

Public Health (Wales) Bill

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Would you like to be added to the Committee's contacts database for future inquiries?	Yes

Availability for oral evidence sessions

The Committee has provisionally agreed to hold oral evidence sessions during the autumn term. **Please note that the Committee has limited time available and will not be able to invite all those who indicate an interest to attend.**

Would you be content to attend a Committee meeting to give oral evidence?		No
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Disclosure of information

The Assembly's [policy on disclosure of information](#) is available; please ensure that you have considered these details carefully before submitting information to the Committee.

Submitting evidence

If you wish to submit evidence, please send an electronic copy of your submission form to SeneddHealth@assembly.wales.

Alternatively, you send it to:

Catherine Hunt, Second Clerk,
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay, CF99 1NA.



Public Health (Wales) Bill: Consultation questions

Tobacco and Nicotine Products

The Bill includes proposals to ban the use of nicotine inhaling devices, such as e-cigarettes, in enclosed spaces like restaurants, pubs and at work. Shops will also have to join a register for retailers of tobacco and nicotine products, and it will become an offence to “hand over” tobacco and e-cigarettes to anyone under the age of 18.

Question 1

Do you agree that the use of e-cigarettes should be banned in enclosed public and work places in Wales, as is currently the case for smoking tobacco?

As a UK-wide organisation we would always defer in matters relating to devolved administrations to our local members. We therefore refer you to the response from Directors of Public Health in Wales. In December 2014 we issued an [interim position statement](#) which ADPH is reviewing and currently consulting its members on this.

ADPH is currently considering the emerging evidence on the impact of nicotine vapourisers, however we are concerned that marketing of nicotine vapourisers and their widespread use in enclosed public spaces may undermine the successful efforts which have been made to denormalise smoking behaviour.

We are cognisant of arguments for the potential impact of nicotine vapourisers as a means of quitting or reducing harm by substituting for conventional tobacco products. However, we believe that more research is needed to establish clear evidence of safety and their long term impact on health.

As demonstrated by our 2014 survey of UK Directors of Public Health¹, ADPH believes that the use of nicotine vapourisers in enclosed and substantially enclosed public places (including work places) undermines and makes more difficult the enforcement of the current ban on smoking in such places².

¹ <http://www.adph.org.uk/wp-content/uploads/2015/02/ADPH-2014-Policy-survey-report-Final.pdf>
[accessed 05th August 2015]

² <http://www.adph.org.uk/wp-content/uploads/2014/12/ADPH-Position-Statement-Nicotine-vapourisers-20141.pdf> [accessed 05th August 2015]

In our survey, 78% of Directors of Public Health who responded said that the restrictions and regulations relating to the use of smoked tobacco products in public places should also apply to nicotine vapourisers.

There is also a potential indirect risk from such devices and their refills which are not child protection packaged, if the device/refill is left unattended, dropped or discarded. The liquid can be toxic to young children if ingested or even if spilled onto skin, and often sold in attractive colours and flavours that appeal to young people/children such as 'gummy bear' or 'bubble gum'. Exposure can cause cardiac effects. Figures from the UK and overseas report increases in cases of accidental poisoning from contact with nicotine from these devices, with large proportions of the cases involving very young children.⁶⁻⁸ The batteries from these devices are also very small and could cause serious damage if ingested by small children.³⁴⁵

The concerns of Directors of Public Health include that some e-cigarettes look similar to regular cigarettes, making people wary of challenging smokers where bans exist. The sight of electronic cigarettes – which can't always be easily distinguished from tobacco cigarettes – sends mixed messages to the public about acceptance of smoking. Evidence supports the need for consistency in messages in trying to support behaviour change and culture change.

We are also concerned over the second hand effects of vapour on those with respiratory conditions (such as asthma) particularly when nicotine vapourisers are used in enclosed and substantially enclosed public places.

Question 2

Do you believe the provisions in the Bill will achieve a balance between the potential benefits to smokers wishing to quit with any potential dis-benefits related to the use of e-cigarettes?

³ Jame Meikle (2014). E-cigarette poisoning figures soar as vaping habit spreads across UK. Available online at: <http://www.theguardian.com/society/2014/apr/14/e-cigarette-poisoning-figures-soar-adults-children> [accessed 25th June 2015]

⁴ Chatham-Stephens K, Law R, Taylor E, et al. (2014). Notes from the field: calls to poison centers for exposures to electronic cigarettes – United States, September 2010-February 2014. MMWR 63(13): 292-293. Available online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm> [accessed 25th June 2015]

⁵ The Local (2013). Nicotine poisoning rockets mid e-cig battle. Available online at: <http://www.thelocal.se/20131230/sweden-child-nicotine-poison-ecigarettes-increase> [accessed 25th June 2015]

As previously stated ADPH is currently considering the emerging evidence on the impact of nicotine vapourisers, so it is difficult to fully answer this question based upon the existing body of evidence.

Question 3

Do you have any views on whether the use of e-cigarettes re-normalises smoking behaviours in smoke-free areas, and whether, given their appearance in replicating cigarettes, inadvertently promote smoking?

We are cognisant of arguments for the potential impact of nicotine vapourisers as a means of quitting or reducing harm by substituting for conventional tobacco products. However, we believe that more research is needed to establish clear evidence of safety and their long term impact on health – as well as on wider questions relating to re-normalisation of smoking behaviour, and the impact on young people of product development, advertising and marketing.

The involvement of the tobacco industry in product development raises concerns, and whilst efforts to de-normalise tobacco use are welcomed, attempts to maintain a population addicted to nicotine (including tobacco) are not.

We will continue to canvass the views of our members and to review our policy position – both in the light of further research and evidence, and in response to product development.

ADPH is particularly concerned that marketing of nicotine vapourisers and their widespread use in enclosed public spaces will undermine the successful efforts which have been made to de-normalise smoking behaviour.

In our 2014 survey of UK Directors of Public Health, 84% of the Directors of Public Health who responded believed that the restrictions and regulations for the advertising and marketing of smoked tobacco products should also apply to nicotine vapourisers.

In responding to the Committee of Advertising Practice/Broadcast Committee of Advertising Practice consultation (2014) on the advertising and marketing of

electronic cigarettes and associated products, ADPH advocated for the following principles:

- Advertising and promotion of products containing an addictive drug should always be subject to close supervision by regulatory authorities, since addiction undermines the principle of informed consent by adult consumers.
- Regulation of un-licensed nicotine vapourisers should be consistent with that for licensed products. For example, celebrity endorsement and free samples are not allowed for licensed nicotine containing products and should not be allowed for nicotine vapourisers either.
- Nicotine vapourisers should not be advertised or promoted in ways that could reasonably be expected to promote smoking of tobacco products. As far as possible, nicotine vapourisers should be advertised as an alternative to smoking cigarettes or other tobacco products.
- Nicotine vapourisers should not be advertised in ways or through channels that could reasonably be expected to make them appealing to non-tobacco users.
- Nicotine vapourisers should not be advertised in ways or through channels that could reasonably be expected to make them appealing to children and young people.

We believe that – in addition to the need to establish clear evidence of safety and long term impact on health – more research is also needed in relation to the impact of advertising and marketing of nicotine vapourisers, as well as on their impact on the re-normalisation of smoking behaviour. A particular concern is the impact on young people.

Question 4

Do you have any views on whether e-cigarettes are particularly appealing to young people and could lead to a greater uptake of their use among this age group, and which may ultimately lead to smoking tobacco products?

If we wish to reduce the chances of e-cigarettes becoming a gateway for non-smokers into nicotine addiction or the use of conventional tobacco products, our efforts need first to concentrate upon restricting the marketing and promotion of these devices as many young people do not recognise how susceptible they actually are to the advertising that continually surrounds them.

To date, little research has been conducted in the UK specifically upon this issue of usage by young people, particularly given that the product is still relatively new

to the market and the rapid growth in their use has only been within the last three to four years. This is an important gap in the evidence in a rapidly changing field.

We believe that e-cigarettes may have the potential to act as a gateway to conventional tobacco by appealing to young people and giving the impression that they are a safe alternative, even though they still include addictive and high levels of nicotine.

Nicotine vapourisers should not be advertised in ways or through channels that could reasonably be expected to make them appealing to non-tobacco users.

The involvement of the tobacco industry in product development raises concerns, and whilst efforts to de-normalise tobacco use are welcomed, attempts to maintain a population addicted to nicotine (including tobacco) are not.

Question 5

Do you agree with the proposal to establish a national register of retailers of tobacco and nicotine products?

ADPH agrees with the proposal of establishing a national register of retailers of tobacco and nicotine products. Such a register could strengthen the tobacco control agenda in Wales and the proposal is in line with the Tobacco Control Action Plan for Wales. We also welcome.

A register would help to enforce legislation on the display of tobacco products and tackle underage sales by helping Trading Standards Officers to easily identify retailers and check compliance with regulations. A recent survey in England showed that nearly half of young smokers (44%) reported being able to purchase tobacco from retail premises despite the ban on the sale of tobacco products to those under the age of 18.⁶ This measure will be an important step towards helping to reduce the number of young people in Wales who become smokers.

Introducing a registration scheme will enable Trading Standards Officers to more easily identify tobacco retailers for test purchasing purposes and to check compliance with the point of sale display regulations. The additional information, which could be gathered by a registration scheme, will support enforcement of

⁶ HSCIC (2013). Smoking, drinking and drug use among young people in England in 2012. Available online at: <http://www.hscic.gov.uk/catalogue/PUB11334> [accessed 25th June 2015]

under-age sales and assist in enforcement of the display ban by making it easier to identify locations where tobacco is not permitted to be sold. However, while supportive, we have concerns about the resourcing of this initiative centrally and in Local Authorities. Unless the proposal is properly funded, there may be unintended consequences on other critical public health enforcement activity.

Smoking accounts for approximately 5,450 deaths every year in Wales and it is estimated that 14,500 young people a year take up smoking⁷. It is therefore imperative that measures are taken to reduce this number and thereby reduce the amount of smoking-attributable morbidity and mortality among the Welsh population.

We believe that the proposal to create a tobacco and nicotine products retailer's register is both workable and proportionate.

The rapid rise in internet shopping could offer an easy way for young people to circumvent age restrictions. There is currently a lack of safeguards against children purchasing cigarettes through the internet. There should be consistency in the control of the sale of restricted products across all outlets, physical or virtual.

Question 6

What are your views on creating a new offence for knowingly handing over tobacco and nicotine products to a person under 18, which is the legal age of sale in Wales?

ADPH agrees with the proposal to make it an offence for anyone knowingly handing over tobacco and nicotine products to a person under 18. As stated previously it is vital that measures are taken to reduce the number of young people taking up smoking and thereby reduce the amount of smoking-attributable morbidity and mortality among the Welsh population.

⁷ Public Health Wales NHS Trust/Welsh Government: Tobacco and health in Wales (June 2012): p33.
Available at

[http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300def80257a29003c3c67/\\$FILE/Eng%20Smoking%20Report%20LowRes.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300def80257a29003c3c67/$FILE/Eng%20Smoking%20Report%20LowRes.pdf)

(accessed 29 April 2014)

Special Procedures

The Bill includes a proposal to create a compulsory licensing system for people who carry out special procedures in Wales. These special procedures are tattooing, body piercing, acupuncture and electrolysis. The places where these special procedures are carried out will also need to be approved.

Question 7

What are your views on creating a compulsory, national licensing system for practitioners of specified special procedures in Wales, and that the premises or vehicle from which the practitioners operate must be approved?

ADPH welcomes and the introduction of a compulsory national licensing system for practitioners of specified 'special procedures' in Wales and that the premises from which the practitioners operate these procedures must be approved. Incompetent practices and procedures can lead to a burden on the NHS which has to pick up short and long term sequelae.

Such a register would be beneficial in recognising legitimate practitioners and businesses and help to regulate these procedures in Wales. It would also help to ensure a consistent approach to regulation across Wales. A national licensing system for practitioners and the mandatory licensing conditions which they have to comply with will ensure the provision of consistent standards in respect of infection control, cleanliness and hygiene for all practitioners and businesses operating any of the listed treatments. It will be essential that competency to perform certain procedures is tested.

Suitable resources would need to be made available to realise and sustain the benefits of such a register. We also advocate national guidance with a maximum and minimum cost threshold for registration. The ability to amend the list of procedures through secondary legislation would also provide flexibility to incorporate new procedures with the potential to cause harm in the future.

The current legislation does not adequately protect the public and these procedures have the potential to cause harm if not carried out safely. In a recent look back exercise in Wales, nine people were identified as needing hospital admission due to severe *Pseudomonas aureaginosa* infection, eight of whom required surgical intervention (including incision, drainage, reconstruction and stitching), following body piercing at a tattoo and body piercing premises. The

individuals needed weeks of hospital treatment and follow-up care, and some are permanently disfigured. More minor problems for other clients included swelling and trauma around the site, scarring, local skin infections, and allergic reactions which were more prevalent. A lack of good hygiene and infection control can lead to blood poisoning (sepsis) or transmission of blood-borne infections through contaminated equipment, such as Hepatitis B, Hepatitis C or HIV.

There is some older evidence that procedures such as piercing are a risk factor for hepatitis, though actual occurrences may be rare^{8 9 10}. A recent review suggests there is a significant risk of transmission through piercing and tattooing procedures which are not done under sterile conditions, such as at home or in prison¹¹. However, in our view, the risk of transmission is the same in professional parlours where sterile conditions and infection control measures are not in place. Scarring from complications following such procedures can also have long-term psychological impacts^{12 13 14}. Anecdotal evidence suggests that localised infections associated with such procedures are often seen in GP practices and Accident and Emergency departments, particularly following tongue piercings. All of the nine cases identified in the look back exercise self-presented to healthcare, often multiple times.

We would also like this Bill to go further by requiring those registering to undertake such procedures to meet national standardised training where criteria of competency will have been met, hygiene standards, and age requirements and by ensuring that they have no criminal background that would make them unsuitable to undertake special procedures (e.g. Child Protection – CRB checks). We would advise that registration should include mandatory proof of identity of the

⁸ Hayes MO and Harkness GA (2001). Body piercing as a risk factor for viral hepatitis: an integrative research review. *Am J Infect Control* 29: 271–274.

⁹ Weir E (2001). Navel gazing: a clinical glimpse at body piercing. *CMAJ* 164: 864.

¹⁰ Mayers LB, Judelson DA, Moriarty BW, et al. (2002). Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications. *Mayo Clin. Proc.* 77: 29–34.

¹¹ Tohme RA and Holmberg SD (2012). Transmission of Hepatitis C Virus Infection Through Tattooing and Piercing: A Critical Review. *Clin Infect Dis.* 54: 1167–1178.

¹² Stirn A (2003). Body piercing: medical consequences and psychological motivations. *Lancet* 361: 1205–1215.

¹³ Stirn A, Hinz A, and Brähler E (2006). Prevalence of tattooing and body piercing in Germany and perception of health, mental disorders, and sensation seeking among tattooed and body-pierced individuals. *Journal of Psychosomatic Research* 60: 531–534.

¹⁴ Stirn A and Hinz A (2008). Tattoos, body piercings, and self-injury: Is there a connection? *Investigations on a core group of participants practicing body modification. Psychotherapy Research* 18: 326–333.

practitioner. These measures would ensure that they have the knowledge, skills and experience needed to perform these procedures.

Question 8

Do you agree with the types of special procedures defined in the Bill?

Whilst we agree with the special procedures defined, this Bill also presents an opportunity to regulate the administration of the following procedures: body modification (to include stretching, scarification, sub-dermal implantation/3D implants, branding and tongue splitting), injection of any liquid into the body e.g. botox or dermal fillers, dental jewellery, chemical peels, and laser treatments such as used for tattoo removal or in hair removal.

Question 9

What are your views on the provision which gives Welsh Ministers the power to amend the list of special procedures through secondary legislation?

The ability to amend the list of procedures through secondary legislation will provide flexibility to incorporate new procedures with the potential to cause harm in the future.

Question 10

Do you have any views on whether enforcing the licensing system would result in any particular difficulties for local authorities?

National guidelines and requirements will help to mitigate against any local variation and discrepancies.

Intimate piercings

The Bill includes a proposal to ban intimate body piercings for anyone under the age of 16 in Wales.

Question 11

Do you believe an age restriction is required for intimate body piercing? What are your views on prohibiting the intimate piercing of anyone under the age of 16 in Wales?

We support the introduction of a ban on the intimate piercing of those aged under 16 years, as relates to those body parts defined in the Bill. This will aid in protecting the public and ensure a clear and consistent message across Wales. The recent look back exercise in Wales demonstrates that intimate piercing is not uncommon in this age group and we welcome the outlawing of intimate piercing irrespective of parental consent. We would encourage mandatory proof of age for any client undergoing a special procedure. It should be noted with concern that girls as young as 13 had undergone nipple piercing in the recent Gwent look-back exercise.

Question 12

Do you agree with the list of intimate body parts defined in the Bill? Whether any other types of piercings (for example naval piercing, tongue piercing) should be prohibited on young people under the age of 16.

ADPH recommends that the list of intimate body parts includes tongue piercing because of the risks associated, including infection, chipped teeth, blood poisoning, tongue swelling and blood loss which may cause a risk to someone's airways. Through the Bill children and young people will be protected from the potential health harms which can be caused by intimate piercing. Competency checks will also be required before nipple, genital and tongue piercing, and before body modification such as ear cartilage removal, tongue splitting and branding. Currently there are no checks on the ability of the practitioner to conduct these forms of minor surgery which are much more invasive than most minor surgery performed in primary care for which General Practitioners need additional qualifications.

Community pharmacies

The Bill will require local health boards in Wales to review the need for pharmaceutical services in its area, and that any decisions relating to community pharmacies are based on the needs of local communities.

Question 13

Do you believe the proposals in the Bill will achieve the aim of improving the planning and delivery of pharmaceutical services in Wales?

Pharmacies have been shown to be effective at delivering enhanced services such as smoking cessation, harm minimisation in substance misuse, flu vaccination, and emergency hormonal contraception.^{15 16}

Currently, the majority of pharmacy time is spent dispensing prescriptions and providing advice on medicines. We believe the legislation proposed in the Public Health (Wales) Bill will encourage existing pharmacies to adapt and expand their services in response to local needs. The risk of another contractor making a successful application to join the pharmaceutical list in their area, if they fail to respond to need will be an effective incentive. This can help to ensure services are available where needed.

We also believe that undertaking and incorporating such assessments of need will help to improve the planning and delivery of pharmaceutical services in Wales by making them more integrated and aligned with wider health needs assessment and service planning.

¹⁵ Brennan N. (2012). Education programmes for patients. Community pharmacy public health campaign report. Available online at:

<http://www2.nphs.wales.nhs.uk:8080/pharmaceuticalphtdocs.nsf/61c1e930f9121fd080256f2a004937ed/6767e0d54074f12680257a48004ee581?OpenDocument> [accessed 25th June 2015]

¹⁶Fajemsin F (2013). Community pharmacy and public health SPH. Available online at:

<http://www.sph.nhs.uk/sph-documents/community-pharmacy-and-public-health-final-report/?searchterm=community%20pharmacy> [accessed 25th June 2015]

Question 14

What are your views on whether the proposals will encourage existing pharmacies to adapt and expand their services in response to local needs?

Pharmaceutical needs assessments should examine the demographics of their local population, across the area and in different localities, and their needs. Pharmaceutical needs assessments should describe the pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. They should describe accessibility to these services, including by public transport. Pharmaceutical needs assessments should look at other services, such as dispensing by GP surgeries, and services available in neighbouring areas that might affect the need for services in its own area. They should examine whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. Over provision of pharmacies in particular areas should be considered and the pharmaceutical needs assessments should also take account of likely future needs.

The NHS Confederation's discussion paper 'Health on the high street: rethinking the role of community pharmacy'¹⁷ highlights that evidence is emerging around the potential role community pharmacy can play in improving and maintaining the nation's health. The paper finds that, as trusted and professional partners in supporting individual, family and community health, sitting at the heart of our communities, effective community pharmacy services have a significant and increased role to play in ensuring we have a sustainable healthcare system and that the NHS is able to survive and thrive over the coming decades. However, this will require providers, patients and the public to be more aware of community pharmacy's role alongside other primary and community care service, as highlighted within the Health and Social Care Committee's inquiry into community pharmacies in August 2011. The Committee's report clearly demonstrated the contribution that community pharmacy can have on the health service but better

¹⁷ The NHS Confederation, 2013. Health on the high street: rethinking the role of community pharmacy.

communication mechanisms are needed to inform the general public about the services available at any individual community pharmacy.

Public toilets

The Bill includes a proposal that will require local authorities to prepare a local strategy to plan how they will meet the needs of their communities for accessing public toilet facilities. However, the Bill does not require local authorities to actually provide toilet facilities.

Question 15

What are your views on the proposal that each local authority in Wales will be under a duty to prepare and publish a local toilets strategy for its area?

The Local Health Boards of Wales see that there is a need for accessible public toilets and feel these are an important community amenity, particularly for older people, those with disabilities, and families with children. In addition an estimated 14 million British people have a bladder control problem, while 7.5 million have a bowel control problem.¹⁸

Accessible public toilets are a necessity to maintain population health for everyone, but some groups have specific needs. These include disabled people, parents with babies and young children, pregnant women, older people and those with specific conditions including incontinence, inflammatory bowel disease, irritable bowel syndrome, multiple sclerosis and people who have been prescribed diuretics. If toilet provision is inadequate, people can become afraid or reluctant to go away from the home for periods of time, leading to poor mobility, isolation and depression.¹⁹

Accessible public toilets also contribute towards an age-friendly community reflecting the aging population in Wales. Whilst there is a lack of research evidence on the health benefits of accessible public toilets, this is supported by professional opinions and public surveys.

¹⁸ Bladder and Bowel Foundation. Available online at: www.bladderandbowelfoundation.org [accessed 25th June 2015]

¹⁹ Older Peoples Commissioner for Wales (2014). The Importance and Impact of Community Services within Wales. Available online at: www.olderpeoplewales.com [accessed 25th June 2015]

Question 16

Do you believe that preparing a local toilet strategy will ultimately lead to improved provision of public toilets?

While the preparation of a strategy that considers the need for and plans for the future provision of toilets for public use would provide clarity at the local level (for elected members, officers and the public) the real issue of making resources available to address this remains. The duty on Local Authorities within the Bill is that they “may provide toilets in its area for use by the public” and it is important that the strain already place on local government services is recognised due to the significant financial pressures already experienced by Local Authorities.

The statutory duty to write a strategy will have little impact on actual provision, unless resources can be identified to put such a strategy in place. This presents challenges in Local Authorities’ ability to safeguard existing provision and to promote new facilities. We believe that any additional duties placed on Local Authorities should be adequately funded, as some previous closures have been due to heavy maintenance and upgrading costs. The preparation of a local strategy may not result in improved provision and accessibility without adequate resources provided to Local Authorities to implement such a strategy.

In addition to the duties the Bill places on Local Authorities, consideration and awareness needs to be increased around other schemes. The public access Community Toilet Scheme introduced in 2009 is reportedly underused with large variation between Local Authorities and some people are not comfortable with using this type of facility. This is a scheme through which people can use the toilet facilities in participating local businesses when they are open, without having to make a purchase. However communication of location and access to potential users can be inadequate and access is necessarily limited to business opening hours.

The problem of lack of street signage can also be an issue to accessing public toilets. Signage should be standardised, showing opening times and facilities available. Examples of alternative sources of information which exist elsewhere include Australia’s National Toilet Map, the UK disabled drivers’ mapping portal and Westminster City Council’s SatLAV, which allows visitors to text for their nearest toilet and opening times.

Question 17

Do you believe the provision in the Bill to ensure appropriate engagement with communities is sufficient to guarantee the views of local people are taken into account in the development of local toilet strategies?

Question 18

What are your views on considering toilet facilities within settings in receipt of public funding when developing local strategies?

Other comments

Question 19

Do you believe that the issues included in this Bill reflect the priorities for improving public health in Wales?

ADPH is disappointed that regulation of food standards in settings such as pre-school and care homes are not included in the Public Health (Wales) Bill. Food standards can make an important impact on public health. Good nutrition in very young children is essential for future growth development and health, while poor nutrition in care homes is likely to undermine their health and well-being and increase the chances of the need for health services intervention.

We are strongly persuaded that this aspect could be strengthened so that there is no missed opportunity to place mandatory food standards on all food or drink supplied by or procured for settings directly controlled, commissioned or inspected by public sector organisations. Over 300,000 people are currently employed in the public sector in Wales. Offering healthy choices as the norm to them, and the public they serve, could make a significant contribution to the adult obesity problem.

The risk of many chronic conditions, in particular coronary heart disease, obesity, diabetes and some cancers, is increased by poor diet and diet-related disease has been estimated to cost the NHS around £6 billion a year. The cost of obesity alone has been predicted to reach £49.9 billion per year by 2050 by the Foresight report²⁰. Wales faces some of the biggest challenges in the UK, with the Child Measurement Programme reporting prevalence of overweight or obese children to be 26% in reception year²¹.

Maintaining food standards, particularly in health settings such as hospitals which seek to keep people well, can inform and influence the public's perception of what foods are considered acceptable and healthy. The public sector caters for some of the poorest and most vulnerable people in society. Catering Standards for Food

²⁰ Foresight (2007). Tackling Obesities: Future Choices, Government Office for Science, London. Available online at: <https://www.gov.uk/government/collections/tackling-obesities-future-choices> [accessed 25th June 2015]

²¹ Public Health Wales (2015). Child Measurement Programme for Wales 2013/14, PHW, Cardiff. Available online at: <http://www.wales.nhs.uk/sitesplus/888/page/67767> [accessed 25th June 2015]

and Fluid Provision for Hospital Inpatients, and the All Wales Hospital Menu Framework standards ensure patients receive adequate nutrition to assist with their recovery whilst in hospital, but there is much work needed to make sure that healthy and balanced meals and food are offered to all those accessing the restaurants (including staff, patients and visitors). Mandated criteria for the provision of only healthier retail items in hospital restaurants and outlets would help hospitals in Wales to fulfil their responsibility for improving the health of the population they serve.

ADPH would welcome the extension of the Welsh Government's Health Promoting Hospital Vending Directive into other public sector settings, such as Local Authority premises including leisure centres and community centres, and feel that there is also a need to introduce food standards into the wider private sector.

Question 20

Are there any other areas of public health which you believe require legislation to help improve the health of people in Wales?

We are disappointed that the vision and the outcomes that the Bill is trying to achieve are not included. As it stands the Bill deals with areas that could predominantly be dealt with through secondary legislation and it does not include a clear vision which sets out the goals and principles of the law. We believe it is important that the Bill includes information to explain clearly to the public that public health is everybody's business, and not solely confined to the NHS and the public sector.

Minimum unit pricing for alcohol is also not included in the Public Health (Wales) Bill and we are aware of current testing of Scotland's decision to include this. We feel it is highly important that this is taken forward in the future when the position is clarified. There is a strong evidence base for a link between alcohol affordability and levels of harm and until this prudent initiative is implemented alcohol-related morbidity, mortality and cost will continue to impact on society.

Question 21

Are there any other comments you would like to make on any aspect of the Bill?

We consider that it is important the Public Health (Wales) Bill contains a commitment to progressing health in all policies which may impact on the health and well-being of the people of Wales. ADPH believes that this would raise the profile of public health in society, increasing awareness and knowledge of important public health issues across government departments and in all sectors.

The Public Health (Wales) Bill provides a once in a generation opportunity to place public health at the centre of public policy and practice in Wales in order to enable people to live healthy, long lives with a public service that is organised to promote self-care, prevent ill-health and keep people healthier for longer. The future success of the NHS relies on us all taking a proactive approach to public health and ensuring that we create the right conditions to enable people in Wales to live active and healthy lifestyles.

Through introducing this Bill we have an opportunity to make Wales a nation that takes the health of its citizens very seriously. There is an over-riding case for the Bill to take advantage of this 'once in a lifetime opportunity' to raise the profile of public health in society. In addition we have the opportunity to increase awareness and knowledge of public health across all Government departments, and among those who develop and implement policy, to support the population to live long, healthy and independent lives.

Public health plays a key role in ensuring that demand is reduced and in empowering people to take control of their health. The introduction of this legislation can renew focus on prevention and well-being and contribute to achieving prudent healthcare in NHS Wales. However, to ensure that this is done

people need to be educated and empowered to have the knowledge and understanding, in order to remain in good health and receive appropriate interventions.

The drive to bring about a mass shift in public thinking must continue. In relation to people in poor health, the NHS needs to communicate with people and ensure that they are aware of the decisions that they are making and how they are impacting on their health. In terms of how services are used, the re-education of the public is vital and we must involve the public fully in deliberating what the NHS will and will not provide in future and we need to look at the ways public bodies co-produce services with the public.

ADPH believes it is also vital that when considering public health issues, the Bill ensures that all Government departments and public bodies work in an integrated and holistic way. While the Well-being of Future Generations Act 2015 goes some way to achieving this, it is essential that the Public Health (Wales) Bill places a duty on Welsh Ministers and public sector bodies to consider health in all policies and developments which might impact upon the health and well-being of the people of Wales.

The Bill should ensure that the Welsh Government is obliged to consider the impact on the health of the population in developing and appraising policies in all Government areas. In addition to Welsh Ministers, it is essential that the Bill places duties on all public sector bodies to consider health in all policies and developments which might impact on the health and well-being of the people of Wales, for example closing or limiting access to leisure centres, public transport and provision of safe green spaces.

Finally, Under the Public Health (Wales) Bill, the Welsh Government should provide greater consideration to the impact poverty has on the health of the population.

The importance of tackling poverty to improve people's health cannot be underestimated. Poverty and deprivation are linked to many of the public health concerns and outcomes in Wales.

There are still significant health inequalities, including by age, ethnicity and socio-economic group²². The Welsh NHS Confederation recently published the 'Socio-economic deprivation and health' briefing²³. This highlights the correlation between socio-economic deprivation and people's health and well-being outcomes, with the gap in life expectancy for people living in the most deprived and the least deprived areas of Wales currently stands at 9.2 years for men and 7.1 years for women for all Wales²⁴. In some Health Boards the discrepancy in healthy life expectancy between the most and least deprived is over 20 years. Through analysing trends across socio-economic groups we highlight how deprivation has an impact on child development, people's lifestyle choices, healthy life expectancy, including living with an illness or chronic condition, and life expectancy. It is now the time for all public sector organisations, including the health service, to work together to tackle deprivation and inequality. Through the Public Health (Wales) Bill and the Well-being of Future Generations (Wales) Act it is imperative that collaboration across all public bodies improves to achieve a "healthier Wales" and an "equal Wales". We must deliver a more integrated and preventative approach for our public's health that has maximum impact to reduce inequalities and keep people healthier for longer.

As the Welsh NHS Confederation's 'From Rhetoric to Reality - NHS Wales in 10 years' time' highlighted²⁵, engagement with all public service colleagues is necessary to take us all from an ill health service that puts unnecessary pressure on hospital services, to one that promotes healthy lives. Engagement is necessary

²² The NHS Confederation, November 2014. The 2015 Challenge Declaration.

²³ The Welsh NHS Confederation, June 2015. Socio-economic deprivation and health.

²⁴ Public Health Wales Observatory, December 2011. Measuring inequalities. Trends in mortality and life expectancy in Wales.

²⁵ The Welsh NHS Confederation, January 2014. From Rhetoric to Reality - NHS Wales in 10 years' time.

with all our public service colleagues, from social care to housing, education and transport. All public bodies in Wales must build on how we might improve our ability to work together and support our partners and colleagues in other sectors.

The Public Health (Wales) Bill is a crucial first step in tackling the culture of ill health in Wales, recognising that health is much more than health services. Better health is the responsibility of all sectors and while the Welsh Government has already taken steps to infuse health into various sectors through, for example, legislation for children and young people, housing and active travel, the Bill is an opportunity to progress this work further. We believe through having health in all policies it will raise the profile of public health in society, increasing awareness and knowledge of important public health issues across government departments and in all sectors.