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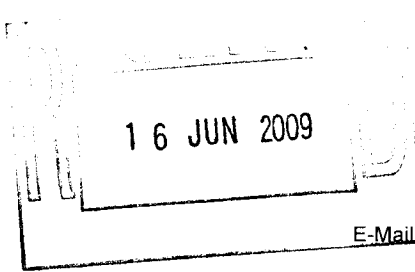
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**Edwina Hart AM MBE**

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

Our ref: EH/01806/09  
Your ref: PET-03-081

Val Lloyd AM  
National Assembly For Wales  
Cardiff Bay  
Cardiff  
CF99 1NA



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

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E-Bost: Correspondence.Edwina.Hart@Wales.gsi.gov.uk

*Dear Val*

16 June 2009

Thank you for your letter of 18 May regarding the petition relating to Student Support Regulations.

We are engaged in the Modernising Pharmacy Careers (MPC) work stream and arrangements are already in hand pursue this work in Wales.

I will ensure that the Petition is brought to the attention of the MPC Board at their meeting later this month. We have a Welsh Representative attending on my behalf. My consultant optometric adviser Dick Roberts would be happy to meet with you to discuss optometry issues.

*Edwina Hart*

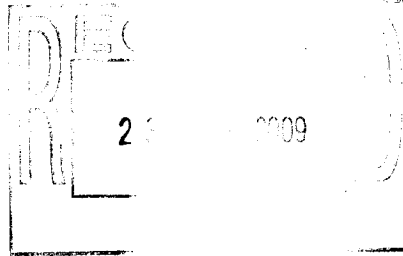
RECEIVED  
17 JUNE 2009  
GDS

**Ieuan Wyn Jones AC/AM**  
**Dirprwy Brif Weinidog /Deputy First Minister**



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Eich cyf/Your ref PET-03-099  
Ein cyf/Our ref DFM/01014/09



Val Lloyd AM  
Petitions Committee  
National Assembly For Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

18 June 2009

*Dea Val*

Thank you for your letter of the 22<sup>nd</sup> May regarding the petition for the Multi-User Track at Talybont on Usk.

The Mid Wales Trunk Road Agency is currently considering a draft report from their consultants prior to discussing the proposals with my transport officials. Once the findings of the report have been accepted and the report finalised, I will arrange for a copy to be forwarded to you with a copy of the brief given to the consultants to develop the scheme.

*Ieuan*

**Ieuan Wyn Jones**  
Gweinidog dros yr Economi a Thrafnidiaeth  
Minister for the Economy and Transport

*LOU  
GOT*



# Royal College of Physicians

Setting higher medical standards

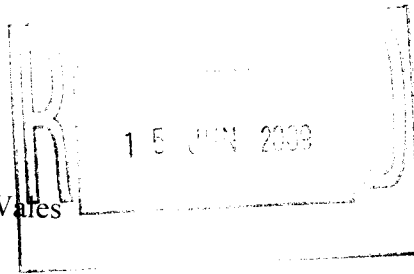
From the President  
**Professor Ian Gilmore MD, PRCP**

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Val Lloyd  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA



10<sup>th</sup> June 2009

*Handwritten signature: GDT*

Dear Ms Lloyd,

**Petition: Hypothyroidism in Wales**

Thank you for your letter reference PET-03-137 dated 18<sup>th</sup> May 2009 and for sharing with us the petition you have received about hypothyroidism in Wales.

As you say, this College in partnership with the Society for Endocrinology, the British Thyroid Association, the British Thyroid Foundation Patient Support Group, the Association for Clinical Biochemistry the British Society of Paediatric Endocrinology and Diabetes. endorsed by the Royal College of General Practitioners, has recently produced a statement on the diagnosis and treatment of primary hypothyroidism that we believe to be based on the best evidence. We stand by its content, and enclose a copy for your reference. In our opinion, if this is followed in Wales, problems of misdiagnosis and mismanagement will be avoided.

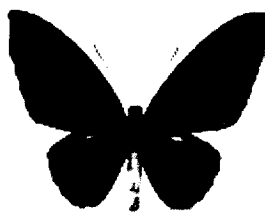
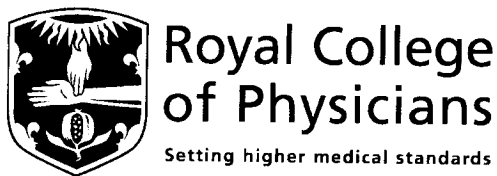
Kind regards,

Yours,

*Handwritten signature*

Enc.





British Thyroid Association



Society for  
Endocrinology

## The Diagnosis and Management of Primary Hypothyroidism

---

*A statement made on behalf of*

**The Royal College of Physicians**  
in particular its Patient and Carer Network  
and the Joint Specialty Committee  
for Endocrinology & Diabetes

**The Association for Clinical Biochemistry**

**The Society for Endocrinology**

**The British Thyroid Association**

**The British Thyroid Foundation Patient Support Group**

**The British Society of Paediatric Endocrinology  
and Diabetes**

*Endorsed by*  
**the Royal College of General Practitioners**

Hypothyroidism, underactivity of the thyroid gland, is common. It can make people unwell and should be treated with thyroxine (T4) tablets. Symptoms of hypothyroidism, for example tiredness, are not specific for thyroid underactivity and occur in many other situations. It is important to diagnose hypothyroidism with a blood test, because it can be dangerous to take T4 or other thyroid hormones if they are not needed. We are therefore very concerned that some patients with and without thyroid disease are being inappropriately diagnosed and managed, using thyroxine and other thyroid hormones, in ways which compromise patient safety. This is potentially an enormous problem, given that in any one year one in four of the population has their thyroid function checked.

The vast majority of patients with suspected thyroid disease are supported very well in primary care by their General Practitioners and their condition, hypothyroidism or otherwise, is appropriately diagnosed and well managed. However some patients are inappropriately diagnosed as being hypothyroid (often outside the NHS) and are started on thyroxine or other thyroid hormones which will not only cause them possible harm but leaves the true cause of their symptoms undiagnosed and therefore untreated.

This statement refers only to primary hypothyroidism. Secondary hypothyroidism is a different condition and should be managed by accredited endocrinologists in the same way as all other pituitary diseases.

## **DIAGNOSIS OF PRIMARY HYPOTHYROIDISM**

- (a) The symptoms of hypothyroidism are very common, both in many other conditions and even in states of normal health. It is therefore essential that thyroid function is tested biochemically alongside a careful clinical assessment of the individual patient. Clinical symptoms and/or signs alone are insufficient to make a diagnosis of hypothyroidism.
- (b) The only validated method of testing thyroid function is on blood, which must include serum TSH and a measure of free thyroxine (T4).
- (c) There is no evidence to support the use of thyroid hormone testing in urine, saliva, etc or the measurement of basal body temperature in the diagnosis of thyroid dysfunction.
- (d) The results of blood tests for thyroid function can be influenced by other factors, for example in some illnesses which do not permanently damage the thyroid gland. In this case the tests will return to normal after the illness and thyroid hormone therapy is not needed (and can be harmful).
- (e) We recognise that different test methods can give different results and we support the international initiative for greater harmonisation of reference ranges and of the units used in expressing results.

## **TREATMENT OF PRIMARY HYPOTHYROIDISM**

- (a) The aim of the treatment of hypothyroidism is to render the patient back to the normal or 'euthyroid' state.
- (b) When a sufficient dose of thyroid treatment is given to lower the TSH to the normal range (reference range) for the test method used, patients usually lose their symptoms of hypothyroidism.
- (c) Fine-tuning of TSH levels inside the reference range may be needed for individual patients.
- (d) Patients with continuing symptoms after appropriate thyroxine treatment should be further investigated to diagnose and treat the cause.
- (e) Overwhelming evidence supports the use of Thyroxine (T4) alone in the treatment of hypothyroidism. Thyroxine is usually prescribed as levothyroxine. We do not recommend the prescribing of additional Tri-iodothyronine (T3) in any presently available formulation, including Armour thyroid, as it is inconsistent with normal physiology, has not been scientifically proven to be of any benefit to patients, and may be harmful.
- (f) There are potential risks from T3 therapy, using current preparations, on bone (eg osteoporosis) and the heart (eg arrhythmia). We note that the extract marketed as Armour thyroid contains an excessive amount of T3 in relation to T4. Over-treatment with T4, when given alone, has similar risks.

## **TREATMENT OF SUB-CLINICAL HYPOTHYROIDISM**

- (a) Sub-clinical hypothyroidism is defined as being present in a patient when the TSH is above the upper limit of the reference range but Free T4 levels are within the reference range.
- (b) Some patients, particularly those whose TSH level is greater than 10mU/l, may benefit from treatment with thyroxine in the same way as for hypothyroidism as above, as indicated in national guidelines (Thyroid function testing, Association of Clinical Biochemists, British Thyroid Association, British Thyroid Foundation, July 2006: [http://www.british-thyroid-association.org/TFT\\_guideline\\_final\\_version\\_July\\_2006.pdf](http://www.british-thyroid-association.org/TFT_guideline_final_version_July_2006.pdf)).

## **PATIENTS WITH NORMAL THYROID FUNCTION TESTS**

- (a) We recommend that those patients whose thyroid blood tests are within the reference ranges but who have continuing symptoms, whether on thyroxine or not, should be further investigated for the non-thyroid cause of the symptoms.
- (b) A further opinion or help with these patients may be sought from appropriate specialists on specialist registers of the Royal College of Physicians or the Royal College of Paediatrics and Child Health.

## **CONCLUSION**

- (a) Patients with suspected primary hypothyroidism should only be diagnosed with blood tests including measurement of TSH.
- (b) Patients with primary hypothyroidism should be treated with T4 using levothyroxine tablets (BNF) alone.
- (c) There is no indication for the prescription of T4 or any preparation containing thyroid hormones to patients with thyroid blood tests within the reference ranges.
- (d) In patients with suspected primary hypothyroidism there is no indication for the prescription of T4 or any preparation containing thyroid hormones to patients with thyroid blood tests initially within the normal range. Thus patients with normal T4 and TSH do not have primary hypothyroidism and even if they have symptoms which might suggest this should not be given thyroid hormone replacement therapy.
- (e) The College does not support the use of thyroid extracts or thyroxine and T3 combinations without further validated research published in peer-reviewed journals. Therefore, the inclusion of T3 in the treatment of hypothyroidism should be reserved for use by accredited endocrinologists in individual patients.
- (g) Laboratories which measure thyroid function in other bodily fluids besides blood need to provide analytical and clinical validation to demonstrate their efficacy.
- (h) The above statements reflect best practice of clinical endocrinologists accredited by the Royal College of Physicians and the Royal College of Paediatrics and Child Health.

**19<sup>th</sup> November 2008**

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[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

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The following briefing is intended to respond to a question that arose in the meeting of the Petitions Committee on 9 June 2009.

Firstly we would like to clarify that the reason we referred to shared use walking and cycling paths in our briefing considered on 9 June was to clarify a point raised at an earlier meeting of Petitions Committee (19 May) and to eliminate any possible confusion which may exist between the Guide Dogs Petition on shared surface streets, and the concerns that Guide Dogs and others have raised with regard to Sustrans proposed draft Legislative Competence (Traffic Free Routes) Order 2009 which relates to shared use walking and cycling paths.

The particular question raised in the meeting of the Petitions Committee on 9 June is whether 'it' (in the paragraph from our briefing for 9 June below) referred to our view or that of the Welsh Assembly Government's Walking and Cycling Action Plan:

The relevant paragraph from our briefing considered on 9 June is:

“Guide Dogs and Disability Wales are represented on the Walking and Cycling Strategy's Steering Group, and we are pleased to note that it does not condone the use of shared walking and cycling paths, which are an unsatisfactory solution for pedestrians, people with physical disabilities, sensory impairments and learning difficulties, as well as cyclists”.

We are referring here to the Welsh Assembly Government's Walking and Cycling Action Plan, and to our membership of the Walking and Cycling Steering Group. An extract from the Ministerial foreword to the Plan is provided as an appendix for information.

However we would like to confirm our position that the issue of shared surface streets dealt with in our petition, is a separate one to that of shared use walking and cycling paths referred to in relation to Sustrans petition; and ask that the two issues be dealt with separately. Although there may be similarities in the terminology used and in the concerns that they give rise to, the shared surface street issue is a separate one to that of shared walking



and cycling paths, where the conflict arises only between pedestrians and cyclists rather than with a wider range of road users. Additionally the issue of shared surface streets is not one that is directly addressed in the Walking and Cycling Action Plan.

Following the meeting on 9 June, the Petitions Committee agreed to: 'Ask the Deputy First Minister to write to all Welsh Local Highway Authorities to reiterate the importance of considering the needs of visually impaired people when planning to introduce shared spaces or surfaces'

We would like to take this opportunity to thank the committee for doing this. However, while this is welcomed it falls short of our call for a moratorium on shared surface streets until the Department for Transport research is carried out, and until guidance is produced that sets out how the shared space concept can be applied without restricting the safe independent mobility of disabled people.

Given the concerns of Guide Dogs - supported by organisations across the disability sector and the Government's statutory advisors the Disabled Person's Transport Advisory Committee (DPTAC) - which are acknowledged in the Department for Transport letter of April; the fact that the Department for Transport are not yet certain that they can produce evidence based policy on how to make shared surface streets safe for disabled people; and the potential high costs of correcting mistakes in the current economic difficulties; would it not be unwise for Local Authorities to commission new shared surface schemes until the conclusion of the Department for Transport's research? We would urge the Committee to ask for these points to be raised in the letter to Local Highway Authorities in Wales that it is asking the Deputy First Minister to send out.

Yours sincerely,

Andrea Gordon  
Public Policy Manager Wales

Email: [Andrea.gordon@guidedogs.org.uk](mailto:Andrea.gordon@guidedogs.org.uk)  
Mobile: 07974 205 177

## **Appendix: Welsh Assembly Government's Walking and Cycling Action Plan 2009 – 2013.**

An extract from the Ministerial foreword to the Plan is provided below:

*Walking and Cycling Action Plan 2009 - 2013, Welsh Assembly Government, Published in December 2008*

*“Delivery of the aims contained in this Plan will require the Welsh Assembly Government to work with its partners in the private and voluntary sectors as well as in other parts of the public sector. One key way of doing that is through the work of the Walking and Cycling Steering Group which I and the Deputy First Minister, Ieuan Wyn Jones, jointly chair. The Steering Group will help us in monitoring progress on the Plan and on the associated targets”.*

The relevance of the Plan to our objection to shared walking and cycling paths is that it recommends the adoption of the following hierarchy to guide the provision of infrastructure:

- Disabled people; then
- Pedestrians; then
- Cyclists; then
- Public transport; then
- Freight deliveries; and then
- Other motorised modes.

Aim 15 specifically mentions increasing the numbers of people walking and cycling by taking measures to protect vulnerable road users, and aim 21 ensures high standards of technical excellence in infrastructure provision (roads, streets, footways, trails, canals, public spaces, workplaces) for walking and cycling and to improve access for disabled people. One of the specified outcomes is “better walking and cycling infrastructure that meets the needs of all users including those of disabled people”, and that this should be achieved through a partnership approach, working with groups of disabled people.

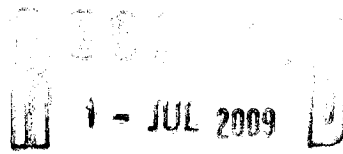
Over-arching all is aim 23, to “Promote the Assembly Government's Social Inclusion objective in taking forward this Action Plan”.

**Ieuan Wyn Jones AC/AM**  
Dirprwy Brif Weinidog /Deputy First Minister



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Eich cyf/Your ref PET-03-144  
Ein cyf/Our ref DFM/05064/09



Sandy Mewies AM  
Temporary Chair, Petitions Committee  
National Assembly For Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

30 June 2009

*Dec Sandy*

Thank you for your letter of 22 June relating to the Petition from Guide Dogs for the Blind.

My officials have already written to all highway authorities in Wales reminding them of the need to follow good practice and to take particular care to consider the needs of visually impaired people if they are planning shared space schemes.

I enclose a copy for your information.

**Ieuan Wyn Jones**  
Gweinidog dros yr Economi a Thrafnidiaeth  
Minister for the Economy and Transport

*ADJ*

**Edwina Hart AM MBE**

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

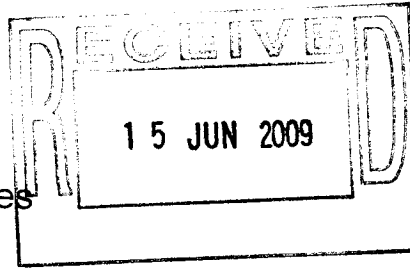
Our ref: EH/02047/09

Your ref: PET-03-153



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Val Lloyd AM  
Chair  
Petitions Committee  
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Llinell Ymholiadau Cymraeg: 0845 010 4400  
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E-Bost: Correspondence.Edwina.Hart@Wales.gsi.gov.uk

*Dear Val*

15 June 2009

Thank you for your further letter of 5 June regarding Petition P-03-153 on body piercing.

My officials are currently assessing the regulatory options in relation to non-surgical cosmetic treatments provided by the private sector, including body piercing and tattooing.

Once this work has been completed I will write to you to inform the Committee of the outcome.

*Edwina Hart*

EDWINA HART  
15 JUN 2009  
GD7

Jane Hutt AC/AM

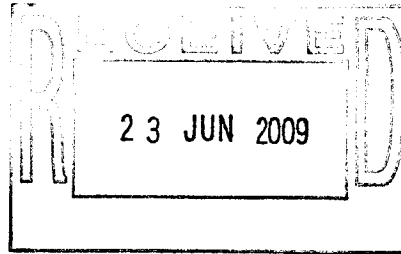
Y Gweinidog dros Blant, Addysg, Dysgu Gydol Oes a Sgiliau  
Minister for Children, Education, Lifelong Learning and Skills



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Welsh Assembly Government

Eich cyf/Your ref P-03-170  
Ein cyf/Our ref JH/00824/09

Val Lloyd AM  
National Assembly For Wales  
Cardiff Bay  
Cardiff  
CF99 1NA



19<sup>th</sup> June 2009

Dear Val,

Thank you for your letter of 22 May regarding employment opportunities for people with a learning disability.

The Welsh Assembly Government's strategy and action plan for skills and employment, *Skills that Work for Wales* outlines a model of support which cuts across all client groups that require appropriate advice and guidance in securing employment and is therefore not specifically geared towards those with learning disabilities. However, *Careers Ladders* is a holistic approach which essentially maps an individual's journey through initial engagement, needs assessment and tailored support through to finding and securing sustainable employment.

As you may be aware, in partnership with Jobcentre Plus in Wales, the Welsh Assembly Government has been operating a programme aimed at economically inactive customers in the most deprived areas across Wales. The key aim of *Want2Work* is to identify and plug gaps in mainstream employment programmes, creating additional labour market support opportunities in community locations to a greater number of individuals than that provided by core labour market programmes. The key objective of the project is around community engagement with those people who traditionally do not volunteer to participate in the standard employment programmes, extending this support to those people who are ineligible to participate in traditional programmes because they are non-benefit recipients.

The Statement on Policy and Practice for Adults with a Learning Disability states that 'The Welsh Assembly Government believes it is important that authorities seek to maximise an individual's potential to be gainfully employed. Prior to retirement age, people with a learning disability should have equal access to government or other training schemes and other educational or lifelong learning opportunities where such schemes could help their personal development or career prospects and in particular help them secure employment'

A Sub Group of the Learning Disability Advisory Group called 'Meaningful Lives' has been established to look at Day Activities, Employment and Supported Living with a view to issuing guidance in each of these areas. Mencap is represented on the Learning Disability Advisory Group.

The Department for Work and Pensions is currently drafting an employment strategy for people with learning Disabilities called 'Valuing Employment Now: Real Jobs for People with Learning Disabilities'. My officials are working with the Department for Work and Pensions officials to understand how this strategy will impact on Wales.

Within the Welsh Assembly Government, a supported employment scheme is in place to enable candidates with learning disabilities to access and maintain paid employment after learning the job. Support workers are provided to learn the role alongside the candidate and provide support and assistance throughout the placement. The supported employment scheme has been a success since it began in April 2008 and 12 people have taken placements through the supported employment route, of which 6 have progressed to paid placements. Candidates have been placed in departments across Wales including Newtown, Aberystwyth, Swansea and Cardiff. All candidates have come via the Workstep initiative and it is envisaged that the Welsh Assembly Government will work to support the candidates into permanent positions.

I hope this information is useful.

Best wishes,

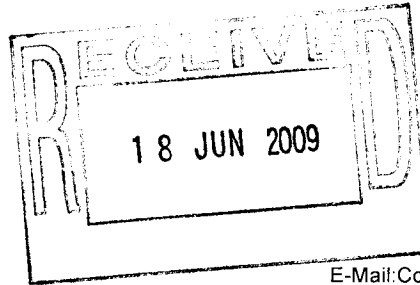
Jane

**Edwina Hart AM MBE**

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

Our ref: EH/01899/09  
Your ref:

Val Lloyd AM  
Chair  
Petitions Committee  
National Assembly for Wales  
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Ffacs: 029 2089 8131  
E-Bost: Correspondence.Edwina.Hart@Wales.gsi.gov.uk

*Dear Val*

*Edwina Hart*

18 June 2009

Thank you for your letter of 22 May about the petition raised by the Pernicious Anaemia Society which was considered by your Committee at its 19 May meeting. You asked for details of the proposed pilot scheme mentioned in the petitioner's 'Further Information' and for the Welsh Assembly Government's policy for treating Pernicious Anaemia.

I have had correspondence with the Society in the past about funding for the work it does, but no specific mention was made about funding for a research grant. A potential source of support is the Research Funding Scheme (RFS). The RFS is a Welsh Assembly Government scheme managed by my officials in the Wales Office of Research and Development (WORD) and it offers funding opportunities to researchers across a wide range of conditions including Pernicious Anaemia. No application has been received relating to self-administration of Vitamin B12 for this condition from either the Society or from NHS Wales. Although the 2009 call has now closed, there will be another opportunity for researchers to apply for funding in April 2010 and the Society may wish to explore this possibility closer to the time.

The Assembly Government has no specific policy towards Pernicious Anaemia though as with other conditions, we expect patients to be given access to high quality specialised diagnosis and treatment tailored to meet individual patients' needs. As for the treatment outlined in the petition, I understand that Vitamin B12 is virtually non-toxic with little or no danger from its administration, particularly after the first dose has been given safely. Patients with other conditions already train to self-administer far more toxic drugs such as insulin and adrenaline.

I note that the Society is proposing a meeting with the Chief Executive of Abertawe Bro Morgannwg NHS Trust and I would encourage the Society to continue seeking dialogue with the NHS about the potential for piloting its proposals.

A handwritten signature in black ink, consisting of a series of fluid, connected strokes that are difficult to decipher as a specific name.



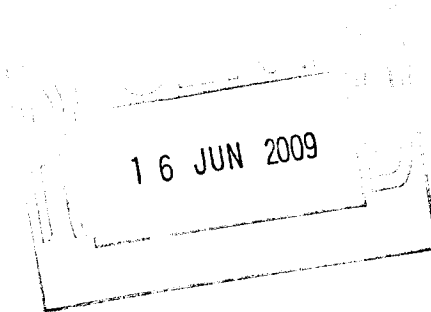
**Ieuan Wyn Jones AC/AM**  
**Dirprwy Brif Weinidog /Deputy First Minister**



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Eich cyf/Your ref PET-03-187  
Ein cyf/Our ref DFM 915/09

Val Lloyd AM  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA



15 June 2009

*Dear Val*

Thank you for your letter of 18 May concerning the Severn Crossings.

I have met with Department for Transport Ministers on a number of occasions, most recently on 18 May. Whilst Severn Crossings issues are a potential discussion item at these meetings it has not been possible to do so in the time available with many other transport subjects to cover.

It will be of interest to your Committee that the First Minister wrote to the Rt Hon Geoff Hoon MP, Secretary of State at the Department for Transport, on 17 March 2009 regarding the issue of payment by debit and credit cards. In his reply the Secretary of State said that the working group commissioned to look into the feasibility of such a payment method had presented its report to the Highways Agency who were in discussion with Severn River Crossing.

In addition my Transport officials do attend regular Severn Crossings liaison meetings with English counterparts where all operational and maintenance aspects of running the crossings can come up for discussion. The last meeting took place on 3 June where the question was asked on what developments have occurred in the interim.

I understand from the dialogue at that meeting that the Highways Agency has an internal meeting scheduled for July to further progress their proposals. In the meantime they are preparing an interim statement on their position, which as soon as it is received I will write to your Committee informing you accordingly.

**Ieuan Wyn Jones**  
**Gweinidog dros yr Economi a Thrafnidiaeth**  
**Minister for the Economy and Transport**

Alun Ffred Jones AC/AM  
Y Gweinidog dros Dreftadaeth  
Minister for Heritage



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Eich cyf/Your ref yourref  
Ein cyf/Our ref ourref  
Sandy Mewies  
Temporary Chair  
National Assembly for Wales  
Petitions Committee  
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Cardiff  
CF99 1NA

22 June 2009

*Dear Sandy,*

Thank you for your letter of 11 June in connection with the Committee's inquiry into the petition to save the Vulcan, Adamsdown.

The Committee has undertaken a very thorough investigation of the building, the criteria for listing and the policies for the protection of historic buildings generally. I am pleased that my officials' contributions were helpful to the Committee's work.

I am pleased too to read of the very encouraging prospects for the incorporation of the Vulcan into the planned redevelopment of the area and since your letter, there has, of course, been press coverage about an extension to the lease. The Vulcan is an important reminder of an aspect of Cardiff's history and development. It contributes to Cardiff's identity and brings a welcome element of diversity to its built environment.

I have now completed my consideration of all the additional evidence and representations received in support of the listing of the Vulcan, including the Committee's own views, and decided that it cannot be listed. As the Committee has acknowledged, a decision to list a building has to be based upon a clear application of the listing criteria. These are not met, it seems to me, in the case of this building so there is no secure basis to list.

I can understand that the petitioners would have welcomed listing - they have worked tirelessly to promote an awareness of the building and doubtless will have been encouraged by the recent press coverage about the lease extension. I believe that their efforts, supported by the Committee, have served to ensure that there has been a wide and informed debate about this building and its place and significance in Cardiff's historic environment.

Finally, you asked in your letter of 15 May about my officials' review of the principles for selection for listing. Cadw will be starting its review in November 2009 and, in the light of the outcome of that review, will launch a formal consultation with the sector in March/April

2010. There will be at least a three month consultation period so we would look to issuing any revisions in summer/autumn 2010.

I look forward to the receiving the Committee's further views once its consideration of the petition is complete.

A copy of this letter goes electronically to Val Lloyd and to Gareth David Thomas.

*Yours sincerely*

*Alun Ffred*

**Alun Ffred Jones AC/AM**

Y Gweinidog dros Dreftadaeth/Minister for Heritage

21<sup>st</sup> June 2009

P-03-207-Support for the unemployed in Monmouth

Dear Ms Lloyd,

Monmouth Town Council's Community Affairs Committee are grateful for the enquiries that the Assembly's Petitions Committee have made on our behalf. We have studied the replies you received from WAG Minister, Jane Hutt AC/AM, from Jobcentre Plus Wales and from Tony McNulty, Dept for Work and Pensions UK. This is our considered response.

We note that Minister Jane Hutt states that WAG 'works in close partnership with D.W.P. and Jobcentre Plus', in particular to implement the White Paper '*Raising Expectations and Increasing Support: Reforming welfare for the future*' (Dec 2008).

\* The key message of the White Paper is that services will be personalised to individual needs and return-to-work plans will be jointly owned with clients. It will be a personalised and flexible service as the Gregg Review recommends. This is precisely what Monmouth is asking for: a face-to-face local service, flexibly provided, ONE DAY A WEEK. Jobcentre Plus, South East Wales recently proved their ability to think flexibly when they reversed plans to close Chepstow's office. We are pleased that clients are now being told they may use Ross, Coleford or Chepstow as an alternative to Abergavenny, although the bus timetable means these are not much of an improvement

We have learnt that it is particularly people who find computerised communications disconcerting, when they are already feeling dislocated from the world of work, who most respond to reliable, face to face accessible help.

\* 'Devolving power to private, voluntary and public providers' is the second key aim of the White Paper. Again, this tallies exactly with our needs: if Jobcentre Plus is unable to provide a member of staff here, once a week, we have local, experienced volunteers, who are offering to work, providing genuine two-way interviews. The cost of renting office space, is all they require. (Our County Council One Stop Shop is willing to let an interview room, or other accommodation could be sought))

The April Budget allocated £1.7 billion over the next two years 'to Jobcentre Plus and its private and voluntary providers to increase the support offered to those in need of assistance. 'May pinpoint how Monmouth could make excellent use of a tiny share of this sum?

A local facility would save:

at least half a day's travelling time due to the very sparse bus services

an economic and ecological waste of at least £5 bus fare or the cost of petrol

the frustration and anxiety caused by a frequently rushed interview by stressed and overworked staff at the centralised Jobcentres

a de-motivating and demoralising experience at an overcrowded, distant facility

the necessity of repeating the whole operation again if the appointment is missed due to problems with buses or lifts .

*To verify the above, please refer to the table of evidence from Jobcentre users that we enclosed, initially.*

Ms Hutt Is justly pleased with the introduction of the Want2 Work scheme for 'some of the most disadvantaged areas across Wales' As so often, although Monmouth may not be officially recognized as a deprived area, which would make it eligible for EU grants, the individual jobseekers themselves are being placed at a serious disadvantage to those in neighbouring towns. This is partly due to the extremely sparse, expensive and decreasing bus service and no train link. It is also partly due to lack of geographic consideration on the part of Jobcentre Plus. For example, yesterday (Saturday), Iceland Stores recruited for its major new Monmouth shop at the Jobcentre in Abergavenny!

Although Minister Tony McNulty's letter is otherwise, almost identical to Jobcentre Plus S.E. Wales', we are cheered to read his final two paragraphs.

We are relieved that 'additional staff are being recruited' and 'an extension of opening hours is being considered.' Both are crucial to alleviating Monmouth's problems.

He finishes by considering 'taking certain services out to our customers in the community'. Does this mean he is considering extending the mobile Jobcentre service of the type that Herefordshire runs? Or could our appeal for a member of staff to man an interview room in Monmouth once a week, be realised?

*The Committee has great faith in the Assembly's Petition system and trust in your wish to help Monmouth's unemployed.*

*Yours sincerely,*

**Anthea Dewhurst**

*Chair Community Affairs Committee,*

*Monmouth Town Council*

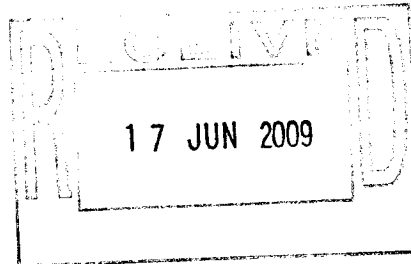
**Ieuan Wyn Jones AC/AM**  
**Dirprwy Brif Weinidog /Deputy First Minister**



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Eich cyf/Your ref PET-03-220  
Ein cyf/Our ref DFM 962/09

Val Lloyd AM  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA



16 June 2009

*Dce Val*

Thank you for your letter of 22 May seeking an update on previous correspondence between Monmouthshire County Councillor Margaret Powell and myself regarding the A40 near Abergavenny.

A bid for funding was submitted by the South Wales Trunk Road Agency for this current financial year but the proposal to implement additional signing was unsuccessful when considered against other higher priority schemes.

Despite ongoing strong competition amongst high-ranking schemes for a successful allocation from Assembly Government's Transport budgets, it may be possible that resources become available later in the year to progress this signage work at Abergavenny.

**Ieuan Wyn Jones**  
Gweinidog dros yr Economi a Thrafnidiaeth  
Minister for the Economy and Transport

17 JUN 2009  
CWT