

HEALTH AND SOCIAL CARE COMMITTEE CONSULTATION ON PRINCIPLES OF THE PUBLIC HEALTH (WALES) BILL

Submission of Response by Wales Heads of Environmental Health.

Introduction:

The Wales Heads of Environmental Health Group (WWhoEHG) represents the professional heads of environmental health services for the 22 local authorities in Wales. The Group is supported by a number of Expert Groups (generally multi-agency in composition) that focus on key specialisms within environmental health. These include Communicable Disease Control, Health & Safety at Work, Pollution Control, Food Safety, Housing, Health Improvement and Licensing.

Part 2: Tobacco and Nicotine Products Part 2 of the Bill includes provisions relating to tobacco and nicotine products, these include placing restrictions to bring the use of nicotine inhaling devices (NIDs) such as electronic cigarettes (e-cigarettes) in line with existing restrictions on smoking; creating a national register of retailers of tobacco and nicotine products; and prohibiting the handing over of tobacco or nicotine products to a person under the age of 18.

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?

YES.

The use of e-cigarettes, in particular those that have the appearance of traditional cigarettes, undermines enforcement of smoke-free legislation, not only by local authorities but also those that manage smoke-free places. Many business owners have banned them for that reason.

Directors of Public Protection in Wales published its views on the availability and use of e-cigarettes in 2013, which included several examples where the enforcement of the ban on smoking in enclosed public places had been undermined by claims of the use of e-cigarettes. Local authorities have had legal actions fail because offenders claimed they were using e-cigarettes.*

However, whilst the following examples illustrate enforcement challenges, WWhoEHG feel it is important to underline that the ban on smoking in public places is almost entirely self-policing by the public... and has been highly successful. The use of E-cigarettes in smoke-free areas poses a threat to that self-policing.

E-cigarettes also undermine the ability of managers of premises to enforce smoke free places, leading to many business banning them.

*[*examples: Cardiff County Council instigated a prosecution against a taxi driver for smoking in his vehicle. The defendant pleaded not guilty on the basis that he was smoking an e-cigarette and not a "real" cigarette. The matter proceeded to Court where the defendant was found not guilty despite the alleged offence being witnessed by an Enforcement Officer.*

Powys County Council has also experienced difficulties with enforcement, having lost a court case against a taxi driver who as part of his defence in Court suggested he may have been using an e-cigarette. The Court found the defendant not guilty despite the investigating officer's witness statement.

Similar enforcement difficulties have been experienced by Caerphilly CBC, Wrexham CBC and Swansea CBC where taxi drivers have been witnessed smoking in their vehicles but Enforcement Officers have been unable to prove whether it was a tobacco product or an e-cigarette. These cases demonstrate that where an individual is witnessed contravening the ban on smoking in a wholly or substantially enclosed public place they can simply claim that they were smoking an e-cigarette and it is extremely difficult for enforcing authorities to prove otherwise, thereby compromising the enforcement of the ban.]

There is uncertainty over the potential adverse health implications associated with e-cigarettes. There have been no published long term studies on the health of e-cigarette users so the impact of vaping on the body over many years or decades is unknown. There are many e-cigarette brands and reportedly thousands of flavours on the market; they work in different ways, delivering varying amounts of nicotine, toxins and carcinogens. A recent report on e-cigarettes, commissioned by Public Health England estimates that these devices are 95% safer than cigarettes. However the report also states that "Despite some manufacturers' claims that electronic cigarettes are harmless there is also evidence that electronic cigarettes contain toxic substances, including small amounts of formaldehyde and acetaldehyde, which are carcinogenic to humans,[34] and that in some cases vapour contains traces of carcinogenic nitrosamines, and some toxic metals such as cadmium, nickel and lead.[34] Although levels of these substances are much lower than those in conventional cigarettes,[34] regular exposure over many years is likely to present some degree of health hazard, though the magnitude of this effect is difficult to estimate". In our view it is appropriate to take a precautionary approach to the risks associated with e-cigarettes in smoke-free places. Currently people in Wales can breathe clean air in offices, shops, pubs and other enclosed public places and work environments. We don't want to see a backwards step towards potentially polluted air.

We are also concerned by reports suggesting that the use of e-cigarettes in public places can help "normalise" smoking. Very recent studies in the USA have highlighted the increasing use of e-cigarettes by schoolchildren.

What are your views on extending restrictions on smoking and ecigarettes to some non-enclosed spaces (examples might include hospital grounds and children's playgrounds)?

We are of the opinion that smoking should be discouraged in all public places, in particular those locations where there are children or vulnerable people. These may include:

- Playgrounds*
- School grounds & their immediate vicinity*
- Hospital & medical facility grounds*
- Places promoted to children (e.g. "petting farms", fairgrounds and family centred leisure parks).*

There is a need for Fixed Penalty Notice powers which should be consistent powers with existing provisions. In drafting such provisions there is a need to consider that law currently

places a responsibility on the person in control of premises to prevent smoking (e.g. hospital grounds) and that local authorities' usual enforcement approach is against the "person in control of premises" for permitting smoking. (Under the Health Act 2006 "*It is the duty of any person who controls or is concerned in the management of smoke-free premises to cause a person smoking there to stop smoking.*")

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

Yes.

Our key concerns are the potential for e-cigarettes to undermine the enforcement of smoke free legislation and their potential impact upon smoke free environments.

We are also concerned by reports that e-cigarettes may intentionally or inadvertently promote or normalise smoking and therefore promote smoking amongst those who currently do not smoke. In particular we feel there is a need to make every effort to deter young people from becoming smokers.

We note the cautionary words of England's Chief Medical Officer that e-cigarettes should only be used to help smokers quit.

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

Data relating to smoking behaviour in Wales leads us conclude that we cannot afford to step back from promoting smoke free behaviour and the health and societal benefits associated with that approach. We take the view that anything that has the appearance of smoking may help "normalise" smoking culture and behaviour and undermine this approach.

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?

We feel every effort must be made to prevent young people developing nicotine addiction or smoking behaviours. We are therefore concerned by those reports that suggest that young people who are non-smokers may be attracted to e-cigarettes.

The use, marketing and sale of e-cigarettes should be controlled to reduce the risk of young people becoming addicted to nicotine. We have witnessed e-cigarettes being displayed for sale with sweets, at child height, at the checkout in some stores.

Some e-cigarettes utilise scented or flavoured refills that may be attractive to younger users, which is a particular concern if combined with the highly addictive properties of nicotine. Some of these are branded in ways that may be particularly attractive to younger users, such as "Gummy Bear", "Cherry Cola" and "Bubble Gum".

Some products are being packaged and marketed in a way that is closely associated with that of conventional cigarettes. For example, some e cigarettes glow and emit a vapour. We

also note the nature of some e-cigarette advertising; e.g. consistent with the 1950's style marketing of tobacco products.

Do you have any views on whether restricting the use of e-cigarettes in current smoke-free areas will aid managers of premises to enforce the current non-smoking regime?

Yes. There are many organisations and companies now banning the use of e-cigarettes across the UK, for various reasons including ensuring the smoke free legislations is enforced easily. A number of licensed premises have independently introduced bans on the use of e-cigarettes within their premises in recognition of the difficulty they cause their staff in applying the smoking ban within their premises.

Our colleagues that visit business premises on a regular basis, often hear concerns from owners and managers about confrontation when dealing with people "vaping". Some vapers argue "it's not against the law".

Some employers have had difficulties. e.g. Caerphilly CBC had problems with lorry drivers smoking in their cabs and when tackled claimed they were vaping an e-cig, which made taking action difficult. Caerphilly CBC has also received complaints from their own office based staff that colleagues have been using e-cigarettes at their desks and that they may be also be inhaling the vapours in a similar way to second hand smoke. Hence Caerphilly amended their no smoking policy to include e-cigs.

Do you have any views on the level of fines to be imposed on a person guilty of offences listed under this Part?

The power to issue Fixed Penalty Notices and other enforcement provisions need to be consistent with other smoking legislation, and the fines need to be set at such a level as to be a deterrent to (re)offending.

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

Yes. WHOEHG supports the proposal. Our experience of implementing similar schemes leads us to conclude that such an approach, supported by suitable enforcement powers, can help control regulated activities.

Do you believe the establishment of a register will help protect under 18s from accessing tobacco and nicotine products?

We would refer you to the comments of Directors of Public Protection Wales and Wales Heads of Trading Standards.

Do you believe a strengthened Restricted Premises Order regime, with a national register, will aid local authorities in enforcing tobacco and nicotine offences?

We would refer you to the comments of Directors of Public Protection Wales and Wales Heads of Trading Standards.

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?

We would refer you to the comments of Directors of Public Protection Wales and Wales Heads of Trading Standards.

Do you believe the proposals relating to tobacco and nicotine products contained in the Bill will contribute to improving public health in Wales?

Yes.

Smoking remains the single greatest avoidable cause of death in Wales (**Public Health Wales, 2012**). The introduction of the ban on smoking in enclosed public spaces in 2007 has been hugely successful in reducing exposure to environmental tobacco smoke and in strengthening public awareness and attitudes towards it. However, reducing the prevalence of smoking, remains a key health priority. Protecting young people from the effects of smoking and deterring young people from taking up the habit are particularly important. Therefore WHOEHG welcomes the proposals and additional powers to help control the availability of tobacco and its potential health impact.

Part 3: Special Procedures Part 3 of the Bill includes provision to create a compulsory, national licensing system for practitioners of specified special procedures in Wales, these procedures are acupuncture, body piercing, electrolysis and tattooing.

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?

We support WG proposals to regulate for special procedures including the creation of a direct offence of failing to register, a full set of enforcement powers including powers of entry, seizure, prohibition, etc to enable the effective regulation of illegal operators.

WHOEHG is of the view that current legislation does not adequately protect the public. Environmental Health Officers are relying on legislation that is not made specifically for the purpose of tackling illegal operators.

WHOEHG has the following concerns regarding existing provisions:

- There are no specific requirements for a practitioner to have training or experience relating to skin piercing prior to setting up such a business. This would only be covered under general H&S legislation. However the need to understand the importance and practical application of hygienic practices and infection control procedures is essential to protect the public. The public need some assurance that a practitioner is competent to perform what they are doing without putting them at risk.
- Currently, an unregistered tattooist applying unsafe practices in unhygienic premises only commits the offence of being unregistered under the Local Government

(Miscellaneous Provisions) Act 1982. This may be viewed as a purely administrative offence when Courts are considering sentencing.

- Current registration requirements rely on Local Authorities being able to prove that a person is carrying on a business. As the majority of unregistered tattooists ('scratchers') work from domestic premises it is difficult to prove that it is a business and they deny that they receive payment.
- There is no facility to refuse registration unless a previous successful prosecution has been taken for breach of bye laws and the magistrate cancelled a previous registration. However, Local Authorities are still reliant on the applicant informing them that they have been prosecuted in another area.
- The current application process does not require any proof of identity, criminal records checks or "fit and proper person test", therefore, even if an applicant had been prosecuted in another LA then there would be no way of knowing.
- Current regulation relies in part on the use of legislation not specifically intended for such use e.g. The Public Health (Control of Diseases) Act 1984 and The Health and Safety at Work etc. Act 1974. Several local authorities in Wales have used Part 2A Orders to seize equipment from unregistered and unhygienic premises, however these provisions do not always provide the appropriate enforcement tools to safeguard the public and to tackle "scratchers".
- When we last gathered information on this, we found that between July 2012 and July 2013, ten applications for Part 2A Orders had been made by local authorities; all of which related to the carrying out of unregistered tattooing from domestic premises.
- A domestic premises can be registered to carry out skin piercing and comply initially with the byelaws. However, unless there is a separate entrance, the Health and Safety Executive are responsible for the enforcement of H&S legislation within that premises. Our experience in Newport is that the HSE have previously been reluctant to transfer enforcement responsibility to local authorities in such a situation. Therefore, if there is a serious risk such as lack of sterilisation, Officers are unable to serve prohibition notices as they would in a commercial setting. The only option would be to simply prosecute for non-compliance with the byelaws or to apply to the courts for a Part 2A order- both being a time consuming process.
- New procedures are being developed and becoming increasingly popular such as body modification, dermal implants, branding, tongue splitting and scarification all of which have potential to spread infection or cause permanent damage.
- Existing legislation does not prevent the sales of relatively cheap tattooing equipment over the internet. Anyone can purchase a kit and start operating, possessing no basic training, no knowledge of infection control and not using an autoclave or equivalent sterilisation procedure.

We would offer the following observations on the proposal regulations:

- Level 3 fine (£1,000) is perhaps a little low. This should be worded more strongly – we understand that the experience of Caerphilly and BG is that multiple convictions of an individual resulting in low fines have not deterred the individual from illegal tattooing.
- In determining whether to grant a license a Local Authority should be able to consider whether the applicant is a "fit and proper person" and such a test should be included (akin to

our tried and tested procedures for taxi licensing). The test should permit the LA to take into account “any other information” (beyond the “relevant offences” listed in the draft bill) in determining that question. The current proposals do not offer sufficient safeguards.

- We would be opposed to grandfather rights for existing traders. Our officers have only recently dealt with a high profile public health incident in South Wales which related to a long-standing operator.

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

Yes. We support the proposals to include Acupuncture, Tattooing, Body piercing and Electrolysis. These share a theme of preventing blood borne viruses.

However, we strongly support the view that legislation should enable other body modification procedures to be addressed, some of which present significant risks. The aim must be to ensure that all procedures that involve piercing, body modification / enhancement or any invasive treatment or procedure where there is a risk of infection or injury are covered by some form of control or regulation. We are concerned about a growing range of procedures including Botox, dermal fillers, sculpting, microdermabrasion, dermal rolling and dermal implants. We also recognise that new and novel procedures are continually being developed and WG should ensure that the register and any associated enforcement powers will be applicable to the widest range of circumstances and developing trends

However, we also acknowledge the need to take a considered and incremental approach to encompassing these matters over time. We therefore support framing the provisions in such a way that additional procedures might be added in the future.

We will be pleased to work with WG officials in relation to such matters.

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

We absolutely support that (see above) and also welcome the anticipated opportunity to be consulted upon and to work with WG officials in framing any proposals.

We feel that we need to get ahead of the game and be able to address the next body modification development to emerge. E.g. a local studio (in Caerphilly) is keen to expand into scarification and tongue splitting. Other procedures are already becoming more popular e.g. branding, dermal implants, microdermabrasion. All these procedures provide the potential for serious harm and infection.

Whilst we feel there is a strong case that procedures such as tongue splitting, branding, dermal implants and scarification should be prohibited, we recognise that to do so may drive activities underground and cause further issues or potentially make it more appealing to some people.

The Bill includes a list of specific professions that are exempt from needing a licence to practice special procedures. Do you have any views on the list?

We are content with these because these professions should have the necessary understanding of good hygiene and infection control. However, we support the proposed

provision that individual professions could be required to have a licence in relation to certain procedures that their regulating body feels do not fall within the scope of their competence.

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

We feel that the proposed licensing system would enable local authorities to undertake public protection duties more effectively and more readily. The establishment of a licensing scheme enabling local authorities to recover their costs will ensure that finance is available to deliver.

The proposals would give enhanced enforcement powers and greater flexibility to deal with public health risks in relation to both those that operate legitimately and those that chose not to.

There is a loophole in current legislation enforced by the Health Inspectorate Wales in respect of the use of lasers. Class 3b and 4 lasers (4 being what is used in a hospital setting) only have to be registered with the HIW if used in certain circumstances. Where this class of laser is used on a mobile or ad hoc basis there is no requirement to register therefore this highly dangerous equipment could be used unregulated. We will be facing an increase in the use of lasers when fashion dictates that tattoos are no longer "trendy" and the increase in poor artwork by illegal tattooists will see a demand in laser removal.

Do you believe the proposals relating to special procedures contained in the Bill will contribute to improving public health in Wales?

Yes.

See <http://www.wales.nhs.uk/sitesplus/888/news/37472> (The recent Newport case)

Proposals contained in the Bill such as requiring a standard of competency will make a significant contribution to protecting health from risks associated with such procedures.

Evidence of public health risk in relation to such procedures is clear. We take the view that any procedure that involves the piercing of the skin poses a very real risk of infection and disease from blood born viruses many of which can be a serious risk to health and that anyone undertaking such procedures should be competent to do so without putting a person at risk.

Current controls are outdated and inadequate. We need to be able to protect the public to better prevent people from undertaking these procedures if they are not competent or are not fit and proper person to be undertaking such practices. We need also to ensure that the conditions in which such practices take place are hygienic and will prevent infection risks.

We are seeing in our day to day work evidence of a growing range of procedures that put the public at risk. These include: dermal implants, beading, ashing, scarring, dermal fillers, tongue splitting, and a range of other procedures that we might loosely describe as "body modification". We feel strongly that regulations should permit all such procedures to be controlled and that the regulations should allow the list of procedures to be extended to cover any form of body modification that may arise in the future.

Some procedures such as “ashing” might not fall within the regulations as proposed. Ashing may fall outside of the current definition of tattooing (which relies on the use of pigmentation) and care is needed that definitions do not inadvertently exclude procedures that are intended to be covered.

In relation to extending the list, we recognise from an enforcement perspective that we are familiar with the necessary controls and safeguards needed in relation to more traditional procedures. There is merit in a considered and stepped approach to extending the list of special procedures so that we are able to develop training, suitable competence assessments and necessary guidance in relation to the more novel procedures. We are also aware that consideration is needed in distinguishing between a legal service that we might appropriately control and what might be considered an illegal act of assault. We feel some clarity will be required in relation to that question.

Educational establishments:

Some further consideration may be needed about how best to apply or amend the proposals in relation to students of educational establishments.

Apprentices.

Section 48(3) and (4) need to better address the supervision and training of apprentices

An issue linked to apprentices, is that performing a ‘special procedure’ needs to be defined as an action that breaks the skin in our view. Otherwise there could be confusion about whether apprentices are performing a special procedure, when they have done every other part of the process but break the skin.

Proving a business exists.

There should be no need to prove a premises is operating as a business at a given moment in time. A premises should be deemed to be operating as a business at all times it is licensed, similar to a hackney carriage.

FPNs.

The use of FPNs for ‘minor’ breaches of the legislation may be useful.

Section 52(2)(c): Information to be communicated to clients.

Perhaps this information should be specified in the regulations, as it has been in the Sunbeds legislation – prescribed information to provide to a person each time that person seeks a treatment and prescribed posters to be displayed in a prominent position.

A National Register

We take the view that it would be sensible to have one single national register that is administered by one local authority in Wales. This would be an efficient, collaborative method of delivery. A number of local authority Environmental Health departments have indicated their willingness to take on that responsibility on a cost recovery basis. We would underline the importance of local authority administration because of the potential intelligence / data sharing issues in relation to applicants between enforcement agencies.

We would be happy to facilitate a more detailed discussion of the above points with appropriate Welsh Government officials / policy leads.

Part 4: Intimate Piercing Part 4 of the Bill includes provision to prohibit the intimate piercing of anyone under the age of 16 in Wales.

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?

Yes. Local authority officers are aware that such procedures are taking place and it is our view that such intimate procedures on under 16s should be illegal to protect this vulnerable group from potential risks. It is also agreed that even with parental consent these procedures should not be permitted.

Because of the higher risks associated with intimate piercings, coupled with the relative vulnerability and immaturity of some 16 and 17 year olds, WHOEHG considers there is a strong case for setting the age limit at 18. This would offer further protection to a greater number of young people.

Do you agree with the list of intimate body parts defined in the Bill?

Yes. However we also feel there is a case to add the tongue. In addition to the relatively higher risks of infections associated with tongue piercing, we are aware that there are sexual connotations with piercing of the tongue and for that reason consider there is a case to include in the list of intimate parts.

Do you have any views on the proposals to place a duty on local authorities to enforce the provisions, and to provide local authorities with the power to enter premises, as set out in the Bill?

We support such proposals including the proposal to make it an offence “to enter into arrangements”. This would support enforcement of the provisions including “test purchasing” by local authorities.

We recognise the need for police support in particular in relation to evidence gathering given the intimate nature of such offences and the provisions need to take account of that.

Any duties placed upon local authorities need to be supported by adequate funding.

Do you believe the proposals relating to intimate piercing contained in the Bill will contribute to improving public health in Wales?

Yes, see above.

Part 6: Provision of Toilets Part 6 of the Bill includes provision to require local authorities to prepare a local strategy to plan how they will meet the needs of their communities for accessing toilet facilities for public use.

- 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?

WWhoEHG agrees that the provision of, and access to, toilets for public use is important, particularly to older people and those with specific needs. However, this is not an area in which Environmental Health Departments generally have any enforcement responsibility and it seems none are proposed. We are thus not well placed to comment on the proposals

We do however recognise all too clearly the current financial pressures on local authorities. We question whether placing a duty on local authorities to develop a strategy is appropriate, acknowledging firstly the difficult financial climate within which any duty would consume resource and secondly that a strategy will not of itself bring about enhanced provision. Care is needed that WG does not merely impose an administrative and financial burden that delivers no real benefit to the public.

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

See above

- 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?

The consultation requirements set in para 92 are too vague to be meaningful.

- Do you have any views on whether the Welsh Ministers' ability to issue guidance on the development of strategies would lead to a more consistent approach across local authorities?

In our experience, such guidance leads to more consistent approaches.

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

- Do you believe including changing facilities for babies and for disabled people within the term 'toilets' is sufficient to ensure that the needs of all groups are taken into account in the development of local toilet strategies?

- Do you believe the proposals relating to toilet provision in the Bill will contribute to improving public health in Wales?

Finance questions

- What are your views on the costs and benefits of implementing the Bill? (You may want to look at the overall costs and benefits of the Bill or those of individual sections.)

We are generally very supportive of the measures set out in the Bill. However, we are naturally concerned by the capacity within local government to deliver additional responsibilities successfully at a time when service cuts and reductions in service standards are all too apparent. We have a great deal of expertise and experience and local authority Environmental Health Departments across Wales are keen to support these new powers and measures. However WHoEHG ask WG to ensure that such work can be adequately resourced and in particular:

- Where possible provisions should allow for full cost recovery or in the absence of a cost recovery mechanism (typically fees & charges) additional resource must be made available to local authorities specifically for the purpose of this legislation;
- In drafting the legislation, WG should avoid unnecessary complexity or ambiguity, ensure that provisions are capable of being enforced in a practical and efficient way and that any potential defences are fully and properly understood.
- Effective collaboration with enforcement agencies to help deliver a suitably supported, appropriately timed and operationally practicable implementation of proposals. We are pleased to assist in this.

How accurate are the estimates of costs and benefits identified in the Regulatory Impact Assessment, and have any potential costs or benefits been missed out?

What financial impact will the Bill's proposals have on you/your organisation? Are there any other ways that the aims of the Bill could be met in a more cost-effective way than the approaches taken in the Bill's proposals?

Do you consider that the additional costs of the Bill's proposals to businesses, local authorities, community councils and local health boards are reasonable and proportionate?

Delegated powers

The Bill contains powers for Welsh Ministers to make regulations and issue guidance.

In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

Yes

Other comments

Are there any other comments you wish to make about specific sections of the Bill?

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

Yes

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

Through our licensing teams and through a broad range of officers working closely with local residents in our communities, we are all too familiar with the problems caused by alcohol. However, we understand that Minimum Unit Pricing is a proposal to be taken forward in a future draft bill – something that we would welcome and will be pleased to work with officials working towards that.

We are also aware of public health concerns around obesity, nutrition and exercise – and we have an interest in this area through our vital role in relation to the regulation of food standards and food labelling and our general contribution to the wider public health agenda. We acknowledge the potential contribution of the Future Generations Act and Active Travel Act for example in this area but note also the potential for planning controls and licensing arrangements to play a greater part. We also recognise that some of these issues may need action at the level of UK Government.

In our submission in advance of the White Paper we also raised the possibility of considering an overarching general offence of prejudicing public health enabling appropriate bodies to protect public health in situations which fall outside existing legislation.

We are increasingly concerned by the supply of products known as “legal highs”.

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