



PHB 16

Bil Iechyd y Cyhoedd (Cymru)

Public Health (Wales) Bill

Ymateb gan: Coleg Brenhinol y Meddygon (Cymru)

Response from: Royal College of Physicians

# Consultation on the Public Health (Wales) Bill

## RCP Wales response

### About us

The Royal College of Physicians (RCP) aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 33,000 members worldwide, including 1,200 in Wales, work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

### Amdanom ni

Mae Coleg Brenhinol y Meddygon yn amcanu at wella gofal cleifion a lleihau salwch, yn y DU ac yn fyd-eang. Rydym yn sefydliad sy'n canolbwyntio ar y claf ac sy'n cael ei arwain yn glinigol. Mae ein 33,000 o aelodau o gwmpas y byd, gan gynnwys 1,200 yng Nghymru, yn gweithio mewn ysbytai a chymunedau mewn 30 o wahanol feysydd meddygol arbenigol, gan ddiagnosio a thrin miliynau o gleifion sydd ag amrywiaeth enfawr o gyflyrau meddygol.

For more information, please contact:

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**Dr Andrew Goddard FRCP**

16 December 2016


## Consultation on the Public Health (Wales) Bill

1. Thank you for the opportunity to respond to the Health, Social Care and Sport Committee's consultation on the new Public Health Bill. We would be very happy to organise further written or oral evidence from consultants, trainee doctors or members of our patient carer network.
2. The RCP responded to the consultation on the previous Public Health (Wales) Bill (2015). It may be helpful for the committee to consider this earlier response as part of its scrutiny of this Bill.

### Our response


#### *Health impact assessments*

3. The Welsh Government must take this opportunity to reduce health inequalities by addressing why so many people in Wales have poor health outcomes. We know that these outcomes can be linked to poverty, lifestyle, culture and deprivation. Many of these reasons are historical and deep-rooted in some communities in Wales, and will require a raft of measures.
4. This is why the RCP believes that legislation is only one part of the toolkit for improving public health. **This new legislation should provide an enabling framework for new and future action to improve public health**, and all levers must be used to improve and protect health. We recognise that RCP fellows and members have a key leadership and advocacy role to play in tackling the social determinants of health. Clinicians and public health teams must work together more closely in shaping services and developing programmes to promote and protect people's health, prevent ill health and tackle health inequalities.
5. We recommend that integration and collaboration on public health must be embedded across the NHS, local authorities and the Welsh Government. We strongly believe that a greater emphasis on joint working across bodies will be vital to the success of this legislation. **This is why we support a duty on Welsh Ministers to make regulations to require public bodies to carry out health impact assessments in specified circumstances.** However, these health impact assessments must not become a box-ticking exercise. The Welsh Government must consider how best to ensure that reducing inequality and improving health outcomes underpins everything they do.

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6. **The focus of public health should lie on preventing, not just managing poor health.** Many of the underlying reasons for health inequality in Wales cannot be solved by solely local initiatives and local authorities but will need a more strategic national approach by the Welsh Government. The Bill should provide an enabling framework which will galvanise and support the Welsh Government and other bodies to address emerging public health issues as they arise.
  7. A new public health law should provide us with a collective response to preventing and reducing public health harms and would pave the way for future behaviour change. Legislation has a role in changing socio-cultural norms: by putting in place penalties for unacceptable behaviour, we make a statement about that behaviour. Two excellent examples of this approach are seat-belt legislation and smoke-free legislation, which are widely understood to be fundamentally-important catalysts in changing attitudes, expectations and behaviour in road safety and smoking respectively. Law can be an essential tool for creating the conditions that enable people to live healthier lives.
  8. **The Bill should allow for aspirational action across a variety of areas,** including health literacy and nutrition, tobacco, education, exercise and active travel. It should be overarching and allow for secondary legislation and policy around specific programmes on education, diet and substance abuse. It can be argued that the Welsh Government already has the powers to implement action in some of these areas (for example, in school sports, or healthy eating campaigns) but we believe that a more strategic approach would provide a ‘coat hanger’ for future emerging health issues.
  9. However, **we recognise the limited powers currently available to Welsh Government, especially on alcohol abuse and obesity,** and it is frustrating that this could be preventing a wider and more immediate proactive approach to these urgent public health challenges. The RCP has joined with other organisations to support powers over alcohol being devolved to the National Assembly, based on the argument that alcohol harm reduction must be considered a health issue. We strongly support the introduction of a minimum unit price for alcohol, and we welcome the UK government’s proposed tax on sugar-sweetened drinks.

#### *Tobacco and nicotine products*

10. **We support restrictions on smoking in enclosed and substantially enclosed public and work places and agree that the Welsh Ministers should have regulation-making powers to extend the restrictions on smoking to additional premises or vehicles.** Smoking accounts for approximately 5,450 deaths every year in Wales where it is estimated that 14,500 young people a year take up smoking. There is some evidence to suggest that the smoking prevalence rate is higher in the most deprived parts of the country and therefore, measures aimed at reducing smoking prevalence and uptake could contribute directly to improving the health and wellbeing of the population in the most deprived areas of Wales.
11. **The RCP welcomes the proposal for a tobacco retail register.** The introduction of a retail register in Scotland has been an effective way of monitoring availability and trends in availability and we would therefore support the introduction of a similar scheme in Wales. We also believe that a retail register would help local authorities to tackle the problem of under-age sales and assist in the enforcement of the display ban. Any measure that helps to reduce the prospect of under-age sales is to be welcomed.

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12. **We support the ban on the handing over of tobacco and/or nicotine products to a person under the age of 18**, and we would urge the Welsh Government to ensure that this ban is enforced. We would also support measures to prevent marketing to children and non-smokers, and the regulation of these products to guarantee quality standards and protect consumers.
  13. **The RCP strongly supports restrictions on smoking in hospital grounds, school grounds and public playgrounds.** Smoke-free grounds in hospitals, for example, help to support non-smoking as the norm for patients who are trying to quit smoking. Enforcing a voluntary ban can be difficult and we believe that legislation would help. We are concerned that voluntary bans in hospital grounds in Wales have been widely ignored by patients, visitors and staff. Smoking is the single largest avoidable cause for many serious illnesses and we would therefore welcome the prospect of legislation in this area in order to ensure that this issue is taken seriously by staff, patients and visitors alike. We would support the inclusion of prison estates in these restrictions. Like hospitals, all prisons in Wales are smoke free. Enshrining it in legislation would be a positive step to reinforce the measure.

#### *Special procedures and intimate piercing*

14. **We support the proposal to introduce mandatory 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.
15. When considering a prohibition on the intimate piercing of persons under the age of 16 years, there are several points that we would like to highlight to the committee. This Bill proposes legislation which affects persons under the age of 16. A child in law is defined as someone under 18 years old, so this definition sits uneasily with child protection law. As the law currently stands, children under 16 cannot consent to special procedures as they are not deemed to have capacity, and they must have parental consent. (It is worth noting that the Bill would override parental consent in certain circumstances, and this should be made clear.) Given that there are several pieces of legislation which already cover these issues, **the committee should consider recommending that the age of consent contained within this Bill be raised to 18** in line with the Tattooing of Minors Act 1969.

#### **Other comments**

##### *A minimum unit price for alcohol*

16. **The RCP strongly supports the introduction of a minimum unit price for alcohol.** We were instrumental in establishing the Alcohol Health Alliance, which, together with the University of Stirling, produced an independent, evidence-based alcohol strategy for the UK, [Health First](#), in 2013. This strategy set out a series of recommendations to reduce alcohol consumption and harm from alcohol and was endorsed by over 70 organisations, including Alcohol Concern Cymru. At the heart of this strategy was the introduction of a minimum unit price of 50p together with a mechanism to regularly review the price. Canada has already introduced minimum unit pricing, [where it has been shown that](#) a 10% increase in average price results in approximate an 8% reduction in consumption, a 9% reduction in hospital admissions and a 32% reduction in deaths which are wholly attributable to alcohol.
17. Moreover, evidence suggests that **minimum unit pricing would play a pivotal role in tackling health inequalities** without penalising moderate drinkers on low incomes: as lower income

households disproportionately suffer the harms of alcohol, they would see the most benefits as a result. [University of Sheffield data](#) suggests that routine and manual worker households would account for over 80% of the reduction in deaths and hospital admissions brought about by a minimum unit price and yet the consumption of moderate drinkers in low income groups would only drop by the equivalent of 2 pints of beer a year.

18. Public health and community safety should be given priority in all policy-making about alcohol. **This is why we support the introduction of a public health licensing objective.** This would empower local authorities to make alcohol licensing decisions which fully take into account the public health impact of licensed premises in their area. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.

#### *Obesity and ill-health*

19. The causes and effects of obesity are complex and multi-faceted, encompassing factors as diverse as advertising regulation, town planning, schools curricula, public transport, and taxation. Obesity has an impact across a number of government departments which is why we have consistently advocated a coherent and coordinated cross-government approach across the four levels of the all-Wales Obesity Pathway, from prevention (level 1) through to bariatric surgery (level 4). **We urge the Welsh Government to explore the use of taxes on unhealthy foods**, starting with sugary soft drinks, as both a lever to support behaviour change and as a means for raising revenue for health promotion. We welcome the UK government's commitment to a tax on sugar-sweetened drinks, and we urge the Welsh Government to follow suit when appropriate.

#### **More information**

20. More information about our policy and research work in Wales can be found [on our website](#). Alternatively, please contact Lowri Jackson, RCP senior policy and public affairs adviser for Wales, at [REDACTED] with any questions.

With best wishes,



**Dr Alan Rees**  
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Is-lywydd yr RCP dros Gymru



**Dr Andrew Goddard**  
RCP registrar  
Cofrestrydd yr RCP