Part 1: Updates to previous petitions

This section provides brief background information on updates to petitions to be considered by the Committee on 29 March 2011.

1. P-03-136 Parking in the Heath and Birchgrove areas of Cardiff

Petition wording

‘We would ask the Welsh National Government to:

1. Advise the Cardiff and Vale NHS trust to:
   - provide sufficient parking on site for its staff and visitors by seeking suitable areas for hospital parking on site and on land such as the derelict area north of the allotments opposite Heath Hospital on the other side of Eastern Avenue
   - decentralise some of the services already on the Heath site and
   - cease selling hospital land in Cardiff and the surrounding area for housing.

2. Recommend Cardiff County Council to:
   - refuse planning permission for further development on the Heath Hospital site unless a unit is removed from the site which has an equal traffic impact
   - discourage multi-occupation development in the area and
   - introduce limited time parking in streets within walking distance of Heath hospital.

3. Consider within the Assembly the introduction of a system which would allow local groups to appeal to the Assembly when the council gives planning permission for a development which residents consider will exacerbate the problem of parking in the area.’

Link to petition: [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-136.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-136.htm)

Petition raised by: Cllr. Ron Page

Number of signatures: 500+

**Update:** Correspondence has been received from the Minister for Health and Social Services and is included below.
Dear Christine,

P-03-136 Parking in Heath and Birchgrove

Thank you for your letter dated 3 March on behalf of the Petitions Committee about parking in and around the University Hospital of Wales (UHW) in Cardiff.

As you may be aware from my previous correspondence to the Committee on this matter, my officials carefully scrutinise Local Health Board and Trust action plans annually. Health Boards and Velindre NHS Trust would be instructed to revise any action plans that were thought to be inadequate. In addition, I am advised of any "over-arching" issues that may require my attention on an All-Wales basis.

I expect this process to be completed for the UHW by the end of July and I should be able to provide you with an update at that time.
2. P-03-143 Ysgol Penmaes

Petition wording
We the undersigned request that the National Assembly for Wales urge the Welsh Assembly Government to invest in better transport links in rural areas like Powys.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-143.htm

Petition raised by: Catherine Lewis

Number of signatures: 15


Update: Correspondence has been received from the Deputy First Minister and is included below.
Eich cyf/Your ref P-03-143
Ein cyf/Our ref DFM/00531/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

March 2011

Thank you for your letter of 26 January about the future of bus subsidies in Wales.

I am pleased to say that I am providing around £184m over the next 3 years to maintain the concessionary fares scheme for elderly and disabled people. In addition, local authorities will be contributing around £30m over the same period. We have worked closely with both the Confederation of Passenger Transport and the Association of Transport Co-ordinating Officers to make changes to the reimbursement arrangements for operators that will ensure the financial certainty of the scheme.

On 14 January 2011, I announced I am making available £11m in Local Transport Services' Grant to local authorities to help support and protect rural and socially necessary services. I have also agreed to maintain funding next year for bus service operators' grant at the same level as in 2010-11.

Looking to the future, you will remember that my officials have been discussing with local authorities and bus operators how we can target more effectively our funding for supporting local bus services whilst ensuring we protect rural services. A number of options have been looked at and these will need to be considered very carefully before the Assembly Government announces a decision on the way forward.

We will ensure that the Petitions Committee and all Assembly Members receive details in due course.

Ieuan Wyn Jones
Gweinidog dros yr Economi a Thrafnidiaeth
Minister for the Economy and Transport
3. P-03-150 National Cancer Standards

Petition wording

We call upon the National Assembly for Wales to investigate whether Local Health Boards have the necessary strategies and action plans in place to deliver the target to comply with the National Cancer Standards by March 2009 in RCT and throughout Wales, as a matter of urgency.

Link to petition: [http://www.assemblywales.org/gethome/e-petitions-old/eform-sign-petition-old/p-03-150.htm](http://www.assemblywales.org/gethome/e-petitions-old/eform-sign-petition-old/p-03-150.htm)

Petition raised by: Rhondda Breast Friends

Number of signatures: The e-petition collected 43 signatures. In addition Rhondda Breast Friends have developed a charter regarding improvements required to cancer care services, supported by 1,475 signatories.


Update: Correspondence has been received from Macmillan Cancer Support and is included below.
CHANGING CANCER CARE IN WALES

A report by Macmillan Cancer Support

March 2011
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We have carried out an extensive three-year research programme across Wales to understand what people living with and after cancer need – and how well the cancer care system meets those needs. As part of this process we spoke to people who have experienced cancer themselves, as well as to academics and professionals working in Welsh health and social care.

Our research clearly shows that the current system of tackling cancer is costly and simply doesn’t meet people’s needs. Given the growing number of people diagnosed or living with and after cancer, the burden this is placing on the NHS and other service providers, and the current economic climate, we believe it is financially and morally vital for the next Welsh Assembly Government to prioritise cancer care in Wales.

We recognise that right now budgets are limited. But the evidence in this report shows that if we put the right support services in place now – and improve coordination and communication across agencies and throughout the cancer journey – we can meet the needs of people with cancer and use resources more effectively.

It is also clear that people living with and beyond cancer, as well as professionals and managers, want to see a change in the way cancer care is delivered in Wales. We believe we all have to work together to transform cancer care so that we can meet people’s changing and increasing needs. And that we must develop a national, person-centred cancer strategy to make this transformation happen.

As a small country, Wales is in a unique position to redesign its cancer services. The National Assembly for Wales election in May gives us the chance to take a more radical approach to the way we treat and care for people living with and after cancer in Wales. And to provide services that are more cost-effective and meet the needs of the whole person.

We are confident that Wales can develop cancer services that are among the best in Europe and we want to help the next Welsh Assembly Government make this a reality. It is our hope that the government will take up the recommendations and solutions offered in this report. We believe that together we can improve the lives of people affected by cancer in Wales.

Cath Lindley
General Manager for Wales, Macmillan Cancer Support
Summary and recommendations

Cancer is a complex disease. With over 200 different types, treating it is becoming more complicated and expensive than ever before.

Diagnosing cancer at an early stage is a major challenge for Wales. We know from studies carried out elsewhere in the UK that if people were diagnosed earlier and offered appropriate treatment more quickly thousands of lives could be saved.¹ But it is no longer simply a matter of whether people survive cancer or not. Thanks to advances in early diagnosis and treatment, more people are living longer with cancer or beyond it, which means they need ongoing and often long-term support. By 2030, it’s estimated that the number of people living with or after cancer in Wales will nearly double to almost a quarter of a million.²

Cancer and its treatment can have a devastating impact on people’s lives. At the same time, the current cancer care system is expensive and doesn’t meet people’s needs. To provide people in Wales with the cost-effective care and support they need during and beyond cancer, we must radically transform care.

What we need is a comprehensive, person-centred cancer strategy for Wales. One with clarity, vision and direction. A strategy that has a wide-ranging, whole-systems approach to preventing, diagnosing, treating and caring for people with cancer, that takes into account the growing number of people living with cancer, advances in technology and the challenging economic times.

We believe the new strategy should include four key initiatives to make cancer care in Wales more person-centred: improved assessment and care planning, reforms to follow-up care, more personalised information and support and a key worker for everyone with cancer. Such a strategy will enable cancer services to move away from a one-size-fits-all approach to more individual care throughout the entire cancer pathway. This will ensure better outcomes for people living with and after cancer, while research has shown it will save money too.

However, a strategy alone is not enough. Deciding where to allocate funding is a difficult decision for the Welsh Assembly Government, the NHS and local authorities. Strong leadership is needed to support managers and clinicians to take the right decisions. Strong national leadership is also essential to maintain a focus on implementation and ensure consistency and equality across the country so that no matter where they live, everybody receives the same high-quality treatment and care.

At Macmillan, we have been working to improve the lives of people living with and after cancer for 100 years. Every year we invest millions of pounds in improving cancer services in Wales. Our research and experience show us what people in Wales want and need. Now our commitment is to work with the next Welsh Assembly Government to help deliver world-class cancer care for our nation.
What we recommend

1: Develop a person-centred cancer strategy for Wales in the first year of the next Assembly term.

Wales needs a national cancer strategy that recognises the changing nature of the disease and leads the way to transforming cancer care. It must incorporate the entire cancer pathway – from prevention and survivorship to palliative care and end of life – and meet the needs of people living with cancer.

The key theme running throughout the new cancer strategy for Wales should be that all treatment and care is person-centred. A definition of person-centred care can be found on page 17.

It is critical that the development of the strategy involves the people in Wales who understand the issues best: stakeholders who support people living with and after cancer, and those who have experienced cancer firsthand.

2: Include four key initiatives within the cancer strategy to achieve person-centred, cost-effective cancer care.

By adopting these changes over the next Assembly term, we can improve care and achieve a more coordinated and efficient use of NHS resources.

i. Improved assessment and care planning
   o Every cancer patient should be offered an assessment and care plan at each appropriate stage of their cancer journey.

ii. Reforms to cancer follow-up care
   o After their initial treatment, every cancer patient in Wales should receive ongoing support that is tailored to meet their own level of need and risk.

iii. More personalised information and support
   o Everyone living with cancer should be offered tailored information and support throughout their cancer journey.

iv. Access to an identified key worker
   o All cancer patients should have access to an identified key worker who understands their needs and is able to support them during and after treatment.
Part 1: The need for change

Where we are now

Wales faces many enormous challenges in supporting people to live with and beyond cancer, as well as caring for those who sadly die of the disease.

These challenges have been recognised by the Welsh Assembly Government\(^4\), whose ambition is to see Wales take its place among the best in Europe by 2015. But as other European countries continue to improve and the deadline approaches, much needs to be done before this ambition can become a reality.\(^5\)

This important work must be accomplished within the changing context of cancer. Today, the diagnosis and treatment of the disease is becoming evermore effective as advances in technology and medicine are made. As a result, many more people are living through cancer, with ten year survival rates doubling over the past 30 years to 46%.\(^6\) For many, cancer is still a short-term incurable illness, but for thousands of others, their experience of cancer is evolving to a long-term condition with many possible outcomes. As the nature of cancer changes, so do the needs of people who are affected by it – and the range of health and social care professionals and services required to help meet those needs.

This transformation is also taking place during very challenging economic times for the NHS and the public sector. Difficult decisions about the allocation of limited resources must be made over the next few years. Leadership and clarity from the government on its vision and ambition for improving cancer services are essential to support decision makers at every level of cancer care, and service and policy development.

It is clear that we must transform the way we deliver cancer care in Wales if we are to meet the needs of the growing number of people affected by cancer in the current climate. Cancer services in Wales need to be more person-centred – a view that people living with and working with cancer support.\(^7\) And we know that if services are more integrated and better coordinated, we can not only achieve better outcomes for people affected by cancer, but also release considerable savings for the NHS and other statutory partners.\(^8\)

However, delivering high quality services that are person-centred and cost-effective requires a step change that will not happen overnight and cannot happen without leadership and intervention from the government and service planners.

As we approach the Assembly’s fourth term, Wales has a unique opportunity to be at the forefront of efforts to transform cancer care to meet the needs of people affected by cancer and meet the tough financial challenges that lie ahead.

How many people are affected?

When it comes to cancer, Wales faces some significant challenges. The number of people diagnosed with cancer has increased over the last ten years. While survival rates are improving, they still lag significantly behind those in Europe and other developed countries\(^9\). And as survival improves and our population ages, there are growing numbers of people living with and beyond cancer\(^10\).

**KEY FACTS**

- 50 people are diagnosed with cancer every day in Wales – more than 17,000 every year.\(^11\)
- Right now, more than 120,000 people are living with or after cancer in Wales – around 4% of the population.\(^12\)
- If current trends continue, by 2030 this will have almost doubled to more than 7% of the population.\(^13\)
- Wales has the highest proportion of people living with cancer in the UK, this is related to having the oldest population of the four nations.\(^14\)
- A higher proportion of people die from cancer in Wales as compared to the rest of the UK. The age standardised cancer mortality rate in Wales is 183 deaths per 100,000 population compared to 176 deaths per 100,000 population in the UK.\(^15\)
Advances in diagnosis and treatment

As breakthroughs in technology and drug therapies are made, diagnosis and treatment for cancer patients improves and greater numbers of people live through and beyond cancer. If we are to achieve even better survival rates, it is critical that we continue to invest in research and technological advances that will deliver improved clinical care and patient outcomes.

We also need to develop an approach, structure and process that enables healthcare professionals to implement the latest advances in treatment and diagnostics – once they are proven and cost effective. For Wales to achieve a world-class service this can’t be left to chance. Clinical leadership at all levels are needed to ensure this vital task is properly managed, so that patients receive the best and latest care, wherever they live in Wales.

The financial challenge

Cancer accounts for 7.1% of all NHS expenditure in Wales16. In 2008-09 this amounted to £358.8 million – the fourth highest area of expenditure for the NHS after mental health, circulation problems and trauma and injury.

As the number of people diagnosed and living with cancer increases, the cost of cancer services is set to become an increasing financial burden on the NHS.

While the cost of cancer drugs and treatments is undeniably high, evidence shows that we can make other efficiency savings in cancer care. For example, by providing assessment and care planning, information provision, benefits advice and personalised one-to-one support through clinical nurse specialists – we can use resources much more efficiently. As well as reduce unnecessary bed days and emergency admissions for cancer.17

Research carried out by Monitor on behalf of Macmillan18 has also shown that more coordinated cancer care can lead to savings. The report highlights opportunities to save money by:

- improving communication, coordination and information
- improving care in order to reduce length of stay after treatment, outpatient follow up, hospital deaths, and GP consultations
- supporting patients to return to work

The report concludes that improving care coordination, reducing avoidable emergency admissions and the length of stay in hospital, and enabling more people to die at home, could generate NHS savings of up to 10% for the cancer patients it examined through the study. It also found that the UK economy could be boosted by £30 million every year if just five per cent more breast cancer survivors were better supported to stay in work.19 This would represent a substantial boost to the economy in Wales.

Additional research20 shows that when you take health service costs and lost productivity into account, the total cost of cancer to the UK in 2008 was £18.33bn. This is set to rise to £24.72 billion by 2020. But if cancer services and survival rates improve enough to be among the best in Europe, that figure could be reduced by £10bn in England alone, saving a staggering 71,500 lives. Improvements like these could also be achieved in Wales.

The evidence is clear: cancer impacts the wider community, society and the economy. The next Welsh government must set a clear vision for cancer services so that planners can focus on investment priorities and identify areas where savings can be made through innovation and improved care. A national strategic approach to cancer will encourage greater savings by minimising duplication in front line services, encouraging innovation and helping to make best practise common practise.

Cancer is different now

Twenty years ago, cancer was considered to be a death sentence for many people and the aim of treatment was often just to extend life for a few months. Now, improvements in diagnosis and treatment mean that 60% of people with cancer will live for five or more years21. For some cancers, such as breast, five-year survival rates are as high as 80%. Because of this, cancer is no longer simply kill or cure. For an increasing number of people, it is a chronic illness that may follow a relapse and remission pattern over several years.
Interestingly, perceptions of cancer and the way care is provided haven’t kept pace with these developments. Recent research for Macmillan – with professionals working in cancer care in Wales – found that while they acknowledge that the cancer landscape is changing, they also recognise that services are not evolving with it.

This changing nature of cancer poses a significant challenge for the NHS, social services and the voluntary sector as they seek new and better ways to meet the needs of people with cancer and use their limited resources effectively.

**What do people want and need?**

People affected by cancer tell us that the disease turns their lives upside down. It affects how they feel about themselves and those they care about, their work, finances and emotional wellbeing. On a practical level it has a huge effect on their ability to live their day-to-day lives. And they feel these impacts throughout their cancer journey.

According to professionals working in cancer care in Wales, the dominant focus of care is still a clinical one – ‘of treating the condition rather than the individual’. As a result, many of the other needs that people with cancer have are left unmet. Professionals have expressed their frustration that non-clinical needs are often poorly addressed. They speak of the need to challenge a clinical culture ‘that often believes that as long as you get the medical and physical side of care right, that is adequate care’.

**Emotional and psychological needs**

'It would be nice if, when being told you have cancer, you are also informed of emotional services to access…you need to learn how to fight this thing because you are likely to be thinking I’m going to die.'

Person affected by cancer, Wales

Cancer places people under extreme emotional and psychological strain, which can lead to a huge range of practical difficulties in daily life. At the time of diagnosis, around 50% of people with cancer experience levels of anxiety and depression severe enough to affect their quality of life. For 25% this continues for the following six months. In the year after diagnosis, around 1 in 10 people living with or beyond cancer will experience symptoms so severe they need specialist psychological or psychiatric services.

Research shows that lung, pancreatic, Hodgkin’s lymphoma, brain, head and neck, leukaemia and lymphoma patients experience the highest levels of distress. We also know that more patients find the emotional effects of cancer most difficult to deal with compared to the physical or practical effects, and that this is particularly the case for women, those with young children, and those from lower socio-economic backgrounds.

For these reasons people with cancer often need emotional support when they are diagnosed, as well as during and after treatment. In spite of this, people say they find it difficult to persuade professionals to refer them to more help. Although some people need professional psychological support to help them deal with the effects of cancer, many simply need someone to talk to.

'I was very lonely and poorly in health when I left hospital. I had lots of complications like infected scars, which lasted six to seven weeks. Nurses treated the sores but had so much paperwork to see to they had no time to talk.'

Person affected by cancer, Wales

Our own recent research has shown that 20% of the people with cancer said they wanted counselling while they had cancer but less than half were told where they could get it.

'I was given a booklet which explained various cancers and treatments but at the time of diagnosis in the clinic that was all. I was upset and would have liked someone to talk to.'

Person affected by cancer, Wales

Professionals surveyed by Macmillan agree that the emotional impact of cancer is not being addressed and that people living with and after cancer are often left to deal with the devastating effects alone.

'Patients and relatives have to source their own support at a time when they are floundering. Those who need rehabilitation and psychological support to live with their disease or former disease do not get it.'

Allied Health Professional, Wales
Financial needs

Studies show that cancer can have a significant impact on people’s finances and lead to new or increasing debts.35 Evidence also suggests that financial burdens can increase anxiety and stress, with some people feeling that financial difficulties are ‘more of a worry than the cancer’.36

Over 5% of people living with or beyond cancer – over 10% if they are self-employed – lose their home after being diagnosed.37 91% of households with people affected by cancer experience loss of income and/or increased costs. For instance, a person with cancer makes, on average, 53 trips to hospital during the course of their treatment.38 Heating and other household bills can also go up, special diets may need to be catered for and new clothes may have to be bought.39 40

Many people living with and after cancer never claim the benefits they are eligible for. This is particularly the case among elderly and disabled people, who often need help to make a claim.

A recent Macmillan survey found that in terms of patients receiving advice following treatment, just 6% of Welsh adults had someone talk to them about money issues such as benefits and grants, and just 3% had someone talk to them about work worries or issues.41

Our research suggests that worrying about money is second only to pain as a cause of stress to people with cancer.42 We need to make sure that people with a cancer diagnosis receive the financial benefits they are entitled to so they can be free to focus on their treatment and recovery.

Information needs

People living with cancer, and their carers, need sound information and support to help them negotiate their way through cancer treatment and beyond. With the right information they have the power to make the best choices for themselves and their family.

Most people with cancer say they would like more information. Some say they don’t receive any information at all.43 A recent survey done on our behalf found that 72% of cancer patients in Wales wanted information about their condition, 77% wanted to understand the long-term effects of treatment, and 71% wanted to know about the different treatment options available. Unfortunately, less than 33% of people with cancer who took part in the survey actually received this information.44

As cancer and its care changes, we need to
support people living with or after cancer to take an active and leading role in their recovery. The right information empowers people to make decisions about their own treatment, but it needs to be given in a way that is meaningful. We welcome the recent efforts of Public Health Wales to improve health literacy and increase people’s understanding of their condition and treatment. Now more work needs to be done to make sure everyone living with and after cancer is offered personalised information and support to manage their condition.

People living with and beyond cancer tell us that easy-to-understand information, support and signposting to other services aren’t in place everywhere in Wales. Where information and support are available, many people don’t realise they exist.

“The staff in the hospital were very caring and excellent. (But) I had no information from the social services on how to get help with care at home on my own and no idea about how to get help.”

Person affected by cancer, Wales

A recent survey of professionals reveals that although information is increasingly available, people often find it overwhelming, especially when first diagnosed. The professionals also say that people need more time to absorb what they are told and to have the opportunity to ask questions outside the consulting room.
One nurse surveyed said:

‘Whilst information is available it is not always given in ways that inform. Medics usually try to explain treatment options etc in terms of percentages, figures from trials, quoting five-year survival rates, which can cause distress as patients only hear “five years”. They focus on this, feeling that they have been given a prognosis. Often they are sent away with no checking of understanding and are expected to make a decision with this information and no psychological support to do so. I guess what I am trying to say is that information is there, often in copious amounts, but it is not person-centred.’

Cancer Nurse, Wales

People’s long term needs following treatment

While people are receiving treatment for cancer, they are supported by a variety of professionals in the hospital, going from appointment to appointment. But once treatment has finished, much of the support disappears even though people can continue to have a range of complex physical, psychological and social needs. People can experience chronic illness – such as bowel problems, chronic fatigue, lymphoedema, impotence, infertility and depression – while new cancers or treatment-related conditions can emerge months or even years later.

In spite of the many problems that follow cancer treatment, people living with or beyond cancer tell us there is a lack of support. They talk about the period after treatment as one of abandonment. Many compare it to feeling like they are on the edge of a cliff.

A survey conducted on our behalf found that 60% of people living with or beyond cancer want information, advice and support about next steps and choices in the cancer journey after treatment. Only 23% get it. It also found that 27% of people who complete their treatment feel abandoned by the health system.

‘After treatment is the part of the cancer journey that’s surprisingly one of the hardest. The after effects of treatment mean there’s so much toxins and poison going through your body you’re affected both physically and mentally. I found it very, very hard.’

Person affected by cancer, Wales

‘It does feel like after your last chemo session you are on your own. It’s then when you are not so much supported by the nurses, doctors etc that it hits home what has happened and the “mental health” element kicks in. That is where I feel support is lacking.’

Person affected by cancer, Wales

Research carried out for us by the Welsh Institute of Health and Social Care shows that services offered after treatment were the least likely to be person-centred. It found that people are often ‘left adrift’ once treatment finishes, just when the need for support is most pressing. Professionals in the study recognise the need to provide post-treatment assessment and care planning but say this rarely happens. They are aware of the many practical and emotional difficulties faced by people in the post-treatment stage and feel that people with cancer and their carers would benefit from better signposting towards sources of information and non-clinical support.

Several described the ‘long shadow of fear’ that cancer casts over people’s lives and the need to regain confidence in their own health.

‘There is still an overwhelming response of abandonment following treatment which has not improved. The promotion of living with cancer initiatives is extremely slow in availability.’

Operational Manager, NHS Wales

A recent survey carried out in Wales on our behalf by YouGov reveals that:

- 50% of people living with or beyond cancer say no one talked through their needs after their clinical treatment finished.
- 61% say they didn’t receive any support from key health and social care professionals after treatment.
- 56% say they were not given a named health professional to help support them in their first year after treatment.
- Of those who did have someone to talk to about their post treatment needs, 76% said these were not written into a care plan.
The quest for coordinated care and high quality services

The complexity and severity of cancer makes it challenging but vital to deliver the right services, as quickly and efficiently as possible.

Diagnosis can be delayed for a number of reasons including late presentation by the individual, poorly coordinated referral systems between services and complex diagnostic pathways. People’s cancer treatment plans also vary significantly, depending on the type of cancer they have and the process of diagnosing it. Their plan can include complicated and potentially harmful treatments such as surgery, radiotherapy, chemotherapy and hormone therapy. The effects of new, advanced treatments are unknown but we know that cancer and its treatment can impact someone’s life for weeks, months and years to come. At the same time, the care they receive takes place in many locations and often goes beyond local health board and cancer network boundaries. Some specialised treatments happen across UK borders and in other European countries.

This complexity makes it difficult to achieve joined-up care within the healthcare system and the primary, community, social care and voluntary sectors. Continuity of care can suffer and people report feeling as though they are falling into the gaps between service providers. This is what healthcare professionals in Wales say about it in recent research:

‘Individual professionals are kind, but the systems and processes are disjointed so it can be very confusing and reliant on a sole person to provide coordinated care and take overall responsibility’

Person affected by cancer, Wales

If people aren’t given a clearly defined pathway of care – from surgery, chemotherapy or radiotherapy to supported self-care – that helps them access the support they need at any given moment, there is a danger they will turn up at accident and emergency. Then they will be seen by professionals with no knowledge of their condition or history, which leads to expensive, poor quality support.

People living with and after cancer tell us that services are patchy and inconsistent across Wales. This view is echoed in other recent reports, which we will touch on here.

Failing to meet standards

In 2005, the National Cancer Standards were launched to provide guidance for cancer management in Wales. Healthcare providers were asked to meet these standards by March 2009.

In May 2010, the Welsh Assembly Government released a compliance analysis, which shows there are substantial gaps in the availability of cancer services across Wales, with significant non-compliance in almost all areas. All but one local health board achieved less than 50% compliance. The services with least compliance were for the assessment of ongoing support, and prompt access to specialist psychological support.

Not only does the report highlight how much performance varies across Wales, it also suggests that services vary depending on the type of cancer a person has.

Late diagnosis and referral

A recent Cancer Research UK (CRUK) report, says that one of the main reasons that cancer outcomes in the UK lag behind some European countries is that it is often diagnosed late. According to the report, up to 10,000 deaths could be avoided each year in the UK if cancer was diagnosed earlier. There is also hard evidence that cancer is being detected and diagnosed later in Wales and that this plays an important part in the country’s poor survival rates.

Research we commissioned from the Wales Institute for Health and Social Care (WIHSC) reveals that professionals working in cancer care in Wales say that some improvement has been made in diagnosing people earlier. At the same time, however, the report notes that people and their GPs are often too slow to act on symptoms and that poorly coordinated referral systems can delay diagnosis even more. And that while most people appear to progress relatively swiftly once a diagnosis is made, it’s a different story if the diagnosis and treatment are more complicated. This may
be related to the nature of their disease – for instance, it may be a rare cancer. But it was reported that people who had to be referred to other areas often experienced unnecessary delays because of poor communication between services.

In England, the National Awareness and Early Diagnosis Initiative (NAEDI) has helped raise awareness of the importance of early diagnosis. According to Cancer Research UK, the NAEDI has had a positive impact on the cancer workforce and helped them understand and prioritise early diagnosis. Wales must have a similar national approach to improve early diagnosis if it is to achieve its aim of ranking among the best in Europe on early diagnosis and survival.

**Access to treatment**

In 2008, we surveyed the then 22 local health boards in Wales to get a clearer picture of the funding process for people who want treatment that isn’t routinely offered on the NHS. The surveys revealed a ‘postcode lottery’, both in terms of how easy it is for people to navigate this ‘exceptional funding’ process, and the factors that ultimately affect funding decisions.

In late 2008, the government commissioned a report to improve the availability of medicines in Wales. The report, published in January 2009, recommended national guidelines were produced within six months to support LHBs to apply a more consistent and nationally agreed approach to exceptional funding requests. At the time of going to print, as far as Macmillan is aware, national guidelines have still not been shared with LHBs.

**End of life services**

We know that 67% of people in Wales would choose to die at home. But only 26.1% actually do. When the end-of-life wishes of people with cancer are not met because of a lack of services, it can lead to very traumatic experiences for them, and a lasting sense of guilt and remorse for friends and family left behind.

Often, terminally ill people with cancer are admitted to hospital unnecessarily, which is distressing for them and costly for the NHS. In England, the National Audit Office estimates that by reducing emergency hospital admissions for people with cancer by 10%, and the average length of stay by three days, £104 million a year could be released to help people choose the place of care they prefer. This evidence is supported by Hospital Care at Home – a recent joint report by Healthcare at Home and Dr Foster – which estimates that NHS savings of £160 million could be made if end of life care was delivered in the home.

We welcome the recent work of Professor the Baroness Ilora Finlay and the Implementation Board to improve palliative cancer care in Wales. Huge strides have been made in this important area, but more work is needed to improve out-of-hours services, support for carers and care for people in nursing homes.

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**What our research revealed about access to treatments not approved by NICE:**

- All Welsh local health boards (LHBs) have a process for the exceptional funding of treatments, but with 15 different names.
- While most LHBs make information on their exceptional funding process available to the public, only around one-third said the process is actively promoted.
- Only 6% of respondents in Wales said that there was an oncologist on the decision making panel for cancer treatments.
- 67% said they take personal circumstances into account, such as age, dependents and marital status.
- Two LHBs said that local publicity and media activity plays an active part in their decision making.
- One LHB considers the stage of the financial year at which the application is received.
Part 2: A national, person-centred cancer strategy for Wales

Where we are now – existing policies

Cancer care has improved in Wales over the last decade thanks to the introduction of the All-Wales Cancer Standards and the Designed to Tackle Cancer policy statement. But we are concerned that without clear vision and a comprehensive national strategy for cancer, Wales will not achieve the world-class, cost-effective and person-centred cancer care it needs.

Moving on from the All-Wales Cancer Standards

People recognise that the existing cancer standards, drafted in 2005, are no longer wide-ranging, ambitious or person-centred enough to achieve the changes needed to cancer care in Wales. As they stand, the focus is on measuring systems, processes and limited clinical targets. Not on monitoring the quality of those services, the experience of people receiving care, or any improvement in the outcome for people living with or beyond cancer.

The standards were developed as a result of the Calman Hine report, which examined cancer care services in the UK more than a decade ago. At the time, the priority was to improve minimum standards in Wales, and establish a set of core requirements for professionals working in cancer care.

Since then, the nature of cancer and how we treat it has changed. So have the constitutional and political landscape, the philosophy and structure of the NHS, and the expectations of people living with and after cancer.

Is the Designed to Tackle Cancer policy enough?

While other countries develop their thinking around person-centred cancer services, Welsh policy lags behind with an approach that is still dominated by the clinical and acute aspects of care. Overall, statements and commitments are followed by little action: as with the cancer standards, implementation has been patchy.

We commissioned research to compare the approach to cancer policy in Wales with other countries in the UK, Europe and beyond. We found that it is ‘not at all certain’ that Wales will achieve its 2015 targets, set out in Designed to Tackle Cancer (DTTC). Especially as other countries continue to improve.

Our research highlights that DTTC focuses on only four general areas: prevention, early detection, improved access and better services. This leaves out the important new areas of ‘living beyond cancer’ and ‘patient-centred care’, which feature in the strategies of other countries.

The report describes a ‘somewhat piecemeal approach’ to cancer planning in Wales, which can be attributed in part to ‘changing ministers, two periods of organisational change, changing priorities, methods of commissioning and planning’. After looking at the progress of cancer treatment and care elsewhere, the report concludes that a dedicated cancer strategy is the ‘fundamental building block’ to Wales becoming one of the best cancer care providers in Europe.

In a report by Cancer Research UK, the charity says, ‘Cancer plans are important and useful. They set direction and make the best use of resources’. One of their chief recommendations is that, ‘A more comprehensive plan should be developed to ensure consistent delivery, implementation and integration across Wales’. The report also recommends that Wales should develop a ‘survivorship initiative’; an issue that ‘is an important and emerging policy area, which should be fully embedded in the patient care pathway’.

Research shows that health professionals are also frustrated by the lack of a comprehensive cancer strategy for Wales.
Other policy and strategy developments

Right now, Wales doesn’t have a single, comprehensive strategy that plans for the entire cancer pathway. In 2010 a number of additional policies emerged:

• In March, the Cancer Services Coordinating Group published the Living With and After Cancer report, which recognises the importance of clinical professionals seeing survivorship as a distinct phase of cancer care.

• In May, the Welsh Assembly Government published The National Standards for Rehabilitation of Cancer Patients, which also addresses issues relating to survivorship.

• The Minister for Health, Edwina Hart, announced a new policy that aims to provide every person in Wales living with and after cancer with a key worker by March 2011.

Wales now has around 20 different strategies, frameworks and policies that relate to cancer care, which you can see in the table below. This policy overload has become so complex and fragmented it’s virtually impossible to have a clear vision of how best to meet the needs of people living with and after cancer.

A list of some of the current strategies, policies and frameworks relating to cancer care in Wales:

• Delivering Beyond Boundaries: Transforming Public Services in Wales

• Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales

• Annual Operating Framework

• Designed to Tackle Cancer in Wales (2006) and subsequent work plan (2008-2011)

• The National Cancer Standards

• The Rural Health Plan

• Setting the Direction: Primary and Community Care Strategic Framework

• Sustainable Social Services for Wales: A Framework for Action

• Workforce strategies e.g Community Nursing Strategy, Designed to Work

• Financial Inclusion Strategy

• Older People’s Framework

• Carers Strategies (Wales) Measure 2010

• 2008 ‘Sugar’ recommendations and the work of the Palliative Care Implementation Board

• Cancer screening programmes, such as bowel, cervical, breast

• Symptom awareness programmes

• Chronic Conditions Management Strategy

• Lymphoedema Strategy

• The CSCG Living With/After Cancer report

• The work of the Self Care Board

• Wellbeing Through Work

• NICE Supportive and Palliative Care Guidance

• The Gold Standards Framework

• Integrated Care Pathway

Developing an effective cancer strategy for Wales

We know that dedicated cancer strategies increase commitment from the government and raise the profile of cancer in the workforce. This in turn helps to reduce inequalities in cancer care.

We recognise that many of the Welsh Assembly Government’s general health policies and strategies are working towards person-centred, cost-effective care. Now we need a specific strategy to achieve these changes for cancer too.

Such a strategy will:

1. Provide clarity and vision for everyone involved in planning and delivering cancer care in Wales.

2. Provide a framework to embed clinical leadership at national, network and local level.

3. Change the way cancer is considered and planned.

4. Set out a clear expectation that health, social care and voluntary sector providers must work together to provide a seamless treatment and care pathway.

5. Improve the delivery of coordinated, person-centred cancer care at every stage, from prevention, diagnosis and treatment to after care or end of life.
6. Help to develop more innovative, high quality, cost-effective ways to deliver care.
7. Encourage partners to adopt best practice.

What would an effective cancer strategy look like?

We commissioned research to review cancer strategies across a number of countries.76 We used the results of this research to create a template that you can see in the box on page 16. Our aim is for the next Welsh Assembly Government to be able to use this template to develop a cancer strategy that builds in best practice from around the world.

We know from our research that a strategy cannot be written or exist in isolation. To be effective, it must take into account every aspect of the cancer control system, from funding to evaluation.

The importance of leadership and collaboration

It takes strong leadership to develop and implement every element of a comprehensive strategy that involves a wide and dispersed range of stakeholders. Such leadership is critical if we are to transform the cancer care system and the delivery of services – and achieve the necessary cultural shift in the understanding of cancer amongst health and social care professionals this requires.

People living with and after cancer are experts by experience and should also be involved in the development of the new strategy. Strong leadership is needed here too, to inspire, provide direction and foster collaboration amongst stakeholders.

Effective and determined political, managerial and clinical leadership are essential if Wales is to achieve cancer care that meets the needs of people living with cancer and uses NHS, social care and other resources efficiently.
**Vision and objectives**

- Express a vision that aims to reduce cancer, increase survival rates and helps people live healthy, productive lives after diagnosis.
- Address inequality: even in countries where there have been significant improvements in care, these are not always offered fairly.

**Country profiles**

- Include a country profile with an in-depth analysis of the statistics and issues relating to patterns of disease. Comparisons are also useful.
- Explore resource allocations and service delivery patterns for cancer, to help identify gaps and prioritise future developments.

**The individual’s journey**

Create the strategy from a personal journey perspective, including:

- Prevention and promotion
- Early diagnosis and screening
- Service delivery
- Palliative care
- Improving the quality of the individual’s experience.

Personalised care has become more emphasised. This is an emerging field, which requires further development and engagement with people living with and beyond cancer, carers, families and society in general.

- Living beyond cancer.

This new development recognises that many people will now live beyond cancer – or with it as a chronic illness rather than an acute and terminal episode – and focuses on developing services beyond healthcare. Consider including personalised lifetime follow-up plans, psychosocial support and access to financial support.

**Infrastructure**

Consider the national infrastructure needed to support the implementation of the strategy.

**Research**

- Allow extra funding for research, which plays a pivotal role in strategy development.
- Emphasise the need to transfer research findings into clinical practice quickly and to improve access to clinical trials.

**Information and IT**

There are two core elements to consider:

- The provision of accessible information to the public, patients and professionals.
- The development of data collection and analysis through minimum datasets.

**Workforce development**

It is important to have sufficient and well-trained staff. Allow for recruitment, retention, training and continuing professional development.

**Capital and technology**

Consider and plan for what access to technology will be needed, such as PET scanners and medicines, as well as the development of centres of excellence for cancer treatment.

**Funding**

Identify and plan the funding available for cancer services. This may vary according to how far there is responsibility for this nationally, overall allocation and the new monies being targeted at specific developments.
Part 3: How do we deliver person-centred cost-effective cancer services?

Firstly: what does ‘person-centred care’ mean?

The key theme running throughout the new cancer strategy for Wales should be that all care is person-centred. A good first step is to define exactly what we mean by this.

A definition of person-centred care

Person-centred care means that the needs of the person living with cancer are always at the heart of how services are planned, not the needs of the service providers.

It means treating people with sensitivity and compassion and ensuring that their care is holistic in its planning and delivery.

This care goes beyond the clinical to address wider social, financial, emotional, practical, psychological and spiritual concerns.

Putting people at the centre of care planning means they:

• are given the opportunity to express their views, which are listened to and respected
• receive the care they need, when it is needed, regardless of organisational boundaries – and if a service can’t be provided they are told why
• know where and how to access ongoing support and information.

A new person-centred approach for cancer services in Wales means moving away from focusing on processes, systems and clinical targets to developing services that meet people’s needs – both clinical and non-clinical – throughout their cancer journey.

The call for cultural change

Support for a change in the way cancer care is provided is overwhelming. It is also clear that the transformation from traditional, clinically led care to a more person-centred model will involve a dramatic change in attitude and culture. The health and social care workforce will need to understand the implications of cancer as a long-term condition as well as an acute one.

There must also be some important shifts in the approach to care and support for people living with and after cancer, to bring greater focus on recovery, health and wellbeing.

Firstly, a shift will need to take place in the way coordination and communication are handled within the health service and the social care and voluntary sectors.

Secondly, greater emphasis is needed on making sure people are well informed and empowered to manage their own condition. To make this a reality, the relationship between healthcare professional and the person living with or beyond cancer has to be transformed from simply care-giving and receiving to creating a partnership that focuses on achieving agreed health and care outcomes. Many professionals will need help to make this transition. They need training that will enable them to assess people’s needs, provide meaningful information, solve problems and identify services within and outside the health system.

Measuring the quality of services, people’s experience of their care and the outcome

Many of the government’s emerging health strategies, and the changing NHS in Wales, recognise that the way we deliver health and social care needs to change. In some cases specialised services need to be delivered in centres of excellence, while in many other cases, support needs to be offered closer to people’s homes. These strategies recognise that wherever care is delivered, it should be tailored to the individual’s long-term needs, more integrated and better coordinated.

We believe these new generic health and social care developments offer a unique opportunity to update cancer policy in Wales. By reflecting
the care aims of the new five-year strategic framework for the NHS79, Wales will be in a strong position to make cancer care more effective, person-centred and cost efficient.

To achieve this, when new targets or standards are set for cancer care in Wales, we need to put more emphasis on monitoring quality of service, the person’s experience of their care and the outcome.

Recent work by Macmillan involving people living with and after cancer, their carers, those working in cancer care and other stakeholders has established how care and treatment should be experienced from the perspective of the person living with cancer.80 This work has led us to arrive at nine key outcomes we believe all cancer care should aspire to:

We strongly urge the government to consider these nine outcomes in any new targets and standards that are developed as part of a national, person-centred cancer strategy for Wales.

Towards personalised and holistic care

When care is well coordinated, and referrals and signposting are effective, people living with and beyond cancer get what they need, when they need it and in the way they want it. It avoids duplication, wasted or ineffective visits and – more importantly – it ensures that people don’t get lost in transition between organisations and professions.81 Our research – backed by statements from the government’s own strategies82 – confirms that person-centred and cost-effective services go hand in hand.

We recognise that changes in the perception of cancer as an illness that is both acute and long-term, and the move towards person-centred care, won’t happen overnight. Changes to cancer care need to be carefully planned, implemented and monitored. They cannot happen without the intervention of government and service planners.

This section of the report looks at what can be done to make services more person-centred, and how these initiatives could be incorporated into a national cancer strategy for Wales.

Four key national initiatives

We believe the following four initiatives are essential to making cancer services more person-centred and cost effective.

1. Improved assessment and care planning
2. Reforms to cancer-follow up
3. More personalised information and support
4. Access to an identified key worker

These initiatives are based on our consultations with people living with and after cancer and those working in cancer care in Wales. We also looked at learnings from other chronic conditions and at what is happening in cancer care outside Wales.

1. Improved assessment and care planning

People living with and after cancer should have their own treatment and care plan, as well as regular assessments of their clinical and non-clinical needs.
Regular assessments are essential to ensure that treatment and care plans are tailored to each person’s needs. They are also vital for establishing risk levels for possible complications or recurrence of the cancer. If their condition is incurable, ongoing assessment and care planning are essential to monitor the progression of the disease. That way, the person can live as well as possible for as long as possible.

Tailored and personalised care helps professionals provide support for those most in need, and limit support to those who are willing and able to self-care. This is a more cost-effective way of allocating limited resources.

The assessment and care plan discussion should take place with a health professional who helps to coordinate the person’s care (see point four below: Access to a key worker). This will often be a clinical nurse specialist (CNS). They must have the skills and experience to help identify and deal with the person’s concerns, up-to-date knowledge of local and national services, and they must know how to refer people to appropriate specialist and non-NHS services if they are needed. The person with cancer should be given a copy of their care plan so they have a record they can refer to.

We want everyone living with cancer to be offered an assessment and care plan at key stages of their cancer journey by the end of the next assembly term.

2. Reforms to cancer follow-up

Follow-up arrangements after initial treatment need to be improved so that every person living with or beyond cancer in Wales gets ongoing support that is tailored to their own level of need and risk. Studies show there is considerable potential to improve cancer follow-up arrangements after treatment has finished. And that assessment and care planning are vital to achieve this change.

The current system of face-to-face follow-up with consultants is expensive and often fails to detect reoccurrence. It is also largely ineffective at supporting people who experience the late effects of cancer and its treatment. A recent

What do assessments and care plans look like?

An assessment is a process of gathering and discussing information with the patient and their carer or supporter to understand what the person living with and beyond cancer knows, understands and needs. This holistic assessment is focused on the whole person. Their entire well-being is discussed: physical, emotional, spiritual, mental, social, and environmental. The results are then used to inform their care plan.

The assessment of an individual’s needs should include discussion of:
- Physical effects (eg weight loss, problems with appetite, tiredness)
- Lifestyle issues (eg diet, exercise, not smoking)
- Emotional concerns (eg worries about the future, relationships)
- Family matters (eg talking to your family and friends about cancer, worries about genetic risk)
- Job and/or money worries (eg balancing work and treatment, benefits or financial advice, return to work advice)
- Treatment issues (eg concerns about side effects, fertility, risks and benefits of treatment)
- Practical issues (eg sorting out housework or gardening, healthy eating, where to get equipment for the home to make day-to-day tasks easier)
- Spirituality (eg faith, religion or spirituality and any impact this may have on treatment).

A care plan is based on the diagnosis and holistic assessment of the person living with or beyond cancer. It prioritises their issues and sets out actions to address them.

The assessment and care plan process ensures that care is consistent with the person’s needs. For many this will help facilitate a move toward supported self-management.
A study of over 1,000 people at 66 UK centres found that 30% reported five moderate or severe unmet needs at the end of treatment. For 60% of these people, these needs had not improved six months after treatment.84

The late effects of cancer can affect quality of life long after treatment has ended and often leads to unnecessary admittance to hospital as an emergency. With more than 200 different types of cancers and between 30% and 50% of all cancers classed as ‘rarer’85, many GPs have limited knowledge of the late effects of the disease and its treatment and can’t always fully support people in the way they need.

By and large, Wales has a one-size-fits-all approach to follow-up. Regardless of a person’s risk of recurring cancer or other complications, most people go through the same follow-up process in the months and years following treatment.

A thorough assessment at the end of a person’s treatment makes it possible to develop a follow-up care plan that is tailored to their level of need and risk. Although some routine tests – such as blood tests or imaging – must continue, there is growing evidence that tailoring follow-up care to the individual’s needs could make significant savings for the NHS, improve people’s experience and outcomes and deliver a better quality of service.

This cancer ‘risk stratified model of care’86 shown below is similar to the approach proposed in the Welsh assembly government’s Chronic Conditions Management Strategy87:

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**Reforming cancer-follow up in Wales: The Velindre/Macmillan Herceptin Pathways Project**

Gill Donovan, a specialist non-medical prescribing breast oncology nurse at Velindre Cancer Centre, has been leading a project since 2009 to reform follow-up arrangements for women with breast cancer who are undergoing Adjuvant Herceptin treatment.

These women face a long treatment pathway, even though most have already had surgery, chemotherapy and, in some cases, radiotherapy. All of these treatments carry side effects, but women receiving herceptin typically feel well and want to regain ownership of their lives. The Herceptin Pathways Project provides telephone follow-up with rapid access to specialist support if needed. This approach promotes flexibility as care is provided closer to home and fewer visits to hospital are needed.

Benefits for the NHS:

- Fewer expensive consultant appointments.
- Clinicians are able to focus their time on more complex cases.
- Cost savings of 17% per patient, amounting to £143,836 if applied to all eligible patients in South East Wales.

Benefits for people living with or beyond cancer:

- Fewer visits to hospital, saving time and money. This can mean five visits instead of 30.
- People are able to get on with their lives following surgery and radiotherapy without having to worry about hospital appointments.
- Support from a specialist nurse via a 24 hour phone line and call-back service.
- 92% of people living with or beyond cancer report that they are extremely satisfied with the new service.
care. And that only 5-10% of them have unmet needs – such as severe and complex consequences of cancer treatment – that require specialist services. Proportions will vary according to tumour type.\textsuperscript{88}

For people with complex needs, a reform of follow-up cancer care will give them more contact with health professionals than they have now. For the majority of people with less complex needs who are able to self-manage with support and appropriate surveillance, follow-up reform means they will have less contact with health professionals in the after-treatment phase. Instead, they will need to be given information about signs and symptoms and who to contact.

Any work to change follow-up beyond initial treatment would need strong clinical leadership to take forward.

Macmillan wants every person living with or beyond cancer in Wales to receive follow-up care that is tailored to their needs by the end of the next assembly term.

3. More personalised information and support

Every cancer patient in Wales should be offered tailored information and support throughout their cancer journey.

To make services truly person-centred, people living with and after cancer need to be at the heart of decisions made about their treatment and care. Providing personalised information and support is essential. This means more than handing someone a leaflet about their cancer. It involves selecting short sections of information that answer their needs and the stage of their cancer journey. We believe that information pathways and prescriptions should be developed to make personalised information and support a reality in Wales.

By building information pathways and prescriptions into cancer care we can ensure that high quality information is offered to people at key points in their cancer journey, as well as the support they need to understand and act on what they’ve learned.

We know that giving people personalised information and support, and helping them to self-manage, leads to better outcomes for long-term chronic conditions\textsuperscript{89}, including cancer. When people are well informed they know what to look out for and what to do if they know what to expect, they worry less, are less likely to seek advice from emergency services and can resolve problems without professional intervention.\textsuperscript{90}

Many of the support services that people living with and after cancer need already exist, and are often provided by the voluntary sector. Now Wales needs the provision of information and support built into its new strategy so that it becomes an integral part of the care pathway.

What are information pathways and prescriptions?

Information pathways map out the types of information that people living with cancer may want at different stages of their care. Right now, access to information varies across Wales and for different cancer types. Mapping all the information options in one place means it’s easy to offer people all the relevant information they might need at that time. The pathways should contain a wealth of information from respected sources on different types of cancer, various treatment options, symptoms and side effects, and the effects cancer or its treatment can have on their life – for example, relationships, sex, finances or work. They should also have information on local support groups and services, and where they can go for further information and support. Information on the pathway should be free of charge, evidence-based, current, culturally sensitive, available in a variety of formats, including the Welsh language, and through a variety of channels.

Information prescriptions are a written copy of the conversation between a cancer professional and the person living with or beyond cancer about the patient’s information needs. The professional uses the pathway to frame the conversation and offers information that’s relevant at that time. The person can then read what they have been told, and be referred to more sources of support.
Our information and support
How we are helping with the development of information and support for people living with and after cancer in Wales:

1. Macmillan all-Wales Cancer Information Project

Phase 1: All-Wales Cancer Information Pathway Project

The project carried out an in-depth review to see what information is being offered to cancer patients, their carers and families across Wales. The review included mapping the source, format and languages in which information is provided. Using these findings draft information pathways were developed for key cancer sites including breast, urology, gynaecology, colorectal, lung and upper GI. These pathways will be finalised after consultation. In the meantime, discussions are ongoing to source an online storage facility so the pathways can be accessed by health professionals across Wales.

Phase 2: Macmillan Cancer Information Strategy Lead (Wales)

Macmillan Wales is investing in a cancer information strategy post, which will be hosted by Public Health Wales. The post will help improve the coordination and delivery of information to people living with and after cancer across Wales. It will also assess whether the cancer information model can be transferred to other chronic conditions.

2. Macmillan cancer information and support centres and coordinators

In 2008, we began a programme of investment to improve access to information and support. We worked in partnership with the NHS and other voluntary sector organisations to open Macmillan cancer information and support centres in Wrexham and Llandrindod Wells. We are also working with Welsh local authorities to develop cancer information and support in local libraries, and we fund Macmillan information and support coordinators to manage our centres and library presence. Our coordinators work alongside volunteers to deliver a comprehensive service for local people.

3. Access to cancer information and support at home

Since we merged with the cancer information charity, Cancerbackup, in 2008 we have been able to offer a wider range of high quality information and support resources for people living with and after cancer. Some of our most requested titles are now also available in Welsh. We produce free and comprehensive cancer information and support, as well as access to information on our website, and a free phone service on 0808 808 00 00.

We want every cancer patient in Wales to be offered information and support throughout their cancer journey by the end of the next assembly term.

4. Access to an identified key worker

Every cancer patient should have access to a named key worker who understands their needs and is able to support them during and after treatment.

In May 2010 the government announced that all people with a cancer diagnosis in Wales would be given a key worker to coordinate their care. The new Local Health Boards were required to implement the policy by March 2011. We warmly welcomed this announcement. We understand the work has begun, but as yet there is no nationally agreed, clear definition of the key worker role. And most planning for the scope and function of the key worker role in Wales is being undertaken locally. This may lead to inconsistency and geographical inequality in the level and quality of service provided.

We believe it is important that the implementation of the key worker initiative in Wales is consistent. Although key workers may be different professionals at different stages in a person’s cancer journey, there should be consistency in their functions and responsibilities throughout Wales. With the current approach there’s a risk that the type of key worker a person has to support them will be inconsistent.
depend on where they live rather than on their needs and circumstances.

In developing the role of the key worker, it is vitally important to consider continuity of care. Issues such as access to key workers out of hours, the transition from secondary to primary care and the use of electronic records are all essential to the success of this initiative.

In order to ensure consistency across Wales, the role and remit of a key worker must be agreed at a national level by the end of the first year of the next assembly term. By the end of the second year of the next assembly term, we want every person living with or beyond cancer in Wales to have access to a relevant, named key worker.

What is a key worker?
What should a key worker do?
Based on our research, and work carried out by governments elsewhere in the UK, the role of the key worker is to:

- Be a main point of contact.
- Undertake assessments, agree care plans and ensure the details of the care plan are communicated to the person living with cancer and others involved in their care.
- Be ultimately responsible for coordinating care and managing care transitions.
- Provide information about cancer treatment and its effects. Help the person living with and after cancer to understand that information so they can make informed decisions.
- Find out what additional help and support the person needs and make sure they get it. This may mean signposting them to other support services, such as financial advice, practical help and emotional support. Ensure people know who to contact when they have questions or need help.
- Give advice to the person and their carers.

It should be acknowledged that the implementation and coordination of a person’s care may be carried out by a number of clinical and non-clinical professionals.

Who will they be?
During the treatment phase, the key worker is likely to be the clinical nurse specialist. After treatment, the most appropriate key worker will depend on the type, severity and advancement of the cancer and the needs of the person. For people living with and after cancer who have complex needs, their key worker is likely to be very involved. For those who have moderate needs, their key worker will be less involved. For people who have no complex needs, they are likely to have more limited contact with their key worker, although the key worker should be available if any issues arise. The important thing is that the person living with and beyond cancer knows who their key worker is, and the key worker knows their responsibilities to that person.
References


2 Crude estimates made for the end of 2010 and 2030. Estimates assume any increase is consistent across each nation and remains unchanged over the 20 years, as such they are indicative only, are not statistically reliable and could change as more information becomes available. Internal analysis by Intelligence & Research, Macmillan Cancer Support. Analysis based on data from Maddams J, et al. Cancer prevalence in the United Kingdom: estimates for 2008. British Journal of Cancer. 2009. 101: 541-547

3 Demonstrating the Economic Value of Co-ordinated Cancer Services: An examination of resource utilisation in Manchester, Macmillan Cancer Support, March 2010

4 Designed for Life; Designed to Tackle Cancer in Wales, 2006

5 Does Wales Need a Cancer Plan, Professor Siobhan McClelland, December 2009


7 Having Your Say About Cancer in Wales, the people affected by cancer highlight the gaps in cancer services in Wales, Macmillan Cancer Support, 2008 and Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010


9 Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales, Welsh Assembly Government, June 2010

10 British Journal of Cancer (2009) 101 pg,541-543,Maddams et al and WICSU research

11 Cancer Research UK. Cancer incidence for common cancers - UK statistics http://info.cancerresearchuk.org/cancerstats/incidence/ commoncancers/, Daily Figures are calculated by using the rounded annual figure and dividing by 365

12 Crude estimates made for the end of 2010 and 2030. Estimates assume any increase is consistent across each nation and remains unchanged over the 20 years, as such they are indicative only, are not statistically reliable and could change as more information becomes available. Internal analysis by Intelligence & Research, Macmillan Cancer Support. Analysis based on data from Maddams J, et al. Cancer prevalence in the United Kingdom: estimates for 2008. British Journal of Cancer. 2009. 101: 541-547

13 Crude estimates made for the end of 2010 and 2030. Estimates assume any increase is consistent across each nation and remains unchanged over the 20 years, as such they are indicative only, are not statistically reliable and could change as more information becomes available. Internal analysis by Intelligence & Research, Macmillan Cancer Support. Analysis based on data from Maddams J, et al. Cancer prevalence in the United Kingdom: estimates for 2008. British Journal of Cancer. 2009. 101: 541-547


16 NHS Wales Expenditure Programme Budgets: 2008-09, April 2010

17 NHS Confederation Briefing in association with Macmillan “Coordinated cancer care: better for patients, more efficient”, June 2010

18 Demonstrating the Economic Value of Co-ordinated Cancer Services: An examination of resource utilisation in Manchester, Macmillan Cancer Support, March 2010

19 Economic analysis by the Monitor Group for Macmillan in 2009 estimated that, through investment in improved vocational support and rehabilitation, a 4-6 per cent increase in the numbers of patients getting back to, and staying in work after cancer each year would generate a social benefit to the UK economy of over £153 million over a five year period for breast cancer patients (through lower social benefit payments, lower transportation costs, and increased amounts of income tax paid).

20 Policy Exchange , The Cost of Cancer, February 2010


22 Cancer Survivorship, Health Service Journal supplement produced in association with Macmillan Cancer Support, March 2010

23 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010

24 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010

25 Welsh Institute of Health and Social Care, Person centred cancer care for Wales, AHP, survey, November 2010.

26 Having your say about cancer in Wales; people affected by cancer highlight the gaps in cancer services in Wales, 2008

27 Carlson L et al. (2004) High levels of untreated distress and fatigue in cancer patients. British Journal of Cancer


29 Carlson L et al. (2004) High levels of untreated distress and fatigue in cancer patients. British Journal of Cancer


31 North West Wales Cancer Network, A survey of patients in Anglesey and Gwynedd, Are cancer patients getting the information and support that they need? February 2010

32 Having your say about cancer in Wales; people affected by cancer highlight the gaps in cancer services in Wales, 2008

33 North West Wales Cancer Network, A survey of patients in Anglesey and Gwynedd, Are cancer patients getting the information and support that they need? February 2010

34 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010, AHR survey


36 Wilson K, Amir Z, Hennings J, Young A (2010), A Qualitative Exploration of financial concerns, advice, support and coping in people diagnosed with cancer and their carers, Manchester

37 Macmillan Cancer Support, Hit the Home Research, 2006


39 Wilson K, Amir Z, Hennings J, Young A 2010, A Qualitative exploration of financial concerns, advice, support and coping in people diagnosed with cancer and their carers, Manchester


41 2010 Cancer Patient Survey. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1,912 adults across the UK and 173 in Wales. Fieldwork was undertaken between 25 July and 9 August 2010.

42 Quinn, A, Macmillan Cancer Relief Study into Benefits Advice for People with Cancer, University of Reading (2002)

44 All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1740 adults. Fieldwork was undertaken between 26 July and 9 August 2010. The survey was carried out online. The figures are unweighted.
45 North West Wales Cancer Network, A survey of patients in Anglesey and Gwynedd, Are cancer patients getting the information and support that they need, February 2010
46 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
47 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
50 Peter Thomas, Change Cancer Care Today film, Macmillan Cancer Support, February 2010
51 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
52 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010, quote from operational manager, survey
53 YouGov online survey of 1,912 UK adults living with cancer. 173 adults in Wales were interviewed. Fieldwork took place between 26 July-9 August 2010. Survey results are unweighted
54 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
55 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010, quote from nurse, survey
56 Having Your Say About Cancer in Wales: people living with and after cancer highlight the gaps in cancer services in Wales, Macmillan Cancer Support, 2008
58 Improving cancer outcomes: An Analysis of the implementation of the UK’s cancer strategies 2006-2010, Cancer Research UK, 2010
59 Eurocare 4. Lancet Oncology 8:8 August 2007
60 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
61 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010
62 Macmillan Cancer Support’s exceptional funding freedom of information survey of 22 LHBs in Wales, August 2008
63 Towards improving the availability of medicines for patients in Wales, AWMSG, January 2009.
64 Views about dying at home, survey commissioned by Marie Curie Cancer Care, carried out by YouGov, 2008
65 2007 ONS mortality figures
67 Dr Foster Intelligence and Healthcare at Home. Hospital care at home. 2010.
68 Always There, Macmillan 2010
69 The Calman Hine report A Policy Framework for Commissioning Cancer Services: A report by the expert advisory group on cancer to the chief medical officers of England and Wales, published in the UK by the Department of Health. April 1995,
70 Research Report for Macmillan Cancer Support, Does Wales Need a Cancer Plan, Professor Siobhan McClelland, February 2010
71 Designed for Life; Designed to Tackle Cancer in Wales, 2006
72 Improving cancer outcomes: An Analysis of the implementation of the UK’s cancer strategies 2006-2010, Cancer Research UK, 2010
73 Welsh Institute of Health and Social Care, Person-centred cancer care for Wales, November 2010,
75 Improving cancer outcomes: An Analysis of the implementation of the UK’s cancer strategies 2006-2010, Cancer Research UK, 2010
76 Research Report for Macmillan Cancer Support, Does Wales Need a Cancer Plan, Professor Siobhan McClelland, February 2010
77 National Service Framework for Older People in Wales,
80 Macmillan Cancer Support Corporate Strategy 2010 - 2030
81 NHS Confederation briefing produced in association with Macmillan Cancer Support, June 2010
82 Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales, welsh Assembly Government, June 2010
84 Armes et al, (2009) Patients’ Supportive Care Needs Beyond the End of Cancer Treatment: A Prospective, Longitudinal Survey Journal of Clinical Oncology
85 Bearer Cancers Foundation response to the consultation on the Cancer Drugs Fund, www.rarercancers.org.uk
86 Department of Health / NHS Improvement / Macmillan Cancer Support NCSI, Risk Satisfied Model of Care
88 Department of Health / NHS Improvement / Macmillan Cancer Support NCSI, Risk Satisfied Model of Care
93 Eurocare 4. Lancet Oncology 8:8 August 2007
Macmillan Cancer Support improves the lives of people affected by cancer. We provide practical, medical, emotional and financial help and push for better cancer care.

One in three of us will get cancer. Two million of us are living with it. We are all affected by cancer. We can all help. We are Macmillan.

Questions about living with cancer?
Call the Macmillan Support Line free
On 0808 808 00 00
(Monday-Friday 9am-9pm).

Alternatively, visit macmillan.org.uk
Hard of hearing? Use textphone
0808 808 0121, or Text Relay.
Non-English speaker?
Interpreters available.
4. P-03-162 Road Safety in Llanspyddid

Petition wording

We, the undersigned, hereby petition the Welsh Assembly Government to improve road safety in the village of Llanspyddid, Brecon, Powys through implementation of traffic calming measures such as a reduction in the current speed limit, improved roadside lighting and improved signage on the A40.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/dogfennau-busnes-deisebau/p-03-162.htm

Petition raised by: Llanspyddid Residents Association

Number of signatures: 67


Update: Correspondence has been received from the Deputy First Minister and is included below.
I am responding to your letter of the 26 January regarding petition P-03-162, Road Safety at Llanspyddid.

The works at Llanspyddid are scheduled for completion by the end of March.
5. P-03-170 MENCAP Cymru - Petition to increase the number of people with a learning difficulty employed by the public sector in Wales.

Petition wording

We call upon the National Assembly for Wales to urge the Assembly Commission and the Welsh Assembly Government to take a lead in employing more people with a learning disability, and to encourage other public sector employers, such as the NHS and Local Authorities, to employ more people with a learning disability.

Only 1 in 10 people with a learning disability who want to work are in any form of paid employment. This is unfair.

Link to petition: http://assemblywales.org/gethome/e-petitions-old/eform-sign-petition-old/p-03-170.htm

Petition raised by: MENCAP Cymru

Number of signatures: 134

Previously considered by the Committee on: 13 January, 10 February, 19 May, 7 July, 22 September, 10 November 2009, 15 June, 28 September 2010, 25 January and 15 March 2011.

Update: Correspondence has been received from Mencap Cymru and is included below.
Dear Christine

Thank you for forwarding the Minister’s agreement to put us in touch with Irene Allen from Additional Learning Support. As of this writing we are yet to hear from her about the work of the Post-16 SEN Task and Finish Group.

Mencap Cymru would again wish to stress that involvement in implementation of the recommendations would be welcomed, and when we speak to Ms Allen, we will let her know of our wish to do so.

I would like to take this opportunity to thank the Petitions committee for the dedication they have shown to our petition, and to the staff of the committee for their support for the duration.

Yours Sincerely,

Simon Stranks
Campaigns & Policy Officer
6. P-03-187 Abolish the Severn Bridge Tolls

Petition wording

We the undersigned call upon the National Assembly for Wales to urge the UK Government in Westminster to do everything in its power to abolish the two Severn Bridge tolls.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-187.htm

Petition raised by: John Warman

Number of signatures: 23

Previously considered by the Committee on: 2 March, 5 May, 7 July, 6 October, 8 December 2009, 1 February, 23 March, 25 May, 13 July and 28 September 2010.

Update: The Welsh Affairs Select Committee have published their report on the Severn Bridge Tolls. This is provided in annex 1.
7. P-03-204 Public Accountability and Consultation in Higher Education

Petition wording

We call upon the National Assembly for Wales to urge the Welsh government to introduce an open and transparent system to scrutinise the standards of service and value for money offered by the Higher Education sector in Wales, and to ensure changes in service levels are subject to public consultation.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-204.htm

Petition raised by: Trevor Mayes

Number of signatures: 13

Previously considered by the Committee on: 22 September 2009, 8 December 2009 and 1 February 2010, 25 May, 13 July, 12 October and 16 November 2010.

Update: The committee will consider an update to the petition.
8. P-03-221 Improved NHS Chiropody Treatment

Petition wording

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

Please sign our petition

Link to the petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-221.htm

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

Number of signatures: 49

Previously considered by the Committee on: 9 June, 22 September and 24 November 2009, 19 January, 23 March, 11 May, 29 June 2010 and 01 March 2011.

Update: Correspondence has been received from the Minister for Health and Social Services and Cwm Taf Local Health Board. These are included below.
Dear Christine,

NHS Chiropody Services

Thank you for your letter dated 3 March concerning the report on Social Foot Care in Wales.

The consultation working group and Heads of Podiatry have met and I can confirm it is still my intention to write out to the Local Health Boards this month.
Mrs C Chapman  
Chair - Petition Committee  
National Assembly for Wales  
Cardiff Bay  
CARDIFF  
CF99 1NA

Dear Mrs Chapman

P-03-221 IMPROVED NHS CHIROPODY SERVICES

Thank you for your correspondence dated 03/03/11.

As you are aware I have previously been in communication with the Cynon Valley 50 Plus Older People’s Forum and kept them abreast of the position of the work on the provision of Social Foot Care in Wales.

Following recent involvement with WAG I am aware that the reports should be sent to the LHB in the coming months and that the LHB will be required to provide a response. I will be more than happy to ensure that the Cynon Valley Forum is invited to participate in this work and, as you suggest, Naomi Stock will be used as the contact person.

Regards.

Yours sincerely

DENISE JENKINS  
Head of Podiatry & Orthotic Services

Return Address:

Upper Floor, Block 6 Admin Building, Prince Charles Hospital, Merthyr Tydfil.
9. P-03-238 Pollution of the Burry Inlet

Petition wording

Petition from Carmarthenshire residents requesting a public inquiry by the Welsh Assembly Government into the sewage pollution of the Burry Inlet and Carmarthen Bay.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-238.htm

Petition raised by: Rhys Williams

Number of signatures: 2240

Previously considered by the Committee on: 22 September, and 10 November 2009, 19 January, 23 March 11 May, 29 June, 28 September 2010 and 16 November 2011.

Update: Correspondence has been received from the petitioner and is included below.
Dear Colleagues

The purpose of this letter is to request that the Petitions Committee and its officers re-consider the Cockle Co-operative's wish to give oral evidence to the Petitions Committee.

I quote the following email of 27 October 2010 to Cllr Bill Thomas for two reasons:
   a) it succinctly describes the position in October and
   b) it is an example of the even-handed manner in which information has been communicated.

Dear Bill,

Following your previous email, please find below a response from the Petitions Committee. It appears that we must wait until the Minister responds before we can move forward.

‘We know that the Cockle Co-operative are keen to give oral evidence to the Committee, as the lead petitioner (Rhys) has made us aware. However, the decision on who the Committee wish to take oral evidence from is for the Committee to make. The Committee will decide to take oral evidence, when they feel that it will help with their understanding of the issues raised by the petition and help aid their consideration. Due to the nature and business of the Petitions Committee, they are unable to take oral evidence from all petitioners. We do make it clear to petitioners that there is no guarantee that they will be invited to give oral evidence.

The Committee are continuing to consider this petition, and are currently awaiting a response from the Minister for Environment, Sustainability and Housing. Once this has been received, the Committee will next consider the petition.’

If the committee decide to take evidence myself and Rhys are happy to help in any way we can at that point.

Kind regards,

Richard

Richard Burgess
Researcher / Ymchwilydd
Joyce Watson AM / AC

Since October, much has occurred. One change is that Richard Burgess has left the Assembly and Nitesh Patel from the office of Joyce Watson AM is now liaising with Rhys Williams from the office of Alun Davies AM in the matter of the petition.

For ease of communication and in the interests of openness there follows and amended version of an email sent last week by Cllr Bill Thomas:
Following your last communication 27th October 2010 there have been significant occurrences. First, the recent revelations from the EA on surface water problems and the discharge consents reviews of 500 discharges, have caused us to resubmit our request to give oral evidence to the Committee. The first I.D. 31 makes it clear what is expected of the EA. The second makes it clear what is expected of the developers. Presumably, that would mean huge engineering works to remove surface water from a sewage system that has existed underground for over a hundred years with additions but with little significant modification.

The cockle gatherers wished to present evidence on the first issue. They would have used this as evidence of non-compliance by the EA to Statutory Duty and WAG policies. However, this has been avoided and the Committee Chair assured of progress with corrective actions. However, it does not present the Petition Committee with the possible cause of the problems. In other words, it neatly side-steps the crucial issue of cause and effect.

It appears to the Cockle Gatherers that the Petition Committee is encouraged to focus on the task force recommendations instead of deciding how we all arrived at this place in the first place.

The evidence of non-compliance increases with every new revelation. The concerns of those whose livelihoods are at stake and of those organisations that represent them appear not to be taken sufficiently into account. This is why we request that the Cockle Gatherers be allowed to present oral testimony to the Petitions Committee.

Sent on behalf of the Officers of the Cockle Gatherers.
Bill Thomas

That, therefore, is our request on behalf of Cllr Bill Thomas and the Cockle Co-operative.

Yours sincerely
Rhys Williams and Nitesh Patel
(AM Support Alun Davies and AM Support Joyce Watson)
10. P-03-240 Improvements to the A40 in Llanddewi Velfrey

Petition Wording

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

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

Link to petition: [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-240.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-240.htm)

Petition raised by: Llanddewi Velfrey Community Council

Number of signatures: 154

Previously considered by the Committee on: 22 September 2009, 10 November 2009, 8 December 2009, 1 February 2010, 23 March, 25 May and 16 November 2010.

Update: The committee will consider an update to the petition.
11. **P-03-241 Save Our Sewers – Llanelli Star**

**Petition wording**

We support the Llanelli Star’s campaign to sort out the sewers, paving the way for hundreds of jobs to come to the area and stopping sewage spills wrecking our environment.

**Link to the petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-241.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-241.htm)

**Petition raised by:** Llanelli Star

**Number of signatures:** 425

**Previously considered by the Committee on:** 22 September 2009 and 10 November 2009, 19 January 2010 and 23 March, 11 May, 29 June, 28 September 2010 and 30 November 2011.

**Update:** The committee will consider an update to the petition.
12. **P-03-256 Additional Trains to Fishguard**

**Petition wording**

We call upon the National Assembly for Wales to urge the Welsh Government to provide funding for 5 additional trains per day to Fishguard

**Link to petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-256.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-256.htm)

**Petition raised by:** Sam Faulkner and Joanne Griffiths

**Number of signatures:** 10 (in addition an associated petition collected 1317 signatures)

**Previously considered by the Committee on:** 24 November 2009, 1 February, 23 March, 15 June and 28 September 2010.

**Update:** Correspondence has been received from the petitioners and is included below.
20 March 2011

Ieuan Wyn Jones AM
Deputy First Minister & Minister for Economy & Transport
Welsh Assembly Government

Dear Mr Wyn Jones,

We write to you regarding the Fishguard Trains Petition.

On the 16th of March we attended the Annual General Meeting of the North Pembrokeshire Transport Forum where the petition and the refreshed business case was discussed at length by members of the committee and the public.

We have been invited to the Petition’s Committee’s booklet launch on the 29th of March as the Fishguard Trains Petition is being included in the booklet as an example of how a petition can prove to be a strong and focal part of a campaign. Unfortunately neither of us are able to attend but Hatti Woakes from the North Pembrokeshire Transport Forum intends to attend to represent us.

As we understand it the Petitions Committee holds its last meeting on the afternoon of the 29th of March and we sincerely hope that the refreshed business case will by then be available to enable our petition for consideration once again at this meeting.

Yours sincerely,

Sam Faulkner & Joanne Griffiths
17th March 2011

Ieuan Wyn Jones AM
Deputy First Minister & Minister for Economy & Transport
Welsh Assembly Government
Email: ieuan.wynjones@wales.gov.uk

Dear First Minister,

RAIL SERVICES TO FISHGUARD

You have recently received a copy of the North Pembrokeshire Transport Forum’s Annual Report which contrasts the continued lack of improvement to Fishguard’s extremely limited rail services with the significant improvements that are being made to the other transport modes in our area.

During our Annual General Meeting last night, in an in-depth discussion about the need for better Fishguard rail services, members and other attendees took note of:

- The extremely favourable BCR in the Jacobs Fishguard Rail Study
- The designation of additional services to Fishguard as a top priority in the SWWITCH Regional Transport Plan
- The National Assembly Enterprise and Learning Committee’s recommendation for additional rail services to Fishguard
- The very significant show of support for additional services to Fishguard called for in the Fishguard Trains petition (originated by Moylegrove students Sam Faulkner and Joanne Griffiths, without prior knowledge of the above-mentioned developments or the work of the North Pembrokeshire Transport Forum).

Attention was also drawn to the recent announcement of yet another new train service between north and south Wales.

Following the instruction of the meeting at the conclusion of this discussion, I am writing to draw your attention to the deep disappointment in our broad community for the lack of any improvement to Fishguard rail services during this Assembly.

Sincerely,

Hatti Woakes
Secretary
North Pembrokeshire Transport Forum
13. **P-03-260 Campaign for Dark Skies**

**Petition Wording**

We call upon the National Assembly for Wales to urge the Welsh Assembly Government to tackle the growing problem of light pollution in Wales. Light pollution is the result of wasted light, which means wasted energy. The Campaign for Dark Skies are calling on the National Assembly for Wales to urge the Welsh Assembly Government to provide clear guidance to Welsh local authorities regarding light pollution. Such guidance should be aimed at curbing light pollution by setting clear limits for lighting on all planning applications and by placing a statutory duty on local authorities to reduce the amount of wasted light in their area.

**Link to petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-260.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-260.htm)

**Petition raised by:** The Campaign for Dark Skies

**Number of signatures:** 1643

**Previously considered by the Committee on:** 23 March 2010, 27 April 2010, 11 January 2011 and 01 March 2011.

**Update:** Correspondence has been received from the Minister for Environment, Sustainability and Housing, the Welsh Local Government Association and the Deputy First Minister. These are included below.
Thank you for your letter of 3 March 2011 about the petition from Campaign for Dark Skies including correspondence from three local authorities.

I am supportive of any measures that local authorities are taking to reduce climate change and light pollution. I am also aware of several local authority pilots looking at rolling out LED street lighting and other energy saving initiatives. Street lighting is a matter for each local authority as it decides on the service level to provide based upon its own local circumstances. With a growing number of local authorities including the three mentioned in the petition already taking steps to increase energy efficiency, I would welcome this good practice being shared across all 22 local authorities to encourage others to do likewise.

This year, we have made an additional £2.9m available through Salix Finance to support a ‘public sector invest to save’ programme, under which, local authorities can apply for interest-free loans to cover the cost of measures such as LED street lighting. There is also guidance issued by the Institute of Lighting Engineers entitled ‘Street Lighting – Invest to Save’ which makes suggestions that will keep the street lighting fit whilst helping to reduce costs.

In its efforts to promote energy efficiency, the Welsh Assembly Government published a Climate Change Strategy in October 2010. The strategy sets out how individuals, businesses and organisations across Wales can tackle the causes and consequences of climate change. Public sector organisations such as the Assembly Government itself and local authorities have a key role to play in setting out, driving and participating in action designed to reduce emissions and adapt to the impacts of climate change. The Carbon Reduction Commitment Energy Efficiency Scheme, a mandatory cap and trade scheme aimed at large organisations in the private and public sector commenced in April 2010. The majority of Welsh local authorities have registered as full participants. The scheme is a core part of the UK Government’s programme to deliver the UK’s statutory carbon budgets. Its purpose is to drive energy efficiency and emission reduction through behavioural and infrastructural change and it will contribute to the delivery of the One Wales target of year-on-year 3% emission cuts.
Local Authorities should also aim to adopt policies for lighting, including the control of light pollution, in their development plans in line with Planning Policy Wales (2002). The Welsh Assembly Government has a role in scrutinising those plans and tries to ensure that national policies are carried through to the local level.

Yours,

Jane Davidson AM
Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing
Dear Christine

P-03-260 Campaign for Dark Skies

Thank you for your letter received on 7th March with reference to the Campaign for Dark Skies. You refer to my previous letter dated 12th May 2010 and I am delighted to see that you had a full response from the three councils we highlighted.

You will note from all the responses that councils are looking to introduce new technologies into this arena not least of all the use of LED lanterns and dimming technology. It is noteworthy that in the Powys response there is some concern that such an approach has not been taken by the Welsh Assembly Government in terms of the trunk road network.

You ask us to examine whether the experiences of the three councils contacted are reflected nationally and whether we could respond by the 16th March following an examination of their development plans. I apologise but this is not logistically possible in the time available although I am sure that in these straightened times councils will be doing everything within their power to utilise new technologies to save costs. Reducing energy consumption is at the heart of all authorities’ sustainable development policies at the current time but the speed in which these improvements can be made are limited as always by the availability of funding.

Yours sincerely,

Steve Thomas CBE
Chief Executive / Prif Weithredwr

Christine Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA
I am responding to your letter of 3 March, on behalf of the Petitions Committee (ref P-03-260), regarding street lighting on trunk roads in Powys.

We take every care not to project unwanted light into the sky. The street lighting that is provided for on the trunk roads are derived from statutory safety requirements to provide sufficient lighting levels for drivers at junctions and roundabouts, and for pedestrian safety in towns and villages. The lighting columns and lamps are designed to specific standards, as set out in the Design Manual for Roads and Bridges. We have no intentions of switching off any trunk road street light as this would decrease the level of required lighting to below the defined standard.

However, we are taking measures on the trunk road network to minimise light pollution as far as reasonably practical, whilst maintaining a lighting standard that is compliant with statutory regulation. We use dimming devices that reduce the illumination between midnight and 5am in conjunction with lamps that are now designed to emit no direct light above the horizontal. We are confident that the future use of LED lamps will further reduce light pollution and use less energy. We are also replacing many lit signs and bollards with un-lit signs that are made visible at night by using the reflection properties from vehicle headlights.

I would be grateful if you could provide me with the examples of the excessive light areas that Powys County Council mention and the standards on which they are basing their claim, so that I can pass these on to my officials to investigate further.

Yours sincerely,

Ieuan Wyn Jones
Gweinidog dros yr Economiaeth
Minister for the Economy and Transport
14. P-03-261 Save Local Solutions to Newtown Traffic Congestion

Petition wording

We call on the National Assembly for Wales to urge the Welsh Government to defer a decision on the proposed bypass of Newtown until it has developed and trialled a set of sustainable measures in the town itself to address traffic congestion.

Link to the petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-261.htm

Petition raised by: Gary Saady

Number of signatures: 37

Previously considered by the Committee on: 19 January, 23 March, 15 June 2010 and 08 February 2011.

Update: Correspondence has been received from the Deputy First Minister and is included below.
Eich cyf/Your ref P-03-261
Ein cyf/Our ref DFM/00370/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Thank you for your letter of 10 February about traffic congestion in Newtown.

On Wednesday 13 October, I announced new plans to ease transport congestion in Newtown. Following extensive public consultation preparatory work will now commence on the preferred Orange Option — a southern bypass of the town south of Mochdre Industrial Estate and passing beneath the main Cambrian railway line east of Dyffryn Industrial Estate. In addition to the bypass, and to tackle further traffic congestion in the town, a package of improvements to local transport will be undertaken.

Construction of the ‘Preferred Route’ is programmed to start in late 2014/early 2015 with an anticipated two year construction period. However, this is subject to the Welsh Assembly Government obtaining statutory consent to do so. This means, we will need to publish draft Orders and an Environmental Statement setting out the justification for the Scheme, identifying the land requirements, and assessing the impacts, which we would then mitigate wherever possible. This is likely to involve a Public Local Inquiry in 2013 and those affected will be able to support, object or comment on the proposals before an Independent Inspector.

Ieuan Wyn Jones
Gweinidog dros yr Economi a Thrafnidiaeth
Minister for the Economy and Transport
15. P-03-262 Academi Heddwch Cymru / Wales Peace Institute

Petition wording

We call upon the National Assembly for Wales to investigate the potential for and practicality of Wales having a Peace Institute concerned with Peace and Human Rights, comparable with those supported by state governments in Flanders, Catalonia and elsewhere in Europe

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-262.htm

Petition raised by: Welsh Centre for International Affairs, Cymdeithas y Cynod, Cynefin y Werin and CND Cymru

Number of signatures: 1525

Previously considered by the Committee on: 10 November, 8 December 2009, 19 January 2010, 23 February 2010, 27 April and 25 May, 28 September 2010 and 12 October 2010.

Update: Correspondence has been received from the Flemish Peace Institute and is included below.
Research to aid the development of a Wales Peace Institute

Dear Ms. Chapman

Thank you for your letter regarding the investigation into the feasibility and practicality of a peace institute being established in Wales. We found the oral evidence session on 23 February 2010 very helpful to understand the concerns of the members of the assembly.

As was emphasized during the meeting we think it is very important to see what the local needs and opportunities are. One of the first undertakings of the Flemish Peace Institute as independent institute hosted by the Flemish Parliament, was a large survey on 'Peace in Flanders'. By means of this survey, the Peace Institute has inquired into the perceptions and attitudes of people with regard to peace and violence. Amongst others, these research results informed our further development and strategic directions. The frame of this research project could offer a potentially interesting model to verify and objectify how things stand in Wales. We are always willing to actively share our research methodology to anyone undertaking a similar survey in Wales.

Considering the scope of competences that the Assembly covers it might be good to develop approaches to peace in the area of low politics. For example culture, sport and education offer major opportunities for policy oriented research to contribute to a more peaceful society. For your information, please find enclosed a recent research report of the Flemish Peace Institute ‘On positive and negative peace. Peace education for primary and secondary schools in Flanders: concept definition and analysis of the offer of projects’. It might inform further thinking on the issue.

Unfortunately, it is not possible to devise a detailed research proposal regarding the potential role, function and scope for a Wales Peace Institute, as things stand now. We are not in a position to undertake this work or commission it to be done, without prior consent of the Flemish Parliament. However we are open to future cooperation or consultation on the basis of a clear research question. In order to take this issue forward, requests should best be put to the Speaker of the Flemish Parliament.

Yours Sincerely,

Tomas Baum
Director
16. **P-03-265 Include leaving home information and education in the National Curriculum – Shelter Cymru**

**Petition wording**

We ask the National Assembly for Wales to apply pressure on the Welsh Assembly Government to include leaving home information and education in the national curriculum.

**Link to the petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-265.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-265.htm)

**Petition raised by:** Shelter Cymru

**Number of signatures:** 350+

**Previously considered by the Committee on:** 8 December 2009, 1 February 2010, 23 March 2010 and 11 May 2010, 13 July, 30 November 2010 and 01 March 2011.

**Update:** Correspondence has been received from the Minister for Children, Education and Lifelong Learning and is included below.
Thank you for your letter of 3 March 2011 seeking my views on the implementation of recommendations contained in the Shelter Cymru submission 'Making the case for Leaving Home Education'.

I fully recognise the importance of preparing young people for the challenges, choices and responsibilities of work and adult life. In Wales, personal and social education (PSE), which is a statutory requirement for all registered pupils in maintained schools, provides the basis for schools to address the issues associated with preparing young people for independent living. The Welsh Baccalaureate Qualification, which is being delivered to some 35,000 learners in over 160 schools and FE colleges across Wales, provides specific opportunities for learners aged 14 to 19 to learn about social issues in contemporary society, specifically housing-related issues.

The delivery of the curriculum is delegated to schools working in partnership with their local authority. It is for them to decide where the emphasis should be placed in terms of priorities, time given to this area of learning and the strategies for learning to be adopted. The Welsh Assembly Government encourages schools to work closely with external organisations such as Shelter Cymru to ensure that learners have access to high quality, relevant learning experiences. To support schools, the PSE guidance website provides a link to the Shelter Cymru 'Housemate' website. I am pleased that you have found the Financial education for 7 to 19-year olds in Wales guidance document useful.

Whilst I acknowledge Shelter Cymru's commitment to leaving home education, I am unable to support the submission's recommendations. At present, there are no plans to review the school curriculum for Wales but I will ask my officials to take note of the 'Housemate' evaluation findings and research evidence when potential future changes to the PSE framework for 7 to 19-year-olds are being considered.
Given that I am not proposing to change the PSE framework at present, now is not the right time to make commitments to developing guidance for the provision of leaving home education or to fund the evaluation, development and promotion of housing resources for schools. Local authorities are best placed to decide how to allocate funding for specific initiatives, such as Peer Learning Development Workers, based upon local priorities.

Prospective teachers must achieve qualified teacher status. The precise content of the courses they undertake is determined by individual Initial Teacher Training institutions. Nationally, Estyn monitors the quality of education provided by schools. Inspections cover all aspects of school provision including the quality of provision to promote learner well-being and the development of social and life skills. Evidence from such inspections is used to evaluate how schools meet the statutory requirement to deliver broad, balanced PSE.

Thank you for the opportunity to comment on the submission. We are committed to working closely with schools to ensure that young people in Wales are provided with a relevant, balanced programme of PSE which best meets their individual needs.

Yours sincerely,

Leighton Andrews AM
Minister for Children, Education & Lifelong Learning
17.  P-03-271 Business Rates in Narberth / P-03-286 Ceredigion Business Rates

P-03-271 Business Rates in Narberth

Petition wording

We the business rate payers of Narberth call upon the National Assembly for Wales to urge the Welsh Assembly Government to conduct an impact assessment on how businesses in the town will be affected by the changes in rateable values. This assessment should include effect on jobs and business closures.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-271.htm

Petition raised by: Narberth Chamber of Trade

Number of signatures: 91

Previously considered by the Committee on: 19 January, 1 February, 27 April, 25 May, 29 June 2010, 08 February 2011 and 01 March 2011.

P-03-286 Ceredigion Business Rates

Petition wording

We the business rate payers of Ceredigion, call upon the National Assembly for Wales to urge the Welsh Assembly Government to conduct and impact assessment on how businesses in Ceredigion will be affected by the changes in rateable values.

This assessment should include effects on jobs and business closure.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-286.htm

Petition raised by: Luke Evetts

Number of signatures: 68

Previously considered by the Committee on: 19 January, 01 February, 25 May, 29 June 2010, 08 February 2011 and 01 March 2011.

Update: Correspondence has been received from the Minister for Social Justice and Local Government, Pembrokeshire County Council and Ceredigion County Council. These are included below.
Thank you for your letter dated 3 March regarding the evaluation of rates relief for small businesses.

The evaluation provides full details of the methodology used to evaluate the effectiveness of Assembly Government funded rates relief for small businesses, including the numbers, areas and locations of stakeholders that were represented. Paragraph 5 provides a statistical breakdown of businesses contacted, and paragraph 5.11 concludes “the geographical distribution of the sample appears broadly to reflect the overall distribution of businesses receiving rates relief. The number of responses from the major urban centres (Cardiff, Swansea, Neath Port Talbot) are fairly close to expectation. There is perhaps a slight over-representation from businesses in some rural areas (Carmarthenshire, Powys) and under-representation in parts of South Wales (the Vale of Glamorgan, Rhondda Cynon Taf, Blaenau Gwent) but these differences are small (single figures in all cases) and unlikely to invalidate any generalisations drawn from the data.” Additionally, a wide range of organisations representing small business across the whole of Wales were represented - details of these are provided in paragraphs 2.2.4.1 and 7.12 of the report.

This independent evaluation included evidence from a representative cross sample of small businesses in Wales, including those located in rural areas and provides us with firm evidence of how businesses and local authorities value the rates relief for small businesses funded by the Assembly Government.

The evaluation can be viewed on the Assembly Government website via this link:

http://wales.gov.uk/docs/dsjlg/research/101207smallbusratesenv2.pdf

Yours sincerely

Carl Sargeant AM/AC
Dear Christine

Re: P-03-271 Business rates in Narberth / P-03-286 Ceredigion business rates

I write in response to your letter to the Chief Executive concerning the above, dated 3rd March 2011.

Regarding the proposed impact assessment on the changes of rateable values on businesses in Pembrokeshire, and Narberth in particular, in principle we would support such an assessment being undertaken.

Regarding our views on the impact of the Small Business Rate Relief Scheme in Pembrokeshire, there is no doubt that the current scheme has been of benefit to the local economy. However, there is evidence that is has not been as beneficial as the Rural Rate Relief Scheme which it replaced. In general terms, we have seen a shift of rate relief away from counties like Pembrokeshire towards South East Wales.

This has been particularly apparent in Narberth. Narberth has enjoyed a spectacular resurgence during the late 1990s. A key driver for its success was the fact that businesses within the town qualified for rural rate relief. The combined impact of the recent revaluation and the change to the rate relief scheme has had a detrimental impact on businesses in Narberth.

Many properties in Narberth were subject to rateable value increases of between 100% and 200%. Furthermore, many of these businesses, all of which would have been receiving rural rate relief, do not qualify for small business rate relief.

As I have previously indicated in representations made to the then Social Justice and Local Government Minister, Brian Gibbons, whilst we acknowledge the rating hypothesis and reality of rental evidence relating to Narberth, the reality is that businesses in the town have closed down or relocated and others are struggling.
I have previously urged the Assembly Government to reconsider the application of an antecedent valuation date of 1st April 2008 (the state of the local, national and international economies changed dramatically after this date). I also proposed the postponement of the revaluation until the recession had abated; the reintroduction of the Rural Rate Relief Scheme with enhanced thresholds to reflect the revaluation; enhancing the thresholds within the Small Business Rate Relief Scheme and continuing the extension for the enhanced Empty Property Rate Relief Scheme.

The local economy in Pembrokeshire is still fragile. The revaluation has had a visible impact on Narberth and other towns like it. To date the Assembly Government has failed to provide a solution to ameliorate.

Yours sincerely

Cllr John Davies
Leader
Pembrokeshire County Council
Dear Christine Chapman,

P-03-271 Business Rates in Narberth / P-03-286 Ceredigion Business Rates

I refer to your letter of 3rd March, 2011 regarding the petitions submitted by Narberth Chamber of Trade and Luke Evetts representing business rates payers in Ceredigion. Both petitions are identical and ask for the Welsh Assembly Government to conduct an impact assessment on how the changes in rateable values have affected businesses in the areas.

While the Council would like to assist you in your request I regret that we will be unable to do so for the following reasons:

- Most impact assessments take into account various factors that will be affected by change with the assessment being used to inform the final product or decision. The rateable values for businesses were changed in 2010 and therefore any impact assessment undertaken now would not necessarily take into account factors that would have been prevalent before the rateable value change was introduced.

- The Council is the ‘billing authority’ for business rates. In effect this means that we bill and collect Non-Domestic Rates based on the rateable value of a property (the rateable value being set by the Valuation Office Agency) and the ‘rate in the pound’ (set by the Welsh Assembly Government). Billing authorities have no influence over either of these important factors and I would therefore suggest that the basis of both the rateable value and the rate in the pound be sought from the appropriate organisations. The Valuation Office Agency may have undertaken an impact assessment before the 2010 revaluation Non-Domestic Rates exercise.

- If we were to conduct an assessment of the effects of the rateable value changes of last year on current businesses, it would need to be consistent with the methodology applied by Pembrokeshire for businesses in the Narberth area. I would suggest that such an assessment would be best conducted by independent means to ensure consistency and impartiality.
The Council does not have sufficient wealth of data to provide a detailed analysis of the impact of the rateable value changes. For example, we will not know how many businesses have closed because they have been unable to meet the new charge; we will not know how many people will have lost their jobs because a business has closed or because employers have had to reduce staffing costs to meet the increased charge.

You asked for the Council's views on the impact of the Small Business Rates Relief scheme in our area.

- There is no doubt that small businesses appreciate the scheme but there is very clear evidence that some are confused by one scheme being superseded by the enhanced scheme only for the original to return 12 months later.

- The enhanced scheme, introduced for the period October 2010 to September 2011 falls within 2 fiscal years. This has added to the confusion and will result in each business receiving 4 demands covering the 2 years in question.

- Without conducting a survey of all businesses falling within the schemes, we are unable to assess whether the schemes, old and temporary, have any effect on the continuation of businesses or on the employment figures in the area.

I trust that the above is of assistance.

Yours sincerely,

Miss Bronwen Morgan
Prif Weithredwr
Chief Executive
18. P-03-273 Transportation of wind turbines in Mid Wales

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to issue guidance to Local Planning Authorities to ensure that communities are properly consulted on wind farm developments, that impact on road infrastructure is properly assessed and that the broader effects of traffic disruption on sectors such as tourism are properly considered before any development is approved to take place. We believe the only way this can be properly concluded is by way of a public inquiry.

Link to the petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-273.htm

Petition raised by: Welshpool Town Council

Number of signatures: 1


Update: Correspondence has been received from the Deputy First Minister and is included below.
Eich cyf/Your ref P-03-273
Ein gyf/Our ref DFM/00530/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

March 2011

I am responding to your letter of 26 January regarding petition P-03-273, Transportation of Windfarms through Mid Wales.

My officials are working very closely with a number of windfarm developers to develop viable transportation routes to sites in Mid Wales. Additionally, we are holding discussions with Renewables UK, the industry representative body, the Police and other highway authorities to develop a strategic approach to delivering wind farm components.

We are still awaiting the report from the industry covering their trials last year, but I am advised that it will be issued to us in the very near future.

Ieuan Wyn Jones
Gweinidog dros yr Economiaeth a Thrafnidiaeth
Minister for the Economy and Transport
19. P-03-280 Cardiff Royal Infirmary

Petition wording

We the undersigned object in the strongest possible terms to the closure of the Cardiff Royal Infirmary. We call upon the National Assembly for Wales to urge the Welsh Government to ensure that the commitment to redevelop the hospital is carried out using public money, and that the redevelopment will lead to the refurbishment and re-opening of the Cardiff Royal Infirmary as a fully working hospital, including an Accident and Emergency Unit and an Intensive Care Unit for the ever increasing population of Cardiff and the surrounding area.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-280.htm

Petition raised by: Mrs Breen

Number of signatures: 4071

Previously considered by the Committee on: 23 March, 25 May, 13 July 2010 and 11 January 2011.

Update: Correspondence has been received from the petitioner and is included below.
Petitioners response 21-03-2011

Good Afternoon Rhodri.

We have been in touch with Laing O Rourke and we have seen the plans for the development of the CRI. However we have been told the plans are presently being amended.

We are invited to a meeting on Tuesday 29th March 10am-11am, where the new plans will be on view.

Regards Mr & Mrs Breen
20. P-03-281 More staff in A&E Departments

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to publish guidelines on staffing levels for Accident and Emergency departments.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-281.htm

Petition raised by: Barry Shaw

Number of signatures: 24

Previously considered by the Committee on: 11 May and 25 May 2010.

Update: Correspondence has been received from Hywel Dda Health Board, Swansea University Health Board, Aneurin Bevan Health Board, Cardiff and Vale University Health Board, Cwm Taf Health Board, Powys Teaching Health Board and Betsi Cadwaladr University Health Board. These are included below.
Christine Chapman  
Chair, Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff

Dear Ms Chapman

Thank you for your letter enquiring about staffing levels in Accident and Emergency Departments.

As your letter identifies guidance from the College of Emergency Medicine “The way ahead 2008-2012” has been previously produced and the Welsh Assembly have advised that we should broadly follow this guidance. Within our Hywel Dda Board, all the hospital sites fall into the Colleges category of smaller units, with attendances of less that 40,000 per year. The guidance on staffing levels for these smaller units is based on the staffing of an Emergency Department and an associated Clinical Decision Unit with 7 day a week ward rounds.

**Current position**

The level of Consultant cover for these combined units is recommended to be 4 Consultants providing 24 clinically programmed activities (PAs). All our Hospitals have ward rounds on decision units covered by Physicians rather than from the Emergency Departments. This results in our units requiring proportionately less Consultant recover (slightly in excess of one post). Additionally, one of our unit is not recognized as being a consultant led unit (Prince Philip Hospital LLanelli). The remaining units in Carmarthen, Haverfordwest and Aberystwyth all have substantive Consultant establishments with Carmarthen and Haverfordwest having an establishment of 2 posts each and the unit in Aberystwyth having an establishment of 1 Consultant.
Regarding middle grade cover, the guidance identifies that 8 Doctors would be required to provide 24 hour 7 day a week cover but this maybe economically unjustifiable given the low volumes of activity overnight. Across our sites the middle grade doctor cover is variable, based on historic patterns of employment by previous organisations, with our unit in Haverfordwest having 6 posts and the units in Carmarthen and Aberystwyth 3 posts each.

The levels of junior staffing are broadly consistent with the guidance.

**Future position**

As a Health board we are currently reviewing our services to ensure that we can provide safe and secure models for the future. The outcome will be encapsulated in a 5 year plan. We continue to be challenged in recruitment of both middle grade and Consultant posts within our units and have struggled to reach the current establishment on occasions. We remain committed to the principles within the guidance but also recognize that we have to find more innovative ways of securing safe and resilient staffing levels for the future. As part of the ongoing work within the Health Board, we are looking at a variety of options and have recently introduced new pathways which support the delivery of safe services. A good example of this is the use of skilled General Practitioners from our GP out of Hours Service to see patients with less acute presentations.

The reviews are still in progress and it will be several months before we have a clear picture of how services will be configured and therefore the associated medical staff resource required and a method to deliver that service.

In summary, you will appreciate that with work in progress it is not possible to give a definitive position for the future, but we remain committed to running our unit with safe and sustainable levels of clinical staff.

Yours sincerely

Trevor Purt
Chief Executive
Ms Christine Chapman, AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Dear Ms Chapman

**Accident & Emergency Services**

Further to your letter of 28 May 2010 regarding the above please find below the information you requested regarding staffing levels in Accident & Emergency Departments in this Health Board.

Current medical staffing levels are:

**Morrison Hospital**

<table>
<thead>
<tr>
<th>Position</th>
<th>WTE</th>
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</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>5</td>
</tr>
<tr>
<td>Associate Specialist</td>
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</tr>
<tr>
<td>Middle Grades</td>
<td>11</td>
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<tr>
<td>Juniors</td>
<td>14</td>
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**Princess of Wales Hospital**

<table>
<thead>
<tr>
<th>Position</th>
<th>WTE</th>
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<tbody>
<tr>
<td>Consultants</td>
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<td>Middle Grades</td>
<td>9</td>
</tr>
<tr>
<td>Juniors</td>
<td>9</td>
</tr>
</tbody>
</table>

(6 in post) (6.6 WTE in post) (8 in post)

When compared to the recommendations set out in “The Way Ahead” the key need for expansion is in relation to Consultant posts. At the Princess of Wales Hospital we should have a team of 6 Consultants, and at Morriston Hospital between 6 and 8 Consultants.

- Cadeirydd/Chairman: Win Griffiths,
- Prif Weithreudd/Chief Executive: David Sissling
Plans are being finalised to recruit additional Consultant posts on both sites in the first instance.

In addition it is important to note that we have regularly had vacancies at middle and junior grade positions over the last 2 years. This has required a focus on the development of non medical roles such as Emergency Nurse Practitioners where we are making good progress.

These staffing levels indicate that the Health Board is aiming to work to the medical staffing levels set out in “The Way Ahead”, recognising the significant recruitment challenges particularly for junior and middle grade doctors.

I trust this information is helpful. If you require further information please contact me.

Yours sincerely,

[Signature]

DAVID SISSLING
CHIEF EXECUTIVE
Christine Chapman  
Chair, Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Ms Chapman

Re: Petitions Committee on Government Published Guidelines on Staffing Levels for Accident & Emergency Departments

Further to your letter regarding the above, please find attached the current medical staffing position against College Recommendations for Aneurin Bevan Health Board. The Health Board is currently undertaking a review of its Clinical Staffing within the Emergency Departments. This is driven by ongoing national difficulties in recruiting to medical posts; compounded by the need for EWTD compliance. Early drafts of potentially new staffing models are looking at the possibility of delivering a more consultant and Emergency Nurse Practitioner service. This model would mitigate the difficulties in recruiting to junior and middle grade positions and would, in keeping with College Guidance to grow the consultant body.

In addition, we are exploring how different service models can work right from GP contact and Ambulance 999 referral through to the hospital admission.
If you require further information please do not hesitate to make contact with me.

Yours sincerely

Andrew Goodall
Chief Executive

Enc
### Royal Gwent & Caerphilly District Miners Hospitals

**College Recommendation**

<table>
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<th>Post</th>
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**Current Situation**

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<td><strong>Total</strong></td>
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### Nevill Hall Hospital

**College Recommendation**

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<td>Junior</td>
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**Current Situation**

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<td><strong>18.0</strong></td>
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</table>
Christine Chapman, AM  
National Assembly for Wales  
Cardiff Bay  
Cardiff, CF99 1NA

Your Ref: P-03-281  
Our Ref: JW/jb/07/267

Dear Mr Davies

RE: ACCIDENT AND EMERGENCY STAFFING LEVELS

Thank you for your letter of 28th May 2010.

I am pleased to confirm that the UHB is committed to achieving excellence in accident and emergency services and, as it has responsibility for one of the largest Emergency Units in the UK, the Board aspires to 24 hour, 7 day Consultant presence.

In the last three years, the UHB, together with its predecessor organisation, has doubled the investment in Consultant Medical Staffing and we have 7 day a week consultant presence – we will shortly have 8am-10pm Consultant cover, following additional recruitment and changes to existing job plans.

Despite the national shortage in middle grade emergency medicine doctors, the UHB has been successful in a recent recruitment campaign and this, together with a proactive approach internally, involving the development of Emergency Nurse Practitioners and a Consultant nurse, mean that the EU is not facing immediate recruitment issues.

Further workforce plans include the ongoing recruitment and higher educational training of additional Advanced Nurse Practitioners and Emergency Nurse Practitioners, with nursing staff undergoing training at Degree/Masters and PHD, including independent nurse prescribing.

I hope that this information is helpful.

Yours sincerely

JAN WILLIAMS
Chief Executive
Cwm Taf response

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

Dear Ms Chapman

RE: National Assembly for Wales to urge the Welsh Government to publish guidelines on staffing levels for Accident and Emergency Departments

Thank you for your letter dated 28 May 2010 regarding the above.

Please find attached our response to your letter. If you have any further queries please do not hesitate to contact us.

Yours sincerely

Margaret Foster  
Chief Executive
Response to Benchmarking  
**Workforce Recommendations – The Way Ahead 2008 -12**  
The College of Emergency Medicine

**Background**  
The College of Emergency Medicine published The Way Ahead in December 2008 stating that “The Emergency Department (ED) is the hub for the delivery of emergency care across the health economy”. The aim of the document is to inform strategy in delivering emergency care services and provide detailed guidance for all those involved in the planning of these services.

**Workforce Recommendations**  
It is recognised that the current system of emergency care is undergoing significant change with a move towards a model where senior decision makers direct patient care, supported by junior medical staff. The number of staff required per unit will depend on the size and the service delivered through that unit.

The Way Ahead recommends that for a unit accepting between 50,000 and 70,000 new patients per year and a the management of a Clinical Decision Unit, a minimum of eight whole time equivalent Consultants would be required, with eight middle grade doctors and support from Emergency Nurse Practitioners (ENPs).

For departments the size of those in Prince Charles Hospital (PCH) and the Royal Glamorgan Hospital (RGH), accepting in the region of 50,000 new patients per year and currently no Clinical Decision Unit to manage the numbers of Consultant Staff would be slightly lower than those recommended above.

**Current Situation**

**Prince Charles Hospital**  
Consultant -  3.3 WTE (4 in post)  
Middle Grade -  6 WTE posts (4 in post)  
ENP -  4.6 WTE  
Vacancies – 1.7 WTE Consultants, 2 WTE middle grades

**RGH**  
Consultant – 2 + 1 specialist Doctor  
Middle Grade - 8 WTE (6 in post)  
ENP - 0  
Vacancies – 1 Consultant, 2 middle grade

**Conclusion**  
When benchmarking against The Way Ahead both A&E departments fall below the recommended staffing levels. There are however 2 WTE Acute Physician posts on both sites that work across A&E and Medical Assessment areas in support of Acute Medicine. There are no ENPs in RGH as this resource is concentrated in the Minor Injury Unit at Ysbyty Cwm Rhondda. The ENPs will cover RGH on an ad hoc basis, usually to cover a junior doctor vacancy.

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN
Response to Benchmarking
Workforce Recommendations – The Way Ahead 2008 -12
The College of Emergency Medicine

Background
The College of Emergency Medicine published The Way Ahead in December 2008 stating that “The Emergency Department (ED) is the hub for the delivery of emergency care across the health economy”. The aim of the document is to inform strategy in delivering emergency care services and provide detailed guidance for all those involved in the planning of these services.

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Consultant - 3.3 WTE (4 in post)
Middle Grade - 6 WTE posts (4 in post)
ENP - 4.6 WTE
Vacancies – 1.7 WTE Consultants, 2 WTE middle grades

RGH
Consultant – 2 + 1 specialist Doctor
Middle Grade – 8 WTE (6 in post)
ENP - 0
Vacancies – 1 Consultant, 2 middle grade

Conclusion
When benchmarking against The Way Ahead both A&E departments fall below the recommended staffing levels. There are however 2 WTE Acute Physician posts on both sites that work across A&E and Medical Assessment areas in support of Acute Medicine. There are no ENPs in RGH as this resource is concentrated in the Minor Injury Unit at Ysbyty Cwm Rhondda. The ENPs will cover RGH on an ad hoc basis, usually to cover a junior doctor vacancy.

Ynysmeurig House, Nvigation Park, Abercynon, CF45 4SN
Dear Mrs Chapman

PETITIONS COMMITTEE: EMERGENCY DEPARTMENT STAFFING

Thank you for your letter dated 28 May 2010 and please accept my apologies for the long delay in replying to you.

I have attached a summary of the staffing levels in the Emergency Departments across North Wales as requested in your letter, and you will note that we have three small to medium units, with the largest unit having 64,000 attendances per annum. There are variations in staffing levels across the units, and we have been experiencing particular problems in Ysbyty Glan Clwyd regarding medical staff recruitment.

Following a review of unscheduled care services, the Board agreed that we would retain the three Emergency Departments, and we are now actively implementing a whole systems approach to managing and improving all aspects of unscheduled care in line with the Wales Audit Office Report and evidence of best practice elsewhere. This is being led by the Chief of Staff for Primary, Community and Specialist Medicine, Dr Olwen Williams, and an important element of this work is the development of hospital delivered unscheduled care.

Improvements to this element of the service will be realised through the development of a consultant delivered Emergency Medicine service across North Wales, together with the physical upgrading and redesign of Emergency Departments in Ysbyty Glan Clwyd and Ysbyty Gwynedd. The current review of GMS out of hours services will also include securing their co-location within all three Emergency Departments in North Wales.

A five year plan has been agreed regarding the development of a consultant-delivered emergency medicine service which will enable the senior review of patients early on in the pathway, ensuring the provision of appropriate care and thereby avoiding unnecessary admissions. Currently none of the Emergency Departments in North Wales have sufficient staffing to provide a consultant-delivered service and there are variations across the three sites regarding service delivery, medical staffing capacity and working practices. The aim is to have a body of 24 Emergency Department Consultants across North Wales over a phased development to be completed by 2015. The first stage of this exercise has been to
appoint a Consultant lead for this new service, and Dr Aruni Sen will be commencing duties on 1 November 2010.

Should you require any further information, I would be grateful if you could contact Jon Falcus, Associate Chief of Staff via email Jon.Falcus@wales.nhs.uk.

Yours sincerely

Geoff Lang
Executive Director
Primary Care, Community & Mental Health Services
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Consultant</th>
<th>Middle Grade Doctors</th>
<th>Junior Doctors</th>
<th>Specialty</th>
<th>Number of WTE</th>
<th>Type of Service</th>
<th>Notes</th>
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<tr>
<td>Betsi Cadwaladr</td>
<td>Wrexham Maelor</td>
<td>8 including 1 SpR and 7 SAS grade. No vacancies</td>
<td>8 = 2 GPVTS, 2 FY2, 4 Core Medical training Plus 2FY1</td>
<td>No Vacancies</td>
<td>3.20WTE</td>
<td>Funded at band 6</td>
<td>64,000 approx</td>
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<tr>
<td>Glan Clwyd</td>
<td></td>
<td>Funding for 2.59 Associate Specialist: no vacancies Funding for: SAS Doctors x 4.5 SPR x 1</td>
<td>Junior Trainees 9 Funded 2 FY2 in post 1 CTM in post 1 CTS in post 3 GP Trainees in Post</td>
<td>No Vacancies</td>
<td>2.58 WTE</td>
<td>delivered service role with triage / senior nurse duties</td>
<td>55,000 pa</td>
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<td>Funding for 4 full time Consultants. Currently 2 vacancies: numerous attempts to recruit. Long term locum Consultant in place. Adhoc locums at weekends</td>
<td>2 FTE to contribute to locum cost to cover leave, compulsory training etc. Cost of locums at least twice cost of substantive posts. + 1 FY1</td>
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<tr>
<td>Consultant</td>
<td>Middle Grade Doctors</td>
<td>Junior Doctors</td>
<td>ENPs</td>
<td>Attendance per annum</td>
<td>Maidens</td>
<td>Consultant cover for MAU</td>
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<tr>
<td>Betsi Cadwaladr (Cont)</td>
<td>Ysbyty Gwynedd</td>
<td>4 - 2 Perm 1 Part Time 1 Long term locum</td>
<td>8 - 2 Associate Specialists 1 SpR 5 Staff Grades</td>
<td>8 1 F2 funded by the Deanery who will provide 0.8 WTE of SHO time during the periods 8am – 7pm Mon – Fri</td>
<td>3.75 WTE Band 6/7</td>
<td>46,000 YG 20,000 LLGH (MIU)</td>
<td>Tryfan – admission ward 8,500 – 9,000 admissions per annum 2 substantive Consultants and 1:14 on call. Plus 1 wte locum Consultant – 10 sessions, no on call</td>
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The following are recommendations on staffing levels as set out in *The Way Ahead*, issued by the College of Emergency Medicine (formerly BAEM).

<table>
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<tr>
<th>Small/Medium Units 40,000 – 70,000 attendances per annum</th>
<th>Medium/Large Units 70,000 – &gt;100,000 attendances per annum</th>
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<tbody>
<tr>
<td>3-6 consultants 8 middle grade doctors 6-11 junior doctors 3-8 nurse practitioners</td>
<td>6-8 consultants 8-10 middle grade doctors 11-18 junior doctors 8-9 nurse practitioners</td>
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</tbody>
</table>
Dear Michael

Further to the below, I confirm that Powys tHB does not have District General Hospitals and therefore no A&E Departments.

Many thanks

Rani
21. **P-03-285 Oppose the Badger Cull**

**Petition wording**

We the undersigned call upon the National Assembly of Wales to urge the Welsh Government to review the decision to undertake a Badger cull pilot scheme in North Pembrokeshire due to commence in May 2010. This review should be done in the light of the recent report published by Imperial College which queries the long term effectiveness of badger culls in reducing Bovine TB. We call for the pilot scheme to focus on improving farm biodiversity safety and other measures as opposed to culling.

**Link to the petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-285.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-285.htm)

**Petition raised by:** Pat Underwood

**Number of signatures:** 1467

**Previously considered by the Committee on:** 11 May, 29 June, 28 September and 30 November 2010.

**Update:** The committee will consider an update to the petition.
22. **P-03-292 Public Toilet Provision**

**Petition wording**

We, the undersigned, call upon the National Assembly for Wales to investigate the health and social well-being implications resulting from public toilets closures and to urge the Welsh Government to issue guidance to local authorities to ensure adequate public toilet provision.

**Link to petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-292.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-292.htm)

**Petition raised by:** Cllr Louise Hughes

**Number of signatures:** 430

**Previously considered by the Committee on:** 15 June, 13 July, 30 November 2010 and 01 March 2011.

**Update:** Correspondence has been received from the Minister for Social Justice and Local Government, the Minister for Environment, Sustainability and Housing and the British Toilet Association. These are included below.
Thank you for your letter of 3 March asking whether further consideration has been given to making public toilet provision a statutory requirement for local authorities in Wales.

As you are aware, the Assembly Government is responsible for the allocation of funds to local authorities but it doesn’t instruct the authorities on how such funding should be allocated to individual local services. As indicated in my letter of 22 June 2010, responsibility for the provision and maintenance of toilet facilities is a matter for individual local authorities, taking account of local needs and priorities. The Assembly Government has no plans to make this a statutory requirement.

I am, however, pleased at the level of interest from local authorities and businesses in the Public Facilities Grant Scheme. The number of businesses participating in the Scheme has risen to 217. We continue to encourage take up of this funding and hope to see further expansion of the Scheme in the coming financial year.

Yours sincerely

Carl Sargeant AM/AC
I refer to your letter of 3 March concerning a petition received by the Petitions Committee about the provision of public toilets, and whether a requirement for shopping centres to provide adequate facilities could be implemented through planning rules.

There is no provision in Planning Policy Wales or in supporting Technical Advice Notes that requires local authorities or shops to provide public toilets. However, you will be aware that many large shopping centres and retail establishments do provide toilet facilities for their customers, which are in effect also available to the wider public. Town Centre Management Plans, which are referred to in Technical Advice Note 4 Planning for Retailing and Town Centres but mostly fall outside the planning system, encourage improvements to town centres including toilet facilities.

Although traditionally local authorities have provided various levels of public toilet and washroom facilities in town and district centres they are under no statutory duty to do so. You may be familiar with the Public Facilities Grant Scheme, which was introduced by the Minister of Social Justice and Local Government in 2009 to create more free to use toilets. The initiative offers participating establishments £500 a year to make toilets available to the general public.
Hi Rhodri

On behalf of the British Toilet Association (BTA) I met with a representative of the Welsh assembly in early 2008 and offered support in considering public toilet provision throughout Wales. Subsequently I supported the Welsh Assembly Minister for Social Justice and Local Government Dr Brian Gibbons at the launch of the Public Facilities Grant Scheme on Wednesday 20 August 2008. The scheme was for three years from 1 April 2009. At that time the Welsh Assembly Government was taking the lead within the UK in funding the provision of additional toilets for use by the public. The majority of closures of public toilets in the last twenty years has been due to the discretionary nature of the service, coupled with the pressure on Local Authority finances. This has intensified in recent months due to the severe budget cuts now necessary in the prevailing economic climate.

The Grant Scheme initiative was intended to provide all Welsh Local Authorities (LAs) with the opportunity to review their public toilet strategy whilst increasing the provision of toilets available to the public. Its aim was that LAs could plan and implement improved provision, which may include replacement of unsuitable facilities with new toilets that meet the needs of all users in the 21st century, without reducing the number of toilets available. Regrettably, provision of publicly accessible toilets in Wales has continued to decline with more closures anticipated.

BTA support the views expressed by Gwynedd County Councillor Louise Hughes (included in the first attachment) and also those of Age Cymru. I attach a copy of the Age Cymru document - Challenges: The age manifesto for the National Assembly - Challenge Public Toilets for your information. All humans need to use a toilet and at all times they are away from their home or their occupation this basic human need must be provided for. The alternative is urination and defecation in public areas when they have - 'Nowhere to go'. BTA launched it's 'Where can I go?' Campaign in September 2009 and the BTA website www.britloos.co.uk contains full details of the Campaign and BTA's stance on the provision of publicly accessible toilets.

BTA are available to provide advice and assistance to LAs which may enable them to continue providing clean, safe and hygienic publicly accessible toilets for their residents and visitors within their budgets. This can include details of opportunities that may exist, and which have been introduced by other LAs, which form part of a Public Toilet Provision Strategy, so that the availability of publicly accessible toilets is not confined to public toilets and all available resources can be identified and maximised.

Please let me know if we can assist the Assembly further.

Best regards

Mike

Mike Bone
Director
For and on behalf of
British Toilet Association Ltd
Opportunities: the age manifesto for the National Assembly

Challenge: Public toilets

Action needed

Impose a statutory duty on local authorities in Wales to provide public toilets that are clean, open, safe and accessible, to support older people to access their communities and use services with dignity and confidence.

Context

The number of public toilets in Wales has steeply declined in recent years, and significant numbers are at risk of permanent closure. There is a lack of recent data available about the exact numbers of public toilets in Wales, though the British Toilet Association has estimated that the UK’s public toilets have declined by in excess of 40% in the past decade. Local authorities face difficult challenges when managing upcoming budget cuts and we are concerned that this will lead to further closures of public toilets unless direct action is taken.

Public toilets play a vital role in ensuring that communities are accessible to people of all ages though their importance can become more acute with age. As people grow older they are more likely to develop continence issues, including needing to use the toilet more often and with greater urgency. In the UK, 1 in 3 women and 1 in 7 men over 65 experience incontinence. Poor public toilet provision has a significant impact upon many older people as it reduces their ability to remain active and restricts how often, and for how long, they are able to leave their homes.

Older people have told us that a lack of public toilets, and frequent poor standards where they do exist, can impede the freedom with which they are able to access their communities and make use of its resources. In The Strategy for Older People in Wales 2008 – 2013, the Welsh Assembly Government acknowledges “It is important that planning facilitates a sense of community and that older people can find their way round their local environments ... can have a profound influence on health and well being.” Adequate provision of toilets is vital to enable older people to retain their dignity and the confidence to participate in community life. This in turn means that people are more likely to maintain good health and independence.

As part of the Community Calculator™ campaign, Age Cymru received many comments from older people throughout Wales expressing their concern and frustration with poor public toilet provision. A selection is provided below:

- Some of the public toilets are totally inaccessible for me
- There are none!
- Main one closed where needed most
- NO public toilets

---

• Too far apart and not near enough to the centre
• Not available during the winter, which is a problem as we go walking regularly

The average score given to local public toilet provision by older people in communities across Wales via the Community Calculator™ was just 3.26 (814 respondents, December 2010). This stark statistic gives insight into the inadequacies of provision in some areas of Wales, as well as the depth of feeling within communities regarding the importance of public toilets.

At present, the Public Health Act 1936 gives local authorities a power to provide public toilets. It is a discretionary service which local authorities have no duty to provide.

Public policy proposals

In order to ensure an adequate standard of public toilet provision across all communities in Wales we believe that the Welsh Assembly Government must place a statutory duty on local authorities to ensure that this essential service is delivered. This duty should set standards to ensure that public toilets are in convenient locations, open, accessible and clean.

In 2008, the Welsh Assembly Government launched a public facilities scheme, to encourage businesses to open their facilities to the public. Sign-up to the scheme varies significantly across Wales and success has largely been limited to date. This scheme has not delivered the substantial improvement to public toilet provision required; however we believe that it can be part of a sustainable solution to toilet provision. This scheme can also potentially address concerns about safety and vandalism of public toilets, as business premises will be much more closely monitored. A statutory duty alongside this type of scheme will ensure that local authorities provide these essential facilities, and encourage them to consider innovative, cost-effective means of provision that meet the needs of their communities.

The link between activity and good health is well established: by investing in our communities and ensuring adequate public toilet provision, decision makers can promote older people’s opportunity to remain active and independent for longer which could result in savings across health and social care budgets.

February 2011
23.  P-03-294 Wales Women's National Coalition

Petition wording

We the undersigned call upon the National Assembly for Wales to urge the Welsh Government to publish firm plans which state how, in the absence of Wales Women’s National Coalition, the voice, needs and views, of women in Wales will be reflected into policy and decision-making in Wales, the UK, Europe and the UN.

Link to the petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-294.htm

Petition raised by: Wales Women’s National Coalition

Number of signatures: 51

Previously considered by the Committee on: 29 June and 12 October 2010

Update: The committee will consider an update to the petition.
24. P-03-301 Equality for the transgender community

Petition wording

We the undersigned call upon the National Assembly for Wales to urge the Welsh Government to ensure that the transgender community is given equal support and direct assistance, as given to comparable communities such as Sexual Orientation support groups, to promote equality and awareness for the transgender community.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-301.htm

Petition raised by: Sophie Morris

Number of signatures: 113

Previously considered by the Committee on: 28 September, 30 November 2010, 11 January 2011 and 01 March 2011.

Update: Correspondence has been received from the First Minister and the petitioner. These are included below.
Dear Christine,

I am writing in response to your letter dated 3 March concerning Petition P-03-301, about Equality for the Transgender Community. You requested my views on how the Welsh Government can address the issues raised in the EHRC Report Not Just Another Statistic; life in Wales for Transgender People. You also asked for further information on several points raised in your previous letter which you felt were not fully addressed in my letter of 9 February.

The Assembly Government is keen to work with key stakeholders to explore ways of increasing public awareness and promote positive images of the transgender community in Wales. Officials will be exploring the options around increasing engagement, including meeting with transgender groups to discuss the principal messages.

I am not able to give you specific information on waiting lists for Gender Reassignment Surgery. Each patient's length of time between initial referral to a Consultant Psychiatrist and eventual surgery will depend very much on their period of clinical assessment and real life experience. Waiting lists are variable and are subject to clinical prioritisation and patients awaiting surgery are subject to individual prioritisation based on their clinical needs. WHSSC would be informed of the cost of funding individual operations at the point of acceptance to a surgical list. Patients are informed of likely waiting times at the point where they are accepted as suitable for surgery and placed on the list.

Regarding guidance offered to medical staff in dealing with gender dysphoria, the commissioning policy for Gender Dysphoria provides a clear and detailed description of the care pathway. A copy is attached.

In response to your point on advice and support offered to people, in almost all cases the first point of contact for the patient is their GP. As General Practitioners, we would not expect the GP to have specialist knowledge of this condition and would therefore expect the GP to refer the patient on to a local Consultant Psychiatrist for confirmation of the diagnosis.

It is then the Consultant Psychiatrist who would advise as to the clinical needs of the patient and recommend a course of action. If the recommendation is for the patient to access...
specialist gender services the Consultant will submit a funding application to WHSSC. The application is considered by a Clinical Advisory Panel who will advise on the appropriateness of the request. Once funding has been authorised the patient will be referred to a specialist service. WHSSC funds the specialist assessment and subsequent appointments with the specialist service.

Given the extremely specialist nature of treatment there are only a limited number of facilities in England able to carry out Gender Reassignment Surgery. The panel refers patients who are suitable to the specialist service in London at the Gender Identity Clinic. This service will ensure patients are given the required treatment and, if appropriate, will access the surgical service. Patients accessing services will be at a wide range of different points in their care pathway with some able to proceed to surgery in the short term. Others will be at the start of a two year period of clinical assessment and treatment or real life experience.

To that end, Welsh commissioners have reminded providers of the need for flexibility in taking into account the wide range of prior experience and treatment of the patients referred to them.

Finally in response to your point on how support and advice can be improved prior to a person visiting their GP, support and advice for people with gender dysphoria is not a Health Improvement issue as the issue is more to do with the management of the condition instead. The Welsh Assembly Government’s Sexual Health and Wellbeing Action Plan for Wales recognises that everyone deserves equal access to sexual health information and services regardless of age, race, disability, gender, sexual orientation or religion.

Yours sincerely,

[Signature]

CARWYN JONES
# Gender Dysphoria

## COMMISSIONING POLICY

**Release** Version 9.0  
**Date:** February 2009

| Author: | Susan Thompson, Acting Commissioner, Mental Health Specialised Services, HCW |
| Owner: | Susan Thompson, Acting Commissioner, Mental Health Specialised Services, HCW |
| Client: | Stuart Davies, Acting Chief Executive HCW |

## Document History

**Revision History:**

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**Date of next revision:** Ongoing

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Version 6 31/07/08

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**Welsh Assembly Government**
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1 Introduction

The purpose of this Commissioning Policy is to clearly set out the circumstances under which patients will be able to access the services specified.

The policy clarifies the referral process, indicates which organisations are able to provide services for Welsh patients and defines the criteria that patients must meet in order to be referred. In addition the policy provides background information to support the proposed level of access; this includes the epidemiology and anticipated outcomes.

1.1 Relationship with other Commissioning Policies

This policy should be read in conjunction with the following policies:


1.2 HCW approach to specialist gender identity services

Gender Dysphoria is a rare condition in which there is an experience of oneself as male or female, which is incongruent with the external characteristics of the body. An individual with profound and persistent Gender Dysphoria may need medical treatment to facilitate a transition of status to live in accordance with his or her core gender identity rather than with the phenotype.

1.3 Review

The Health Commission Wales Commissioning Policy Group will review this policy on an ongoing basis pending development of specialist services in Wales. All reviews will take into account publication of relevant guidance, for example, from National Institute for Clinical Excellence (NICE).

2 Clinical Definition

Two main diagnostic systems for Gender Dysphoria in operation,

*International Classification of Diseases (ICD-10) category F64.0*

Gender Dysphoria is defined as:

A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomic sex, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred sex.
All the following criteria must be met for the diagnosis of Gender Dysphoria to be made:

- A strong desire or persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- The disturbance is not congruent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

3 Epidemiology

A recent survey carried out in general practices in Scotland estimated the prevalence of Gender Dysphoria (including those not currently accessing services, those receiving Gender services, and post Gender Reassignment Surgery (GRS) individuals to be 8.18 per 100,000 population in those aged 16 years or over, with a ratio of 4 male to female individuals to 1 female to male individual.

Using Welsh Assembly Government data the population for Wales in 2005 was 2,391,912 ages 16 years or over, indicating a prevalence figure of 196 (1:12,225) for the population in Wales.

Olsson SE and Moller AR reported an annual incidence rate of .019 per 100,000 population over 15 years of age in Sweden. Using Welsh Assembly Government data this indicates an incidence figure of 4.5 per annum in Wales.

4 Evidence Base

Studies in Gender Dysphoria are limited by the following:

- Lack of randomised controlled trials; mainly cohort studies and case series
- Lack of standardised selection criteria in most studies. A review of effectiveness conducted by the Aggressive Research Intelligence Facility (ARIF) at the University of Birmingham in July 2004 concluded that “The degree of uncertainty about any of the effects of gender reassignment is such that it is impossible to make a judgement about whether the procedure is clinically effective.” The authors also stated that, due to the flawed nature of the research, the only way to reduce uncertainty is to undertake a well designed Random Controlled Trial (RCT).
Best and Stein, conducted a review in 1998 and their conclusions are as follows:

- The evidence to support GRS is limited
- The actual magnitude of harm and benefit cannot be determined due to lack of good evidence

Peter Day conducted a Health Technology Assessment on gender reassignment surgery in 2002 and his conclusions are as follows:

- There is insufficient evidence to prove the efficacy of Sex Reassignment Surgery (SRS) for specific subgroups.
- The study designs of the included studies had methodological weaknesses.
- There is limited evidence that early rather than delayed SRS may of greater benefit to carefully selected individuals.
- SRS may be of benefit to carefully assessed and selected transsexual people.

Smith et al in 2005 prospectively studied outcomes of sex reassignment, potential differences between subgroups of transsexuals, predictors of treatment course and outcome in consecutive 325 patients of whom 162 completed the study. Their conclusions are as follows:

- After treatment the treated group were no longer gender dysphoric
- The vast majority functioned well psychologically, socially and sexually
- Two non-homosexual male-to-female transsexuals expressed regrets
- Post operatively, female to male and homosexual transsexuals functioned better in many respects than male-to-female and non-homosexual transsexuals

Mate-Kole et al did a small controlled study of two groups of 20 patients accepted for gender reassignment surgery; one was offered early operation and therefore had surgery by follow-up two years later, while the second was still awaiting operation at two-year follow-up. Their conclusions are as follows:

- Significant differences emerged at follow-up in terms of neuroticism and social and sexual activity
- The early operated group benefited by the earlier intervention
- Eldh et al in 1997 studied the long-term follow-up of 136 patients who had undergone GRS. Their conclusions are as follows:
  - Optimal results of the operation were essential for a successful outcome
  - Personal and social instability before operation, unsuitable body build, and age over 30 years at operation correlated with unsatisfactory results
  - Adequate family and social support important for postoperative functioning
  - GRS had no influence on a person's ability to work
5 Commissioning Responsibility
As specified in Welsh Health Circular (WHC), (2003) 63, Health Commission Wales (Specialist Services) has responsibility for funding of care of patients requiring specialist gender identity services.

5.1 Gender Identity Services
- Specialist assessment
- Specialist monitoring of Real Life Experience (RLE) and hormone treatment
- Gender Reassignment Surgery

Patients accessing specialist services will remain under the care of local services on a shared care basis.

6 Quality
Gender Identity services commissioned by Health Commission Wales will comply with the Harry Benjamin International Gender Dysphoria Association (HBIGDA) standards of care and Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria, RCPsych Intercollegiate SOC Committee.

7 Performance Management
HCW will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:
- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care
- Health Commission Wales will conduct performance and quality reviews on an annual basis

8 Service Provision
The availability of services across the country is very limited. There is no nationally recognised service in Wales offering an assessment and treatment service.

There is currently no provision of surgery for sex reassignment in Wales. There are a number of NHS surgical units in England performing GRS procedures, including Leicester General Infirmary, Hammersmith Hospital and University College Hospital London.
It is generally recognised that in established centres, two levels of intensity of service are provided, while maintaining the Harry Benjamin standards of care reflecting different levels of patient need for support. The two levels of intensity are:

- Level one: for patients who are actively progressing through the treatment stages and who require regular psychotherapy and monitoring every one to three months.
- Level two: for patients requiring ongoing input from Gender Identity specialist professionals on a six-monthly to yearly basis.

Although there is no single model for treatment, the care pathway for individuals with Gender Dysphoria includes assessment, supportive psychotherapy, the „real life experience”, hormone therapy and surgical interventions. Patients accessing specialist services will also continue to have access and support from local services.

8.1 **NHS Service Providers**

Gender Identity Clinic, West London Mental Health Trust
Hammersmith Hospital
University College Hospital London
Leicester Royal Infirmary

8.1.1 **Criteria for Designating a Provider**

The commissioner will set out the specific criteria that a provider must fulfil in order to be considered as a designated provider. Where appropriate Health Commission Wales will establish Service Level Agreements with designated tertiary provider(s). The Service Level Agreements allow Health Commission Wales to monitor performance and activity, together with the quality and clinical governance standards expected from the provider(s).

8.1.2 **Requirements of Designated Provider**

- Compliance with the Welsh Gender Dysphoria Commissioning Guidance
- Compliance with national standards of care.
- Continued engagement with referring clinical team.
- Provision of timely and accurate activity information as specified by Commissioner.
- Provision of progress reports as specified by the Commissioner.
9 Care Pathway

9.1 Real Life Experience

- The progression from one gender role to the other requires supervised progress through changes in social, domestic and work life.

- The Real Life Experience is a period of time, usually one to two years, living in the gender role with which the individual identifies, with the aim of assisting the patient and the professional's decisions about how to proceed.

- The quality of the real life experience is assessed through the patient's ability to maintain employment, voluntary work or education and training, to acquire a legal gender-identity-appropriate first name and to demonstrate that people are aware that they are living in their new role.

9.1.1 Hormone Therapy

Hormone therapy treatment is an important component in the medical treatment of Gender Dysphoria. The administration of sex hormones of the opposite gender induces development of secondary sexual characteristics, some of which are irreversible, and has potential negative medical side effects. Hormones are administered only after all the necessary health checks are completed, informed consent is given and the patient fulfils the following criteria.

- Full assessment undertaken by the specialist service; and
- Competent to consent to receive treatment consistent with safe clinical practice; and
- The patient is at least 18 years of age; and
- Demonstrable knowledge of what hormones medically can and cannot do, and their social benefits and risks; and
- A documented real-life experience of at least 3 months prior to administration of hormones or;

Note: HCW is advised by clinicians specialising in the treatment of Gender Dysphoria that it is preferable that hormone treatment is not commenced prior to specialist assessment as it could compromise the assessment and may delay or jeopardise further treatment.

9.1.2 Surgery

Gender Reassignment Surgery (GRS) aims to alleviate the psychological discomfort of patients with profound Gender Dysphoria through irreversible changes to the body in line with the individual's gender identity.

9.2 Waiting Times

The service is not subject to waiting time targets.
9.3 Advisory Panel

All applications for funding will be considered against the criteria outlined in the Commissioning Policy. This function will be carried out by a panel of clinicians who will act as advisors to HCW. The panel will assess each application for appropriateness of referral and robustness of clinical evaluation by the referring clinician.

In order to achieve and maintain a balanced approach membership will consist of NHS clinicians who have a registered special interest in Gender Dysphoria and suitably qualified NHS clinicians who have experience of the condition and wish to progress in this area. In the interests of time, efficiency and limited pool of NHS clinicians HCW will select and appoint panel members. The panel will act in an advisory capacity only and strictly in accordance with the commissioning policy.

9.4 Referral Pathway

- The patient's GP will initially refer the patient to a local NHS Consultant Psychiatrist
- The local Consultant Psychiatrist will assess the patient, and if appropriate, submit a funding application to HCW for a referral to specialist gender identity disorder services. The application will be reviewed by a panel of clinicians who will advise HCW on the most appropriate care pathway. The panel replaces the usual requirement for two NHS consultant opinions.
- On receipt of funding authorisation the referring clinician will refer to the specialist service provider.
- The specialist service provider will confirm to HCW that it is appropriate for the patient to access treatment and again on completion of a period of Real Life Experience normally a minimum of 24 months
- For patients who wish to proceed to surgery the specialist service provider will inform HCW if the patient is considered appropriate for referral for reassignment surgery.
- HCW authorises referral to an HCW approved NHS Gender Reassignment Surgery (GRS) provider for assessment of suitability for surgery. *It is normal clinical practice for two surgical opinions to be obtained before a patient is accepted for surgery.*
- Patient undergoes appropriate GRS and returns to follow-up with specialist service provider.
- Patient discharged from the specialist services when appropriate and returns to primary care for maintenance hormone therapy and monitoring

10 Access Criteria

All referrals to specialist gender identity services should be made by a Consultant Psychiatrist only after obtaining prior funding approval from HCW. The criteria for referral to specialist services are that the patient should meet the ICD-10 and/or the DSM (IV) criteria for Gender Dysphoria.
10.1 Access criteria/ rationale
This section sets out the criteria that qualify a patient for treatment funded by HCW

10.1.1 Clinical Diagnosis
Diagnosis of Gender Dysphoria in an adult requires four criteria to be met,
- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
- The transsexual identity has been present persistently for at least two years; and
- The disorder is not a symptom of another mental disorder or chromosomal abnormality; and
- The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;

10.1.2 Readiness for Gender Reassignment Surgery
Gender Reassignment Surgery is one treatment option for extreme cases of Gender Dysphoria and it is to be noted that not all patients choose this treatment pathway. HCW acknowledges the invasive and irreversible nature of genital surgery and its consequences. In light of this, the purpose of this policy is to ensure that surgery is only undertaken on patients who have undergone a clinical assessment for surgery and who will truly benefit from it and are capable of given informed consent. Therefore consideration for funding gender reassignment surgery will only be given to patients who meet the following criteria:
- The patient is at least 18 years old; and
- A minimum of 2 years full time residency in Wales; and
- Has undergone a minimum of 12 months continuous hormone therapy when recommended by a health professional and provided under the supervision of a physician; and
- Has completed a period (normally a minimum of 24 months) of successful continuous real-life experience with no returning to their original gender; including one or more of the following;
  - For patients requiring a mastectomy, a minimum of 1 year successful continuous real-life experience will have been completed, with no returning to their original gender.
- Maintain part or full-time employment; or
- Function as a student in an academic setting; or
- Function in a community-based volunteer; and
- Acquire a legal gender-identity appropriate name change; and
- Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical practitioner; and
- Demonstrable progress in consolidating one’s gender identity role.
• Demonstrable progress in dealing with work, family and interpersonal issues resulting in a significantly better state of mental health. This implies satisfactory control of problems such as sociopathy, substance misuse, psychosis, suicidality and self harm.

• Demonstrable knowledge of the required length of hospitalisation, likely complications and post surgical rehabilitation

• Written confirmation that the surgeon is satisfied that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon is of the view that the patient is likely to benefit from surgery.

Note: A bi-lateral mastectomy would normally be provided after 12 months on the pathway unless there are clinical or patient reasons not to proceed.

Gender reassignment surgery is considered not medically necessary when one or more of the criteria above have not been met.

10.1.3 Gender Reassignment Surgery

Male to female core procedures:
• Penectomy
• Orchietomy
• Vaginoplasty
• Clitoroplasty
• Labiaplasty

Female to male core procedures:
• Mastectomy
• Hysterectomy
• Vaginectomy
• Salpingo-oophorectomy
• Metoidoplasty or phalloplasty
• Urethroplasty
• Scrotoplasty and placement of testicular prostheses
• Phalloplasty

10.2 Exclusions
The following treatments are not considered to be a core part of treatment for Gender Dysphoria and will not be funded by HCW.
• Breast augmentation in trans women
• Reduction Thyroid chondroplasty
• Rhinoplasty / other facial bone reduction
• Blepharoplasty
• Face-lift
• Hair removal / electrolysis other than site preparation for surgery
• Body contouring – e.g. suction-assisted lipoplasty of the waist
• Voice modification surgery
• Procedures to decrease areas of baldness
• Skin resurfacing – e.g. acid peel (a method if removing the upper layer of skin in order to improve skin smoothness)
• Speech and Language Therapy (accessed through primary and secondary service provision)

HCW may consider authorising funding for excluded treatments where there is a clinical recommendation from the specialist service provider.

10.3 Exceptional circumstances
In the rare or exceptional circumstances where a patient or clinician feel that the patient represents a special case then application can be made to Health Commission Wales, where the case will be considered by the Individual Commissioning Panel.

11 Treatment in another Member State
Patients are entitled to go to another Member State for hospital treatment at NHS expense if they face “undue delay” in accessing that treatment on the NHS, if the particular treatment they are seeking is one that is provided by the NHS and the patient meets any criteria set by the commissioner for accessing that treatment. More detailed information on accessing treatment in another Member State may be found on the Department of Health’s website.

http://www.nhs.uk/Healthcareabroad/Pages/Healthcareabroad.aspx

There are two possible routes for accessing treatment in another Member State: the E112 route and the Article 49 route. The article 49 route referred to in the guidance on the DoH website, patients would have to pay up front for their treatment and then claim reimbursement. The level of reimbursement under this particular route is capped at what that treatment would cost to provide under the NHS. The rules relating to reimbursement are different if the E112 route is used. Patients are strongly advised to seek advice from HCW and, if necessary, take their own legal advice, before proceeding to arrange treatment in another Member State. If a patient goes to another Member State without prior authority from HCW he or she may subsequently find that they are not entitled to reimbursement.

12 Appeals
Patients who wish to appeal a decision can access The Health Commission Wales Policy for reviewing cases the HCW web site.

http://www.wales.gov.uk/subihealthcom/index.htm
12 APPENDIX I

References


12. Standards of Care for Gender Identity Disorders. 6th Version. The Harry Benjamin International Gender Dysphoria Association, Inc.(HBIGDA); 2001

13. Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria. RCPsych Intercollegiate SoC Committee Kevan Wylie V8.3b Nov 06
13 APPENDIX II  Referral Pathway

- Patient sees GP
- GP refers to Local NHS Consultant Psychiatrist
  - Seen by local Consultant Psychiatrist
  - Gender Dysphoria Diagnosed
    - NHS Consultant Psychiatrist submits funding application to HCW
      - Funding approved by Specialist HCW Panel
        - On receipt of funding authorisation clinician refers to specialist service provider
          - Patient begins treatment pathway
            - Patient screened out does not meet criteria
              - Patient not proceeding to GRS
                - Specialist service provider requests assessment for suitability for GRS from a HCW approved provider
                  - Specialist service provider provides written clinical report to HCW and referring clinician
                    - Referral for surgery not approved
                      - Specialist HCW Panel approves referral for surgery
                        - Specialist service provider refers to approved service provider for surgery
                          - Patient receives surgery
                            - Patient referred back to local services and specialist service provider as appropriate
14 APPENDIX III Gender Recognition Certificates

Introduction

Some patients wishing to be considered for specialist assessment and treatment under this policy may already have a Gender Recognition Certificate (GRC). This section summarises the key features of the GRC process as they relate to aspects of this policy. The objective of HCW is to ensure that the care pathway takes appropriate account of the stages patients with a GRC may have already completed. The section sets out some of the areas of similarity and potential overlap in the processes.

GRC Process

The process for obtaining a GRC is set out in the Gender Recognition Act 2004. The legal effect of obtaining a GRC is “Where a GRC is issued to a person, the person’s gender becomes for all purpose the acquired gender” (Gender Recognition Act 2004 s9(1)).

The Act sets out the determination of applications and the evidence required as per the extract below:

“s2 Determination of applications
(1) In the case of an application under section 1(1)(a), the Panel must grant the application if satisfied that the applicant—
(a) has or has had gender dysphoria,
(b) has lived in the acquired gender throughout the period of two years ending with the date on which the application is made,
(c) intends to continue to live in the acquired gender until death, and
(d) complies with the requirements imposed by and under section 3.

S3 Evidence
(1) An application under section 1(1)(a) must include either—
(a) a report made by a registered medical practitioner practising in the field of gender dysphoria and a report made by another registered medical practitioner (who may, but need not, practise in that field), or
(b) a report made by a chartered psychologist practising in that field and a report made by a registered medical practitioner (who may, but need not, practise in that field).
(2) But subsection (1) is not complied with unless a report required by that subsection and made by—
(a) a registered medical practitioner, or
(b) a chartered psychologist,
practising in the field of gender dysphoria includes details of the diagnosis of the applicant’s gender dysphoria.
(3) And subsection (1) is not complied with in a case where—
(a) the applicant has undergone or is undergoing treatment for the purpose of modifying sexual characteristics, or
(b) treatment for that purpose has been prescribed or planned for the applicant,
unless at least one of the reports required by that subsection includes details of it.”
The GRC process therefore includes elements of the policy requirement although to a different level of evidence and for a different purpose. The objective of the GRC process is to secure the legal recognition of person’s chosen gender.

In contrast the objective of the policy is to ensure that there is a clear care pathway for patients. The policy sets out the level of specialist opinion that is deemed to be required for an individual to proceed all the way through the pathway including surgical options.

Medical Opinion

The GRC process includes the need to have two medical opinions supporting the application, one of which must be a medical practitioner practicing in the field of gender dysphoria.

The policy requires two specialist clinical opinions and confirmation of suitability for surgery from the surgical centre.

| HCW would expect that the specialist clinical opinion appropriately takes into account the qualifications and experience of the medical opinion that a person with a GRC has already secured. |

Real Life Experience

The GRC requires that the individual “has lived in the acquired gender throughout the period of two years ending with the date on which the application is made” (Gender Recognition Act 2004 s2(1)a)

The policy requires that the individual would normally undertake a medically supervised period of two years real life experience (RLE) living in the acquired gender. In some cases the GRC process can be undertaken by a person that has not yet undertaken any medical or surgical treatment. The specialist assessment will need to make a judgement about what period of medical supervision is required given that the individual will have already lived in the acquired gender for two years. In practice, any medical supervision required is likely to be oriented to treatment and medication rather than RLE but this must be a clinical decision.

| HCW would expect that the specialist clinical opinion appropriately takes into account the period of real life experience already undertaken by a person with a GRC in determining the length of any period of medical supervision that is required. |
15  APPENDIX IV  Abbreviations

HCW – Health Commission Wales

NICE – National Institute for Clinical Excellence

ICD – International Classification of Diseases

DSM – Diagnostic and Statistical Manual of Mental Disorders

GRS – Gender Reassignment Surgery

ARIF – Aggressive Research Intelligence Facility

RCT – Random Controlled Trial

SRS – Sex Reassignment Surgery

WHC – Welsh Health Circular

HBIGDA – Harry Benjamin International Gender Dysphoria Association

RLE – Real Life Experience
Ref JHB/WAG/0006

Christine Chapman IS.
Chair- Petition Committee
National Assembly for Wales,
Cardiff Bay,
Cardiff.
CF99 1NA.

Dear Christine.

Many thanks for the update on our petition, as for the letter from Carwyn Jones the first minster, Dated the 22February 2011 we are well aware of the arrangements of Welsh Health Specialised Services Committee. Both Michelle and my self are part of the project board and are taking part in fruitful dialog with them over the problems that have arisen over the past years.

As for the other remarks we are more than happy to except these, as we see that this current government is coming to the end of its term and will need to wait for the new government.

As for the stats of the Transsexual Community we have these and they are updated every six months and these figures are obtained from all three sources of the first stage of the process.

Yours

Julie Baker Chair
Of Transgender Wales.
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### Welsh Police Force Totals

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<tr>
<td>Gwent</td>
<td>94</td>
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<tr>
<td>North Wales</td>
<td>189</td>
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<td>South Wales</td>
<td>269</td>
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### Welsh Assembly Electoral Regions

- Mid & West Wales: 157
- North Wales: 189
- South Wales Central: 148
- South Wales East: 128
- South Wales West: 87

### Welsh Area Health Boards

- Abertawe Bro Morgannwg University Health Board: 91
- Aneurin Bevan Health Board: 94
- Betsi Cadwaladr University Health Board: 189
- Cardiff & Vale University Health Board: 108
- Cwm Taf Health Board: 99
- Hywel Dda Health Board: 100
- Powys Teaching Health Board: 28
25.  P-03-302 Compost processing plant

Petition wording

We call upon the National Assembly to urge the Welsh Government to call upon the Environment Agency (Wales) to take action to suspend operations at Bryn Composting, Gelligaer until such time as the operators can satisfy the Environment Agency (Wales) that they can resume operations in a way that will end the serious nuisance of odour pollution that blights the lives of local residents currently."

Link to the petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-302.htm

Petition raised by: Cllr Hefin David

Number of signatures: 642

Previously considered by the Committee on: 12 October, 16 November 2010, 11 January 2011 and 01 March 2011.

Update: Correspondence has been received from the petitioner and is included below.
Dear Christine,

Thank you for your letter of 3rd March regarding P-03-302 Compost Processing Plant.

In response to the Environment Agency, I would welcome their attempts to improve the monitoring of odour and I look forward to reading the results. I would also welcome their plans to improve community communications and wait to see the results.

I am also grateful for the response from Mr Huw Brunt of Public Health Wales which sought to reassure residents regarding the implications for their physical health. I would ask that regular monitoring of bioaerosols be continued and that the results are reported in EA communications to residents and members (subject to concerns about regularity and quality of communication outlined below). I remain concerned at the psychological impacts of the smell and while I recognise that there are many complications to measurement of such things, rendering it virtually impossible to quantify, it is equally virtually impossible to reassure members of the public who are affected in this regard. It seems from the Public Health Wales response that the only way to resolve this issue is to permanently stop the smell.

I still have some questions of the Environment Agency. There appears to be a reluctance by the EA to confirm that, if the current Odour Management Plan does not bring about the desired changes, that the operation will be suspended until an acceptable remedy is in place. Such an option seems to be within the power of the new OMP (as was absent from the previous regulatory system) and this was the purpose of the petition we submitted. Please could we receive some clarification that the EA can and will use powers to suspend activity if there are breaches in the OMP as this is important to resolution of the issue.

I also have some concerns about the regularity and quality of correspondence from the Environment Agency to Ward members. We receive information at the 3 monthly liaison committee but all other correspondence is copied to us from our AM and not directly from the Environment Agency. We would like to see a significant improvement in the EA’s written communication to Cllrs Wynne David, Graham Hughes and me. We would also like to receive copies of the information that will be shared with the communities affected. The timely delivery of this is important in enabling us to ensure that information is passed on.

Thank you for your help so far and residents and members alike appreciate the time you have spent on this issue.

Hefin.

Cllr Hefin David

St Cattwg Ward
26. **P-03-303 Against Homophobic Bullying**

**Petition wording**

We, the undersigned, call on the National Assembly of Wales to urge the Welsh Government to issue compulsory guidance to all schools (faith, state or private) concerning homophobic bullying. We strongly urge that changes are implanted quickly and urgently.

**Link to petition:** [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-303.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-303.htm)

**Petition raised by:** Oliver Townsend

**Number of signatures:** 440

**Previously considered by the Committee on:** 02 November 2010, 11 January 2011 and 01 March 2011.

**Update:** Correspondence has been received from the Minister for Children, Education and Lifelong Learning and Stonewall Cymru. These are included below.
Eich cyf/Your ref P-03-303
Ein cyf/Our ref LA/00625/11

Christine Chapman AM
committee.business@Wales.gsi.gov.uk

March 2011

Dear Christine,

P-03-303 Against Homophobic Bullying

Thank you for your letter of 3 March with which you enclosed correspondence from Oliver Townsend.

As I mentioned in my previous letter, the Welsh Assembly Government will be issuing comprehensive new guidance on homophobic bullying later this year. We will also be issuing separate new guidance on sexist, sexual and transphobic bullying.

The aim of the guidance will be to help schools develop and implement their anti-bullying policies in the most effective way. All schools, including faith and fee-paying schools are required to have anti-bullying policies, and they will need to decide how they use the guidance, based on their own local requirements, and in line with their wider behaviour policies.

Sincerely,

Leighton Andrews AM
Minister for Children, Education & Lifelong Learning
Petition P-03-303.

Response to the Petitions Committee

Thank you for inviting Stonewall Cymru to respond to the petition against homophobic bullying. In addition to the previous statement issued by on 21st February, Stonewall Cymru would like to discuss the issue of homophobic bullying in further detail whilst giving examples of good practice in tackling this.

Homophobic bullying is endemic in Welsh schools and the legacy of section 28 still remains in many classrooms where teachers feel unable to tackle homophobic bullying so simply ignore or dismiss this behaviour. Almost two thirds of young lesbian, gay and bisexual people at secondary school have experienced homophobic bullying. In faith schools, that figure rises to three in four. Added to this is the fact that less than a quarter of young gay people have been told that homophobic bullying is wrong in their school.

Research by Stonewall has found that homophobic bullying leads to truancy, poor educational performance and lower educational aspirations. Homophobic bullying is even more damaging to gay pupils from black and ethnic minority backgrounds (even if they have not been bullied). These pupils are twice as likely as white pupils to disagree with the statement “I plan to go to university or college when I finish school” and are three and half times more likely to disagree with the statement “It is important for me to finish school with good qualifications.”

Homophobic bullying comes in many forms and affects straight young people as well as lesbian, gay and bisexual young people. The School report includes the following chart which gives a stark indication of the type of homophobic bullying that occurs in schools.

<table>
<thead>
<tr>
<th>Type of bullying</th>
<th>Percentage of young gay and lesbian people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>92%</td>
</tr>
<tr>
<td>Malicious gossip</td>
<td>76%</td>
</tr>
<tr>
<td>Intimidating looks</td>
<td>62%</td>
</tr>
<tr>
<td>Ignored and isolated</td>
<td>58%</td>
</tr>
<tr>
<td>Cyberbullying</td>
<td>41%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>41%</td>
</tr>
<tr>
<td>Vandalism and theft of property</td>
<td>30%</td>
</tr>
<tr>
<td>Death threats</td>
<td>17%</td>
</tr>
<tr>
<td>Threatened with a weapon</td>
<td>13%</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>12%</td>
</tr>
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</table>

Stonewall have been actively involved in tackling the problem of homophobic bullying for some time, and launched the Education for all campaign in 2005. Since then Stonewall has produced comprehensive research such as The School Report and The Teachers’ Report which has highlighted how endemic homophobic bullying is in our schools and has informed much of the work that has been carried out since. Awareness raising campaigns have helped to develop materials like the 'Some people are gay, get over it!' posters, postcards and stickers as well as teaching resources such as the film FIT. Produced for Key Stages 3 and 4, FIT is a film about friendship, coming out and fitting in. All resources can be downloaded or ordered from the Stonewall website. The campaign also
includes the Education Champions programme which invites Local Authorities to work with Stonewall to improve their education standards for young LGB people.

Stonewall have found that with preventative and proactive steps, schools can dramatically reduce the incidence of homophobic bullying. Best practise shows us that young lesbian, gay and bisexual students are more likely to feel more positive about the actions that their school will take if explicitly stated that homophobic bullying is against the rules. In schools that have said homophobic bullying is wrong, gay young people are 60 per cent more likely not to have been bullied. When schools do state that homophobic bullying is wrong, lesbian and gay pupils are twice as likely to feel that their school is an accepting, tolerant school where they feel welcome.

By responding to homophobic bullying when it occurs, lesbian, gay and bisexual students are more likely to feel part of their school community, feel able to be themselves and to be respected for who they are, more likely to go to school and feel happy there and are more likely to have a positive attitude about their school.

Also, pupils who have been taught, in a way that they find positive, about lesbian and gay issues are also more likely to feel supported at school. These teachings impact positively upon a young persons feeling of safety within school, their feeling of respect and happiness, their enjoyment of school and their sense of support from an adult within that school.

In 'The School Report' Stonewall proposes ten key ways to support lesbian, gay and bisexual pupils at school. Stonewall Cymru recommends that Local Authorities and schools follow these recommendations in order to reduce the incidence and occurrence of homophobic bullying. These include

Recommendations

1

Almost two thirds of young lesbian, gay and bisexual people experience homophobic bullying in schools, and 75 per cent of young people in faith schools experience homophobic bullying. Schools should acknowledge that homophobic bullying occurs in schools and take steps to prevent it, and respond to it. According to a recent YouGov poll conducted for Stonewall, 92 per cent of parents – including parents of under-18s – believe that homophobic bullying should be tackled. Nine out of ten ‘people of faith’ agree. The majority think teachers, head teachers and parents have a responsibility to take the lead.

2

Only a quarter of young gay people have been told that homophobic bullying is wrong in their school. In schools that have said homophobic bullying is wrong, gay young people are 60 per cent more likely not to have been bullied.

Lesbian and gay pupils feel more positive about their school if it has developed policies about homophobic bullying. They are twice as likely to feel their school is an accepting, tolerant school where they feel welcome. Schools should develop explicit homophobic bullying policies, tell pupils about them and implement them.
Half of teachers fail to respond to homophobic language when they hear it and three in five pupils fail to intervene but become bystanders to bullying. Even if a gay pupil has not been bullied, a culture of homophobia has an impact on their sense of belonging at a school. Lesbian and gay pupils are three times more likely to feel that their school is an accepting, tolerant school if schools respond to incidents. Staff should feel able to contribute towards a social environment where gay people, and gay issues, are respected.

Only 5 per cent of teachers are reported to respond every time they hear homophobic language. In total, 30 per cent of lesbian and gay pupils report that adults have been responsible for bullying them. Three in five pupils never report homophobic incidents. When they do, 62 per cent of the time nothing is done as a result of them telling a teacher. School staff need training to help them respond to, and prevent, homophobic bullying and support lesbian, gay and bisexual pupils. When staff respond to incidents, pupils are more than three times more likely to feel their school is an accepting and tolerant environment.

Four in five young gay people have no access in school to appropriate resources that can help them stay healthy. There are no books in libraries, and they have no access to internet spaces. Only 15 per cent attend a local youth group but nearly two in five have attended a club or a pub. Young lesbian and gay people are two and a half times more likely to attend a gay pub or club, than a youth group. Schools have a responsibility to help all young people stay safe, and take healthy risks when they are growing up. Frequently, young lesbian, gay and bisexual pupils do not receive this support. Schools should ensure that pupils have access to the information and support they need.

Three quarters of young gay people who experience homophobic bullying have never heard lesbian, gay and bisexual people or issues discussed in school. Lesbian and gay pupils who have been taught about gay issues are 13 per cent less likely to experience homophobic bullying. Pupils who have been taught in a way that they find positive about gay issues are nearly 60 per cent more likely to feel happy at school. Schools need to consider ways in which sexual orientation can be integrated into the curriculum, in a positive and constructive way, which enables both heterosexual and gay pupils to understand and respect difference and diversity.

Fifteen per cent of young lesbian and gay people attend a gay youth group. Those who do attend a group are more likely to feel that there is an adult at home and school who they can talk to about being gay. Lesbian, gay and bisexual organisations can provide support to schools and young people to help lesbian and gay pupils feel more positive and included in their community. Working with bodies such as local authorities can also help schools support individuals and classes to prevent homophobic bullying.
Over 60 per cent of young lesbian and gay people feel that there is neither an adult at home nor school who they can talk to about being gay. Three in ten know a gay teacher, and are 72 per cent more likely to talk to an adult at school about being gay. Positive role models can help a young person feel more confident and comfortable. Teachers who are gay are in a strong position to fulfil this role, provided they are supported by their schools.

Lesbian and gay pupils report that they experience homophobic bullying even if they are not ‘out’ at school – 98 per cent hear “that’s so gay” or “you’re so gay” on a regular basis. Not all gay people are alike, and not all will experience being gay in the same way. Not all parents, governors or teachers will be heterosexual and not all pupils will grow up to be heterosexual.

Acknowledge and celebrate progress so that all pupils, parents, governors and staff know and understand the progress that is being made. Celebrating work will also allow other schools to learn – a quarter of pupils attend schools that state explicitly that homophobic bullying is wrong and this reduces levels of such bullying. These schools can help other schools. Lesbian and gay pupils feel more comfortable in school if they know there is an explicit policy about homophobic bullying, if there are resources available in school, if they know of a gay teacher, and if there is someone at school they can talk to.

Stonewall Cymru remains committed to tackling homophobic bullying in all its forms. We will continue to work with schools and Local Authorities to ensure that their anti bullying strategies are more inclusive and that they tackle the cause, effect and consequence of homophobic bullying more effectively.

Rhianydd Williams
Swyddog Addysg ac Ieuenctid/Youth and Education Officer
Stonewall Cymru
P-03-308 Save Gwent Theatre

Petition wording
We call on the National Assembly for Wales to urge the Welsh Government to ensure funding is continued for Gwent Theatre. The removal of this highly valued resource from the communities it has served for over thirty years deprives young people of a significant opportunity to engage with the Arts.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-308.htm

Petition raised by: George Davis-Stewart

Number of signatures: 1118

Previously considered by the Committee on: 30 November 2010, 11 January 2011, 25 January and 01 March 2011.

P-03-311 Spectacle Theatre

Petition wording
We call on the National Assembly for Wales to urge the Welsh Government to ensure that funding continues for the award winning, Rhondda Valley-based, Spectacle Theatre Company. The Company has served schools and communities for over thirty years, and its loss will deprive people of a long-established, invaluable resource and, therefore, future opportunities to engage with local theatre and drama.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-311.htm

Petition raised by: Friends of Spectacle Theatre

Number of signatures: 2158

Previously considered by the Committee on: 25 January 2011 and 01 March 2011.

P-03-314 Save Theatre Powys & Mid Powys Youth Theatre

Petition wording
Following on from the Arts Council of Wales decision to remove revenue funding from Theatre Powys from April 2011, we the undersigned call on the National Assembly for Wales to ensure Powys County Council funding is retained for Theatre Powys and MPYT. Failure to achieve this will result in the removal of both these provisions from the communities they've served for three decades; depriving young people of a significant opportunity to engage with the Arts. Mid Powys Youth Theatre is also one of a very small number of pastoral activities open to the youth of this area.

Link to petition: [http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-314.htm](http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-314.htm)

Petition raised by: Michael Chadwick

Number of signatures: 1152

Previously considered by the Committee on: 01 March 2011

Update: Correspondence has been received from the Minister for Heritage, Gwent Theatre, Spectacle Theatre and Theatre Powys. Additional supporting information provided by Theatre Powys has also been received. These are included below.
Thank you for your letters to me of 1 March, and to the Deputy First Minister, of 3 March; as Minister with responsibility for arts funding, we have agreed that I will reply to both letters.

I have noted that you have now received a petition on behalf of “Save Theatre Powys” and “Mid Powys Youth Theatre”, in addition to petitions already received from “Save Gwent Theatre” and “Spectacle Theatre”.

Dealing first with the points raised in your letter to me, I welcome the Committee’s close interest in the provision of arts opportunities for children and young people. It was my intention that the letter I sent you on 25 February should describe the position we have reached as comprehensively as possible because of the importance I attach to extending artistic opportunities for young people. I am sorry you felt my reply did not fully respond to the Committee’s concerns.

In your latest letter you have quoted the evidence provided to you by ACW. You are concerned that ACW adopted a significant change of approach during its consideration of business plans submitted to the investment review. Your conclusion is that those companies whose focus was theatre in education were in some way uniquely disadvantaged by this irregularity in the Investment Review process. I would repeat my view that I do not believe this to be the case.

ACW’s Council had a complex task before it, which related to all the art forms it supports, and to all the companies who submitted business cases. I am satisfied that ACW acted in line with the remit I issued in the way they conducted the investment review. My instruction to the Council was that they should undertake a root and branch review of all areas of funded activity. My expectation was that the effectiveness of all aspects of activity should be scrutinised in the same robust fashion as part of the review process. It was not my intention that any individual areas of activity should be accorded special protected status. ACW provided clear written advice in advance of the review to all those who would be...
affected by it explaining the approach that it intended to follow. I have seen no evidence that this approach was not pursued consistently throughout the Investment Review process.

ACW did not commence the review by declaring that it was setting in stone its strategic expectations or by undertaking that no area of provision would change in any art form. Indeed, it was made abundantly clear that changes would be made. In the statement I made to the National Assembly for Wales on 29 June last year, I said that “The review requires ACW to acknowledge and address areas of weakness in our arts provision, to continue to develop the arts in Wales across all art forms, and to work with its core clientele of arts organisations to ensure that these companies are supported to give of their best.” Just as some companies involved in the provision of, for example, dance, literature, and public art may have been surprised at the radical decisions ACW have taken in relation to those strategic areas, the announcements relating to theatre in education were unwelcome to some, while they have been welcomed by others. For each strategic debate, in the various art form areas, the Council had to look at all the available options, as it did in the case of theatre in education.

I have been advised that ACW is actively engaged in constructive discussions around future activity in the areas served by the three companies who are the subject of petitions to your Committee. In the case of two of those companies, the possibilities for continued funding from ACW, in the form of project support, are being explored, with some projects already agreed for the coming financial year. In the case of the third – which is in fact a local authority service, rather than an independent organisation – ACW is in dialogue with that local authority about how it wishes to support activity for young people in the future.

In terms of funding from the European Structural Funds programmes 2007–2013, from your letter, it appears that, on this occasion, the petitioning companies are looking to backfill a shortfall in funding for their ‘core’ activities, which is unlikely to qualify for direct Structural Funds support.

However, many organisations benefit indirectly from European funding as beneficiaries of EU projects and by tendering to deliver activities of EU projects. As an example, the Reach the Heights EU funded scheme, led by the Assembly Government’s Department for Children, Education, Lifelong Learning and Skills and delivered in partnership with ACW, is aimed at people aged 11-19 who either are, or are at risk of, disengaging from mainstream education and training. This scheme may be a viable funding option for the petitioning companies and I would therefore advise them to look into this option via their contacts at ACW. I understand that one of the companies has already held discussions with ACW about engaging with the Reach the Heights scheme and that there may be scope for the company in question to obtain funding via this route should a second round of funding be available.

Yours Sincerely,

Alun Ffred Jones AC/AM
Y Gweinidog dros Dreftadaeth/Minister for Heritage
Dear Ms Chapman,
Thank you for the invitation to comment on the Heritage Minister’s letter of 25th February, and to acknowledge the amalgamation of the Gwent, Spectacle and Powys Theatre causes.

We are most grateful for the Petitions Committee’s determined efforts to win clarification from ACW’s CEO on January 25th 2011, and for the conclusions that you drew from those proceedings for the Heritage Minister’s consideration on 1st March 2011. His reply to those enquiries was nothing new, little to his credit.

What has been more remarkable and more disappointing is the exchange between our Chair and the First Minister, which began simply with Gregg Taylor following up a conversation that had taken place between the First Minister and Gary Meredith. The Minister had asked what GM thought of the idea of TiE being funded through Education, to which the reply was that any funding source was to be welcomed, for the sake of such a valuable medium of experience being retained.

In reply to Gregg there was only another formulaic re-iteration in the manner of his Heritage minister. When challenged on this, the Minister’s next response, on 10th March, still began with the same formula, before announcing abruptly that, as of April 2011, no penny or thought will be given to TiE.

We append this correspondence between our Chair, Gregg Taylor, and the First Minister as it has a direct bearing on matters; we include too our Response to the ACW paper, Changing Lives, in view of the shortness of the remaining time scale for your own business.

Yours sincerely,
George Davis-Stewart

P.S.
• Alun Ffred Jones denies having heard about "goalposts being moved" AFTER submission of business plans. This does not seem to tally with his ACW CEO's evidence to Petitions Committee on January 25th 2011. Either the CEO is out of his control, or....
THE minister responsible for the body which cut off the funding to Gwent Theatre was grilled by a cross-party group of Assembly members over the decision during a heated debate.
Ein cyf/Our ref: FM/00209/11

Gregg Taylor
gtaylorqc@btinternet.com

March 2011

Dear Mr Taylor,

I am writing in response to your email of 21 February about Gwent Theatre.

I have noted your concerns about the decision arising from the Arts Council of Wales’ Investment Review, to withdraw annual revenue funding from Gwent Theatre.

While the Welsh Assembly Government sets the strategic priorities for the arts in Wales, as you know, individual funding decisions are a matter for ACW who operate at arms-length from Government. As such, you will appreciate that it would not be appropriate for Ministers to intervene in individual funding decisions.

While the loss of revenue funded status for Gwent Theatre is undoubtedly a disappointment, it should not automatically lead to the end of the Theatre. I believe you are currently involved in discussions with ACW regarding alternative sources of funding for Gwent Theatre and, in particular Theatre of Young People. I would encourage you to pursue these discussions in order to secure a future for your organisation.

I would like to draw attention to one of the issues in your email which I believe needs clarification. From April 2011 no organisation will be supported for TIE work. The remaining five organisations will remain revenue clients of ACW but will only be funded for non-TIE work.

In future, arts provision for children and young people will be delivered through a wide range of artforms, including, but not exclusively, theatre. ACW have recently consulted on their strategy for arts provision for young people – Changing Lives- and the outcome of this consultation exercise will be considered by their Board shortly. Far from being a barrier to access, the goal of this new strategic approach to arts provision for young people will ensure increased opportunities for participation and access to the arts across Wales. The Heritage Minister has emphasised in the 2011-12 remit letter he has issued to ACW that ACW must oversee exciting, high-quality and challenging artistic opportunities for children and young people, with attention paid to geographical availability.

Yours sincerely,

CARWYN JONES

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llunell Ymholiadau Cymraeg 0845 010 4400
Fax * Fax 029 2089 8198
ps.firstminister@wales.gsi.gov.uk
Dear Carwyn,

Thank you for your e-mail letter of yesterday. It is apparent to me that you did not write the letter yourself and, while I understand that your staff compose many letters for you, it would have been preferable in this instance to have had your personal attention. May I therefore raise these points in reply to your letter.

1. It is so disappointing to receive a reply employing the same phraseology that has been used time and again by the Arts Council of Wales (ACW) and the Heritage Minister. The “arm’s length” argument has been used as if it is something sacrosanct. It is of course a useful working practice but it is not a “principle” that precludes review by the Minister or the Welsh Assembly Government of decisions made by such bodies.

The Heritage Minister has explained that it is not for him to “intervene” in the Arts Council decision making process. He does not seem to grasp (and his misconception is repeated in your letter) that we all accept that intervention in the decision making process itself would not be right. But a later review of a decision which has attracted so much criticism is
certainly possible and, in the circumstances now prevailing, is one which should be undertaken.

To fall back on the lame “arm’’s length” argument is simply to say that the decision has been made! It is no answer and no way to deal with a problem that is not going to go away. If the present Heritage Minister and the present Assembly Government does nothing, it will be taken up with the next. It is also ripe for Judicial Review.

2. I am sorry to say that the attempt in your letter to “clarify” what has happened to Theatre in Education (TiE) in Wales does not present the full picture. The full picture is that ACW decision to cut Gwent Theatre (and Spectacle and Powys) was made in June 2009 after a twelve month Investment Review during which Gwent Theatre and the other TiE companies were required to submit business plans. As Nick Capaldi recently told the Petitions Committee, the new instruction to the five funded companies that they need not (not “must not”) provide a TiE service was made after the business plans had been received and considered by ACW.

[Incidentally, the new direction is unlikely to be put into practice by the five companies who have their old TiE commitments in place and are funded to some extent by local authorities to provide it.]

3. The reason for the huge outcry is that the ACW „moved the goalposts” during the course of the Investment Review. Had Gwent Theatre known that the ACW was minded to bring in an entirely new
working practice, its business plan would have been entirely different. Thousands of people have signed petitions in protest at the ACW decision (both its procedure and its substance).

4. Your reference to the latest remit letter from the Heritage Minister shows what short memories people have. In 2008 the Heritage Minister’s remit letter presented Theatre in Education as a valuable means to bring artistic experience to young people in Wales and one which would be supported. It was on that basis that the 2009 business plans were devised and submitted by Gwent Theatre. The Communities and Culture Committee and the Petitions Committee have devoted considerable time to this issue. They understand what has happened and are very critical that ACW had „moved the goalposts” in the way they did. I have been informed by the Petitions Committee that they have recently written to you on this precise point.

5. Gwent Theatre has been in consultation with the ACW about alternative funding. The fact is that only limited amounts of money are available. They amount to £30,000 in any given year with the possibility of an extra £20,000 development money. As Mr Capaldi has recognised, the alternative funding will not replace the revenue funding of Gwent TiE company.

6. At the moment our perception is that of a Heritage Minister who repeats the same mantra without appearing to understand the complaints
levelled at his defence of the ACW. He undoubtedly has power to act but will not use it.
At the same time we appear to have a system in place where two Assembly Committees have looked in depth at the Investment Review. They do understand what has happened and are highly critical of it, but have no power themselves to correct an obvious injustice.

7. Gwent Theatre (and indeed Spectacle and Powys) still urge this Government to look again at the outcome of the Arts Council of Wales decision in some depth and to give some consideration to matters of principle involved.

Yours sincerely

Gregg Taylor QC
Chair of Gwent Theatre
Gwent Theatre regrets the Heritage Minister’s inability or disinclination to make independent comment on the issue of policy-making and process in the conduct of the Investment Review. He appears to have done little more than sign his name to a statement drafted by ACW. Nothing new is said, and the same manipulation of statistics is offered up in all its selective and fallacious glory: there is emphasis placed on the lack of funding from several local authorities, as if this should be a significant factor in itself, when the logic and the statistics should actually be celebrating the uptake of the work in spite of the absence of parallel funding from local authorities – such data has been provided by the eight TiE companies. If funding from local authorities was a decisive factor, then more companies than the vanquished three should be worrying about their prospects.

Frankly, there is nothing robust to be commended in this thinking by ACW; it does tempt the thought that while RSM Tenon has commended “the process”, it may be that they have been, like the rest of us, afforded a limited sight of the pertinent evidences and statistics.

We recall ACW’s account of audience figures, apparently representing the decline of TiE: performances in 16 secondary schools were portrayed as representing the whole of Wales, across the entire education range, as a basis for decision making and the formation of policy. The member of staff responsible for that one is still in post, which says little for recruitment and staff appraisal. The ability to gather and/or interpret data does not appear a strong point for this organisation.

When the Heritage Minister cites his Remit Letter of 2009/10, as if to say “you were warned”, it succeeds in using the word “robust” as a euphemism for “making hard decisions”; yet we find in para 3 of the same letter that he was “not proposing any radical change in policy or direction for ACW”; at 1.4 we find what seems to have become the driving ambition of ACW – promoting the international profile of the arts; at 2.1 even the instruction “to look robustly at the effectiveness of current investment” is recognised as “a long-term ambition”.

This is where the goalposts were situated initially. 116 RFOs set out to formulate Business Plans, taking aim on the basis of this document, and the indicators found in ‘Strive to Excel’, so:

1. Prior to submission of Business Plans to their transparent Investment Review process, there was no direct indication that any TiE company need consider a new and different future.

2. TiE is beginning (or so it appears) to be questioned, but ACW CEO does not think it worth asking the 8 companies to make any adjustment to their business plans. (Evidence to Petitions Committee, Jan 25 2011)

3. Three TiE companies cut; the other five to cover the gaps by expanding their own touring - costings from these companies fail to take account of the geographical scale involved (e.g. two
schools a day in Powys?) In any case, funding withdrawn from the three companies is not offered to the other five to meet the costs.

4. Next announcement to the five companies is that they need not tour in to, or cater for schools alone.

5. Now, so the First Minister reports to our Chair: "From April 2011 no organisation will be supported for TiE work. The remaining five organisations will remain revenue clients of ACW [sic] but will only be funded for non-TiE work"

We are indebted to First Minister Carwyn Jones for clarifying the position with regard to funding for Theatre in Education [see his letter of March 10th 2011]. In view of this categorical statement, we would now ask:

A. That the Business Plans of all eight TiE companies be made public for scrutiny, as it would appear that the terms of Business Plans have been renegotiated after the Review process had been concluded. If this is the case, how is it that only five companies can be retained, whilst three others are denied the opportunity to renegotiate their terms?

B. We would suggest that it is a dangerous step to remove the requirement to provide TiE from companies which draw down local authority funding to do just that. Does it not jeopardise the contract of partnership between ACW and those LAs?

George Davis-Stewart

For Gwent Theatre
Gwent Theatre’s response to
Arts Council of Wales’s Strategy for Children Young People and the Arts
Changing Lives

We would like to offer the following observations regarding the above consultation document.

1. The document is confusing. It is not clear whether it is a strategy or a manifesto. The new ‘manifesto’ first appears on page 4, but when it appears on page 22, the wording of the five statements is shortened. The ten proposals are too detailed and pre-ordained, they include decisions and assumptions that are un-tested and not strategic.

2. The executive summary makes no mention of experiencing the arts, just taking part. The focus on participation is strong but the role of the professional artist and engagement with professional arts is marginal. Children are always engaged and never passive, whether they are experiencing a performance or actively participating in an artistic activity. The document makes the assumption that children are only engaged if they are physically active.

3. On page 12 reference is made to stating that ‘the provision of schools-based activity through the curriculum is the responsibility of the Welsh Assembly Government’, yet on page 14 the paper talks about Artists in Schools and the value of a visit to or from a theatre. This is a contradiction in terms and is confusing. TYP/TIE companies have never been curriculum led but it is true to say that teachers will inevitably link any artistic work to areas of the curriculum to justify giving up curriculum time for artistic activities.
4. The desire for TYP/TIE companies to perform in theatre venues rather in schools needs further consideration and will not provide equal access to the arts. There needs to be a stronger endorsement of the premise that every child in Wales should enjoy a wide range of quality arts as a consumer every year, whilst ensuring that the most disadvantaged young people can access professional art experiences. How feasible is it that there will be a strong network of theatre venues prepared to promote work that attracts school and family audiences. The document assumes that ‘companies do not create innovative and challenging work because it is in schools’. It may have an effect on the type of work being created. Venues may only be interested in certain kinds of work with a certain commercial bias to ‘family friendly’ work being programmed over challenging new work. Taking art into theatres and out of schools will stop it reaching a wide spectrum of socio-economic groups. Work in schools is important, it transforms children’s ideas of their environment and reaches a wide range of children and young people. It is through presenting challenging professional theatre in schools that other projects and partnerships develop, work placements, workshops and residencies, youth theatre and commissioning of new writing.

5. There is an assumption that National Youth Arts Wales will nurture talent from its earliest beginnings. There is currently no evidence of NYAW offering activities at a local level, rather they select from the best. How do young people become the best? There is no mention of fostering those who help deliver young people’s creative talents. NYAW doesn’t nurture talent from its earliest beginnings.

6. Geographical issues are not addressed. ‘Spread work across Wales from all organisations’ – how will this be achieved and managed to ensure that all young people will enjoy a wide range of high quality art every year?

Gregg Taylor
Chairman
Dear Mrs. Chapman,

Re: P-03 - 311. Response to the documentation regarding Save Gwent Theatre, Spectacle Theatre and Theatre Powys and Mid Powys Youth Theatre.

Thank you for the documentation relating to the ‘Friends of Spectacle Theatre’ petition, and for the opportunity to respond. I would add that my response, on behalf of the group, is derived from very limited background knowledge and experience of the organisational and policy-making processes of theatre companies and the arts per se. I hope you will read the following in the light of what may seem, at times, rather limited and naive comments.

I have also elicited the views of Spectacle Theatre on the content of the documentation, and have included their response in a separate attachment.

My first reaction to the letter from the Heritage and Culture Minister was one of perplexity, disappointment and not a little frustration. It seems extraordinary that, even at this very late stage, an apparent dichotomy exists between the Minister and the Arts Council in a crucial aspect of the latter’s Investment Review process. In this context, it would appear that the theatre companies affected by funding cuts have indeed been disadvantaged by the changes made in funding application criteria during the review. Frankly, the current situation appears completely unfair.

It seems curious that, if the process was as smooth and clear as suggested by the Arts Council, the theatres concerned should have mounted such a rigorous objection to the outcomes. With such a great deal at stake for the theatres themselves, including their professional workforce, future participants and audiences, particularly younger people, I do think there should at least be a delay in withdrawing such funding until a further, in depth, independent analysis is made of the whole strategic and funding review. This is particularly required in what now seems to be a flawed process, especially when reference has been made in evidence that, at one stage, the Arts Council discussed halting the review to consider the changed situation. The claim that time, potential overwhelming volume of work, and the urgency to complete the process militated against halting the process appears inadequate, in light of what has since occurred.

The claim was made that at least two further activities were unable to be carried out because of the time and effort required. One was the possible production of business
plan summaries for scrutiny, hence providing a more detailed understanding of the Investment Review process. Apart from the claim that to reveal the content of the plans would break confidentiality, it was also claimed that the time needed to make them accessible would be almost prohibitive. Yet, there are references made in the verbal evidence to business plan assessments being the basis for much of the decision-making. This implies that forms of assessment outcomes were readily accessible to the Council to make such decisions. In this context, too, it would have been most useful if the procedure and criteria for final decision-making were clearly explained. I still have no idea of how each funding outcome was arrived at, and by whom. For example, what differentiation was made between the five retained theatres and the theatres that failed to meet the criteria? Additionally, if the public interest is to be served, I believe it imperative that there should be unfettered access to all documentation that recorded the process leading to these decisions, especially if requested by a committee of the Welsh Assembly.

The second reference to a lack of time and potential work overload, was in response to the Investment Review consultation. I am concerned that, as the Arts Council receives such a huge amount of public funding, it seems to have failed to gather the views of a broad swathe of the general public in informing the development of their new strategy. After all, isn’t it the people who help create, define, and carry the traditions and potential for art and cultural development within their communities? Indeed, the thousands of individuals who signed the petitions have made a powerful statement of public concern by doing so.

Overall, has already highlighted, references to a lack of time, and the prospect of a high volume of additional work, appears a weak response to the profound outcomes that must have been envisaged by the Arts Council.

Even as a theatrical novice, I am concerned about the issue and, indeed, future of Theatre in Education funding. Evidence from Mr. Capaldi puts into perspective the erratic nature of this provision throughout Wales. However, the statistics produced in the Arts Council letter are meaningless in the absence of context, given the variables involved (this point is addressed in the Spectacle Theatre attachment). I would like to state that, having experienced first hand the positive and important impact that theatre and drama can have, in this instance on the development of just one group of younger people over a relatively short period of time, I feel it is imperative that such a system remains in place. Steps should be taken to ensure its continuation on a more
equitable, nationwide basis. Is it now something that should be addressed via the Education Minister? I understand that the ‘Changing Lives’ consultation process is due to report on the provision of ‘the arts’ to younger people. Their findings and recommendations are awaited with interest.

With such huge amounts of public finance to be managed, I, as a recent inductee into such processes and procedures, was very surprised to learn of the ‘arms length’ principle applied to the work of the Arts Council. I trust this is not synonymous with ‘hands off!’ I am bewildered regarding to whom the Council and its members are actually accountable.

I feel that I, and others in the petitioning group, and crucially, the people of Rhondda Cynon Taf, and other areas served by Spectacle Theatre for over thirty years, have been greatly let down, and potentially deprived of an enormously experienced, dynamic and invaluable theatre and drama asset. My personal perception is that, rather than creating confidence and harmony, the current decisions by the Arts Council have possibly served to create division and disharmony in some quarters.

From my own perception, I feel that it is crucial to ensure that such a high profile public body maintains public trust and confidence. I fear that, no matter what the rationale offered by the Arts Council to justify its decisions, it surely cannot be morally right to make and defend such crucially important decisions when an apparent, fundamental procedural flaw in the Investment Review process is recognised, yet does not appear to have been adequately addressed. It has produced an ethical dilemma that, in all decency, must be fully and satisfactorily investigated and resolved.

Yours sincerely,

Michael Jones.

(Petition organiser for Friends of Spectacle Theatre).
**Response from Spectacle Theatre.**

The observations below refer mainly to the information letter from the Arts Council of Wales, and concludes with a brief, statistical overview of work undertaken by Spectacle Theatre.

I have read these letters with utter dismay. Why has Spectacle’s laudable provision of theatre for schools and communities been omitted from these figures? The Arts Council letter uses statistics, which, without a particular context, are meaningless. but here they are used as a way to suggest the company is failing.

If you read this letter without any knowledge of the actual provision, you would get the impression that Spectacle Theatre contributes very little. This is not the case and can be evidenced.

If the examples used by the Arts Council were placed alongside Spectacle’s provision, we would not be found to be failing, but are providing an excellent service of a high quality.

**Page Two**

The fact the other organisations mentioned work with young people, does not mean they provide the same kind of provision. Not one of these organisations is a touring theatre company, or creators and providers of theatre for young people and communities.

Spectacle Theatre reaches areas by touring work, which enables greater access, removes barriers too hard-to-reach groups, or those who cannot travel or are travel resistant audiences. This removes financial and social barriers which otherwise would prevent access to any kind of art experience. The provision mentioned in the letter is different. It has a different function, which is why we work in close partnership with several of these organisations.

We not only promote theatre, we also create it, tour it, and present it in hard-to-reach communities, and develop audiences for theatre.
Again the letter seems to suggest that Spectacle Theatre does not form a part of the provision of theatre presented at Blackwood Miners, Riverfront, Borough, Theatre, or the Coliseum and Park and Dare when in fact we do. The list of activities does not include the work Spectacle does in these areas, which is considerable.

**Page Three**

The organisations mentioned have produced a small amount of provision in the area. Spectacle Theatre also provides work for children and families. Spectacle ran the award winning Rhondda Cynon Taf Youth Theatre until funding was no longer available for such activity.

It would be interesting to compare the funding level and activity return per pound of these organisations. Additionally, we work in partnership with these organisations, and not in competition.

**Page Four**

Spectacle Theatre pioneered the ‘Night Out’ network for over a decade in the valley’s area, developing venues and audiences. Yes, the ‘Night Out’ project has grown, yet its basic function of providing live, professional theatre to communities that otherwise could not access them, is something Spectacle Theatre brought to the Arts Council. Additionally, the excellent youth arts work of Valleys Kids was developed in partnership with Spectacle Theatre. In fact our Youth Arts Workers still leads this work for Valleys Kids. Spectacle pioneered this work and continues to be at the cutting edge of developing work for young people and communities, in particular disadvantaged communities that little, if any, other arts provision reaches.

Why has Spectacle been omitted from the list of company's that deliver this work through the ‘Night Out’ scheme?

**Page Five**

Again, the same previously mentioned arguments could be used.

Cultural Olympiad money was distributed at the discretion of the Arts Council, and not on an application basis!
The other groups mentioned also work with us, for example, Merthyr Academy of Performing Arts. We have recently toured our production of ‘The Witch’ to this organisation, which is a newly formed group. Incidentally, the young woman that runs the group stated she became involved because of Spectacle visiting her school.

Bigfoot Arts Education doesn't produce theatre, while Stagecoach Theatre School is an expensive commercial franchise, not a theatre company. It is financially out of the reach of most young people, which is why we run youth groups around the valley to ensure young people can access arts training.

Page Six

The third paragraph states that ‘some companies choose to provide a significant amount of activity in established theatre venues as an alternative to peripatetic schools provision.’, however, there are some companies that don't, because they have different beliefs. Spectacle Theatre actually provides a mix of this activity, but firmly believes in going to audiences, rather than expecting audiences to come to us. It is not always financially viable for schools to pay for transport to go to theatres. Theatre Clwyd has a bus stop directly outside the Theatre.

It is a false argument to use statistics to evidence levels of activity due to a number of reasons. For example:

1. The unitary authorities have different populations

2. The companies have different levels of funding.

3. Some companies offer free provision, while others are forced to charge.

4. All of Spectacle’s projects are offered to all people in the target age group.

5. There is equality of opportunity. We have policies to encourage new schools who have never booked.

6. It would be impossible to reach all the schools in our area in a year!

That said, when we have found additional funding, we have performed in 100% of all English and Welsh language schools in Rhondda Cynon Taf. The figures and statistics, if taken in context, need to be applauded, not used as a way to insinuate failure.
In relation to Theatre in Education, we formed a national agency of all TiE companies to ensure provision was increased, and best practise shared. Yes, there is a long way to go, we are only in the fifth year of a ten year agreed strategy with the Arts Council. Now they have abandoned it without consultation, and have no other strategy in its place.

The result of the Investment Review means that there is no producing company in Bridgend, Caerphilly, Rhondda Cynon Taf, Merthyr, Gwent, Monmouth, Powys etc., and no touring theatre provision being created in these areas.

The skills, resources and expertise have been completely jeopardised. When such resources disappear they never return. The eventual funding settlement for the Arts Council from the Welsh Assembly Government, did not even require cuts to be made.

Page Seven

The Arts Council are using different figures for different years for Theatr Iolo (2006 and 2010) and Spectacle Theatre (2008/9). Why is this? They collect the same information from the company's at the end of each year.

Theatr Iolo only produce work for children, Spectacle is a community company, this invariably means we only work for two thirds of the time with schools.

The following is a brief, statistical account of the theatrical and drama work carried out by Spectacle Theatre within schools and communities, between the years 2006 and 2010,

Projects that toured into schools included 19 productions. There were 815 school performances to audiences totalling 39,623. In addition we undertook 2 community/venue tours and took our schools production into venues for 95 performances, in front of total audience numbers of 8,636.

During this period we have produced, and co-produced with Theatr Iolo and Gwent Theatre, 21 productions, with 916 performances. In total, our audience figures over this whole period was 48,944. In addition, we also provided 33 participation projects in 249 sessions, working with 5,668 young/older people.
I have not included any figures for the current financial year, which will be slightly lower, because we have not been able to tour for the same amount of weeks that we normally tour for.

Spectacle Theatre is more than happy for the Petitions Committee to see the business plan we submitted to the Arts Council of Wales for the Investment Review process. In fact, I'm sure we sent a copy to Mr. Leighton Andrews.

Sandra Jones (Administrative Director)
Stepen Davies (Artistic Director)

Spectacle Theatre - 16th. march 2011.
Michael Chadwick

Christine Chapman
Chair
The Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

15th March 2011
Your Ref: P-03-314

Issues relating to the lack of fairness and transparency within the investment review process of the Arts Council of Wales are now well documented, and I thank the committee for its sterling work in highlighting the injustices therein.

I struggled to formulate an appropriate response to the evidence placed before the committee by both ACW and the Minister for Heritage. Over 50 years ago these sentiments were expressed in a way which I feel expresses my response to in a clear and accessible form:

Lies

Lying to the young is wrong.
Proving to them that lies are true is wrong.
Telling them
that God’s in his heaven
and all’s well with the world
is wrong.
They know what you mean.
They are people too.
Tell them the difficulties
can’t be counted,
and let them see
not only
what will be
but see
with clarity
these present times.
Say obstacles exist they must encounter,
sorrow comes,
hardship happens.
The hell with it.

Who never knew
the price of happiness
will not be happy.
Forgive no error
you recognize,
it will repeat itself,
a hundredfold
and afterward
our pupils
will not forgive in us
what we forgave.

Yevgeny Yevtushenko (1952)
Translated by Robin Milner-Gulland and Peter Levi

Yours sincerely

Michael Chadwick
Tuesday March 1\textsuperscript{st} 2011

Dear Christine Chapman

The Arts Council of Wales (ACW), Investment Revue is done and dusted. Nick Capaldi, Chief Executive of ACW, supported by politicians who know little of the actual practice in mid Wales, has celebrated a tough but fair approach to future investment; one which will sustain and develop the best and most “flexible” cultural provision. Even as announcements are made it is clear that UK wide, all future public provision will be subject to a dangerous and socially catastrophic gamble.

Theatr Powys, based at the Drama Centre in Llandrindod, is one casualty of the review process. Revenue funding from ACW is to cease as of March 31\textsuperscript{st} 2011. The withdrawal of funding has entirely jeopardised local authority partnership funding and has dealt the Company and its practice a fatal blow. Theatr Powys has been a pioneer in its fight to sustain this progressive partnership funding between ACW and the Powys County Council for four decades. Less than four years ago, ACW lottery funds contributed towards an almost one million pound investment in the Company’s base in Llandrindod, enabling a whole new development in the life of the Company and its community.

For some years now Theatr Powys has been unique in Wales. It has sustained a core company of actors and production staff alongside an endeavour led administrative department and a body of remarkable and committed freelance artists. Central to its practice has been forging of a theoretically informed, participatory theatre in education provision. This has been offered to every school, in Welsh and English and free at the point of delivery. It has managed a year round youth theatre provision and an annual new writing commission and community touring production for community centres, village halls, theatres and arts centres all over Powys and throughout Wales. No less crucial to its community is the vast and rich technical, costume and personnel resource. This combined resource is consistently called upon by schools, colleges, universities, community groups, and fellow theatre companies, both professional and amateur.

The Arts Council knew that in the current climate and particularly as an integral part of a local authority arts provision, there was no likelihood of Theatr Powys achieving through other or “transitionery” funding, the required levels of income to sustain its material and spiritual contribution to the community it serves. ACW is breaking a deep-rooted relationship, historically built, but consciously and constantly renewed, between artists and the participants in the community they inhabit.

The ACW decision represents the final liquidation in Wales and the almost final liquidation UK wide, of a tried, tested, sophisticated, successful and intensely humanising post war art form; that of Theatre in Education. This is an art form most knowable in the moment of engagement. Those who have witnessed it in Powys,
recognise the creativity, artistry and drama involved. However, Dai Smith, the Chair of the Arts Council of Wales has claimed publicly that TIE, is outmoded. Worse, an argument has been proposed, rehearsed and developed as we write, that TIE is not art at all. This is preposterous, and the formal separation of drama, theatre and social education contained in the argument is deeply damaging. And yet, as people keen to develop a rationale for decisions, or simply relieved to still be funded - allow this argument to gain foothold, then the ACW abandonment of such an intensely valued art form can be embraced. Worse still it may for a while even be welcomed as progressive. Inevitably the drive will be to forget the art form all together.

There is a long and authentic history, a skilled current practice and a huge future aspiration on the part of many participants here in Wales and internationally, that utterly contradicts this ill informed, ignorant and reductive view.

In our view the defining qualities of the theatre and drama practice of Theatr Powys have been:

- A steadfast commitment to a theory of knowledge and to art as a mode of knowing the world and exploring the human relationship to the world.
- An insistence that those in the community who engage with the work are co-creators and co-signers in the moment (shared practice) of meaning making.
- A deeply felt and theoretically understood insistence that in meeting the fictive context engineered through theatre and drama, the capacities of young people to engage intellectually, emotionally and actively can be united in a way rarely achieved in the course of their broader educational and cultural experiences.
- An understanding that this unity of engagement can produce the most authentic and committed struggle to image and action our material relationship to the real world; a struggle through the art form, mediated openly and honestly.

This process requires a courageous and skilled collective of individual artists. The Arts Council of Wales, up until 2010 has consistently made clear their shared belief in the value of the Company’s provision. In their own words:

Theatr Powys is a Company that operates with a high degree of artistic and intellectual integrity.

And further:

The company and its work is held in high regard as an important contributor to the continuing development of theatre in education and theatre with and for young people in Wales...

The value of Theatr Powys to the community at large and young people in particular is very evident and is testimony to the vision, hard work and commitment of all involved in the company.

ACW Theatr Powys Annual Review July 2009
A deeply rooted and integrated provision, informed by the perspectives outlined in this letter will be impossible to recreate in future. Sporadically programmed “Night Out” performances will not fill the material and spiritual void left by the disappearance of Theatr Powys and neither will the occasional live theatre event in presenting houses spaced fifty-four miles apart.

We have no illusions whatsoever. The future ACW strategy has been decreed and the rationale is in the public realm. Powys County Council will inevitably finish what the ACW has begun. More importantly, erosion of public funding to the arts will increase in momentum. There will be no re-consideration of decisions despite the future (and largely invisible to ACW) consequences.

As professionals with much direct experience of the Company’s work, deeply involved in arts provision for young people and the wider community and also responsible for the practical and theoretical education of our future arts practitioners, we wish to register our profound opposition to the engineered closure of Theatr Powys. We write on behalf of thousands of voiceless children and young people and all of those in the community of Theatr Powys, whose dismay, anger and protest is being entirely frustrated by the calm and reasoned arguments of those who support this “flexible”, future vision.

Signed

Tyler Keevil      Novelist; Lecturer in Creative Writing University of Gloucestershire
Chris Cooper     Playwright; Artistic Director Big Brum Theatre Company
David Ian Rabey  Professor of Drama and Theatre Studies UW Aberystwyth
Charmian Savill  Tutor in Theatre Studies UW Aberystwyth
Roger Wooster    Senior Lecturer Performing Arts UW Newport
Sera Moore Williams Playwright, Director, Teaching Fellow University of Glamorgan
Hillary Morris   Head Teacher Gladestry Primary School, Powys
Mary Compton     Teacher; Joint Divisional Secretary Powys NUT; Past National President NUT
David Saunders  Parent, Participant; Audience Member Campaign for Creativity in Mid Wales
campaign4creativity in mid-wales

The Case in Support of Theatr Powys
The campaign4creativity case in support of Theatr Powys

It is the shared contention of the 600 strong membership of the campaign4creativity that the events that have unfolded as part of the Arts Council of Wales Investment Review represent either a litany of gross mismanagement or a wholly unethical engineered process, neither of which is acceptable from an organisation responsible for many millions of pounds of tax payers money.

We are grateful for the opportunity to present our case and wish to reiterate a number of major points previously raised when your Committee heard the issues as raised by Gwent Theatre. It is clear that the position of Theatr Powys is significantly inter-related and that many deeply shared concerns must once again be expressed.

Below is an extract from a letter from Amanda Loosemore, Regional Director (Mid & West Wales) of the Arts Council of Wales dated Friday 2\textsuperscript{nd} July 2010 received in response to a campaign member’s letter of complaint following the announcements of June 20\textsuperscript{th} 2010:

\begin{quote}
An important part of my Council’s consideration has been to take a careful look at the broader issues affecting the companies – like Theatr Powys – that we currently fund to provide Theatre for Young People/Theatre in Education activity. At the moment, we support 8 companies, providing funding of around £2million each year.

The history of our support to Theatre for Young People/Theatre in Education is a complex one. In 2004 the Arts Council published its Theatre and Young People’s Strategy which included a vision for the Theatre in Education service across Wales. It was calculated at the time that to successfully deliver on the strategy, which amongst other things aimed to give every child a theatre in education experience at each of the four key stages of education, would cost an additional £3million in subsidy to the eight companies. In the event, only an additional £800,000 was provided by the government at that time, and this sowed the seeds for a strategy that was, from the outset, underfunded.
\end{quote}

Back in 2004 when, on the whole, public funding was growing, we were reasonably
optimistic that the government might find the additional funds that everyone knew were needed. Unfortunately, they didn’t. Now, we’re in a completely different economic context, and it’s clear that we’re going to struggle to hang on to what we’ve already got, let alone receive more funding. Given this, my Council had little choice. It had to think very carefully about priorities. Only then would it be able to ensure that at least some organisations had the opportunity to thrive and not simply survive.

To continue the status quo was simply not an option – our audiences and companies deserve better. Whilst looking at current provision, Council stated that its focus would be on quality rather than quantity, and that it should look at new ways of engaging young people through the work that it funds. Critically, Council concluded that whilst we had an important role to play as an advocate for arts in education, the limitations of funding meant that we couldn’t realistically be a funder of this work.

Instead, Council decided that we should be looking to engage young people and communities more broadly. Council therefore decided that we should take the following actions:

- we will end our previous strategy for theatre in education – we acknowledge that the approach we’ve previously adopted is no longer deliverable. We’d like to see instead a ‘liberalisation’ of the market, with exciting, vibrant theatre for young people provided by a wider range of organisations, and happening in a variety of different settings, in and out of school, across Wales

- we will become a stronger advocate for arts in schools – however, we propose to do this more broadly across the arts, and not to see ourselves so much as funders of direct provision into schools

- we will focus on ‘exemplar’ work for young people – within the limitations of the funds available to us, our focus will be on quality rather than quantity. This inevitably means that the quantity of provision will be less universal in either its aspiration or actual delivery, unless local authorities see such provision as essential ‘core’ activity and resource it accordingly

- we will be reducing the level of funding that was previously dedicated to this area of schools related activity – we’ll be placing greater emphasis on creating more broadly based, higher quality work for young people. We’ll be shifting our priorities towards encouraging new partnerships, collaborations and a more eclectic range of providers

- we will consider the role that the eight currently funded TiE/TYP companies might play as part of our new approach – our intention to reduce funding doesn’t mean that we should ignore exemplary work where it currently exists. We’ll look to the
potential of each of the eight companies and the continuing role that they might play

- we will publish a new arts for young people strategy – over recent weeks we’ve been consulting on a new strategy. We’ll extend the period for consultation over the Autumn to provide an opportunity to work with artists, companies, producers, venues, schools and educational authorities and the Welsh Assembly Government to devise a new strategy ‘owned’ by the key players

The initial questions raised by the above centre around where we have highlighted the text – when were these decisions taken and why were such important decisions taken without any period of consultation?

Below is an extract from a letter recently received by one of our members from Nick Capaldi:

Thank you for your e-mail of 4 February on the above.

You talk very eloquently of Theatr Powys’s activities, and we are aware of the very popular work undertaken by the company over many years. As you might imagine, therefore, this was not a decision easily or lightly taken. It comes from a fundamental re-examination of our funding policies – what we called our Investment Review.

The decision was based on three principal factors: the lack of available funding to meet the policy objectives; a decision to move away from theatre in education; and, my Council’s decision to attach greater importance to other priorities and organisations. I will try and explain what this all means.

It was becoming increasingly clear to us that we couldn’t go on providing revenue funding to the number of organisations that we’re currently supporting. We’ve been spreading our funds too thinly, and organisations were finding it ever more difficult to maintain the quality and range of their activities. We couldn’t go on, watching an inevitable spiral of decline.

Fundamental to our review was the recognition that we were never going to be able to raise the additional funds needed to properly resource the strategy that has previously supported Theatr Powys and seven other Theatre in Education (TIE) companies. Our budgets for the coming three year period are reducing, not growing.

Back in 2004 we published our Theatre and Young People’s Strategy which included proposals for a TIE service across Wales. It was calculated then that the delivery of this service would need a minimum of an additional £3 million on top of the subsidy already available to the eight companies. In the event, only an
additional £800,000 from the Welsh Assembly Government was achieved at that time.

One of the questions that we considered was whether more funding could be squeezed from public bodies. None of our consultations with local authorities has suggested any likelihood of substantially increased local authority funding in the next few years. Indeed, we were told that the opposite is more likely. In particular, Powys Council has itself invested heavily in this activity and it seemed unlikely that the Council would be able to commit additional funding.

You refer in your e-mail to the fact that we’ve taken a selective approach and decided to retain five of previously funded companies in our new ‘portfolio’ of revenue funded organisations. Making strategic judgements about relative priorities is what Council is there to do. It’s also about an approach that doesn’t “throw the baby out with the bath water”. Each of the eight currently funded TIE companies have their individual qualities and strengths. But they also exist within a wider theatre ‘ecology’, presenting a range of other theatre activity and providing employment for artists, technicians and administrators.

This wider theatre ecology remains under-developed. And even in a time of reduced funding, this activity still needs to be developed. With this in mind, Council made a series of relative judgements and identified those companies who, in its view, presented the most persuasive case for future support. Having considered its options, Council concluded that faced with diminishing resources, five of the currently funded companies were the ones it wanted to back.

Again we have highlighted “a decision to move away from Theatre in Education.”

It is the campaign4creativity’s contention that had this decision either been made prior to, or if it had, then been made public prior to, the ACW Investment Review started in September 2009 events would not be as they are today. Had the statement we have highlighted, “Fundamental to our review was the recognition that we were never going to be able to raise the additional funds needed to properly resource the strategy” been in the public arena and open for consultation, the Theatr Powys Business Plan submission would have been offered in full consciousness of a developing situation. Given actual events – it has been entirely undermined.

Below is an extract from a letter to one of our members in January from Allyn Davies, WAG Arts Policy and Development Officer responding on behalf of Alun Ffred Jones:

In future, it will be an expectation placed on all companies that receive public funding via ACW that they will develop and deliver programmes for children and young people. No company will be funded to produce theatre in education specifically: of the eight companies who currently receive such funding, three – will no longer be revenue-funded, with the five other companies being revenue-funded
to produce artistically valid, challenging and exciting work in a variety of locations. In other words, their work will no longer be restricted to the school environment.

Theatr Powys, Gwent Theatre and Spectacle have neither been given the opportunity to argue the case against the abandonment of TiE or the opportunity to make submissions based upon developing programmes for children and young people that are “artistically valid, challenging and exciting” and delivering this work “no longer restricted to the school environment”. Unfortunately, it is difficult to see how, after the event, this could be achieved impartially and objectively and judged fairly against the five companies that somehow successfully made submissions to which this new criteria was already adjudged to apply.

Had any of the criteria outlined above been made available prior to the Investment Review submissions such as. “we will become a stronger advocate for arts in schools – however, we propose to do this more broadly across the arts” then Theatr Powys would have made arguments within their submission that the TiE, youth theatre, and community touring provision as they provide it already, encompasses a very broad delivery much more than that of a ‘single’ art form and provides much inspiration for ‘follow up’ art and creativity in schools and many other community contexts. (See appendix A).

Contained in the “Investment Review Terms of Reference” (Sept ’09) in section 4 “Principles” it says, “Having identified the need for an Investment Review, Council has agreed a set of overarching principles”. The very first of these ‘principles’ is “ensuring that a single review process applies equally to all organisations”. Surely this means that the principles in place, upon which the RFO organisations were asked to make their submissions, were those that were to be applied to make the review. It is in direct contravention of this ‘principle’ and unethical to apply change in policy decisions either not previously disclosed or indeed made retrospectively to facilitate the review process.

Nothing is included and provided as part of the specifications and framework for the preparation of the submission in either the Investment Review Planning Guide (Sept ’09) or the “Strive to Excel...” the Arts Council’s documentation outlining ‘A Quality Framework for the art in Wales’ (Sept ’09) or “Imagine” the Arts Council’s vision for the arts in Wales” documentation that gives any indication of a change in policy.

Theatr Powys also used supportive evidence from Quality Monitoring from the 12 months prior to the Investment Review in which the Arts Council consistently stated their belief in the value of the Company’s provision:

“Theatr Powys is a Company that operates with a high degree of artistic and intellectual integrity. It eschews the easy option in favour of work it believes will be inspiring, insightful and challenging. Such a policy places creative burdens on the artistic team, but they rise to the challenge. Their interactions with young people in particular create an environment in which the young people can explore their own creativity.
The company and its work is held in high regard as an important contributor to the continuing development of theatre in education and theatre with and for young people in Wales…

“The value of Theatr Powys to the community at large and young people in particular is very evident and is testimony to the vision, hard work and commitment of all involved in the company.”
ACW July 2009 Annual Review Report

“This programme could have travelled far beyond the boundaries and the catchment area of Theatr Powys. It is a presentation that would benefit Welsh medium schools the length and breadth of Wales. The Company could consider this work as something perpetual that could be adapted from generation after generation.”
Quality Monitoring 2009

or

“Once again I found the concept of participatory theatre in education quite extraordinary. This is very challenging theatre on many different levels and it was executed very well. The children suspended disbelief with ease……at one time a child, a peer, the next a scientist…. Their interactions with the actor/teachers offered opportunity for the young people to share and explore ideas with each other and to play their own part in the story…The pupils were engaged with the story from the beginning and remained so throughout the day.”
Quality Monitoring 2009

The afore-mentioned guidance notes and the above positive feedback set the context in which Theatr Powys made its submission. The obvious support for the policy and practise of the Company’s work instilled in its artistic director a natural degree of confidence in preparing the submission, seeking to maintain and develop this provision.

The loss of ACW investment has entirely compromised partnership funding through the local authority. Although the campaign for creativity has been lobbying our County Council vigorously in an attempt to maintain the provision, in the current economic climate there is no possibility whatsoever of Theatr Powys achieving the level of income required to sustain a fraction of its current contribution to our community. Despite Nick Capaldi’s statements in a letter to Sandy Mewies as Chair of the Communities and Culture Committee dated 16th December 2010 in which he states that new models are being discussed “which allow Theatr Powys to continue its activities....” the entire staff of Theatr Powys have received redundancy notices and will be out of a job on April 4th.

Less than four years ago ACW lottery funding of almost £1M was invested in the Company’s base in Llandrindod Wells - the decision to abandon this resource is extraordinary to comprehend. After 39 years this Company is to close. Given the enormous pressure on Powys County Council to cut costs across the board, we are to
be left with no investment in the production of theatre or drama in Powys to call our own, no Theatre in Education programme for our schools and a seriously compromised Youth Theatre.

Incredulously and conveniently post the Investment Review, the Arts Council has published for consultation a draft of its “Changing Lives” Strategy for Children, Young People and the Arts documentation. It begs the question that had this documentation been available prior to and applied to the Investment Review would the Arts Council have been able to arrive at the decision to no longer fund Theatr Powys?

“Changing Lives”, contains wholly laudable ideals, however, in view of the cuts in R.F.O. funding not only to T. P. but also to Community Arts Rhayader and District (CARAD) here in mid Wales, it has to be asked how it is proposed to implement this strategy to anything like the degree to which its values were already in place! A fully inclusive group of over 50 young people with differing needs attend Mid Powys Youth Theatre and Llandrindod Drama Workshop, where, for the past 25 years in the case of MPYT, every one of the points in the ‘new manifesto’ was being fulfilled. It has been said by one of our membership that MPYT could have been used as an exemplary model for the “Changing Lives” document.

Over many years thousands have enjoyed the provisions and facilities of Theatr Powys, C.A.R.A.D. and the creative needs of so many young people have been superbly met here, on our very doorsteps. These young people, however, have been made to feel disenfranchised and powerless in the face of the financial decisions executed last June, even more so by those in December and are soon to be excluded from accessing provisions that delivered the very values that the Arts Council purport to uphold.

Taking the first point in the ‘manifesto’ contained within the document: how is it proposed that the children and young people in this particular part of Wales, are to have art and creativity at the heart of their education and learning journey, both within and outside the school gates. The Theatre In Education programme implemented throughout the county by Theatr Powys, amongst a wealth of other benefits to pupils and inspiration to teachers, has inspired many young people to pursue this interest outside the school gates, joining Mid Powys Youth Theatre, a company with a 25 year pedigree and an alumni of countless successful professionals within the arts industry. We would like to know how it is proposed to enable successive generations to undertake the fabulous learning journeys that these people have been previously inspired to embark upon?

On the second point in the ‘manifesto’: how can taking something away from young people, things of great quality and proven track record, be putting the arts “where they can really make a difference to a young person’s life”? Mid Powys Youth Theatre, it is no exaggeration to say, has been life changing experience to many young people throughout the years; a place where they have been valued and accepted for who they are, included for their talents and, quietly supported by a range of artists to produce high quality work and a hugely rewarding artistic experience. Having ensured that this provision will be changed beyond recognition, it difficult to understand how the Arts Council can laud “new innovative ways of engaging” these young people with no mention of just what these ways might be!
Theatr Powys, through its Youth Theatres and the facilities and artists at Community Arts Rhayader and District have initiated the careers of actors, designers, musicians, photographers, sound designers and engineers, writers, musical directors, theatre and film directors, costumiers, stage managers, production managers and countless other associate professionals currently working within the arts industry – an inspirational heritage providing the aspiration and a well trodden path for our “artists of the future” to journey. Without these facilities, facilitators and mentors how can the current young people of mid Wales possibly emulate their predecessors?

The above-mentioned opportunities, up until now provided, “for children and young people to get involved with the arts” were in some cases almost next door. They could not be closer to these young people. Without these local quality provisions these young people may have to undertake journeys averaging a minimum of 35 to 40 minutes each way to an equivalent provision. Without a convenient public transport infrastructure, often without a public transport system at all, it is imperative that these provisions need to be closer to where they live! If the Arts Council want “more opportunities for children and young people to get involved with the arts closer to where they live”, why close a company that provides a centrally located and exceptionally high quality provision?

For the past 39 years the people of mid Wales have enjoyed and treasured the high quality artistic work produced by Theatr Powys; the children in schools throughout Powys and beyond have benefited immeasurably from the inspirational programmes of Theatre in Education provided by Theatr Powys and the young people of Powys have been nurtured, mentored, led and loved by theatre professionals, often without peer, to produce critically acclaimed art and inspired in so many cases to take up careers in the arts.

The young people involved in the campaign4creativity are upset and have been made to feel incredibly insecure that such a valued provision can so easily and inconsiderately be taken away, without consultation or any regard to their opinions. They have been left to feel disenfranchised, overlooked and insignificant. The blatant disregard for the U.N. Convention on the Rights of the Child and the Welsh Assembly’s own “agreed children and young people’s participation standards for Wales” has left them with little faith in the empty words used by those supposedly responsible for their well-being.

When questioned by your committee in respect of the Investment Review procedure on the 25th January, Nick Capaldi was clear that Theatr Powys and other companies prepared and submitted their business plans entirely ignorant of the fact that a radical strategic shift in policy was in process or about to be implemented. A major new Strategy for Children, Young People and the Arts was released post the investment Review; a strategy which would have provided a benchmark with which to measure the submissions made by the original RFO portfolio. The Investment Review was undertaken during a period of unprecedented political and financial upheaval. No regard was paid to rights of the young people involved or any impact assessment made.

Irrespective of motive, mismanaged or engineered, the outcomes of the Arts Council for Wales Investment Review are not acceptable to the people affected and represented by this campaign. We respectfully request the situation is redressed.

For and on behalf of the campaign4creativity in mid Wales.
APPENDIX A
Paradise Lost

In a world rife with man-made problems we need creativity to find man-made solutions. That creativity is to the fore in early childhood. Expression through play-acting and role-play happens as part of a natural learning process – an innate and in-built preparation for life – a self-created interpretation of the outside world. As we grow, the more rigid architecture of learning is imposed upon us and we become accustomed, trained to narrow our focus, and use the ideas and ideologies of others to interpret, communicate and navigate life: our more naturally creative tendencies become suppressed and domesticated and as our focus narrows we only find solutions within a narrow bandwidth. We are taught how to be creative when in actual fact we all of us, uniquely, already are! Many artists attest to having to endure an ‘unlearning’ process in order to be authentically creative.

The perennial problem with Theatre in Education is that it is a defenceless art form. Much like ‘the muse’ or inspiration for any artist, it defies description. There is no ‘product’, no proof, no tangible, measurable end result. The emphasis with TIE is a beginning. That ‘beginning’ can be immediate, lie latent or be a long slow burn. It cannot be adequately measured using scientific methodology or effectively ‘described’ by any other art form because it is simply the moment of beginning; the moment of creation - it is the first thought that starts a creative process.

It is ‘play acting’ in its purest form. It is the catalyst for germination of the seed contained within every human being - creativity. TIE is a crucible in which the spark of creation is engendered.

Theatre In Education, as delivered by Theatr Powys, holds the children as participants at the heart of a narrative that cannot be completed without their active participation -
in, and interaction with, the story dilemma. For example in ‘Arc’ the children, in their own classroom, experience Billie’s story, a little girl whose home is breaking up. Into this context comes the most ancient and endangered polar bear in the whole world. He needs her help, but what can an 8 year old do? Billie’s individual dilemma and that of the bear both matter and become THE matter, thus creating an compelling fictive context through which to share feelings, sort, talk and do. The drama/story acts as a crucible containing the actor/practitioners and the children/participants where they are engaged, mixed together in an almost alchemical process, creating dramatic meaning and learning.

TIE works on the principle of Metaxis, or the ability to operate in two perspectives at once, the real and imaginary. We all experience ‘metaxis’ when we passively enjoy the creative output of others, finding ourselves totally immersed, ‘lost’ in a good film, whilst actually sitting in a cinema eating popcorn – however, in TIE the participant is actively engaged and playing naturally in a consequential process, involved in the creation of agreed outcomes both personal and shared. A dream you can control. The TIE practitioners act as a ‘dream weavers’ setting the scene and context and the narrative is necessarily challenging. The participants are self-spectators, contributing, sustaining and enjoying the power of making, creating and behaving in context, becoming at the same time themselves and other to themselves.

It is very different from all other art forms and should never be reductively described as a ‘single art form’. It is multi-layered, multi-faceted and empowering in its use of creativity to make sense of our world. It is non reliant on any level of skill, dexterity or ability of participants. It has no finish to be adjudged to stand or fall by its artistic merits - it works by harnessing that which makes us human, our innate empathetic qualities, a simple nurturing of the very essence of creativity itself.

TIE, as delivered by Theatr Powys, has been used successfully to stimulate projects in other art forms. The ‘sowing the seeds of creativity’ aspect of TIE is well demonstrated by “Fragility, Interdependency, Stewardship and Future” an exhibition of visual art and written word created by young artists from Primary Schools across Powys.

Creativity is addictive and is no bad thing to get kids hooked on and the skills of the actor/practitioners, artistic director and theatre staff of Theatr Powys have been further employed mentoring the young talents of Mid Powys Youth Theatre.

Such has been the value placed upon TIE that Powys County Council has historically supported the provision to levels unequalled by any other Local Authority in Wales.

Sadly, much like Eden, those fertile gardens that are the imaginations of the young here in Powys are soon to be abandoned – paradise and opportunity lost.

campaign4creativity in mid Wales
P-03-310 Policies to Help Protect Pupils Needs and Rights

Petition wording

We the undersigned, call on the National Assembly for Wales to urge the Welsh Government to have a policy that only allows the closure of 6th forms, if there is consent and support in the community. There should be improvements to the consultation process to make them sturdy, strong and easier for the public to access and participate in. The consultation period should give the public enough time to get the information and act accordingly.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-310.htm

Petition raised by: Mandy Howells

Number of signatures: 112 (a related petition collected 2,119)

Previously considered by the Committee on: 30 November 2010, 11 January 2011 and 01 March 2011.

Update: Correspondence has been received from the Minister for Children, Education and Lifelong Learning and is included below.
Leighton Andrews AC/AM
Y Gweinidog dros Blant, Addysg & Dysgu Gydol Oes
Minister for Children, Education & Lifelong Learning

Eich cyf/Your ref P-03-310
Ein cyf/Our ref LA/00626/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA
committee.business@Wales.gsi.gov.uk

\[ \text{March 2011} \]

Dear Christine,


The consultation referred to in my letter to you of 9 December 2010 concluded on 18 February 2011. Efforts are now underway to collate and consider the responses received.

I am not in a position to say when an outcome might be known but the Petitions Committee will wish to note that it would not be before the end of the current Assembly term.

Leighton Andrews AM
Minister for Children, Education & Lifelong Learning

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to undertake further consultation with hobby breeders and not to implement the proposed Animal Welfare (Breeding of Dogs) (Wales) Regulations 2011 until this has been completed.

It is evident from the drafting of the proposed legislation there was a fundamental ignorance of the position of hobby breeders in Wales, many of whom have international reputations as breeders of sound healthy dogs that are fit for function. The composition of the committee who drew up this proposed legislation, was fundamentally flawed as it took no account of the numerous hobby breeders resident in Wales. All hobby breeders welcome any method to clamp down on unscrupulous puppy farmers. It is our contention that adding more legislation to that which is already there & not effectively enforced, is counter productive in the efforts to curtail the activities of unlicensed puppy farmers & their reprehensible practices.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-313.htm

Petition raised by: Colin Richardson

Number of signatures: 825

Previously considered by the Committee on: 25 January 2011

Update: Correspondence has been received from the Minister for Rural Affairs and is included below.
Elin Jones AM/AC
Y Gweinidog dros Faterion Gwledig
Minister for Rural Affairs

Eich cyf/Your ref P-03-313
Ein cyf/Our ref EJ/00272/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA
committee.business@Wales.gsi.gov.uk

16 March 2011

Thank for your letter of 19 January 2011 containing the petition submitted by Mr Colin Richardson on dog breeding. Please note that this was not received in my Office until the 4th March 2011.

I issued a written statement on 8 March about the dog breeding consultation and draft legislation. I attach a copy for information. You will note that I do not intend to bring forward legislation this Term because of the number of responses and the issues raised.

Mr Richardson and his Welsh Dog Advisory Group have issued a press notice welcoming my statement.

Elin Jones AC/AM
Y Gweinidog dros Faterion Gwledig / Minister for Rural Affairs
Members will be aware that last October I launched a consultation on proposals to change dog breeding legislation in Wales. The consultation sparked considerable interest amongst a wide range of groups and we received over 500 responses. Many people have given serious thought to the proposed legislation and made constructive comments, and I am grateful for their input.

The draft Regulations and consultation document were themselves the product of a considerable amount of work across a number of groups. I established a Task and Finish Group on dog breeding with representatives from the veterinary profession, local authorities, welfare organisations and the Kennel Club. Their recommendations formed the basis of the consultation document and draft Regulations. The Companion Animal Welfare Enhancement Scheme also funded two projects which identified gaps in the legislative process and licensing regime.

The central proposals in the consultation document and draft Regulations were:

- Changes to qualifying criteria for licensing including the number of breeding bitches, number of litters in a 12 month period and the advertising of 10 or more puppies for sale in a year;
- Staff:dog ratio with a suggested maximum ratio of 20 dogs per full time attendant, and
- Mandatory microchipping of all puppies prior to sale or rehoming.

My officials have now completed an initial analysis of the responses and these will be placed on the Welsh Assembly Government website at http://www.wales.gov.uk/animalwelfare. Whilst we received a wide range of responses there were some clear overall messages:

- there is general consensus that welfare of dog breeding has a high priority and that irresponsible breeding in so called “puppy farms” should be brought to an end;
- the welfare of all breeding dogs (stud dogs and bitches) and their offspring is paramount;
- there are concerns over whether the legislation as currently drafted is sufficiently targeted to control dog breeding businesses, that some of the criteria for being licensed was too narrow.

- there is strong support for microchipping to become compulsory, but there are issues that need to be clarified such as the impact of compulsory microchipping in Wales on legitimate trade to England.

Given the responses we have received, I have asked my officials to work with the dog breeding and welfare sectors in order to bring forward amended legislation. The Welsh Assembly Government is committed to improving the welfare standards of animals and I know there is cross-party support for this. My priority is to ensure that we get the legislation right. Given the timescale needed to do this, it will not be possible to bring forward the final draft legislation within this government term. I have instructed officials to continue to work on a co-operative basis in developing the final draft. Regulations in preparation for early action by a new government should they wish.
30. P-03-315 New Dyfi River Crossing

Petition wording

We, the undersigned, are in favour of and support, any proposition to create a new crossing of the Dyfi River (or the re-routing of the A487) linking South Meirionnydd with Powys, Dyfed and Ceredigion, to accommodate and suite the demands of modern day traffic and urge prioritisation of funding and action. We call on the National Assembly for Wales to urge the Welsh Government to create this crossing as a matter of priority.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-315.htm

Petition raised by: South Meirionnydd Older People’s Forum

Number of signatures: 3204

Previously considered by the Committee on: 01 March 2011

Update: Correspondence has been received from the Deputy First Minister and is included below.
Eich cyf/Your ref P-03-315  
Ein cyf/Our ref DFM/00471/11

Christine Chapman AM  
Chair - Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA


Dear Christine

I am responding to your letter of 23 February regarding the petition (P-03-315) for a new Dyfi River Crossing. I can confirm that we are in the process of finalising an options report which looks at widening and strengthening the existing structure, as well as providing a new structure.

Since the existing bridge is a Scheduled Ancient Monument and a Listed Structure any works that might affect the bridge, including construction of a new bridge will have to take into account CADW conservation requirements. We have had initial discussions with CADW to discuss these issues, with more detailed discussions to follow before the end of this financial year. Additionally, we will have to satisfy the requirements of the Environment Agency where any works occur within the flood plain.

Yours

Ieuan Wyn Jones  
Gweinidog dros yr Economi a Thrafnidiaeth  
Minister for the Economy and Transport
31. P-03-316 Make maintenance of existing School Crossing Patrols a non-negotiable part of WAG Transport Grant to local councils

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to make it a condition of acceptance of any Welsh Assembly Government Transport Grant, that the relevant council continues to employ School Crossing Patrols to safeguard our children. In particular, maintaining the existing number and location of patrols as existed in 2010 and that the status of these patrols not change unless approved by the majority of parents at the relevant schools.

Link to petition: http://www.assemblywales.org/gethome/e-petitions-old/admissible-pet/p-03-316.htm

Petition raised by: Mr C Payne

Number of signatures: 229

Previously considered by the Committee on: 01 March 2011

Update: Correspondence has been received from the Deputy First Minister and is included below.
Eich cyf/Your ref P-03-316
Ein cyf/Our ref DFM/00472/11

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

March 2011

Dear Christine,

Thank you for your letter of 23 February about a petition received from Mr C Payne in relation to school crossing patrols.

Responsibility for the operation and management of the school crossing patrol service sits with the local authorities. It is therefore a matter for them to make their own informed decisions on the provision of such a service based on local circumstances and policies.

One would expect issues such as the number of children walking to and from schools and traffic flows at the sites in question to be taken into account when assessing the need for school crossing patrols however, the decision of the level of cover at individual sites rests with the local authorities.

Transport Grant is for capital purposes only, such as the provision of infrastructure works which make it safer and more accessible for children to walk and cycle to school. The grant cannot be used for revenue purposes, in this case, the provision of school crossing patrols.

Yours sincerely,

Ieuan Wyn Jones
Gweinidog dros yr Economiaeth a Threfnidiaeth
Minister for the Economy and Transport
Committee Service
March 2011