



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

## **Y Pwyllgor Deisebau** **The Petitions Committee**

**Dydd Mawrth, 8 Hydref 2013**  
**Tuesday, 8 October 2013**

### **Cynnwys** **Contents**

Cyflwyniad, Ymddiheuriadau a Dirprwyon  
Introduction, Apologies and Substitutions

Deisebau Newydd  
New Petitions

Y Wybodaeth Ddiweddaraf am Ddeisebau Blaenorol  
Updates to Previous Petitions

P-04-408: Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc—Sesiwn  
Dystiolaeth gyda'r Deisebydd  
P-04-408: Child and Adolescent Eating Disorder Service—Evidence Session with the  
Petitioner

P-04-408: Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc—Sesiwn  
Dystiolaeth gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
P-04-408: Child and Adolescent Eating Disorder Service—Evidence Session with the  
Minister for Health and Social Services

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**

Mark Drakeford	Aelod Cynulliad (Llafur), y Gweinidog Iechyd a Gwasanaethau Cymdeithasol Assembly Member (Labour), Minister for Health and Social Services
Dr Robin Glaze	Clinigydd Arweiniol ar gyfer Gwasanaethau Pobl Ifanc yng Ngogledd Cymru Lead Clinician for the North Wales Adolescence Service
Susannah Humphrey	Rheolwr Prosiect B-eat Cymru B-eat Cymru Project Manager
Jo Jordan	Cyfarwyddwr Partneriaethau a Gwasanaethau Corfforaethol, Llywodraeth Cymru Director of Corporate Services and Partnerships, Welsh Government
Helen Missen	Deisebydd Petitioner
Dr Sarah Watkins	Pennaeth Iechyd Meddwl, Troseddwyr a Grwpiau sy'n Agored i Niwed, Llywodraeth Cymru Head of Mental Health, Vulnerable Groups and Offenders, Welsh Government

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

Kayleigh Driscoll	Dirprwy Glerc Deputy Clerk
Steve George	Clerc Clerk
Matthew Richards	Cynghorydd Cyfreithiol Legal Adviser
Kath Thomas	Dirprwy Glerc Deputy Clerk
Phillippa Watkins	Gwasanaeth Ymchwil Research Service

*Dechreuodd y cyfarfod am 09:00.*  
*The meeting began at 09:00.*

## **Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions**

[1] **William Powell:** Bore da, a chroeso cynnes i bawb i'r cyfarfod hwn o'r Pwyllgor Deisebau. **William Powell:** Good morning, and a warm welcome to you all to this meeting of the Petitions Committee.

[2] We have a full complement of Members, and we have received no apologies. The normal housekeeping arrangements apply. As we have a packed agenda this morning, I propose that we move straight to agenda item 2.

09:01

## **Deisebau Newydd New Petitions**

[3] **William Powell:** The first petition this morning is P-04-504, A483 Maerdy bridge Road Junction Safety. This petition was submitted by Llandrinio and Arddleen Community Council, and has the support of 740 signatures. It reads:

[4] 'We call upon the National Assembly of Wales to urge the Welsh Government to improve the safety of the Maerdy Bridge Road junction on the A483 by adding a central reservation and by the installation of street lighting.'

[5] This is our first consideration of this petition. I propose that we write, in the first instance, to the Minister for Economy, Science and Transport, to seek her views. Do you agree, colleagues? I see that you do. Excellent.

[6] **Russell George:** I have visited this junction, Chair. This is definitely a petition that is asking for something very genuine.

[7] **William Powell:** It is very concrete and, hopefully, achievable.

[8] **Russell George:** To be honest, I did not know there were 740 people there; that is why it is quite an achievement to get the signatures of 740 people living in the Arddleen area.

[9] **William Powell:** Absolutely; it is very much a rural heartland, is it not? I thought that myself. So, we will see what Mrs Edwina Hart has to say on that matter.

[10] **Joyce Watson:** Can we also write to the local authority and see whether it has any views on it?

[11] **William Powell:** Yes. At this stage, we can also write straight to Powys County Council, and see what its perspective is. We are happy to agree to that.

[12] The next petition is P-04-505, Eating Disorder Unit in Wales. This petition was submitted by Keira Marlow, and has collected 526 signatures. It reads:

[13] 'We call upon the National Assembly for Wales to inform the Welsh Government of the urgency and necessity to provide a specialist eating disorder unit in Wales.'

[14] As this is our first consideration of this petition, I think that it would be bizarre not to mention the announcement that came through in the last day or so from the Minister for

Health and Social Services, Mark Drakeford, of an additional £250,000 towards eating disorder support services in the south Wales area. I believe that we have had some informal feedback from the petitioner in writing on this matter.

[15] **Mr George:** Yes, I believe so. The petitioners are formally presenting their petition tomorrow to Members.

[16] **William Powell:** That will give us a good opportunity to engage with them, and to get more detail of their response to this. Did you want to come in on this, Bethan, as the chair of the relevant cross-party group on this issue?

[17] **Bethan Jenkins:** I just want to say that I have met with Keira on a few occasions. She has been through treatment herself, and I know that she is very keen now to help people who are in the same position as her. Therefore, I think that it is important—and we do have another petition on this issue—that we respect the fact that she has taken the time to put this petition in. I know that she will be pleased by the announcement. However, I am sure that we all recognise that there are still gaps in the services, and, perhaps, when we meet the Minister, we can raise those issues.

[18] **William Powell:** Indeed. We have that opportunity later on. I also look forward to meeting Keira in person, maybe with some fellow petitioners, later in the week, when we have the petition presentation. In the meantime, and for consistency, I think that we should also write to the Minister on this specific petition, to seek his views. Are colleagues agreed? I see that you are. Excellent.

[19] The next petition is P-04-506, Free bus pass/concessionary travel for benefit claimants, students and under 18s. This petition was submitted by Mark Griffiths, and collected 60 signatures. We can see clearly from the text of this petition what the motivation is here:

[20] ‘I live in an area where wealthy landowners and owner occupiers have access to free bus travel/pass due to their age, while a few miles away benefit claimants have to pay in order to “sign-on”! This is another example of the poor and vulnerable being regressively charged for a public service which is essential to their daily lives, it is unfair and unjust.’

[21] He continues:

[22] ‘To remedy this unfair system I hereby petition the Welsh Assembly to set up a scheme for the poor and vulnerable in our society to have free access to bus services in Wales and concessionary fares on the rail network.’

[23] Finally,

[24] ‘This can easily be funded by transferring benefits currently being wastefully awarded to the wealthy members of society.’

[25] So reads that petition. I would suggest that we write in the first instance to the Minister for Economy, Science and Transport to seek her views on the matter.

[26] **Bethan Jenkins:** How about the transport consortia for the area?

[27] **William Powell:** Clearly, at some point—

[28] **Bethan Jenkins:** You would not want to do that in conjunction with this, would you?

[29] **William Powell:** We could write to the regional transport consortia if colleagues think that would be useful. I am happy to do that.

[30] **Bethan Jenkins:** Also, in my view, you could have a free bus pass, but in the Gower there are sometimes no buses. You can have a pass to nothing.

[31] **William Powell:** Absolutely. Exactly. There is patchy provision.

[32] **Bethan Jenkins:** I sympathise with the petition.

[33] **William Powell:** Okay. I am happy to write as well to the regional transport consortia—SWITCH, in this case, but also the others. Okay. That is agreed.

[34] The next petition is P-04-507, A Welsh bill of rights for women and girls adhering to CEDAW. This petition was submitted by Women's Equality Network Wales and has the support of 152 signatures.

[35] 'We call upon the National Assembly for Wales to urge the Welsh Government to adhere to the principles of the international Convention for the Elimination of all forms of Discrimination Against Women (CEDAW). This would allow the Welsh Government to display a clear commitment to women's equality in Wales and ensure clear priorities for achieving this.'

[36] Joyce, do you have a view on this one?

[37] **Joyce Watson:** Yes. It is pronounced 'see-dor'. I have spent many years discussing CEDAW, and I am also a member of WEN Wales. So, I want to put that on the table. What we have to do is—. Many of these things will be covered in the legislation—it is the things falling outside it that they are clearly concerned about, so, in the first case, we will have to write to the Minister and seek the Minister's view, and then take it from there.

[38] **William Powell:** In that case, it would be the Minister for Communities and Tackling Poverty—that would be the relevant portfolio, would it not?

[39] **Joyce Watson:** Well, it goes right across, so assuming that we have a Minister for equality, they will have that portfolio.

[40] **Bethan Jenkins:** It would be Jane Hutt, would it not?

[41] **William Powell:** Jane Hutt rather than Jeff Cuthbert.

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

[43] **Bethan Jenkins:** But I do not know whether they have shared out—

[44] **William Powell:** I am not quite clear on—

[45] **Joyce Watson:** She is the Minister for equality, and this is about equality.

[46] **William Powell:** Okay. I am happy to stand corrected on that one. We will write to Jane Hutt in the first instance and seek her perspective on that one.

[47] The next petition is P-04-508, Restore the Glandyfi View. This petition was submitted by Nigel Callaghan and has the support of 83 signatures. As you can see, this is an unintended consequence of a road enhancement, as will become clear.

[48] ‘Whilst generally welcoming the widening of the A487 at Glandyfi, we are extremely concerned and deeply saddened that the work has involved unnecessarily raising the wall on the seaward side of the road, which now prevents users of the road and residents from enjoying the spectacular views across the Dyfi Estuary which have formed part of the local landscape for centuries. We do not feel that the creation of a formal “viewpoint”; makes up for the loss of the views which have heretofore been enjoyed daily by users of this important road, both visitors and locals. We therefore call on the National Assembly for Wales to urge the Welsh Government to immediately instruct the contractors to lower the wall by a sufficient amount to restore our rightful view of this beautiful and unique landscape.’

[49] I think this is another one for the Minister for Economy, Science and Transport.

[50] **Russell George:** We cannot really do much else at this point, apart from write to the Minister for her view.

[51] **William Powell:** Are we agreed? I see that we are. Let us do that.

[52] The next petition is P-04-509, Save the Welsh National Tennis Centre. This petition was submitted by the Save the Welsh National Tennis Centre organisation, and has the support of almost 500 signatures. It reads:

[53] ‘Virgin Active Cardiff announced the closure of the Welsh National Tennis centre as of 23 August 2013. The centre has 6 indoor courts and 7 clay, outdoor courts. The facility provides the only public indoor courts in Cardiff. The courts are used by people from all walks of life and ages, inter-generational, from 3 to 83. All levels of playing ability, including wheelchair users and those with learning difficulties, from beginner to national standard. It is a centre for promoting tennis excellence and delivers performance coaching for children and young adults. Major tennis ranking tournaments are played at this venue. Closure of this facility is a major blow to tennis in the community and the principality. We call on the National Assembly for Wales to urge the Welsh Government to protect the centre and do all in its powers to secure the Welsh National Tennis Centre as a tennis playing facility.’

[54] What are your views on this, colleagues?

[55] **Bethan Jenkins:** Virgin Active is a private gym—I was a member there for a while. So, we need to clarify what we could do in all of this. The petitioners say that it is a public space—does that mean that the centre has a contract with Cardiff Council or with the Welsh Government? Can we clarify that? Also, I do not know whether we could ask Swansea Tennis Centre about its experience, because it lost funding, and the community got together to run it.

[56] **William Powell:** So, there may be some lessons to learn there.

[57] **Bethan Jenkins:** It might be a good idea to do that, so that we can get some interest there.

[58] **William Powell:** Yes, I think that that is sensible. What do other colleagues think? Could we have a brief view on this from our legal support?

[59] **Mr Richards:** Thank you, Chair. I am not sure that there is a great deal that I can say, based on the information that is here. If it is a private facility, then that puts a different complexion on it. However, perhaps if the committee can write to Virgin Active Cardiff, and just find out a bit more about it—

[60] **William Powell:** We need to find out what the business model is, and what the

public/private relationship is.

[61] **Mr Richards:** Yes. I would then certainly be happy to provide the committee with a view on that, as to whether there is anything from a legal perspective that the Assembly can do about it.

[62] **William Powell:** Okay, thanks very much. That is helpful.

[63] **Joyce Watson:** I have a question. Are we questioning whether, legally, we can do anything about the petition at this stage? Did we not question that before it was accepted?

[64] **Mr George:** The petition is admissible because it deals with an area and a field—sport, and the provision of sports facilities and so on—which is a responsibility of the Welsh Government. Whether in practical terms the Welsh Government, or anyone else, can do much about what is, essentially, a private facility, is a matter that comes from investigating the petition, I suppose.

[65] **William Powell:** Yes, and that is the next step. So, in summary, we need to write to the Minister and to the company.

[66] **Mr George:** Perhaps we can clarify with the Minister whether this designation of it being the Welsh National Tennis Centre has any wider meaning, rather than just—

[67] **William Powell:** Yes. It may also have been in receipt of significant public funds from Sport Wales, or some other bodies, in the past.

[68] **Bethan Jenkins:** We just do not know, do we?

[69] **William Powell:** No, indeed. We just need to do some investigation. I am happy to help to lead on that. Thank you very much for that, colleagues.

09:13

### **Y Wybodaeth Ddiweddaraf am Ddeisebau Blaenorol Updates to Previous Petitions**

[70] **William Powell:** The first petition that we are looking at is a very long-standing petition, which predates many of us, P-03-263, List Stradey Park. This petition was submitted by Mr V. Jones back in July 2009, and has the support of 218 signatures, with an additional 4,383 collected on an associated petition. If you recall, colleagues, it reads:

[71] ‘We call upon the National Assembly for Wales to urge the Minister for Heritage to grant listed status to Stradey Park, in order to protect the heritage of this world-famous rugby ground and cultural icon for the people of Wales.’

[72] We last considered this on 18 June, and we wrote, once again, to the Minister for Culture and Sport, asking whether Cadw could consider spot registration for the pitch. We had a response from the Minister on 1 August, and, indeed, the petitioner has commented on that response. I think that the Minister makes a very telling point here by enumerating the key features that have been lost. He refers to the stadium, the posts, the scoreboard, the stands and other aspects that actually make this up. So, that is something that we cannot fail to take account of. Clearly, there may be merit in actually considering that it is time to close this petition, given where we are at, but I would very much appreciate colleagues’ views.

09:15

[73] **Bethan Jenkins:** I disagree because, having read what the petitioners said, there was a consultation document by Cadw, stating that sporting venues would be eligible for consideration in their own right. I think that that has to be explored further. Not only that, but I raised a question last week with the Minister with regard to the Cadw consultation workshops that we had on the heritage Bill. We need to know where all of those thoughts and comments have been processed because, in those workshops, we raised issues like this about the fact that some places may not have features that are currently within the guidelines, but they could have if the heritage Bill would allow for it. It is difficult to understand why Cadw continues to have a straitjacket approach when it could perhaps have more flexibility now considering that the heritage Bill is coming up. We also need to find out what conversations Cadw had with the developer because the petitioner, to be fair, has been proactive in talking to the developer, but did Cadw do that to try to be as proactive as possible to make sure that this could be retained? You will know that Cadw is not my best friend.

[74] **William Powell:** I have had my issues as well.

[75] **Joyce Watson:** I think that to close the petition at this stage is premature although I know that it has been a long-standing petition. Therefore, in that respect, I agree with Bethan. There are issues, as Bethan has outlined—we are short on time, so I will not repeat them—but I do think that the consideration of this as a sporting venue, rather than a fixtures and fittings venue, which I suppose is the best way of putting it, has not truly been reflected in the decision. Two of us, however, think that it would be worth writing back to Cadw to ascertain why that has not been brought into consideration in the light of all that is changing.

[76] **William Powell:** With the heritage Bill still being very much in the melting pot and its final shape not clear at all, we do have the opportunity. I am happy to come to meet that. Russell, do you have any views further than those that have been expressed?

[77] **Bethan Jenkins:** I am sorry to interrupt. I am unsure of the timeline, because I was on Petitions Committee and I came off it. We did some work on local listing and we did hear that there would potentially be some changes to that, in light of a few other petitions that we have had—I think that that was to do with the Vulcan Arms as well. We heard from Cardiff Council about the fact that a local listing was not strong enough to counteract developers. Perhaps we could go back to that, to see whether that would be a consideration of the heritage Bill, to strengthen the local listing element, because I also need to remind myself.

[78] **William Powell:** Indeed. We also recall the visit to Denbigh and the now-closed petition, and the upcoming visit to the Mid Wales hospital in Talgarth and so on. There are a lot of things that we could capture here, particularly when the heritage Bill is still taking shape. I am happy to write to Cadw along the lines that you have proposed, picking up some of the points from the petition.

[79] **Mr George:** Just to clarify, do you want to write to the Minister on the heritage Bill rather than Cadw?

[80] **Bethan Jenkins:** Yes, Cadw on the specifics, but the Minister on the timelines.

[81] **Mr George:** One of the suggestions was that we write to this local authority about local listing. Is that something that you want to pursue at this stage, or do you want to look at the general issue of local listing?

[82] **Bethan Jenkins:** You can do both, I think.



[83] **Mr George:** The petitioners have suggested that we write to the local authority about local listing.

[84] **Joyce Watson:** I would say that we do that.

[85] **Bethan Jenkins:** That is fine.

[86] **William Powell:** Yes, absolutely.

[87] **Bethan Jenkins:** Do everything.

[88] **William Powell:** If there is a built heritage officer, that is the right point of contact. Good.

[89] We now move to petition P-04-393, Llanymynech and Pant Bypass Action Group. This petition was submitted by Duncan Borthwick in May 2012, with the support of 84 signatures. It calls upon the Welsh Government,

[90] ‘to reinstate plans for the bypass of the villages of Pant and Llanymynech which straddle the English/Welsh border.’

[91] We last considered this petition in our final meeting of last term, on 16 July, and agreed to revisit it. In the context of that, we have a comprehensive brief from the Research Service and we agreed to request further information from the Minister on any aspects that had not been fully addressed in her correspondence. I am not clear that there is a lot of additional hope thrown up by the research brief, because the concordat that was set up between England and Wales seems to have been at a high level, without actually having a lot of detail in it about how it would work for something like this. Russell, I know that you have been active in this particular one.

[92] **Russell George:** First, I should thank the clerk and team for their briefing. It is extremely useful, not just for this petition, but for many petitions that we have, because they concern cross-border issues. However, the Minister has written back to us and has not said an awful lot, but she has committed to updating us in the autumn, which is good. The problem here is that there is a real cross-border issue and when I attended a meeting 12 months ago, 50% were from England and 50% were from across the border in Montgomeryshire. From what I can understand of the brief that we have received, there is a memorandum of understanding that exists between the Welsh Government and the UK Government for issues such as this.

[93] **William Powell:** Yes, it was signed in Ludlow about four or five years ago, I think.

[94] **Russell George:** Yes. So, there is potential. In the brief it talks about a potential working group that could be set up. That is not a decision for us; it is a decision for both Governments. I wonder if we could write to the Minister, Edwina Hart, and perhaps expand on the legal brief and ask her about the option of a working group, and whether we could write to her counterpart on the other side of the border—the Minister or the regional consortium there—to ask the same thing: whether they would consider a working group being set up on this issue.

[95] **William Powell:** I would be very happy to do that if colleagues think that that would be useful.

[96] **Joyce Watson:** The letter from the Minister says that she is still investigating potential options. So, it does not say nothing.

[97] **William Powell:** No, it is live, is it not?

[98] **Joyce Watson:** It does say that it is a live issue and that she is looking at it. We do not know how that is happening, but we know that it is happening. I think that it would be more fruitful, in this case, to wait for the autumn and see the outcome of that ongoing work. Then, if we are not satisfied, we can go to another stage. That is my opinion.

[99] **William Powell:** I would like, on behalf of the committee, to write to the Minister thanking her for her response to date and saying that we look forward to hearing further details and options fleshed out.

[100] **Russell George:** Chair, what I would like to do, if you are writing back to the Minister, as I suggested that we do, then at least we can perhaps flesh out some of the issues that were brought up in the briefing, and propose to the Minister that these are also options that she might like to consider in her deliberations.

[101] **William Powell:** Absolutely. There are wider issues with cross-border operations in various portfolios. We see this in health matters. Just last week, the Minister for Natural Resources and Food was talking about the difficulties of funding food festivals near the border, because there are a significant number of producers who happen to come from the other side of the border, because the border—

[102] **Joyce Watson:** Are we talking to this now?

[103] **William Powell:** No, but there are wider issues there to which we need to be alert, and the research brief is helpful in that respect.

[104] We move on now to agenda item 3.3, P-04-459, A direct rail connection from Cardiff Airport to Cardiff central and west Wales. This was submitted by Sovereign Wales in March 2013—

[105] **Joyce Watson:** It is MCZs.

[106] **Bethan Jenkins:** On our paper, item 3.3 is the marine conservation zones.

[107] **William Powell:** Okay, right. If we look at the Cardiff Airport to Cardiff Central and west Wales text, is that—

[108] Is there a glitch here? If I read the text, it is very brief.

[109] **Mr George:** I think that it has somehow been transposed on the agenda, from your brief, so perhaps if you could take that one first—

[110] **William Powell:** Okay. I am happy to reorder that. This item is P-04-415 Support for Designation of Highly Protected Marine Conservation Zones. We considered this together with a group of others, following the controversy regarding the proposed MCZs. There were P-04-406 and P-04-411, both against the zones, one in north Wales and the other in Pembrokeshire, and then we had, on the counter-side of the argument, as colleagues will recall, P-04-415, Support for Designation of Highly Protected Marine Conservation Zones. We received this petition in October 2012 from Blaise Bullimore, and he had collected 298 signatures endorsing the Welsh Government's policy of the time to designate highly protected MCZs. Colleagues will recall that we closed the first two of the grouped petitions last time, in the light of the Government's clear policy announcement on this matter. However, we have circulated to colleagues an article that summarises Mr Bullimore's perspective on the issue, as

a courtesy to him, for us to give consideration to that before doing what we now naturally have to do in the wider context, which is to close the petition. I am grateful to Mr Bullimore for supplying the article, which neatly summarises his position and that which was supported by his fellow petitioners. Are colleagues happy with that approach?

[111] **Bethan Jenkins:** All I will say, in the petitioner's defence, is that I understand why he would say that he wants to keep it open, because the Minister says that he wants to understand more about the issues and potentially come back to this. However, what I would probably ask the petitioner would be to give that some time and perhaps put in a new petition that would reflect that in the future, if he still feels that sufficient information has not come out. Obviously, the statement is quite clear. These have been withdrawn, so we cannot go any further at the moment.

[112] **William Powell:** Absolutely. I think that, for some time to come, that is a sensible approach and we can revisit it as appropriate at a future time, if the situation develops in that way.

[113] **Joyce Watson:** I agree. Skomer is mentioned particularly in this paper and all that goes with that. I think that it is obvious that the Minister has withdrawn. He is doing a little bit more work, we will look at what that work is and see whether there is any other room to discuss this. There is nothing else that we really can do.

[114] **William Powell:** Okay, I am glad that colleagues are happy with that approach for consistency.

[115] Moving back to the petition that I referred to earlier, P-04-459, A direct rail connection from Cardiff Airport to Cardiff central and west Wales, it was submitted by Sovereign Wales in March 2013 with the support of 35 signatures. It calls,

[116] 'on the National Assembly for Wales to urge the Welsh Government develop a direct rail connection from Cardiff Airport itself to Cardiff central and west Wales.'

[117] We last considered correspondence on the petition on 2 July and we agreed to write to the Minister for Economy, Science and Transport, asking for an update on her response to the south-east Wales integrated transport taskforce report. The Minister has now responded and, indeed, has promised to provide an update to the committee on options for improved access to the airport in the future, once she has concluded her consideration of the taskforce report. Obviously, colleagues will be aware of the coach facility that has recently been put in place, which I think is proving popular. However, at the moment, I think that there is nothing that we can do other than await further information from Mrs Edwina Hart. Are you happy with that, colleagues? I see that you are; good.

[118] Staying with the theme of transport, the next petition is P-04-468, Road Safety Concerns A48 Chepstow. This was submitted by Chepstow Town Council in March, and an associated petition collected over 1,000 signatures, calling,

[119] 'upon the National Assembly for Wales to urge the Welsh Government to reduce the speed limit on the A48 Bridge at Chepstow from 50mph to 30mph.'

[120] We last considered this in May and we agreed to await the outcome of the speed limit review and also to write to the petitioner with an update on progress.

09:30

[121] We have now heard from the Minister on the results of the speed limit review, and the

petitioners will doubtless feel some disappointment that the recommendation is that the current speed limit be retained. However, the Minister has tasked her officials with considering this recommendation in more detail. The petitioner has, naturally enough, responded, expressing disagreement with the decision, and has included some photographs that show the kind of difficulties facing young people in particular in going to and from school and other activities at peak times. We have access to both of those issues. Joyce, do you have a view on this one?

[122] **Joyce Watson:** Oh, sorry; it is me. I thought you said Russell.

[123] I note the photographs, and I thank the petitioner for them.

[124] **William Powell:** They do help to capture things, do they not?

[125] **Joyce Watson:** They really help to put this into context for us. This, really, is about the cross-border issue that raises its head, along with the concordat and the memorandum of understanding that we were talking about before. However, coming back to what the Minister has done, she has approached Gwent Police, and they seem to support this speed limit. She is going to look at the recommendations in detail, which is good. At this stage, we have done everything we can. Of course, the petitioners will be disappointed. We will just wait to see what the outcomes are, I suppose, because we really cannot do anything else.

[126] **William Powell:** Absolutely. We need to wait for—

[127] **Bethan Jenkins:** Perhaps we can forward the pictures on to the Minister.

[128] **Joyce Watson:** That might help. That is a good idea.

[129] **William Powell:** Yes, that would be good. That could inform her consideration and that of her officials.

[130] **Bethan Jenkins:** Because it does look very—

[131] **William Powell:** It looks pretty scary, does it not?

[132] **Bethan Jenkins:** Yes, it does look dangerous. I do not know; they might have done this as part of their traffic assessment already.

[133] **William Powell:** Well, yes, but you just do not know how comprehensive it is or at what times they were doing their assessments. I think that it can only add to the picture, and I am happy to write in that vein.

[134] We now turn to P-04-491, A National Bank of Wales and complementary Welsh currency. This petition was submitted by Sovereign Wales, again in June 2013, with the support of 43 signatures. It states:

[135] ‘We call on the National Assembly for Wales to urge the Welsh Government to help establish a National Bank of Wales / Banc Cenedlaethol Cymru that would seek to operate within a new modern, responsible, sustainable and transparent Welsh banking code of conduct.’

[136] The committee considered the petition for the first time on 18 June, and we agreed a number of actions, namely to write to the Minister for Economy, Science and Transport, and also, in this case, to the Minister for Finance. We now have the responses from both, and we also have to bear in mind the review that is being conducted on behalf of the Welsh

Government by Professor Dylan Jones-Evans, which is relevant to these matters. The petitioner has also kindly submitted quite substantial, additional comments, and all of that is, obviously, available and we have had the opportunity to give the matter some consideration. Colleagues, which way would you like to proceed on this interesting proposal?

[137] **Joyce Watson:** It might be interesting, but the Minister has made it clear that the Government is not going to establish a national bank of Wales or introduce a Welsh currency. I do not think that it can be clearer than that. The Minister has also suggested—which we will feed back—that the petitioners send their comments to the address given, which we will pass on, to provide feedback on the review of access to finance. However, since the petition is asking specifically for a national bank of Wales or a Welsh currency, and the Minister is saying ‘no’—

[138] **William Powell:** We have an absolute, clear answer then, do we not?

[139] **Joyce Watson:** Then there is nothing more we can do.

[140] **William Powell:** I think that we need to move to close this one and forward the additional comments that we have received to the Minister and to Professor Jones-Evans for the potential consideration of the proposal.

[141] **Russell George:** I agree, Chair, with what Joyce has said. We have followed this through as a committee to the end, and we have had the answer.

[142] **William Powell:** That is clear enough. Excellent; that is the course we shall follow.

[143] We will move on to P-04-402, Council Prayers. This petition was submitted by the Reverend Alan Hewitt in July 2012 and had the support of 155 signatures. As you will recall, it called upon the Welsh Government

[144] ‘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.’

[145] I suppose that, on this matter, I should declare that I am a member of such a council and I know that others either are or have been, so they will have a perspective here as well.

[146] We last considered this petition on 14 May, and we agreed to do a number of things. First, we agreed to write to the Minister for Local Government and Government Business, sharing the correspondence from One Voice Wales, the representative body for town and community councils, which has highlighted that it supports the need for legal guidance directly from the Welsh Government. Also, we agreed to await an update from the Minister. Back in August, the Minister issued a written statement indicating that

[147] ‘there is nothing to prevent like-minded Councillors from saying prayers—or sharing a moment of quiet reflection—immediately before moving on to official business, rather than as a formal part of business or in a way as to affect the formal business.’

[148] We have the text of that statement in the papers, in case we missed it during the middle of recess. Russell, you have indicated that you want to speak.

[149] **Russell George:** For the record, I am a member of a county council and I also know the lead petitioner.

[150] The Minister issued a statement in August, but it did not really address what the

petitioner wanted, which was for council prayers to be on the official agenda of meetings, as was the case 18 months ago. The Minister has said that there is nothing wrong with doing this beforehand. Also, what we wanted as a committee, and what One Voice Wales and the petitioner wanted, was some clarity from the Welsh Government on this. However, the statement provides that the legal advice is that this is a matter for councils to look at. So, it does not particularly address the issue. However, I know from a third party that the First Minister recently attended a faith communities forum, and he was a lot clearer on the issue there. The forum has given me a bit of information about what he said there, which was very helpful, but it went further than the statement. So, I would like us to write to the lead petitioner and ask for his views, but I would also appreciate any advice that the clerking team or legal team here have on the issues.

[151] **William Powell:** It would be helpful to get the petitioner's perspective on this. Joyce has indicated that she wishes to speak. I do not know whether there is a useful brief intervention from our legal adviser on this matter also.

[152] **Mr Richards:** Thank you, Chair. There has been a legal briefing on this to the committee and I am afraid that I do not have it in front of me. There was case law where the High Court determined—

[153] **William Powell:** Bideford Town Council comes to mind.

[154] **Mr Richards:** Yes, the High Court determined that it is not part of official local government business as defined under the Local Government Act 1972 to conduct prayers as part of a council meeting, so it would require legislation to change that.

[155] **William Powell:** That is helpful to us.

[156] **Joyce Watson:** It is helpful, and I thank you, because the Minister states quite clearly that she is not bringing legislation in—and we know what we did with the previous petition when such a statement was made. I would also like to draw people's attention to the last sentence of the second paragraph, where the Minister—and I was going to ask about my reading of this, because I am no legal bod—states that

[157] 'If there are restrictions...they arise from the general legal requirements as to equality and non-discrimination, not from any apparent limit on the Councils' statutory powers.'

[158] So, it seems to me that, because there has already been a ruling in any case in the courts, because the Minister has said that she will not bring in legislation and because it looks as though the general legal requirements of equality and non-discrimination are the key principles supporting this, that we cannot do any more. I move to close the petition, if my reading is right.

[159] **William Powell:** Thank you, Joyce.

[160] **Joyce Watson:** May I have an answer on my reading on the end of that paragraph?

[161] **William Powell:** Matthew, could we have some clarification on that?

[162] **Mr Richards:** I am happy to look into the specific point about equalities and human rights if the committee would find that useful. I do not want to give a response to that here and now without having some more specific information, but I think that the basic point is that it would require legislation to take this forward.

[163] **Joyce Watson:** We are not going to get legislation.

[164] **Russell George:** My reading of this is a little different. Following the case in England, the UK Government made an appropriate measure there, so that English authorities could put prayers back on the agenda if they so wished. In one sense, we are uncertain here, because the statement does not really say whether councils can put this back on the agenda or not. It is saying that it is a matter for them. I think that is what we wanted from the Government—we did not want legislation; we wanted it to be clear whether prayers could be put on the agenda if councils so wished.

[165] **Bethan Jenkins:** I think that the legal advice is telling us that it would need legislation, so that is why the Minister is saying that it would be up to individual councils, because she has no intention of putting the legal aspect through.

[166] **Joyce Watson:** Exactly.

[167] **Bethan Jenkins:** That is how I see it, as somebody who is not really objective in all of this.

[168] **William Powell:** That is my sense as well.

[169] **Bethan Jenkins:** I understand where you are coming from, because I think that people want to see it as official business, but if it is going to take legislation and there is no intention for that, then there has to be a compromise.

[170] **William Powell:** We will seek one set of further legal advice in response to the question that Joyce has quite properly raised. In the meantime, we will seek the petitioner's response to the clear statement made by the Minister in August. I sense that we may well be moving towards closure, but probably one more consideration, taking on board your advice on a future occasion.

[171] **Mr Richards:** Thank you, Chair. Just to be absolutely clear, as the legislation stands at the moment, it could not form part of the agenda, because it cannot form part of the official business of the council. The council would not have a legal power to include it whether they wanted to do so or not. I am happy to provide further advice on the equalities point.

[172] **William Powell:** That would be helpful. It would also be useful to hear the petitioner's response.

[173] **Joyce Watson:** If it is the case—we can interpret my reading of that—that the councils cannot do it because it requires legislation and we are not going to bring forward any legislation, we can do this as an exercise, if you like and it will perhaps be useful in the future. It is not going to change anything. The change has to be legislative and we have heard and we have decided—not more than about four minutes ago—to close the petition because the legislation was not forthcoming.

[174] **William Powell:** It was a proposal.

[175] **Joyce Watson:** For the sake of consistency—this is not about my views on the subject matter—we should close the petition.

[176] **Russell George:** At the faith communities forum that the First Minister recently attended—I am hearing this from a third party, obviously, but it is recorded exactly as he said it, according to the forum—the First Minister said,

[177] ‘We have had a good look at this. Let me be clear. Councils should be able to hold

prayer as part of their official proceedings if they choose to do so, as long as they satisfy themselves that there is no legal equality impediment.’

[178] There is some uncertainty on this, and all we want is for the petitioners to get some certainty.

[179] **Bethan Jenkins:** I think that if you had said that at the beginning, it might have helped, because that is different to what the Minister here is saying. I guess that we could keep it open to seek clarification on the words of the First Minister in that particular open forum.

[180] **William Powell:** If that is incorrectly—

[181] **Russell George:** If that is correctly interpreted.

[182] **William Powell:** Yes, from that particular occasion. I am going to refer to our clerk, who has a considerable background in legislative matters.

[183] **Mr George:** There is something in the way that the Minister’s statement is drafted, which, on my reading, suggests that the local authority can include prayers. It says:

[184] ‘In the view of the Welsh Government, it is a matter for a Local Authority to consider on competent legal advice, whether the circumstances in its individual case make it appropriate to hold prayers as part of a formal meeting.’

[185] That may mean, if they take legal advice, that they are not allowed to do it. However, the way in which that is worded is slightly ambiguous. Perhaps it is just a case of clarifying that with the Minister and our own legal advisers.

09:45

[186] **Russell George:** There is a legal opinion here, there is an opinion from the clerk and there are different views from other Members. There is no clarity on this.

[187] **William Powell:** I am happy to deliver that suite of actions, namely a couple of letters as agreed, and we also look forward to some additional legal advice on that point. Thank you for a thorough handling of that particular petition.

[188] The next update is on petition P-04-413, Maternity Services in the Cynon Valley. This was submitted by Sarah Gait in October 2012 with 406 signatures in support. It calls upon the National Assembly

[189] ‘to reinstate maternity services in the Cynon valley by completing the Tair Afon birthing centre as originally planned in Ysbyty Cwm Cynon.’

[190] We last considered this back in April, and agreed to write to seek the petitioners’ views on correspondence that we had already received from Cwm Taf local health board. Despite prompting on more than one occasion, we have had no response from the petitioner. Given that, I think that it would be appropriate for us to close this petition. Are colleagues in agreement? I see that you are. It is less controversial on this occasion.

[191] The next update is on petition P-04-450, Barry & Vale needs a fully functioning hospital. This was submitted by Jeffrey Heathfield in January this year and had collected 50 signatures. It calls upon the National Assembly



[192] ‘to urge the Welsh Government to ensure that Barry Hospital has a fully functioning minor injuries unit that is open to patients 8 hours a day, 5 days a week.’

[193] I believe that all colleagues have a copy of some fairly recent correspondence from Mr Jeffrey Heathfield with some specific clarification on his proposals, which are interesting and lend more detail to what he is proposing. What are colleagues’ views on this matter?

[194] **Bethan Jenkins:** It needs to be forwarded to the health board to see what it thinks of the suggestion.

[195] **William Powell:** I would be very happy to forward Mr Heathfield’s ideas to Cwm Taf local health board. We had anticipated that we would continue not to hear back from him, but we have had a late response so we are able to do that. I am happy to write on behalf of the committee.

[196] The next update is on petition P-04-428, Alternative energy for street lighting. This was submitted by Ethan Gwyn in October 2012 supported by 22 signatures. It calls upon the National Assembly

[197] ‘to urge the Welsh government to convert streetlights on the trunk road system in Wales to an alternative energy source and to issue guidelines to the local authorities requesting day convert local streetlights to alternative energy.’

[198] We last considered this back in April, and we agreed to seek the petitioners’ views on correspondence that we received from Steve Thomas and his colleagues in the Welsh Local Government Association. Despite prompting, we have not heard anything further from the petitioner, so we need to close this petition, to be consistent with previous practice. I see that we are agreed.

[199] The next update is on petition P-04-484, EMA for all! This was submitted by Jack Gillum in June 2013 with the support of 10 signatures. It calls upon the National Assembly

[200] ‘to urge the Welsh Government to allow All children aged 16-19 and in full time education should receive the full £30 a week EMA regardless of their parents income.’

[201] We last considered this back in June and agreed to write to the Minister for Education and Skills to seek his views. We duly had a response on 21 June. We have not as yet heard anything further from the petitioner. Given that this has been over the summer period and we are talking about someone who is in education, it may be appropriate to write one more time. Do colleagues think that that is appropriate in this particular case, to seek his views on the ministerial feedback? Okay, I will do that on behalf of the committee.

[202] The next petition is P-04-485, Abuse of Casual Contracts in Further Education. This petition was submitted by Briony Knibbs in June 2013. It had 674 signatures and says:

[203] ‘We call upon the National Assembly for Wales to urge the Welsh Government to use its influence to ensure that the use of hourly paid (zero hour) and fixed term contracts are not abused in the further education sector and only used when there is a genuine objective justification for a short term contract with flexibility.’

[204] We last considered this back in June and we agreed to write a number of letters to the Minister for Education and Skills and ColegauCymru, which is the representative body, to seek its views on the petition. I also wrote to the principals of all further education colleges in Wales, seeking their perspective on the use of zero-hour or casual contracts. We have a ministerial response from 17 July and colleagues will have seen that we now have responses

from quite a substantial number of FE colleges across Wales and ColegauCymru has now responded. Briony Knibbs has also commented on the correspondence that we have received. How do colleagues want to proceed with this one?

[205] **Bethan Jenkins:** I will just say that I have been involved in the petition. Personally, I would like to suggest that we take evidence from ColegauCymru, the petitioner and, potentially, the Minister. I think that there is a lot of work that could be done here. I appreciate what has been said with regard to zero-hour contracts in relation to the new contracts that have been and are being negotiated—the national contract. However, with regard to part-time, hourly staff, that is sometimes tantamount to a zero-hour contract because of how ad hoc it is and how the flexibility allows for some people not to be employed. I appreciate that there needs to be a level of flexibility but the petitioner is asking for colleges to conduct a review of that after a set time. I think that Coleg Llandrillo Cymru does that already. I think that the petitioner wants staff to be put onto a more permanent contract after four years if the courses mean that they are there for longer than anticipated.

[206] **William Powell:** Yes, to give them more stability.

[207] **Bethan Jenkins:** I would also like to make a comment about evidence: we know that there are going to be significant cuts to the FE sector and we need to understand how these contracts, if they continue, will affect the most vulnerable tutors. Women and ethnic minorities have been identified by UCU as being affected. I would like us to consider that in relation to the petitioner's reference to contracts being 'abused', as that could be a factor in all of this. That would be my request, because I think that there is a piece of work to do here.

[208] **William Powell:** I concur with that. There has also been quite a round of mergers of colleges across Wales, which may also contribute to this kind of climate with the contracts. That is another aspect to it.

[209] **Bethan Jenkins:** I appreciate that different colleges have different working practices but I know that, even with zero-hour contracts, some colleges took the stance of never using them, whereas some in south Wales did. It would be good to get ColegauCymru in, because it purports to represent the colleges. We need to be asking how it can bring a more cohesive policy forward on these contracts, so that people can understand them and know their rights.

[210] **William Powell:** Indeed. We would be very happy to help to facilitate that, as Joyce has indicated, but we need to set up an evidence session either later this term or at the very beginning of the next term, depending on what is feasible.

[211] **Joyce Watson:** I could not agree more: we should look at this and zero-hour contracts. We have a feel for why people use them from the supporting papers but, as Bethan has mentioned, there is a college that has said that it will never use them. It would be worth getting an idea of the contrast between colleges that do and colleges that do not, of why that is the case and how it works. We have to get underneath this, because it affects people and I feel very strongly that we should get to understand it. I have very strong views on zero-hour contracts as well. Maybe we should get a trade union in on this as well.

[212] **William Powell:** I think that that would be useful.

[213] **Bethan Jenkins:** Briony is from the UCU.

[214] **William Powell:** That would be good. Also, if we could commission from the Research Service a short piece of work to draw on the responses that we have already had from colleges—

[215] **Bethan Jenkins:** To summarise, what I will say is that UCU has carried out significant research on the use of part-time hourly contracts across Wales, and I know that it will be happy to share that with us.

[216] **William Powell:** Maybe we can ask the Research Service to engage in that with Briony.

[217] **Bethan Jenkins:** We do not want to reinvent anything, that is all.

[218] **William Powell:** No indeed, but it would be useful—

[219] **Mr George:** I was thinking about summarising the information that they had already provided to us.

[220] **William Powell:** It would make it more accessible for us. Exactly. That is an important one.

[221] **Bethan Jenkins:** Although a lot of the colleges did—. I think that they had a pro forma. From reading all the letters, they said quite a lot of the same things.

[222] **William Powell:** Yes, so I saw. Again, we can speculate where that might have come from. Good. That is very full consideration of that one.

[223] Next is P-04-487, A Welsh Government deposit loan scheme for first-time Welsh home buyers. This was submitted by Sovereign Wales—which, again, has been busy—in June of 2013 with the support of 17 signatures. You can see what is being proposed here quite clearly: an annual deposit loan scheme for first-time Welsh housebuyers or, indeed, renters. We considered this for the first time back in June and we agreed to write to the Minister for Housing and Regeneration seeking his views, which he was kind enough to supply on 2 July. We have additional comments from the petitioner on his response and indeed on other matters. I suppose, given the fact that the petitioner has taken the trouble to feed back his views on this and other things, we could usefully share those with the Minister, because clearly there is quite a lot of thinking going on within Sovereign Wales on these matters. I think that that would be sensible. We will see what perspective we have back then from the Minister.

[224] An additional and final petition on this agenda item is P-04-489, again from Sovereign Wales, on a national affordable and priority housing Act for Wales. This one has the support of 28 signatures. Again, we can see what has been called for here—a national housing Act for Wales

[225] ‘to regulate the building of new houses in accordance with sustainable, affordable local and national needs and capabilities’.

[226] Again, we considered this back on 18 June and after that I wrote to the Minister for Housing and Regeneration. Again, we have had feedback on this from Sovereign Wales and, to be consistent with the earlier decision, I would be happy to share the comments with Carl Sargeant to see what his perspective on this is. Are colleagues happy with that approach?

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

[228] **William Powell:** Good. Excellent.

09:58

**P-04-408: Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc—  
Sesiwn Dystiolaeth gyda'r Deisebydd**  
**P-04-408: Child and Adolescent Eating Disorder Service—Evidence Session with  
the Petitioner**

[229] **William Powell:** We now move to P-04-408, Child and Adolescent Eating Disorder Service. I am extremely happy to welcome Helen Missen, Dr Robin Glaze and Susannah Humphrey to join us this morning. We very much look forward to hearing your presentation and to having the opportunity to ask some questions to take the matters further. Helen, could I ask you to introduce yourself just for the levels, and maybe to make an initial statement, and then we will take it as you wish.

[230] **Ms Missen:** Thank you so much for seeing us today. Is that enough for your levels, or can I carry on? My name is Helen Missen. I have many titles, most of them unpaid. I am a nurse, so I am paid for that, although we will not talk about that at the moment. My primary focus is my family. I have three children, all affected by an eating disorder—one of them directly and two of them by association. I am a B-eat carers ambassador—Susannah is here from B-eat—and a member of the UK task force for FEAST, which is Families Empowered and Supported in Treatment of Eating Disorders. It is an international group of parents and carers. I am also a member of the planning committee for the Eating Disorders International Conference for 2014. I am also a renal dialysis nurse in Welshpool. The role that I am proudest of is being a mum. Today, I stand before you in whichever capacity you want.

10:00

[231] I wish to quote a few things from the 1000 Lives Plus initiative. This quote is from Lucas et al, 1991, which states that anorexia nervosa is

[232] ‘the third most common chronic illness among adolescent girls after obesity and asthma’.

[233] Secondly, 1000 Lives Plus 2012 states that health commissioners should

[234] ‘ensure that robust plans are in place for the care of young people with anorexia nervosa, including adequately trained and resourced paediatric, nursing and dietetic staff in the acute services and appropriately skilled staff in specialist mental health services.’

[235] It goes on to state that early identification and appropriate intervention improves the clinical outcome for many people who have an eating disorder. Thirdly, it states that

[236] ‘National and international studies demonstrate that the majority of cases of eating disorders begin to develop during adolescence. Some young people may recover from mild conditions that respond to interventions that are usually available within the first level specialist Child and Adolescent Mental Health Services ... However, more serious disorders can do great damage to young people’s longterm physical and emotional health if they are not tackled appropriately, effectively and quickly. They can also have a significant negative impact on academic attainment’.

[237] Eating disorders remain the mental illnesses with the highest mortality rate. Eating disorders, especially anorexia nervosa, are now widely regarded as brain disorders, with a genetic base. In years to come, I hope that we look back on days like this embarrassed and ashamed that we had to do this, and embarrassed and ashamed at the way that people with

eating disorders are treated. Their care should be as well funded as those who suffer with other genetic illnesses, such as breast cancer and dementia.

[238] Life is a series of events—some good and some bad. We imagine scenarios at the start of our children's lives and we imagine what their life might lead to—and, generally, their accomplishments will outweigh our own—and an eating disorder is not one of those scenarios. Lives become interrupted by eating disorders, stolen by an unimaginable illness.

[239] I want to talk about sat navs—call me strange. The Welsh Government has realised the severity of eating disorders by providing an effective sat nav. For the Government, this sat nav is the national framework for eating disorders, which was finally released in 2009. The 1000 Plus Lives initiative for eating disorders is the nationwide health drive. A sat nav has one goal—the destination, which is the promise of excellent care for patients with an eating disorder, and the saving of lives. How the sat nav gets you to the destination is where the fun begins—whether it is a long journey, or a short journey, and whether it is via a cul-de-sac, or goes straight to the destination.

[240] Four years ago, the investment of £1 million per annum was given to set up the adult eating disorder service for Wales, this being four specialist teams. This £1 million is now safeguarded, which I applaud. However, eating disorders are known to start around puberty, and are also known to have the best prognosis if given expert care early in the illness. Their durability is generally reduced if this expert care is awarded at early intervention. The illnesses do not become as entrenched, and their duration is shorter.

[241] May I suggest that the sat nav, going in the same direction, but via another route, has hit a cul-de-sac? Children and adolescents with eating disorders have been let down. Their journey has been hindered by the cul-de-sac. The destination that was set at the start of the journey was 'adult care', and not 'children and adolescents'. I implore the Welsh Government, and especially Mark Drakeford, to use common sense.

[242] All research shows that the illnesses start around puberty, which, originally, started at 15, but now starts earlier, due to better lifestyles. The research shows that if effectively treated with expert intervention, as early as possible in the illness, the duration of these illnesses is shorter. This means having experts in the fields of eating disorders—psychiatrists, psychologists and experts in dietetic services—and the training of families.

[243] Once again, I reiterate the fact that I am a simple woman, but this is simple. Investing in child and adolescent services across Wales with equal—if not more—funding for the treatment of eating disorders makes simple sense. You will not have to stretch your money so far in the adult services; it is common sense. Families across Wales would not have to endure years of seeing their children suffer unimaginable illnesses, and the children themselves would live full lives, which would perhaps be interrupted by an eating disorder, but not overtaken by one. It is the job of wise people to decide how to spend the investment that you make. May I dare suggest that putting out the small fires does contain a bush fire?

[244] Over the next 25 minutes, we may talk about the intelligent targets set by the framework with regard to eating disorders. Many of these targets around provision of care in CAMHS are intelligent. However, a target remains just that: a piece of paper with ever decreasing circles until the target is hit; then it becomes a bull's-eye. I hope that the Minister for Health and Social Services will today hit the target by providing the funding for the whole of Wales for specialist eating disorder treatment within CAMHS. Thank you.

[245] **William Powell:** Thank you very much indeed for that powerful opening statement. I do not know whether your colleagues would also like to make a brief initial comment, or should we go straight to the questions?

[246] **Ms Missen:** No, just dive in with the questions.

[247] **William Powell:** That is excellent. We will be happy to do so. Thank you very much for that, Helen. Since you have introduced yourself with your many guises, it was Russell George's and my pleasure to be at the opening of the renal unit, which is your day job, back in August. Thank you for setting your personal context.

[248] First, before we go into some of the wider issues, could you give an initial response to the Minister's announcement yesterday with regard to the £250,000, the contribution that you feel that that will make, and your perspective on the announcement and his wider comments?

[249] **Ms Missen:** Lucky south Wales. I still think that it is a very small amount of money, and I am sure that my fellow two witnesses will chip in on that as well. The sum of £250,000 will not go very far, but there is an awful lot of Wales above south Wales, with people who are suffering from eating disorders. The statistics show that one in 100 children may suffer from an eating disorder, which means that in any given secondary school, forgetting primary schools—we have talked about puberty being earlier now—there will be around 1,000 students. That is one student a year. Now you may get more than one student a year because your statistics might wobble along the way, but it is still quite a high statistic and I still think that there are children above south Wales. Do you want to say anything about it, Dr Glaze?

[250] **Dr Glaze:** Yes. I know that there is an agenda for remodelling CAMHS in south Wales and that this funding is contingent on that remodelling. I have no idea, therefore, how much of this money will end up being spent on adolescent eating disorders and what contribution the local health boards will make, if any. That clearly all needs to be worked out. However, I will echo what Helen says, which is that it is a very small amount of money to provide a service for the geography and the population size of south Wales. I cannot help wondering why north Wales was not included in this. That seems rather odd.

[251] **William Powell:** Where, in your view, are the most serious gaps in provision?

[252] **Ms Missen:** There is a huge gap. You go to the general practitioner who is not even a trained specialist and so they will not necessarily put you forward quickly enough. Then, with CAMHS—and I think that I have mentioned it in one of my statements—it is a bit like taking someone to the GP service. If you had a broken leg you would go to the GP, who would say, 'Yes. This is how you fix it. My books have told me that I should put a plaster of Paris on it, but I don't have that equipment here and I don't have that expertise, so I'm going to refer you on quickly to get that sorted out', because it is as dangerous as a heart attack. You would be referred to a cardiologist very quickly, within two weeks. I still maintain that there is this big gap between the GP and then seeing someone like Dr Glaze. In the meantime, that illness becomes entrenched and much more difficult to treat. It makes Dr Glaze's life a lot harder, and then makes the ongoing treatment much longer. So, I think that there is a big disparity between getting from the GP to tier 3, which is the specialist. We need to get the specialism back into CAMHS. We need eating disorders specialists there. Would you agree with that, Dr Glaze?

[253] **Dr Glaze:** I agree with you. I have a bit of a list of gaps, which I would like to go through, if that is all right with you. The failure to implement the intelligent targets uniformly across Wales is problematic. They are essentially process measures rather than outcome measures. It is all about improving the quality, but the difficulty is that it is quite a complicated scheme that requires interventions at primary and secondary care, which hard-pressed CAMHS teams often struggle to implement.

[254] If I can draw your attention to the situation in north Wales, because I know about that

the most, even for an urgent case referred to community CAMHS in north Wales, the wait will typically be between two and eight weeks. There is no guarantee that you will necessarily see a doctor, and no guarantee that your eating disorder case will be prioritised above some other form of case. With routine cases, it is worse still. The waiting time is between six and 26 weeks, which is a huge range across north Wales. Under that kind of waiting list service pressure, the CAMHS teams are having difficulty prioritising eating disorders and difficulty in implementing something as complex as the intelligent targets.

[255] That said, there are other gaps as well. The absence of skilled CAMHS dietetic support seems to be a wide problem and is particularly pressing in north Wales. The ability for specialist CAMHS workers to help families to plan meals and to give advice to families about how to encourage their child to eat effectively is often lacking. These skills are fundamental to the treatment of anorexia nervosa.

[256] There are problems with education and training across all levels for eating disorders. At times of fiscal restraint, the community CAMHS tend to lose training opportunities first because the budgets for that are restricted.

[257] A very small number of cases receive multidisciplinary management, which is generally recognised to be absolutely necessary for the treatment of eating disorders. You need your therapist, your dietetic support and some medical input in the team. You might need social services support. However, young people with eating disorders very often come into CAMHS and are having single-disciplinary management, perhaps for too long.

[258] One thing that troubles me a great deal is late referral from primary care, because what happens then is that the care that you get in community CAMHS is prejudiced, because it is suddenly more ‘emergency’. In order to help a young person who is terrified of calories and of eating, you have to form a trusting relationship with them. It is really hard to do that if you are frightened that they are going to die and that something has to happen really quickly. So, late presentation can cause a rapid escalation to hospital treatment, which would be completely unnecessary if the case was referred earlier. I would much rather see somebody within a few weeks of the development of an eating disorder than within six months, nine months or 12 months of the development of an eating disorder. It really improves the prognosis.

[259] With something as complicated as community CAMHS, there is an opportunity for virtual teamworking, particularly in terms of geography by combining a couple of districts, or the whole of north Wales. It is possible for virtual teams to work together to provide a specialist service. However, given the context of the extreme service pressures, it is very unlikely that those opportunities will be taken.

[260] Another issue—perhaps it can be the last one for now—is that the framework for eating disorders requires a lead for eating disorders in each CAMHS team. That has not really happened, again because of service pressures and a lack of attention to implementing the intelligent target as a whole. That is something that would definitely have to be remedied for the improvement of services.

10:15

[261] **William Powell:** Thank you, Dr Glaze. I would like to bring Bethan in as she has indicated.

[262] **Bethan Jenkins:** Thanks for coming in. Obviously, you know that I chair the cross-party group on eating disorders. The first point that I want to make is that when we were negotiating the framework with the Minister initially—it was Edwina Hart—it was on the

basis that it was for adults, because it was felt at the time that no framework at all existed; it was guidance previous to that. So, it was necessary to do adults, although I do appreciate that there were, and there still are, lots of gaps in provision for child and adolescent mental health.

[263] I know that the Welsh Institute for Health and Social Care special interest group review of the adult eating disorders framework is currently under way. I wondered whether you thought that a similar review of the children's mental health services was necessary to coincide with that review, so that you could get a cohesive understanding of what is happening. For me, working in this area, it is not going to help me as much if I do not know what is happening with the young people who are potentially coming through the transition, if we are just getting a review of adult services.

[264] Also, do you think—

[265] **Dr Glaze:** May I answer that?

[266] **Bethan Jenkins:** Yes, fine.

[267] **Dr Glaze:** I am very glad that you asked that question and I hoped that you would. It seems to me that it is absolutely fundamental to do a review of child and adolescent eating disorder services in order to quantify the amount of money that needs to be spent to make a decent change. That was one of the things that was absent in the implementation of the adult specialist teams.

[268] **Ms Missen:** Just to dip into that quickly, all the research shows that these illnesses start around puberty, in childhood and adolescence, so it sort of begs the question why you started with adults. By then, the adults are entrenched. Their illnesses have been around for an awfully long time, so your poor Welsh children, who were left then, are now your adults, and are so entrenched that they are going to be with you until their 40s. If you hit it hard and fast in the early stages of the illness, you will not have them in your adult services because they will be better. To me, it is a complete no-brainer; I wish—no, I do not wish that my daughter had been ill at that point because I never wanted to be sitting in this position ever having done the research that I have done. However, it seems that somebody went a bit wonky along the way and did not think properly about going back to where the research was and where the actual evidence is. Over years and years, the evidence from, for example, the Maudsley Hospital and Eisler, and America, all shows that it starts in adolescence and childhood. By the time that you get to adulthood at 18 or 19, you are more entrenched in an illness, so of course you need to be looking at that, but that is another meeting that is going to take longer to audit and that kind of thing, without getting the funding there, and there are children who are sitting there suffering.

[269] **William Powell:** Susannah, did you want to come in?

[270] **Bethan Jenkins:** May I answer, quickly? I appreciate what you are saying, but I have to disagree on one level. There was nothing for adult eating disorders before the cross-party group was set up—the £1 million a year goes into those vital services. What the framework was trying to do, if I remember rightly, and what the Minister said that she wanted, was to put it into adult services because the adult framework was going to mirror the set-up that CAMHS already had with the tier 1, tier 2, tier 3 and 4. So, there was already something going on there, albeit as I said, not as effective as we wanted it to be—and it is still not—but I think that you need to have the two things and you need to make sure that there is a transition.

[271] **Ms Missen:** I agree, and I said initially that I applaud the fact that that it is in place. It is fantastic that you have that there, and in no way am I being derogatory about what is happening in adult eating disorder services because I think it is great. However, one needs to



be looking lower and that kind of thing, so I think that we are in agreement over it completely.

[272] **Ms Humphrey:** I am from B-eat Cymru, and I do not know whether everybody knows about it, but it is a project that is Big Lottery-funded from B-eat in England. I have brought along some feedback from sufferers and carers; I do not know whether this is a good time to voice this. We have been out and about at events, we are raising awareness in schools and, on our website, we have an e-forum, so this has come back in a variety of ways.

[273] First, the key no. 1 is that early intervention is needed. They say that early treatment is paramount, and therefore GPs in primary care need greater awareness and more help in recognising symptoms. They then go on to say that more education is needed for boys and girls at an early age, with acceptance of their body image and less peer pressure. Talking about the dangers of eating disorders and healthy eating should start at a young age in schools. Waiting lists are too long, and one sufferer said that her wait for help was heartbreaking. I will just tell you what was said.

[274] Hayley Martin first developed an ED when she was 15. A few years later, she had to drop out of university as she had anorexia and bulimia and was severely underweight. Hayley thought that when she asked her doctor for help, it would be the start of her recovery. However, it took six months for her to be properly assessed and then 18 months before she could start treatment. 'You are left stranded', she says, 'you think, if I make myself worse, they might take more notice'. Hayley eventually tried to take her own life. Hayley never saw an ED specialist. She says that she had help from her GP, friends and family. However, she is adamant that if she had got help when she really needed it, things would not have become so bad.

[275] To go on from that, sufferers and parents say that more money should be put into CAMHS; there should be more specialist ED staff and better transition to adult services. They also ask for support and information; they want stories from other sufferers on how perhaps they have coped—they want coping mechanisms that might help them to get through this awful journey that they seem to go through.

[276] One mother was distraught by the lack of explanation and mapping through the treatment. She could not understand why things were not done sooner and thought that her daughter would be sectioned and taken away to England for treatment, because she watched her getting worse even after going for help.

[277] Another parent said that she was sorry to say that her daughter died in 2005 from anorexia and there was virtually no information available to help them as a family to understand what was going on. She said that a local GP did not diagnose correctly when it would have counted, and only when her daughter was admitted to the local hospital did she realise that they were not set up for such an illness. She said that there was no education for the doctors or staff and no specialist support, and, to this day, there is only one GP in her local practice who is receptive to ED.

[278] People also want information on the services available and about the disorder they are diagnosed with, and about the fact that people do recover. They want that information available in GP surgeries, including B-eat leaflets.

[279] Finally, B-eat Cymru, as an organisation, is trying very hard to provide awareness in schools. We started at the end of last year, and we are going into schools throughout the whole of Wales, not just south Wales, but mid Wales and north Wales, into years 8 and 9, to raise awareness, and that has been very well accepted. There have been cases of eating disorders already happening and we are being called in for further talks. So, we are trying

very hard to make that early intervention where we can. We are also working on raising awareness among GPs and other clinicians and other groups that work with risk groups, like Women's Aid and so on, and we are providing support through our self-help groups in each area of Wales, which is support for sufferers and carers. As I said previously, we have the website, the e-forum and the B-eat Cymru newsletter, which we have started producing just for Wales, to share information as to what is actually happening and that is well received. We also attend events to try to reduce the stigma of eating disorders, and we try, where we can, to put leaflets in GP surgeries, libraries and leisure centres. We also work with ED teams in the local health boards, so we are very much linked in. That just gives you some kind of background of where we are and where we fit in.

[280] **William Powell:** Thank you very much. How long term is the lottery funding that you have said is in place?

[281] **Ms Humphrey:** Unfortunately, it is only until March 2014. I think that I missed that off. There is concern from people that there will be no physical presence in Wales then, so what is going to happen to the support groups? My project officers are on the ground; we have just opened another support group in Abergavenny, in Swansea last week and in Aberdare this week. So, no, we do not have any funding to carry this work on, unfortunately.

[282] **William Powell:** I know from seeing young people in my own community in south Powys of the amount of support that B-eat has provided in one or two very difficult cases. Both Russell George and Joyce Watson have indicated, and I am conscious of the fact that the Minister is about to join us, so time is of the essence.

[283] **Russell George:** I thank all the witnesses for their time today. I should just put on the record that I have met Helen previously—she is also a constituent—and have discussed this issue.

[284] I am just conscious of the fact that it is not just about the health budget here; it is about the education budget, too. What I am hearing is that there needs to be early intervention in schools in raising awareness. How do you think that could be improved? Would there be an opportunity for those who have suffered, and have been on their own journey, to go into schools and talk about their own experiences? Is that something that you would welcome?

[285] **Ms Missen:** B-eat does that.

[286] **Ms Humphrey:** That is what we are actually doing. With the time that we have left, we have ambassadors, and we have young ambassadors as well—people who have suffered from eating disorders—and, where appropriate, they will go into schools with one of my project officers and give an awareness-raising talk and tell their story. That is also happening in other places. At events, that will happen as well. We have a list of schools in every part of Wales—you know, south Wales, mid Wales—and we are trying to work our way down it. However, it is such a long list, and, you know, one year 9 goes on and another year 9 comes in. So, really, we are only starting this journey, and there is just—

[287] **Russell George:** And the funding for that; where is that?

[288] **Ms Humphrey:** That is from what we are doing with the lottery funding. Schools do not pay for it; we just ring them up or e-mail them and ask whether they would like us to come in.

[289] **Russell George:** Is that the funding that you are talking about that is coming to an end?

[290] **Ms Humphrey:** That is right. However, I feel that this is one of the most significant things that B-eat Cymru has done, which is to have started raising awareness in schools. Before I came into post, it was not happening and, as Helen and Robin said, early intervention is key. It is so important.

[291] **Bethan Jenkins:** We have been calling for self-esteem and confidence lessons to be embedded in the national curriculum, and I am meeting people this week from social enterprise, from different groups that are already in schools. There are a lot of people doing similar things, so we are trying to bring it all together so that we can present it to the Minister for education to make sure that we can do what you said in terms of really getting that early intervention, because people are developing eating disorders as young as five, six or seven now.

[292] **Ms Missen:** The thing is that it is about teaching friendship groups to be able to stand up and say, 'I'm really worried about my friend', and that kind of thing. That is one of the primary things. You know, they talk about sex education and whether sex is becoming more prevalent because we are educating children about it. There is a worry about eating disorders, in that, if we tell them about eating disorders, will they want to get eating disorders? However, as I said to you, it is usually a genetically based disorder with brain co-ordination gone slightly wrong. So, the majority of people will not get an eating disorder. We would probably all have an eating disorder; we have probably all been on a diet. At the end of the day, we do not have eating disorders. These are very specific people who get eating disorders. However, if their friends are trained and understand that, they will possibly be able to blow the whistle and intervention will start earlier.

[293] **William Powell:** Joyce, the final group of questions goes to you.

[294] **Joyce Watson:** That leads me nicely into something that I was trying to think my way through with regard to late referrals from primary care, or even into primary care, and the recognition of the need to raise the profile with everybody who might be able to help, whether that is a parent, a friend, a guardian, or whoever it may be. Do you have any suggestions, and do you know of that work being done? It is, after all, in the home first of all that the signs may or may not be obvious. I think that that is a big issue.

[295] **Ms Missen:** I do not know whether you are a parent, but for most parents, the last thing they want is for their child to have an eating disorder. A lot of parents are worried about obesity, but then, on the other side of it, they are equally worried about their child becoming anorexic. It is not something that crosses your mind, but when it happens, it is terrifying. So, when you go to the GP, and the GP does not have a clue either and does not really know what to do—you are very lucky if you find a GP who is trained to enough of a level to go, 'I think that this is an eating disorder; I don't think it's a bowel problem and I don't think that they're fussy eaters. I actually think this is an eating disorder', after which you are sent on very quickly. Now, that does happen; some people are able to get referred very quickly, but the insidious nature of these diseases, these illnesses, means that it can take time for a parent to even realise that something is happening. Some people are very 'lucky'. My daughter decided that she was not going to eat and that was it; she lost weight very fast. So, in some ways, we were lucky—it is the wrong word.

10:30

[296] At the end of the day, with some people, it is an insidious sort of little drop every so often and parents think, 'They are just getting healthy; they are just getting fit'. The training has to come at a parental level because, as Robin said, it is only one hour a week with a professional but, 24/7, you are living at home with it. The parents need to be encouraged to learn how to actually help their child through eating six times a day. I did not used to have

such grey hair; I now dye my hair. It has taken a lot out of our family. It is a lot.

[297] **Dr Glaze:** There is another very important point here, which is that the average GP will not see very many of these cases. Familiarity breeds skilfulness as well as contempt. It is very important that the groups of professionals that treat these disorders see a reasonable number in order that they get very skilful at it.

[298] **Bethan Jenkins:** I have one last question. I think that it is important that we get on record what your views are with regard to the tier 4 service because, obviously, at the moment there is no specialised centre in Wales. We are meeting the Minister now, and it would be useful for us to get on record what you would be calling for in that regard because, at the moment, families are travelling to England, which is a massive cost not only financially but emotionally.

[299] **William Powell:** [*Inaudible.*]

[300] **Bethan Jenkins:** It is just for the record, really, so that we can raise it with him now when he comes in.

[301] **Dr Glaze:** It may be that we have different views about this; I do not know because we have not rehearsed it. However, my personal view is that it is more than possible for a generic adolescent unit to have a skill or a talent. It probably cannot have two or three, but it could have one. We pride ourselves in north Wales on being skilful in the treatment of eating disorders. We have devoted a lot of time to staff training and we have given it our best shot. There is a school of thought that, actually, to manage these very severe disorders within a slightly less disturbed peer group is an advantage because they have something better to aspire to, which helps the treatment process and helps the will to get out of hospital quickly, and that there definitely is a problem with the single disorder units, whatever the disorder, of exclusiveness and competition, which has to be very skilfully managed.

[302] So, I do not know what my colleagues are going to say about this, but I would say that, with the appropriate training, it is possible for the generic units to do a good job. One of the questions that will come up is whether there are sufficient numbers of the very severe eating disorders to justify a special unit for Wales. The geography of Wales actually militates against it because the positioning of the unit would be key. This issue has come up and is mirrored in the adult review that you mentioned earlier. The thinking at the moment is that there would probably need to be a different solution for south Wales to that for north Wales. That would be mirrored in this, too.

[303] **William Powell:** Helen, I will ask you to draw things to a conclusion with your final response to that question, so that we can then move to the second part of our session with the Minister.

[304] **Ms Missen:** I am also aware of the time. In terms of having a specialist eating disorders unit, I sort of agree and disagree with Robin on that, because I think that eating disorders are so specified and so specific that to be surrounded by people who are managing to eat, and that kind of thing, is an interesting one that would probably be open to discussion within a group. However, I would say put it in mid Wales, and be very careful where you put it. If you are going to build something fantastic and amazing, put it in mid Wales so that everyone can travel to it. I would, and still do, walk over hot coals and broken glass to get the best treatment for my daughter. She has been to recovery and she has made it, but this is a cyclical kind of illness and they relapse every so often. If you are going to have an in-patient treatment unit, I still believe that the community is the place to be. I think that keeping people within their families is actually the best way forward. Yes, there is a specific need for eating disorder units, but it is a question of how many severely ill people there are and whether the

funding will outweigh the need. I am aware that you are going to run out of time.

[305] **William Powell:** Helen Missen, as lead petitioner, Dr Robin Glaze and Susannah Humphrey, thank you very much for a powerful and inspiring session this morning. We will now move to the Minister and his team. Perhaps you would like to make your way to the public gallery to watch that session of proceedings. Thank you very much for attending this morning.

10:35

**P-04-408: Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc—  
Sesiwn Dystiolaeth gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
P-04-408: Child and Adolescent Eating Disorder Service—Evidence Session with  
the Minister for Health and Social Services**

[306] **William Powell:** Bore da. A very warm welcome to Professor Mark Drakeford, the Minister for Health and Social Services; Dr Sarah Watkins, who is the head of mental health, vulnerable groups and offenders; and Jo Jordan, director of corporate services and partnerships. We have just taken evidence from the lead petitioner, Helen Missen, and her colleagues, who have just taken their place in the public gallery for this session. I ask you to introduce yourselves for the sake of sound levels, and to make an initial brief statement. Clearly, you have made a statement on related matters very recently, to which you may also wish to refer.

[307] **The Minister for Health and Social Services (Mark Drakeford):** Thank you very much, Chair. I thank the committee and the petitioner, and those individuals and organisations associated with the petition, for the close interest they have taken in this matter and for the work that they do in raising the profile of a very important issue. We know that eating disorders, when they occur in young people, are a great source of anxiety and, indeed, fear among the families and the friends of young people who find themselves in that condition. While eating disorders at that age are usually associated with young women, they also occur in young men, and they occur particularly across the gender range in later life as well.

[308] As far as young people are concerned, the child and adolescent mental health service has always regarded children with eating disorders as part of its core business, seeing it as a complex condition that affects the whole person and has ramifications in other parts of their lives as well. Indeed, between a third and 40% of admissions to the tier 4 services—the residential end of child and adolescent mental health—are from young people with eating disorders. The approach that we take in Wales, and it is one that I very much endorse, is that we aim to treat young people at the lowest appropriate level within that tiered service. The 'Together for Mental Health' document, which is the Welsh Government's programme and delivery plan for mental health, committed the Government to a review of eating disorder services in this current year, and I was very pleased yesterday, as part of that review, to be able to announce an extra £250,000 in recurring revenue to be invested within CAMHS for eating disorders.

[309] I want to emphasise that, in my mind, the real significance of that money is not what it can do by itself, but the way it can allow us to re-engineer services for eating disorders and to make the £51 million and more that we spend on CAMHS do a better job for young people with this condition. There are, very briefly, five key purposes that that £250,000 is meant to drive forward. One is that it will provide new clinical leadership in south Wales in eating disorder services. It will allow us to train existing staff in eating disorders and to be able to provide a more significant service lower down the tier chain. It will allow the service to provide extra outreach clinics beyond the single one that it is able to provide at the moment.

Very importantly to my mind, it will allow us to repatriate some of those young people whom we have to place across our border—11 young people in the last year, at a cost of £1.9 million. I think we can do more in south Wales; we cannot bring them all back because some of those children have very specialist needs, but I think that we can do more to provide services in Wales for those people. As a result, it will release resource into the wider CAMHS effort, allowing us to do more for young people more generally who rely on this service.

[310] **William Powell:** Minister, thank you very much for that. Certainly, there has been a strong welcome for your announcement in this area. As you will be aware, the petition has drawn support from all over Wales. The lead petitioner happens to live in mid Wales. Dr Robin Glaze, who spoke to us, is the lead clinician in this area for north Wales. The point was made that there is a sense that, above the M4 corridor, there is a significant shortfall in funding. You mentioned that this was part of the review, but do you envisage the opportunity to make additional announcements when the review goes forward, and how will you address the concerns and the disappointment expressed that the focus has been very much on the south Wales area?

[311] **Mark Drakeford:** In reading the earlier material provided by the petitioner and others, there was recognition that, in some ways, as far as eating disorders are concerned, the service in north Wales is already stronger today than the service in south Wales. It has a greater degree of clinical expertise available to it. Per head of population, it has more tier 4 beds open than there are in south Wales. So, what I want to say on that issue is that I want us to look very carefully at what the £0.25 million of additional investment in south Wales will do in the re-engineering of the service. If there is the success that we hope it will bring, and there are lessons that we can learn, we shall go on to look at how those can be applied in the north Wales context. As of today, however, the investment in south Wales is a bit of a recognition that services in south Wales are not as developed as those in north Wales are at present.

[312] **William Powell:** That is helpful. Bethan Jenkins is next.

[313] **Bethan Jenkins:** Russ can go first, if he wants.

[314] **Russell George:** Well, you took my first question, actually, Chair. Thank you for your answer, Minister.

[315] Helen Missen talked in her evidence about young people reaching puberty at an earlier age, and the issue becoming more dominant at a much earlier age. Dr Glaze went on to talk about the importance of early intervention for two reasons, the more important being the patient and supporting the path to recovery at a very early stage. There was also the fact that, from a funding point of view, if the symptoms can be identified so that the journey to recovery can start at an earlier age, there will not be the funding that will be required now at a later stage. I wonder if you can just talk to that.

[316] **Mark Drakeford:** I am entirely in agreement with the general proposition that, in this field, early intervention at a low level of intensity is most likely to be effective with most young people, and that our aim always has to be to try to provide the lowest necessary form of intervention. The phrase you sometimes see used in the literature is ‘the most normalising intervention’. You do not want to be drawing young people more and more into services, because there are downsides to that as well as important upsides for individuals. So, on the general proposition that the more we can do in general services—at GP level, at tier 1 and at tier 2—the better, and I entirely agree with that. I think that the point is well made about the changing age of puberty and the likely impact it will have on this agenda.

[317] Members of the committee will know that, as part of the general ‘Together for Mental

Health' and the mental health Measure, there is a significant emphasis on better equipping the general practitioner service, not necessarily to provide services directly themselves, although that can be important, but to spot the signs early of young people who may need a more specialist resource. Quite a lot has been achieved in the early period of implementation of the Measure in improving training and awareness among GPs. There is more to do, but, as we succeed in doing that, I think that it will help to answer the very important points that were being made.

10:45

[318] **Bethan Jenkins:** Minister, thank you for the announcement yesterday; I was really pleased to hear of the investment in south Wales. I am sure that we will be able to monitor where the developments go. My question leads on from the evidence that we heard this morning with regards to the CAMHS leads in the community. There are many gaps there with regard to the specialisms that exist in eating disorders, and I was wondering whether you could say what you are going to do on that with regards to the extra funding. The other question I had—you mentioned repatriating young people, which I welcome wholly—is: how many of those young people would be repatriated with the funding and what would that mean for young people that would be identified in future in terms of the severity of their condition? How would you define them in terms of their care pathway as to when they would be able to stay in Wales, which is great news, and when they would have to go to England for the more severe service?

[319] **Mark Drakeford:** Thank you. I might ask my colleagues to help with some of the detail, but, in relation to Bethan's first question, part of what the money is intended to do is to strengthen the training that we are able to offer people who are already involved in working with young people in the mental health field, so that their expertise in dealing with eating disorders in particular is strengthened and, therefore, we are able to do more at the community level with greater expertise.

[320] There are, already, people in almost every part of south Wales at the community level who have undertaken further training and have advanced practitioner capability in eating disorders, but we recognise that, if we are able to do more there to strengthen that capacity, it will allow more young people to be identified and treated successfully in that part of the system.

[321] The 11 young people who went across our border for treatment for eating disorders last year are part of a wider cohort of over 30 young people in the mental health field who ended up receiving treatment in England. That was at a cost of nearly £5 million. I feel confident, having recently gone to the unit at Bridgend and met people from the Welsh Health Specialised Services Committee and senior consultants in the field, that, with the investment that we are making, they will be able to draw more young people back across our border, and to use some of the facilities. Those of you who have been to the Bridgend Tŷ Llidiard unit will know that it is a very modern, state-of-the-art unit, and they are able to do more there.

[322] I do not think that I would find it easy to set out a set of criteria to distinguish between those young people who may still need to go to very specialist services elsewhere and those who could be successfully treated in Wales, because, by the time that you get to a level 4 service, with only 11 young people going across the border, each one of them has a very complex and very particular set of circumstances. The best that I can do is to say that we feel confident, from the discussions that we have had, that a significant number of those young people, with the money that is currently spent elsewhere coming back with them, can be reinvested in the Welsh-based service.

[323] I met a parent of a child who was at the Tŷ Llidiard unit when I was there who had

come back from being looked at in a number of different very far flung places in England. Although she lives an hour away from Bridgend, she explained to me the amazing difference that it made to her family's life that she could visit Bridgend every day, and keep in contact with that young person, who she felt was recovering much more strongly as a result than when the family was faced with very long journeys and very infrequently able to make them elsewhere.

[324] **Ms Jordan:** I think that you have covered most things, Minister. The only thing I was going to say was that, as part of the review, we have done a skills analysis across all the CAMHS teams. That is why we are aware that there is an awful lot of knowledge and expertise embedded throughout Wales in CAMHS teams. However, the extra money will help with some training, and also perhaps give some extra peer and other support to the teams that perhaps do not always feel confident in using the skillsets that they have. So, we hope that that will be part of the re-engineering of the whole system that the Minister referred to.

[325] **Bethan Jenkins:** Would that then be the lead-in through from primary care? We know that the waiting times from primary care to that tier are a difficulty, as was mentioned earlier. Are you hoping that that money will address that too?

[326] **Ms Jordan:** We hope so.

[327] **Dr Watkins:** We are hoping to get a lot out of this money, because, for example, there is the issue of satellite clinics. At the moment, as you are aware, there is only one clinic being held in Tŷ Llidiard, and we are expecting the new specialist to run clinics at both ends of the M4 and, ideally, also in Powys, because that will make it easier for families and will also make it easier for people to stay closer to home, rather than them being pulled to the centre all of the time. So, yes, I agree with that.

[328] **William Powell:** Joyce Watson is next.

[329] **Joyce Watson:** That leads me on quite nicely to something that Dr Robin Glaze said in evidence this morning—at least I hope that I understood him right. He talked about virtual teams in a community CAMHS setting being explored, obviously because of the geographical layout of Wales. Is that something that you might consider, or are considering?

[330] **Dr Watkins:** Telemedicine is something that is being looked at in a number of areas, not just CAMHS. In some ways, it is about making those innovative ideas available across Wales, so, we can certainly take that back. The first step was getting some expertise equivalent to that of Dr Glaze, who is a specialist in north Wales and has a lot of background in specialist eating disorder services, and making sure that we have someone equivalent, plus clinical psychology plus very senior nursing, in order to get that focus available in south Wales, as it is in north Wales. Then getting a vibrant network, where people can support each other, would seem very sensible.

[331] **Bethan Jenkins:** I know that you are doing the review, but what will you be doing to continuously monitor this scheme? In relation to the framework for adults, I have spoken to a lot of people recently, including the new lead for ABMU, who has come from England. She is very concerned as she feels as if she is starting her work again, because of the lack of auditing and the lack of monitoring that has happened to date. I just want to be sure that we will see that this money is well used, and that we, as politicians and interested parties, can understand fully where it has gone and how effectively that money has been spent. That is what I wanted to ensure.

[332] **Mark Drakeford:** I entirely share that view. I am very keen to know the difference that the money has made and to be able to track where it has gone and how the services are



being changed as a result. What I do not want to see is this money just becoming another little slice that just provides another set of slightly standalone services. I want to see how this money makes a difference to the whole of the service that we provide and improves it in that bigger way. There are some concerning things in relation to eating disorders. To go back to the point that Bethan made earlier, I have become concerned over the summer, in looking at this whole issue, about the disparity between the waiting times that people using our adult eating disorder service can expect and those that people accessing the service at child and adolescent level can expect, as well as about some of the geographical disparities in Wales. In some parts of Wales access is pretty quick, and in others it is not as good as it needs to be. So, keeping track of the money and how it is making a difference is very important to us too, and we would be pleased to share some of that with Members as it becomes available.

[333] **William Powell:** Thank you for that, Minister. As well as the vital importance of early clinical intervention and support, we also heard in the previous evidence session of the work undertaken by B-eat Cymru, which many of us are aware of through our own experience and casework. This work includes raising awareness and providing mentoring support for individuals and their families. We also heard that its current funding is due to expire in the spring of next year. That certainly gives us a degree of concern as to the sustainability of that really important network across Wales in terms of going into schools to provide support, in particular. Could you offer any comments or thoughts on the sustainability of that service, and any possible sources of support that might be forthcoming to secure that for the future?

[334] **Mark Drakeford:** To repeat what I said at the beginning, I very much welcome the work that the organisation does. I am always very keen to take any opportunities to speak on mental health issues, because they do not get the attention that they need. Some of the more specialist areas are even more neglected in the way that things are discussed and talked about openly, as mental health issues need to be, generally.

[335] As you all know, budgets are under huge pressure in every part of the public service and I have to look at all of the budget lines that we spend and everything that we pass on to third sector organisations. What I say to them when they come to see me is that, while I cannot pretend that I can protect them from the impact of the cuts that are being experienced, I try to give them an undertaking that they will not be unfairly or unduly affected by those cuts more than any other thing that we are having to reduce. So, I will certainly look at the particular issue, but in that light.

[336] **William Powell:** That would be appreciated. Are there any further questions from colleagues? I see that there are not. In which case, Minister and your team, I would like to thank you very much for coming today and answering our questions so candidly. There will be a transcript of this session and the previous evidence session, which will be made available, and we will be considering this at the start of our next meeting.

[337] I should also say that, today at 1.00 p.m., and tomorrow, we have presentations of petitions. The Maerdy bridge road junction safety petition is today, and, tomorrow, the petition on eating disorder units in Wales is at 12.30 p.m., and then at 1.00 p.m. we have an additional petition on through schools. So, it will be quite a busy time for us in that respect. I look forward also to our outreach visit to north Wales, which is currently being planned. So, thank you very much. Diolch yn fawr iawn.

*Daeth y cyfarfod i ben am 10:57.  
The meeting ended at 10:57.*