

Agenda – Y Pwyllgor Deisebau

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 1 – Y Senedd	Graeme Francis – Clerc y Pwyllgor
Dyddiad: Dydd Mawrth, 11 Rhagfyr 2018	Kath Thomas – Dipwrwy Glerc 0300 200 6565
Amser: 09.30	SeneddDeisebau@cynulliad.cymru

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datganiadau o fuddiant (Tudalennau 1 – 31)

2 Deisebau newydd

2.1 P-05-849 Dylai pob dyn yng Nghymru gael mynediad drwy'r GIG at y profion diagnostig gorau posibl ar gyfer canser y prostad
(Tudalennau 32 – 41)

2.2 P-05-851 Dileu'r cyfyngiadau amser ar y gilfan i'r dwyrain o Grucywel
(Tudalennau 42 – 46)

2.3 P-05-852 Cyflwyno trwydded i reoli tir ar gyfer saethu adar hela mewn ymgais i roi terfyn ar erlid adar ysglyfaethus
(Tudalennau 47 – 54)

3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

Iechyd

3.1 P-05-771 Ailystyried y penderfyniad i roi'r gorau i Grant Byw'n Annibynnol Cymru a'r angen i gefnogi pobl anabl i fyw'n annibynnol
(Tudalennau 55 – 64)

3.2 P-05-812 Dylid gweithredu canllawiau NICE ar gyfer trin Anhwylder Personoliaeth Ffiniol
(Tudalennau 65 – 81)



3.3 P-05-817 Aelodau prosthetig arbenigol i blant
(Tudalennau 82 – 88)

3.4 P-05-842 Rhowch lais i bobl ifanc yn y broses o gomisiynu gwasanaethau
lleol yng Nghymru
(Tudalennau 89 – 96)

Addysg

3.5 P-05-807 Dylid adolygu a newid y canllawiau o ran gwobrau am bresenoldeb
mewn ysgolion yng Nghymru
(Tudalennau 97 – 98)

Yr Economi a Thrafnidiaeth

3.6 P-05-824 Ffordd Osgoi Derwen Brimmon y Drenewydd
(Tudalennau 99 – 100)

3.7 P-05-841 Cynnwys cynnig amgen 'Pont Bendigeidfran' ar gyfer trydedd bont
dros y Fenai yn y broses asesu ffurfiol
(Tudalennau 101 – 103)

Yr Amgylchedd

3.8 P-05-778 Amddiffyn Cyllyll Môr ar Draeth Llanfairfechan
(Tudalennau 104 – 106)

3.9 P-05-825 Diogelu ysgyfaint plant rhag llygredd niweidiol tra maent yn yr
ysgol
(Tudalennau 107 – 110)

3.10 P-05-844 Adolygu Cynllun Datblygu Lleol Castell-nedd Port Talbot ar
unwaith
(Tudalennau 111 – 114)

Llywodraeth Leol

3.11 P-05-845 Rhowch Derfyn ar Wrthdaro Buddiant yng Nghyfansoddiad
Awdurdodau Lleol

(Tudalennau 115 - 123)

Mae cyfyngiadau ar y ddogfen hon

Eitem 2.1

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

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

Geiriad y ddeiseb

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

Pam mae angen y ddeiseb hon?

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

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

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

Beth yw mpMRI?

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

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

Beth sy'n digwydd yng Nghymru?

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

Mae rhagor o wybodaeth am mpMRI a biopsiau yma:

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

Etholaeth a Rhanbarth y Cynulliad

- De Clwyd
- Gogledd Cymru

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

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

Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: [P-05-849](#)

Teitl y ddeiseb: Dylai pob dyn yng Nghymru gael mynediad drwy'r GIG at y profion diagnostig gorau posibl ar gyfer canser y prostad

Geiriad y ddeiseb:

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

Y cefndir

Canser y prostad yw'r canser mwyaf cyffredin mewn dynion yng Nghymru, ac mae'n cyfrif am ychydig dros chwarter yr achosion o ganser mewn dynion. Yng Nghymru, cafwyd 12,592 diagnosis o ganser y prostad rhwng 2011 a 2015.

Mae'r profion a ddefnyddir fynyachaf ar gyfer diagnosis canser y prostad yn cynnwys profion gwaed (prawf antigen penodol i'r prostad (PSA)), archwiliad corfforol o'r prostad (a elwir yn archwiliad rhesrol digidol), a biopsi traws-refrol uwchsain (TRUS). Gall biopsi achosi anesmwythder, ac mae ei sgil-ffeithiau posibl yn cynnwys gwaedu a heintiau. Gallant hefyd fetu â chanfod hyd at un o bob pum achos o ganser y prostad, gan nad yw union leoliad y canser yn hysbys pan fydd y biopsi yn cael ei wneud.

Yn ôl [gwaith ymchwil](#) a gyhoeddwyd ym mis Chwefror 2017 (a elwir yn PROMIS – Astudiaeth Delweddu MR y Prostad), gallai defnyddio dull sganio MP–MRI fel prawf cyn biopsi, a hynny yn ôl blaenoriaeth, leihau nifer y biopsïau nad oes eu hangen a gallai wella'r modd y canfyddir cancer sy'n sylweddol glinigol. (Gall sganïau MP–MRI greu lluniau manylach o'r prostad na sganïau MRI safonol).

Mae'r elusen [Prostate Cancer UK](#) yn ymgyrchu ynghylch y mater hwn, ac mae wedi gwneud rhywfaint o waith i ganfod nad yw mynediad at driniaeth MP–MRI yn gyfartal ar draws y DU. [Dywed yr elusen:](#)

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

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

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

Un datblygiad allweddol y dylid bod yn ymwybodol ohono yw bod y Sefydliad Cenedlaethol dros Ragoriaeth Iechyd a Gofal (NICE) wrthi'n diweddarau ei [ganllawiau](#) ar ddiagnosis a rheoli cancer y prostad, a bydd yn ystyried defnyddio prawf cyn biopsi MP–MRI yng ngoleuni canfyddiadau treial PROMIS.

Ymateb Llywodraeth Cymru i'r ddeiseb.

Yn ei ymateb i'r Pwyllgor, nododd Ysgrifennydd y Cabinet ei ddisgwyliad bod Byrddau Iechyd yn darparu gofal cyson o ansawdd uchel yn unol â chanllawiau clinigol perthnasol, fel y rhai a gyhoeddwyd gan NICE.

Mae'n nodi nad yw NICE yn argymhell prawf cyn biopsi MP–MRI ar hyn o bryd, ond ei fod [wrthi'n adolygu ei ganllawiau](#) ar ddiagnosis a rheoli cancer y prostad. Disgwylir i'r canllawiau gael eu cyhoeddi ym mis Ebrill 2019.

Dywedodd:

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



Ein cyf/Our ref VG/03476/18

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7 Tachwedd 2018

Annwyl David,

Diolch ichi am eich llythyr dyddiedig 19 Hydref ynglŷn â Deiseb P-05-849: mynediad at brofion diagnostig lle bo amheuaeth o ganser y prostat.

Dylai cleifion yng Nghymru gael mynediad at archwiliadau canser yn unol â'r canllawiau clinigol a dylai hyn gael ei ddarparu'n gyson drwy Gymru. Mae angen i'r broses o gyflwyno profion a gweithdrefnau newydd gael eu deall yn llawn gan y Byrddau Iechyd a dylent baratoi ar eu cyfer. O ran yr mpMRI cyn biopsi, mae tystiolaeth wedi deillio o un treial clinigol o leiaf y gallai fod manteision i gynnal mpMRI cyn biopsi yn hytrach na'r hyn sydd yn argymhellion y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) ar gyfer ymchwilio i achosion lle bo amheuaeth o ganser y prostat.

Fodd bynnag mae materion ehangach i'w hystyried yn hytrach na'r penderfyniad a ddylid cynnal mpMRI ai peidio cyn neu ar ôl y biopsi. Maent yn ymwneud â safon y prawf, manylion y cyfarpar, y gofynion hyfforddi ar gyfer yr adrodd a'r potensial i bennu nad oes angen biopsi yn achos rhai cleifion. Bydd goblygiadau hefyd i lwybrau canser a chlefydau eraill os bydd elfen sylweddol o'r galw yn symud oddi wrth histopatholeg at radioleg, gan fod pwysau sylweddol ar wasanaethau radioleg yn barod, felly rhaid i unrhyw newidiadau i'r llwybr gael eu cynllunio a'u rheoli.

Fy nisgwyliad i yw bod Byrddau Iechyd yn sicrhau gofal cyson o ansawdd uchel drwy ddarparu gwasanaethau yn unol â chanllawiau cyrff fel NICE. Fel y soniwyd uchod, nid yw NICE yn argymhell cynnal mpMRI cyn biopsi ar hyn o bryd ond mae'n cynnal adolygiad o'r canllawiau ar gyfer diagnosis a rheoli mewn achosion o ganser y prostat, a disgwylir i hwn gael ei gyhoeddi ym mis Ebrill 2019. Mae manylion ynghylch cwmpas a chynnydd y diweddariad hwn ar gael yn:

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

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

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

Mae Bwrdd Wroleg Cymru wedi trafod y mater hwn sawl gwaith yn y deuddeg mis diwethaf, ac yn ei gyfarfod diwethaf cytunwyd i sefydlu gweithdy at ddiben llunio consensws er mwyn helpu'r byrddau iechyd i gynllunio cyn y daw'r penderfyniad gan NICE. Bydd y gweithdy hwn yn cael ei gynnal ar 12 Tachwedd a bydd Prostate Cancer UK yn cymryd rhan.

Os bydd NICE yn argymhell cynnal mpMRI cyn biopsi, yna byddaf yn disgwyl i bob un o'r Byrddau Iechyd newid eu llwybrau yn unol â hynny. Fodd bynnag, nid oes modd i Lywodraeth Cymru wneud penderfyniad ynglŷn â'r llwybr clinigol mwyaf addas i ymchwilio i achos lle'r amheuir canser y prostad. Rhaid i hyn fod yn gyfrifoldeb i fyrddau iechyd ac arweinwyr clinigol, ar sail y dystiolaeth sydd ar gael. Disgwyliaf fwy o gysondeb o ran y gwasanaethau a ddarperir ar ôl i ganllawiau NICE gael eu diweddarau.

Diolch yn fawr unwaith eto am ysgrifennu ataf am y mater hwn.

Yn gywir,

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

Vaughan Gething AC/AM

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

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

To the Petitions Committee. Stuart Davies Petition

My reply to the Cab Secs evidence.

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

“Dear David,

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

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

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

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

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

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

For info, first hand knowledge.

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

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

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

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

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

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

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

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

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

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

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

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

Thank you again for writing to me on this matter.

Yours sincerely,

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

To Sum up:

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

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

Why has it taken so long?

We need it doing sooner rather than later!

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

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

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

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

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

Stuart Davies

Eitem 2.2

P-05-851 Dileu'r cyfyngiadau amser ar y gilfan i'r dwyrain o Grucywel

Cyflwynwyd y ddeiseb hon gan Crickhowell Town Council, ar ôl casglu 209 o lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Lywodraeth Cymru i ddileu'r cyfyngiad amser ar y gilfan i'r dwyrain o Grucywel. Ar hyn o bryd, mae terfyn amser o awr. Dyma'r unig gilfan â'r math hwn o gyfyngiad ar yr A40 yng Nghymru.

Prin y gwelir cerbyd yno gan y byddai mynd i'r dref am gwpanaid o de yn mynd heibio'r terfyn amser.

Etholaeth a Rhanbarth y Cynulliad

- Brycheiniog a Sir Faesyfed
- Canolbarth a Gorllewin Cymru

Deiseb: Dileu'r cyfyngiadau amser ar y gilfan i'r dwyrain o Grucywel

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

Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: P-05-851

Teitl y ddeiseb: Dileu'r cyfyngiadau amser ar y gilfan i'r dwyrain o Grucywel

Testun y ddeiseb: Rydym yn galw ar Lywodraeth Cymru i ddileu'r cyfyngiad amser ar y gilfan i'r dwyrain o Grucywel. Ar hyn o bryd, mae terfyn amser o awr. Dyma'r unig gilfan â'r math hwn o gyfyngiad ar yr A40 yng Nghymru. Prin y gwelir cerbyd yno gan y byddai mynd i'r dref am gwpanaid o de yn mynd heibio'r terfyn amser.

Y cefndir

Y rhwydwaith cefnffyrdd

Yng Nghymru, Gweinidogion Cymru yw'r awdurdod priffyrdd ar gyfer y rhwydwaith cefnffyrdd a thraffyrdd, ac awdurdodau lleol yw'r awdurdod priffyrdd ar gyfer ffyrdd lleol. Mae'r A40 yn brif gefnffordd sy'n cysylltu Llundain ag Abergwaun ac mae'n rhan o rwydwaith cefnffyrdd Cymru. Felly, Gweinidogion Cymru yw'r awdurdod priffyrdd ar gyfer y rhan o'r ffordd sydd yng Nghymru.

Er mai Gweinidogion Cymru sydd â'r cyfrifoldeb statudol dros y rhwydwaith cefnffyrdd, mae Llywodraeth Cymru yn ariannu dau asiant cefnffyrdd yng Nghymru sydd â chyfrifoldeb dros eu gweithredu, eu cynnal a'u cadw a gwneud mân welliannau i'r rhwydwaith o ddydd i ddydd:

- [Asiant Cefnffyrdd Gogledd a Chanolbarth Cymru](#) (NMWTRA); ac
- [Asiant Cefnffyrdd De Cymru](#). (SWTRA)

Gorchmynion Rheoleiddio Traffig

Mae Gorchmynion Rheoleiddio Traffig (TRO) yn darparu'r pwerau cyfreithiol i wahardd neu gyfyngu ar draffig at ddibenion rheoli traffig amrywiol a gallant fod yn rhai parhaol neu'n rhai dros dro. Gellir gwneud Gorchmynion Rheoleiddio Traffig gan yr awdurdod traffig perthnasol ar gyfer y ffordd o dan [Ddeddf Rheoleiddio Traffig Ffyrdd 1984](#) (Deddf 1984). Llywodraeth Cymru yw'r awdurdod traffig perthnasol ar gyfer y rhwydwaith cefnffyrdd yng Nghymru.

Mae [Adran 2 o Ddeddf 1984](#) yn nodi'r hyn y gall Gorchmynion Rheoleiddio Traffig ddarparu ar eu cyfer. Mae hyn yn cynnwys (pwyslais ychwanegol):

- (a) ei gwneud yn ofynnol i draffig cerbydol, neu draffig cerbydol o unrhyw ddsbarth a bennir yn y gorchymyn, fynd ymlaen i gyfeiriad penodol neu yn ei wahardd rhag mynd ymlaen;
- (b) pennu'r rhan o'r ffordd sydd i'w defnyddio gan draffig o'r fath i fynd ymlaen mewn cyfeiriad penodol;
- (c) **gwahardd neu gyfyngu ar gerbydau sy'n aros, neu lwytho a dadlwytho cerbydau;**
- (ch) gwahardd defnyddio ffyrdd gan draffig sy'n mynd yn ei flaen; neu
- (d) wahardd neu gyfyngu ar oddiweddyd.

Parcio yng Nghrucywel

Fel yr [adroddwyd ym mis Ionawr 2014 wrth Bwyllgor Sir Frycheiniog \(sydd bellach wedi'i ddileu\) Cyngor Sir Powys](#) (PDF, 68KB), cyfarfu'r awdurdod lleol â NMWTRA ynghylch parcio drwy'r dydd a masnachu yn y cilfannau ar gefnffordd yr A40 yng Nghrucywel. Cytunwyd i gyflwyno hyn a hyn o gyfyngiadau aros, a gwahardd cyfyngiadau aros ar unrhyw adeg yn y cilfannau hyn.

Gofynnodd NMWTRA i'r awdurdod lleol gynnal y broses o weithredu'r Gorchymyn. Cytunodd yr awdurdod lleol i gynnwys y cynigion hyn fel rhan o adolygiad ehangach o barcio yng Nghrucywel a gynlluniwyd ar gyfer yn ddiweddarach yn 2014, ac a oedd yn destun ymgynghoriad cyhoeddus. Roedd yr adolygiad ehangach hwn yn cynnwys parcio ar y rhwydwaith ffyrdd lleol, y mae'r awdurdod lleol yn awdurdod priffyrdd ar ei gyfer.

Fel yr [adroddwyd yn y cyfryngau](#), cafwyd gwrthwynebiadau lleol i'r cyfyngiadau a gynigiwyd ar gyfer y cilfannau ac i'r cynigion ehangach o ran parcio yng Nghrucywel. Ni aethpwyd ymlaen â llawer o'r cynigion mewn perthynas â'r rhwydwaith ffyrdd lleol [o ganlyniad i'r gwrthwynebiadau hyn](#).

Camau Gweithredu Llywodraeth Cymru

Yn ei lythyr at Gadeirydd y Pwyllgor Deisebau, dywedodd Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth:

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

Mae llythyr Ysgrifennydd y Cabinet yn mynd ymlaen i nodi mai'r rheswm dros gyflwyno'r cyfyngiad amser yn y gilfan hon oedd oherwydd bod masnachwyr yn ei gamddefnyddio a bod y gilfan yn cael ei defnyddio ar gyfer parcio hirdymor. Mae Ysgrifennydd y Cabinet yn nodi ei fod yn deall bod y deisebydd wedi cytuno y dylent gysylltu â'r awdurdod lleol sy'n gyfrifol am y rhwydwaith ffyrdd lleol, gan gynnwys parcio ar y stryd, ynghylch materion sy'n ymwneud â pharcio yng nghanol tref Crughywel.



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

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau.

government.committee.business@llyw.cymru

Amrygl David,

8 Tachwedd 2018

Diolch ichi am eich llythyr dyddiedig 25 Hydref ynglŷn â Deiseb P-05-851 sy'n galw arnom i ddileu'r cyfyngiad amser ar y gilfan i'r dwyrain o Grucywel.

Rwyf wedi anfon ateb at Gyngor Tref Crucywel ac er fy mod yn deall y pryderon a fynegwyd am y diffyg lleoedd parcio yn y dref, ni fwriedir i gilfannau ar gefnffyrdd fod yn feysydd parcio.

Cafodd y cyfyngiad amser ei gyflwyno yn y gilfan benodol hon oherwydd bod masnachwyr yn ei chamddefnyddio ac oherwydd ei bod yn cael eu defnyddio ar gyfer parcio cyfnod hir.

Deallaf fod Cyngor y Dref wedi cysylltu â'r awdurdod lleol a bod y Cyngor wedi cytuno mai'r awdurdod hwnnw sydd yn y sefyllfa orau i ddatrys y problemau parcio yn y dref oherwydd mai ef sy'n gyfrifol am benderfynu ar le a sut y gellir parcio ar y stryd.

Yr Gymer,
Ken

Ken Skates AC/AM

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

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Correspondence.Ken.Skates@gov.wales

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

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

P-05-852 Cyflwyno trwydded i reoli tir ar gyfer saethu adar hela mewn ymgais i roi terfyn ar erlid adar ysglyfaethus

Cyflwynwyd y ddeiseb hon gan Anthony Britner, ar ôl casglu 119 o lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Lywodraeth Cymru i gyflwyno cynllun trwyddedu ar gyfer saethu adar hela er mwyn atal erlid adar ysglyfaethus a gysylltir yn aml â'r gweithgaredd hwn.

Mae adroddiadau trosedd adar yr RSPB yn dangos mai ciperiaid sy'n gyfrifol am nifer eithriadol o uchel o ddigwyddiadau erlid adar ysglyfaethus. Fodd bynnag, er gwaethaf y wybodaeth hon, anaml iawn y caiff trefnwr digwyddiadau erlid ei erlyn yn llwyddiannus oherwydd anawsterau wrth gael digon o dystiolaeth i gyhuddo unigolyn penodol. Hyd yn oed yn yr Alban, lle mae atebolrwydd dirprwyol, prin yw'r erlyniadau.

Oherwydd hyn, credwn mai'r cam gweithredu mwyaf priodol yw cyflwyno cynllun trwyddedu. Dylai'r drwydded hon fod yn drwydded i weithredu digwyddiad saethu adar hela

Dylai'r drwydded wneud y canlynol o leiaf:

1. Bod yn berthnasol i ardal ddaearyddol a ddiffinnir yn y cais am drwydded.
2. Bod yn ofynnol er mwyn i ystâd gynnal unrhyw weithgaredd sy'n gysylltiedig â saethu adar hela, gan gynnwys, ond heb fod yn gyfyngedig o reidrwydd i'r canlynol:
 - 2.a. Gweithgareddau sy'n gysylltiedig â magu adar hela.
 - 2.b. Gweithgareddau sy'n gysylltiedig â rheolaeth gyfreithiol o ysglyfaethwyr (rhaid i ystadau gael trwydded weithredu cyn y cânt wneud cais am drwyddedau cyffredinol neu benodol sy'n gysylltiedig â gweithgareddau rheoli plâu).
 - 2.c. Caniatáu i aelodau'r digwyddiad saethu gymryd rhan wrth saethu adar hela y tu allan i'r cyfnod gwaharddedig.
 - 2.d. Caniatáu i drefnwr y digwyddiad saethu werthu diwrnodau saethu i'r cyhoedd.

Os cynhelir digwyddiad erlid ar dir ystâd neu'n agos ato, bydd modd i'r awdurdod priodol atal gallu'r ystâd i gynnal yr holl weithgareddau neu unrhyw un ohonynt a restrir o dan bwynt 2 am gyfnod.

Dylai digwyddiadau erlid difrifol neu fynych arwain at ddiddymu trwydded weithredu'r ystâd.

Etholaeth a Rhanbarth y Cynulliad

- Wrecsam
- Gogledd Cymru

P-05-852 Cyflwyno trwydded i reoli tir ar gyfer saethu adar hela mewn ymgais i roi terfyn ar erlid adar ysglyfaethus.

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

Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: P-05-852

Teitl y ddeiseb: Cyflwyno trwydded i reoli tir ar gyfer saethu adar hela mewn ymgais i roi terfyn ar erlid adar ysglyfaethus.

Testun y ddeiseb: Rydym yn galw ar Lywodraeth Cymru i gyflwyno cynllun trwyddedu ar gyfer saethu adar hela er mwyn atal erlid adar ysglyfaethus a gysylltir yn aml â'r gweithgaredd hwn.

Mae adroddiadau trosedd adar yr RSPB yn dangos mai ciperiaid sy'n gyfrifol am nifer eithriadol o uchel o ddigwyddiadau erlid adar ysglyfaethus. Fodd bynnag, er gwaethaf y wybodaeth hon, anaml iawn y caiff trefnwr digwyddiadau erlid ei erlyn yn llwyddiannus oherwydd anawsterau wrth gael digon o dystiolaeth i gyhuddo unigolyn penodol. Hyd yn oed yn yr Alban, lle mae atebolrwydd dirprwyol, prin yw'r erlyniadau. Oherwydd hyn, credwn mai'r cam gweithredu mwyaf priodol yw cyflwyno cynllun trwyddedu. Dylai'r drwydded hon fod yn drwydded i weithredu digwyddiad saethu adar hela.

Dylai'r drwydded wneud y canlynol o leiaf:

1. Bod yn berthnasol i ardal ddaearyddol a ddiffinnir yn y cais am drwydded.
2. Bod yn ofynnol er mwyn i ystâd gynnal unrhyw weithgaredd sy'n gysylltiedig â saethu adar hela, gan gynnwys, ond heb fod yn gyfyngedig o reidrwydd i'r canlynol:
 - a. Gweithgareddau sy'n gysylltiedig â magu adar hela.
 - b. Gweithgareddau sy'n gysylltiedig â rheolaeth gyfreithiol o ysglyfaethwyr (rhaid i ystadau gael trwydded weithredu cyn y cânt wneud cais am drwyddedau

cyffredinol neu benodol sy'n gysylltiedig â gweithgareddau rheoli plâu).

- c. Caniatáu i aelodau'r digwyddiad saethu gymryd rhan wrth saethu adar hela y tu allan i'r cyfnod gwaharddedig.
- d. Caniatáu i drefnwr y digwyddiad saethu werthu diwrnodau saethu i'r cyhoedd.

Os cynhelir digwyddiad erlid ar dir ystâd neu'n agos ato, bydd modd i'r awdurdod priodol atal gallu'r ystâd i gynnal yr holl weithgareddau neu unrhyw un ohonynt a restrir o dan bwynt 2 am gyfnod.

Dylai digwyddiadau erlid difrifol neu fynych arwain at ddiddymu trwydded weithredu'r ystâd.

Y cefndir

Yn y DU, mae adar ysglyfaethus yn rhywogaethau gwarchoddedig ac felly mae unrhyw droseddau a gyflawnir yn erbyn y rhywogaethau hyn yn dod o dan [Ddeddf Bywyd Gwyllt a Chefn Gwlad 1981](#).

Mae erledigaeth adar ysglyfaethus yn cynnwys gwenwyno, saethu, trapio, dinistrio cynefinoedd a dinistrio/aflonyddu nythod.

Achosion o erlid adar ysglyfaethus

Mae'r [Cynllun Ymchwilio i Ddigwyddiadau Bywyd Gwyllt \(WIIS\)](#) yn ymchwilio ac yn darparu gwasanaethau dadansoddi ar gyfer bywyd gwyllt, anifeiliaid anwes a gwenyn mêl lle'r amheuir eu bod wedi cael eu gwenwyno gan blaladdwyr. Yng Nghymru, [Llywodraeth Cymru sy'n rhedeg y cynllun](#). Mewn gohebiaeth i'r Pwyllgor ([23 Tachwedd 2018](#)), dywedodd Llywodraeth Cymru:

Mae ffigurau WIIS o'r bum mlynedd flaenorol yn dangos bod 2 achos y flwyddyn ar gyfartaledd wedi'u cadarnhau o gamddefnyddio plaladdwyr yn fwriadol gan arwain at adar hela yn marw

Fodd bynnag, mae [canlyniadau diweddaraf WIIS](#) yn dangos 15 o achosion o erlid adar ysglyfaethus yn 2018 hyd yn hyn.

Mae'r [adroddiad blynyddol troseddau adar](#) gan RSPB ar gyfer 2017, yn dangos bod tri [achos wedi'u cadarnhau](#) o erlid adar ysglyfaethus yng Nghymru:

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

Caiff achosion eu cadarnhau lle mae amgylchiadau'n dangos bod gweithred anghyfreithlon wedi digwydd. Mae'r digwyddiadau hyn fel arfer yn cael eu profi gan dystiolaeth fel dadansoddiad post-mortem neu ddadansoddiad o wenwyn, neu dystiolaeth ddibynadwy gan lygad dyst. Roedd y tri achos a gadarnhawyd o blith 15 o achosion yng Nghymru a adroddwyd i'r RSPB yn 2017.

Yn ei gohebiaeth i'r Pwyllgor, mae Llywodraeth Cymru yn nodi ei bod yn gweithio'n agos gyda phedwar awdurdod Heddlu Cymru, Cyfoeth Naturiol Cymru a chyrrff gorfodaeth eraill drwy Grŵp Bywyd Gwyllt a Throseddau Gwledig Cymru:

Mae'r Grŵp yn nodi blaenoriaethau rhanbarthol o ran troseddau yn erbyn bywyd gwyllt yn ogystal â sicrhau bod buddiannau Cymru'n cael eu cynrychioli ar lefel [Grwpiau Cyflawni Blaenoriaethau y DU](#), gan gynnwys [Grŵp Cyflawni'r Flaenoriaeth i Atal yr Erlid ar Adar Ysglyfaethus](#).

Camau Llywodraeth Cymru

Ysgrifennodd Hannah Blythyn AC, Gweinidog yr Amgylchedd, at y Pwyllgor ar [23 Tachwedd](#), yn nodi ei hymateb i'r ddeiseb. Mae'n nodi yr ariannodd Llywodraeth Cymru adolygiad ynghylch atal ac ymchwilio i droseddau bywyd gwyllt yng Nghymru yn 2017, a gynhaliwyd gan yr [Uned Genedlaethol Troseddau Bywyd Gwyllt](#). Nid yw'r adroddiad ar gael i'r cyhoedd adeg ysgrifennu hyn, ond mae Llywodraeth Cymru yn nodi bod hyn:

yn cynnwys 21 o argymhellion sy'n cael eu hystyried gan Grŵp Troseddau Bywyd Gwyllt a Gwledig Cymru ar hyn o bryd.

[...]

Roedd yr adroddiad yn tynnu sylw at lwyddiant rhoi swyddogion yr heddlu ar secondiad gyda Cyfoeth Naturiol Cymru yn ogystal â sefydlu timau penodol ar gyfer troseddau gwledig o fewn heddluoedd Cymru

Mae llythyr Hannah Blythyn at y Pwyllgor yn nodi'r canlynol:

Byddaf yn parhau i gefnogi Cyfoeth Naturiol Cymru yn eu hymrwymiad i gydweithio gyda Heddluoedd Cymru i annog pobl i gydymffurfio gyda, a gorfodi deddfwriaeth bywyd gwyllt ac amgylcheddol yng Nghymru. Mae hyn yn cynnwys parhau i ariannu swyddogion yr heddlu ar secondiad sy'n hanfodol er mwyn cyflawni'r gwaith hwn.

Mae hi'n mynd ymlaen i ddweud bod y model 'tîm troseddau gwledig' wedi cael ei ymestyn i gynnwys [Heddlu Gogledd Cymru](#) a [Heddlu Dyfed Powys](#), a bod Heddlu De Cymru a Heddlu Gwent hefyd yn ystyried sefydlu timau tebyg.

Mae'n gorffen drwy ddweud bod yr adolygiad wedi nodi arfer gorau ac wedi edrych ar fylchau mewn gwybodaeth a phroblemau wrth ddwyn erlyniadau yn eu blaen. Fodd bynnag, nid oedd hyn yn cynnwys trwyddedu:

Ni chafodd trwyddedu saethu adar hela / ceidwaid adar hela ei nodi fel problem ac felly ni chafod ei restru yn yr argymhellion. Wrth gynnal ymchwiliadau gyda'r heddlu, nid yw fy swyddogion wedi gorfod wynebu unrhyw broblemau o ran adnabod perchnogion tir lleol a'r rhai hynny sydd â buddiannau mewn adar hela, ac felly nid ydynt yn gweld bod unrhyw fantais i gyflwyno trefn drwyddedu a fyddai'n cymryd amser ychwanegol ac yn gostus i'w rhoi ar waith, heb unrhyw fantais amlwg o gymharu â'r drefn bresennol o ddelio gydag achosion erlid adar ysglyfaethus.

Camau Cynulliad Cenedlaethol Cymru

Mae Pwyllgor Deisebau'r Cynulliad wrthi'n ystyried deiseb [P-05-816 Dywedwch 'NA' i saethu ffesantod ar dir cyhoeddus Cymru](#). Mae'r ddeiseb hon yn galw ar Cyfoeth Naturiol Cymru i roi'r gorau i brydlesu tir cyhoeddus ar gyfer gweithrediadau saethu masnachol, gan nodi bod y gweithrediadau hyn:

yn effeithio'n negyddol ar gadwraeth, bioamrywiaeth a lles anifeiliaid. Hefyd, mae gweithgareddau saethu yn llygru tir gyda phelenni plwm gwenwynig sy'n gyfrifol am wenwyno a lladd llawer o anifeiliaid.

Trafodwyd y ddeiseb am y tro cyntaf ar [5 Mehefin 2018](#), ac mae'r Pwyllgor wedi ysgrifennu at Cyfoeth Naturiol Cymru a Lesley Griffiths AC, Ysgrifennydd y Cabinet dros yr Amgylchedd, Cynllunio a Materion Gwledig, am ragor o wybodaeth.

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

Hannah Blythyn
Gweinidog yr Amgylchedd
Gweinidog yr Amgylchedd



Llywodraeth Cymru
Welsh Government

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

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau.
Cynulliad Cenedlaethol Cymru
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23 Tachwedd 2018

Annwyl David

Diolch am eich llythyr dyddiedig 25 Hydref ynghylch eich Deiseb P-05-852 - Cyflwyno Trwydded i Reoli Tir ar gyfer Saethu Adar Hela mewn Ymgais i Roi Diwedd ar Erid Adar Ysglyfaethus.

Yng Nghymru, mae Llywodraeth Cymru yn gyfrifol am y Cynllun Archwilio Digwyddiadau Bywyd Gwyllt (WIIS). Mae'r Cynllun yn archwilio ac yn cynnig gwasanaethau dadansoddi ar gyfer bywyd gwyllt, anifeiliaid anwes a gwenyn mêl y mae amheuaeth eu bod yn cael eu gwenwyno gan bladdwyr. Mae ffigurau WIIS o'r bum mlynedd flaenorol yn dangos bod 2 achos y flwyddyn ar gyfartaledd wedi'u cadarnhau o gamddefnyddio pladdwyr yn fwriadol gan arwain at adar hela yn marw. Y canlyniadau ehangach a gofnodwyd gan y cyhoeddiad 'Birdcrime 2017' blynyddol gan RSPB oedd 3 achos ar wahân o erlyn yng Nghymru a oedd yn cynnwys saethu boncath a barcod coch gan gadarnhau bod hebog tramor wedi'i wenwyno gan bladdwr.

Mae'r cydweithio rhwng Llywodraeth Cymru, Cyfoeth Naturiol Cymru, yr heddlu, y Gwasanaeth Tân, Rhwydwaith Gwybodaeth Asiantaeth y Llywodraeth a Gwasanaeth Erlyn y Goron yn rhan sylfaenol o'r broses o ganfod, atal, archwilio a gorfodi mewn achosion o droseddau bywyd gwyllt a gwledig, ar lefel strategol genedlaethol ac ar lefel weithredol ranbarthol. Mae swyddogion Llywodraeth Cymru yn cydweithio'n agos â phedwar o Heddluoedd Cymru, Cyfoeth Naturiol Cymru a chyrrff gorfodi eraill drwy Grŵp Troseddau Bywyd Gwyllt a Gwledig Cymru. Mae'r Grŵp yn nodi blaenoriaethau ranbarthol o ran troseddau yn erbyn bywyd gwyllt yn ogystal â sicrhau bod buddiannau Cymru'n cael eu cynrychioli ar lefel Grwpiau Cyflawni Blaenoriaethau y DU gan gynnwys Grŵp Cyflawni'r Flaenoriaeth i Atal yr Erid ar Adar Ysglyfaethus. Mae atal yr erlid ar adar ysglyfaethus yn flaenoriaeth yng Nghymru yn ogystal â'r DU yn gyfan. Un o amcanion cyffredin y Grwpiau yng Nghymru ac yn y DU yw 'diogelu adar ysglyfaethus rhag gael eu herlid drwy ddatblygu a rhannu methodoleg arfer gorau i ddiogelu adar, eu hwyau a'u nythod'.

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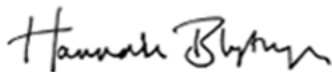
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Yn 2017 rhoddodd Llywodraeth Cymru gyllid i'r 'Adolygiad i Atal ac Archwilio i Droseddau Bywyd Gwyllt yng Nghymru'. Cynhaliwyd yr Adolygiad gan yr Uned Troseddau Bywyd Gwyllt Genedlaethol ac roedd yn cynnwys 21 o argymhellion sy'n cael eu hystyried gan Grŵp Troseddau Bywyd Gwyllt a Gwledig Cymru ar hyn o bryd. Roedd yr adroddiad yn tynnu sylw at lwyddiant rhoi swyddogion yr heddlu ar secondiad gyda Cyfoeth Naturiol Cymru yn ogystal â sefydlu timau penodol ar gyfer troseddau gwledig o fewn heddluoedd Cymru. Byddaf yn parhau i gefnogi Cyfoeth Naturiol Cymru yn eu hymrwymiad i gydweithio gyda Heddluoedd Cymru i annog pobl i gydymffurfio gyda, a gorfodi deddfwriaeth bywyd gwyllt ac amgylcheddol yng Nghymru. Mae hyn yn cynnwys parhau i ariannu swyddogion yr heddlu ar secondiad sy'n hanfodol er mwyn cyflawni'r gwaith hwn. Rwyf yn falch o ddweud bod y model 'tim troseddu gwledig' wedi'i ymestyn, ac mae bellach yn cynnwys Heddluoedd Gogledd Cymru a Heddlu Dyfed Powys. Mae Heddluoedd De Cymru a Gwent hefyd yn ystyried sefydlu timau tebyg.

Roedd yr Adolygiad yn tynnu sylw at arferion gorau ac yn edrych ar fylchau mewn gwybodaeth a phroblemau wrth fynd ymlaen i erlyn. Ni chafodd trwyddedu saethu adar hela / ceidwaid adar hela ei nodi fel problem ac felly ni chafod ei restru yn yr argymhellion. Wrth gynnal ymchwiliadau gyda'r heddlu, nid yw fy swyddogion wedi gorfod wynebu unrhyw broblemau o ran adnabod perchnogion tir lleol a'r rhai hynny sydd â buddiannau mewn adar hela, ac felly nid ydynt yn gweld bod unrhyw fantais i gyflwyno trefn drwyddedu a fyddai'n cymryd amser ychwanegol ac yn gostus i'w rhoi ar waith, heb unrhyw fantais amlwg o gymharu â'r drefn bresennol o ddelio gydag achosion erlid adar ysglyfaethus.

Yn gywir



Hannah Blythyn AC
Gweinidog yr Amgylchedd
Minister for Environment

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

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

Geiriad y ddeiseb

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

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

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

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

Gwybodaeth ychwanegol

Pam yr ydym yn gwrthwynebu'r penderfyniad:

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

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

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

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

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

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

Etholaeth a Rhanbarth y Cynulliad

- Wreccsam
- Gogledd Cymru



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

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

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22 November 2018

Dear

David,

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

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

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

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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Huw.Irranca-Davies@llyw.cymru
Correspondence.Huw.Irranca-Davies@gov.wales

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

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

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

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

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

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

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

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

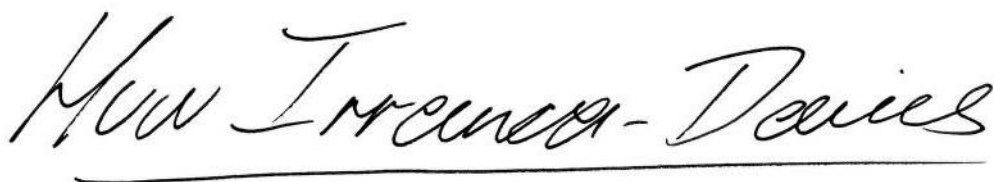
In addition to this I intend to undertake a series of regional meetings with Directors and Cabinet Members for Health and Social Services within authorities to discuss the outcome of these reviews to ensure that it is the case that any reduction in direct support from an authority is not impacting on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

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

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

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

Yours sincerely,

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

Huw Irranca-Davies AC/AM

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

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

Eich cyf/Your ref Petition P-05-771

David J Rowlands AM
Chair
Petitions Committee
National Assembly for Wales

SeneddPetitions@assembly.wales

3rd December 2018

Dear Mr Rowlands,

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

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

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

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

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

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

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

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

Yours in hope,

Nathan Lee Davies
#SaveWILG campaign

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

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

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

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

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

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

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

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

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

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

P-05-812 Dylid gweithredu canllawiau NICE ar gyfer trin Anhwylder Personoliaeth Ffiniol

Cyflwynwyd y ddeiseb hon gan Keir Harding ac ystyriwyd gan y Pwyllgor am y tro cyntaf yn ystod Mai 2018, ar ôl casglu 812 o lofnodion ar-lein.

Geiriad y ddeiseb

Rydym yn galw ar Lywodraeth Cymru i sicrhau bod ymddiriedolaethau GIG yng Nghymru yn gweithredu canllawiau NICE ar gyfer trin Anhwylder Personoliaeth Ffiniol neu gyfiawnhau pam nad ydynt yn gwneud hynny.

Cyhoeddwyd dogfen o'r enw No Longer a Diagnosis of Exclusion, a oedd yn amlygu bod y rhai a gafodd ddiagnosis o anhwylder personoliaeth yn cael eu cam-drin, yn 2003.

Cyhoeddwyd canllawiau NICE ar gyfer Anhwylder Personoliaeth Ffiniol yn 2009. Naw mlynedd yn ddiweddarach, ac mae llai na hanner ymddiriedolaethau Cymru yn darparu gwasanaethau sy'n cydymffurfio â'r canllawiau. Mae hyn yn cymharu ag 84 y cant yn Lloegr.

Mae pobl sydd â'r diagnosis hwn yn aml yn dod o gefndiroedd o gamdriniaeth ac esgeulustod.

Bydd 1 o bob 10 o bobl gyda'r diagnosis hwn yn marw drwy hunanladdiad. Darganfu'r Ymchwiliad Cyfrinachol Cenedlaethol i Ddynladdiad a Hunanladdiad, o'r 1 o bob 10 o bobl a derfynodd eu bywydau dros gyfnod eu hastudiaeth, nid oedd yr un ohonynt yn derbyn gofal a argymhellir gan NICE.

Mae arbenigwyr yn y maes yn rhybuddio y bydd ymddiriedolaethau iechyd nad oes ganddynt wasanaethau arbenigol yn or-ddibynnol ar driniaeth breifat y tu allan i'r ardal. Cefnogwyd y farn hon gan gynrychiolwyr o ymddiriedolaethau nad oes ganddynt wasanaethau arbenigol yn y gynhadledd Anhwylder Personoliaeth Cymru yng Nghaerdydd yn 2016.

Rhaid inni wneud rhagor i gefnogi'r rhai sydd wedi goroesi camdriniaeth, ac wedi cael digon o gam eisoes.

Rhaid inni hefyd wneud rhagor i amddiffyn trethdalwyr Cymru, drwy ddarparu gwasanaethau cymunedol effeithiol yn hytrach na lleoliadau trin drud y tu allan i'r ardal.

Rydym yn galw ar Lywodraeth Cymru i sicrhau bod ymddiriedolaethau GIG yng Nghymru yn gweithredu canllawiau NICE ar gyfer trin Anhwylder Personoliaeth Ffiniol neu gyfiawnhau pam nad ydynt yn gwneud hynny.

Etholaeth a Rhanbarth y Cynulliad

- Wrecsam
- Gogledd Cymru



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Our Ref: TCM/DR/cw

Date: 18th October 2018

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

ABMU Health Board
Headquarters
One Talbot Gateway, Seaway Parade,
Port Talbot
SA12 7BR

01639 683302
WHTN: 1787 3302

seneddpetitions@assembly.wales

Dear Mr Rowlands

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

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

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

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

• Chairman/Cadeirydd: **Andrew Davies**

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

ABM Headquarters/ Pencadlys ABM, One Talbot Gateway, Seaway Parade, Baglan Energy Park, Port Talbot. SA12 7BR.

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

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

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

www.abm.wales.nhs.uk

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

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

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

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

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

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

Yours sincerely



TRACY MYHILL
CHIEF EXECUTIVE

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



GIG
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Abertawe Bro Morgannwg
University Health Board



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

'Dechrau Newydd' – A fresh start

AUGUST 2015

DIALECTICAL BEHAVIOUR THERAPY (DBT)

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

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

BACKGROUND TO THE SERVICE

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

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

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

A VISION FOR 'DECHRAU NEWYDD – A FRESH START

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

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

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

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

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

Phased Development – Five Year Plan

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

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

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

Phase One – 18 months

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

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

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

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

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

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

Phase Two – 1-2 years

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

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

Phase Three – 18 months

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

Service Development – Where does Dechrau Newydd sit?

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

Governance

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

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

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

Accommodation

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

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

Team requirements

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

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

Team ambition

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

EVIDENCE OF FINANCIAL COST SAVINGS

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

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

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

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

TEAM PROPOSAL

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

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

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

CRITERIA AND REMIT OF THE TEAM

DBT Team

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

Inclusion criteria for Dechrau Newydd in Phase One:

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

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

Exclusion criteria:

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

Criteria for CAT in Phase Two:

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

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

Consultation/Staff skills training

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

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

Referral pathway

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

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

Training Costs for Year One

Phase One

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

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

TOTAL TRAINING COSTS (not including travel and accommodation):
£24,900

TOTAL SET UP COSTS:

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

Evaluation

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

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

REFERENCE:

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

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

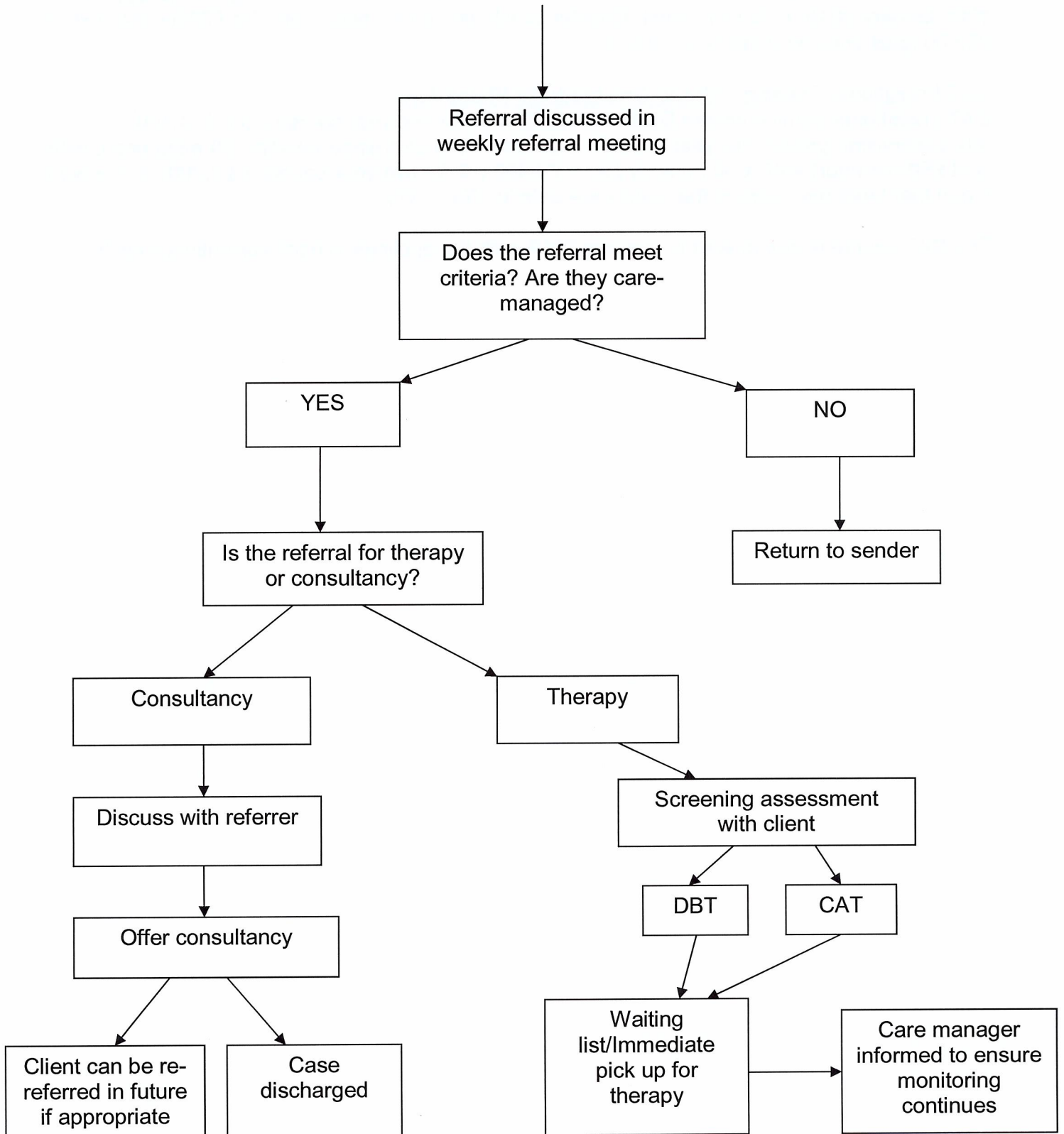
Wagner, et al. (2014). Societal cost-of-illness in patients with borderline personality disorder one year before, during and after dialectical behavior therapy in routine outpatient care. *Behaviour Research and Therapy*, 61, 12-22.

APPENDIX A

Referral pathway for accessing the team.

Referral received

Tudalen y pecyn 76



APPENDIX B

Training information – dates/costs

DBT Refresher Courses – Phase One

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

CAT Practitioner Training – Phase One ready for Phase Two

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

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

P-05-812 Gweithredu canllawiau NICE ar Anhwylder Personoliaeth Ffiniol

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

Briff Ymchwil: Crynodeb o ymatebion y Byrddau Iechyd

P-05-812 Gweithredu canllawiau NICE ar Anhwylder Personoliaeth Ffiniol

Testun y Ddeiseb:

Cyhoeddwyd dogfen o'r enw No Longer a Diagnosis of Exclusion, a oedd yn amlygu bod y rhai a gafodd ddiagnosis o anhwylder personoliaeth yn cael eu cam-drin, yn 2003.

Cyhoeddwyd canllawiau NICE ar gyfer Anhwylder Personoliaeth Ffiniol yn 2009. Naw mlynedd yn ddiweddarach, ac mae llai na hanner ymddiriedolaethau Cymru yn darparu gwasanaethau sy'n cydymffurfio â'r canllawiau. Mae hyn yn cymharu ag 84 y cant yn Lloegr.

Mae pobl sydd â'r diagnosis hwn yn aml yn dod o gefndiroedd o gamdriniaeth ac esgeulustod.

Bydd 1 o bob 10 o bobl gyda'r diagnosis hwn yn marw drwy hunanladdiad.

Darganfu'r Ymchwiliad Cyfrinachol Cenedlaethol i Ddynladdiad a Hunanladdiad, o'r 1 o bob 10 o bobl a derfynodd eu bywydau dros gyfnod eu hastudiaeth, nid oedd yr un ohonynt yn derbyn gofal a argymhellir gan NICE.

Mae arbenigwyr yn y maes yn rhybuddio y bydd ymddiriedolaethau iechyd nad oes ganddynt wasanaethau arbenigol yn or-ddibynol ar driniaeth breifat y tu allan i'r ardal. Cefnogwyd y farn hon gan gynrychiolwyr o ymddiriedolaethau nad oes ganddynt wasanaethau arbenigol yn y gynhadledd Anhwylder Personoliaeth Cymru yng Nghaerdydd yn 2016.

Rhaid inni wneud rhagor i gefnogi'r rhai sydd wedi goroesi camdriniaeth, ac wedi cael digon o gam eisoes.

Rhaid inni hefyd wneud rhagor i amddiffyn trethdalwyr Cymru, drwy ddarparu gwasanaethau cymunedol effeithiol yn hytrach na lleoliadau trin drud y tu allan i'r ardal.

Rydym yn galw ar Lywodraeth Cymru i sicrhau bod ymddiriedolaethau GIG yng Nghymru yn gweithredu canllawiau NICE ar gyfer trin Anhwylder Personoliaeth Ffiniol neu gyfiawnhau pam nad ydynt yn gwneud hynny.

Crynodeb o Ymatebion y Byrddau Iechyd Lleol

Ar 30 Gorffennaf 2018, ysgrifennodd y Pwyllgor Deisebau at y saith Bwrdd Iechyd Lleol (BILL) yng Nghymru i gael gwybodaeth am y gwasanaethau maent yn darparu ar hyn o bryd i bobl ag anhwylder personoliaeth ffiniol yn eu hardal, ac yn benodol p'un a yw gwasanaethau arbenigol ar gael yn unol â chanllawiau NICE. Darparwyd ymatebion gan bob un o'r 7 BILL.

Mae'r canlynol yn cynnwys **crynodeb o'r gwasanaethau a ddarperir ar hyn o bryd** i bobl ag anhwylder personoliaeth ffiniol:

- Mae'r Byrddau Iechyd Lleol (BILL) yn ceisio sicrhau'r Pwyllgor bod gwasanaethau seicolegol a therapiwtig i'r rhai ag anhwylder personoliaeth ffiniol ar gael yn eu hardaloedd lleol. Fodd bynnag, mae'n amlwg o'r ymatebion bod amrywiad o ran mynediad i wasanaethau a ddarperir ar hyn o bryd ar draws ardaloedd byrddau iechyd gwahanol.
- Caiff y brif ddarpariaeth gofal i bobl sydd â diagnosis o anhwylder personoliaeth ffiniol ei ddarparu'n bennaf o fewn gwasanaethau iechyd meddwl eilaidd, ynghyd â darpariaeth arbenigol ychwanegol.
- Nid yw Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BCUHB) yn darparu gwasanaeth arbenigol cynhwysfawr llawn ar hyn o bryd ar draws y gogledd. Ar hyn o bryd, mae Bwrdd Iechyd Addysgu Powys (PTHB) yn comisiynu rhai gwasanaethau gan Fyrddau Iechyd eraill Cymru a gan y sector annibynnol (ond maent yn datblygu model newydd i ddarparu gwasanaethau ym Mhowys).
- Darperir ystod o ymyriadau arbenigol i bobl â diagnosis o anhwylder personoliaeth ffiniol, gan gynnwys Therapi Gwybyddol Ymddygiadol, Seicotherapi, a Therapi Dadansoddol Gwybyddol (ymysg eraill), ond mae'r ffocws wedi bod ar sefydlu arbenigedd wrth ddarparu Therapi Ymddygiad Dialectig (DBT) yn unol â chanllawiau NICE.
- Mae mewnbwn arbenigol yn cael ei ddatblygu a'i ehangu gan dimau aml-ddisgyblaeth hyfforddi ac uwch-sgilio ymarferwyr a chlinigwyr yn y Timau Iechyd Meddwl Cymunedol (CMHTs), i ddatblygu gweithlu aml-broffesiynol sy'n hysbys yn seicolegol.
- Mae'r dystiolaeth ar ba driniaeth sydd ar gael i bobl ifanc ag anhwylder personoliaeth ffiniol sy'n dod i'r amlwg yn gymysg. Er enghraifft, mae DBT ar gael drwy'r Gwasanaethau Iechyd Meddwl Plant a Glasoed (CAMHS) arbenigol ym Mwrdd Iechyd Prifysgol Hywel Dda (HDUHB), ond mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (CVUHB) yn amlygu bylchau mewn gwasanaethau i gefnogi'r broses o bontio pobl ifanc ag anhwylder personoliaeth sy'n dod i'r amlwg o CAMHS i wasanaethau iechyd meddwl (fel y nodir yng nghanllawiau NICE).

- Dywedwyd wrthym fod gwasanaethau y tu allan i'r ardal yn cael eu defnyddio fel dewis olaf – pan fydd risg cleifion yn uchel iawn a/neu pan fydd angen darparu ymyriadau mewn lleoliad cleifion mewnol.

Gellir gweld yr ymatebion unigol gan y Byrddau Iechyd [yma](#).

Eitem 3.3

P-05-817 Aelodau prosthetig arbenigol i blant

Cyflwynwyd y ddeiseb hon gan Rebecca Roberts ar ôl casglu 116 o lofnodion

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod nawdd ar gael er mwyn darparu aelodau prosthetig chwaraeon arbenigol i bob plentyn yng Nghymru sydd wedi colli coes / braich.

Rydym yn croesawu'r newyddion diweddar fod Llywodraeth San Steffan wedi cadarnhau bydd £1.5 miliwn ychwanegol ar gael i ddatblygu aelodau prosthetig arbenigol i blant a phobl ifanc yn Lloegr.

Rydym yn gofyn am yr un lefel o gefnogaeth i blant a phobl ifanc yng Nghymru, fel bod aelod prosthetig arbenigol ar gael drwy'r GIG i unrhyw blentyn neu berson ifanc buasai'n elwa o gael un.

Gwybodaeth Ychwanegol

Ganwyd fy merch gyda chyflwr prin o'r enw Fibular Hemimelia, sy'n golygu bod yna esgyrn ar goll yn ei choesau. Mae ganddi hi gyflwr prin iawn, sy'n effeithio ar ei dwy goes. Ychydig o ddiwrnodau ar ôl ei phen-blwydd cyntaf, aeth hi i Ysbyty Alder Hey i gael torri ei choesau. Ychydig fisoedd wedyn aeth hi at y Ganolfan Aelodau yn Wrecsam Maelor i gael ei phâr cyntaf o goesau prosthetig.

Rydym ni wedi cael gofal heb ei ail gan staff y Ganolfan, ond mae ei choesau yn drwm ac yn anhyblyg. Mae hi'n medru cerdded, ond yn araf. Mae hi'n medru dringo, gyda thrafferth. Nid ydi hi erioed wedi profi'r teimlad o redeg nerth ei thraed, na chadw cyflymder gyda'i chefnodyd wrth chwarae yn y parc. Mae hi wedi goresgyn pob anhawster hyd yma, ond bydd hi'n wynebu rhagor wrth iddi dyfu.

Fel rhiant, fy nymuniad yw iddi gael bod y fersiwn gorau ohoni hi ei hun; iddi gael chwarae heb frwydro i gadw cyflymder â'i ffrindiau, ac iddi fedru cymryd rhan ymhob peth mae hi'n dymuno gwneud.

Yn fuan bydd hi'n ddigon hen i gael aelodau prosthetig arbenigol. Pe bai nhw ar gael iddi drwy'r GIG buasai'n gwneud byd o wahaniaeth i'w bywyd beunyddiol.

Dwi'n deall bod plant eraill yng Nghymru wedi colli aelodau, ac eu bod nhw'n wynebu heriau tebyg. Rydw i'n credu bod ein plant ni yr un mor haeddiannol o gymorth arbenigol â phlant Lloegr. Nifer bychan o blant sydd wedi colli aelod yng Nghymru, does dim angen yr un lefelau o nawdd; eto mae eu hanghenion yr un fath. Nid ydym yn gofyn am filiynau, ond am gydraddoldeb.

Mi fydd fy merch yn treulio ei hoes gyfan yn gwisgo aelodau prosthetig. Fe all cefnogaeth arbenigol wneud cymaint o les iddi. Rhowch iddi, ac i blant eraill fel hi, yr un gefnogaeth a roddir i blant Lloegr.

Etholaeth a Rhanbarth y Cynulliad

- Dyffryn Clwyd
- Gogledd Cymru

Welsh Health Specialised Services Committee (WHSSC) response to:

Petition P-05-817 Specialist prosthetics for child amputees

Prosthetics limbs for children – Nov 2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

P-05-842 Rhowch lais i bobl ifanc yn y broses o gomisiynu gwasanaethau lleol yng Nghymru

Cyflwynwyd y ddeiseb hon gan Changing Minds Campaign Group, wedi iddi gasglu 1,387 o lofnodion ar-lein a 2,865 ar bapur, sef cyfanswm o 4,252 o lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gydnabod y ffaith nad yw'r lefel bresennol o gyfranogiad pobl ifanc yn y broses o gomisiynu gwasanaethau yn caniatáu i grwpiau ymylol gael eu cynnwys yn y broses honno. Rydym yn gofyn am adolygiad o'r polisïau a'r canllawiau sydd ar waith, ynghyd ag argymhelliad bod canllawiau newydd gorfodol ar waith ar gyfer gwasanaethau a gomisiynir ar gyfer pobl ifanc.

Mae angen i holl bobl ifanc Cymru gael y cyfle i leisio barn a rhannu eu profiadau mewn modd ystyrlon, a hynny at ddibenion llunio'r gwasanaethau sydd ar gael i'w cefnogi. Rydym yn gofyn i chi gefnogi'r broses o hyrwyddo newidiadau a fydd yn arwain at gyflawni'r nod hwn. Fel pobl ifanc, rhaid inni gael y cyfle i rannu ein syniadau a'n safbwyntiau ynghylch y prosiectau y mae arnom eu hangen yn ein hardaloedd ni.

Ar hyn o bryd, dim ond cynghorau/fforymau ieuenctid sy'n destun ymgynghoriadau, ac nid yw'r drefn hon yn cynrychioli'r rheini sy'n ei chael yn anodd bod yn rhan o fforymau o'r fath, fel yr un o bob pump o oedolion ifanc sydd ag anhwylder iechyd meddwl y gellir gwneud diagnosis ohono. Mae angen llwyfan ar y bobl ifanc hynny na fyddant, o bosibl, yn gallu cymryd rhan yn y cynlluniau presennol yn sgil eu problemau iechyd meddwl, er mwyn iddynt gael cyfle i leisio barn ar wasanaethau a phrosiectau sy'n effeithio arnynt yn uniongyrchol.

Rydym yn grŵp o bobl ifanc sydd wedi bod yn rhan o'r Prosiect Newid Meddyliu, sy'n cael ei gydlynw gan sefydliad Newport Mind. Disgwylir i'r prosiect hwn gollu arian ym mis Tachwedd. Yn sgil y sefyllfa hon, rydym wedi bod yn dysgu am y broses gomisiynu, sydd wedi arwain at greu'r ddeiseb hon ac i'n hymgyrch ehangach, sef #changeit. Bydd cynnwys pobl ifanc â phroblemau iechyd meddwl yn uniongyrchol y

broses gomisiynu yn hwyluso'r broses o deilwra gwasanaethau ac yn gwella hyder y bobl a dargedir gan y gwasanaethau a ddarperir.

"Roedd y cyfle i gyfrannu at y prosiect hwn yn gyfle imi wir ddeall pryderon pobl ifanc a'r problemau y maent yn eu hwynebu. Heb fod y pryderon hyn yn cael eu codi a'u cynnwys wrth lansio unrhyw bolisi sy'n effeithio ar bobl ifanc, bydd unrhyw fenter sy'n effeithio arnynt yn ddiffygiol".

Gwybodaeth Ychwanegol

Mae'r ddogfen 'Dull Gweithredu Seiliedig ar Hawliau Plant yng Nghymru' gan Gomisiynydd Plant Cymru yn fframwaith ar gyfer ymgorffori hawliau plant mewn gwasanaethau sy'n ymwneud â phobl ifanc. Mae'r rhain yn ganllawiau, ac felly nid ydynt yn orfodol. Maent yn seiliedig ar Erthygl 12 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn (UNCRC), sy'n amlinellu hawl plant i fod yn rhan o greu a gweithredu polisiau—yn enwedig y rhai sy'n effeithio ar eu demograffig nhw.

Mae Adroddiad Blynyddol Comisiynydd Plant Cymru ar gyfer 2016/2017 (yr Adroddiad) yn tynnu sylw penodol at y ffaith bod y Comisiynydd yn dymuno gweld pobl ifanc yn cael eu hintegreiddio yn y broses gomisiynu i raddau mwy helaeth.

Mae'r canllawiau cyfredol ar gyfer cyfranogiad pobl ifanc yng Nghymru wedi'u cynnwys yn nogfen 'Cyfranogiad Plant a Phobl Ifanc yng Nghymru Arfer Da 2016', ymhlith pethau eraill. Mae'r saith 'safon graidd' sydd wedi'u nodi yn y canllaw yn gamau cychwynnol ardderchog.

O ran y safonau a'r dulliau hyn, er eu bod yn cael eu bodloni'n rhannol mewn rhai awdurdodau yng Nghymru, mae'r ffaith nad ydynt yn orfodol yn golygu nad ydynt yn ddigonol ar gyfer sicrhau atebolrwydd ynghylch yr holl wasanaethau sy'n ymwneud â phobl ifanc.

Rydym yn ceisio sicrhau bod gan bobl ifanc o grwpiau ymylol lais yn y broses o wneud penderfyniadau, yn ogystal â sicrhau bod y gwasanaethau sy'n cael eu darparu ar gyfer pobl ifanc ledled Cymru o safon ragorol a chyson.

Mae ein deiseb yn cyd-fynd ag Argymhelliad 10 o'r adroddiad 'Cadernid Meddwl', sy'n tynnu sylw at lefelau'r gwasanaethau iechyd meddwl sy'n cael

eu darparu i bobl ifanc ar hyn o bryd, ac yn ategu'r gwaith a wneir gan y Rhaglen Law yn Llaw at Blant a Phobl Ifanc.

Heb newid y canllawiau presennol, bydd pobl ifanc ledled Cymru yn parhau i gael eu gwthio i'r cyrion. Yn benodol, bydd y rhai sydd â phroblemau iechyd meddwl neu anghenion ychwanegol, sef y rhai nad ydynt, o bosibl, yn gallu cymryd rhan yn y mentrau cyfranogiad ieuenctid cyfyngedig sydd ar gael ar hyn o bryd, yn parhau i'w chael yn anodd lleisio barn.

Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Casnewydd
- Dwyrain De Cymru

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/03600/18

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21 November 2018

Dear David,

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

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

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

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

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

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

Tudalen y pecyn 92

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely,



Vaughan Gething AC/AM

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

Tudalen y pecyn 94

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

Dear David,

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

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

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

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

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

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

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

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

Thank you again for your time.

Kindest regards,

The #Changeit Campaign Group

P-05-807 Dylid adolygu a newid y canllawiau o ran gwobrau am bresenoldeb mewn ysgolion yng Nghymru

Cyflwynwyd y ddeiseb hon gan Laura Charles-Price ac ystyriwyd am y tro cyntaf yn ystod Ebrill 2018, ar ôl casglu 123 o lofnodion ar-lein.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i adolygu unrhyw ganllawiau y mae'n eu rhoi o ran gwobrau am bresenoldeb mewn ysgolion yng Nghymru.

Mae llawer o blant ledled Cymru yn dioddef o salwch cronig sy'n effeithio ar eu presenoldeb yr ysgol. Gall plentyn golli ysgol oherwydd y salwch ei hun neu oherwydd apwyntiadau ysbyty y mae'n rhaid iddo fynd iddynt mewn cysylltiad â'r salwch.

Caiff gwobrau am bresenoldeb, y mae llawer o'r plant hyn yn colli cyfle i'w hennill, eu cyflwyno gan ysgolion bob blwyddyn. Mae hyn yn annheg, ac mae hefyd yn gwahaniaethu yn erbyn y plant hyn.

Hoffwn gynnig bod Llywodraeth Cymru naill ai'n cyflwyno ystyriaethau ar gyfer y plant hyn, neu'n cynghori awdurdodau lleol ac ysgolion na ddylid rhoi gwobrau am bresenoldeb.

Etholaeth a Rhanbarth y Cynulliad

- Gŵyr
- Gorllewin De Cymru

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



Llywodraeth Cymru
Welsh Government

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

David John Rowlands AM
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21st November 2018

Dear David,

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

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

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

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

I hope this information is of help.

Yours sincerely

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

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

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

Tudalen y pecyn 98

P-05-824 Ffordd Osgoi Derwen Brimmon y Drenewydd

Cyflwynwyd y ddeiseb hon gan Mervyn Lloyd Jones ar ôl casglu 402 o lofnodion.

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ystyried ein cynnig i roi 'Ffordd Osgoi Derwen Brimmon y Drenewydd' yn enw swyddogol ar adran newydd o ffordd yr A483—adran hanesyddol yr oedd mawr ei hangen.

Dylid gwneud hyn i gydnabod y cyhoeddusrwydd cadarnhaol iawn y mae un o 'Henebion Naturiol' mwyaf arwyddocaol Sir Drefaldwyn, sef Derwen Brimmon, wedi'i greu i'r Drenewydd, i'r rhanbarth ac i Gymru.

Yn gyntaf, enillodd wobwr Coeden Gymreig y Flwyddyn cyn ennill gwobr 'UK Tree of the Year'—cystadleuaeth a ddarllledwyd ar deledu cenedlaethol. Yna, cafodd ail yng nghystadleuaeth fawreddog 'European Tree of the Year' (2017), mewn seremoni yn Senedd yr UE ym Mrwsel a gafodd lawer o sylw. Teimlwn y dylai'r dderwen hynafol hon, sydd o bwysigrwydd diwylliannol mawr, ac sydd bellach yn adnabyddus ledled Cymru, y DU ac yn wir y byd, gael ei hanrhydeddu yn y modd hwn.

Etholaeth a Rhanbarth y Cynulliad

- Sir Drefaldwyn
- Canolbarth a Gorllewin Cymru

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref KS/03209/18

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau

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Amryd David,

20 Tachwedd 2018

Diolch am eich llythyr dyddiedig 29 Hydref ynghylch Deiseb P-05-824: Ffordd Osgoi Derwen Brimmon y Drenewydd.

Ysgrifennais at y Cynghorydd Sir Rosemarie Harris, Arweinydd Gweithredol Cyngor Sir Powys ar 25 Awst ynghylch y mater hwn. Amgaeaf gopi o'r ohebiaeth er eich gwybodaeth. Nid wyf wedi derbyn unrhyw opsiynau a ffeirir sydd wedi bod yn destun gwaith ymgynghori ar lefel leol gan Gyngor Tref y Drenewydd a Llanllwchaiarn na chan Gyngor Sir Powys.

Yr Gymer,
Ken

Ken Skates AC/AM

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

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

Tudalen y pecyn 100
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

P-05-841 Cynnwys cynnig amgen 'Pont Benidgeidfran' ar gyfer trydedd bont dros y Fenai yn y broses asesu ffurfiol

Cyflwynwyd y ddeiseb hon gan Benji Poulton, ar ôl casglu 278 o lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ystyried yn ffurfiol y cynnig amgen ar gyfer trydedd bont dros y Fenai, a gaiff ei hadnabod fel 'Pont Bendigeidfran' (fel y'i disgrifir yn y fideo hwn <https://www.youtube.com/watch?v=Ty2q-ctJZKM>).

Mae'r cynnig hwn yn cynnig buddion cynyddol o ran cost oes gyfan, ei allu i wella'r tirlun arbennig, buddion o ran traffig (o ran llif traffig a chadernid y rhwydwaith), lleddfu amgylcheddol, hybu twristiaeth, a hyrwyddo diwylliant Cymru. Mae hefyd yn cyd-fynd yn well â'r ddeddfwriaeth gyfredol, er enghraifft Deddf Llesiant Cenedlaethau'r Dyfodol. Ymddengys bod modd cyflawni'r cynnig hwn o safbwynt peirianyddol, a bydd yn ychwanegiad mwy priodol i'r ddwy bont fyd enwog y ceir eioes yn y lleoliad hwn.

Rydym felly'n galw am asesu'r cynnig amgen hwn yn llawn ochr yn ochr â'r opsiynau gwreiddiol a gyflwynwyd yn ymgynghoriad cyhoeddus diweddar Llywodraeth Cymru ynghylch trydedd bont dros y Fenai.

Etholaeth a Rhanbarth y Cynulliad

- Arfon
- Gogledd Cymru



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

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau.

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Amrygl David,

20 Tachwedd 2018

Diolch ichi am eich llythyr dyddiedig 31 Hydref ynghylch Deiseb P-05-841 i gynnwys y dewis arall i'r cynnig 'Pont Bendigeidfran' ar gyfer y 3ydd Bont ar draws y Fenai yn y broses asesu ffurfiol.

Fel y nodais yn fy llythyr i'r Pwyllgor Deisebau ar 24 Medi, mae cynnig Mr Poulton yn cael ei asesu a'i ystyried ymhellach. Mae'r ymgynghorwyr AECOM a Knight Architects yn asesu a datblygu cysyniadau dylunio pontydd sy'n cydweddu orau â thirwedd y Fenai ac mae ymgynghoriad ar yr opsiynau hyn â Comisiwn Dylunio Cymru yn parhau.

Rhan o'r asesiad yw penderfynu a ddylid cynnwys cerflunwaith ar strwythurau pontydd, megis Pont Bendigeidfran Mr Poulton. Fel yn achos pob buddsoddiad a wneir mewn prosiectau seilwaith, mae sicrhau'r budd economaidd gorau posibl yn rhan allweddol o ddatblygiad cynllun a bydd hynny'n wir hefyd yn achos y 3ydd Bont ar draws y Fenai. Bydd ymgynghori a cheisio barn a chefnogaeth pob rhanddeiliad allweddol hefyd yn rhan hollbwysig ac allweddol o ddatblygiad y cynllun hwn.

Yr Gymin
Ken

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

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

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

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

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

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

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

Many thanks,

Benji

Eitem 3.8

P-05-778 Amddiffyn Cyllyll Môr ar Draeth Llanfairfechan

Cyflwynwyd y ddeiseb hon gan Vanessa L Dye ac ystyriwyd am y tro cyntaf gan y Pwyllgor yn ystod Hydref 2017, ar ôl casglu 225 o lofnodion ar-lein a 234 ar bapur – cyfanswm o 459 lofnodion.

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i wneud y canlynol:

- comisiynu astudiaeth ymchwil i ganfod cyflwr gwelyau'r cyllyll môr a'u hyfywedd fel adnodd naturiol hirdymor, a rhoi moratoriwm ar waith ar gyfer pysgota cyllyll môr hyd nes y gall yr ymchwil adrodd ar ei ganfyddiadau;
- cadarnhau tymor 'caeëdig' ar gyfer cynaeafu cyllyll môr sy'n cyd-fynd â'r tymor silio h.y. mis Mai i fis Medi;
- llunio rheoliadau yn ogystal â'r maint glanio lleiaf o 10cm i gynnwys cwotâu penodol y mae unigolion yn cael eu casglu; a
- chyflwyno deddfwriaeth a rheoliadau i amddiffyn y cyllyll môr ar draeth Llanfairfechan.

"Mae'r cynaeafu ar raddfa fawr o gyllyll môr ar draeth Llanfairfechan wedi bod yn destun pryder i lawer o drigolion a chadwraethwyr ers nifer o flynyddoedd." (Cyf: llythyr at Lesley Griffiths AC, Ysgrifennydd y Cabinet gan Janet Finch Saunders AC 28 Gorffennaf 2017.)

Ar hyn o bryd yr unig reolaeth reoliadol ar gyllyll môr yw bod yn rhaid iddynt fod â maint glanio lleiaf cyfreithiol o 10cm, ac mae gwiriadau sy'n ymwneud â rheoli'r hyn sy'n dod yn rhan o'r gadwyn fwyd. Mae llawer o drigolion yn pryderu am y diffyg ymddangosiadol o weithdrefnau a/neu reoliadau sy'n llywodraethu'r broses o gasglu cyllyll môr yn enwedig o ran dynodi tymor 'caeëdig' yn ystod silio, y cwotâu a ganiateir, a'r angen am gynnal gwaith ymchwil ar y cyllyll môr i ganfod yr effaith ar yr ecosystem a'r amgylchedd lleol.

Ers 2013 nodwyd gan nifer o ffynonellau fod cyllyll môr yn cael eu cynaeafu mewn niferoedd mawr o draeth Llanfairfechan. Mae tystiolaeth i gefnogi'r

honiad hwn wedi cael ei dogfennu ar sawl achlysur yn y cyfryngau cymdeithasol. Mae cais diweddar ar Hysbysfwrdd Llanfairfechan ar gyfer unrhyw luniau neu fideos o'r rheini sy'n casglu cyllyll môr yn dangos yn glir bod nifer fawr o bobl yn ymwneud â'r gweithgarwch hwn. Mae'r broses o gasglu'r cyllyll môr fel arfer yn digwydd ar ôl llanw uchel.

Gwybodaeth ychwanegol

Dyma rywfaint o gefndir hanesyddol am y mater hwn. Yn 2013 amlygwyd y cynaeafu gan bapur newydd Weekly News gan Tom Davidson pan nodwyd fod 'criw o dros 100 o bobl yn cynaeafu llawer iawn o gyllyll môr...' Roedd pryderon hefyd fod gweithwyr anghyfreithlon yn cael eu hecsbloetio a bod y cyllyll môr yn cael eu pysgota at ddibenion masnachol. Ar y pryd, dywedodd un o'r trigolion ei fod 'wedi gweld golygfeydd tebyg yn ymwneud â nifer cynyddol o gasglwyr yn ystod yr ychydig wythnosau diwethaf. Mae'r trigolion yn flin oherwydd y nifer fawr o gynaeafwyr gydag ofnau y gallai'r cynefin lleol gael ei ddifrodi yn anadferadwy, gyda channoedd o gyllyll môr yn cael eu casglu oddi ar y traeth yn rheolaidd.'

Er bod yr ofnau o ran bod y casglwyr yn cael eu defnyddio fel rhan o gaethwasiaeth fodern a'r pysgod cregyn yn dod yn rhan o'r gadwyn fwyd wedi cael eu tawelu gan ymdrechion parhaus yr heddlu a'r Asiantaeth Safonau Bwyd, mae canlyniadau amgylcheddol y broses gyson a systematig o gasglu cyllyll môr yn parhau i fod yn broblem fawr, a all effeithio ar fywyd adar môr ac eraill yn yr ardal, ynghyd ag achosi newidiadau posibl yn y dwysedd o dywod ar y traeth. Mae rhai pryderon ynglŷn â'r tywod yn ansefydlog mewn mannau a gallai pobl sy'n anghyfarwydd â'r traeth yn hawdd fynd i drafferthion e.e. mae rhai o'r casglwyr yn cynaeafu'r cyllyll môr gryn bellter i ffwrdd oddi wrth ddiogelwch y tir.

Mae wedi bod yn eithaf diraddiol a rhwystredig i ddinasyddion cyffredin wyllo'r ysbeilio o adnodd amgylcheddol ac yn cwestiynu pam mae sefydliadau sydd â chylch gwaith i warchod yr amgylchedd yn ymddangos i gael eu llyffetheirio oherwydd y diffyg gweithdrefnau/deddfau priodol. Mae hyn yn syndod o gofio bod traeth Llanfairfechan wedi'i dynodi'n Safle o Ddiddordeb Gwyddonol Arbennig, Ardal Gwarchodaeth Arbennig ac Ardal Cadwraeth Arbennig. 2013. Mae'n rhaid bod rheoliadau o fewn y cyrff hyn o

wybodaeth i fanteisio arnynt fel ffynhonnell i ddiogelu'r anghydbwysedd hwn
mewn ecosystem o'r fath?

Etholaeth a Rhanbarth y Cynulliad

- Aberconwy
- Gogledd Cymru

P-05-825 Diogelu ysgyfaint plant rhag llygredd niweidiol tra maent yn yr ysgol

Cyflwynwyd y ddeiseb hon gan British Lung Foundation Cymru, ar ôl casglu 159 o lofnodion.

Geiriad y ddeiseb

Mewn trefi a dinasoedd ledled Cymru, mae pobl yn anadlu lefelau llygredd aer sy'n anghyfreithlon ac sy'n niweidiol i'w hiechyd. Mae plant ymysg y rheiny sydd fwyaf diamddiffyn rhag llygredd aer. Mae eu hysgyfaint yn dal i dyfu, a gall aer llygredig arafu twf eu hysgyfaint, a golygu eu bod yn fwy tebygol o gael asthma, a phroblemau iechyd eraill, yn nes ymlaen yn eu bywyd.

Yn ôl cais rhyddid gwybodaeth gan y BLF i awdurdodau lleol yn 2017, gwelwyd nad oedd 68 y cant o ymatebwyr (15 o 22) yn monitro llygredd aer o fewn 10 metr o unrhyw un o'u hysgolion.

Yr ydym ni, sydd wedi arwyddo isod, yn galw ar Lywodraeth Cymru i fynnu bod pob Awdurdod Lleol yn monitro ansawdd yr aer y mae plant yn ei anadlu pan fyddant yn yr ysgol, fel bod gan y rheiny sy'n gwneud penderfyniadau y wybodaeth angenrheidiol i ymateb i llygredd aer.

Etholaeth a Rhanbarth y Cynulliad

- De Caerdydd a Phenarth
- Canol de Cymru



Ein cyf/Our ref HB/01054/18

David John Rowlands AC
Cadeirydd y Pwyllgor Deisebau.
Cynulliad Cenedlaethol Cymru
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20 Tachwedd 2018

Diolch am eich llythyr ar 2 Tachwedd ynghylch Deiseb P-05-825, sy'n ymwneud â diogelu ysgyfaint plant rhag llygredd niweidiol yn yr ysgol.

Mae gwella ansawdd aer i greu cymunedau iachach ac amgylchedd gwell yn flaenoriaeth i Lywodraeth Cymru ac mae ein Strategaeth Genedlaethol: Ffyniant i Bawb yn adlewyrchu hynny. Ac mae'n un o brif flaenoriaethau fy mhortffolio hefyd. Mae ansawdd aer yr awyr agored wedi gwella ar y cyfan dros y degawdau diwethaf. Mae'r diolch mwyaf am hynny i fesurau rheoli allyriadau llygredd o bwerau, diwydiant gan gynnwys ffermio, trafndiaeth a chartrefi. Ond mae gennym broblemau o hyd sy'n berygl mawr i iechyd y cyhoedd yn rhannau o Gymru. Un broblem arbennig yw'r deunydd gronynnol a ddaw o nifer o ffynonellau gan gynnwys trafndiaeth, diwydiant, cartrefi sy'n llosgi tanwydd solet a ffynonellau o wledydd yn Ewrop. Mae cael aer glân i'w anadlu yn bwysig i bob un ohonom, ond yn arbennig i'r rhai mwyaf sensitif honom, fel plant ifanc iawn, pobl hŷn a'r rheini ag anhwylderau.

Yr haf hwn, sefydlodd Llywodraeth Cymru y Rhaglen Aer Glân. Amcan y Rhaglen yw lleihau effaith aer brwnt ar iechyd pobl a'r amgylchedd naturiol, a chydymffurfio hefyd â safonau deddfwriaeth Ewrop a'r DU. Bydd y Rhaglen yn datblygu ac yn trefnu gweithredu ym mhob un o adrannau a sectorau'r Llywodraeth i leihau allyriadau a gwella ansawdd yr aer. Byddwn yn cyhoeddi manylion gweithgareddau i wella ansawdd aer mewn Cynllun Aer Glân i Gymru gan ymgynghori arno flwyddyn nesaf.

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

Tudalen y pecyn 108
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Fel y dywedais yn fy ymateb ichi ar 18 Gorffennaf, awdurdodau lleol sy'n gyfrifol am reoli llygredd aer yn eu hardaloedd fel rhan o'r drefn Rheoli Ansawdd Aer yn Lleol a sefydlwyd o dan Ran IV Deddf yr Amgylchedd 1995. Mae Llywodraeth Cymru wedi cyhoeddi llawr o ganllawiau statudol ynghylch beth y disgwylir i awdurdodau lleol ei wneud o dan y ddyletswydd hon. Mae hynny'n cynnwys monitro ansawdd aer yn eu hardal a pharatoi adroddiad arno bob blwyddyn. Mae Llywodraeth Cymru, ar y cyd ag awdurdodau lleol ac Iechyd Cyhoeddus Cymru, wedi creu templed ar gyfer paratoi'r adroddiad blynyddol. Defnyddir y templed i roi gwybod i'r cyhoedd am lygredd aer yn eu hardal, yr hyn sy'n cael ei wneud i'w wella a beth allan nhw ei wneud i gyfrannu at hynny.

O ran monitro ansawdd aer, mae gofyn i awdurdodau lleol wneud hynny ar sail ble mae'r risg. Mae disgwyl i awdurdodau lleol ganolbwyntio ar ble mae aelodau'r cyhoedd yn debygol o anadlu lefelau uchel o lygredd aer. Dylid dewis yr ardaloedd lle mae'r dystiolaeth, gan gynnwys tystiolaeth a roddir gan gymunedau lleol, yn awgrymu y bydd pobl yn debygol o ddod i gysylltiad â'r lefelau uchaf o lygredd aer. Mae rhai o'r offer monitro a ddefnyddir gan awdurdodau lleol at ddibenion Rheoli Ansawdd Aer yn Lleol yn rhoi gwybodaeth amser real sy'n golygu bod gwybodaeth am lefelau llygredd ar gael ar unwaith a bod pobl felly yn gallu cymryd camau i osgoi'r llygredd. Cewch weld yr wybodaeth honno, a gwybodaeth gan rwydweithiau monitro Cenedlaethol a DU, ar wefan Ansawdd Aer yng Nghymru. Mae'r wefan yn darparu hefyd erfyn rhagweld llygredd aer a chynghor iechyd cyhoeddus perthynol.

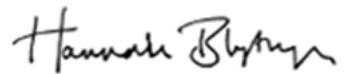
Mae'n canllawiau ar gyfer awdurdodau lleol yn cydnabod bod ysgolion, ymhlith lleoedd eraill, yn 'lleoliadau sensitif'. Er enghraifft, trwy dynnu sylw at gyfraniad cludo plant i'r ysgol at lefelau llygredd aer ac at dagfeydd traffig a photensial ysgolion i helpu i addysgu plant a'u rhieni am y pynciau sy'n gysylltiedig ag ansawdd aer a chwilio am atebion posibl. Fel rhan o'r Cynllun Aer Glân, byddwn yn edrych ar y drefn Rheoli Ansawdd Aer yn Lleol i weld a oes modd ei gwella.

Fel rhan o'r gwaith i gryfhau'r Rhaglen Aer Glân a pholisi'r Llywodraeth yn y dyfodol, rydyn ni'n gweithio gyda phartneriaid ynghyd â Sefydliad Prydeinig yr Ysgyfaint Cymru, i greu'r cronfeydd priodol o dystiolaeth yng Nghymru. I fynd â'r gwaith hwn yn ei flaen, mae Llywodraeth Cymru wedi datblygu prosiect i ategu'r dystiolaeth am lygredd yn yr aer â thystiolaeth mwy amserol a mwy lleol lle bo'i hangen, er mwyn inni allu targedu polisiau a gweithgareddau'n well yng Nghymru. Bydd gweithgareddau'n cynnwys asesu ardaloedd lle rhoddwyd blaenoriaeth i wella ansawdd aer gwael yng Nghymru, gan gynnwys lleoliadau sensitif fel ysgolion ac ysbytai, gan gasglu tystiolaeth newydd os oes angen. Gellid defnyddio offer monitro symudol a modelau, os yw hynny'n briodol, i helpu yn hyn o beth. Bydd y gwaith yn ceisio sicrhau mwy o gydweithio rhwng rhanddeiliaid i sbarduno a gwerthuso prosiectau i leihau llygredd aer, gan feithrin diwylliant o atal yn hytrach nag o liniaru.

Mae angen inni dargedu adnoddau'n effeithiol i wella ansawdd aer gwael, a dylid dewis y math o asesiad a'i lefel, gan gynnwys nifer a lleoliad gorsafoedd monitro, yn ôl lefel tebygol y risg. Nid yw unigolion yn tueddu i gerdded o gwmpas amgylcheddau trefol, gan gynnwys tiroedd ysgol, yn ddibaid. Mae pobl yn tueddu i dreulio'u hamser yn teithio neu 'n aros dan do. Gall hynny gynnwys eu cartref, ysgol neu'r gwaith, lle byddan nhw'n dod ar draws ffynonellau llygredd eraill. Mae lefel cysylltiad yr unigolyn â llygredd yn faes sy'n datblygu yn sgil datblygiad offer monitro a synwryddion personol sy'n gallu helpu i gasglu gwybodaeth am batrymau gweithgarwch dyddiol yr unigolyn. Mae Grŵp Arbenigwyr Ansawdd yr Aer wedi rhoi cynghor gwyddonol annibynnol i Lywodraeth Cymru ar ddefnyddio synwryddion llygredd aer, eu gwendidau a'u hargymhellion a lle byddai neu na fyddai'n briodol eu defnyddio¹. Rwy'n croesawu cynigion arloesol ar gyfer asesu ansawdd aer yn well ar draws Cymru ac wrth i dechnolegau esblygu, daw offer newydd i'n helpu i ddeall ansawdd aer yn well. Byddwn yn cadw golwg ar ddatblygiadau o'r fath a byddwn yn croesawu cyfraniad rhanddeiliaid i fanteisio ar botensial cyfleoedd i ddatblygu.

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

Rwy'n croesawu'ch diddordeb yn ein hymdrechion i wella ansawdd aer Cymru. Gallaf eich sicrhau y byddwn yn ystyried yr holl wybodaeth a'r cynigion a gawn gan Sefydliad Prydeinig yr Ysgyfaint wrth inni ddatblygu'n Cynllun Aer Glân i Gymru.



Hannah Blythyn AC/AM
Gweinidog yr Amgylchedd
Minister for Environment

P-05-844 Adolygu Cynllun Datblygu Lleol Castell-nedd Port Talbot ar unwaith

Cyflwynwyd y ddeiseb hon gan Emma Eynon, ar ôl casglu 56 o lofnodion.

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar i Lywodraeth Cymru drefnu adolygiad o'r Cynllun Datblygu Lleol ar gyfer Ardal Castell-nedd Port Talbot, a hynny ar unwaith. Mae angen newidiadau brys er mwyn adolygu'r canllawiau ar gyfer ardaloedd gwledig, yn benodol ynghylch Adfywio Cymoedd Cymru. Fel trigolion lleol, nid ydym yn teimlo bod digon o fesurau ar waith i gadw ein cymunedau rhag datblygiadau masnachol negyddol sy'n effeithio'n ddifrifol iawn ar ardaloedd preswyl. Mae angen newid i orfodi polisiau Teithio Llesol, diogelu anheddau preswyl a Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Ni ddarparwyd yn ddigonol ar gyfer ein cymuned ym Mlaengwrach yn y Cynllun Datblygu Lleol a gofynnwn i gamau gael eu cymryd yn gynt na'r adolygiad a drefnwyd ar gyfer 2020. Gofynnwn am y cyfle, o leiaf, i allu ychwanegu eithriadau a chanllawiau i'r Cynllun Datblygu Lleol ynghylch datblygiadau sy'n arwain at gryn lawer o draffig, megis gorsafoedd petrol a bwytaï min ffordd.

Etholaeth a Rhanbarth y Cynulliad

- Castell-nedd
- Gorllewin De Cymru

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



Llywodraeth Cymru
Welsh Government

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

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

Dear David

14 November 2018

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

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

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

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

Regards
Lesley

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

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

Tudalen y pecyn 112

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

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

Dear David,

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

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

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

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

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

P-05-845 Rhowch Derfyn ar Wrthdaro Buddiant yng Nghyfansoddiad Awdurdodau Lleol

Cyflwynwyd y ddeiseb hon gan Emma Eynon, ar ôl casglu 56 o lofnodion.

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar i Lywodraeth Cymru orfodi gwell bolisiau cod ymddygiad i gyflogeion awdurdodau lleol. Ar hyn o bryd, mae swyddogion awdurdod cynllunio yn cael rhedeg cwmnïau ymgynghori cynllunio preifat a chyflawni eu rolau cyhoeddus ar yr un pryd. Nid oes adnodd ar gael y gellir ei fuddsoddi er mwyn plismona'r cwmnïau preifat hyn, lle y'u datgenir yn y ffurflenni angenrheidiol, er atal twyll a llygredd.

A chymryd swyddogion cynllunio fel enghraifft, mae potensial y gallai rhedeg busnesau ymgynghori preifat 'yn ddistaw bach' hwyluso llygredd, gan fod llawer o fathau, yn gyffredinol yn ymwneud â chamddefnyddio swydd. Mae angen rhoi terfyn ar yr arfer hwn ar unwaith a rhaid diwygio'r cyfansoddiadau fel na cheir ymddwyn yn y modd hwn mwyach. Rydym yn galw am fwy o atebolrwydd a thryloywder gan ein hawdurdodau lleol, a rhaid pennu safonau ymddygiad mewn swyddogaethau cyhoeddus o'r fath a fyddai'n uwch na rhai'r sector preifat, lle mae hyn yn hynod annerbyniol.

Etholaeth a Rhanbarth y Cynulliad

- Castell-nedd
- Gorllewin De Cymru

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



Llywodraeth Cymru
Welsh Government

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

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

SeneddPetitions.cynulliad.cymru

15 Tachwedd 2018

Annwyl David,

Diolch ichi am lythyr 31 Hydref 2018 yn gofyn am fy marn am ohebiaeth bellach yn ymwneud â deiseb 'P-05-845 - Rhowch Derfyn ar Wrthdaro Buddiant yng Nghyfansoddiad Awdurdodau Lleol'.

Yn eu llythyr at y Pwyllgor, mae'r deisebwyr yn cysylltu'r ffaith bod cyflogeion awdurdod lleol yn gwneud gwaith hunangyflogedig y tu allan i ardal awdurdod, â rhagdybiaeth o wrthdaro buddiannau. Nid wyf yn cytuno â'r farn hon, nac ychwaith â chynnig y deisebwyr bod angen deddfu i gyflogeion awdurdod lleol gael eu gwahardd rhag gwneud gwaith hunangyflogedig yn eu meysydd proffesiynol y tu allan i gyflogaeth y sector cyhoeddus. Nid oes unrhyw dystiolaeth bod hyn yn arwain at wrthdaro buddiannau a beth bynnag, mae gan yr awdurdodau lleol system ar waith eisoes ar gyfer cofnodi ac olrhain gwrthdaro buddiannau.

Cod generig sy'n gymwys ar draws yr ystod o gyflogeion proffesiynol a chyflogeion eraill llywodraeth leol (ac eithrio athrawon a diffoddwyr tân) yw'r cod ymddygiad i gyflogeion. Gan hynny, nid yw'n briodol nac yn ymarferol ceisio llywio ei darpariaethau i ymdrin ag amgylchiadau grwpiau penodol o gyflogeion.

Bae Caerdydd • Cardiff Bay
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Gohebiaeth.Alun.Davies@llyw.cymru
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 116
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Cyfrifoldeb pob awdurdod lleol, nid Gweinidogion Cymru, yw bod yn ymwybodol o unrhyw wrthdaro buddiannau posibl a chymryd camau priodol i'w lliniaru neu eu dileu. Yn achos materion cynllunio, gallai penderfyniadau a wneir gan yr awdurdod fod yn destun adolygiad barnwrol pe gellid profi bod y ffordd yr ymdriniodd awdurdod â'r mater yn ddiffygiol yn gyfreithiol. Er mai mater i'r deisebwyr fyddai cyflwyno eu hachos i gyfiawnhau adolygiad o'r fath, gallai hyn gynnwys honiadau o wrthdaro buddiannau gan aelodau etholedig neu gyflogeion.

Rwyf yn dal yn fodlon bod trefniadau cadarn yn eu lle ar gyfer datgelu a chofrestru gwrthdaro buddiannau trwy'r priod godau ymddygiad ar gyfer aelodau etholedig neu gyflogeion. Mae gan yr Ombwdsmon Gwasanaethau Cyhoeddus bwerau i ymchwilio i fethiant honedig gan aelodau i ddatgelu buddiannau perthnasol. Mae'r cod ymddygiad i gyflogeion yn rhan o delerau penodi neu amodau cyflogaeth cyflogai. Gan hynny, mae unrhyw fethiant honedig i gydymffurfio â gofyniad i ddatgelu buddiant perthnasol yn fater disgyblu posibl i'r awdurdod lleol ei ystyried fel y cyflogwr.

Nid oes gan Ombwdsmon Gwasanaethau Cyhoeddus Cymru unrhyw rôl mewn perthynas â materion cyflogaeth o'r fath. Er hynny, pe bai camweinyddu wedi bod ar ran yr awdurdod wrth ddod i benderfyniad o ganlyniad i fethiant i gydymffurfio â'r cod, byddai'n agored i'r parti yr effeithir arno gyflwyno cwyn i'r Ombwdsmon am yr agwedd honno. Nodaf fod y gwrthwynebwyr eisoes wedi achub y cyfle i herio priodoldeb y ffordd yr ymdriniodd y Cyngor â'r cais cynllunio sydd wedi achosi'r ddeiseb trwy atgyfeirio'r mater at yr Ombwdsmon, sydd wedi gwrthod ymchwilio. Mater i'r Ombwdsmon yw penderfynu a oes unrhyw deilyngdod yn y gŵyn. Pe bai unrhyw dystiolaeth o dwyll, llwgrwobrwyo neu lygredigaeth mewn perthynas ag ymdrin â mater cynllunio (neu unrhyw fater arall), yna materion troseddol i'r heddlu ymchwilio iddynt fyddai'r rhain, wrth gwrs.

Mae'r deisebwyr yn cyfeirio at ddiffyg strategaeth swyddogol i'r awdurdodau lleol yng Nghymru atal twyll a llygredigaeth, tebyg i 'The Local Government Counter Fraud and Corruption Strategy 2016-19', a gyhoeddwyd yn Lloegr. Rhaid i bob awdurdod lleol feddu ar gyfansoddiad sy'n nodi'r rheolau sylfaenol sy'n llywodraethu busnes. Mae hyn yn cynnwys gweithdrefnau ariannol i'r awdurdod sicrhau llywodraethu da a stiwardiaeth effeithiol ar arian cyhoeddus.

Mae'r cyfansoddiad enghreifftiol yng Nghymru'n cynnwys trefniadau ar gyfer atal twyll a llygredigaeth. Mae'r rhain yn cynnwys gofyniad ar y prif swyddog cyllid i ddatblygu, cynnal ac adolygu polisi atal twyll ac atal llygredigaeth. Cyfrifoldeb yr holl brif swyddogion yw hyrwyddo'r polisi atal twyll ac atal llygredigaeth o fewn eu meysydd gwasanaeth a sicrhau bod unrhyw afreoleidd-dra a amheuir yn cael ei hysbysu i'r prif archwilydd mewnol.

Cafodd Strategaeth Atal Twyll a Llygredigaeth Llywodraeth Leol ei datblygu trwy bartneriaeth rhwng Sefydliad Siartredig Cyllid Cyhoeddus a Chyfrifyddiaeth (CIPFA), Cymdeithas Llywodraeth Leol a Llywodraeth y DU. Er mai cyhoeddiad i Loegr yw hwn, mae'n addas ar gyfer cynulleidfa eang ac mae nifer o awdurdodau yng Nghymru wedi'i ddefnyddio wrth gynhyrchu eu strategaethau atal twyll a llygredigaeth eu hunain. Mae CIPFA hefyd yn cynhyrchu nifer o ganllawiau ac offer eraill yn y maes hwn. Mae'n ofynnol i brif swyddogion cyllid yr awdurdodau lleol feddu ar gymwysterau proffesiynol priodol a byddai disgwyl iddynt fod yn ymwybodol o'r ffynonellau canllawiau hyn.

Mae dogfen strategaeth 2016 a'r awdurdodau'n pwysleisio rôl aelodau etholedig ac uwch swyddogion wrth greu diwylliant o beidio â goddef twyll a llygredigaeth. Mae fframwaith cyfredol, felly, ar gyfer llywodraethu lleol sy'n cynnwys ystyried materion atal twyll a llygredigaeth a chyfoeth o ganllawiau proffesiynol. Nid wyf yn argyhoeddedig, felly, y byddai strategaeth gan Lywodraeth Cymru neu unrhyw strategaeth genedlaethol i Gymru a arweinir gan sefydliad arall yn ychwanegu gwerth at y sefyllfa bresennol.

Cofion,

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

Alun Davies AC/AM

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



RTPI Cymru
Royal Town Planning Institute
Sefydliad Cynllunio Trefol Brenhinol

David Rowlands AM
Chair
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15 November 2018

Dear Chair

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

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

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

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

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

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

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

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

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

Yours sincerely,



Dr Roisin Willmott OBE FRTPi
Director
RTPI Cymru

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

Dear David,

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

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

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

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

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

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

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

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

Yours sincerely
Emma Eynon

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Councillors for hire who give firms planning advice

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

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

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

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

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

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

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

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Moonlighting planning officers help builders exploit 'vulnerable' councils

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

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



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The Telegraph

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Telegraph undercover planning investigation: a summary

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

 Graham Brown Councillor, East Devon: 'I'm low profile, have access to all the right people for the right clients. [I] don't come cheap'

9:00AM GMT 04 Nov 2013

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

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

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

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

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