

## Y Pwyllgor Deisebau

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Lleoliad:  
**Theatr y Stiwt, Wrecsam**

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Dyddiad:  
**Dydd Llun, 2 Gorffennaf 2012**

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Amser:  
**10:00**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch a:

**Abigail Phillips**  
Clerc y Pwyllgor  
029 2089 8421  
[deisebau@cymru.gov.uk](mailto:deisebau@cymru.gov.uk)

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### Agenda

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- 1. Cyflwyniad, ymddiheuriadau a dirprwyon 10.00**
- 2. P-04-361 Pas bws am ddim i fyfyrwyr o dan 25 oed sydd mewn addysg llawn amser 10.00 – 10.30** (Tudalennau 1 – 5)
  - 2.1 P-04-361 Pas bws am ddim i fyfyrwyr o dan 25 oed sydd mewn addysg llawn amser – Sesiwn dystiolaeth lafar **10.00 – 10.20**  
  
Poppy Thomas  
Kayleigh Stone  
Jenny Taylor  
Richard Williams  
Darren Millar AC
  - 2.2 P-04-361 Pas bws am ddim i fyfyrwyr o dan 25 oed sydd mewn addysg llawn amser – Ystyried y dystiolaeth **10.20 – 10.30**
- 3. P-04-381 Adfer Ysbyty Gogledd Cymru 10.30 – 11.10** (Tudalennau 6 – 12)
  - 3.1 P-04-381 Adfer Ysbyty Gogledd Cymru – Sesiwn dystiolaeth lafar **10.30 – 11.00**

Myrddin Davies, Theatr Stiwt  
Liz Doylan, Colwyn Bay Café  
??, Save Britain's Heritage

3.2 P-04-381 Adfer Ysbyty Gogledd Cymru – Ystyried y dystiolaeth lafar **11.00 – 11.10**

#### **4. Deisebau newydd 11.10 – 11.25**

4.1 P-04-402 Gweddiau Cyngor (Tudalennau 13 – 22)

4.2 P-04-403 Achub Plas Cwrt yn Dre/ Hen Senedd-Dy Dolgellau (Tudalen 23)

4.3 P-04-404 Awyrennau Di-Beilot Aberporth (Tudalen 24)

4.4 P-04-405 Llawysgrif ganoloesol o Gyfreithiau Hywel Dda (Tudalen 25)

4.5 P-04-406 Yn erbyn Safle yng Ngogledd Cymru yn y Cynllun Parthau Cadwraeth Morol (Tudalen 26)

#### **5. Y wybodaeth ddiweddaraf am ddeisebau blaenorol 11.25 – 12.10**

#### **Tai, Adfywio a Threftadaeth**

5.1 P-04-335 Sefydlu Tîm Criced Cenedlaethol i Gymru (Tudalennau 27 – 33)

#### **Iechyd a Gwasanaethau Cymdeithasol**

5.2 P-03-085 Meddygfeydd yn Sir y Fflint (Tudalennau 34 – 35)

5.3 P-03-221 Gwell triniaeth traed drwy'r Gwasanaeth Iechyd Gwladol (Tudalennau 36 – 41)

5.4 P-03-222 Y Gymdeithas Osteoporosis Genedlaethol (Tudalennau 42 – 44)

5.5 P-03-318 Gwasanaethau mamolaeth trawsffiniol (Tudalennau 45 – 76)

5.6 P-04-366 Cau canolfan ddydd Aberystwyth (Tudalennau 77 – 83)

#### **Yr Amgylchedd a Datblygu Cynaliadwy**

5.7 P-04-369 Deiseb yn erbyn y Llwybr Arfordirol o Gaerdydd i Gasnewydd a thu hwnt (Tudalennau 84 – 89)

5.8 P-04-378 Ymestyn Ardal o Harddwch Naturiol Eithriadol Gŵyr (Tudalennau 90 – 93)

#### **Busnes, Menter, Technoleg a Gwyddoniaeth**

5.9 P-04-360 Deiseb Man Gwan Pen-y-lan (Tudalennau 94 – 95)

5.10 P-04-364 Ffibr optig i ardaloedd gwledig (Tudalennau 96 – 101)

#### **6. Papur i'w nodi**

6.1 P-04-341 Gwastraff a Llosgi (Tudalennau 102 – 104)



# Eitem 2

## **P-04-361 Pas bws am ddim i fyfyrwyr o dan 25 oed sydd mewn addysg llawn amser**

### **Geiriad y ddeiseb:**

Dylai myfyrwyr o dan 25 oed sydd mewn addysg llawn amser gael pas bws Arriva am ddim. Mae myfyrwyr sydd yn y coleg ac yn gorffen ar ôl hanner dydd yn gorfod aros tan bump o'r gloch i ddal y bws sydd wedi'i ddarparu ar eu cyfer. Ni all rai myfyrwyr fforddio tocyn bws (Arriva) oherwydd incwm isel eu rhieni a'r ffaith nad ydynt yn deilwng i dderbyn lwfans cynhالياeth addysg neu grant dysgu'r Cynulliad.

**Prif ddeisebydd:** Myfyrwyr Coleg Llandrillo

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 24 Ionawr 2012

**Nifer y deisebwyr:** 15

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



Llywodraeth Cymru  
Welsh Government

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

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

[committeebusiness@Wales.gsi.gov.uk](mailto:committeebusiness@Wales.gsi.gov.uk)

February 2012

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

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

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

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

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

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

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

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

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



**Carl Sargeant AC / AM**

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



undeb cenedlaethol myfyrwyr cymru

1<sup>st</sup> March 2012

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

Dear William,

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

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

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

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

**- Lack of access to transport**

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



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

- **Lack of financial support**

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

- **Available to all that need it**

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

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

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

Yours sincerely,

Raechel Matthey  
NUS Wales Deputy President



## **P-04-381 Adfer Ysbyty Gogledd Cymru**

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i asesu treftadaeth bensaernïol Ysbyty Gogledd Cymru ac i sicrhau bod y clwydfannau ystlumod sydd yno yn cael eu gwarchod. Ein dymuniad yw bod yr adeilad gwirioneddol unigryw hwn yn cael ei gadw a'i adfer ar gyfer y genedl.

### **Gwybodaeth ategol:**

Gwybodaeth ategol: Mae Ysbyty Gogledd Cymru yn enghraifft dda o loches Fictorianaid a gynlluniwyd gan y pensaer Thomas Full James. Agorodd ym 1848 a chaeodd ei ddrysau ym 1995. Gyda 160 mlynedd o hanes o fewn ei furiau, mae'r bygythiad i'r adeilad yn un real, ond dylai Ysbyty Gogledd Cymru gynt rannu ei stori drist, gyda'r nod o gadw'r safle 126 acer hwn, i warchod y cyd-destun hanesyddol ar gyfer y cenedlaethau sydd i ddod. Yn ystod y cyfnod ar ôl gwaredu'r ysbyty, cafwyd dilyniant o berchnogion, ac mae rhai ohonynt wedi cyfrannu tuag at ddirywiad yr adeiladau, gan gymryd asedau oddi yno a dymchwel adeiladau rhestredig yn groes i Ddeddf Cynllunio (Adeiladau Rhestredig ac Ardaloedd Cadwraeth) 1990. Bu tarfu ar glwydfannau ystlumod, ac mae hynny'n groes i Ddeddf Bywyd Gwyllt a Chefn Gwlad 1981.

Cafwyd problemau niferus o ran gwaredu ac ail-ddatblygu'r ysbyty Fictorianaid hwn a'r adeiladau sy'n gysylltiedig ag ef, ers dros 15 mlynedd. Disgrifiwyd yr adeilad unwaith gan asiantaeth amgylchedd hanesyddol Cymru, Cadw, fel yr ysbyty pwrpasol mwyaf gwych i gael ei godi yng Nghymru erioed. Fodd bynnag, gallai'r awdurdod lleol gael ei roi mewn perygl ariannol dirfawr pe bai'n cael y safle tra bo cyflwr yr adeiladau yn dal i ddirywio, oni bai ei fod wedi cytuno ar amrywiaeth hyfyw o ddefnyddiau newydd a bod ganddynt bartner datblygu i ddarparu'r cynllun. Byddai o werth archwilio hanes y broses waredu hyd yma, gan fod yr hanes hwnnw'n tynnu sylw at nifer o wersi defnyddiol iawn i'w dysgu, sy'n berthnasol yn ehangach.

**Cyflwynwyd gan:** Paul Sharrock, restoration4nwh

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 27 Mawrth 2012

**Nifer y llofnodion:** 29

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM  
[committeebusiness@Wales.gsi.gov.uk](mailto:committeebusiness@Wales.gsi.gov.uk)

10 April 2012

*Dear William*

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

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

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

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

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

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CF99 1NA

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Correspondence [huw.lewis@wales.gsi.gov.uk](mailto:huw.lewis@wales.gsi.gov.uk)

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

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

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

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

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



**Huw Lewis AC / AM**

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

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM

committeebusiness@Wales.gsi.gov.uk

14 June 2012

Dear William,

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

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


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

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

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

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

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

Yours,  


**John Griffiths AC / AM**

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



# YMDDIRIEDOLAETH GELFYDDYDOL Y STIWT CYF.

## Cynulliad Cenedlaethol Cymru – Y Pwyllgor Deisebau- yr 2<sup>il</sup>. Gorffennaf 2012

*Theatr Stiwt, Stryt Lydan, Rhosllannerchrugog, Wrecsam LL14 1RB*

Cyflwyniad gan Mr. Myrddin Davies ~ Ymddiriedolwr.

1. Hanes yr Adeilad 1920 ~ 2012.
2. Cefndir y Prosiect Adnewyddu.
  - ✚ Gwirfoddolwyr
  - ✚ Cymdeithasau Cymunedol.
3. Cais Grant Lotteri treftadaeth.
  - Cyfalaf.
  - Refeniw.
4. Defnyddio'r Grant Loteri:-
  - ❖ Tendo.
  - ❖ Rheoli'r Gwariant.
  - ❖ Diarwybod.
  - ❖ Amrywiant / addasiad o'r gofynion gwreiddiol.
  - ❖ Nawdd ychwanegol i'r addasiad neu eitemau amrywiwyd.
  - ❖ Rhestr cywiro.
  - ❖ Llif arian.
5. Noddwyr:-
  - Awdurdodau cyhoeddus
    - Cyngor Sir
    - Cyngor Cymuned
    - Y Cynulliad
    - Ewrop
    - Treth sbwriel.
  - Eraill.
6. Adroddiadau arbennigwyr annibynol
  - ✓ Gwerthfawr / gwerth yr arian?.
  - ✓ Gwybodeth ddiwerth?
7. Cefnogaeth parhaol:-
  - Cyfeillion/gwirfoddolwyr
  - Cymdeithasau cymunedol
  - Mudiadau Cenedlaethol.

- Marchnata.
- Cynulleidfa/noddwyr

# Eitem 4.1

## **P-04-402 Gweddïau Cyngor**

### **Geiriad y ddeiseb:**

Rydym ni, sydd wedi llofnodi isod, yn galw ar Lywodraeth Cymru i ddiwygio Deddf Llywodraeth Leol 1972 er mwyn rhoi cyfle i bob awdurdod lleol yng Nghymru benderfynu a yw am gynnal gweddïau cyngor yn ystod pob cyfarfod cyngor a'i gofnodi ar yr agenda busnes swyddogol.

**Cyflwynwyd y ddeiseb gan:** Rev Alan Hewitt

**Ystyriwyd y ddeiseb am y tro cyntaf:** 2 Gorffennaf 2012

**Nifer y llofnodion:** 155



## Eitem 4.2

### **P-04-403 Achub Plas Cwrt yn Dre/ Hen Senedd-Dy Dolgellau**

**Petition wording:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i roi cyfarwyddyd i Lywodraeth Cymru i brynu Plas Cwrt yn Dre, a elwir hefyd yn Hen Senedd-dy Owain Glyndŵr, Dolgellau, cyn bo'r trysor cenedlaethol hwn yn cael ei werthu ar y farchnad agored a'i golli am byth.

**Gwybodaeth ategol:** Symudwyd Plas Cwrt yn Dre, a elwir hefyd yn Hen Senedd-dy Owain Glyndŵr, o Ddolgellau i Barc Dolerw, y Drenewydd ym 1886. Bellach ni all y Crynwyr, perchnogion yr adeilad ar hyn o bryd, fforddio i'w gynnal a'i gadw ac mae ar werth ganddynt am £55,000. Mae hwn, heb os, yn drysor cenedlaethol a chredwn y dylai Llywodraeth Cymru ei brynu ar gyfer y genedl .

**Petition raised by:** Sian Ifan

**Date petition first considered by Committee:** 2 Gorffennaf 2012

**Number of signatures:** 218

# Eitem 4.3

## **P-04-404 Awyrennau Di-Beilot Aberporth**

### **Geiriad y ddeiseb:**

Erfyniwn ar Lywodraeth Cymru dynnu'r gefnogaeth a roddwyd i awyrennau di-beilot y DU i gael eu profi yn Aberporth ac i hedfan dros ran helaeth o Gymru

**Gwybodaeth ategol:** Mae awyrennau di-beilot yn ddatblygiad pwysig a pheryglus yn arfogaeth rhyfela. Defnyddir yr awyrennau di-beilot hyn yn rhwydd, ac yn ddiotal o fywydau'r bobl ddiniwed sy'n aml yn cael eu lladd

**Cyflwynwyd y ddeiseb gan:** Cymdeithas y Cymod

**Ystyriwyd y ddeiseb am y tro cyntaf:** 2 Gorffennaf 2012

**Nifer y llofnodion:** 534

## **P-04-405 Llawysgrif ganoloesol o Gyfreithiau Hywel Dda**

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i brynu'r llawysgrif ganoloesol o Gyfreithiau Hywel Dda, sy'n cael ei arwerthu gan Sotheby's ar 10 Gorffennaf. Teimlwn y dylai Llywodraeth Cymru brynu'r llawysgrif hon ar gyfer pobl Cymru gan naill ai ei harddangos mewn amgueddfa yng Nghymru neu yn Neuadd y Senedd, yn hytrach na'r posibilrwydd bod casglwr preifat yn ei phrynu ac na fydd y cyhoedd fyth yn ei gweld hi eto.

**Cyflwynwyd y ddeiseb gan:** Russell Gwilym Morris

**Ystyriwyd y ddeiseb am y tro cyntaf:** 2 Gorffennaf 2012

**Nifer y llofnodion:** 53

# Eitem 4.5

## **P-04-406 : Yn erbyn Safle yng Ngogledd Cymru yn y Cynllun Parthau Cadwraeth Morol**

### **Geiriad y ddeiseb:**

Rydym yn galw ar Lywodraeth Cymru i BEIDIO â chynnwys unrhyw un o'r chwech man arfaethedig yng ngogledd Cymru mewn Parth Cadwraeth Morol. Rydym yn gwrthwynebu cynnwys Llanbedrog/Pwllheli, Aberdaron/Ynys Enlli, Porthdinllaen/Tudweiliog, Aberch/ Llanystumdwy, Ynys Seiriol/Biwmares a Gogledd Ddwyrain Afon Menai.

Byddai'r cais hwn yn cael effaith niweidiol nid yn unig ar ein diwydiant pysgota ond hefyd ar yr economi twristiaeth. Rydym yn dibynnu ar ein harfordir am ein bywoliaeth a'n mwynhad. Rydym yn gwrthwynebu yn y termau cryfaf y chwe man arfaethedig

**Cyflwynwyd y ddeiseb gan:** Claire Russell Griffiths

**Ystyriwyd y ddeiseb am y tro cyntaf:** 2 Gorffennaf 2012

**Nifer y llofnodion:** 1,186

## **P-04-335 Sefydlu Tîm Criced Cenedlaethol i Gymru**

### **Geiriad y Ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gefnogi'r ymgyrch i sefydlu tîm criced cenedlaethol i Gymru.

**Cynigwyd gan:** Matthew Richard Bumford

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 11 Hydref 2011

**Nifer y llofnodion:** 187

### **Gwybodaeth ategol:**

Er bod yr Alban a'r Iwerddon wedi llwyddo i ddod yn aelodau o'r Cyngor Criced Rhyngwladol a chystadlu yng Nghwpanau'r Byd, mae Cymru wedi methu â gwneud hynny. Yn wir, nid oes yr un chwaraewr o Gymru wedi chwarae criced rhyngwladol ers dros bum mlynedd o ganlyniad i fod yn gysylltiedig â Bwrdd Criced Lloegr. Yn ddiweddar, chwaraeodd tîm criced Cymru a Lloegr nifer o gemau "cartref" ym mhrifddinas Cymru, er nad oedd yr un chwaraewr o Gymru'n aelod o'r tîm. Byddai'n annerbyniol mewn unrhyw chwaraeon eraill, fel rygbi, i dîm nad yw'n cynnwys yr un Cymro, sy'n chwarae o dan fanner gwlad arall, gyda bathodyn gwlad arall ar ei frest, i fod yn chwarae gêm "gartref" ym mhrifddinas Cymru. Ni fyddai hyn yn dderbyniol ar gyfer unrhyw chwaraeon eraill, ac ni ddylai fod yn dderbyniol ar gyfer criced. Nid yw'r trefniadau presennol yn meithrin criced yng Nghymru ac, mewn gwirionedd, maent yn peri niwed i'r gêm oherwydd bod diffyg cyfle i gricedwyr o Gymru chwarae i'r safon uchaf. Ar hyn o bryd, nid yw Cymru wedi'i chynrychioli o gwbl mewn criced rhyngwladol ac mae'n rhaid i hyn newid drwy sefydlu tîm criced cenedlaethol i Gymru.

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

**Correspondence from Chief Executive, Cricket Ireland**

Dear Mr Powell,

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

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

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

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

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

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

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

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

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

Kind regards

Warren

**Warren Deutrom**  
Chief Executive

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

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

### **Smith backs Five Nations suggestion**

**Neil Drysdale (CricketEurope)**

**17 May 2012**

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

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

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

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

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



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

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

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

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

I hope this information is useful to you.

Regards

Roddy

**Roddy Smith**  
Chief Executive  
Cricket Scotland

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

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

## **Carmel & District Cricket Club, Flintshire News Article**

### **Carmel EuroTwenty20 Tournament**

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

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

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

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

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

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

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

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

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

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

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

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

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

# Eitem 5.2

## **P-03-085 Meddygfeydd yn Sir y Fflint**

### **Geiriad y ddeiseb**

Rydym ni feddygon ym Meddygfa'r Laurels, Meddygfa Eyton Place a Chanolfan Feddygol Allt Goch yn rhwystredig (fel yr ydych chi mae'n siwr) oherwydd yr anawsterau a gawn wrth geisio cynnig digon o apwyntiadau ar gyfer ein cleifion.

Fel y gwyddoch, rydym wedi'n cyfyngu'n llwyr gan faint ein hadeilad ac mae gwir angen symud i safle mwy - mewn Canolfan Gofal Sylfaenol newydd os oes modd.

Mae'r cynnydd yn hyn o beth wedi dod i ben yn dilyn penodiad diweddar y Gweinidog Iechyd newydd a hoffem ddod â'n pryderon i'w sylw.

Gofynnwn i chi arwyddo'r ddeiseb hon i gefnogi'n hymdrechion i brysuru'r broses hon;

"Fel cleifion mewn Meddygfa yn Sir y Fflint, gofynnwn i'n Haelod Cynulliad, Mrs Sandy Mewies, roi pwysau ar Lywodraeth Cynulliad Cymru i ddatblygu Canolfan Gofal Sylfaenol newydd ar fyrder"

**Trefnwyd y ddeiseb gan:** Gillian Robinson

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 21 Chwefror 2008

**Nifer y llofnodion:** 412

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM

committeebusiness@Wales.gsi.gov.uk

9 June 2012

Dear Bill

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

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

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

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

Regards  
Lesley

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

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# Eitem 5.3

## **P-03-221 Gwell triniaeth traed drwy'r Gwasanaeth Iechyd Gwladol**

### **Geiriad y ddeiseb**

Rydym ni, Fforwm Pobl Hyn dros 50 oed Cwm Cynon, am gyflwyno deiseb yn galw am well triniaeth traed drwy'r GIG, yn enwedig i bobl hŷn sy'n gaeth i'w tai yn ardal Rhondda Cynon Taf.

Llofnodwch ein deiseb.

**Cynigwyd gan:** Fforwm Pobl Hyn dros 50 oed Cwm Cynon

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** Mehefin 2009

**Nifer y llofnodion:** 49

### **Gwybodaeth ategol:**

Ysgrifennaf atoch ar ran y sefydliad uchod, y Fforwm Pobl Hŷn dros 50. Rydym wedi deisebu yn yr ardal i gael gwell gofal traed fforddiadwy; ar gyfer pobl hŷn a gynrychiolir gan y Fforwm, a phobl sy'n gaeth i'w cartrefi.

Amlygodd David Davies, un o'n haelodau, y mater hwn pan sylweddolodd fod y GIG yn cyfeirio at dorri ewinedd y traed ac ati, fel angen cymdeithasol yn hytrach nag fel angen meddygol. Daeth hyn â'r mater i'n sylw ni gan fod pawb ohonom yn talu am wasanaeth o'r fath yn ein cartrefi ein hunain ar hyn o bryd, gan nad yw ar gael yn rhwydd gan y GIG.

Ar ôl gwneud ymchwil manwl, rydym wedi darganfod fod rhai Meddygfeydd meddygon teulu'n cynnig gwasanaeth trin traed / podiatreg mewn rhai rhannau o Gymru a hyd yn oed rhai rhannau o sir Rhondda Cynon Taf. Fodd bynnag, teimlwn, unwaith eto, bod y mater yn loteri cod post, a'i fod yn golygu bod gwasanaeth ar gael i rai pobl ond nid i bobl eraill.

Rydym wedi cyfarfod ag Age Concern Cymru sydd wedi argraffu dogfen ar y pwnc: 'Gall Camau Bach Wneud Gwahaniaeth Mawr' ac maent yn gwneud gwaith ymchwil i ystyried y mater hwn. 'Atal Cwypïadau' - mae'r strategaeth newydd hon yn ystyried y gall person gwympo os oes ganddo ewinedd traed hir/ croen caled/ ewin sy'n tyfu ar i mewn sydd heb eu trin. Mae gwasanaethau gofal y traed arferol yn ddull syml a rhad o atal problemau ac o osgoi'r angen i gael ymyriadau mewn ysbyty a fyddai'n ddrutach. Er mwyn atal cwypïadau a gwella gofal y traed, dylai rhagor o arian fod ar gael i sefydliadau gwirfoddol, er enghraifft, y sefydliad 'Wellbeing Regeneration' ym Mhorth Tywyn, sy'n fenter gymdeithasol sy'n cynnig gwasanaeth fforddiadwy i bobl hŷn sy'n gaeth i'w cartrefi.

Rydym ni, Fforwm Pobl Hŷn Cwm Cynon, yn cyflwyno'r ddeiseb hon, a hoffem i chi fynd i'r afael â mater Gofal Traed - y Loteri Cod Post yng Nghymru.

Profwyd dros gyfnod o amser, bod atal problem yn well na'i gwella, felly a oes modd i chi helpu ac atal damweiniau/ afiechydon / cyflyrau yn y dyfodol drwy ymdrechu i ystyried y mater; a yw gwasanaethau gofal traed/podiatreg yn fater gofal meddygol neu ofal cymdeithasol yng Nghymru?

Edrychwn ymlaen at glywed gennych.

Yn gywir

Sian Jones  
Ar ran Fforwm Cwm Cynon

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM  
Chair  
Petitions Committee  
Cardiff Bay  
Cardiff  
CF99 1NA  
[petition@wales.gov.uk](mailto:petition@wales.gov.uk)

28<sup>th</sup> February 2012

Dear Bill

**NHS Chiropody Services**

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

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

Regards  
Lesley

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



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



Llywodraeth Cymru  
Welsh Government

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

Chief Executives  
NHS Local Health Boards

February 2012

Dear Colleagues

### Basic Foot Care

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

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

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

I am copying this letter to Directors of Social Services.

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

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Table 1

**BASIC FOOTCARE MINIMUM STANDARDS**

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

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

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

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

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

Agree with Standard 1 completely including Toenail Cutting and Skincare.

Agree with Standard 2

Agree with Standard 3

Agree with Standard 4

Agree with Standard 5

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

Agree with Standard 7

Agree with Standard 8

Agree with Standard 9

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

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

# Eitem 5.4

## **P-03-222 Y Gymdeithas Osteoporosis Genedlaethol**

### **Geiriad y ddeiseb**

Mae'r Gymdeithas Osteoporosis Genedlaethol yn galw ar Gynulliad Cenedlaethol Cymru i weithredu'r safon ar gyfer cwmpo a thorri esgyrn yn y Fframwaith Gwasanaeth Cenedlaethol ar gyfer Pobl Hŷn yn llawn, gan sicrhau bod cleifion sydd wedi torri esgyrn oherwydd breuder, neu sydd mewn perygl o wneud hynny, yn cael eu hadnabod, eu hasesu a'u trin gan wasanaethau cyswllt torri esgyrn ym mhob un o'r Byrddau Iechyd Lleol newydd. Hoffwn weld gwasanaeth cyswllt torri esgyrn yn cael ei gysylltu â phob ysbyty sy'n trin cleifion sydd wedi torri esgyrn oherwydd breuder a gofynnwn i Lywodraeth Cymru fynnu bod gwasanaethau cyswllt torri esgyrn yn cael eu darparu'n gyffredinol ar draws y gwasanaeth iechyd yng Nghymru.

**Cynigwyd gan:** Y Gymdeithas Osteoporosis Genedlaethol

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 7 Gorffennaf 2009

**Nifer y llofnodion:** 22

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM  
Chair  
Petitions Committee  
National Assembly for Wales

[Committeebusiness@Wales.gsi.gov.uk](mailto:Committeebusiness@Wales.gsi.gov.uk)

May 2012

Dear Bill

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

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

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

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

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

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More broadly, there is an opportunity to tackle the challenges associated with falls and fractures. For example, in 2012 – 2013, osteoporosis management is included as a specific item in the General Medical Contract. Furthermore, there are opportunities to consider all the work currently active in Wales, such as the Falls Collaborative and the National Exercise Referral Scheme, so that a coherent and co-ordinated approach can be taken. Through a partnership approach, I expect to see the falls and fractures agenda progressed systematically in Wales.

Regards  
Lesley

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

## **P-03-318 Gwasanaethau mamolaeth trawsffiniol**

### **Geiriad y ddeiseb**

Rydym ni, sydd wedi llofnodi isod, yn nodi'r cynnig i symud yr uned famolaeth dan arweiniad meddyg ymgynghorol, yr uned gofal dwys i'r newydd-anedig a'r uned plant i gleifion mewnol o Ysbyty Brenhinol Amwythig i Ysbyty'r Dywysoges Frenhinol yn Telford.

Rydym yn credu y byddai hyn yn achosi llawer o galedi a straen i gleifion a'u teuluoedd sy'n teithio o Sir Drefaldwyn. Byddai'n ychwanegu 20 munud at daith sydd eisoes yn cymryd 50 munud ar y gorau, ac mae'n anochel y bydd amseroedd ymateb ambiwlansys yn cynyddu'n sylweddol.

Mae'n hanfodol nad yw'r cynigion hyn yn cael eu hystyried ar wahân i'r cynigion yng Nghymru a bod Llywodraeth Cymru'n mabwysiadu dull strategol o ymdrin â materion iechyd trawsffiniol, er mwyn sicrhau bod anghenion cleifion o ganolbarth Cymru yn cael eu hystyried yn llawn mewn unrhyw gynigion o ran ysbytai dalgylch.

Felly, rydym yn galw ar y Cynulliad Cenedlaethol i annog Llywodraeth Cymru i ymwneud yn llawn â'r broses ymgynghori 'Keeping it in the County', er mwyn sicrhau nad yw cleifion o ganolbarth Cymru o dan anfantais o ganlyniad i unrhyw newidiadau.

**Ystyriwyd y ddeiseb am y tro cyntaf: Mawrth 2011**

**Cynigwyd gan: Mrs Helen Jarvis**

**Nifer y llofnodion: 164**

Mel Evans, Chairman

Cadeirydd

Andrew Cottom, Chief Executive

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Powys Teaching  
Health Board

Ref: CS/CL/sj

3<sup>rd</sup> April 2012

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

Dear Mr Powell

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

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

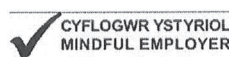
Powys is the largest county in Wales covering approximately 25% of the land mass of Wales a distance of 130 miles from north to south, but only has 4% of the population at 130,000. Powys teaching Health Board (tHB) provides antenatal and postnatal midwifery care for approximately 1200 women and their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

The District General Hospitals are:

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

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

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

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



Tudalen 37

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



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

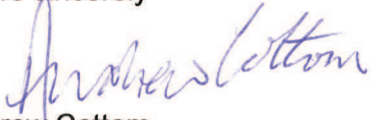
1. As part of our maternity strategy for Powys we seek to undertake as much maternity care within Powys as safely possible. Clearly there are some women who require more specialist care and this would not generally be able to be provided within Powys. We are exploring how best we could provide ultrasound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

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

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

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

Yours sincerely



Andrew Cottom  
Chief Executive

Attachments

Maternity services strategy

Maternity services strategy implementation plan



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# **Powys teaching Health Board Maternity Strategy Implementation plan**

## **1 Introduction**

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

## **2 Strategic Aims Action Plans and measures of success**

### **Strategic Aim 1**

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

### **Strategic Aim 2**

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

### **Strategic Aim 3**

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

### **Strategic Aim 4**

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

### **Strategic Aim 5**

A service for the population that is constantly reviewed and improved

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

**2012-13**

**2013-14**

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

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

**Measures of Success**

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

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

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

**2012-13**

**2013-14**

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

**Measures of success**

- Annual MSLC report

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



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

**2012-13**

**2013-14**

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

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

Implement national guidance from subgroup Re-audit

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

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

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

Review pathways in relation to service reconfiguration completed:  
 SaTH

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

### **Measures of Success**

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

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

**2012-13**

**2013-14**

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

plan established through effective appraisal and objective setting processes

Review training plan

### ***Measures of success***

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

**A service for the population that is constantly reviewed and improved**

**2012-13**

**2013-14**

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

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

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



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## **MATERNITY STRATEGY 2011 – 2014**

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## 1. Introduction

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

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

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

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

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

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

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

## 2. Strategic Context

### 2.1 Powys – the green heart of Wales

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

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

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

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

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

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

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

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

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

## **2.2 Strategic Context and Drivers for Change**

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

### **Strategic Vision for Maternity Services in Wales (WG 2011)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **3. From Good to Great**

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

#### **3.1 Breastfeeding**

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

#### **3.2 Home Birth**

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

#### **3.3 1 to 1 Care in Labour**

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

#### **3.4 Promotion of Normality**

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

#### **3.5 Women's views**

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

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

### **3.6 Public health priorities**

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

### **3.7 Wales Audit Office review**

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

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

There is however more to do.

## **4. Strategic Priorities**

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

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

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

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

### 3.1 Strategic Aim 1:

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

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

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

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

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

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

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

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

***We will:***

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

### **3.2 Strategic Aim 2:**

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

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

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



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

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

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

**We will:**

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

**3.3 Strategic Aim 3:**

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

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

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

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

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

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

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

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

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

**We will:**

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

### **3.4 Strategic Aim 4:**

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

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

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

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

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

**We will:**

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

### **3.5 Strategic Aim 5:**

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

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

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

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

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

**We will:**

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

#### **4.0 Implementation, Monitoring and Reporting**

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

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

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

## **5.0 Conclusion**

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

## P-04-366 Cau Canolfan Ddydd Aberystwyth

### **Geiriad y ddeiseb:**

Rydym ni, y rhai sydd wedi llofnodi isod, yn galw ar Lywodraeth Cymru i ystyried a yw'r cynlluniau i symud y gwasanaeth gofal dydd ar gyfer pobl hŷn sy'n agored i niwed o'r Ganolfan Ddydd, sef adeilad 30 mlwydd oed a adeiladwyd i bwrpas, i lawr isaf hen adeilad a oedd yn arfer cael ei ddefnyddio fel Neuadd y Dref yn Aberystwyth yn cydymffurfio â gofynion statudol a chanllawiau perthnasol. Mae'r Cyngor Sir yn bwriadu dymchwel y Ganolfan fel rhan o ddatblygiadau i adeiladu maes parcio, archfarchnad a siopau.

**Prif ddeisebydd:** Pamela Ellis

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 28 Chwefror 2012

**Nifer y deisebwyr:** 10 (Casglwyd deiseb gysylltiedig tua 6,000 o lofnodion)

**Gwybodaeth ategol:** Mae'r Ganolfan Ddydd bresennol yn gyfleuster tua 30 mlwydd oed a gafodd ei adeiladu i bwrpas. Mae wedi'i lleoli mewn safle cyfleus yng nghanol y dref, ac mae mynediad rhwydd iddi. Mae digon o le yno i ollwng pobl ac mae ger croesfan ddiogel. Mae'n adeilad braf a golau gyda digon o le i 90 cleient ag anghenion amrywiol. Mae nifer o ystafelloedd digon o faint yn yr adeilad. Mae'r ganolfan arfaethedig yn llai na hanner y maint ac ond yn addas ar gyfer 32 cleient mewn un ystafell fawr. Ar hyn o bryd, mae'r ganolfan yn galluogi i ofalwyr cleientiaid anabl neu bobl sydd wedi cael strôc gael gofal seibiant dau neu dri diwrnod yr wythnos. Teimlwn y bydd symud y Ganolfan yn gwahaniaethu yn erbyn y grŵp gan fod y Gwasanaethau Cymdeithasol eisoes yn asesu a chyfeirio llai o bobl ar gyfer gofal seibiant. Mae'r Cyngor wedi cyfaddef y bydd toriadau.

Oherwydd anawsterau o ran cael mynediad at y llawr isaf, mae ramp serth wedi'i adeiladu tu allan, sy'n troi ar ongl o 180 hanner ffordd i lawr. Teimlwn yn gryf y bydd y ramp yn achosi problemau anferth i ofalwyr a phobl sy'n defnyddio cadeiriau olwyn pan fydd tywydd stormus neu pan fydd hi wedi rhewi. Mae nenfwd y llawr isaf yn isel ac mae colofn fawr ynghanol yr ystafell sy'n ei gwneud hi'n anodd symud cadeiriau olwyn a throliau. Nid oes llawer o olau naturiol am fod yr ystafell yn rhannol o dan ddaear ac mae'n rhaid mynd trwy lawer o ddrysau er mwyn cyrraedd y toiledau.

Mae cegin newydd ardderchog yn yr hen ganolfan sy'n darparu prydau da. Mae'r clwb cinio wythnosol, a oedd yn gynllun cynhwysiant cymdeithasol gwerthfawr, eisoes wedi dod i ben. Yn y dyfodol, bydd prydau'n cael eu paratoi oddi ar y safle ac yna eu cludo i'r ganolfan. Dim ond un ystafell fydd ar gael ar gyfer bwyta a'r holl weithgareddau eraill, felly bydd lle yn gyfyng

iawn. Mae Gwasanaeth Gwirfoddol y Merched yn lleol yn darparu diodydd a byrbrydau ar hyn o bryd, ond bydd hynny'n dod i ben.

Mae gan y ganolfan bresennol ystafell ymolchi fawr gyda theclyn codi a chyfleusterau golchi dillad, sydd yn gyfleusterau gwerthfawr. Bydd gan y ganolfan newydd gawod wedi'i gosod mewn tŷ bach, er mwyn gallu rhoi cymorth wrth ymolchi, gyda'r drws yn agor i ardal gyffredin. Hwnnw fydd yr unig dŷ bach sy'n addas ar gyfer pobl anabl, felly bydd yn anodd i gleient anabl ddefnyddio'r tŷ bach pan fydd cleient arall yn cael cawod. Os bydd y cyfleuster newydd ddim ond yn gallu gwasanaethu 32 cleient bydd y bobl sydd angen gofal seibiant yn cael blaenoriaeth dros y bobl hŷn sy'n gwerthfawrogi'r cyfle i ddod i'r ganolfan i fwynhau cymdeithasu, cymryd rhan mewn gweithgareddau, cael bath a phryd da o fwyd. Mae gan y ganolfan bresennol ardd braf gyda seddi, digon o lefydd parcio, man i ollwng pobl ac mae mynediad i'r adeilad yn rhwydd i bawb.

Mae'r ganolfan bresennol ar gael gyda'r hwyr ar gyfer grwpiau pobl hŷn. Mae'r grŵp gofal arthritis yn pryderu na fyddant yn gallu ymdopi gyda defnyddio'r ramp yn y tywyllwch ar gyfer eu cyfarfodydd gyda'r hwyr. Mae'r ganolfan newydd ger troad peryglus ar brif ffordd brysur. Roedd y bobl oedd yn defnyddio'r llawr isaf pan oedd yr adeilad yn Neuadd y Dref yn cwyno ei fod yn rhy boeth yn yr haf ac yn oer a llaith yn y gaeaf. Mae'r system wresogi wedi'i gwella, ond ni fydd y ffenestri codi yn cael eu newid ac ni fydd aerdymheru yn cael ei osod. Er bod y Cyngor Sir wedi gwneud ymdrech i ymateb i'n pryderon, credwn yn gryf bod y ganolfan newydd arfaethedig yn hollol anaddas ac yn llawer israddol na'r ganolfan bresennol. Hoffwn ychwanegu bod y Cyngor yn cyfaddef na chynhaliwyd ymgynghoriad priodol. Dyna'r rheswm y cafodd y garfan bwysu hon ei chreu.



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

**Background**

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

**Meeting with Petitioners**

**Present:**

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

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

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

Petitioners raised a number of concerns. These were:

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

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

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

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

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

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

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

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

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

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

### **Meeting with representatives of Ceredigion County Council**

#### **Present:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Feedback from service users**

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

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

Some service users said that they missed the bathing facility.

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

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

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

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

### **Committee Service**

**June 2012**

# Eitem 5.7

## **P-04-369 Deiseb yn erbyn y Llwybr Arfordirol o Gaerdydd i Gasnewydd a thu hwnt.**

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru a Chyngor Cefn Gwlad Cymru, i derfynu'r Llwybr Arfordirol arfaethedig o gwmpas Cymru, yng Nghaerdydd.

**Prif ddeisebydd:** Roger Price

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 28 Chwefror 2012

**Nifer y deisebwyr:** 14

**Gwybodaeth ategol:** Credwn y byddai gosod y llwybr rhwng Caerdydd a Chasnewydd a thu hwnt yn achosi aflonyddu gormodol a dinistriol ar y miloedd o adar gwyllt ar yr arfordir, sy'n hedfan i ffwrdd ar ddim (goddefgarwch o bobl, y Gylfinir: tua 400 llath, Pibydd y Mawn a'r Pibydd Coesgoch: tua 200 i 300 llath yn unig). Mae'r adar hyn yn dibynnu ar y llain tir cul a'r morfa heli hwn ger eu parth bwydo, i orffwys ac fel noddfa ddiogel.

Dynodwyd y lle fel Safle o Ddiddordeb Gwyddonol Arbennig at ddibenion cadwraeth, ac mae'n rhan o Gynllun Rhyngwladol Pwysig i Adar, Aber Afon Hafren. Bu'r safle hwn yn lloches am filoedd o flynyddoedd yn sicr, a chaiff ei fygwth yn aml.

Er bod nifer o ddewisiadau eraill ar gael i gerdded, nid oes dewis arall ar gael i'r cynefin arfordirol hwn.



nature's voice  
llais natur



William Powell AM

Chair of the Petitions Committee

National Assembly for Wales,

Cardiff Bay,

Cardiff,

CF99 1NA

11th June 2012

Dear Chair,

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

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

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

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

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

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Sutherland House  
Castlebridge  
Cowbridge Road East  
Cardiff  
CF11 9AB

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

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



disturbance to these populations by walkers and their dogs.

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

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

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

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

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

Yours sincerely,



Sean Christian  
Head of Conservation



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

25 June 2012

Email from Petitioner

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

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

Roger Price

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

To: Welsh Assembly Petitions Committee.

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

25.06.2012

Response to letter of Mr Sean Christian of RSPB CYMRU - 11<sup>th</sup> June 2012.

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

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

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

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

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

\* Realignment of the path at certain locations.

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

\*Screening of the path at certain locations.

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

\*Dog Control Orders.

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

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

\*Comprehensive monitoring.

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

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

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

# Eitem 5.8

## P-04-378 Ymestyn Ardal o Harddwch Naturiol Eithriadol Gŵyr

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod cynnig Cymdeithas Gŵyr i ymestyn Ardal o Harddwch Naturiol Eithriadol Gŵyr yn cael ei hwyluso. Mae hyn ar sail y ffaith bod Cyngor Cefn Gwlad Cymru wedi cael y cais i'w ystyried ers 2005 a'r ffaith nad yw'r Cyngor Cefn Gwlad, ers mis Rhagfyr 2011, bellach yn ystyried cynigion o'r fath oherwydd y posibilrwydd o sefydlu Corff Amgylcheddol Sengl newydd i Gymru.

### **Prif ddeisebydd:** Cymdeithas Gŵyr

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 27 Mawrth 2012

**Nifer y deisebwyr:** 1 gan sefydliad

**Gwybodaeth ategol:** Ar 1 Mawrth 2005, ysgrifennodd Cymdeithas Gŵyr (un o'r grwpiau amwynder lleol hynaf a mwyaf yng Nghymru) at Gyngor Cefn Gwlad Cymru i ofyn iddo ystyried ymestyn Ardal o Harddwch Naturiol Eithriadol Gŵyr i ardaloedd yng ngogledd-ddwyrain Penrhyn Gŵyr, rhannau o Aber y Lluchwr ac Ardal Gadwraeth y Lluchwr, a llawer o ardal tir uchel Mawr.

Ymateb Prif Weithredwr Cyngor Cefn Gwlad Cymru (29.03.05) oedd bod y Cyngor Cefn Gwlad yn gweithio gyda Chyngor Sir Ddinbych i " greu proses a fydd yn llywio unrhyw benderfyniadau ynghylch a ddylid cyflwyno darn o dir fel cynnig ar gyfer dynodi Ardal o Harddwch Naturiol Eithriadol. Bwriedir i'r broses ganlyniadol fod yn hollol drosglwyddadwy i unrhyw ardaloedd eraill yng Nghymru." Aeth ymlaen i ddweud: "Mae'n debyg y caiff y cynllun peilot hwn ei gwblhau erbyn mis Mawrth 2006".

Mae cyfres o lythyrau wedi dilyn yr ohebiaeth gyntaf hon ac mae amryw o gyfarfodydd wedi'u cynnal yn swyddfeydd y Cynulliad Cenedlaethol rhwng cynrychiolwyr o Gymdeithas Gŵyr a Chyngor Cefn Gwlad Cymru. Cafodd y cyfarfodydd eu trefnu gan - ac roeddent fel arfer yng nghwmni - Edwina Hart, yr Aelod Cynulliad dros Gŵyr.

Cynhaliwyd dau gyfarfod gyda Ms Jane Davidson pan oedd hi'n Weinidog â chyfrifoldeb dros yr amgylchedd, ac ar 18.07.11, cyfarfu cynrychiolwyr o Gymdeithas Gŵyr â Mr John Griffiths, y Gweinidog (inter alia) dros yr Amgylchedd.

Ym mhob un o'r tri chyfarfod hyn cafodd y cynnig i ymestyn yr Ardal o Harddwch Naturiol Eithriadol ei drafod.

Polisi Dinas a Sir Abertawe yw cefnogi estyniad o'r fath ac mae Cyngor Cymuned Mawr (yr ardal sy'n cael ei heffeithio fwyaf gan y cynnig) wedi mynegi'i gefnogaeth lawn.

Wedi i Orchymyn Dynodi Mynyddoedd Clwyd a Dyffryn Dyfrdwy gael ei gadarnhau gan y Gweinidog ar 22.11.11, fe wnaethom ysgrifennu at Gyngor Cefn Gwlad Cymru eto, yn ei annog i symud ymlaen â'n cynnig ers 2005 ar gyfer Ardal o Harddwch Naturiol Eithriadol Gŵyr. Roedd ateb y Prif Weithredwr yn nodi cymeradwyaeth Llywodraeth Cymru o'r achos dros sefydlu Corff Amgylcheddol Sengl i Gymru. "Ar sail y newidiadau pwysig iawn hyn", meddai "byddwn yn canolbwyntio'n hymdrechion dros y 18 mis nesaf ar weithio... er mwyn sicrhau pontio esmwyth o Gyngor Cefn Gwlad Cymru i'r Corff Amgylcheddol Sengl". Felly "Nid ydym mewn sefyllfa i ystyried unrhyw gynigion pellach ar gyfer newid ffiniau na dynodiadau newydd".

Erbyn hynny, bydd dros wyth mlynedd wedi mynd heibio ers i'n cynnig gael ei roi i Gyngor Cefn Gwlad Cymru yn y lle cyntaf. Yn ein barn ni, mae cyfnod mor hir â hyn o oedi yn afresymol, ac rydym yn galw ar Gynulliad Cenedlaethol Cymru i hwyluso'r broses hon.



# Cyngor Cefn Gwlad Cymru Countryside Council for Wales

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

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

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

7 June 2012

Dear Ms Phillips

## **PETITIONS COMMITTEE- GOWER SOCIETY PETITION RE: PROPOSED GOWER AONB**

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

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

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

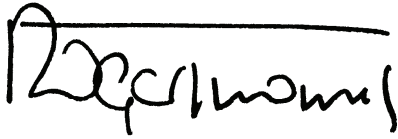
In Sustaining a Living Wales, Welsh Government have also announced their intention to undertake a review of all designations in order to inform the proposed Environment Bill. It is possible that this proposal may make changes to the statutory purposes of Protected Landscapes and provide opportunities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



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

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

Yours sincerely

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

**Roger Thomas**  
**Chief Executive**

# Eitem 5.9

## **P-04-360 Deiseb Man Gwan Pen-y-lan**

### **Geiriad y ddeiseb:**

Nid ydym ni, trigolion ward Pen-y-lan yn etholaeth Canol Caerdydd, yn cael mynediad llawn i'r rhyngwyd.

Mae methiant parhaus BT, a'r holl ddarparwyr telathrebu eraill, i fuddsoddi yn yr ardal rhwng Cynoced Road a Chyfnnewidfa Llanedern A48 yn golygu bod bron i 500 o gartrefi yn derbyn dim ond 20% o'r isafswm cyflymder rhyngwyd derbyniol yn y DU, sef 2 megabeit. Mae'r rhan fwyaf o gartrefi yn y DU yn derbyn cyflymder o leiaf 5 i 10 megabeit. Rydym yn galw ar Lywodraeth Cymru i weithredu er mwyn dod â Man Gwan Pen-y-lan i ben.

**Prif ddeisebydd:** Trigolion Penylan

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 24 Ionawr 2012

**Nifer y deisebwyr:** 348



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

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

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

Please do hesitate to contact me for any further information.

Kind regards,

**Robert Ford**  
(on behalf of BT Wales)

# Eitem 5.10

## **P-04-364 Ffibr optig i ardaloedd gwledig**

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i bwysu ar Lywodraeth Cymru i wneud rhagor er mwyn hwyluso'r broses o ddarparu band eang ffibr optig / band eang y genhedlaeth nesaf i bawb yng Nghymru, gan gynnwys y sector eFasnach a busnesau cyfathrebu newydd (yn y diwydiant TG), erbyn 2013. Dylid sicrhau hefyd bod busnesau sydd eisioes yn bodoli yn gallu cyfathrebu â'i gilydd yn well ac y byddai'r ddarpariaeth o fudd i'r cymunedau lleol yn ogystal. Er enghraifft, yn y Cymoedd, mae cyflymder y rhyngrwyd sydd ar gael i nifer o deuluoedd a busnesau yn araf iawn o'i chymharu â gweddill y Deyrnas Unedig. Diben y ddeiseb hon yw galw am osod ffibr optig yn yr ardaloedd hyn, lle mae busnesau eisioes wedi'u sefydlu, er mwyn helpu i adfywio'r ardaloedd mwyaf tlawd yng Nghymru/Wales.

**Prif ddeisebydd:** Kai Childheart

**Ystyriwyd gan y Pwyllgor am y tro cyntaf:** 7 Chwefror 2012

**Nifer y deisebwyr:** 17

**Gwybodaeth ategol:**Ar hyn o bryd, y darparwyr gwasanaethau rhyngrwyd eu hunain sy'n gyfrifol am ddarparu gwasanaethau rhyngrwyd cyflym i ardaloedd penodol, ac fe'u hannogir yn rhannol (ar gyfer y Deyrnas Unedig i gyd) i ddarparu gwasanaeth rhyngrwyd cyflym mewn ardaloedd gwledig. Er enghraifft Ofcom a Fujitsu. Fodd bynnag, nid yw hon yn fenter yng Nghymru ac rwyf o'r farn y gallai greu gwaith yng Nghymru petai'r Cynulliad yn galw amdano. Byddai hyn o fudd mawr i gwmnïau o ran cyfathrebu ac eFasnachu ac o ran denu busnesau newydd i Gymru.

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



Llywodraeth Cymru  
Welsh Government

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

William Powell AM  
Chair  
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

8<sup>th</sup> June 2012

Dear William,

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

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

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

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

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

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

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
[Correspondence.edwina.Hart@Wales.gsi.gov.uk](mailto:Correspondence.edwina.Hart@Wales.gsi.gov.uk)  
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## Datganiad: Cynhwysiant Digidol/Cymunedau 2.0

### Statement: Digital Inclusion/Communities 2.0

#### The Record

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Eitem 6.1

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

P-04-341 : Waste and Incineration

## Paper to Note

Dr Dick van Steenis MBBS

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

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

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

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

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

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



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

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

There have been many studies of incinerators outside the UK in Japan, Italy, France, Sweden, Finland, Mexico City etc. The Finnish study analysed input and output of PM1s & PM2.5s including content analysis. Emissions averaged 0.25mg/m<sup>3</sup>. The incinerators had mostly fluidised beds with extensive abatement—all missing in the junk UK ones. An analysis of PM2.5 content & source was done in Sweden. The EC BREF demands emissions of 1 to 5mg/m<sup>3</sup>. The UK EA authorises 10mg/m<sup>3</sup> (of PM10s) with peaks or continuous levels of 30mg/m<sup>3</sup>. Hence Wolverhampton incinerator is authorised at 120TIMES the levels achieved in Finland & Sweden. The false allegations in your oral sessions about the UK being best is the opposite of the truth, namely the UK is the filthiest. The Finnish report proved grate systems produced the most PM1 particulates. The UK EA in 2010 admitted 90% of PM1s escape through BAT UK bag filters and 35% of PM2.5s. This explains the astronomic UK death rates and maiming by UK EfW (incinerators). In Mexico City, analysis of PM2.5s and blood tests of children downwind by Berkeley Labs USA proved the city smog was due to the municipal incinerator and autopsies of all who died located PM1 particles in the blood cells & brains of victims downwind and not those clear of the incinerator. Tests of UK incinerators for the EA revealed all first tests done exceeded the generous EA limits revealing the junk UK incinerators are exceedingly dangerous to health.

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

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

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

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

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

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