultation.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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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. If your correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen y pecyn 46

P-04-408 Child and Adolescent Eating Disorder Service – Correspondence from the Petitioner to the Committee, 30.01.19

Dear Committee

I have been part of the service review process, and so am privy to, and have read the full document written by Professor Tan.

Although it is not entirely swayed towards CAMHS provision, I do feel that the proposals suggested in the review, if taken up by the Health Minister, Mr Gething, will add a greater and more patient and carer centred service.

Ultimately I would hope that once in place, the financial cost to the Welsh Government, and emotional, physical and financial cost to service users and their families in the future, will be lessened.

It will be interesting to hear the government response, following their consultation process; and I hope for wisdom from them.

The review gave a voice to service users, carers and families, and to ignore the voice given to the public would be a sacrilege.

Thank you for continuing your interest in the petition submitted by me so many years ago. I am grateful, and hope my contribution will have helped set a better service for anyone in Wales with an Eating Disorder.

As a point of interest, my youngest son was referred to the SPEED team in Abergele last summer after a considerable weight loss. He was seen quickly, assessed and we have successfully turned around and averted what could well have become as serious an eating disorder as his sister. It was a terrifying time for us as a family. The SPEED team are leading the way in Wales, and should be upheld, as well as congratulated on their work.

As I have pointed out before, these are illnesses with genetic features and triggering components, much the same as physical illnesses such as breast cancer.

Without prompt, effective early intervention for Eating Disorders people continue to be entrenched by illnesses that are highly treatable.

We need to become leading authorities on Eating Disorders and their treatments in Wales, whereby England and indeed other countries, refer to us here.

Helen Missen

Eitem 3.3

P-04-505 Uned Anhwylderau Bwyta yng Nghymru

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i roi gwybod i Lywodraeth Cymru am yr angen brys i ddarparu uned anhwylderau bwyta arbenigol yng Nghymru.

Gwybodaeth ychwanegol:

Hoffem weld uned anhwylderau bwyta arbenigol yn cael ei hadeiladu yng Nghymru i leihau'r pwysau a'r anghyfleustra o orfod teithio mor bell o aelodau'r teulu a chyfeillion drwy orfod mynd i Loegr i gael triniaeth. Yn 2007, cydnabu'r Llywodraeth nad oedd triniaeth arbenigol ar gael yng Nghymru a bod angen i'r sefyllfa hon newid, ond bum mlynedd yn ddiweddarach rydym yn dal i aros am y newid hwnnw. Gwn o brofiad personol pa mor anodd yw bod mewn ysbyty mor bell o gartref, a chredaf y byddai cael uned anhwylderau bwyta yng Nghymru yn gwneud y broses o gael triniaeth ac o wella yn rhwyddach i ddiodefwyr o Gymru.

Prif ddeisebydd: Keira Marlow

Ysytirwyd am y tro cyntaf gan y Pwyllgor: 8 Hydref 2013

Nifer y llofnodion : 526

P-05-826 Mae sir Benfro yn dweud NA!! i gau adran damweiniau ac achosion brys Llwynhelyg!

Cyflwynwyd y ddeiseb hon gan Myles Bamford-Lewis, ar ôl casglu 40,045 o lofnodion.

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar Lywodraeth Cymru a Bwrdd Iechyd Hywel Dda i wrthdroi eu penderfyniad i israddio ein hysbyty sirol a chael gwared ar ein hadran damweiniau ac achosion brys.

Mae Bwrdd Iechyd Hywel Dda wedi cynnig newidiadau sylweddol i'r ffordd y caiff gwasanaethau eu darparu mewn ysbytai yng ngorllewin Cymru. Maent yn cynnig israddio ysbyty cyffredinol Llwynhelyg yn ein sir ni ac ysbyty cyffredinol Glangwili yn sir Gâr, y ddau i safon ysbytai cymuned, ac adeiladu ysbyty cyffredinol newydd yn ardal Hendy-gwyn ar Daf. Fodd bynnag, mae hyn hefyd yn golygu na fydd gennym bellach adran damweiniau ac achosion brys sy'n gweithredu'n llawn yn ein sir oherwydd y bydd yr adran hon wedi'i disodli gan uned mân anafiadau ar safle Llwynhelyg. O ganlyniad, bydd cleifion y mae angen gofal brys arnynt yn ein sir yn wynebu teithio am hyd at awr, neu efallai hyd yn oed yn fwy os ydynt yn byw yn ardaloedd mwy gwledig ein sir, i gael gofal brys a all achub bywyd mewn ysbyty a fydd y tu allan i'r sir. Byddai'r oedi hwn yn golygu bod bywydau yn sir Benfro mewn perygl, heb ystyried yr oedi ychwanegol wrth orfod aros am ambiwlans i gyrraedd y claf, sefydlogi'r claf, wedyn cludo'r claf i ysbyty sydd y tu hwnt i ffiniau ein sir. Mae hyn yn golygu colli munudau hanfodol mewn sefyllfa lle nad oes amser i'w golli.

Mae bod heb adran damweiniau ac achosion brys yn ein sir yn hollol annerbyniol, a'r rheswm am y cynnig yw torri costau ac, yn bwysicach oll, torri corneli. Wel, byddwn ni'n sefyll cornel sir Benfro ac ni fyddwn yn caniatáu iddynt ein torri ni o'r map!

Llofnodwch a rhannwch y ddeiseb hon. Ni allwn adael i Lywodraeth Cymru a Bwrdd Iechyd Hywel Dda gymryd ased pennaf ein sir oddi wrthym. Maen nhw eisoes wedi mynd â'r uned gofal arbennig babanod, yr uned famolaeth dan arweiniad meddyg ymgynghorol a'r gwasanaeth gofal pediatrig 24 awr oddi wrthym, gan roi ein babanod, ein plant a'n mamau mewn perygl mawr! Nawr

maent yn dod i orffen y gwaith gyda gweddill gwasanaethau ysbyty ein sir.
Peidiwch â gadael i hynny ddigwydd!

Gyda'n gilydd, byddwn yn anfon neges at Steve Moore a Vaughan Gething y gallant feddwl eto os ydynt yn credu y bydd sir Benfro yn ildio heb frwydro'n ôl wrth iddynt fynd â'n gwasanaethau ysbyty oddi wrthym!

Achub adran damweiniau ac achosion brys Llwynhelyg! Achub Ysbyty Llwynhelyg!

Etholaeth a Rhanbarth y Cynulliad

- Preseli Sir Benfro
- Canolbarth a Gorllewin Cymru



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Hywel Dda
University Health Board

Ein cyf/Our ref: CH.2218.1218
Eich cyf/Your ref:
Gofynnwch am/Please ask for: Corporate Information Officer
Rhif Ffôn /Telephone: 01267 239892
Ffacs/Facsimile:
Dyddiad/Date: 9 January 2018

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

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

Mail to - SeneddPetitions@assembly.wales

CC- Nesta.lloyd-jones@welshconfed.org

Dear David J Rowlands AC/AM

Re Petition P-05-826 Pembrokeshire says NO!! To the closure of Withybush A&E!

Thank you for your letter of 10 December 2018.

I can confirm that there is no truth in the rumour that we plan to remove services from Withybush Hospital prior to a new planned and urgent care hospital being opened. At the same time, due to unprecedented pressures and service fragility our clinicians and managers will continue to make operational decisions and react to changing circumstances every day to ensure we can safely treat our patients. In this context absolute guarantees are very hard to make.

Given the timescales associated with the delivery of the Transforming Clinical Services programme, we are continuing to make considerable investments in Withybush Hospital, which will see improvements to the experience of patients using services at the hospital for many years to come. For example, we are investing £3 million in refurbishing wards 9 and 10. We have opened up an Ambulatory Care Unit; and have successfully recruited to key posts such as a cardiologist and Emergency Department consultant and an additional 1.8wte Advanced Nurse Practitioners in the Emergency Department, as well as introducing new roles such as three Physician Associates and a GP into the Emergency Department.

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

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

Cadeirydd / Chair
Mrs Bernardine Rees OBE

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

In our health and care strategy, 'A Healthier Mid and West Wales: Our future generations living well' we state that we will need to carefully plan the transition to the new way of working, while making sure that we address the short term challenges we face around fragile services and workforce. This may mean that we have to make decisions, which in the short term divert us from our longer-term strategy, in order to sustain safe services, but any changes would be temporary in the interests of patient safety until we can realise our ambitions.

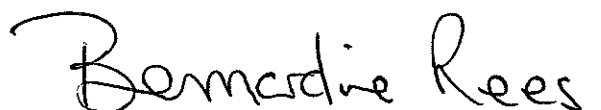
We will continue to talk to our staff and local people as we move forward with any service change. This includes working closely with the Community Health Council (CHC) to plan service change resulting from our strategy, ensuring we respond to the recommendations they made to us following our public consultation. The CHC has asked us to continue to engage and consult when necessary on service changes when we have designed the detail of how new services will run.

The Health Board has made a significant commitment to continuously engage with and communicate to the public. This would include any service changes in Pembrokeshire and through a programme of engagement events across our localities, will give opportunities for the public to understand and co-produce the following:

- capital projects, including the new acute care facility
- integrated health and social care and how it is delivered
- primary care developments
- service pathway improvements, and any service fragility issues which emerge in the intervening period.

As has long been our policy we will inform the public as soon as possible of any unforeseen emergency changes.

Yours sincerely

A handwritten signature in black ink that reads "Bernardine Rees". The signature is written in a cursive, flowing style.

Bernardine Rees OBE
Chair

P-05-831 Rhowch ddiwedd ar yr annhegwch a'r gwahaniaethu yn y cymorth ariannol a roddir i ddiodefwrwr sgandal gwaed wedi'i heintio yng Nghymru
Cyflwynwyd y ddeiseb hon gan Contaminated Whole Blood UK Group, ar ôl casglu 159 o lofnodion.

Geiriad y ddeiseb

Mae'r ddeiseb hon yn galw ar Gynulliad Cymru i roi diwedd ar yr annhegwch a'r gwahaniaethu yn y cymorth ariannol a roddir i ddiodefwrwr sgandal gwaed wedi'i heintio yng Nghymru, drwy newid y cynllun i o leiaf adlewyrchu'r darpariaethau ar gyfer y rheini a gaiff eu heintio yn Lloegr.

Mae sawl categori o ddiodefwrwr yng Nghymru sydd o bosibl ar eu colled o £20,000 neu fwy o dan y cynllun. Cafodd miloedd o bobl eu heintio o ganlyniad i dderbyn gwaed wedi'i heintio neu gynhyrchion gwaed wedi'u heintio a roddwyd iddynt gan y GIG tan fis Medi 1991 o leiaf. Mae dros ddwy fil o bobl eisoes wedi marw.

Yn dilyn datganoli pwerau, y Cynulliad sydd â'r cyfrifoldeb dros gefnogi diodefwrwr a'u teuluoedd y rhai sydd wedi'u heintio yng Nghymru. Caiff y cynlluniau cefnogaeth eu gweithredu gan wasanaeth Cefnogi Gwaed wedi'i Heintio yng Nghymru (WIBSS) a weinyddir gan Ymddiriedolaeth GIG Velindre a Chyd-bartneriaeth Gwasanaethau'r GIG (NWSSP) sydd, yn y pen draw, yn atebol i Gynulliad Cymru.

I'r rheini a gaiff eu heintio yn Lloegr, cynhelir y cynllun cyfatebol gan EIBSS, sydd yn y pen draw yn atebol i'r senedd yn Llundain. Er i'r diodefwrwr oll gael eu heintio gan y GIG cyn iddo gael ei ddatganoli, mae gan EIBSS ac WIBSS ddarpariaethau tra gwahanol o ran cymorth ariannol. Y ffactor sy'n pennu pa gynllun y byddwch chi'n ei gael yw lle cafodd y diodefwrwr ei heintio yn hytrach na lle mae'n byw. Mae dau gynllun na all y rheini sydd o dan WIBSS gael mynediad atynt. Gelwir y rhain yn 'Fecanwaith Categori Arbennig' a 'cynllun cyllid ychwanegol dewisol'. Effaith net hyn oll yw bod sawl categori o ddiodefwrwr heintiau yng Nghymru o bosibl ar eu colled o £20,000 o dan y cynllun, neu'n fwy os oes ganddynt blant, waeth ble y maent yn byw. Bydd dau berson sy'n byw yng Nghaerdydd er enghraifft, sydd wedi'u heintio gan y GIG, â'r un effaith, o bosibl yn cael gwahaniaeth o £20,000 mewn cymorth

ariannol dim ond gan fod un o'r ddau 'yn fwy lwcus' o gael ei heintio yn Lloegr.

Rydym yn galw ar Gynulliad Cymru i ymyrryd i roi diwedd ar yr anghyfiawnder hwn nawr

Gwybodaeth Ychwanegol

Pwy ydym ni: rydym yn grŵp cefnogi cyfoedion annibynnol sy'n cynnwys dioddefwyr sgandal gwaed wedi'i heintio ledled y DU

<https://www.facebook.com/groups/ContaminatedWholeBloodUK/>

Lle gellir canfod manylion cynlluniau cyfatebol ar gyfer y rheini a gaiff eu heintio yn Lloegr a'r rheini a gaiff eu heintio yng Nghymru: I bobl sydd wedi'u heintio yng Nghymru, <https://wibss.wales.nhs.uk/> I bobl sydd wedi'u heintio yn Lloegr, dyma'r cynllun cyfatebol

<https://www.nhsbsa.nhs.uk/england-infected-blood-support-scheme>

Beth sydd wedi digwydd hyd yn hyn:

Ar sawl achlysur, mae gwahanol sefydliadau wedi ceisio codi'r mater yn yr ymchwiliad sy'n cael ei arwain gan Syr Brian Langstaff a thrwy wneud y wasg yn ymwybodol o'r erthygl hon sy'n canolbwyntio ar y gwahaniaethau rhwng cynlluniau Cymru a'r Alban <https://www.bbc.co.uk/news/uk-wales-politics-43898899>

Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Clwyd
- Gogledd Cymru

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/04030/18

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

Government.Committee.Business@gov.wales

17 January 2019

Dear David,

Thank you for your letter of 7 December on behalf of the Petitions Committee regarding Petition No P-05-831 concerning unfairness and discrimination in relation to financial support for people affected by infected blood and their families.

My officials are continuing to work with the Wales Infected Blood Support Scheme (WIBSS) to review the current discretionary payments framework, which could include enhanced support for stage one beneficiaries who are experiencing additional complications. We are aiming to reach a position on these issues as quickly as possible, but while this work is in progress it is not yet possible to offer you a clear answer on this.

We will keep the Petitions Committee and all scheme beneficiaries informed of any changes to the WIBSS arising from this review.

I hope this is helpful.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@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.

Tudalen y pecyn 55

P-05-831 Contaminated blood – Correspondence from the Petitioner to the Committee, 06.02.19

We appreciate the indicated direction of travel from the Minister for Health Wales. However, there appear to be a continual reluctance to commit to any sort of time scale, and every piece of correspondence is not replied to generally until, time limit limits have expired. The main inquiry is now taking evidence of impacted people (including myself and others on the Contaminated WholeBlood uk and others). As this issue is unresolved it WILL come up and possibly unnecessarily not reflect well on the Welsh Govt (WG). If the WG are going to resolve the unfairness- to do so expediently would, in contrast, reflect well. More importantly, given the time delays - we would urge the WG are requested to apply any improvement to the scheme retrospectively. The delays and slow progress just means that those impacted by infection in Wales by Hep C or HIV (or both) by the health authorities are simply penalised yet again by having the second misfortune of being infected in Wales assuming, of course they haven't died through the journey of this petition.

Richard Wilkinson

On behalf of Contaminated Whole Blood UK

P-05-849 Dylai pob dyn yng Nghymru gael mynediad drwy'r GIG at y profion diagnostig gorau posibl ar gyfer cancer y prostad.

Cyflwynwyd y ddeiseb hon gan Stuart Davies, wedi iddi gasglu 5,916 o lofnodion ar-lein a 429 ar bapur, sef cyfanswm o 6,345 o lofnodion.

Geiriad y ddeiseb

Yr ydym ni sydd wedi llofnodi isod yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i weithredu ar unwaith a sicrhau bod sganiau delweddu atseiniol magnetig amlbaramedrig (mpMRI) o ansawdd uchel cyn biopsi ar gael i bob dyn cymwys yng Nghymru lle mae amheuaeth bod arno ganser y prostad.

Pam mae angen y ddeiseb hon?

Gall fod yn anodd gwneud diagnosis ar gyfer cancer y prostad. Ers blynyddoedd, mae biopsïau i ddynion wedi bod yn ymyrrol ac yn boenus. Weithiau gallant arwain at heintiau difrifol – ni ddylai dyn gael biopsi oni bai bod rhaid.

Mae cynnal biopsi cyn cynnal sgan mpMRI yn golygu defnyddio cyfres o nodwyddau i godi samplau o feinwe ar hap o'r prostad, i weld a oes celloedd canseraidd. Y broblem gyda'r technegau hyn yw bod bylchau rhwng y nodwyddau, sy'n golygu bod canserau sylweddol weithiau'n mynd heb eu canfod os nad oes sampl o'r rhan honno o feinwe. Gall biopsi arwain at ganlyniadau positif anghywir, sef diagnosis o ganser nad yw'n arwyddocaol yn glinigol, a gall hyn arwain at or-drin cleifion yn ddiangen.

Gellir defnyddio sganiau mpMRI ar y cyd â phrofion eraill i gynyddu nifer y canserau prostad ymosodol sy'n cael eu darganfod ynghynt. Profwyd bod cynnal sganiau mpMRI i safon ddigonol hefyd yn lleihau yn ddiogel nifer y dynion a allai gael biopsi yn ddiangen, a hynny drwy gadarnhau nad oes arnynt ganser y prostad yn gynharach yn y broses.

Beth yw mpMRI?

Ystyr mpMRI yw delweddu atseiniol magnetig amlbaramedrig. Mae'n cyfuno hyd at dri math gwahanol o sgan i greu delwedd gliriach o'r hyn sy'n digwydd yn y prostad. Hefyd, mae chwistrelliad lliw yn golygu y gellir gwella delweddau'r sganiau i allu gweld yn gliriach a oes cancer yn bresennol ai peidio. Mae hyn yn wahanol i sgan MRI safonol, sy'n creu delwedd o organau

mewnol. Yn aml iawn, nid yw delweddau MRI yn ddigon clir i wneud diagnosis o ganser cynnar y prostad gyda sicrwydd.

Beth sy'n digwydd yng Nghymru?

O'r saith Bwrdd Iechyd sydd yng Nghymru, tri sy'n darparu mpMRI cyn biopsi. Dim ond un bwrdd sy'n defnyddio mpMRI i safon ddigon uchel i allu cadarnhau yn ddiogel nad oes angen biopsi ar ddyn. Mae hyn yn golygu nad oes gan ddynion mewn pedwar Bwrdd Iechyd fynediad at mpMRI fel prawf diagnostig, oni bai eu bod yn talu dros £900 i'w gael yn y sector preifat.

Mae rhagor o wybodaeth am mpMRI a biopsiau yma:

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

Etholaeth a Rhanbarth y Cynulliad

- De Clwyd
- Gogledd Cymru



Eich cyf/Your ref P-05-849
Ein cyf/Our ref VG/05051/18

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

Government.Committee.Business@gov.wales

29 January 2019

Dear David,

Thank you for your letter of 19 December regarding petition P-05-849: all men in Wales should have access through the NHS to the best possible diagnostic tests for prostate cancer.

Health services are guided by the recommendations from the National Institute for Health and Care Excellence (NICE). Until recently, NICE guidance did not include pre-biopsy MRI for the investigation of suspected prostate cancer. As a result of new clinical evidence, NICE reviewed its guidance in this area and published an updated draft guideline in December 2018 for consultation. The draft guideline recommends pre-biopsy MRI and subject to the findings of the consultation, this guideline is due to be finalised in April 2019.

You raise a number of points in your letter and I will respond to each one in turn:

Details of the outcome of the workshop organised by the Wales Urology Board on 12 November

A second meeting took place on 11 January to discuss the draft guidelines, assess whether health boards were in clinical agreement with the draft guidance and to consider the practical implications for health boards of implementing the guidance once approved. Both meetings created a consensus that will help health boards to prepare for the final NICE guidance in April. Health boards do need to await the final guidance to determine exactly what local changes are needed.

An assessment of the current availability of mpMRI scans pre-biopsy for patients in Wales

Cwm Taf, Cardiff and Vale and Aneurin Bevan university health boards routinely offer pre-biopsy MRI scans for suspected prostate cancer, with Cwm Taf and Aneurin Bevan providing multi-parametric scans.

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

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Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@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.

What support the Welsh Government has given to support the adoption and availability of mpMRI scans across Wales

The Welsh Government has asked the Welsh Urology Board to support the development of a clinical consensus while NICE is developing its final guidance, to ensure all health boards are developing plans to come into line with the final NICE guidance, including timescales and resource implications.

What support the Welsh Government would provide to Health Boards in the event that NICE revises its guidelines to recommend the use of mpMRI scans pre-biopsy

If NICE recommends pre-biopsy MRI, the Welsh Government would expect all health boards to consider this guidance and amend their pathways of care accordingly. The Welsh Government cannot make a decision about the most clinically appropriate pathway to investigate suspected prostate cancer. This is the responsibility of health boards and clinical leaders, based on the evidence available. We expect there to be greater consistency in service provision after the NICE guidelines have been updated.

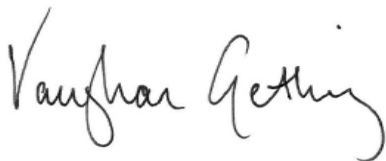
A number of health boards have begun to amend their pathways. Health boards remain responsible for delivering the best evidence based care and must keep pace with changes in clinical practice.

Whether you consider that there is an appropriate interim solution which would enable access to mpMRI scans for patients across Wales, such as through enabling access to private facilities for scans

Interim solutions were considered at the meeting on 11 January. Health boards have been asked to develop implementation plans, including interim solutions and these will be reviewed once received.

I hope this information is helpful and provide reassurance that the NHS in Wales is considering how best to respond to emerging evidence and new guidance.

Yours sincerely,



Vaughan Gething AC/AM

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

P-05-849 – Correspondence from petitioner to committee, 07.02.19

My points which I made to the Chair of the Betsi and Director of Nursing is that men are waiting for these scans, putting their lives at risk and we should be putting in place interim arrangements so that they can have these scans free now. Something I found out was that whilst the public pays £900 ish, the NHS only pays £360 ish as a trade rate. Men who are in contact with me say that they are either waiting for it to become free or are BORROWING money to pay for one of these scans in North Wales.

The Senedd should be asking the questions,
why were they free in South Wales as detailed in the Cab Secs reply? I don't believe the excuse that they were trials, my view is that pork barrel politics was at play here!
why was the Cab Sec dismissive at first when Mark Isherwood raised it, as evidenced by his body language on Senedd TV.
why doesn't the Cab Sec arrange for the minor amount of funds that it will cost to pay for these interim scans, after all the WG is in charge of the Betsi after putting it in to special measures four years ago!
So the biggy
Put these measures in to place asap and pay for interim scans in the meanwhile.

Stu Davies
PBO Ask the Experts (Engines)

Mae cyfyngiadau ar y ddogfen hon

P-05-743 Rhowch Derfyn ar Fasnachu Anifeiliaid Anwes Egsotig yng Nghymru

Cyflwynwyd y ddeiseb hon gan David Sedley ar ôl casglu 222 llofnod.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gymryd camau gweithredu yn erbyn masnachu mewn anifeiliaid egsotig sy'n cael eu dal a'u magu ar gyfer y fasnach anifeiliaid anwes yng Nghymru. Dylai hefyd wahardd trwyddedu pob busnes sydd ynghlwm â'r fasnach ddinistriol, greulon ac anfoesegol hon, gydag eithriadau clir ar gyfer canolfannau achub a chanolfannau achub trwyddedig.

Rydym hefyd yn annog Llywodraeth Cymru i ddilyn esiampl Llywodraeth yr Alban, sydd wedi ymrwymo i adolygu masnachu a mewnfario anifeiliaid egsotig ar gyfer y fasnach anifeiliaid anwes yn yr Alban ym mis Chwefror 2015, dan arweiniad Ysgrifennydd y Cabinet dros Faterion Gwledig a'r Amgylchedd. Er mwyn i Gymru gael ei chymryd o ddifrif yn y gymuned gadwraeth fyd-eang, rydym o'r farn na allwn gael ein gweld yn caniatáu i'r fasnach hon barhau yn ein gwlad ein hunain. Mae hyn yn amlygu pryderon Cymdeithas Milfeddygon Prydain (BVA), y Federation of Veterinarians of Europe (FVE) a'r RSPCA. Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod unrhyw newidiadau a gaiff eu gwneud i raglen Cymunedau yn Gyntaf yn gwarchod Canolfan Ieuenctid Forsythia rhag cael ei gau.

Gwybodaeth ychwanegol

Mae anifeiliaid fel mwncïod, 'meerkats', ymlusgiaid a chrwbanod yn anifeiliaid gwyllt sy'n perthyn i'w cynefin naturiol, ac ni ddylent fod mewn cewyll a thanciau gwydr yng nghartref rhywun. Caiff dros 1000 o rywogaethau o famaliaid, adar, infertebratau, ymlusgiaid, amffibiaid a physgod eu magu a'u dal ar gyfer y fasnach anifeiliaid anwes egsotig. Ein dadl ni yw mai dim ond yn eu cynefinoedd naturiol y gellir bodloni anghenion cymdeithasol, corfforol ac ymddygiadol cymhleth yr anifeiliaid hyn. Hefyd, ceir tystiolaeth gref sy'n cysylltu'r fasnach mewn anifeiliaid egsotig â dinistrio cynefinoedd a difodiant rhywogaethau yn y gwyllt. Ochr yn ochr â dioddefaint anifeiliaid o'r fath wrth deithio – gan gynnwys llawer o gofnodion am farwolaethau – gall anifeiliaid ifanc dyfu i fod yn oedolion peryglus a all fynd dros

ben llestri mewn amgylcheddau domestig nad ydynt yn addas i fodloni eu hanghenion lles am fwy o le a bwyd.

Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Abertawe
- Gorllewin De Cymru

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Eitem 3.8

P-05-801 Rhaid achub y coed a'r tir yng Ngerddi Melin y Rhath a Nant y Rhath cyn iddi fynd yn rhy hwyr

Cyflwynwyd y ddeiseb hon gan Tamsin Davies, wedi iddi gasglu 8,700 o lofnodion ar bapur ac ar wefan deisebau arall.

Geiriad y ddeiseb

Fel trigolion lleol, rydym yn credu bod y gwaith arfaethedig i atal llifogydd yng Ngerddi Melin y Rhath a Gerddi Nant y Rhath ym Mhen-y-lan, Caerdydd yn ddinistriol, ac yn ddianghenraid felly.

Rydym wedi gweld y llanast yng Ngerddi Waterloo ac yn gwrthwynebu Cyfnod 3 o Gynllun Llifogydd y Rhath gan Gyfoeth Naturiol Cymru, a fydd yn ehangu'r nant ym Melin y Rhath a Gerddi Nant y Rhath gan arwain at gwmp dros 30 o goed mewn ardal lle na chafwyd unrhyw lifogydd yn y gorffennol.

Rydym am achub y coed a'r tir yng Ngerddi Melin y Rhath a Gerddi Nant y Rhath er mwyn gwarchod cymeriad yr ardal, lleihau'r difrod ecolegol a gwarchod cynefinoedd ein bywyd gwyllt lleol.

Credwn nad yw Cyfoeth Naturiol Cymru wedi ystyried yn briodol yr holl opsiynau sydd ar gael, a'u bod wedi camarwain y cyhoedd â ffigyrau anghywir yn ystod eu cyfnod ymgynghori, a chredwn ei bod, mewn gwirionedd, yn ddianghenraid i chwalu gerddi'r parc er mwyn ehangu sianel y nant gan waredu hen goed yn y broses.

Rydym yn galw ar Lywodraeth Cymru i annog Cyfoeth Naturiol Cymru i roi'r gorau i'r gwaith yng Ngerddi Melin y Rhath a Nant y Rhath ac ystyried yr opsiynau ymarferol eraill sydd ar gael i liniaru'r perygl canfyddedig o lifogydd yn yr ardal hon.

Etholaeth a Rhanbarth y Cynulliad

- Canolog Caerdydd
- Canol De Cymru



Mr David J Rowlands
Chair of Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

By email: SeneddPetitions@Assembly.Wales

29 January 2019

Dear David,

P-05-801 Save the trees and ground in Roath Mill and Roath Brook Gardens before it's too late

Further to my email to you and the members of the Committee on 22 January 2019 to inform you of our intention to present a paper to our Board on 24 January regarding how the final phase of the Roath Flood Scheme will be taken forward. I can now advise that at the meeting, the Board agreed to reassessing the final phase of the scheme as a stand-alone project.

The decision was based on the advice from the Welsh Government, views provided by the campaign group from an independent consultant who reviewed our options appraisal, and no overwhelming support from the affected community.

Re-evaluating this part of the scheme after the work downstream on the first two phases were completed is something the campaign group has called for. Other members of the community have told us that they're disappointed that the work is not progressing as planned. We've reassured them that we remain confident in our assessment of the flood risk in the area, and we are committed to working with the community to reassess the options with a view to reapplying for Welsh Government funding at a later date.

We've worked closely with the campaign group throughout the review so far and listened to their concerns, and we propose to continue with this approach. Working with the local community will be integral to finding a suitable solution to the flood risk.

Yours sincerely,

Tim England

Rheolwr Gweithrediadau – Rheoli Risg Llifogydd / Operations Manager - Flood Risk Management

Cyfoeth Naturiol Cymru / Natural Resources Wales

Ffôn / Tel: 03000 65 3042

Plas Yr Afon, Caerdydd / Rivers House, Cardiff

P-05-801 Save the trees and ground in Roath Mill and Roath Brook Gardens before it's too late – Correspondence from a local resident to the Committee, 03.01.19

To the Petitions Committee of the National Assembly

I am a resident of Roath and have followed closely and with interest, the proposals for the Roath Flood Defence Scheme that was open to public consultation and involvement from 2013-2014. I attended exhibitions and meetings where questions were welcomed and answered readily.

I support the project and understand the difficulties in transforming an area that holds its history and environment to heart. From the information available and because of the impact of global warming and associated climate changes, I believe that the major engineering works are necessary for the future of the community.

I am concerned that the residents' action group formed to save the trees and grounds in Roath Mill and Roath Brook Gardens have halted the project - for a year now. I have heard the recordings of the Petitions Committee at the Senedd on 13 November 2018 and 27 November 2018 (P-05-801 Save the trees and ground in Roath Mill and Roath Brook Gardens before its too late).

I wish to state that

1. the action group does not speak on behalf of all the residents of Roath as is stated during the submission of evidence
2. a number of residences remain significantly at risk of flooding without further works being carried out
3. alternative proposals do not offer reliable, long term protection to the properties
4. trees have a natural life and some in the Roath Brook and Roath Mill gardens are old and fragile
5. the project is looking to protect future generations of residents, not trees
6. once the project is completed then residences may benefit from an improved home insurance cover
7. the project has replanted and added trees to the local environment and other areas of Cardiff
8. the delay is costing the public and, in my view, is unethical when public money is in short supply.

Thank you for considering my comments.

Sincerely

Jill Davies
Resident of Roath.

Eitem 3.9

P-05-840 Cyllid Teg i Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot (CBSCNPT) a phob Awdurdod Lleol arall

Cyflwynwyd y ddeiseb hon gan Unison, ar ôl casglu 225 o lofnodion.

Geiriad y ddeiseb

Mae angen i Lywodraeth Cymru fynd drwy ei chyllidebau fesul llinell a chael gwared ar wariant gwastraffus er mwyn sicrhau ei bod yn diogelu gwasanaethau cyhoeddus ledled Cymru. Rydym yn defnyddio Castell-nedd Port Talbot fel enghraifft drwy gydol y ddeiseb hon, am ein bod yn byw yno ac yn gweithio i CBSCNPT, ond gan ddeall bod pob awdurdod unedol yng Nghymru dan bwysau ariannol eithafol.

Rydym yn cytuno bod gan bob awdurdod rôl wrth gael gwared ar wariant gwastraffus, ond wrth ystyried darpariaeth gwasanaeth nawr, yr unig gwestiwn ym mhob awdurdod yw "A yw'n ddigon da?" yn hytrach nag "A yw'n arfer gorau?"; ond mae Cyngor Castell-nedd Port Talbot wedi cael gwared ar unrhyw wariant gwastraffus ac, erbyn hyn, mae yn y sefyllfa lle mae angen iddo ystyried cau gwasanaethau anstatudol megis parciau a gwasanaethau hamdden, mewn gwrthwynebiad uniongyrchol i ddeddfwriaeth Llywodraeth Cymru, fel Deddf Llesiant Cenedlaethau'r Dyfodol a'r Ddeddf Gwasanaethau Cymdeithasol. Dim ond yr esgyrn sydd ar ôl erbyn hyn.

Erbyn hyn, mae angen i Lywodraeth Cymru wario'n glyfrach, nid gwario llai. Heb wariant clyfar gan Lywodraeth Cymru, bydd gwasanaethau allweddol ein cymuned yn cael eu cwtogi neu eu colli. Bydd rhagor o doriadau cyllidebol yn dinistrio swyddi, gwasanaethau a chymunedau lleol. Mae Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot yn gyflogwr pwysig a bydd rhagor o ostyngiad mewn cyllid yn cael effaith enfawr ar yr economi leol fel ym mhob Awdurdod Lleol yng Nghymru.

Gwybodaeth Ychwanegol

Mae Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot yn un o'r cyngorau mwyaf difreintiedig yng Nghymru ac mae angen cyllid ychwanegol arno i gynnal y gwasanaethau a ddarperir i'r rhai mwyaf agored i niwed yn y Fwrdeistref. Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot yw'r prif gyflogwr yn yr ardal a bydd unrhyw ostyngiad mewn cyllid yn cael effaith andwyol ar gyflogaeth a'r gallu i'r gwasanaethau hanfodol hyn fod yn

gynaliadwy ac aros yn fewnol. Bydd toriadau cyllidebol yn arwain at fwy o amddifadedd yn ein cymunedau a cholli swyddi'n orfodol gyda gwasanaethau'n diflannu am byth.

Mae diffyg cyllid i Gyngor Bwrdeistref Sirol Castell–nedd Port Talbot yn arwain at ddarpariaeth gwasanaeth sy'n aflonyddgar, yn gostus ac o ansawdd gwael; colli cyfleoedd cyflogaeth, telerau ac amodau cyflogeion ac, yn bwysicaf oll, golli atebolrwydd democrataidd os caiff gwasanaethau eu colli i'r sector preifat neu'r trydydd sector a disbyddu cyllidebau wrth gefn. Rydym yn cytuno â gweledigaeth Llywodraeth Cymru y dylai pawb yng Nghymru fyw mewn cymunedau llewyrchus, llawn addewid a chynaliadwy sydd â chysylltiadau da, gydag economi leol gref ac ansawdd bywyd da. Er mwyn i'r weledigaeth hon lwyddo, rhaid i ni ddiogelu gwasanaethau cyhoeddus a fydd yn sicrhau diogelwch a llesiant ein preswylwyr ledled Cymru gyda chanlyniadau gwell i bawb.

Mae dyrannu cyllid yn ddoethach yn hanfodol er mwyn sicrhau model gofal cymdeithasol llewyrchus ac integreiddiol sy'n addas ar gyfer yr unfed ganrif ar hugain. Mae angen dyfarnu cyllid trawsnewidiol i Awdurdodau Lleol yng Nghymru er mwyn sicrhau nad oedi wrth drosglwyddo gofal o ddarpariaethau ysbyty yw'r canlyniad i breswylwyr sy'n agored i niwed ac yn aml yn fregus. Rhaid i Lywodraeth Cymru ddod i'r penderfyniad na ddylai awdurdodau unedol fod y berthynas dlawd wrth ddyrannu pwrs y wlad ac ni ddylid disgwyl iddynt roi deddfwriaeth ddud ar waith heb i'r cyllid priodol gael ei ddyfarnu.

Etholaeth a Rhanbarth y Cynulliad

- Aberafan
- Gorllewin De Cymru



Ein cyf/Our ref MD/00593/18

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

SeneddPetitions@assembly.wales

23 November 2018

Dear David,

Thank you for your letter of 31 October about the petition P-05-840, which the Committee considered at its meeting on 23 October.

In my letter of 27 September I set out how we were working hard during our budget preparations to protect public services from the worst impacts of austerity, including local government.

On 23 October we published the detailed Draft Budget 2019-20, the Cabinet recognised the very real pressures local authorities are facing and were resolute in our commitment to do all we can to protect authorities from the worst effects of the UK Government's damaging policy of austerity.

We worked hard during the preparation of the draft Budget 2019-20 to reduce that reduction in funding to less than £15m (equivalent to a reduction of 0.3% in the RSG). We also put in place a floor to ensure no authority would face a reduction in funding of more than 1%.

The draft Budget also provided £84m of additional revenue in special grants and other funding streams for local government outside the RSG, this included a £30m grant to support local government in delivering social care.

We have recognised in our funding decisions the specific areas where local government has said it has most pressures. In response to this we have:

- Invested £30m through the Health and Local Government Partnership Boards where health and local government work together
- Passed on all of the funding we sought and received from UKG for teachers' pay to local government for this year and next - that's £23m over this year and next year
- Provided funding for free school meals changes from the Welsh Reserve rather than as in England from existing budgets – £11m over this year and next

- Provided £15m additional funding for education

The £30m grant to support local government in delivering social care will be used to address workforce pressures, including those in domiciliary care and to support the wider sustainability of services. It is our intention to provide local government with broad flexibility in how this funding is best used to address the social care workforce pressures and service sustainability issues faced locally. To maximise the reach of this funding administrative arrangements associated with the grant will be light touch. We will engage with local government as to the most effective way of distributing this funding using existing consultative fora for advice, such as the Distribution Sub-Group.

We recognised, however, that this was a challenging settlement overall and we committed to local government being a key priority for any additional funding following the UK Autumn Budget last month. On the 20 November I announced a package of additional funding proposals for local government, which will be included in the Final Budget I attach a copy of my written statement. These additional measures represent a package worth an extra £141.5m (revenue and capital) for local government over three years (2018-19 to 2020-21) and include funding to help meet the repair and clean-up costs associated with Storm Callum, the costs pressures associated with implementing the teachers pay award and extra capital for the local authorities' general capital fund.

An additional £13m has been added to the revenue support grant in 2019-20 to provide a cash flat settlement as well as an additional £1.2m to raise the funding floor so that no local authority has to manage with a reduction of more than 0.5% in its Aggregate External Finance next year.

Yours sincerely



Mark Drakeford AC/AM

Ysgrifennydd y Cabinet dros Gyllid
Cabinet Secretary for Finance

FAO: Chair, Petitions Committee, National Assembly for Wales

Dear David,

PETITION P-05-840 Fair Funding for Local Authorities

In response to the above submitted by Unison and your request for comments please find below Caerphilly CBC's response.

To ensure that a balanced budget can be delivered for the 2019/20 financial year Caerphilly CBC is currently consulting on a package of proposed savings totalling £15.6m, including the following: –

- The Council has strived to protect schools from the full extent of cuts in recent years. As things stand, we will be unable to repeat that for 2019/20 with schools facing a savings requirement of £2,136k. This will inevitably have an impact upon staffing levels in schools, possibly exacerbated by the sharp increase in employer contributions for teacher's pensions. This puts further financial pressures on schools, many of which are already in deficit positions.
- Reductions in street cleansing and highways maintenance budgets (proposed cut of £1,963k).
- Reduced spending on libraries, community education and day care provision (proposed cut of £820k). In the medium to longer-term a review of library provision will be undertaken.
- Cessation of the community safety warden service (proposed cut of £355k).
- Cessation of the Barnardo's family support contract (proposed cut of £189k). This will directly impact on family support services.
- Cessation of the meals on wheels service except for Section 117 clients (proposed cut of £141k).
- Closure of two civic amenity sites with the remaining 4 sites to close an additional day per week (proposed cut of £136k).

- Further increases in schools meal prices (£104k).
- Closure of the remaining 5 public toilets (proposed cut of £74k).
- Closure of 4 community centres (proposed cut of £23k).
- Withdrawal of caretaker funding for remaining community centres (proposed cut of £97k).
- Reduction in the music service budget (proposed cut of £50k).
- Reduction in the events budget (proposed cut of £47k).

In the medium to longer-term services across the Council will be subject to review with consequential reductions in service levels being inevitable. The challenging financial position will inevitably directly impact on jobs. For the first time since its inception in 1996, Caerphilly CBC has sought expressions of interest from staff covering a range of options including reduced hours, voluntary severance, flexible retirement and early retirement. The expressions of interest received are currently being reviewed in detail to establish whether they are viable from a financial, operational and organisational perspective. This will help with the immediate financial pressures for 2019/20; however, whilst compulsory redundancies remain an option of last resort they will be increasingly unavoidable in the medium to longer-term due to the scale of the financial challenge. This compounds the problem as there is a one-off cost of releasing staff. This cost will reduce the Authority's ability to fund capital schemes like the 21st Century Schools Programme meaning that the planned investment of £79.8m is unlikely to go ahead in total.

Caerphilly CBC's Draft Savings Proposals are a direct result of the Welsh Government's draft budget and provisional local government settlement published on the 9th October 2018. It is the Leader's view that the disproportionate investment proposed for the NHS is detrimental to social care services and the wider preventative health services that local council's provide. This will result in the decimation of many of these preventative services that are valued by our vulnerable communities and as a direct consequence only add to the pressures faced by the Health Service.

The First Minister wrote to the WLGA and local authority leaders on the 20th November confirming a package of additional funding proposals for local government totalling £141.5m that will be included in the final WG budget. However, this funding package is a mixture of capital and revenue over a three year period presenting only limited scope to support the revenue budget setting process for the 2019/20 financial year.

There is still time to correct this position prior to the final Welsh Government budget and final local government settlement and the possibility of prioritising further resources for local government arising from the Chancellor's budget/autumn statement.

Regards

Christina

Christina Harrhy

Prif Weithredwr Dros Dro | Interim Chief Executive

Cyngor Bwrdeistref Sirol Caerffili | Caerphilly County Borough Council

David J. Rowlands AM
Chair
Petitions Committee
National Assembly for Wales
CF99 1NA (BY EMAIL)

Dear Chair,

Petition P-05-840 Fair Funding for Neath Port Talbot County Borough Council and all other Local Authorities

Thank you for your letter of 9 November enclosing the NPT Trade Unions Fair Funding petition and seeking further views on it.

It will come as no surprise to you to learn that this Council is fully and actively behind the petition, reflecting as it does the strong social partnership between this Council and its Trade Unions.

Elected Members and staff have been fully engaged in the campaign and by way of further background, I enclose a copy of a letter sent recently by the Leader of the Council to local constituency and regional Assembly Members. This outlines the very serious consequences of not addressing the issues highlighted in the petition in the Welsh Government's final budget and local government settlement due to issue shortly before Christmas. I cannot improve upon the analysis.

The Council welcomes the further action taken by the Committee on the petition as outlined in your letter. We are also well aware that a number of other local authorities across Wales are formulating their own budget cuts

Chief Executive's Office
Swyddfa'r Prif Weithredwr

Steven Phillips
Chief Executive
Civic Centre, Port Talbot. SA13 1PJ
Tel 01639 763305

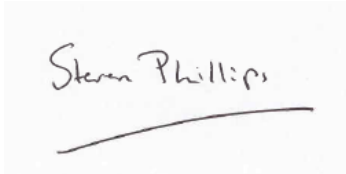
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Tudalen y pecyn 81

proposals for public consultation which identify many of the same issues. The Welsh Local Government Association has also clearly set out the perspective of local authorities in its evidence to the Equality, Local Government and Communities Committee on 25 October.

We would contend that time is now very short to address these serious issues and the potential adverse consequences for the delivery of vital public services across Wales.

Yours sincerely,



Steven Phillips
Chief Executive

Chief Executive's Office
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Tudalen y pecyn 82

25 October 2018

Suzy Davies AM
Caroline Jones AM
Dai Lloyd AM
Jeremy Miles AM
David Rees AM
Bethan Sayed AM
(ALL BY EMAIL)

Dear Assembly Members,

A detailed report will shortly be published on the Council's website containing proposals for budget cuts which will be considered by the Council's Cabinet next week (31 October). The decision we are being invited to make is to put these proposals out for public consultation. The report will be accessible here: <https://democracy.npt.gov.uk/ieListMeetings.aspx?Committeed=158>

I am writing to give you advance warning of some of the lowlights (as opposed to highlights). These include the following:

- The Council has provided more or less an inflation proof increase to our schools delegated budgets for this current year. As things stand, we will be unable to repeat that for 2019/20 which will have an impact upon staffing levels in schools, possibly exacerbated by the sharp increase in employer contributions for teacher's pensions. This threatens the financial viability of several schools already in deficit positions, particularly as the Welsh Government is also diverting significant remaining resources away from the front line in schools;
- The Council will continue to meet assessed need; but a change in policy is proposed to no longer provide the full range of support to older people where the package of support exceeds the current cost of a residential placement, where it is safe to do so;
- It is proposed to cease providing free taxi transport for certain categories of adult service users, where transport is not an assessed need;

- An increase of £141 in burial charges to move closer to full cost recovery;
- Other fees and charges increasing to meet the costs of the service including a tripling of pest control charges and others;
- With the declining usage of libraries and particularly low patronage in some areas, the whole service is to undergo a review. In the short to medium term, the closure or transfer of four libraries is being considered (Baglan, Cwmavon, Glynneath and Skewen);
- Reductions in the youth service with proposals to close or reduce the operating hours of facilities;
- The medium term future of such facilities as Pontardawe Arts Centre and the Cefn Coed Museum are now very dependent upon bids for capital funding submitted to the Arts Council and the Welsh Government (Valleys Programme) respectively. Meanwhile, the Council's subsidy is proposed to be reduced further;
- It is proposed to cease maintenance services in relation to bowling greens and ensure full cost recovery for similar work on the sports fields; and
- All across Council service areas, there is a direct impact on jobs. Compulsory redundancies remain an option of last resort; but increasingly they seem to be unavoidable in some areas. Jobs are already in serious jeopardy in the Minority Ethnic Support Services as a consequence of the cut to the Welsh Government grant earlier this year. The regionalisation of these services has proved to be a mirage after some six months of circular debate.

These proposals and others are a direct result of the complete imbalance (between the NHS and other public services) in the Welsh Government's draft budget and provisional local government settlement published earlier this month. A point made repeatedly by the Welsh Local Government Association, Trade Unions, the Future Generations Commissioner and others. Despite claims to the contrary, as things stand there is no extra money going directly to local government for key services such as social care and schools.

What is perhaps of most immediate and serious concern to me is the ability of this Council (and others no doubt) to assist on Delayed Transfer of Care and related matters during this coming winter. To a significant extent, planning seems to be predicated on additional community care capacity which is unfunded. My officers are still receiving bulletins, invitations to seminars and other missives from the Welsh Government which are totally unconnected to the reality of the budget proposals. But in the final analysis, we can only do what we can do with the resources we have got.

As far as I am concerned, the responsibility for explaining the overall position – and the accountability for the consequences – rests firmly with those AMs who either support this budget or who have not actively proposed alternatives to dramatically tackle the situation. If the position is not addressed to a significant extent in the final budget/settlement, then any subsequent representations to the Council made by the same AMs when these cuts begin to bite would, in my opinion, be both empty and hypocritical.

There is still time to correct this position prior to the final Welsh Government budget and final local government settlement and the possibility of at least some extra resources accruing from the Chancellor's budget/autumn statement next week, where Welsh Ministers have said that local government is first in the queue.

I am sending copies of this letter to our Members of Parliament; the Cabinet Secretaries for Finance, Local Government & Public Services and Health and Social Care; the Leader of the WLGA, the Future Generations Commissioner, the Chair of ABMU Local Health Board and the Chair of the Joint Trade Unions at the Council.

Yours sincerely,

Councillor Rob Jones
Leader of the Council

SeneddPetitions@assembly.wales

Please ask for: Phil Roberts

Direct Line: 01792 637525

E-Mail: Phil.roberts@swansea.gov.uk

Our Ref:

Your Ref:

Date: 13th November 2018

Response to Petitions Committee

Thank you for your letter and the opportunity to comment.

Clearly the allocation of resources by the Welsh Government is a matter for them and one driven by policy and politics. It would be inappropriate for me to comment on many of the aspects of the petition, as worded, but nonetheless I do recognise the broad concerns raised and would draw the Committee's attention to the following matters. The draft budget from Welsh Government has clearly given lower priority to local government as evidenced by the headline figures;

Health +7%

Economy and Regeneration +13%

Local Government -0.3%

The contrast is stark.

This Council did slightly better than many others in cash terms, as there was an increase. An increase driven predominantly by population growth skewed towards the cities. Yet this was a cash increase in the provisional settlement of £18k on a £434m budget with pressures of over £20m to contend with. That £18k pays for less than one job, half a social worker, one care package, or pays for less than 6 primary school places, less than 5 secondary school places, one special school place, one tenth of one out of county placement, one half of a modestly complex care package. It makes no inroads to the pay and price pressures administered on this council by decisions out of its control: the national local government pay award, the teachers' pay award and the larger than anticipated increase in administered teachers pensions costs. These costs are not funded from £18k. Nor does the settlement make inroads to meeting the needs of a growing City, changing demography, the increasingly elderly population, the fragility of the care sector, the pressures on both adult and child social care. The list could go on.

The WLGA and individual councils are already making clear what the consequences are as they publish their draft budget strategies for 2019-20 and beyond. Swansea is yet to publish but the position will be the same as others; substantial cuts to services, significant increases in council tax likely, substantial staff reductions, inevitable compulsory redundancies and further strain on an already overstretched workforce and Council finances.

We are moving inexorably as a sector to an era of significant reduction in services to a more core offer, higher taxes, less local council employment opportunities, substantial redundancy costs, dwindling reserves and limited time before one or more councils find themselves in an unviable financial position.

As the petition makes clear there is an opportunity for the Welsh Government to reconsider its priorities and its allocation of resources. I am sure this Council would support that reconsideration wholly, to ensure a settlement that it better recognises especially the interlinked and intertwined nature of health and social care as well as the wider pressures facing the sector.

The Committee is right to explore urgently the terms of the additional £30m for Social Care. We all need to know if this is genuinely new money, relief money, or a prioritisation programme for pending on new things and thus not "free money" that might alleviate real spending pressures we have in social care now. For Swansea, a share of £30m new money would simply help us reduce our overspending on current social care. It would not pay for any new spend.

All of us in local government await news of the final settlement now due on 21 December. We expect some additional resources but also expect that to go nowhere near to addressing the scale and severity of funding pressures and the consequences that will inevitably flow at local level.

Yours sincerely,



Phil Roberts
Chief Executive

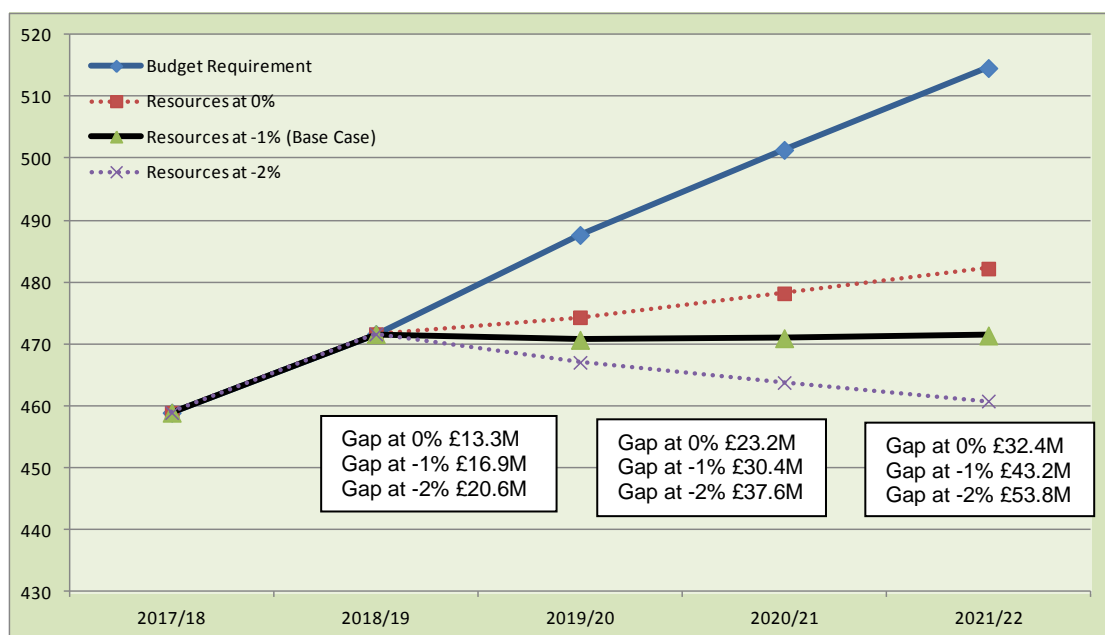
Petitions Committee Response – Rhondda Cynon Taf CBC Medium Term Financial Plan (MTFP)

Key data / information highlighted below in response to Petitions letter dated 9th November 2018

Officer Contact – Chris Lee (Group Director Corporate & Frontline Services) Christopher.d.lee@rctcbc.gov.uk

1. Forecast reductions over next three years (cash)

Our latest publicly stated MTFP budget gap (Council report 25th July 2018)



Base case assumption was (-1% RSG) therefore is a budget gap of £16.9M in 2019/20 (excluding additional costs of Teachers Pensions).

Updated gap for 2019/20 £5.920M

<https://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Council/2018/10/24/Reports/AgendaItem7COUNCILSREVENUEBUDGETPROVISIONALSETTLEMENT.pdf>

2. Forecast reductions over next three 3 years

We have modelled the base on 0%, -1% and -2%.

Refer to chart above for budget gaps at these levels of RSG settlement

Plus or minus a 1% settlement has approximately a + / - £3.7M impact on the modelled budget gap. It is considered that a settlement level of at least +1% is required to avoid significant and widespread service cuts, acknowledging that to actually fully fund the current modelled cost of services would require a settlement level nearer +3.5%.

3. Key service pressures

Key pressures factored into our current MTFP include:

- Adult Social Care pressures whilst we implement our transformation plan.
- ALN Reforms and costs
- Living wage / inflationary impacts across wider contracts
- Pupil number increases – secondary schools
- Specific grant funding reductions – eg DWP and transition to UC
- Waste disposal / recycling costs linked to recycling markets (commodities)

A number of strategies are being adopted in an attempt to transform services including:

- The Council recognises the opportunity to invest in key services and infrastructure;
- Preventative and invest to save – eg Leisure longer term more active residents, Highways – lower levels of insurance claims,
- Transformation plans in place across our themes (Independence, Commercialisation, Digital, Preventative, Efficient and Effective) will reduce our cost base in the medium / long term, but time needed to implement and realise the benefits

4. Other considerations:

- Efficiency savings made over the last 10 years at circa £70M; more difficult to continue to deliver without impacts on front line services
- Other significant service changes / reductions have been necessary, for example changes to Meals on wheels, subsidised bus services and increases in specific fees and charges. These have been necessary as insufficient lead in time to transform services – absence of financial settlements beyond one year is a major barrier to being able to plan effectively into the medium term

26th November 2018

**SWYDDFA'R ARWEINYDD
OFFICE OF THE LEADER**

Fy Nghyf / My Ref: CM40677

Eich Cyf / Your Ref:

Dyddiad / Date: 6th December 2018

David J Rowlands AC/AM
Cynulliad Cenedlaethol Cymru / National Assembly for Wales
Cadeirydd / Chair
Y Pwyllgor Deisebau / Petitions Committee

Annwyl / Dear David

**Re: Petition P-05-840 Fair Funding for Neath Port Talbot County Borough
Council and all other Local Authorities**

Thank you for the opportunity to respond to the petition calling on Fair Funding for Local Authorities. The committee's recent discussion, expressing appreciation for the services delivered by Local Authorities and the scale of the challenges being faced, is welcomed.

As you will be aware, Cardiff Council is preparing to set its budget for 2019/20. Despite receiving a funding increase of around 0.4% (or £1.6m) from the Welsh Government, a combination of rapidly rising demands on services and inflationary cost pressures means that the Council is facing a budget gap of £35.2m next year and almost £93m over the next three years. Closing this funding gap presents a significant challenge.

As a Council we have already delivered nearly a £¼ billion in cumulative savings since 2010 and lost over a fifth of all 'non-school' staff. During the same period, local authorities across Wales have had their funding reduced by £1bn by the Welsh Government. If schools funding is excluded, as is the case in England, then core funding to Welsh Local Authorities has fallen by 35%. No other Welsh public service- including the Welsh Government, the NHS, the Police or any others- have experienced the same level of cuts.

I do not need to remind you that, as local authorities, we are responsible for delivering some of the country's most valued services. We are responsible for educating our school children, looking after the vulnerable and supporting older people. We are responsible for keeping our communities clean, collecting household waste and managing parks and green spaces. We are responsible for libraries, leisure centres and a whole range of other services that help make people and communities happier, healthier and more prosperous.

GWEITHIO DROS GAERDYDD, GWEITHIO DROSOCH CHI

Mae'r Cyngor yn croesawu gohebiaeth yn Gymraeg, Saesneg neu'n ddwyieithog. Byddwn yn cyfathrebu â chi yn ôl eich dewis, dim ond i chi roi gwybod i ni pa un sydd well gennych. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

WORKING FOR CARDIFF, WORKING FOR YOU

The Council welcomes correspondence in Welsh, English or bilingually. We will ensure that we communicate with you in the language of your choice, as long as you let us know which you prefer. Corresponding in Welsh will not lead to delay.



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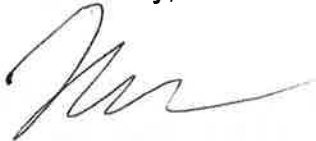
Our ability to deliver these highly valued services has been dramatically reduced. We may soon be unable to deliver them at all. Our service footprint has been reducing, and with non-statutory services inevitably bearing the burden of funding reduction, our ability to prevent demand increasing and problems escalating to crisis intervention point has been greatly diminished.

The crucial role of local authorities in preventing demand for NHS services, for example, from reaching crisis point is proven. If there is £1.4bn of additional investment coming to Wales following the UK Government's decision to spend more money on the NHS, it makes sense that Local Authorities are given a proportion of that funding to help manage the growing demand that will otherwise cripple public services.

I trust this letter sets out some of the principle challenges facing local authorities, and once again welcome the Committee's interest in advocating a rounded and informed approach to safeguarding public services.

We lend our full support to this petition and if you require any further clarification on the issues raised, we are happy to engage with Committee.

Yn gywir,
Yours sincerely,



**CYNGHORYDD / COUNCILLOR HUW THOMAS
ARWEINYDD / LEADER,
CYNGOR CAERDYDD / CARDIFF COUNCIL**



**Councillor / Y Cynghorydd Chris Weaver
Cabinet Member for Finance, Modernisation & Performance
Aelod Cabnet dros Gyllid, Moderneiddio a Pherfformiad**

David Rowlands AC
Cadeirydd y Pwyllgor Deisebau

4 Rhagfyr 2018

Annwyl David

Deiseb P-05-840 Cyllid Teg i Gyngor Bwrdeistref Sirol Castell-nedd Port Talbot a phob Awdurdod Lleol arall

Diolch am eich llythyr dyddiedig 6 Tachwedd 2018 ynglŷn â'r ddeiseb uchod, sydd wedi'i ddsbarthu i Aelodau'r Pwyllgor er gwybodaeth.

Fel rhan o'i waith craffu ar Gyllideb Ddrafft Llywodraeth Cymru 2019-20, trafododd y Pwyllgor y mater o gyllid i awdurdodau lleol, gan ganolbwyntio'n benodol ar sut y bydd y £30m o gyllid ychwanegol ar gyfer gofal cymdeithasol a nodwyd yn y gyllideb ddrafft, yn cael ei ddyrannu a'i ddarparu.

Gellir gweld ein barn ar y mater hwn yn adroddiad y Pwyllgor a gyhoeddwyd ar 27 Tachwedd 2018. Bydd hefyd yn cael ei drafod fel rhan o ystyriaeth ehangach y Cynulliad o'r Gyllideb Ddrafft yn ystod y ddadl yn y Cyfarfod Llawn a drefnwyd ar gyfer 4 Rhagfyr 2018.

Yn gywir,



Dr Dai Lloyd AC
Cadeirydd, y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon



Eitem 3.10

P-05-781 Cymuned Port Talbot yn erbyn yr Archgarchar

Cyflwynwyd y ddeiseb hon gan The Port Talbot Super Prison Protest Group ac ystyriwyd am y tro cyntaf gan y Pywllgor yn ystod Tachwedd 2017, ar ôl casglu 1,263 o lofnodion ar-lein a 7,528 ar bapur – cyfanswm o 8,791 lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i beidio â rhyddhau na gwerthu tir i lywodraeth y DU i ddatblygu archgarchar ym Maglan.

Mae Llywodraeth y DU, gyda chefnogaeth Llywodraeth Cymru, yn cynnig adeiladu 'archgarchar' â lle i 1600 o ddynion ar rostir Baglan.

Mae'r safle yn agos at gartrefi a chyfleusterau lleol a busnesau lleol, a bydd yn rhoi straen sylweddol ar ffyrdd a gwasanaethau iechyd yn yr ardal. Mae'r safle mewn parth menter ac wedi'i ddynodi ar gyfer defnydd economaidd yn ogystal â bod mewn ardal lle y ceir perygl llifogydd.

Mae gan Gymru eisoes lawer o leoedd gwag yn y carchardai sydd ganddi ar hyn o bryd.

Byddai'r carchar hwn yn cyflwyno'r holl broblemau sy'n gysylltiedig â charchardai mawr ac ni chafwyd unrhyw warant gan y naill lywodraeth na'r llall ynglŷn â'r camau amddiffyn a fyddai'n cael eu rhoi ar waith i gynorthwyo Port Talbot i ymdopi â nifer mor fawr o garcharorion.

Nid oes unrhyw sicrwydd tymor hir y byddai'r carchar newydd yn parhau i gael ei neilltuo ar gyfer carcharorion categori C. Gellid ei newid yn y dyfodol i gadw troseddwy'r mwy peryglus.

Gall Port Talbot wneud yn well na hyn ac mae ein tref yn haeddu llawer mwy. A wnewch chi lofnodi'r ddeiseb a dweud wrth Lywodraeth y DU a Llywodraeth Cymru, DIM archgarchar ym Mhort Talbot?

Etholaeth a Rhanbarth y Cynulliad

- Aberafan

- Gorllewin De Cymru

Eitem 5.1

P-05-771 Ailystyried y penderfyniad i roi'r gorau i Grant Byw'n Annibynnol Cymru a'r angen i gefnogi pobl anabl i fyw'n annibynnol

Cyflwynwyd y ddeiseb hon gan Nathan Lee Davies ac ystyriwyd am y tro cyntaf gan y Pwyllogr yn ystod Hydref 2017, ar ôl casglu 324 o lofnodion ar-lein a 307 ar bapur – cyfanswm o 631 lofnodion.

Geiriad y ddeiseb

Fel rhywun sy'n cael Grant Byw'n Annibynnol Cymru ac yn ymgyrchu dros bobl anabl, rwy'n bwriadu gofyn i Lywodraeth Cymru ailystyried ei phenderfyniad i roi'r gorau i Grant Byw'n Annibynnol Cymru o fis Ebrill 2019 ymlaen.

Cyflwynwyd Grant Byw'n Annibynnol Cymru i helpu pobl a oedd yn arfer hawlio arian gan Gronfa Byw'n Annibynnol Llywodraeth y DU, a gaewyd yn 2015. Mae'r cynllun yn helpu mwy na 1,500 o bobl ledled Cymru. Mae gan bawb sy'n cael y Grant lefel uchel o anghenion gofal a chymorth.

Y bwriad oedd rhoi'r gorau i'r cynllun ym mis Mawrth 2017, ond ym mis Tachwedd, dywedodd Rebecca Evans, y Gweinidog gwasanaethau cymdeithasol, y byddai'r cyllid yn parhau am flwyddyn arall.

Yna, bydd y gronfa £27 miliwn yn cael ei throsglwyddo'n uniongyrchol i awdurdodau lleol yn ystod 2018-19 fel y gallant ddiwallu anghenion cymorth y rhai a oedd yn arfer cael arian drwy'r Gronfa Byw'n Annibynnol erbyn 31 Mawrth 2019.

Gwybodaeth ychwanegol

Pam yr ydym yn gwrthwynebu'r penderfyniad:

Dywedodd Llywodraeth Cymru fod y penderfyniad wedi'i wneud ar sail cyngor gan randdeiliaid. Cynrychiolwyr o'r trydydd sector neu ddinasyddion oedd y mwyafrif ar y grŵp rhanddeiliaid. Ond nid oeddynt eisiau cael gwared ar Grant Byw'n Annibynnol Cymru, a'r pwynt allweddol yw na chafodd ein cyngor ei dderbyn.

Dylid cofio hefyd nad oes yn rhaid rhoi'r gorau i Grant Byw'n Annibynnol Cymru, ac mae llwyddiant Cronfa Byw'n Annibynnol yr Alban yn brawf o hynny; sydd hefyd yn ddadl o blaid cefnogi Cronfa Byw'n Annibynnol Gogledd Iwerddon.

At hyn ny, roedd manifesto poblogaidd y blaid Lafur yn nodi cynlluniau i sefydlu system ofal gene dlaethol a fyddai'n annibynnol ar awdurdodai lleol.

Dyma'r union amser y dylai'r Blaid Lafur uno yn erbyn y Torïaid ar faterion o'r fath. Rhaid i ni gwestiynu pam nad yw Plaid Lafur Cymru yn chwarae ei rhan wrth newid y tirlun gwleidyddol?

Yn wir, yn y pen draw, dylem fod yn anelu at sefydlu Cronfa Byw'n Annibynnol i Gymru fel nad oes yn rhaid i unrhyw berson anabl ddioddef yr ansicrwydd a'r unigedd a wynebir gan y rheini sy'n cael Grant Byw'n Annibynnol Cymru ar hyn o bryd. Ni allwn ddechrau credu bod gwir gyfiawnder cymdeithasol a chydaddoldeb i bawb yn bosibl oni fydd Llafur Cymru yn ailystyried ei benderfyniad ynghylch Grant Byw'n Annibynnol Cymru.

Mae'n siŵr y bydd Llafur Cymru yn dadlau y dylem roi cyfle i Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) lwyddo. Fodd bynnag, mae angen buddsoddiad ac adnoddau sylweddol ar y Ddeddf ddelfrydyddol hon i sicrhau ei bod yn llwyddo – ac nid oes dim golwg o'r gwelliannau sydd eu hangen ar ein seilwaith er mwyn sicrhau bod y Ddeddf yn llwyddo. Efallai'n wir ei bod yn bryd cael chwyldro yn y ffordd y darperir gofal cymdeithasol, ond gallai'r fath drawsnewid gymryd degawd neu ragor, ac nid yw'r rhai sy'n derbyn Grant Byw'n Annibynnol Cymru yn haeddu cael eu trin fel arbrawf pan fo'u hanghenion o ran gofal a chymorth yn gofyn am sefydlogrwydd a strwythur hirdymor.

Etholaeth a Rhanbarth y Cynulliad

- Wreccsam
- Gogledd Cymru

Julie Morgan AC/AM
Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-771
Ein cyf/Our ref JM/05014/18

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

Government.Committee.Business@gov.wales

17 January 2019

Dear David,

Thank you for your letter of 19 December to the Minister for Health and Social Services, Vaughan Gething AM, in relation to Petition P-05-771 to reconsider the closure of the Welsh Independent Living Grant (WILG). I am replying as policy on social care in Wales is now within my Ministerial portfolio.

As you know from the former Minister for Children, Older People and Social Care's letter of 22 November last year, to be assured of the position on the transfer of support to local authorities for those who received payments from the WILG he asked all authorities to undertake a "deep dive" review. This was where he instructed all local authorities to review all cases where, following an assessment of someone's care needs, there was an intention to reduce the authority's direct support to the person in what would have been the WILG element of their overall support. This was to identify the reasons for these, the exact scale of any reductions and to receive from each authority a personal assurance that where this was to occur it was appropriate and did not impact on that person's ability to live independently in the community.

These deep dive reviews were undertaken at the end of 2018 and a summary of the outcome is attached. Of the 1,174 people who had completed at that time their future care review as part of this transfer, only in 157 cases (13%) was a reduction in the former WILG element of their support proposed as a result. In the majority of cases people's care reviews had identified them as requiring future care of a similar nature and level to that they currently received, while people were to receive a higher level and intensity of care following their review in a slightly higher number of cases to that where a reduction was proposed.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Julie.Morgan@llyw.cymru
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Tudalen y pecyn 98

Where a reduction was proposed the level of this varied from individual to individual depending upon their particular circumstances and the reason for their reduction. Hence most people to receive a reduction in the former WILG element of their support were to receive a reduction of between 1-14 hours a week, with a wide range of reasons for this. Of particular note were instances where a change in social care support, either in the way this is provided or of a different type, has had a consequential effect on the level of formal care a person requires. There were also a number of cases where people had developed a need for healthcare since the ILF's last care reviews undertaken in 2015 and hence no longer have a requirement for social care. In addition, there were instances where changes were to be made to the commissioning arrangements or level of support for a person, due to the full value of their funding not being fully utilised previously. Often this was at the request of the person or their family.

To ensure authorities had undertaken these deep dive reviews correctly, the former Minister met at the end of last year local authorities' relevant social care Cabinet Members and all Directors of Social Services (or their representatives) on a regional basis. This was to question them on the outcome of their deep dive reviews to ensure the support they were putting in place for people was genuinely helping them to live independently and to give authorities the opportunity of raising any implementation issues they were encountering.

During these meetings local authority representatives provided their personal assurance that where reductions were to occur these were appropriate, did not impact on that person's ability to live independently in the community and, in the vast majority of cases, had been agreed with the person concerned. Where they had not been agreed with the person authorities were seeking to resolve this with them. In addition, no major implementation issues were raised by authorities as being of concern.

As you appreciate it is still relatively early in my Ministerial tenure and so I am currently getting myself appraised of the background to this issue, the action to date and the implications of the outcome of the deep dive review the former Minister undertook.

There is, of course, a critical need to ensure that the completion of this transfer of support for those people affected is undertaken correctly in a manner which does truly support their ability to continue to live independently. As a result, to ensure I have a full picture of the issues I have arranged to meet later this month the petitioner, Nathan Davies, to hear at first hand his concerns and to outline what the former Minister established with local authorities. Following this I will decide what further action may need to be taken to ensure the transfer is effective in supporting independent living and will update the Committee accordingly.

Yours sincerely,



Julie Morgan AC/AM

Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

Summary of Outcome - Deep Dive Reviews by Local Authorities in Connection with the Welsh Independent Living Grant (WILG) – October/November 2018

Introduction

All local authorities were instructed to undertake at the end of 2018 a deep dive review of all cases where a care review of a person's future needs resulted in the proposed reduction in what was previously the WILG element of their overall support. These care reviews are being undertaken as part of the transfer of people's future support to local authorities' social care provision. The purpose of these deep dive reviews was to ensure these reductions were appropriate and did not impact on that person's ability to live independently in the community.

Below is the outcome of the deep dive reviews in terms of the numbers identified, the range of reductions proposed and a sample of the reasons for those reductions.

Numbers

The number of people where a reduction of this nature was proposed in each local authority is listed below. This is shown in relation to the total number of WILG recipients who had a care review in each authority at that time. Overall just over 150 were in this position out of a total number who have had their care review at that time of just over 1,100 (13% of the total):

Local Authority	No. of people who have had their future care review	No. of people where previous WILG support is to reduce in new care package
Blaenau Gwent	26	6
Bridgend	55	2
Caerphilly	53	6
Cardiff	57	11
Carmarthenshire	175	8
Ceredigion	16	7
Conwy	72	3
Denbighshire	7	2
Flintshire	82	2
Gwynedd	80	18
Isle of Anglesey	33	0
Merthyr Tydfil	33	2
Monmouthshire	20	0
Neath Port Talbot	30	11
Newport	19	10
Pembrokeshire	30	11
Powys	62	1
Rhondda Cynon Taf	129	12
Swansea	66	3
Torfaen	43	14
Vale of Glamorgan	28	4
Wrexham	58	24
Total	1,174	157

Level of and Reason for Reductions

There was a wide range in the level of support which it was proposed to reduce. This varied between people due to their particular circumstances and the reason for the reduction. An indication of the range of, and reasons for, reductions is below:

No. of hours reduced	Examples of reasons for reduction
<ul style="list-style-type: none"> • 30 mins a week (1 person) • 1-5 hrs a week (49 cases) 	<ul style="list-style-type: none"> • increase in community support led to reduction in night respite over a month • provision of one to one support removed requirement for undertaking particular activities • change in arrangements for visiting family reduced need for formal support • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • a number of individuals received one to one support, or a high level of support at home, neither of which supported their independent living. After discussion with those concerned it was agreed to provide support in alternative ways, such as support from a care provider who facilitates activities to promote independence • change in personal circumstances in a number of cases reduced requirement for formal support, often at families request • reduction in need for attendance at day care • switch of care provision to Direct Payments with corresponding better meeting of care needs • improvement in independence since last review reduced need for formal support • in some cases the person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board • reduced requirement for care at night • duplication of funding for support from both local authority and via WILG which family had not identified • no requirement for social care

<ul style="list-style-type: none"> • 6-14 hrs a week (43 cases) 	<ul style="list-style-type: none"> • change in personal circumstances in a number of cases reduced requirement for formal support, often at families' request • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • overnight support no longer required • WILG funding used to pay "friend" to home visit • Over provision of funding to pay for the level of personal care required • shared care services identified for other recipients in same supported living accommodation reduced need for individual support • in some cases the person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board
<ul style="list-style-type: none"> • 15-25 hrs a week (36 cases) 	<ul style="list-style-type: none"> • person supported by adult placement scheme offering opportunities to live in the community with 'enablers'. The 'enabler' in this instance was receipt of the highest band payment under WILG. While the support provided has not changed, the person is now receiving a more appropriate payment as the enabler to achieve the same outcome • change in personal circumstances in a number of cases reduced requirement for formal support, often at families request • in some cases night care no longer required • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • changes to home and life circumstances reduced requirement for formal care • remodelled support using assistive technology reduced care need
<ul style="list-style-type: none"> • 26-48 hrs a week (10 cases) 	<ul style="list-style-type: none"> • enrolled into community living project so no longer attends day services • reduction in day time support has build person's confidence so as to reduce their need for support at night. Telecare being

	<p>utilised to support this change</p> <ul style="list-style-type: none"> • individual did not need care on a 1:1 basis all of the time and so encouraged to live safely at home more independently with telecare support • in some cases person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board • use of assistive technology at night, increased independence by day • use of third sector community support and carers reducing need for formal support • move to direct provision of respite care from local authority
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NB In one instance the local authority could not separately identify the level of the previous WILG support which is to reduce in the new overall care package. As a result only 139 of the total 157 cases identified are included above.

Mae cyfyngiadau ar y ddogfen hon

Eitem 5.2

P-05-784 Dibyniaeth ar gyffuriau presgripsiwn ac effeithiau diddyfnu – adnabyddiaeth a chefnogaeth

Cyflwynwyd y ddeiseb hon gan Stevie Lewis ac ystyriwyd am y tro cyntaf gan y Pwyllgor yn ystod Mai 2017, ar ôl casglu 213 o lofnodion ar-lein.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gymryd camau i adnabod yn briodol a chefnogi'n effeithiol yr unigolion hynny yr effeithir arnynt ac a niweidir gan ddibyniaeth ar gyffuriau presgripsiwn a'r adwaith wrth diddyfnu oddi wrthynt.

Sefydlwyd y ddeiseb hon i godi ymwybyddiaeth o sefyllfa unigolion yng Nghymru yr effeithir arnynt gan ddibyniaeth ar gyffuriau gwrth-iselder a bensodiasepinau ar bresgripsiwn a'r adwaith wrth geisio diddyfnu oddi wrthynt. Yn benodol gofynnwn i Lywodraeth Cymru gefnogi galwad Cymdeithas Feddygol Prydain ledled y DU am gamau i ddarparu cymorth amserol a phriodol ar gyfer unigolion yr effeithir arnynt.

Mae'r term "dibyniaeth ar gyffuriau presgripsiwn" yn cyfeirio'n benodol at y sefyllfa lle mae cleifion, ar ôl cymryd eu meddyginiaeth gwrth-iselder neu bensodiasepin yn union fel a ragnodwyd gan eu meddyg, yn gweld na allant roi'r gorau oherwydd yr effeithiau diddyfnu difrifol. Mae'n bwysig nodi yma bod caethiwed a dibyniaeth yn gysylltiedig â'i gilydd, ond yn faterion gwahanol. Mae defnyddio'r term 'bod yn gaeth' yn awgrymu bod yr unigolyn yn ymddwyn mewn ffordd benodol er mwyn ceisio pleser. Mae adroddiadau am ddibyniaeth ar gyffuriau presgripsiwn yn y cyfryngau yn parhau i gyfeirio at "camdefnyddio" a "bod yn gaeth" fel pe bai'r claf yn gyfrifol mewn rhyw ffordd am ei niwed ei hun. Mae hyn ymhell o'r gwir. Ni cheir unrhyw bleser o gwbl o sylweddoli eich bod yn dioddef amrywiaeth eang o symptomau corfforol ac emosiynol wrth geisio rhoi'r gorau i'ch meddyginiaeth gwrth-iselder neu cymryd llai ohoni. Mewn rhai achosion, gall y symptomau gyfyngu ar fywyd pobl ac, yn drasig, gallant fod yn angheuol hyd yn oed. Mae ar gleifion angen cydnabyddiaeth ffurfiol, cymorth ac arweiniad i'w helpu drwy eu taith o roi'r gorau i'r feddyginiaeth ac nid yw hynny'n bodoli ar hyn o bryd.

Gwybodaeth ychwanegol

Yn ddiweddar, mae Cymdeithas Feddygol Prydain wedi tynnu sylw at broblem dibyniaeth ar gyffuriau presgripsiwn. Ym mis Mai 2017 ysgrifennodd: "Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. But often their use can lead to a patient becoming dependent or suffering withdrawal symptoms. In the absence of robust data, we do not know the true scale and extent of the problem across the UK. However, the evidence and insight presented to us by many charity and support groups shows that it is substantial. It shows us that the 'lived experience' of patients using these medications is too often associated with devastating health and social harms. This represents a significant public health issue, one that is central to doctors' clinical role, and one that the medical profession has a clear responsibility to help address." Oherwydd nad yw sgil effeithiau, effeithiau goddefiad ac effeithiau diddyfnu'r meddyginiaethau hyn yn cael eu hadnabod yn feddygol am yr hyn ydynt, pan fydd cleifion yn datblygu'r effeithiau/symptomau cysylltiedig hyn maent yn aml yn cael presgripsiwn ar gyfer meddyginiaethau eraill ac yna mae'r gymysgedd o nifer o feddyginiaethau yn cymhlethu'r problemau ymhellach.

Mae cleifion yr effeithir arnynt yn eu cael eu hunain â diagnosis amwys, e.e.'symptomau heb esboniad meddygol' neu 'anhwylderau'r system anorganaid / corfforol'. Yn y bôn, diagnosis seiciatrïg yw pob un o'r rhain, yn priodoli amrywiol symptomau corfforol sy'n gwanychu a llesgáu'r claf i'w bryder a'i gredoau ac ati ei hun. Effaith hyn yw diystyru, diraddio a digalonni rhagor ar y cleifion hyn. Os na ellir cydnabod bod modd i gleifion ddiodef niwed a chamweithrediad anorganaid parhaus ar y system nerfol o ganlyniad i gymryd meddyginiaethau 'yn unol â'r presgripsiwn' (weithiau dros lawer o flynyddoedd), bydd dysg a gwelliant meddygol systemig yn cael eu llesteirio a bydd cleifion yn parhau i gael eu niweidio ymhellach. Yn y cyfamser ni sylweddolir o hyd faint y risgiau wrth roi'r presgripsiwn cychwynnol, ac mae'r canllawiau camarweiniol a'r cyngor 'arfer gorau' ar gyfer rhoi meddyginiaethau o'r fath ar bresgripsiwn yn parhau yr un fath.

Etholaeth a Rhanbarth y Cynulliad

- Mynwy
- Dwyrain De Cymru

**PRESCRIBED DRUG DEPENDENCE AND WITHDRAWAL - RECOGNITION AND SUPPORT
STEVIE LEWIS NOVEMBER 2018**

**SUMMARY OF CHANGES REQUIRED BY THE WELSH ASSEMBLY GOVERNMENT TO
APPROPRIATELY RECOGNISE AND SUPPORT PEOPLE WITH PRESCRIBED DRUG
DEPENDENCE**

Wales is in the enviable position of being ahead of the game as far as recognition and support for people with PDD is concerned. The All Wales Medicines Strategy Group (AWMSG) has already recognised the danger for dependency on certain drugs, namely benzodiazepines, anxiolytics, hypnotics and opioids and targeted these for reduction in prescribing. The dangers of pregabalin and gabapentin have also more recently been highlighted to prescribers. Wales already has a 24/7 Mental Health helpline (CALL) and a 24/7 drugs and alcohol helpline (DAN). Wales already has a Prescribed Medication Support Service covering 701,000 people in North Wales. England, Scotland and Northern Ireland do not have any of this in place. England agreed a review of PDD which will take at least a year to report. Scotland has a petition which has reached the point where the Committee are thinking about a review. N Ireland doesn't have a parliament and no campaigning is taking place. Southern Ireland is just about to submit a formal petition, to which I was invited to contribute.

WHAT WALES CAN DO NOW

A. Recognition: with specific reference to SSRI and SNRI antidepressants

Antidepressants to be targeted for reduction in prescribing

As of today, it has not been formally recognised that antidepressants cause dependence to a level equal to the benzodiazepines, anxiolytics, hypnotics and opioids. Many medical experts deny the possibility. A recent report published by the All Party Parliamentary Group (APPG) for PDD prepared for the Public Health England (PHE) review of PDD and published in the Journal for Addictive Behaviours¹ has concluded that:

“More than half (56%) of people who attempt to come off antidepressants experience withdrawal effects.

• Nearly half (46%) of people experiencing withdrawal effects describe them as severe.

• It is not uncommon for the withdrawal effects to last for several weeks or months.”

The findings were inevitably challenged by other medical experts². In response, the authors, Professor John Read and Dr James Davies publicly stated:

“We readily concede, as we did in the review, that our estimates are indeed estimates, based on the best available evidence. They may be off by 5% or even perhaps as much as 10%, lower or higher. Nevertheless, even the most conservative estimate of 46% experiencing withdrawal, and 36% of those at the severe level, would represent a public health issue of significant proportions.”³

In order for change to occur in Wales so fewer people are affected by PDD, the AWMSG must add SSRI and SNRI antidepressants to the list of drugs that are targeted for reduction, as benzodiazepines, anxiolytics, hypnotics and opioids currently are.

New guidelines for antidepressant prescribing required

Three different reports produced by the APPG for the PHE review have concluded that one of the main reasons that patients become dependent on antidepressants is that the NICE guidelines, followed by doctors UK-wide, are inaccurate and inadequate. The guidelines have been quoted widely in the media, stating that antidepressant discontinuation is mild and self-limiting. This leads to lack of informed consent and inappropriate prescribing. The APPG reports state:

“Current UK and USA Guidelines underestimate the severity and duration of antidepressant withdrawal, with significant clinical implications.”⁴

“Clinical guidelines must also be updated to reflect the actual incidence, severity and duration of antidepressant withdrawal, and to enable doctors, psychiatrists and other practitioners to provide appropriate care, including slow tapering protocols.”⁵

“Possible additional preventative actions include:

• Update NICE guidelines covering the prescription of psychoactive drugs to include the requirement to warn the patient about possible issues of dependence and associated withdrawal effects (in addition to side effects)

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- *Implement a method of ensuring warnings are given to enable patients to give informed consent to treatment*⁶

Current NICE guidelines for depression are under review, but there is no confirmation at this point that antidepressant guidelines will change. The AMSP must give all prescribers in Wales new guidelines for antidepressants which accurately demonstrate the risks and benefits of the drugs and allow true informed consent. The Welsh Government can assist by lobbying NICE to update the current antidepressant prescribing guidelines.

Training and Education throughout the NHS

Making the changes above will lead towards all Welsh NHS employees being made aware of the symptoms of antidepressant dependence and withdrawal. Without the clear recognition and acceptance of PDD, GPs and A&E departments erroneously diagnose Medically Unexplained Symptoms (MUS) and refer patients needlessly to Consultants, Specialists and Psychiatrists. This has huge cost implications for the NHS in Wales.

B. Effectively support patients with Prescribed Drug Dependence and Withdrawal: for all dependency forming drugs

Provision of a Wales-wide Prescribed Medication Support Service

The Assembly Government must give all of Wales access to an NHS funded Prescribed Medication Support Service to match that currently provided across part of North Wales⁷. A service specifically targeted for patients with PDD is required because the promoted alternative is the Substance Misuse Services which treat PDD the same as street drug and alcohol withdrawal. A short withdrawal for patients with PDD is dangerous and potentially life-threatening. Dr Anne Guy recently visited the PMSS in N Wales on behalf of the APPG. She is the co-author of a report⁸ on the PMSS and 3 other services in the UK which provide support for patients with PDD. This is for submission to the PHE review with a view to taking the best from the services currently available as a template to roll out across the UK. The PMSS is the only NHS funded service in the UK. Highlights on the PMSS from her report are:

“Costs and outcomes :

- *Population of 701,000 across six counties*
- *Cost per annum £179K*
- *Cost per population head £0.26 a year*
- *Cost per person helped: £272*
- *Outcomes – in the 6 months Apr-Sep 2018*
- *A total of 329 people used the service (260 new referrals)*
- *62% people were reducing prescribed medications*
- *33% ceased taking prescribed medications”*

Extrapolated to whole population of Wales of 3,125,000 people (as at 30/06/17 according to the ONS) at £0.26 ppa = £812,500. Therefore, for less than £1m, the whole of Wales could have a service which has been tried and tested over a period of 20 years, and which clearly produces excellent results. Seeing as c £50m pa is provided for substance misuse, this hardly seems to be an excessive request.

Training and Education throughout the NHS

Training and education will then be required in order to signpost people to the Wales-wide PMSS. All prescribers will need to know of its existence. The 24/7 helplines (CALL and DAN), which are manned by the same team, are already on board as they currently refer callers from N Wales. A dedicated section of the NHS Wales website is necessary, together with an on-line chat section for those who don't wish to make a phone call.

Tapering Advice and Tapering Strips

Tapering advice and tapering plans are needed for each drug, and to be made available widely for all prescribers, mental health workers, and patients. These resources already exist within the PMSS and other charitable support services. The Welsh Government should look seriously at the introduction of tapering strips⁹ – tablets in reducing potencies to enable a patient to taper slowly from their drug. These are currently only available in the Netherlands.

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9. <http://www.taperingstrip.org/>



All-Party Parliamentary Group for Prescribed Drug Dependence

The APPG for Prescribed Drug Dependence was launched in July 2015 to tackle the growing problem of prescribed drug dependence. Its mission is to recognise, address and reduce the harm caused by prescribed drug dependence. Officers include Sir Oliver Letwin MP (Chair), Norman Lamb MP, Luciana Berger MP, Paul Flynn MP, the Earl of Sandwich and Baroness Masham of Ilton (all co-chairs). You can find out more about the APPG at <http://prescribeddrug.org>.

The APPG supports the petition presented by Stevie Lewis to the Welsh parliamentary petitions committee (P-05-784) and would like to draw the committee's attention to the following points:

Antidepressants

We are aware that the All Wales Medicines Strategy Group (AWMSG) has already recognised the issue of the possibility of dependence on certain drugs (benzodiazepines, anxiolytics, hypnotics and opioids) and targeted these for reduction in prescribing and would suggest the most recent evidence should be reviewed to consider expanding this list to include antidepressants. Such evidence includes a recent systematic review authored by James Davies, and Professor John Read, University of East London on behalf of the APPG¹ which has been peer reviewed and published in the Journal of Addictive Behaviors, with extensive accompanying press coverage.

The review indicates that an average of 56% of patients who stop or reduce their antidepressants experience withdrawal symptoms, with 46% of these reporting their symptoms as severe. Whilst there were some criticisms levelled at the review these have been addressed by the authors who conclude that: "We fully accept that our overall estimates of 56% incidence, with 46% of those being severe, are only estimates. They may move by a few percentage points in either direction. However, even if the actual incidence is towards the lower end of the 50% to 57% range, when grouping study types, this will still constitute over half of all antidepressant users."²

Public Health England (PHE) review

The APPG is pleased that in January 2018 PHE launched a [review of the evidence for dependence on, and withdrawal from, prescribed medicines](#). The review is due to issue its report in spring 2019, to include various recommendations which it is hoped will include:

- A national 24 hour helpline and accompanying website
- Provision of local support services
- Changes to doctor training, medical school syllabi and provision of targeted CPD
- Proposals for updates to existing clinical guidance

NICE Guidelines

The existing NICE guidelines that relate to antidepressant withdrawal (CG90) are, in the opinion of the APPG secretariat, inaccurate and not evidence-based. They currently state that 'symptoms are usually mild and self-limiting over about 1 week', while our research shows that withdrawal is often severe and can last weeks, months or longer. Updating these guidelines is therefore a priority for the APPG.

The APPG therefore recently submitted evidence to NICE as part of its review of the current depression guidelines. The Welsh Assembly might consider what pressure it can bring to bear on ensuring all relevant guidelines reflect the latest evidence.

Patient Experiences and Current Service Provision

The APPG secretariat has been concerned that there is very little published research in these areas, and has undertaken and submitted its own research to the PHE review. This work has so far resulted in the publication of the systematic review mentioned above and three additional reports:

(i) **Antidepressant Withdrawal: A Survey of Patients' Experience**³ is based on the results of a survey of 319 UK patients affected by antidepressant withdrawal. 64% of patients surveyed claim not to have received any information from their doctors on the risks or side effects of antidepressants, while only 2.5% of patients found NHS 111 to be a helpful source of support during withdrawal. In addition, responses to the survey make clear that the impact of antidepressant withdrawal can be devastating for some individuals with severe withdrawal reactions, with 30% of respondents reporting being off work indefinitely due to the severity of their symptoms.

(ii) **The Patient Voice: An Analysis of Personal Accounts of Prescribed Drug Dependence and Withdrawal**⁴ analyses the experience of 158 individuals who responded to the petitions lodged with parliamentary Petitions Committees in Scotland and Wales in 2017. The report identifies eight key failure points in healthcare systems experienced by these respondents (e.g. the lack of opportunity for informed consent when deciding whether to take the medication) and concludes that the failures encountered require systemic change.

(iii) **An Analysis of four Current UK Service Models for Prescribed Medication Support**⁵ includes the service offered by the Prescribed Medication Support Service (PMSS) in North Wales. The report identifies a range of patient groups for whom services need to be designed. In Wales this might mean an extension of the kind of NHS embedded service offered by PMSS alongside a 24 helpline which would provide support to those alienated by their experience of the healthcare system and those needing more intensive support.

Conclusion

The APPG believes that current service provision is entirely inadequate given the scale and complexity of this issue. Existing drug and alcohol treatment centres do not have the necessary skills or expertise to cope with this cohort of patients, most of who do not consider themselves to be 'addicts'. GPs and psychiatrists are often unaware of the severity and duration of withdrawal symptoms, and many patients report that they are given inappropriate new diagnoses instead of doctors realising that their symptoms are due to drug withdrawal effects. The PMSS in North Wales is the only exception embedded as it is in the heart of the primary care system.

We therefore continue to support the demand by the BMA for a dedicated national 24 hour helpline, with accompanying website, as a minimum, to help patients seeking to withdraw from benzodiazepines, antidepressants and opioids. This helpline and website would fill an essential gap in current service provision, and become a critical resource for patients, families and their doctors.

We have published a declaration of support for the helpline, which has been signed by - among others - the BMA, the Royal College of Psychiatrists, the Royal College of GPs, the Royal College of Physicians, the Royal Society for Public Health, the Medical Schools Council and the British Psychological Society. See <http://cepuk.org/wp-content/uploads/2017/04/Declaration-of-support.pdf>.

We urge the Committee to petition the Welsh Assembly to join the BMA and the APPG in its demand for a national helpline and to consider how this and other services might be implemented for Wales.

References

¹ Davies, J., & Read, J., (2018), 'A Systematic Review into the Incidence, Severity and Duration of Antidepressant Withdrawal Effects: Are Guidelines Evidence-Based?' *Journal of Addictive Behaviors* Available Online: <https://www.sciencedirect.com/science/article/abs/pii/S0306460318308347>

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³ Davies, J, Pauli R, Montagu, L (2018), Antidepressant Withdrawal: A Survey of Patients' Experience, Available Online: <http://prescribeddrug.org/wp-content/uploads/2018/10/APPG-PDD-Survey-of-antidepressant-withdrawal-experiences.pdf>

⁴ Guy, A., Lewis, S., Brown, M., (2018) The Patient Voice: An Analysis of Personal Accounts of Prescribed Drug Dependence and Withdrawal, (an APPG for PDD Report) Available Online:

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⁵ Guy, A., Davies, J., (2018) An Analysis of four Current UK Service Models for Prescribed Medication Support (an APPG for PDD Report)

<http://prescribeddrug.org/wp-content/uploads/2018/11/APPG-Service-Model-Report.pdf>



**All-Party Parliamentary Group
for Prescribed Drug Dependence**

An Analysis of Four Current UK Service Models for Prescribed Medication Withdrawal Support

October 2018



All-Party Parliamentary Group for Prescribed Drug Dependence

APPG officers:

Chairman: Sir Oliver Letwin MP (Con)

Co-chair: Norman Lamb (Lib Dem)

Co-chair: Luciana Berger MP (Lab)

Co-chair: Paul Flynn MP (Lab)

Co-chair: Baroness Masham of Ilton

Co-chair: Earl of Sandwich

On behalf of the APPG-PDD the report was researched and written by Dr Anne Guy MBACP (Accred), UKCP Reg., and Dr James Davies, with additional support from Todd Rae (data analysis) both of the University of Roehampton, and David Cope, process mapping improvement consultant. Information was supplied by June Lovell (PMSS), Ian Singleton (BTP), Jon Royle and Tracy Hogan (Bridge) and Tom Costley (REST).

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

Introduction

The aim of this report is to analyse the type of service models currently in operation in the UK supporting people experiencing prescribed drug dependence in order to identify components of current best practice for potentially planning UK wide service provision.

The report summarises the service models of four services:

- The Prescribed Medication Support Service (PMSS) – North Wales NHS
- Bristol & District Tranquiliser Project (BTP)
- The Bridge Project Addiction to Medicines Programme
- Mind in Camden’s Recovery Experience Sleeping Tablets and Tranquilisers Service (REST)

Each is considered in terms of

- the drugs covered
- criteria for referrals and how they are sourced
- any distinct client/patient groups
- service features (what is offered, by whom and where)
- key metrics (costs, outcomes, population served) and
- client feedback

Information has been sourced through a combination of personal visits, telephone calls and desk research.

Whilst all of the services considered are largely funded by the NHS, three are provided by third sector organisations – only one, the PMSS in Wales, is directly an NHS service. Related to service ownership there are three key variables which underpin the delivery models adopted by each service:

- Who staffs the service: clinical, non-clinical/peer, or a blend
- Where it is delivered: GP surgeries, community venues or a blend
- How referrals are sourced: from a variety of sources on a reactive basis; proactively identified, contacted and invited in to discuss their medication, or a blend

The option adopted for each variable depends on the assumptions about and the experience of the target patient/client groups:

- Whether potential clients are likely to be aware they need the service / be help seeking
- What are potential clients likely associations with GPs and their surgeries (positive or negative)?
- Whether potential client groups are seen to align best with routine primary care, substance misuse services or to have a unique set of needs.

After considering each service in turn issues which emerge from reviewing them collectively are identified and conclusions offered for any group considering wider implementation of services.

Prescribed Medication Support Service (PMSS) - Wales

Drugs covered & percentage of referrals in last 6 months:

- Benzodiazepines and Z drugs (57.9%)
- Antidepressants (2%)
- Pain killers (within prescribed limits) including over the counter (39.5%)
- Other (0.7%)

Criteria for referral to the service:

- Patients must be taking medicines within prescribing limits, otherwise PMSS will work with the substance misuse team

Key features

- Prescribed medication therapists (Nurse/counsellors) are based in GP surgeries and over 20 years have built up strong relationships with with doctors, practice nurses and pharmacists
- The team works collaboratively with pharmacists and GPs to identify and contact particular client groups e.g. pregnant women taking certain prescribed drugs, elderly patients who have had a fall, patients who are being prescribed drugs beyond guideline recommendations
- The prescribed medication therapists do a lot of education and training by running workshops and talks, and attending practice meetings
- See the next page for details of the service model

Costs and outcomes:

- Population of 701,000 across six counties
- Cost per annum £179K
- Cost per population head £0.26 a year
- Cost per person helped: £272
- Outcomes – in the 6 months Apr-Sep 2018
 - A total of 329 people used the service (260 new referrals)
 - 62% people were reducing prescribed medications
 - 33% ceased taking prescribed medications

Feedback from clients:

“My nurse has been incredibly helpful and understanding in my reducing programme for zimovane, on which I had developed a dependence. Job very well done!!!!”

“I could not have come off my medication with out the care and support of my specialist”

“She has been a helpful source of valuable information, now off my sleeping pills”

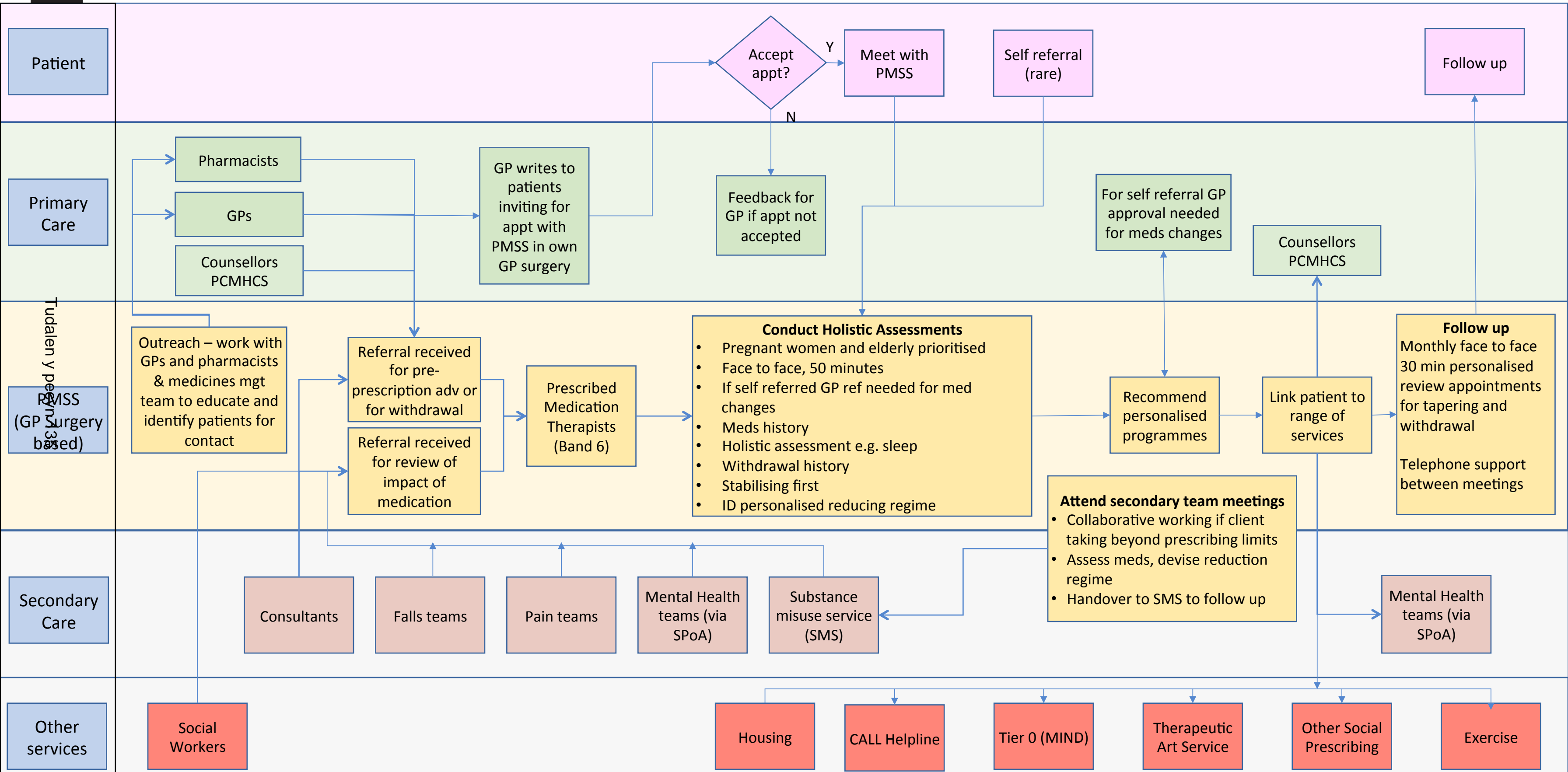
“She is an informed and compassionate person. I feel better for the service she has provided, and for knowing she understood”

Self-identified areas for development

- Further benefit might be gained from attaching a dedicated consultant and pharmacist to the team
- Implementation of a public education programme around the impact of some prescribed drugs associated with dependence on pregnancy



PMSS – Proactive NHS Based Clinical Service Model



Bristol and District Tranquiliser Project (BTP)

Drugs covered:

- Benzodiazepines and Z drugs (66% of activity linked with)
- Anti-depressants (33% of activity linked with)
- Anti-psychotics (1% - on GP request only)
- Does not work with pain killers

Criteria for referral to the service:

- Any source, primarily self referral

Key features

- A helpline supports people primarily from Bristol but also from the rest of the UK: open 10-15:30, Mon-Thu
- Two x weekly support groups and face to face counselling are available to residents of Bristol
- All services are offered by people with personal experience of prescribed drug dependence
- Funding is primarily from Bristol CCG (£66K) with an additional grant (£11K) from the Helping Older People Scheme combined with other smaller fundraising activities.
- Education and GP practice visits are undertaken but have reduced due to resourcing constraints
- See the next page for details of the service model

Costs and outcomes 2017/18:

- 285 clients were helped in total: 251 via the Helpline, 34 clients helped face to face (12 in groups, 22 one to one)
- 191 new clients contacted the service during the year
- 83% of all clients commenced withdrawal
- 2 FTE counsellors, 2 peer support group workers, 1 FTE admin
- Annual expenditure: £91.2K
- Cost per person helped £320 pa
- Population of Bristol 450K, cost per head £0.20

Feedback from clients:

“I would not have been able to come off my medication.”

“The only other option for me would be long term private counselling, which I cannot afford.”

“This service is invaluable, without it I would have gone mad.”

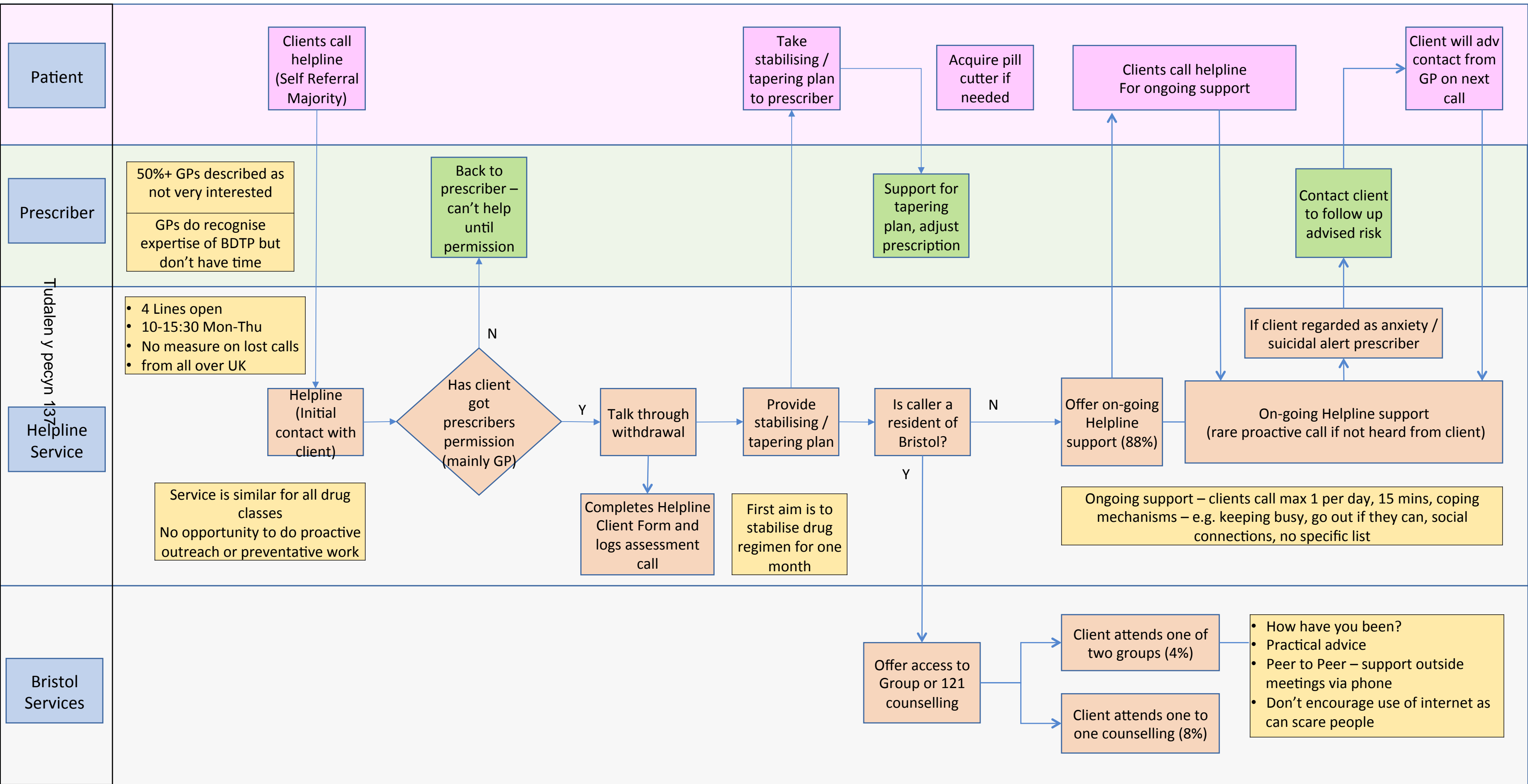
“Without this service, I don’t know, I would have jumped off a bridge.”

Self-identified areas for development

- Increasing the number of staff to reduce time taken to get through to the helpline



Bristol and District Tranquiliser Project – Reactive Peer Community Service Model



The Bridge - Addiction to Medicines Programme

Drugs covered:

- Benzodiazepines and Z drugs
- Opioids (pain killers)
- Anti-depressants are not covered by this service

Criteria for referral to the service:

- Most potential prescribed drug dependent clients are not help seeking and need proactive contact
- This service works with GPs to identify patients for proactive contact / outreach: 93% of referrals therefore come from GPs
- Area covered: Bradford Metropolitan District

Key features

- A charity that wins funding / contracts to deliver services
- Since October 2017 the Bridge is a subcontractor on a super contract for substance misuse services run by Change Grow Live (CGL) – the same provider as will take over the REST service in April 2019
- One FTE focused on benzos, another on opioids (since June 16)
- See the next page for details of the service model

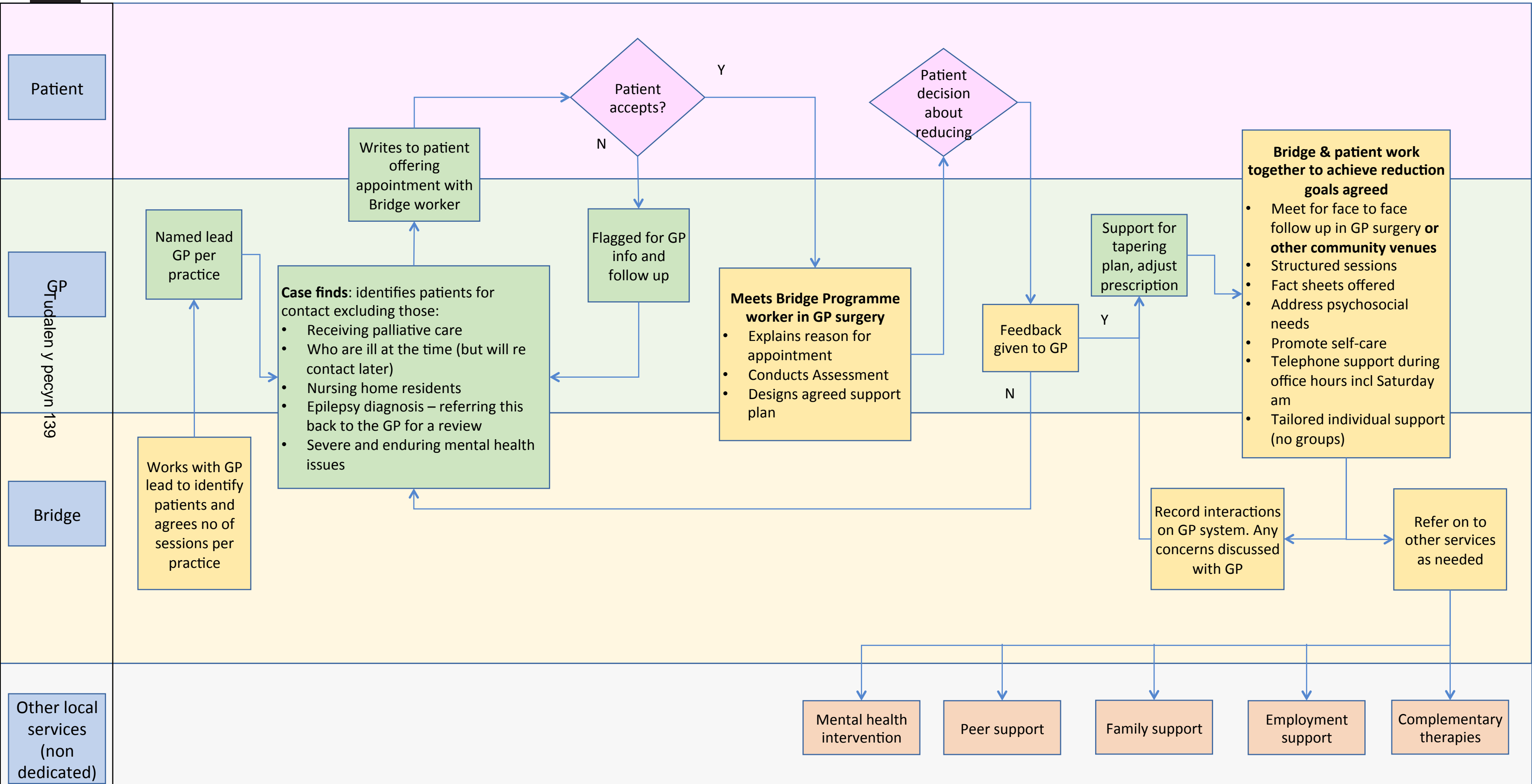
Costs and outcomes Sep 16/2017:

- Population of Bradford Metropolitan District: 532K
- Annual expenditure: £98K
- Cost per population head £0.18 a year
- Cost per person helped: £269
- Outcomes
 - Number of people helped 364
 - 43.3% successful completions for benzodiazepines
 - 47.4% successful completions for opioids

Self identified limitations of service:

- CGL only routinely report on the contract as a whole, not on prescribed medicine dependent patients as a distinct group – (data is held but not looked at as a discrete category)
- Developments in the service by CGL might mean GPs are incentivised to refer ‘problem’ patients rather than take responsibility for proactively case finding patients in need of the service.

The Bridge - Addiction to Medicines Programme: Proactive, non-clinical, multi-setting service model



Recovery Experience Sleeping Tablets & Tranquilisers (REST) – Mind in Camden

Drugs covered:

- Benzodiazepines and Z drugs only

Criteria for referral to the service:

- Work with people who are taking as prescribed, recreationally or whose use might now be described as chaotic
- Initial goal is to stabilise use before reducing / withdrawing

Key features

- 30 years experience
- Run by non-clinicians and in a community setting : “we are not of the NHS, but can and do work closely with it”
- Service user involvement encouraged in relevant meetings & education events: “The self-defining, non-labelling, co-production and peer support ethos of Mind in Camden permeates every aspect of REST” (Mind in Camden)
- From 2019 the service will be taken over by CGL (who the Bridge subcontract for) as part of larger substance misuse services
- The manager & service users undertakes networking & education in the area
- The CCG has commissioned a Specialist Nurse Prescriber to work with GPs looking at prescribing patterns (not part of REST)
- See the next page for details of the service model

Costs and outcomes as at March 2018:

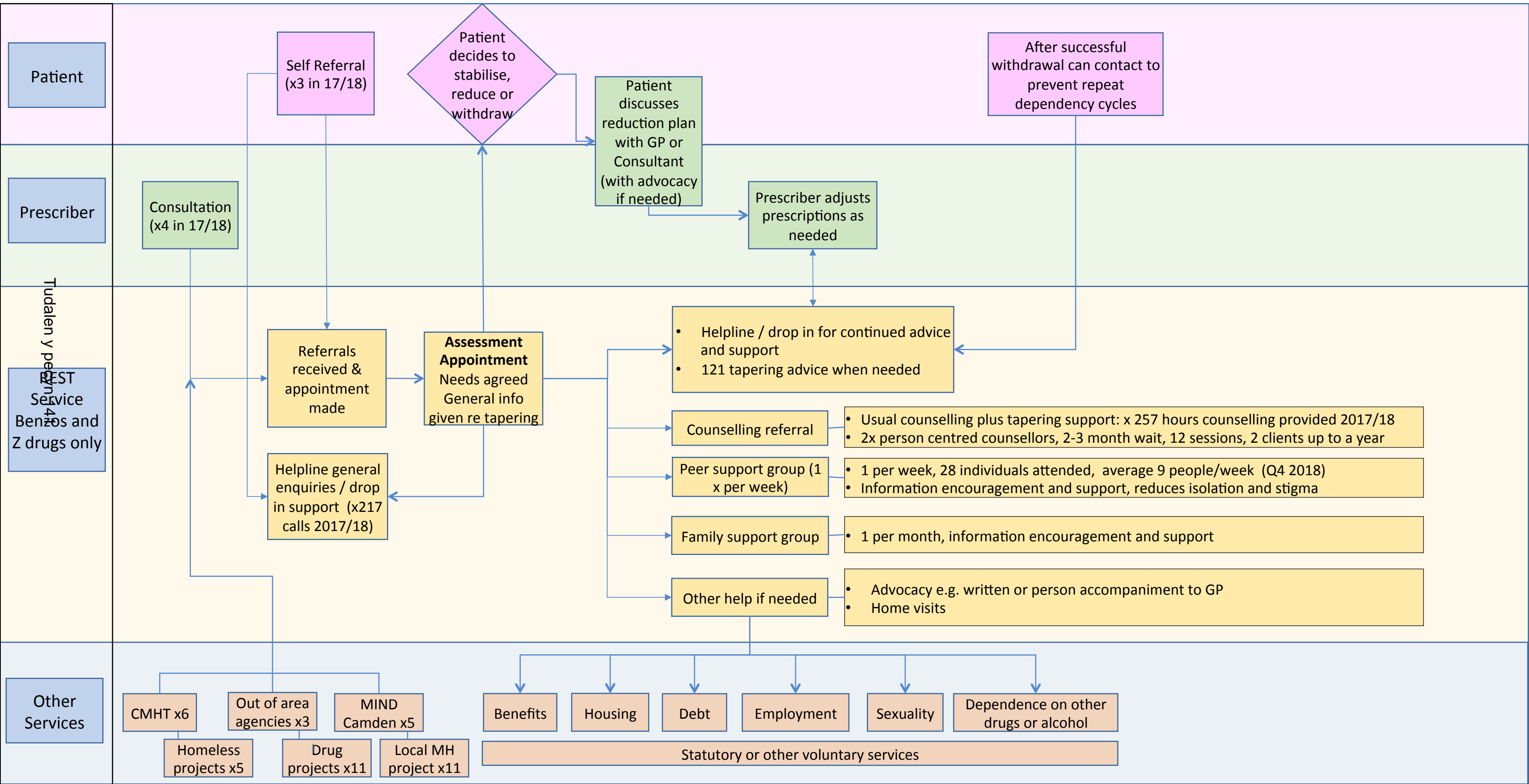
- Population of Camden & Islington: 215,667
- Helps 130 people per year through helpline and counselling
- Service cost per annum: £49K
- Cost: per person helped: £376, per head of population: £0.22
- Counselling outcomes over 8 years (194 clients):
 - Stabilised: 4%
 - Lower dose: 51%
 - Higher dose: 1%
 - Withdrew completely: 29%
 - No change: 6%
 - Not known or applicable: 21%
- Outcomes over 30 years:
 - 1000 people have received long-term individual tailored support,
 - a further 2000 helped shorter term or with one off advice

Feedback from clients:

“When I attended REST initially, I had lost just about all hope, was sick, confused, forgetful, angry and withdrawn. 6 months down the line I've got more hope, support, peace of mind and am slowly preparing to return to work on a part time basis. No one else provides what REST do, it is a service that should be more widely available, not being cut back”



(REST) – Mind in Camden: Community based, reactive, peer supported service model



Discussion

Each service considered in this report is founded on a particular view of client needs, and services are shaped in response to that view. Broadly speaking clients/patients are either seen as:

i. Likely to be non-help seeking and in need of proactive outreach as they may not realise they may benefit from reviewing their medications e.g.

- Elderly at greater risk of falls (e.g. from slips, trips & falls programme)
- Pregnant women or those trying to become pregnant
- Those who have been prescribed drugs beyond prescribing limits
- Those taking drugs that are being discontinued

or

ii. Having had poor experiences of doctors and desperate for help from people who have had similar experiences:

- People who have had a dependence or withdrawal issue not recognised or believed by doctor/s
- Those whose use has gone beyond prescribed limits or whose use might be described as chaotic

There are also two more categories:

iii. Patients who have tried to withdraw but whose experience of doing so was misinterpreted as relapse and their prescription was reinstated

iv. Patients who are dependent on illegal drugs as well as prescribed medication who are largely routed to substance misuse services.

PMSS in Wales focuses on group (i) and it is unclear as to whether clients in (ii) simply don't exist in this area given the existence of the PMSS service for the last 20 years or whether they don't contact PMSS because it is run by clinicians in an NHS setting. Alternatively perhaps people are unaware of its existence until contacted by PMSS. The low level of patients being seen for antidepressants by this service (2%) might be partly explained by low levels of recognition of dependence for antidepressants (Davies & Read, 2018) and so are not contacted for active review.

Bristol Tranquilliser Project (BTP) and REST (Mind in Camden) responds to group (ii) in a community setting. Camdens' CCG has recently commissioned a Specialist Nurse Prescriber (SNP) who is able to look in more detail at prescribing patterns and picks up clients with particularly complex prescriptions (group i). The SNP's remit is also to provide training and the sense is that GPs are more likely to be open to SNPs influence due to their clinical training. SNPs could be useful in influencing GPs to change practice.

The Bridge Project's service works proactively with group (i) – whilst it offers services in both a clinical and community setting virtually all interventions are delivered in a clinical primary care setting (which is perhaps unsurprising as it is the GP who has engaged the patient in the programme).

Whilst there is nationwide provision for services for substance misuse, it is clear that these are a poor fit for groups (i), (ii) and (iii).

Discussion

What emerges from reviewing these services collectively is that a combination of approaches is needed to reach all the client groups in need of services. There are also a few people with a great deal of experience and expertise whose involvement would benefit the specification of any UK wide services.

Costs

In terms of costs the data were analysed by scaling up the Welsh PMSS results, which pertain to ~700k people (the population of the counties served), to the level of the mid-2017 population of England (~56m). We calculated the percentage of the Welsh population served, across six counties, who a) reduced (0.058%), or b) stopped their medication (0.031%) in the six months from Apr-Sep 2018.

Scaled to English population size, this suggests that a similar service has

- the potential to help a total of ~50k people annually in England to reduce or stop their intake of prescribed psychiatric drugs.
- using the annual per capita expenditure of the current service in Wales across the population of the counties served (£0.26), then multiplying this by the English population (assuming no economies of scale that may emerge), we thus estimate the annual cost of a similar system in England to be £14m per annum.

This headline figure will be partially mitigated by the fact that the presence of patients reducing or stopping medication will reduce the amount paid by the NHS for the relevant drugs. If we assume that

- a) prescriptions are monthly (on average), that
- b) 'reducers' will (on average) cut their usage by half and 'quitters' by 100% and that
- c) the costs of anti-depressants are approximately the same as other psychiatric medicines,

the potential annual savings to the NHS will be on the order of £1.5m, bringing the estimated total annual net cost of the programme down to £12.5m.

This figure will also be mitigated by a corresponding reduction in

- GP appointments
- Treatment costs related to falls in the elderly
- Treatment costs related to children born with problems related to prescribed drug dependence
- Other intangible societal benefits (e.g reduction in mental health disability payments, lost productivity and associated tax revenue) that may accrue from the general reduction of dependence on prescribed medications

All such cost savings would need to be estimated whilst costs for additional demands on services such as counselling would need to be factored in.

Conclusions

This analysis of the services currently operating in the UK provides useful information about how a nationwide service would need to be positioned in order to help a wide range of patients with a variety of needs. The current reality is that there are both people who rely on advice from their GP but who don't know they need to reduce their medication, and those whose experience has led them to seek help outside the NHS, and any services would need to cater to both groups.

This analysis also shows that the cost of providing a service similar to the Welsh PMSS in all of England would only be £0.26 per capita or £14m total. In addition, savings can be expected through reduced prescribing, fewer GP appointments, lower associated treatment costs as well as other societal benefits.

It is not advocated that any one of these current models be rolled out as is – whilst the PMSS model has many strengths for example, it also has limitations e.g. how the needs of groups (ii) & (iii) would be met, nor are any potential additional costs captured by the estimate provided.

It is, however, a tangible example of an NHS service model delivering proactive support to people taking prescribed medications which, in combination with a reactive helpline providing the option of peer support, might add up to a nationwide service which could meet the majority of patients' needs.

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The Bridge Project, *Addiction to Medicine Programme Fact Sheet*, (internal document)

Mind in Camden's formal response to the decision to re-provide the REST services

Mae cyfyngiadau ar y ddogfen hon

P-05-846 Achub Ysbyty Tywysog Philip Llanelli

Cyflwynwyd y ddeiseb hon gan Sosppan. Mae'r ddeiseb wedi casglu 12,745 o lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i achub ein hysbyty Tywysog Philip, Llanelli.

Etholaeth a Rhanbarth y Cynulliad

- Llanelli
- Canolbarth a Gorllewin Cymru

Mae cyfyngiadau ar y ddogfen hon