



Cynulliad Cenedlaethol Cymru **The National Assembly for Wales**

Y Pwyllgor Deisebau **The Petitions Committee**

Dydd Mawrth, 17 Gorffennaf 2012
Tuesday, 17 July 2012

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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol**Committee members in attendance**

Russell George	Ceidwadwyr Cymreig Welsh Conservatives
Bethan Jenkins	Plaid Cymru The Party of Wales
William Powell	Democratiaid Rhyddfrydol Cymru (Cadeirydd y Pwyllgor) Welsh Liberal Democrats (Committee Chair)
Joyce Watson	Llafur Labour

Eraill yn bresennol**Others in attendance**

Siân-Marie James	Bwrdd Iechyd Lleol Hywel Dda Hywel Dda Local Health Board
Trevor Purt	Bwrdd Iechyd Lleol Hywel Dda Hywel Dda Local Health Board

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol**National Assembly for Wales officials in attendance**

Sarita Marshall	Dirprwy Glerc Deputy Clerk
Abigail Phillips	Clerc Clerk
Helen Roberts	Cynghorydd Cyfreithiol Legal Adviser

Dechreuodd y cyfarfod am 9.01 a.m.

The meeting began at 9.01 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions

[1] **William Powell:** Bore da a chroeso cynnes. Good morning, everyone, and welcome to this final meeting of the Petitions Committee for this term. We have a busy agenda, so we will get straight into business. There are no apologies. We have a full complement of Members today, and the normal housekeeping rules apply. I will double check that I have switched my own mobile phone off, and I would ask you to do so as well.

Deisebau Newydd New Petitions

[2] **William Powell:** Moving straight to new petitions, we have P-04-407, which is save Kennard Court sheltered accommodation for older people. This petition was submitted by Georgina James and collected 19 signatures. As you can see from the text of the petition, there is particular concern about the future of this sheltered accommodation complex for older people. As yet, we have not taken any action on the petition. Bron Afon Community Housing appears to be a housing association. I would suggest that, at this stage, we need to get some more information as to what is going on here. Would colleagues be happy if we were to write to the Minister for Housing, Regeneration and Heritage on it and, through the Research Service, also seek to get the details of the housing association, and ask it for its side of the story? I believe that we have had some late correspondence on this one. It is from the petitioner and it updates us that the number of residents in Kennard Court is reduced, at the time of writing, to three. Clearly, this is quite a fast-moving situation, so we will get on and

get that letter off straight away to the Minister and the association.

[3] **Bethan Jenkins:** In terms of the process, what is going to happen now? We will not be meeting again until October. If there is a pressing issue, can we progress that regardless of not sitting?

[4] **William Powell:** I would certainly be looking to be in touch with the team here and with you, as necessary, if there is something that we need to progress. Thanks for that, Bethan—it is a good point. I see that we are agreed on that course of action.

[5] Moving on to P-04-408, this is on the child and adolescent eating disorder service and was submitted by Helen Missen and her colleague just last Wednesday. Bethan and I collected the petition calling on the National Assembly for Wales to:

[6] ‘urge Welsh Government to fund the Child and Adolescent Eating Disorder Service in Wales to the same degree as the Adult Eating Disorder Service in Wales’.

[7] As yet, no action has been taken. I would suggest that we write to the relevant Minister, the Minister for Health and Social Services. Are there any other thoughts on that one?

[8] **Russell George:** Why do we not also write to the cross-party group on eating disorders? That might be an idea.

[9] **Bethan Jenkins:** It might be an idea. [*Laughter.*]

[10] **William Powell:** Given the presence of the chair of that group here, I think that it would be a particularly good idea. We had a very useful discussion with the petitioners and there is evidently significant media interest in this matter as well. We should get on with that with all speed. I would be happy to write to the chair of the cross-party group and, of course, to the Minister.

[11] **Bethan Jenkins:** With regard to the framework for adults, I have recently written to Healthcare Inspectorate Wales because there was supposed to be a review of that, and it would perhaps give us a more holistic view if we waited for its response, to see how that has worked. They are calling for more money for the child and adolescent service, but I would like to see how the adult framework is working. We can discuss that on the cross-party group, of course.

[12] **William Powell:** Indeed, but that is wise, given that the adult framework has been quoted almost as an example of good practice. It would be good to proof that as well. Are we agreed, colleagues? I see that we are. Excellent.

9.06 a.m.

Y Diweddaraf am Ddeisebau Blaenorol Updates to Previous Petitions

[13] **William Powell:** We now move to the next agenda item, and to petition P-04-405, on the medieval manuscript of the laws of Hywel Dda. This was submitted as an urgent item by Russell Gwilym Morris, backed by 53 signatures, and it called on the National Assembly to

[14] ‘urge the Welsh Government to purchase the Medieval manuscript The Laws of Hywel Dda’.

[15] That was up for auction just last week at Sotheby's, and we now have the information that it was sold for £541,250. The good news is that it was acquired by the National Library for Wales with financial support from the Welsh Government. In the papers of our meeting, we have the letter from the Minister, Huw Lewis, indicating the importance that he attaches to this document, and we respected the fact that, at that stage, he did not want us to give any publicity to the fact that the Government was looking to support that because, as stated in the letter, it would have had an inflating effect on the price. I think that that is a really good-news story and I suggest that we write to Mr Russell Gwilym Morris hoping that he is content, as we are, with that outcome, and congratulating him on bringing it forward and helping to facilitate it.

[16] **Russell George:** I would assume that he is happy, but perhaps we should write—

[17] **Bethan Jenkins:** He is happy. I have spoken to him.

[18] **William Powell:** Right, we have confirmation of that. Brilliant. That is really good news and is really positive.

[19] **Joyce Watson:** Should we close the petition?

[20] **William Powell:** Indeed, I think that we can close it, and close it in a positive way. Excellent.

[21] We move on to P-04-324, 'Say No to TAN 8', on windfarms and high-voltage power lines. This petition was submitted back in June of 2011 by Mr John Day of Montgomeryshire, and he had the backing of 3,249 signatories, and I am aware of the sentiments underlying this petition. It was referred to the Environment and Sustainability Committee on which Russell George and I sit, and it fed into the evidence gathering for the energy report of that committee, which was launched last month. Clearly, Mr Day and colleagues have had a pretty substantial input into that. I would appreciate your views. Could you lead off for us, Russell?

[22] **Russell George:** It is worth pointing out that there is an associated petition with 13,500 signatures as well.

[23] **William Powell:** Absolutely, yes. I should have mentioned that.

[24] **Russell George:** It is among the biggest petitions we have ever received. It was good that the petitioner had the opportunity to come to give evidence. As a Petitions Committee, we could not have done more to facilitate that. In one respect, perhaps we could close the petition, but I wonder whether it would be right to do so given that this is such a large petition that has caused quite a bit of concern in mid Wales. Perhaps we could at least write to the petitioner first, stating that, as a Petitions Committee, we feel that we have taken this petition as far as we can, and asking whether he is in agreement with closing the petition. If we should hear from him over the summer, we could then close the petition.

[25] **Joyce Watson:** I have no problem with what Russell has said, but we, as a Petitions Committee, have probably done everything that we could possibly do. I am always worried about making sure we give the right information to people and manage expectations, and I think that we have done both those things in this case. However, to keep it open any longer might somehow give a false representation to people out there that we can do more, because clearly we cannot. That is not to say that we do not take the issue hugely seriously, and that has been demonstrated by all that has already been said. However, I am always mindful of giving false hope that we can do something else when we know that we cannot. We must have a level of honesty as a Petitions Committee, because we are the public face of the Assembly. Having said everything that I have said, and absolutely respecting the strength of

feeling behind this and the related petition, I do not think that we would be doing a service to the people in this area by hanging onto it any longer. It would be far better for them to seek representation somewhere else. We have come to the end of the road with the powers that we have as a committee to do anything further.

[26] **William Powell:** We have a Member who has not spoken as yet and is slightly external to some of the battleground of this issue. Bethan, do you have anything to say?

[27] **Bethan Jenkins:** I am totally flexible. I tend to see Joyce's point, in that we have taken it as far as we can, but I am happy to be flexible if we want to write to the petitioner and then close it. It is just due process, really. I do not see what else we can do as a committee.

[28] **William Powell:** I will bring you in in a moment, Russell. From my contact with Mr Day—and he has sought out contact with the team here, and spoken to Russell and me—I know that he feels that he has had a very positive experience of the petitions process, as he was particularly complimentary about the way in which our team kept him in touch during the different stages of the process. It would be sensible, particularly given the scale of it, to write to the petitioner to thank him for bringing something of this scale to us, because it is an issue of enormous concern in those communities. Personally, I think that this particular vehicle, or this petition, has probably run its course, but I am happy, as Russell has suggested, to write to him indicating that we are minded to close it, and potentially drawing on any final comments that he might have. Then we can presumably move to a close at the beginning of next term. That would be my suggestion.

[29] **Russell George:** I agree. I also agree with Joyce that you have to manage the expectations of what we can do in this committee, and your suggestion is a sensible one: we write back saying that the committee is minded to close it, we mention much of what Joyce has said, and we wait for his final comments to come back.

[30] **William Powell:** Ultimately, it is our call. We are not seeking permission, but that would be a sensible way forward given how it has run up to now.

[31] The next petition is P-03-273 on the transportation of wind turbines in mid Wales. In some ways, this has been a half-brother or half-sister to the previous petition. This was brought by Welshpool Town Council in January of 2010 and collected one corporate signature on behalf of the people of Welshpool. Russell, are you suggesting that there was an associated petition?

[32] **Russell George:** No, I just seem to remember asking this question last time, but I cannot recall the answer. I thought that we normally collected 10 signatures as a minimum, and there is just one here.

[33] **William Powell:** If you have an organisation that is representative, whether it is an NGO or, in this case, an elected town council—

[34] **Russell George:** I remember the answer now.

9.15 a.m.

[35] **William Powell:** So, as we all recall, this petition was calling on the Welsh Government to issue guidance to local planning authorities ensuring that communities be properly consulted on windfarm development. As per the previous petition, we referred this to the Environment and Sustainability Committee, and there was a very full evidence session in that committee, where the town clerk, Mr Robert Robinson, was in attendance, as well as the then mayor of Welshpool. That was at the heart of the evidence gathering for the energy

inquiry, the report of which, as I said earlier, was recently published. So we are in a rather similar position here. Russell, do you wish to lead on that one?

[36] **Russell George:** The petition came in back in January 2010 and I think that we have run the course on this petition. Petitioners from Welshpool Town Council also came to give evidence to the committee, so my view would be that we could close this petition. I know that the council is using other vehicles now, as well, to promote what it believes. On that basis, I suggest that we close this petition.

[37] **Bethan Jenkins:** You do not want to write to the petitioner, then.

[38] **Russell George:** Well, we can, if you want to. You can suggest it.

[39] **Bethan Jenkins:** No, I do not want to. It just seems that we are taking different views on similar petitions. I do not think that we can say that we will write to one on a similar issue and then close the next one. We either need to take a stance—

[40] **William Powell:** We need to go for consistency. That would be my instinct. I am conscious that Welshpool Town Council will probably not meet now until September, when we next meet anyway, but it would probably be sensible to adopt the same approach.

[41] **Bethan Jenkins:** It could be the same type of letter as the last one.

[42] **Russell George:** I agree with your logic, and that was going through my mind as I was speaking. On the other petition, we are writing to say that we are minded to close it—

[43] **Bethan Jenkins:** We can do the same with this one.

[44] **Russell George:** If that is the suggestion, I would be happy with that, Chair.

[45] **William Powell:** Let us do that. At this point, I thank all members of the committee for their full participation in last week's debate. Although it was not on these petitions, now is probably as opportune a moment as any to mention that. As I briefly mentioned in Plenary, I did have the opportunity, with colleagues, to meet Ed Davey for an hour or so on the following day, and I was able to present him with both a copy of the energy report of the Environment and Sustainability Committee, which was clearly related to some of our activities, and also the windfarm noise report. I know that those will feed into some future consideration of this policy area. So, thank you very much again, and a particular thanks to the clerk's team for all that they did to support that debate last week, which I think, by common consent, went well. Excellent.

[46] We will move on now to petition P-04-343 on the destruction of amenities on common land. This was submitted by JE Futter some time ago, in November of last year, and it has collected 156 signatures. We have had correspondence from Alun Davies, the Deputy Minister for Agriculture, Food, Fisheries and European Programmes. Initially, on behalf of the committee, I had written to John Griffiths, the Minister for Environment and Sustainable Development, on this issue of the Marian common, but it turns out that it falls within Alun Davies's remit. At this stage, an inspector has made an initial visit to the site, and the Deputy Minister says in the letter that you have in your papers:

[47] 'I have referred this case to Rural Inspectorate Wales to investigate if other regulations have been breached.'

[48] The area in question is, according to the site visit already undertaken, 'uncultivated/semi natural', and so the work is not a project that could be properly termed

‘agricultural intensification’ of the land. This matter is ongoing and we look forward to hearing further from Alun Davies and his officials by the early autumn. So, we have to keep a watching brief on that one. Are there any comments? I see that we are all happy. Good.

[49] Moving on to petition P-03-380 on the Cardiff Royal Infirmary, this was submitted back in the third Assembly by a Mrs Breen, a local resident, who had collected in excess of 4,000 signatures. It calls on the National Assembly for Wales to object to the closure of the Cardiff Royal Infirmary and it is clearly an issue of great concern to her and her fellow petitioners.

[50] In our public papers, we now have quite a significant presentation on the forward plans for the CRI. It is evident that much investment of time and public money is going into taking that forward. I would appreciate your thoughts on this.

[51] **Joyce Watson:** Work is being carried out on the site. This committee’s clerking team tried to have some dialogue and the petitioner was asked to respond by March. That has not happened and, all things considered, I think that now is the time to close the petition.

[52] **William Powell:** I think that that is probably the sensible way forward, given the stage that work has reached in taking forward a new plan for this old historic facility, which has obviously served the community well, but will have a new function. So, are colleagues happy to take that approach? I see that you are.

[53] We now move to another health-related petition, namely P-04-334, calling for a new renal unit at Prince Charles Hospital. We have had two site visits—one to the Prince Charles Hospital and one here in Cardiff—in the time that we have been considering this petition, which was submitted by the lead petitioner, Mr Robert Kendrick, in November 2011. It was supported by 56 signatures. We have now received correspondence from Cwm Taf Local Health Board, a copy of which you have among your public papers, confirming that a meeting has taken place between the Welsh Health Specialised Services Committee and Mr Kendrick.

[54] There is an indication in that letter that the timescale for the replacement unit is expected to be announced in August 2012, during our recess. Since the publication of these papers, we have had an update from Mr Kendrick, who confirms that, on 27 June, he had a conversation with two representatives of WHSSC, and there is the possibility that some accommodation space at Prince Charles Hospital may be freed up as a result of changing catering arrangements. Therefore, it is possible that that will create space.

[55] When Bethan and I visited, the view was that there would not be space within their forward building programme until 2017 or 2018. It looks now, as a result of them rejigging their plans and other things coming forward, that that may not be the case, but we will not be given confirmation of that until we return after recess and after the August decision is made. However, there is cause for hope there and Mr Kendrick is staying in touch with us and keeping us in the loop, so we appreciate that. Do you have any thoughts on this petition? I think that we have to keep a watching brief on it.

[56] **Bethan Jenkins:** We could write to them asking whether they could confirm the details about their catering area, but that might be included in the announcement in August.

[57] **William Powell:** Absolutely. I think that it is best to keep a watching brief on this; that is the informal feedback that we have had from the lead petitioner. I know that he values the interaction and support that he gets from our team here. So, let us do that. Are we agreed? I see that we are.

[58] The next petition is P-04-395, stating that the Wales Air Ambulance should receive

Government funding. This was submitted by Leslie Mark Wilkins in June 2012, with the support of 63 signatories. It calls on the Welsh Government to provide direct support for that valued service. The text of the petition reflects the admiration and appreciation that Mr Wilkins has for the air ambulance, which I am sure are feelings that we all share. We have received correspondence from the Minister for health on this matter previously, which is included in our public papers today. There are two salient points: one is that there has not been a request for the kind of funding that is mentioned in the petition and, secondly, that the paramedics' salaries are from Welsh Government sources. In light of that, I would appreciate your thoughts.

[59] **Bethan Jenkins:** First of all, we should go back to the petitioners because they may have used this as their first route into the system. We do not know that, but I would not want to prejudge them by saying that they have not requested more funding when they have taken the time to put a petition forward. So, we should get their view on the Minister's letter so that they can see whether they could contact the Minister directly for additional funding, or we could liaise with them. She answers some of the questions, but not all of them. Perhaps we could get their response before we look to close the petition.

[60] **William Powell:** That is a fair point because so many people feel that they have a role with regard to the air ambulance, or some sort of ownership, because of the nature of the fundraising and the teams that work there. We are not sure where the petitioners fit into that. Therefore, that would support the approach that you propose of writing to the petitioners to seek their response. That would be consistent with the way in which we have handled previous petitions. Are you happy with that, Joyce?

[61] **Joyce Watson:** Yes.

[62] **William Powell:** Excellent, in that case, we will write to Mr Leslie Mark Wilkins to update him and seek his views on that.

[63] We now move to P-04-402 on council prayers. This petition was submitted by the Rev Alan Hewitt in July of this year and collected 155 signatures. It calls on the Welsh Government to amend the Local Government Act 1972 to afford each local authority in Wales the opportunity to decide whether it would like to hold council prayers during each council meeting and have it formally recorded on the official business agenda.

[64] **Russell George:** We asked at the last meeting to receive a legal briefing. I notice that the legal briefing that we have received states that the Welsh Government believes that there is legislation in place and that there is no need to make changes to the legislation. The legal advice concludes that councils believe that it could be open to challenge if they put prayers on the agenda. The legal advice concludes that further legislation appears to be required. I am conscious that we have not received a response from the Minister yet, but the response is likely to be the Government's position as stated in our legal advice. Given that we have some time until our next meeting, is there an opportunity to ask the Minister to give evidence on this at some point?

[65] **Bethan Jenkins:** Are we able to send the Minister the legal briefing that we have received?

[66] **William Powell:** It might even have come from the same source. I think we should speak to the law directly.

[67] **Ms Roberts:** Thank you, Chair. I was requested to provide some initial legal advice and that is exactly what the advice is. We are waiting for the Minister's full response, having sent a copy of the petition. The petitioner provided quite a lot of supporting evidence. My

legal advice is initial advice and, under the circumstances, I would prefer to wait for the Government's response. My advice sets out the law. You will note from paragraph 3 that there is no specific provision set out in law currently that provides councils with the power to hold prayers or to have periods of quiet reflection as part of council business. There are some key provisions that councils have relied on in the past. These include section 111(1) of the Local Government Act 1972, which is a very wide-ranging power.

9.30 a.m.

[68] Also relevant to Wales is section 2 of the Local Government Act 2000, which provides for the promotion of wellbeing. I have set that out in paragraph 6. This is quite an involved issue, to be honest, and I quite enjoyed researching it. There has been a leading case, the Bideford case, as I refer to in paragraph 7, which involved the National Secular Society and Clive Bone against Bideford Town Council. It was a 2012 case, and it received a lot of media publicity. The issue before the court was whether prayers could be said as part of the formal business transacted by the council at a meeting to which all councillors had been summoned. I have set out the facts because they are obviously relevant for the judge to take into account. I have also gone on to set out, in paragraph 14, the main parts of Mr Justice Ouseley's comments on this. In a nutshell, the judgment means that prayers are still permissible and can still be said. However, they have to be said outside formal council meetings, they must not form part of the minutes of the meeting, and councillors should not be summoned to take part. So, there must be an element of choice. That is the leading case, to which we have to have regard.

[69] I have then set out the position in England, which is somewhat different from the position in Wales because of the position taken by Eric Pickles, Secretary of State for Communities and Local Government. Members will be aware that the UK Government has now introduced a general power of competence, and that power is contained in section 1(1), of the Localism Act 2011. That provision applies to all councils in England. However, I have summarised the position as I see it in relation to Wales and the Welsh Government. At the time when the Localism Bill was passing through the UK Parliament, a decision was taken by the Welsh Government not to follow England's approach and go for a general power of competence. So, basically, the position in Wales is that this general power of competence contained in section 1(1) of the Localism Act 2011 does not apply to Wales. What we have in Wales is section 2 of the Local Government Act 2000, which is the power of wellbeing. As I understand it, the Welsh Government believes that this power is sufficiently broad that it does not need to legislate further on this issue, and that it does not need to go as far as having a similar power of competence. That, in a nutshell, is where we are at the moment. I am sorry to take up so much of the committee's time.

[70] **William Powell:** Not at all. It is extremely helpful.

[71] **Russell George:** I would like to come in on this. It seems that what the petition is ultimately asking for is for the law to be changed in Wales, to be as it is in England. The petitioner is specifically asking for council prayers to be on the agenda, as they are in England. Based on the research that was done, although the Welsh Government is saying that it believes one thing, it seems that councils across Wales do not accept that and do not have confidence in the Minister's position. It is an interesting case, and I thank Ms Roberts for all the work that she has done on this. I am just wondering what we should do once we have that reply back from the Minister, rather than wait two months for our next meeting.

[72] **Ms Roberts:** I would like to come in on that point. Thank you for the comments that you made, Russell. You are right: the petitioners have obviously submitted quite a lot of evidence in relation to this aspect of the issue. There is some doubt about the nature and scope of the power to promote wellbeing. As the petitioners' evidence seems to suggest, the exact

scope of the power is somewhat unclear. A cautious approach is being taken to it by local authorities and their legal departments, and there may be some reluctance to rely on it among councils. However, under the circumstances, I think that we should wait to receive the full ministerial reply to these issues. As I said, this is initial advice, and I am more than happy to provide Members with further assistance once we receive the full reply.

[73] **Russell George:** I suspect that the petitioners are probably hoping that the Minister receives the same advice as you have just given us.

[74] **Joyce Watson:** For consistency's sake, in relation to everything that we have done this morning, I suggest that we await the Minister's response and if any further action is required or necessary in our view, that we take it then.

[75] **William Powell:** Certainly. I was going to suggest, as a next step, that we consider engaging with the representative body of local government, the WLGA. That should probably come after any guidance from the Minister. We will take it that way. Thank you for that comprehensive advice. It is clearly an issue that we need to have absolute clarity on.

9.35 a.m.

Sesiwn Dystiolaeth Lafar Oral Evidence Session

[76] **William Powell:** I welcome our two witnesses, and also I welcome colleagues who have entered the room; they are some of our work experience team for this week.

[77] Petition P-04-394, 'Save our Services—Prince Philip Action Network' was submitted in May 2012 with approximately 24,000 signatures. I am pleased to welcome Mr Trevor Purt and Siân-Marie James. We are grateful to you for coming to this evidence session and giving due consideration to the next steps in our consideration of this petition. We are aware of the stage that the board has reached in its engagement exercises and are conscious of the scope of the answers that you will be able to give because of that. If you could briefly clarify that for the record in a moment, that would be helpful. We are all agreed, because of the breadth of the questions that we have, that we will move to questions straight away, rather than take initial statements. However, there will be an opportunity at the end for you to summarise and cover any issues that you feel you wish to have included. I ask you to briefly introduce yourselves for the record.

[78] **Mr Purt:** Good morning. I am Trevor Purt, the chief executive of Hywel Dda Local Health Board.

[79] **Ms James:** I am Siân James, the vice-chair of Hywel Dda Local Health Board.

[80] **William Powell:** How were the pre-consultation engagement programme documents compiled and what did you do to ensure transparency, openness and impartiality?

[81] **Mr Purt:** I will take you back to the beginning, if I may, because it is important that we understand that the listening engagement exercise, which ran for over six months, started back in April 2010 for us. We initially started with 10 workshops with our clinicians. They kicked off the debate with us around what sustainable services needed to look like across our three counties. That went on from April through to September. Some 10 of them were around specific disciplines, including primary and community services, including our GPs and community teams. We then went to clinical think tanks, where we started to drill down a little further, which went on until April 2011. The spring engagement event was in May 2011,

where we brought approximately 120 of the most senior leaders in our organisation into one area for two days—clinicians, managers, GPs, the community health council and local authorities. That spring engagement led to some really quite sensible debates around what service models needed to look like across our patch. Then there were task and finish groups, which took us into detailed and in-depth clinical engagement, which ran from September through to November 2011. So, you can see that this goes back over two years.

[82] The pre-consultation listening and engagement exercise, which kicked off before Christmas and ran through to the end of April, was specifically about sharing our thinking to date with our population. It was about what options had come out of that work up to then, together with an element of how the criteria for where those sites might be selected were agreed. Those criteria were worked up by clinicians, our stakeholder groups, the community health council and the partnership forum. So, again, it was a very transparent process. With regard to where we are now, you are absolutely right that we are not due to go out to consultation until 6 August. So we are in the process of distilling a great deal of the information we have received. I think that you have seen the Opinion Research Services report, which provides an independent view of what we have done and how we tried to do it.

[83] What we have tried to do about transparency and openness has focused on two key areas. We have tried lots of different communications techniques on this, from the DVDs that went to every household to the 12 public meetings, where we went out for the day in the seven localities, as well as in Powys. We had all-day meetings with the public, senior managers and clinicians in order to gather thoughts and information. We have had specific focused discussions with our stakeholder groups, including the community health council, the health professions, the stakeholder reference group and local authorities—it was a wide range of people. The discussions also included the pressure groups. I think it is really important that I make that point now. We have met SOSPPAN twice and we have also met the individuals from the Save Withybush Action Team and the other group. So, we have not ignored the fact that there are dissenting voices around what we are doing, and we have tried to distil that information. However, we went out to try to get some public-driven solutions to the problems that I think are well known. It was not about trying to just impose a situation but to get some feedback on what other options we would have.

[84] The really important feedback for us has come from the focus group work done by ORS, because it was dealing with people who were not selecting themselves. It was much more about getting into groups that represented their communities that had not necessarily been part of the media-driven activity we have seen. That was a bit of a rambling answer, Chair.

[85] **William Powell:** No, you covered a great deal of ground and I appreciate that. Briefly, how would you respond to criticism that the next phase of the exercise begins on 6 August, which means that you have four to six weeks of the summer period when lots of organisations are in recess? Lots of town councils tend not to meet then, and other groups will take a block of time away from their work. Do you feel you are opening yourselves up to the charge that a large part of the consultation time is in some way devalued?

[86] **Mr Purt:** I do not think so. There are two issues here. You would think that, given the level of engagement we have had to date, we could have gone for a far shorter consultation period than we have. We have gone for the full three months. We have tried to address that holiday period by recognising that some people may be on holiday during that process. Rather than going for a curtailed consultation, which we could legitimately have asked for based on the fact that there have been six months of pre-engagement activity, we have gone for the full 12 weeks, so I think that that gets over that particular issue.

[87] **Ms James:** The ministerial guidance is that we should have a minimum consultation

period of six weeks. We have doubled that period in fact.

[88] **William Powell:** Thanks for that clarification.

[89] **Russell George:** Thanks for coming to the committee today. How did you ensure that there was adequate engagement right across the region so that you obtained a balanced perspective? You mentioned the DVDs that were sent out. Were those sent out to all households within the catchment area or just certain locations?

[90] **Mr Purt:** We tried to cover it in two ways, and I think that what we tried to do is unprecedented with regard to the sort of work we are trying to do. The DVDs went to every household in the Hywel Dda LHB area. We recognised that there was an issue when one of the distributors of the DVDs went bust. Therefore, we had an issue with some non-distribution, and we had to find alternative ways to distribute those. They went to all the stakeholder groups, local authorities and GPs so that they could play on a continuous loop in surgeries. We genuinely wanted to talk to as many people as we could.

9.45 a.m.

[91] Hywel Dda LHB area is divided into seven localities. In each of those, we had a well publicised day with senior members of the health board and clinicians who could take our population through exactly what we thought needed to be done, what the case for change was, why it was necessary, where the initial discussions with our clinicians had taken us to and where our conversations with our local authority colleagues had taken this to around the social care interface. It was about us asking, ‘What other solutions do you think that there may be to this?’ and genuinely trying to capture that and distil it into the exercise that we are now doing. So, in the end, we ran that, and, in some cases, twice, because there was some criticism with regard to the first couple that we had not been as slick as people would have liked in terms of getting the messages over or the communications had not quite worked—the media system was not working at one of the events, for example. So, we went back and did another one. We did 10 covering the seven localities, including the hotspots—we did two in Llanelli—and then we did two in Powys, where we had the approval and, in fact, the support of Powys. We have equally had engagement sessions, not of that type, but drop-in sessions, with our population in south Gwynedd with Betsi Cadwaladr University Local Health Board.

[92] So, we have tried to reach the genuine population, and, by having the GPs very much as a focal point for our services as we go forward, the GPs have been happy to help us to distil that message to their patients and bring back whatever responses they may get to us.

[93] **Russell George:** There were some concerns that the consultation was carried out within the health board’s geographical area, but many areas served by the health board are outside the health board area, such as Powys, as you mentioned. Are you content that the people who are served by Hywel Dda LHB who come from areas outside the health board area had as much input as anybody else, in a balanced and fair way?

[94] **Mr Purt:** We are certainly seeing that from the information that we are getting. A lot of the town councils and the CHCs across our borders have been active. We shared very early on with both Betsi Cadwaladr and Powys LHBs what the plans were going to look like. It has not been done in isolation from my colleagues in other health boards. I am aware that the leadership in Powys has used our documentation when it has talked with some of its stakeholder groups, so there should not be a misunderstanding, and, as I said, we held two meetings in its locality, particularly around Machynlleth, as the majority of flows from Powys come through into the north of our patch with Bronglais.

[95] **Bethan Jenkins:** Sut yr ydych yn **Bethan Jenkins:** How do you manage

rheoli disgwyliadau pobl o'r hyn yr ydych yn ei wneud? Rwy'n gofyn oherwydd, ar y cychwyn, gwnaethoch ddweud bod gwybodaeth wedi cael ei rhoi mas yn annibynnol, ond mae ffigur 37 Opinion Research Services yn dweud bod llawer o'r wybodaeth oddi wrth y bwrdd iechyd yn unochrog a'i bod yn rhoi barn a gweledigaeth y bwrdd iechyd yn hytrach na bod yn annibynnol. Sut felly yr oeddech yn ceisio sicrhau na fyddai hynny'n digwydd a bod eich gwybodaeth yn fwy annibynnol nag y byddai rhai o'r bobl leol yn honni ei bod?

people's expectations about what you are doing? I ask because, at the beginning, you said that information was given out independently, but Opinion Research Services's figure 37 shows that a lot of the information from the health board was one-sided and that it presented the health board's opinion and vision rather than being independent. How therefore did you try to ensure that that would not happen and that your information was more independent than some local people would allege that it was?

[96] **Mr Purt:** The managing expectations issue is always difficult, if I am honest, because people's expectations are at different levels. Through this, we have tried to be as candid and open as we possibly can and transparent about the problems that we as a health board face. Those are well rehearsed, I suspect, in committee rooms through this building. We have tried to focus on providing safe, sustainable and high-quality services in which we have better outcomes than we currently have. Our services are spread too thinly, and we have tried to engage with our population about the difficulties, asking it to help us shape the solutions. Ultimately, I am not driving what the final consultation looks like, that has been driven by the clinicians who work within the health board, whose advice on quality and safety is what the board and I will take as what we have to do. We are consistently engaged with the royal colleges and we have now brokered the additional two consultants in Bronglais, because we have been able to broker, with the royal colleges, a solution to how we continue to run surgery in that hospital.

[97] I suppose that the final bit for me on this is that, ultimately, we have to provide a sustainable solution within the parameters that we know we have to work within at the moment. This has been a process of trying to be as open with our population as possible. In many ways, the reason that we are sitting here today and that we have had the 24,000 signatory petition is that we have been open about being really clear about what the services currently are in Llanelli and not what the sign says. So, we have been attempting to start to have an adult discussion with our population that says 'This is not something that we want to continue with; it is not fair that you think that you have services in certain parts that you tangibly do not have'. So, I suppose that my answer with regard to managing expectations is that there needs to be honesty. We would not be sitting here if we had been anything but honest.

[98] **Bethan Jenkins:** Rwy'n cydnabod hynny, ond roeddwn yn dyfynnu o'r ymchwil a roddwyd i ni a oedd yn honni bod rhai o'r themâu sy'n dod allan o'r ymgynghoriadau yn ffafrio ochr y bwrdd iechyd. Hoffwn gofnodi nad fy marn i yw honno.

Bethan Jenkins: I recognise that, but I was quoting from the research that we were given, which claimed that some of the themes that came out of the consultations favoured the side of the health boards. I would like to put on record that that is not my opinion.

[99] Mae gennyf gwestiwn arall. Rydym wedi clywed y Gweinidog yn dweud ar sawl achlysur nad yw adleoli gwasanaethau gyfystyr â'u his-raddio, a'r pwrpas yw gwneud y gwasanaethau hynny'n fwy diogel ac y bydd hynny, yn ei dro, yn gwella'r gwasanaeth y bydd pobl yn ei dderbyn ym maes iechyd. Beth yw eich barn chi am hyn,

I have another question. We have heard the Minister say on several occasions that the relocation of services is not the same as downgrading, and that the purpose is to safeguard those services and that this, in turn, will safeguard the health services that people receive. What is your opinion on that, particularly as a number of people I have

yn enwedig gan fod nifer o bobl yr wyf wedi siarad â nhw yn Llanelli yn credu bod angen uned damweiniau ac achosion brys lawn yn yr ardal, yn hytrach na'r hyn sydd ganddynt ar hyn o bryd? Sut y gallwch fynd i'r afael â hyn pan fo'r boblogaeth yn credu mai is-raddio yw hynny?

spoken to in Llanelli believe that a full accident and emergency unit is required in that area rather than what they have at the moment? How can you tackle this when the population believes that this amounts to a downgrading of services?

[100] **Mr Purt:** I suppose that there are two or three points to pick up. I can advise the committee that we have now had a more up-to-date response to our service plan from the national clinical forum, which has been extremely complimentary and very supportive of the stage that we are at now, ahead of the final consultation. We have shared with it details of where we think it will go, and the national clinical forum's view is that what we are providing is a very sensible and safe solution to what we need to achieve.

[101] I agree with the Minister that hospitals and hospital beds are not necessarily the currency of safe services or the way in which we deliver services in future. We are attempting to recognise that the majority of services need to be provided as close to where someone lives as possible. If a hospital visit is needed, then all hospitals will still be providing access to diagnostics. It is absolutely right that, where we need to specialise services on fewer sites to provide the outcomes that we require, that has to be the way in which we go forward. We can then repatriate those patients back to their local hospitals. So, all we are doing is moving them for procedures that need specialist clinicians for that element of the process.

[102] I think that the issue about the closeness to services is often misunderstood, in the sense that it is far better to go to the right place first than it is to go to the wrong place and subsequently have to transfer. The golden hour that is talked about has changed. We now have a far more sophisticated paramedic service and it is far better to go that little bit further to have access to the right clinician first than it is to get to the nearest place to be stabilised and then transferred on. So, I think that what we are trying to do is to start that debate on the point that the currency for safe services is about the pathway and not simply about the building. So, I think that we can legitimately say that we are not downgrading services in any of our hospitals; what we are doing is changing the way in which we would deliver that particular pathway.

[103] **Joyce Watson:** As you have just briefly mentioned, we hear an awful lot about the golden hour, and my question to you follows on from what you just said. Are there dangers of not achieving all that is understood about getting the right treatment during the golden hour by going to the wrong location in the first instance? I would just like some clarity on that, because it is a question that I have been asked more than once.

[104] **Mr Purt:** The view of the service is that going to the right place first is the most important aspect. That is, simply getting to the closest unit is not always the right location. I think that it happens across Wales in the sense that ambulances will drive past certain hospitals to go to others where the services provided are far better. So, whenever possible, we need to curtail the distance and time, but getting to the right facility is actually more important than getting to the nearest facility.

[105] **Bethan Jenkins:** A allwch ehangu ar sut yr ydych wedi cyfathrebu'r cysyniad hwn o adleoli neu ganoli gwasanaethau mwy arbenigol? Sut yr ydych yn ymateb i'r hyn sydd yn y ddeiseb dan drafodaeth o ran hynny? Mae consŷrn, fel yr awgrymodd Joyce, y bydd angen i'r bobl hyn fynd i'r

Bethan Jenkins: Could you just expand on how you have communicated this notion of relocating or centralising more specialist services? How do you respond to what the petition under consideration says in that regard? There is a concern, as Joyce suggested, that people will have to go to the

canolfannau lle cânt yr asesiad mwyaf centres where they will have the most
cynhwysfawr os nad ydynt i fynd i'r lle comprehensive assessment, if they are not to
anghywir yn y cam cyntaf. Dyna bryder start off in the wrong place. That is the
mawr ar y stepen drws, yn ôl yr hyn rwy'n ei concern on the doorstep, as I understand it.
ddeall.

[106] **Mr Purt:** There are two or three bits to draw out from that. The first is that we have been very upfront in our discussions about exactly what it is that we think are the likely service models. That has been very clear through our engagement process and through some of the options that were put out—it has certainly been part of the presentations that we have made at the myriad events that my team and I have been to, including the local authority ones.

[107] The issue with the Prince Philip Hospital petition is an interesting one in the sense that it is not about protecting services, but about moving to something that it is not at the moment. Within the documentation that has already been issued with regard to the listening exercise, there is little change to the front door of the Prince Philip Hospital, other than a name change, and unless I am mistaken, Chair, the petition is about reinstating services that have been taken out over the last seven to eight years. There is, therefore, a debate on two fronts in this regard. The issue with the Prince Philip Hospital, as we have said quite openly, is that the changes are minimal. In fact, some of the changes, we think, will be far better, particularly for medical patients. I am not going to get drawn into what the consultation will say, but the front door of the A&E, as it is currently known, will still be dealing with the vast majority of what it deals with now, with a far faster route for those who need emergency medical care.

[108] However, the issue in the petition is to go back to a model that never was. Since its construction, the Prince Philip Hospital has never had maternity and obstetrics. Surgery was taken out some years ago, subject to a consultation before the new health board was formed. So, I think that there are two competing issues here. One is about whether we are downgrading the Prince Philip Hospital, and I would argue that we are not, even in what we have already talked about, but the petition is about whether we can bring services back to the Prince Philip Hospital, which would be a challenge for any health board given the current recruitment and financial issues.

[109] **William Powell:** Just to confirm the wording of the petition, the petitioners demand that Prince Philip Hospital be restored to

[110] ‘a fully functioning District General Hospital with the return of major elective surgery’.

[111] It goes on to list the categories that they are seeking.

10.00 a.m.

[112] **Bethan Jenkins:** Therefore, just to finish, you would contest the use of the word ‘restored’, because you would say that some of those services were never there to be restored.

[113] **Mr Purt:** Certainly, it has never had maternity and obstetrics. However, elements of surgery were removed at the behest of the royal colleges. I think that there was a consultation—although I would need to check on this, Chair—around seven years ago, which took out aspects of work from Prince Philip Hospital, as it was, and moved them to Glangwili. However, in terms of what is currently within our proposals, there will be services centred on Prince Philip Hospital that it does not currently have, and very little in the way of changes to medical emergency—in fact, it will be improved—and to what is currently termed as A&E. We want to signpost it for what it genuinely is, rather than have people turning up there

seeking inappropriate treatment from a service that is not behind those doors.

[114] **William Powell:** Joyce would like to move on to issues around the evaluation of responses.

[115] **Joyce Watson:** Absolutely. We will move on to the evaluation of responses. You have had many responses, some from organisations, individuals and staff, and an awful lot from the public. Was any weighting applied to the different responses from the different bodies?

[116] **Mr Purt:** The weighting was very much an issue that we left with Opinion Research Services, as the independent assessor of what we were doing. Looking at its report, it is clear that it set great store by the focus groups, because they were not self-selecting groups following a particular avenue. That demonstrates to us that the majority of the messages for which we were trying to get some response have been well received. It shows that 87% support our focus on quality and safety, 82% support making the ageing population a priority, 82% support our issues of resources, 78% are in favour of improving transport and 80% support the provision of the majority of services locally but are willing to travel for specialist services. I think that it has been very helpful. It means that we will certainly be reflecting the learning from that in our document; so, there will be much greater focus now on transportation, both emergency and non-emergency, so that people can be very clear and understand how that will be dealt with. Similarly, there will be greater focus on access to services, and the point that I was making about diagnostics and diagnosis locally, even if the actual procedure is carried out elsewhere, and then repatriation. Then there are issues regarding community services. The investment in community services first will be far more visible in our document. I think that we have learned a lot of the lessons that we had hoped to learn from it, of where the population and the responses took us in terms of areas around which they felt that they needed greater assurance, which is absolutely right. Equally, the five or six key things that we wanted to focus on have been largely supported.

[117] One of the interesting things about transport or access to services was one of the quirks that we found. Those who live in the real rural parts of our community were more than happy to travel for specialist services. Those who live in urban areas were the ones who did not want to travel for services. What we must remember about Llanelli is that it does not sit in isolation; it is part of a network of four hospitals within our organisation and parts of the Llanelli population are served by Morriston and Glangwili hospitals. It was an interesting fact that came out of this: the willingness and expectation by those in rural communities that they would be happy to travel, because, obviously, they travel now. It was the urban populations that seemed to be unwilling to have anything other than a local hospital.

[118] **Joyce Watson:** Moving on from that, you have drawn some comparisons about high percentages in favour, so how have you managed to deal with a fairly even balance of agreement or disagreement on a specific subject? How have you managed to evaluate and take account of a virtual equal balance in the final proposal?

[119] **Mr Purt:** It is always a challenge. We have tried to do two things. As I said earlier, we will be steered by what our clinicians think is the more sustainable and safer of the options. We will continue to engage with the royal colleges and the national clinical forum to ensure that the models are appropriate. However, what we need to do in our final document is be clearer with our population, so we are reducing jargon and trying to make it easier to understand. As part of this process, we are going to be very clear about services as they currently are, and not as communities perceive them to be. The one disappointment for me, although I suppose that I should not be surprised, really, was that the demographics showed that the majority of our responses came from the older end of our population, so we need to do more to engage with our younger population. We had a 16% response rate for the 16 to 44

age group, which I suppose is actually quite good in many ways, but we need to target our younger groups more as part of the next stage of the process. We already use social media, such as Twitter and Facebook, but we need to step up how we get our communication with those groups more tied in to what we are trying to do.

[120] **Joyce Watson:** I had observed that the majority of respondents were aged 75 plus, if the figure in the head serves me right.

[121] **Ms James:** We are looking at creating a version of our consultation document for children and young people, because some of the services that we are looking at affect them, so we need to make sure that they understand the changes as well. So, we have addressed that issue that was identified during the engagement phase.

[122] **Joyce Watson:** Going forward, what level of input has the national clinical forum had so far to the proposals, and what mechanisms are in place to ensure that there is adequate communication through the next stage?

[123] **Mr Purt:** The national clinical forum has been involved throughout the process. We have met with it formally twice now. The last time was as recently as about three weeks ago, and we received a letter last week from the clinical forum confirming that it is very content with what we are proposing. In fact, it thinks that it is ambitious, but ambitious from a positive perspective. I do not think that we will be involving it again before we go to consultation, but it will be asked to provide a response as part of the consultation process. The letter that I have received from the chair of that committee seems to be very mindful that we have answered a lot of the queries that we received initially, and is confident and happy for us to proceed through to the next stage.

[124] On what we are planning to do next, I can either provide you with that information separately, or—

[125] **William Powell:** That would be useful.

[126] **Mr Purt:** I will just pull out a couple of quick points, if I may. We will be having three facilitated *Question Time*-type debates in each county, which will have an independent chair. We are inviting to the panel not just the health board but some of our local political representatives and local pressure groups, so we will not be trying to do this without an open approach to it. There will be one in each county and we will be doing another seven of the road show events that we have already done in each of the localities, as well as holding a public focus group and staff road shows, and taking a whole range of other measures, including resident surveys.

[127] **William Powell:** When you refer to one in each county, what arrangements would be in place for south Gwynedd and the western Powys area?

[128] **Mr Purt:** Our understanding of our conversations both with the Betsi and Powys health boards is that they will be facilitating something on their own patches, using our documentation, and we will be invited to attend.

[129] **William Powell:** There will be quite close collaboration on that, then.

[130] **Mr Purt:** Yes.

[131] **Joyce Watson:** That was to be part of my question, because of the rurality and we all cover such areas—well, three of us do. Timing is also critical. I attended a few events and, during the day, there would be a certain group of people present, because they had the time to

be there then and, in the evening, there would be another group of people because that was when they had time to attend. So, that might account for some of your response weightings. How will you handle that?

[132] **Mr Purt:** The *Question Time*-type events will be in the evening and the health board public road show events will be from 2 p.m. to 8 p.m. in an attempt to cater for those who can come in the afternoon, and those who want to come on the way home from work or in the early evening. They should be able to make the session before 8 p.m..

[133] **Ms James:** We are working with community health councils as well, and they have been suggesting venues where they think it would be appropriate to hold these meetings, and we are taking their advice.

[134] **William Powell:** Mr Purt, you referred earlier to having learned some lessons from the process. I am conscious that time is quite tight now, but could you elaborate just a little on the key lessons that you and the organisation have learned from the process so far, and on how they have been built into the final consultation? As a final question on that, how will you be sharing that with colleagues across Wales who are taking forward similar exercises over the coming months?

[135] **Mr Purt:** To a large extent, Chair, I touched on the lessons learned earlier, so it is about how we can improve the language to make it more straightforward and how we can be clearer so that our population understands what it currently has and not what it perceives itself to have. The mistake that we made around that—or what we have learned from that—is that we allowed it to become a media debate with an element of misinformation, which hindered the genuine conversation that we needed to have about this being focused on providing safe, sustainable services going forward, but that does not sell newspapers. As regards the issues to do with targeting groups that we found difficult to engage with, we would do that differently now, and will look at that as part of the consultation.

[136] This is not the end of the road for us. The fact that we still have the consultation to go through means that we have a lot of opportunities to pick up the parts that did not work particularly well. I will end on the element that was brought up in the Opinion Research Services report. We have done it transparently, honestly and openly. That level of engagement with the population was unprecedented in Wales.

[137] **William Powell:** Diolch yn fawr am **William Powell:** Thank you for this sesiwn y bore yma. morning's session.

[138] Thank you both for coming and we will remain in contact with you as the next phase of the process goes forward and in our consideration of the petition at the beginning of the next Assembly term.

10.13 a.m.

Papurau i'w Nodi Papers to Note

[139] **William Powell:** We have some papers to note on the control of noise nuisance from wind turbines and waste and incineration. They are noted.

10.14 a.m.

**Cynnig o dan Reol Sefydlog Rhif 17.42 i Benderfynu Gwahardd y Cyhoedd o'r
Cyfarfod**
**Motion under Standing Order No. 17.42 to Resolve to Exclude the Public from
the Meeting**

[140] **William Powell:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 17.42(vi).

[141] I see that the committee is in agreement. Excellent.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.14 a.m.
The public part of the meeting ended at 10.14 a.m.*