

# Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad:

**Ystafell Bwyllgora 3 – Senedd**

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Dyddiad:

**Dydd Mercher, 15 Gorffennaf 2015**

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Amser:

**09.15**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch â:

**Llinos Madeley**

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## Agenda

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### **1 Cyflwyniadau, ymddiheuriadau a dirprwyon (09.15)**

### **2 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 4 (09.15 – 10.05)**

(Tudalennau 1 – 22)

Julie Barratt, Sefydliad Siartredig Iechyd yr Amgylchedd

**Egwyl (10.05 – 10.10)**

### **3 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 5 (10.10 – 11.10)**

(Tudalennau 23 – 44)

Robert Hartshorn, Cyfarwyddwyr Diogelu'r Cyhoedd Cymru

Paul Mee, Cyfarwyddwyr Diogelu'r Cyhoedd Cymru

Naomi Alleyne, Cymdeithas Llywodraeth Leol Cymru

Simon Wilkinson, Cymdeithas Llywodraeth Leol Cymru

#### **4 Papurau i'w nodi (11.10)**

**Cofnodion y cyfarfodydd a gynhaliwyd ar 1 Gorffennaf 2015 (Tudalennau 45 – 47)**

**Ymchwiliad i gamddefnyddio alcohol a sylweddau: gwybodaeth ychwanegol gan y Dirprwy Weinidog Iechyd (Tudalennau 48 – 60)**

**Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): gohebiaeth gan y Comisiynydd Pobl Hŷn Cymru (Tudalen 61)**

**5 Cynnig o dan Reolau Sefydlog 17.42(vi) a (ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn (11.10)**

**6 Bil Iechyd y Cyhoedd (Cymru): trafod y dystiolaeth (11.10 – 11.20)**

**7 Ymchwiliad i gamddefnyddio alcohol a sylweddau: trafod yr adroddiad drafft (11.20 – 12.05) (Tudalennau 62 – 110)**

**8 Gwaddol Pwyllgorau'r Pedwerydd Cynulliad: trafod y dull gweithredu (12.05 – 12.20) (Tudalennau 111 – 118)**

Mae cyfyngiadau ar y ddogfen hon



Chartered Institute of  
Environmental  
Health

Sefydliad Siartredig  
Iechyd yr  
Amgylchedd

# Public Health (Wales) Bill

Response to the Health and Social Care Committee of  
the National Assembly for Wales

June 2015

## Sefydliad Siartredig Iechyd yr Amgylchedd

Fel **corff proffesiynol**, rydym yn gosod safonau ac yn achredu cyrsiau a chymwysterau ar gyfer addysg ein haelodau proffesiynol ac ymarferwyr iechyd yr amgylchedd eraill.

Fel **canolfan wybodaeth**, rydym yn darparu gwybodaeth, tystiolaeth a chynghor ar bolisiau i lywodraethau lleol a chenedlaethol, ymarferwyr iechyd yr amgylchedd ac iechyd y cyhoedd, diwydiant a rhanddeiliaid eraill. Rydym yn cyhoeddi llyfrau a chylchgronau, yn cynnal digwyddiadau addysgol ac yn comisiynu ymchwil.

Fel **corff dyfarnu**, rydym yn darparu cymwysterau, digwyddiadau a deunyddiau cefnogol i hyfforddwyr ac ymgeiswyr am bynciau sy'n berthnasol i iechyd, lles a diogelwch er mwyn datblygu arfer gorau a sgiliau yn y gweithle ar gyfer gwirfoddolwyr, gweithwyr, rheolwyr busnesau a pherchnogion busnesau.

Fel **mudiad ymgyrchu**, rydym yn gweithio i wthio iechyd yr amgylchedd yn uwch ar yr agenda cyhoeddus a hyrwyddo gwelliannau mewn polisi iechyd yr amgylchedd ac iechyd y cyhoedd.

Rydym yn **elusen gofrestredig** gyda dros 10,500 o aelodau ledled Cymru, Lloegr a Gogledd Iwerddon.

## The Chartered Institute of Environmental Health

As a **professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish books and magazines, run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy.

We are a **registered charity** with over 10,500 members across England, Wales and Northern Ireland.

The Chartered Institute of Environmental Health (CIEH) welcomes the Public Health (Wales) Bill as a mechanism for regulating and controlling discrete areas of activity that have the potential to have an adverse impact on individuals and on public health in Wales.

Our response addresses the consultation question in the order of raising. Where a question in the Consultation questions is not reproduced we have no comment to make.

## **Part 2: Tobacco and Nicotine Products**

**Comment.** The CIEH wishes to preface our response to Part 2 of the Consultation with the following comments.

There is clear and incontrovertible evidence that tobacco products damage the health of those who use them and also those who inhale the smoke from them. There have been a number of studies into the risks posed by e-cigarette use, and to date the evidence of health risk is inconclusive. As the products have been on the market less than 10 years there is no evidence of long term health damage, the evidence of health risk from short term use is inconclusive.

With the exception of the study into Attitudes of the Independent Hospitality Industry to use of E-Cigarettes carried out in 2014, the CIEH has conducted no research into the use of or health effect of e-cigarettes.

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

The CIEH strongly supports the ban in smoking tobacco products in enclosed public places, our support being predicated on the recognised detrimental health effects on inhaling tobacco smoke and the harmful effect of passive exposure to it.

E-cigarettes do not generate the same harmful smoke as tobacco products, and although the exhaled aerosol contains nicotine and particulate matter, for which there is no safe level, the levels produced are very low and particularly compared to air borne particulates from road traffic etc. Based on the available evidence, the risk to the health posed by exposure to vapour from e-cigarettes is extremely low. It is therefore the view of the CIEH that a ban on the use of e-cigarettes in enclosed public places and workplaces would not be justified on the grounds of health risk from passive exposure.

We recognise that the use of e-cigarettes has the potential to undermine enforcement of the ban on smoking in enclosed public places (see answer below regarding enforcement).

Whilst it is the case that where owners or occupiers of premises feel that use of e-cigarettes by persons in their premises is an issue, whether by undermining their enforcement of the ban on smoking tobacco or for health reasons they can themselves ban their use, as some (BBC, Standard Life and JCB) have already done. The CIEH in partnership with ASH has produced a document providing advice and guidance for employers titled 'Will you permit or prohibit e-cigarette use in your premises?' (2014) to assist employers making local decisions in this respect.

The CIEH does not support the proposal that e-cigarettes should be banned in enclosed public places and work places, as is currently the case for smoking tobacco.

- **What are your views on extending restrictions on smoking and e-cigarettes to some non-enclosed spaces (examples – hospital grounds and children’s playgrounds)?**

CIEH believes that smoking should be discouraged in all public places, particularly those where children are present, and in hospital grounds where health and the promotion of health should be a primary driver. Wales should move progressively towards a position where smoking is not the norm, and to environments where children and vulnerable individuals are not exposed to tobacco smoke.

In our view the ban on smoking in enclosed public places should be extended to cover sites such as play grounds and play areas, school grounds (including preschool playgroups) and their immediate vicinity and the grounds of hospitals and medical facilities such as clinics.

As noted we do not accept that there is a health case to be made for banning the use of e-cigarettes in non-enclosed spaces. Since the health risks of using e-cigarettes are significantly less than those of smoking tobacco we consider that the use of e-cigarettes should be facilitated to make the choice not to smoke tobacco easier.

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

The Bill does not propose to ban the use of e-cigarettes *per se*, but to limit their use in enclosed and some non-enclosed public places. Where e-cigarettes are actively being used as a quitting device we believe that the Bill does not achieve a balance, as it acts as a positive disincentive to use e-cigarettes, there being no benefit to the user from doing so.

We believe that it is extremely important that those who are using e-cigarettes as a quitting device should not be subjected to the same restrictions as smokers and subjected to second hand tobacco smoke, which may undermine their quitting efforts.

We recognise however that not all users of e-cigarettes use them as a quitting device and that there is no way to readily distinguish between users who use them as a quitting device and those who do not.

- **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?**

There is no evidence to suggest that use of e-cigarettes re-normalises smoking behaviour in smoke free areas.

It is the case that second and third generation e-cigarettes do not resemble conventional cigarettes at all, in which case the counter argument, that their use normalises tobacco avoidance can be made, but it is accepted that there is no evidence to support this point.

Given that CIEH does not accept that use of e-cigarettes re-normalises smoking behaviour in smoke free areas we do not accept that it inadvertently promotes smoking.

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

The available evidence does not suggest that either of the propositions advanced is correct.

Research published in 2013 shows that experimentation with e-cigarettes by 1-16 years old was low, being 1% and that very few of the experimenting group moved on to sustained use of the products ( Use of e-cigarettes in Great Britain amongst adults and young people. Action on Smoking and Health 2013). This data must be balanced against data for young people trying tobacco products which is significantly higher. The ONS survey reporting in on 2013 found that 15% of 16-19 year olds had experimented with cigarettes. (ONS Opinion and Life Style Survey – Smoking habits amongst adults 2012).

- **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?**

The ban on smoking in enclosed public places in Wales has been extremely successful. There is now an embedded understanding that smoking tobacco in enclosed public places is not permitted which may be undermined by the increasing use of products that replicate closely the appearance of cigarettes in appearance and in the way they respond to being used. We accept that whilst the design of some brands of e-cigarettes do not replicate the appearance of conventional cigarettes there are others that clearly do, being the same size and colour as a conventional cigarette and having a glowing end, the glow from which intensifies when the user 'draws' on the device, and vapour that is exhaled by the user although there is no smell of tobacco smoke from these e-cigarettes when used. They are also packed in a similar way to conventional cigarettes and appear to all intents and purposes to be the same.

We contend that this is recognised by companies such as Wetherspoons and other national chains, JCB and a number of train companies and airlines where use of e-cigarettes has been banned because their use makes enforcement by staff of the ban on smoking more difficult.

Research by CIEH looked at attitudes to use of e-cigarettes in the independent hospitality sector in Wales carried out in 2014 showed that the majority of owners of small hotels, B&BS and cafes had banned the use of e-cigarettes, applying to them the same rules as are applied to conventional tobacco products. The reasons for applying the same rules were that (1) it was easier and less confusing for staff trying to enforce the ban on smoking tobacco if e-cigarettes were also banned, and (2) allowing use of e-cigarettes encouraged smokers of conventional tobacco products to believe that they could smoke in enclosed public places.

The evidence suggests that restricting use of e-cigarettes in public places does assist managers in enforcing smoke free legislation.

- **Do you have any views on the levels of fines to be imposed on a person guilty of offences under this section?**



Yes. We consider that the levels proposed are reasonable and proportionate and are consistent with offences of a similar type.

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

The CIEH supports the proposal to create a tobacco retailers register for Wales. Smoking remains the single greatest avoidable cause of death in Wales. The CIEH supports the introduction of measures that will reduce access to or prevalence of smoking. We are of the view that the creation of the register proposed would allow enforcement agencies to identify those premises from which tobacco and /or nicotine products are sold lawfully, and to target for enforcement purposes those that are not included on the register.

Access to tobacco and tobacco products remains an issue particular in respect of sales to young people. The CIEH believes that it is important for effective enforcement of the legislation around sales to young persons that enforcement officers be able to identify those premises from which tobacco is lawfully sold. We further believe that the requirement for retailers to be on such a register would ensure that sales of tobacco and tobacco products within the trade, i.e. from wholesalers to retailers will remain visible within the legitimate trade.

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

Yes.

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

This is a useful additional tool in preventing the uptake of smoking/addiction to nicotine in young people. Internet sales of tobacco have the potential to circumvent the age of sale restrictions currently in place and any steps that assist in controlling them are welcomed.

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

Yes. Any actions that have the effect of reducing smoking or reducing addiction to nicotine will contribute to improving public health.

### **Part 3: Special Procedures**

- **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?**

The CIEH strongly supports the proposal to create a compulsory national licensing system for practitioners of specified procedures in Wales. By their nature special procedures are invasive and have the potential to transmit life threatening and life changing infections between the parties to the procedure. Procedures carried out improperly or unhygienically can have an adverse impact on an individual's physical and mental health in the short and the long term. In addition, in the event that a special procedure carried out improperly causes infection, the implications for those individuals connected to the practitioner and the public health bodies investigating the incident are

significant. We cite the recent outbreak associated with a tattooist in Newport by way of example of the number of individuals involved and the cost to the investigation and enforcement teams.

The CIEH considers that a compulsory national licensing system would be beneficial. The proposed licence could contain a number of requirements that would compel the practitioner to demonstrate that they are competent to practice and have the necessary skills to practice safely, without posing a risk to their clients or themselves. It would also give potential clients confidence as they would know that the practitioner they propose to use satisfied the requirements to be a licenced practitioner.

We are further of the view that any premises or vehicle from which a licensed practitioners proposes to practice should be approved prior to use and should be subject to an ongoing inspection regime. It is essential that any premises or vehicle from which special procedure are practised is hygienic and capable of being maintained in a safe and hygienic condition. Even the most capable and competent practitioner cannot practise safely from an unhygienic premises or vehicle and it is the combination of safe and competent practitioners practising from safe and hygienic premises that will protect the health of individuals and wider public health.

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

The special procedures in s47 (a)-(d) of the Bill are those procedures currently registered by local authorities in Wales. We consider it appropriate that they should be controlled as suggested as each has the potential to cause life changing or life limiting infection if carried out in an unsafe or unhygienic manner.

We however believe that there are procedures that are similarly invasive with the same potential consequences that should be controlled in the same manner. Examples of such procedures are dermarolling, the injection of dermal fillers and plumpers and cosmetic skin peeling.

We are however satisfied that those procedures outlined in s 47(a)-(d) should properly be controlled as proposed, but that consideration should be given to the addition of other procedures, such as those named.

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

Following on from our response to the question above we consider that this provision is essential. The Aesthetic Body Modification industry moves very quickly as new procedures and practises are introduced and become popular. It is critical that Ministers have the power and the ability to respond swiftly to address risks that may be posed to public health by new and emerging practises in this field.

- **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 consider that the list is appropriate. Practitioners being subject to control by a specified regulatory body are independently assessed as having a suitable and sufficient degree of knowledge and competence.

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

At present local authorities are required to use legislative provision which were not designed to deal with risks posed by special procedure, being the Health and Safety at Work etc. Act 1974 and the Public Health (Control of Disease) Act 1984 as am. By the Health Protection (Part 2A Orders)(Wales) Regulations 2010. Neither piece of legislation was intended to control special procedures, in consequence they are of limited

effectiveness, requiring evidential leaps of faith to be made and failing to prevent those individuals against whom action has been taken from continuing to practise should they choose to do so. Neither prevent those who trade other than in the course of a business from doing so, meaning that action to control 'hobby' practitioners is impossible.

The proposed enforcement regime takes precautionary approach, permitting as it does action to be taken where there is evidence of risk of infection, it addresses practitioners who are operating other than in the course of a business and gives local authorities powers to stop activities immediately. We consider that the provisions of s62- 66 inc. allied with the requirement for licensing of practitioners and approval of premises and vehicles are a significant step forward in controlling the way in special procedures are carried out. We note however that the regime proposed, whilst welcome is an additional burden for local authorities and that finance must follow this new function to ensure that local authority environmental health departments have adequate resources to deliver it.

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

The CIEH believes that the proposals will make a contribution to improving public health in Wales. As noted we believe that there are omissions from the list of special procedures, the inclusion of which would be beneficial, however we believe that the power to amend the list of special procedures to include procedures currently not on the list and new and emerging procedures will address this concern. We further believe that the new enforcement powers given to local authorities will ensure that any risks to public health identified from Aesthetic Body Modification practitioners can be addressed quickly and effectively thereby reducing or eliminating risk to public health.

### **Delegated powers**

- **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?**

The CIEH believes that an appropriate balance has been achieved.

### **Finance questions**

We believe the estimates of costs and benefits identified are accurate, and endorse the selection of option 3A as being the most appropriate at the present time. The potential cost of treating mental health issues arising from special procedures that have been improperly carried out or from illnesses or scarring resulting therefrom have not been quantified. We accept that these costs will not arise in all cases, but that where they do they may be considerable. It is hard to quantify such costs, however they should not be wholly disregarded.

### **Other comments**

The CIEH wishes to make a number of specific comments regarding the proposed provisions, which are raised in the order they arise.

Sec 50(2)(b) – reference appears to '*significant risk of harm to human health*'; this comment is repeated in a number of other section (s60(2)(b), s63(b)). The interpretation section (s77(4)) makes reference only to 'harm to human health'. In the view of the CIEH this means that the question of whether harm is significant or not will be a question for the

individual officers in the case to determine, which may lead to inconsistency. We believe further clarification would be helpful both to enforcement officers and to Magistrates.

Sec 55 - Offences are listed that may lead to refusal of a practitioners licence. The listed offences do not include offences under the Offences Against the Person Act 1861 (OATPA 1861). These offences include assault and assault occasioning actual bodily harm. We believe that these offences should be included in the prescribed list, as they directly relate to the manner in which an individual has responded to another when under pressure, s may be the case in the carrying out of a special procedure. The CIEH recommends that unexpired convictions under the OATPA 1861 be included.

Sec 77 (1) definition of '*body piercing*' - defined as the perforation of an individual's skin.... with a view to inserting jewellery. We consider it would be helpful to provide further guidance in this regard, since perforation can, without further guidance be of any size or shape provided it is made to enable jewellery to be attached or inserted.

Sec77 (1) definition of '*tattooing*' – the definition is the insertion of any colouring material into punctures in the skin. We are away of a process known as 'Tashing', in which the ashes of a person or animal are mixed with ink and used in the tattoo process, effectively becoming incorporated into the tattoo. The ashes are not ink or a constituent of it and have no pigmentation effect. It cannot be argued that the ashes are 'jewellery' as defined in 77(2), and even if that argument could be made the reference to jewellery relates to insertion through body piercing not tattooing. We know that 'Tashing' is carried out widely in Wales and whilst we have reservation about the practise from a public health standpoint (ashes may not be sterile, may be contaminated with heavy metals etc.) it is our view that it should either be specifically included and controlled within the legislation or specifically precluded by it. This is not a practice the lawfulness of which should be determined in a magistrate's court.

#### **Part 4: Intimate Piercing**

- **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?**

The CIEH strongly agrees that there should be an age restriction on intimate body piercings. Intimate body piercing is a non-essential invasive procedure with potential health consequences, and should not in our view be available to those who are not capable of making a fully informed choice as to whether or not to accept the risks inherent in the procedure. We consider that an age restriction is the most appropriate way of restricting the decision to engage in the procedure to those most able and capable of making that decision.

Intimate body piercing is analogous to tattooing, as it is an aesthetic body modification. We are cognisant with the argument that a piercing can be removed whilst a tattoo is intended to be permanent, however we do not accept this as a justification for a lower age restriction for intimate piercings. We do not consider 16 to be the appropriate age because:

- The decision to have an intimate body piercing should be made by a mature individual, we believe that 16 years of age is not sufficiently mature.
- Intimate body piercings require a higher standard of aftercare than tattoos, as they are potentially more susceptible to infection. This level of aftercare requires a mature approach to which a 16 year may not be capable of fully committing.

- Whilst the jewellery inserted into an intimate body piercing may be removed any scarring or damage inflicted by the procedure will be permanent. This is particularly important when the skin the subject of the piercing is still growing and its function may be compromised by scarring or thickening. At 16 years an individual is still growing and therefore the risk of damage to skin is greater.

The CIEH also notes that there is considerable potential for confusion to arise if there is a different age restriction for body piercing and for tattooing. We consider that it would be easier for practitioners, enforcement agencies and individuals if the age restriction for both was to be the same. We further consider that an age restriction of 16 years for intimate body piercing is likely to give rise to call for the age restriction for tattooing to be reduced to 16 years.

The CIEH believes that the age restriction for intimate piercing should be 18 years.

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

Yes.

- **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?**

The CIEH considers that the enforcement powers proposed are appropriate and proportionate. We note however that enforcement of this provision is an additional burden for local authorities and that finance must follow this new function to ensure that local authority environmental health departments have adequate resources to deliver it

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

Yes. We accept that there is little evidence of which we are aware to suggest that large numbers of individuals are being adversely affected by the consequences of intimate piercing we are of the view that all of the vulnerable population should be afforded protection and that these legislative provisions achieve that protection. We are also aware that new techniques and practises in body modification and body art develop quickly and are not generally subject to any form of testing or control. This is a precautionary and preventative measure in addition to being a protective measure.

## **Part 5: Pharmaceutical Services**

This is not a core area of activity for the CIEH, we therefore make no comment.

## **Part 6: Provision of Toilets**

Toilet provision is a basic public health need. The CIEH believes that the provision of readily accessible public toilets is essential to good public health in Wales. Specific groups of the population such as the elderly, pregnant women, those with young families and people with specific health conditions require access to toilets, and where provision is limited or absent these groups are disadvantaged and may be deterred from visiting.

It is also the case that lack of adequate toilet provision encourages antisocial behaviour and may potential spread of infectious disease.

The provision of Part 6 are addressed to local authorities. CIEH had not part in the proposed delivery mechanism. We do however wish to record our support for the provisions are being essential to public health in Wales

### **Other comments**

- **Are there other areas of public health which you believe require regulation to help improve the health of the people of Wales?**

The Public Health Wales report 'Alcohol and health in Wales 2014' demonstrates quite clearly the enormous impact that misuse of alcohol has on the health and wellbeing of individuals, on increasing pressure on the NHS and on the economy of Wales. The CIEH a proposed minimum unit price (MUP) for alcohol during the original consultation for this Bill and is disappointed to see that the proposal did not proceed. Whilst we accept that there is an argument for awaiting the outcome of the current challenge to the Scottish Government proposed MUP we wish to put on record our view that Welsh Government must take steps, which may include regulation to address the issue is the use and misuse of alcohol in Wales in order to improve the health of individual and the public health of the nation. This is an imperative and must be given urgent priority.

We would be happy to provide further expansion of or clarification of our comments should this be required.

### **Julie Barratt**

Cyfarwyddwr yng Nghymru  
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[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Public Health \(Wales\) Bill / Bil Iechyd y Cyhoedd \(Cymru\)](#)

Evidence from Directors of Public Protection (Wales) – PHB 04 / Tystiolaeth gan Cyfarwyddwyr Diogelu'r Cyhoedd (Cymru) – PHB 04

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

### **Submission of Evidence by Directors of Public Protection Wales (DPPW) in advance of attendance at oral session.**

#### **Introduction:**

Directors of Public Protection Wales (DPPW) represent a range of local authority services, including Environmental Health, Trading Standards and Licensing which collectively, are often referred to as Public Protection services.

Public Protection services are responsible for applying a wide range of legislation required to protect consumer rights and protect public health. These services directly affect the health, safety and wellbeing of our communities in Wales

The following represents views on Part 2, Part 3 and Part 4, submitted in advance of DPPW attendance at a forthcoming oral session. A more comprehensive consultation response to encompass other aspects of the Bill will be submitted under separate cover in due course.

**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.*

*DPPW published its views on the availability and use of e-cigarettes in 2013 (DPPW, 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.*

*[\*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.]

Our officers 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”.

We believe that the use of e-cigarettes in public places can help “normalise” smoking. See later.

There is uncertainty over the potential adverse health implications associated with e-cigarettes and despite recent studies suggesting some benefit to those quitting smoking the efficacy of e-cigarettes as an aid to smoking cessation is not entirely clear. It is therefore appropriate to take a precautionary approach to the risks associated with e-cigarettes. Currently people in Wales can breathe clean air in offices, shops, pubs and other public places and work environments. We don’t want to see a backwards step towards potentially polluted air.

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 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; intentionally or inadvertently promote or normalise smoking; and the potential impact upon smoke free environments.*

*We are concerned that there is a real potential for e-cigarettes to intentionally or inadvertently 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.*

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?

*Yes. DPPW takes the view that anything that has the appearance of smoking helps “normalise” smoking and therefore promotes smoking behaviour and culture. We also question whether the term “inadvertently” is appropriate. For example, we are not aware that there is any technical reason why e cigarettes need to glow or emit a vapour.*

*We are also concerned by the nature of e-cigarette advertising; we note the reappearance of 1950’s style marketing of tobacco products.*

*Workplaces have worked hard to implement the smoke free premises legislation and the use of e-cigarettes undermines this work.*

*We are concerned that e-cigarettes encourage young people to think that smoking is acceptable and therefore has the potential to act as a gateway to both e-cigarettes and tobacco based products.*

*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.*

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?

*Yes we feel they are. We feel every effort must be made to prevent young people developing nicotine addiction or smoking behaviours.*

*Worryingly, our members have witnessed e-cigarettes being displayed for sale with sweets, at child height, at the checkout in large 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, we are not aware that there is any technical reason why e cigarettes need to glow or emit a vapour. We are also concerned by the nature of e-cigarette advertising; e.g. consistent with the 1950's style marketing of tobacco products.*

*Many of these factors reinforce the association with conventional tobacco cigarettes and may normalise smoking related behaviour.*

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. 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.*

*The proposed legislation in smoke-free places should apply equally to tobacco based products and all forms of e-cigarettes.*

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. DPPW supports the proposal.

DPPW supports the view that these provisions would best be enforced by Local Government in Wales. Public Protection Services have considerable experience and expertise in the operation of registers and licensing regimes and our Trading Standards and Environmental Health Officers are already enforcing associated legislation at these premises.

Given the significant financial pressures being faced by Local Government in Wales, there will need to be careful consideration of how the implementation of a tobacco retail register

and its enforcement are resourced. Welsh Government may wish to consider the use of on-line or be-spoke registration software, that may be updated by each local authority, rather than to require one host local authority to maintain the register on behalf of Wales.

In addition, DPPW would encourage WG to not be prescriptive in allocating enforcement responsibilities to a particular functional area such as Trading Standards Officers or Environmental Health Officers but allow Local Authorities the discretion to determine how best these provisions may be implemented by their suitably qualified or competent enforcement officers. This will afford Local Government the opportunity and the flexibility to deploy their resources in the most effective manner to suit local circumstances.

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

The introduction of a register will provide an additional control on the availability of tobacco; a register would contain detailed information on those people and premises from which tobacco can be sold legitimately. Furthermore it would restrict access to the trade to those people and premises where tobacco should not be sold. It will be easier for enforcement officers to identify those premises where tobacco is permitted to be sold, which will in turn assist with the enforcement of underage sales and the display ban.

The success of such a measure would be dependent on the legislation including provisions to control access to the register such as a “fit & proper persons” or “suitable persons” test. This is explored further in response to subsequent questions.

If a register is to be established it needs to cover all those that manufacture, distribute and sell tobacco products. We feel that having a register only for the end retailers is not comprehensive and will not cover other parts of the tobacco chain that feed the habit including those under age. An offence should be created where tobacco products can only be sold, distributed, etc to those registered.

We note that section 29(5) provides that ‘A registered person who fails, without reasonable excuse, to comply with section 25 (duty to notify certain changes) commits an offence’. We are concerned by the use of the phrase ‘reasonable excuse’:

- a) Firstly, as it is out of step with the more robust due diligence offence common to most current consumer protection legislation, i.e. the two limbed all reasonable precautions and all due diligence defence. There is concern that with section 29(5) as currently worded, individuals failing to notify changes to the register will be able to evade enforcement action. There will be no definition of what is reasonable and so these explanations would need to be tested in court with associated wasting of resources.

Use of the well established two limbed due diligence system would enable enforcement officers to assess the adequacy of an individual’s defence based on tried and tested case law, well before a case has to enter the court system

- b) Secondly, the very use of the word ‘excuse’ in section 29(5) sends out quite the wrong message to the trade, and there is a danger that the current wording will encourage individuals simply to ‘come up with an excuse’ in the expectation that this will be acceptable.

Further, we would suggest that provisions should permit might permit placing limitations on the sale of tobacco products (including e-cigarettes) within a designated distance from schools and colleges for example.

DPPW would also highlight the need to recognise the potential resource implications for Local Authorities enforcing the provisions.

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

Yes. The proposed link to restricted sales orders (RSOs) and restricted premises orders (RPOs) under the Children & Young Persons Act are welcome. However, we see it as essential that the range of offences triggering an RPO is extended to include all tobacco related breaches, for example the supply of illegal (counterfeit and non-duty paid) tobacco, tobacco labelling offences, non-compliance with the tobacco display ban; and not just underage sales. It is hoped that these matters will be addressed through the proposed power for Welsh Ministers to make regulations under section 12D of the Children and Young Persons Act and the range of offences triggering an RPO extended accordingly.

However, our experience of “Registers” introduced under other legal provisions suggest that their efficacy can be limited if they are not also accompanied by robust enforcement powers. Some registers are merely administrative or informative.

Local authority enforcement officers will need effective powers to ensure that the register has the desired effect. These need to include power to restrict access to the register and to remove persons from the register where there has been a relevant infringement of the law, including offences concerning underage sales. We feel that there should be a provision to consider suitability of a retailer - whether the retailer is a “fit & proper” person. For example, whether a retailer been convicted for the sale of alcohol, solvents or other age restricted products to minors. The section 24 provision that an application to register will not be granted if an RPO or RSO is already in place goes some way towards this, but of course does not take account of the selling to minors of other age restricted products.

We welcome the section 23(2)(g) clarification that in addition to sellers of tobacco and nicotine products with a High Street presence, those supplying via online, telephone and mail order channels will be required to indicate this on the register. However, it is unclear from the wording of section 22(1) whether the requirement to register applies only to those based in Wales rather than those outside Wales supplying to customers in Wales, i.e. ‘The registration authority must maintain a register of persons carrying on a tobacco or nicotine business at premises in Wales’.

DPPW is disappointed with the section 23(3) definition of a “tobacco or nicotine business” as being a business involving the sale by retail of tobacco or cigarette papers or nicotine products’. Limiting the scope of the register to retail would be a lost opportunity to regulate throughout the supply chain. The illicit supply and sale of tobacco has been identified as a growing concern by Trading Standards in Wales. A register must not inadvertently add to the problem of illicit trade in cigarettes. The penalties of failing to register therefore need to be robust. We emphasise that the definitions of “business” need to be carefully considered to encompass not only legitimate traders but also those persons who are trading illegally in tobacco from domestic premises. We feel it should also include online suppliers. Effectively the provisions must apply to anyone who is *selling* tobacco products in Wales.

We support the need for robust and proportionate penalty for offences and proposed powers of entry (to retail premises) or the ability to seek a warrant (for domestic premises). These are obviously vital. We also support the need for powers to seize tobacco goods in all relevant premises including those that are not registered.

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 support the proposals which would bring tobacco products into line with alcohol sales.

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 (PHW, 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 DPPW 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.

DPPW 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.

DPPW has the following concerns regarding existing provisions:

- There is no requirement for a practitioner to have training or experience to set up a tattoo studio. 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 byelaws. This may be viewed as a purely administrative offence when Courts are considering sentencing.
- Current registration requirements rely on being able to prove that a person is carrying on a business and this can be difficult because most unregistered tattooists ('scratchers') work from home and 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,
- 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.
- 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.

DPPW agrees with the concerns of the Chartered Institute of Environmental Health (CIEH) that many procedures are being done by people with little if any knowledge of anatomy, infection control or healing processes (**CIEH, 2014**).

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.

**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 should be illegal on under 16s to protect this vulnerable group from potential risks.

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 other risks, 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.

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.



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# Health & Social Care Committee

## Public Health Bill

06<sup>th</sup> July 2015



WLGA • CLILC

## INTRODUCTION

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. It seeks to provide representation to local authorities within an emerging policy framework that satisfies the key priorities of our members and delivers a broad range of services that add value to Welsh Local Government and the communities they serve.
3. WLGA welcomes the opportunity to provide evidence on proposed changes to public health. Responses to the specific consultation questions are provided separately (see below); we also draw on a previous paper to Welsh Government, calling for the responsibility for public health to be returned to local government.

### Improving Public Health

4. Improving public health is one of the main priorities of the Welsh Government and rightly so, if the quality of life of our residents is to be improved. The WLGA welcomes the proposals in the Public Health bill aimed at **better regulating** matters that impact on our resident's health, but the Welsh Government are missing an opportunity to re-think **how** public health services are delivered.
5. In the forward to the white paper Mark Drakeford AM, the Minister for Health and Social Services recognises that the causes, (and we would argue many of the solutions) lie outside the health service.... *"...We know that the elimination and prevention of health inequalities can only be achieved when linked to the underlying inequalities of income, wealth and power across society. The fundamental causes of poor health, and its unequal distribution across different parts of Wales, lie outside the health service itself...."*
6. What the Bill does not go on to do is learn and apply the lessons from England, where the responsibility for public health was returned to local government in April 2013.
7. We are however deeply concerned to note the £200m budget cut to Public Health funding in England which was recently announced. Prevention measures do not reap instant benefits. They are generational and gradual. If government is truly convinced that the prevention of ill health will save money in the long term, and help alleviate the crisis that looms over treatment costs as the population ages; then short term politics must be put aside by all parties and long term faith in prevention must be funded for the long term.

8. WLGA believe that integrated planning and service provision within local government and our partners, to promote healthy choices, protect health, prevent sickness and intervene early will help to minimise the need for costly hospital treatment. This is supported by the Directors of Public Protection in Wales who are of the view that local government is well placed, if not best placed, to influence the wider determinants of health; tackle the growing inequalities in health experienced by our communities and to provide the leadership for public health required in Wales.
9. This paper outlines what the WLGA sees as the rationale for transferring responsibility and has also started to consider what the lessons from England have been and how they might apply to Wales.
10. The ring fenced budget provided to local authorities in England was based on an average of £51 per head a population. In Wales this may amount to around £157 million / year for local government to administer. The criteria for allocating the budget to areas of Wales most in need, will require careful consideration and not necessarily use the same criteria as England did.
11. The WLGA are calling for new money to support the proposed Public Health bill and local government can use its democratic mandate to reconsider how all available resources can be assembled to make the most impact on public health outcomes.

## **The rationale for re-integration**

12. In 2010, Professor Sir Michael Marmot published his influential report 'Fair Society Healthy Lives'. The conclusions in this report was highly influential in the decision of the UK government to place the responsibility for public health back with local government. They also recognised that re-integration offered the following benefits:
  - It was the best way to implement the new Public Health Outcomes Framework for England, 2013-2016
  - Local Government provided a strong democratic, accountable and joined up approach to improving public health in local communities
  - Local government already had responsibilities for many of the services that could help to improve Public Health; ***'the determinants of health'*** such as leisure, public protection, housing and social care.
  - Local government already knew their local communities and their needs well.
  - Local government had a track record of reshaping services, doing more with less, and a culture that understood that sometimes you need to invest to save.

## **Health in all policies**

13. The 'health in all policies' approach to be proposed in the Welsh 'Wellbeing of Future Generations bill' will support a council-wide approach to achieving better health outcomes. It will be important that there is alignment between the Public Health Bill and the Future Generations Bill. The latter will set high level national goals with the aim of protecting the well-being of future generations. The goals will be designed to counter/respond to long terms trends such as rising levels of obesity, ageing population, climate change. The sorts of activities in the PH Bill are preventative in nature and therefore in line with such objectives but it will be important that efforts are joined up.

## **Local Government Capacity**

14. Many of the provisions of the White Paper will fall, quite rightly, to local authorities in Wales to implement and enforce. These proposals will strengthen existing tools available to local authorities in Wales to tackle key health issues and should be welcomed.
15. Full consideration should be given to the capacity within local government to deliver these proposals successfully at a time when service cuts and reductions in service standards are all too apparent. Local government, in partnership with other organisations such as Public Health Wales has the expertise and experience to support these new powers and measures. However, many of these provisions will have an impact on resources and therefore the flowing should be considered:
  - A full regulatory risk and impact assessment should be undertaken to understand the consequences of the proposed legislation on enforcing authorities and on those subject to regulation,
  - Full cost recovery options should be considered or in the absence of a cost recovery mechanism (typically fees & charges) additional resource should be made available to local authorities specifically for the purpose of this legislation,
  - In allocating enforcement responsibility Welsh Government should allow local authorities the discretion to allocate the responsibility to suitably qualified or competent enforcement officers.

## **Response to the consultation questions**

16. The WLGA has been in close dialogue with the Directors of Public Protection Wales (DPPW), and has had the benefit of reading their evidence. We

consider the views expressed by them in relation to the specific public health measures proposed in the Bill to be sound.

17. The arguments for strengthening enforcement provisions, legal defences, the clarification of potentially ambiguous terms, and future proofing are particularly relevant if the legislation is to be successful.
18. For that reason, we do not propose to wholly reiterate those views. However we do endorse their comments via the main points below.

**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.

We believe that the use of e-cigarettes in public places can help “normalise” smoking.

There is uncertainty over the potential adverse health implications associated with e-cigarettes and despite recent studies suggesting some benefit to those quitting smoking the efficacy of e-cigarettes as an aid to smoking cessation is not entirely clear.

It is therefore appropriate to take a precautionary approach to the risks associated with e-cigarettes. Currently people in Wales can breathe clean air in offices, shops, pubs and other public places and work environments. We don't want to see a backwards step towards potentially polluted air.

What are your views on extending restrictions on smoking and e-cigarettes 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 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).

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; intentionally or inadvertently promote or normalise smoking; and the potential impact upon impact upon smoke free environments.

We are concerned that there is a real potential for e-cigarettes to intentionally or inadvertently 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.

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?

Yes. We take the view that anything that has the appearance of smoking helps "normalise" smoking and therefore promotes smoking behaviour and culture.

Workplaces have worked hard to implement the smoke free premises legislation and the use of e-cigarettes undermines this work.

We are concerned that e-cigarettes encourage young people to think that smoking is acceptable and therefore has the potential to act as a gateway to both e-cigarettes and tobacco based products.

Data relating to smoking behaviour in Wales leads us to conclude that we cannot afford to step back from promoting smoke free behaviour and the health and societal benefits associated with that 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?*

Yes we feel they are. We feel every effort must be made to prevent young people developing nicotine addiction or smoking behaviours.



Worryingly, our members have witnessed e-cigarettes being displayed for sale with sweets, at child height, at the checkout in large 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".

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. 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.

The proposed legislation in smoke-free places should apply equally to tobacco based products and all forms of e-cigarettes.

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. The WLGA supports the proposal.

WLGA and DPPW support the view that these provisions would best be enforced by Local Government in Wales. Public Protection Services have considerable experience and expertise in the operation and enforcement of registers and licensing

Given the significant financial pressures being faced by Local Government in Wales, there will need to be careful consideration of how the implementation of a tobacco retail register and its enforcement are resourced.

In addition, we would encourage WG to not be prescriptive in allocating enforcement responsibilities to a particular functional area such as Trading Standards Officers or Environmental Health Officers but allow Local Authorities the discretion to determine how best these provisions may be implemented by their suitably qualified or competent enforcement officers. This will afford Local Government the opportunity and the flexibility to deploy their resources in the most effective manner to suit local circumstances.

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

The introduction of a register will provide an additional control on the availability of tobacco; a register would contain detailed information on those people and premises from which tobacco can be sold legitimately. Furthermore it would restrict access to the trade to those people and premises where tobacco should not be sold. It will be easier for enforcement officers to identify those premises where tobacco is permitted to be sold, which will in turn assist with the enforcement of underage sales and the display ban.

An offence should be created where tobacco products can only be sold, distributed, etc. to those registered.

Further, we would suggest that provisions could permit placing limitations on the sale of tobacco products (including e-cigarettes) within a designated distance from schools and colleges for example.

We would also highlight the need to recognise the resource implications for Local Authorities enforcing the provisions.

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

Yes. The proposed link to restricted sales orders (RSOs) and restricted premises orders (RPOs) under the Children & Young Persons Act are welcome. However, we see it as essential that the range of offences triggering an RPO is extended to include all tobacco related breaches, for example the supply of illegal (counterfeit and non-duty paid) tobacco, tobacco labelling offences, non-compliance with the tobacco display ban; and not just underage sales.

However, our experience of "Registers" introduced under other legal provisions suggest that their efficacy can be limited if they are not also accompanied by robust enforcement powers. Some registers are merely administrative or informative.

We welcome the clarification that in addition to sellers of tobacco and nicotine products with a High Street presence, those supplying via online, telephone and mail order channels will be required to indicate this on the register.

The illicit supply and sale of tobacco has been identified as a growing concern by Trading Standards in Wales. A register must not inadvertently add to the problem of illicit trade in cigarettes. The penalties of failing to register therefore need to be robust.

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 support the proposals which would bring tobacco products into line with alcohol sales.

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 (**PHW, 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.

**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.

We agree with DPPW and 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.

We agree with the concerns of the Chartered Institute of Environmental Health (CIEH) that many procedures are being done by people with little if any knowledge of anatomy, infection control or healing processes (**CIEH, 2014**).

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 such as 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 Welsh Government should ensure that the register and any associated enforcement powers will be applicable to the widest range of circumstances and developing trends.

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

We support that and also welcome the anticipated opportunity to be consulted upon and to work with Welsh Government officials in framing any proposals.

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.

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.

#### **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 should be illegal on those who are under 16 years of age to protect this susceptible group from potential risks.

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 other risks, 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.

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, particularly when gathering evidence, given the intimate nature of such offences and the safeguarding issues needed to be considered in such circumstances.

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

#### **Public Health in Wales – Local Government stands ready to deliver**

19. For the Committee's consideration, the WLGA has developed a further paper, expanding on the information provided in this document "Public Health in

Wales – Local Government stands ready to deliver”. A copy of the paper is available [here](#).

20. The WLGA would encourage and welcome further discussion regarding transferring public health responsibilities to local government in Wales.

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**For further information please contact:**

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## Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad: **Ystafell Bwyllgora 1 – Y Senedd**

Dyddiad: **Dydd Iau, 25 Mehefin 2015**

Amser: **09.31 – 11.53**

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



### Cofnodion Cryno:

Preifat

#### Aelodau'r Cynulliad:

**David Rees AC (Cadeirydd)**  
**Alun Davies AC**  
**John Griffiths AC**  
**Mike Hedges AC (yn lle Lynne Neagle AC)**  
**Altaf Hussain AC**  
**Gwyn R Price AC**  
**Lindsay Whittle AC**  
**Kirsty Williams AC**

#### Staff y Pwyllgor:

**Helen Finlayson (Ail Glerc)**  
**Catherine Hunt (Ail Glerc)**  
**Sian Giddins (Dirprwy Glerc)**  
**Rhys Morgan (Dirprwy Glerc)**  
**Gareth Howells (Cynghorydd Cyfreithiol)**  
**Gareth Pembridge (Cynghorydd Cyfreithiol)**  
**Amy Clifton (Ymchwilydd)**  
**Elfyn Henderson (Ymchwilydd)**  
**Philippa Watkins (Ymchwilydd)**

## **1 Cyflwyniad, ymddiheuriadau a dirprwyon**

1.1 Cafwyd ymddiheuriadau gan Elin Jones, Darren Millar a Lynne Neagle. Dirprwyodd Mike Hedges ar ran Lynne Neagle.

## **2 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): trafod yr adroddiad drafft;**

2.1 Trafododd y Pwyllgor yr adroddiad drafft, a'i dderbyn, yn amodol ar fân newidiadau.

## **3 Ymchwiliad i gamddefnyddio alcohol a sylweddau: trafod y prif faterion.**

3.1 Fe wnaeth y Pwyllgor drafod y materion allweddol sydd wedi codi yn ystod ymchwiliad y Pwyllgor i gamddefnyddio alcohol a sylweddau, a chytunwyd arnynt.

## **4 Bil Iechyd y Cyhoedd (Cymru): trafod y dull gweithredu ar gyfer gwaith craffu Cyfnod 1.**

4.1 Trafododd y Pwyllgor ei ddull gweithredu o ran craffu ar y Bil yng Nghyfnod 1, a chytunwyd arno.



# Eitem 4.2

Vaughan Gething AC / AM  
Y Dirprwy Weinidog Iechyd  
Deputy Minister for Health



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref : MB/VG/2492/15

David Rees AC  
Cadeirydd,  
Pwyllgor Iechyd a Gofal Cymdeithasol  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
CF99 1NA

1 Gorffennaf 2015

Annwyl David

Diolch am eich llythyr dyddiedig 17 Mehefin yn gofyn am wybodaeth ychwanegol ar gyfer Ymchwiliad y Pwyllgor Iechyd a Gofal Cymdeithasol i Gamddefnyddio Sylweddau. Rwy'n edrych ymlaen â diddordeb arbennig i weld beth yw'ch canfyddiadau o ran sut rydym yn gwneud cynnydd yn y maes hwn gan gynnwys eich casgliadau ar ddatganoli trwyddedu alcohol.

Rwy'n atodi'r wybodaeth y gwnaethoch holi amdani. Gobeithio y bydd yn ddefnyddiol ichi.

Yn gywir

**Vaughan Gething AC / AM**  
Y Dirprwy Weinidog Iechyd  
Deputy Minister for Health

Bae Caerdydd • Cardiff Bay  
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## **YMCHWILIAD Y PWYLLGOR IECHYD A GOFAL CYMDEITHASOL I GAMDDEFNYDDIO SYLWEDDAU: GWYBODAETH YCHWANEGOL**

Mae'r wybodaeth ychwanegol y gofynnwyd amdani gan y Pwyllgor wedi'i nodi mewn inc trwm isod

### **1. Allbynnau a Chanlyniadau**

#### **1.1 Nodyn sy'n manylu ar yr allbynnau a'r canlyniadau penodol a fydd yn cael eu defnyddio gan Lywodraeth Cymru i fesur effeithiolrwydd (yn enwedig o ran cyflenwi gwasanaethau, a newid ymddygiad pobl) y cyllid o £50 miliwn a gyhoeddwyd i fynd i'r afael â phroblemau camddefnyddio alcohol a chyffuriau dros y flwyddyn nesaf.**

Mae gan Lywodraeth Cymru nifer o fecanweithiau i fesur effeithiolrwydd y modd y gweithredir y strategaeth genedlaethol ar gamddefnyddio sylweddau. Mae hyn yn cynnwys:

- Monitro perfformiad yn erbyn cyfres o Ddangosyddion Perfformiad Allweddol sy'n ymdrin â meysydd megis: cyfraddau ymgysylltu (pobl sydd heb fynychu) ac amseroedd aros ynghyd â mesuriadau o ganlyniadau gan gynnwys gostyngiad mewn camddefnyddio sylweddau; gwelliannau mewn ansawdd bywyd a chanran yr achosion a gafodd eu dirwyn i ben gan nodi bod y driniaeth wedi'i chwblhau.
- Aseu cynnydd yn erbyn ystod o ddangosyddion ychwanegol gan gynnwys marwolaethau sy'n gysylltiedig â chyffuriau ac alcohol, derbyniadau i ysbytai oherwydd cyffuriau ac alcohol a chamddefnydd hunan-gofnodedig o alcohol mewn oedolion fel a nodir yn Arolwg Iechyd Cymru.
- Monitro'r broses o weithredu 25 safon graidd genedlaethol Llywodraeth Cymru ar gyfer camddefnyddio sylweddau a gyhoeddwyd yn 2010.

Hefyd, mae trefniadau llywodraethu cadarn yn bodoli trwy Fwrdd Rhaglen Camddefnyddio Sylweddau mewnol; Bwrdd Partneriaeth Camddefnyddio Sylweddau Cenedlaethol allanol, cyfarfodydd Cadeiryddion Byrddau Cynllunio Ardal a chyfarfodydd swyddogion arweiniol rhanbarthol. Mae'r rhain yn darparu'r gweithgarwch craffu a monitro sy'n angenrheidiol i sicrhau ein bod yn cyflawni'r camau gweithredu a'r ymrwymadau o fewn y strategaeth a'r cynllun cyflawni cysylltiedig.

Mae Adroddiad Blynyddol y Strategaeth Camddefnyddio Sylweddau 2014 a'r Data ynghylch Triniaeth – Camddefnyddio Sylweddau yng Nghymru (gweler y dolenni isod) yn darparu diweddariadau ar y cynnydd y mae Llywodraeth Cymru yn ei wneud gyda'r agenda hon:

<http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/strategy0818/?lang=cy>

<http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/impact/stats/?lang=cy>

## **2. Ymchwil**

### **2.1 Copi o'r ymchwil a wnaed gan Brifysgol Sheffield i effaith isafswm pris uned o alcohol yng Nghymru.**

Mae copi o'r ymchwil wedi'i atodi fel Dogfen 3.

## **3. Y Cynllun Mentora Cymheiriaid**

### **3.1 Diweddariad ar y cynnydd gyda'r cynlluniau ar gyfer olynydd-gynllun i'r Cynllun Mentora Cymheiriaid;**

Mae cynigion ar gyfer cyllid o Gronfa Gymdeithasol Ewrop (ESF) yn y cylch ceisiadau newydd (2014-2020) yn cael eu datblygu gan Grŵp Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru. Bydd y rhaglen strategol y bwriedir ei hariannu â chyllid ESF, 'Law yn Llaw at Gymru Iach ar Waith', os caiff ei chymeradwyo, yn cynnwys Gwasanaeth Cymorth Mewn Gwaith a'r Gwasanaeth Mentora Cymheiriaid Di-waith (Camddefnyddio Sylweddau / Iechyd Meddwl).

Mae'r gwaith o ddatblygu'r 'Gwasanaeth Mentora Cymheiriaid Di-waith' yn defnyddio gwersi a ddysgwyd o Brosiect Mentora Cymheiriaid Camddefnyddio Sylweddau 2009-2014 a bydd yn llenwi'r bwlch mewn gwasanaethau sy'n bodoli ar hyn o bryd i gefnogi pobl ddi-waith nad ydynt mewn cyflogaeth, addysg na hyfforddiant. Bydd y prosiect hwn hefyd yn cael ei ehangu i gynnwys pobl â materion camddefnyddio sylweddau a/neu iechyd meddwl. Ei brif nod yw helpu cyfranogwyr i gael swyddi.

### **3.2 Amlinelliad o'r trefniadau sy'n bodoli ar gyfer y cyfnod interim (rhwng diwedd y Cynllun Mentora Cymheiriaid a dechrau'r Gwasanaeth Mentora Cymheiriaid Di-waith a fydd yn ei olynu);**

Rhoddodd y prosiect mentora cymheiriaid a ariannwyd â chyllid o Gronfa Gymdeithasol Ewrop gymorth i fwy na 1,000 o bobl gael swyddi unwaith eto ac i 1,200 gamu ymlaen at addysg bellach. Fe wnaeth y gwerthusiad annibynnol o'r prosiect gadarnhau'r cyfraniad cadarnhaol y mae defnyddio mentoriaid cymheiriaid i gynorthwyo eraill gyda'u hadferiad yn gallu ei wneud.

Rydym wedi cydweithio'n agos gyda Byrddau Cynllunio Ardal camddefnyddio sylweddau i liniaru effeithiau dirwyn y cynllun mentora cymheiriaid blaenorol i ben ac i ddarparu gwasanaethau interim. Mae enghreifftiau'n cynnwys cyfraniad at weithwyr ac anogwyr adferiad ledled Gogledd Cymru, a phenodi dau weithiwr adferiad o fewn BCA Gwent sy'n cydgysylltu gwirfoddolwyr ar gyfer gwasanaethau, mentoriaid cymheiriaid, a grwpiau/prosiectau adferiad amrywiol sy'n darparu cyswllt ag asiantaethau gwirfoddoli ac asiantaethau cyflogaeth allanol.

### **3.3 Arwydd pryd yr ydych yn disgwyl i'r Gwasanaeth Mentora Cymheiriaid Di-waith newydd fod yn weithredol.**

Yn amodol ar gymeradwyaeth, disgwylir i'r gwasanaeth gael ei gyflwyno'n raddol o ddiwedd 2015.

## **4. Cyffuriau a meddyginiaethau ar bresgripsiwn**

### **4.1 Eich barn am faint problem gor-ragnodi cyffuriau a meddyginiaethau, a'r costau i bwrs y wlad sy'n gysylltiedig â gor-ragnodi;**

Derbynnir y gellir gwneud mwy i amlygu effaith defnydd parhaus o feddyginiaethau a roddir dros y cownter, a bydd Llywodraeth Cymru yn ystyried pa gamau gweithredu pellach (gan gynnwys mwy o ymchwil) y mae eu hangen fel rhan o ddatblygu'r cynllun cyflawni newydd ar gamddefnyddio sylweddau, a fydd yn cael ei gyhoeddi ar gyfer ymgynghori yn hydref 2015.

### **4.2 Y berthynas rhwng problem gor-ragnodi a nodau'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol o ran gofal iechyd darbodus;**

Mae presgripsiynau amlroddadwy'n rhoi cyfrif am 60 i 75 y cant o'r holl eitemau presgripsiwn mewn gofal sylfaenol. Mae systemau a phrosesau effeithlon yn hanfodol i alluogi meddygon teulu a fferyllwyr cymunedol i reoli eu llwyth gwaith yn effeithiol a helpu i sicrhau diogelwch cleifion a defnydd cost-effeithiol o feddyginiaethau.

Ceir rhai enghreifftiau da o'r modd y mae'r agenda camddefnyddio sylweddau'n dangos gofal iechyd darbodus. Ym maes rhagnodi, mae'r ymgyrch 'Eich Moddion, Eich Iechyd' yng Nghwm Taf yn ymgyrch hirdymor i gynorthwyo dinasyddion sy'n byw yn ardal Cwm Taf i reoli eu meddyginiaethau presgripsiwn yn fwy effeithiol. Mae gan yr ymgyrch nifer o strategaethau gwahanol ac mae wedi canolbwyntio i ddechrau ar annog holl drigolion Cwm Taf i gael gwared â hen feddyginiaethau a meddyginiaethau nad oes mo'u heisiau o'u cartrefi, ac i ddweud wrth eu meddyg neu fferylllydd os oes problemau ganddynt neu os ydynt wedi penderfynu peidio â chymryd meddyginiaethau a ragnodwyd. 'Cymerwch nhw os gallwch chi, dywedwch wrthym os na allwch chi'.

Mae Llywodraeth Cymru wedi gofyn i'w Banel Cyngori annibynnol ar Gamddefnyddio Sylweddau adolygu'r niwed sy'n gysylltiedig â phoenliniarwyr a roddir ar bresgripsiwn yn unig ac rydym yn disgwyl cael adroddiad y Panel mis nesaf. Bydd yr argymhellion o'r adolygiad hwn yn cael eu cynnwys yn y cynllun cyflawni newydd ar gamddefnyddio sylweddau.

### **4.3 Amlinelliad o'r strategaethau a chanllawiau sy'n bodoli i fonitro cleifion sydd wedi cael cwrs o feddyginiaeth ar bresgripsiwn gan gynnwys y strategaethau ymadael sy'n bodoli ar ddiwedd cwrs o driniaeth.**

Mae Grŵp Strategaeth Feddyginiaethau Cymru yn cynhyrchu set flynyddol o ddangosyddion rhagnodi cenedlaethol ar gyfer Cymru sy'n gosod targedau seiliedig-ar-dystiolaeth ar gyfer gwella arferion rhagnodi mewn meysydd therapiwtig allweddol. Mae hyn yn cynnwys poenliniarwyr opioid.

Mae un o'r dangosyddion yn ymwneud yn benodol â rhagnodi tramadol. Trefnir bod y data rhagnodi hwn ar gael fel mater o drefn i fyrddau iechyd lleol a meddygon teulu yng Nghymru, sy'n ei gwneud yn bosibl monitro arferion rhagnodi. Mae hyn yn cynorthwyo byrddau iechyd lleol i ganfod amrywiadau a newidiadau mewn arferion ac i dargedu cymorth i wella diogelwch ac effeithlonrwydd arferion rhagnodi.

Rydym hefyd wedi cydweithio'n agos gyda Chanolfan Addysg Fferylliaeth Broffesiynol Cymru i uwchsgilio'r gweithlu yn y maes hwn. Mae hyn yn cynnwys lansio modiwl e-ddysgu ar gyfer fferyllwyr. Mae'r modiwl hwn yn rhoi sylw i feddyginiaethau ar bresgripsiwn a meddyginiaethau a roddir dros y cownter ac yn rhoi'r offer i fferyllwyr adnabod defnydd problemus a darparu ymyriadau byr. Rydym hefyd yn y broses o gyflwyno'r modiwl hwn i asiantaethau statudol ac yn y sector gwirfoddol i roi sylfaen wybodaeth gadarn i weithwyr, gan eu galluogi i deimlo'n fwy hyderus o ran mynd i'r afael â'r mater.

## **5. Steroidau a Chyffuriau Gwella Delwedd (SIEDs)**

### **5.1 Eich barn am faint problem Steroidau a Chyffuriau Gwella Delwedd (gan gynnwys defnydd o Melanotan) yng Nghymru;**

Mae tystiolaeth gadarn ynghylch nifer yr achosion o ddefnydd hunangyfeiriedig o Steroidau a Chyffuriau Gwella Delwedd yn y DU ar hyn o bryd yn wael. Mae'r dystiolaeth orau sydd ar gael yn genedlaethol i'w chael yn Arolwg Troseddau Cymru a Lloegr (Arolwg Troseddau Prydain gynt). Mae'r data diweddaraf ar gyfer 2012/13 yn nodi bod 271,000 o bobl wedi defnyddio steroidau anabolig 'erioed' yn eu hoes a 59,000 yn y flwyddyn ddiwethaf.

Mae tystiolaeth bellach o systemau monitro lleol sefydledig mewn rhaglenni nodwyddau a chwistrellau, yn ogystal â gwybodaeth anecdotaidd o raglenni nodwyddau a chwistrellau ledled y DU, yn awgrymu cynnydd mewn cleientiaid newydd sy'n dod i sylw am eu bod yn defnyddio Steroidau a Chyffuriau Gwella Delwedd. Fodd bynnag, mae'n anodd canfod gwir nifer yr achosion o ddefnydd hunangyfeiriedig o Steroidau a Chyffuriau Gwella Delwedd yn seiliedig ar y data sydd ar gael. Mae materion methodolegol yn gysylltiedig â'r Arolwg Troseddau gan ei fod yn dibynnu'n llwyr ar hunan-gofnodi trwy gyfweiliadau, gan fod yr adran ar ddefnyddio cyffuriau'n holiadur a gaiff ei gwblhau gan yr unigolyn ei hun ar ddiwedd y cyfweiliad. Er bod yr holiadur yn gwbl gyfrinachol, mae lle i amau pa mor agored fydd pobl ynghylch eu harferion defnyddio cyffuriau hwy eu hunain. Gall systemau monitro lleol gynnig data mwy cadarn, ond mae'n anodd allosod y data hwnnw i'r boblogaeth ehangach ac efallai na fyddai'n rhoi amcangyfrifon dibynadwy.

### **5.2 Eich barn wrth ystyried a yw strategaeth bresennol Llywodraeth Cymru yn rhoi ystyriaeth ddigonol i Steroidau a Chyffuriau Gwella Delwedd.**

Mae strategaeth Llywodraeth Cymru ar gamddefnyddio sylweddau yn cydnabod y defnydd cynyddol o Steroidau a Chyffuriau Gwella Delwedd yng Nghymru dros y blynyddoedd diwethaf ac rydym wedi bod yn cydweithio'n agos gydag Iechyd Cyhoeddus Cymru i ymateb i'r niweidiau hyn.

Er mwyn cael dealltwriaeth a thystiolaeth well o'r materion hyn ym maes iechyd y cyhoedd ac arfogi defnyddwyr unigol a gwasanaethau iechyd perthnasol yn well i leihau risgiau a niwed, fe gomisiynodd Iechyd Cyhoeddus Cymru, gyda chymorth Llywodraeth Cymru, waith ar y cyd gyda'r awduron yng Nghanolfan Iechyd y Cyhoedd ym Mhrifysgol John Moores yn Lerpwl i ddatblygu arolwg ar-lein ynghylch Steroidau a Chyffuriau Gwella Delwedd. Mae hwn yn waith ar y cyd ac arolwg sy'n mynd rhagddo'n barhaus ac sydd wedi'i fwriadu i ddatblygu ein dealltwriaeth dros amser. Mae'r adroddiad diweddaraf i'w gael ar y wefan Steroidau a Chyffuriau Gwella Delwedd ([www.siedsinfo.co.uk](http://www.siedsinfo.co.uk))

Hefyd fe lansiodd Llywodraeth Cymru ac Iechyd Cyhoeddus Cymru Becyn Cymorth Addysgol ar Steroidau a Chyffuriau Gwella Delwedd i Bobl Ifanc dros Gymru gyfan yn 2014. Mae'r Pecyn Cymorth wedi'i fwriadu i achosi i bobl ifanc oedi cyn defnyddio Steroidau a Chyffuriau Gwella Delwedd / eu hatal rhag eu defnyddio, ac mae'n cynnwys cyfres o weithdai addysgol a chodi ymwybyddiaeth sy'n archwilio materion megis y risgiau i iechyd a'r niwed sy'n gysylltiedig â'u defnyddio, dylanwadau a chwiwiau o ran delwedd y corff, a mythau cyffredin. Mae'r pecyn cymorth wedi'i ddylunio ar gyfer amrywiaeth o amgylcheddau ieuencid ac addysgol ac mae wedi'i deilwra mewn modd sy'n ei gwneud yn bosibl ei gyflwyno mewn modd hyblyg a'i ddefnyddio mewn modd sy'n gweddu i anghenion unigol. Gan hynny mae'r pecyn yn cynnwys cynlluniau gwersi, nodiadau / gwybodaeth ar gyfer hwyluswyr, a dolenni gwe ar gyfer adnoddau y gellir eu hargraffu a phytiau o ffilm sy'n cyd-fynd â'r pecyn i ategu darpariaeth bellach ym mhob gweithdy. Mae copïau caled o'r pecyn cymorth wedi cael eu dosbarthu i gydgyssylltwyr ABCh ym mhob ysgol uwchradd yng Nghymru gan gynnwys Unedau Cyfeirio Disgyblion trwy Raglen Graidd Cyswllt Ysgolion Cymru Gyfan a gefnogir gan Lywodraeth Cymru. Mae hyn yn gyfanswm o tua 250 o ysgolion uwchradd a 30 o unedau cyfeirio disgyblion ledled Cymru. Yn ogystal â hyn, mae Iechyd Cyhoeddus Cymru hefyd wedi ymgysylltu â'r Rhwydwaith Ysgolion Iach sydd hefyd wedi cefnogi a hyrwyddo defnydd o'r pecyn cymorth o fewn eu rhwydwaith o ysgolion uwchradd yng Nghymru.

Mae copïau y gellir eu hargraffu o'r Pecyn Cymorth ynghyd â'r holl adnoddau cysylltiedig i'w cael trwy fynd at y dudalen we [www.publichealthwales.org/SIEDs](http://www.publichealthwales.org/SIEDs).

## **6. Addysg ac ysgolion**

### **6.1 Mwy o fanylion gennych am gynnwys y cyrsiau a ddarperir fel rhan o Raglen Graidd Cyswllt Ysgolion Cymru Gyfan;**

Mae Rhaglen Graidd Cyswllt Ysgolion Cymru Gyfan yn gweithredu mewn dros 99% o'r ysgolion cynradd ac uwchradd ledled Cymru gan ddarparu addysg gyson ym maes camddefnyddio sylweddau ym mhob cyfnod allweddol yn y cwricwlwm. Caiff y rhaglen graidd ei chydariannu gan Lywodraeth Cymru a'r Heddlu (£1.64m yr un) ac mae Llywodraeth Cymru hefyd yn darparu £560,000 arall ar gyfer yr elfen ddatgysylltiedig o'r rhaglen.

Mae'r Rhaglen yn cynnwys gwersi a addysgir gan 85 o swyddogion heddlu sydd wedi cael hyfforddiant addysgol a hwythau'n gweithio mewn partneriaeth gydag athrawon ABCh er mwyn cefnogi'r cwricwlwm ABCh mewn ysgolion yng Nghymru. Mae dull corfforaethol i'r Rhaglen i sicrhau bod yr holl blant ledled Cymru yn cael yr un wybodaeth gywir a chyfoes ynglŷn â'r peryglon fel rhan o dair prif thema'r rhaglen, sef:-

- cyffuriau a chamddefnyddio sylweddau
- ymddygiad cymdeithasol a'r gymuned
- diogelwch personol

Mae'r Rhaglen yn defnyddio arbenigedd yr heddlu i ategu a chefnogi'r gwaith da sydd eisoes yn digwydd mewn ysgolion. Mae'r swyddogion yn darparu ystod o wersi sy'n ymdrin â thair prif thema'r Rhaglen mewn ysgolion cynradd, ysgolion uwchradd ac Unedau Cyfeirio Disgyblion ledled Cymru ar gyfer plant a phobl ifanc rhwng pump ac un ar bymtheg mlwydd oed. Mae dewislen atodol i'r rhaglen sy'n caniatáu hyblygrwydd rhanbarthol ac sy'n sicrhau ei bod yn aros gyfuch â chwiwiau a materion sy'n dod i'r amlwg.

## **6.2 Amlinelliad o'r modd y mae Llywodraeth Cymru yn sicrhau cysondeb ar draws ysgolion o ran negeseuon ym maes iechyd y cyhoedd a gaiff eu cyfleu fel rhan o'r rhaglen.**

Caiff y broses o gyflawni'r Rhaglen ei monitro gan Grŵp Llywio sy'n cynnwys cynrychiolwyr o blith swyddogion iechyd, addysg a llywodraeth leol a phob un o'r pedwar heddlu yng Nghymru. Mae'r Grŵp Llywio'n adolygu gwersi'n flynyddol i sicrhau eu bod yn dal i fod yn addas ar gyfer y diben, yn cynnwys y chwiwiau diweddaraf ac yn ymateb i'r galw.

Hefyd, mae Cydgysylltwyr Cenedlaethol a Rhanbarthol y Rhaglen yn darparu goruchwyliaeth ar gyfer y swyddogion heddlu sy'n darparu'r Rhaglen ac yn arsylwi ar isafswm o un wers gan bob swyddog heddlu bob blwyddyn.

## **7. Niwed i'r ymennydd sy'n gysylltiedig ag alcohol (ARBD)**

### **7.1 Mwy o fanylion am y canllawiau sydd ar gael i glinigwyr wrth ymdrin â niwed i'r ymennydd sy'n gysylltiedig ag alcohol;**

Cyhoeddodd NICE ganllawiau newydd yn gynharach eleni sy'n nodi camau i reoli ac atal y cyflyrau niwed i'r ymennydd sy'n gysylltiedig ag alcohol, sef Enseffalopathi Wernicke a Syndrom Wernicke/Korsakoff. Mae hyn yn arbennig o bwysig gan fod rheolaeth effeithiol yn gallu atal afiechyd aciwt ac yn cynnig potensial i osgoi oes o niwed i'r ymennydd ac anabledd yn y dyfodol. Achos mwyaf cyffredin y syndrom hwn yw camddefnydd dibynnol o alcohol.

Fe gomisiynodd Llywodraeth Cymru ddau adroddiad y llynedd hefyd, y naill gan Alcohol Concern Cymru a'r llall gan Iechyd Cyhoeddus Cymru ar niwed i'r ymennydd sy'n gysylltiedig ag alcohol:-

(<http://www.alcoholconcern.org.uk/?s=all+in+the+mind> a

[http://www2.nphs.wales.nhs.uk:8080/SubstanceMisuseDocs.nsf/5633c1d141208e8880256f2a004937d1/8455b3ff0835b96980257dfd0035cde3/\\$FILE/Evidence-based%20profile%20of%20alcohol%20related%20brain%20damage%20in%20Wales.pdf](http://www2.nphs.wales.nhs.uk:8080/SubstanceMisuseDocs.nsf/5633c1d141208e8880256f2a004937d1/8455b3ff0835b96980257dfd0035cde3/$FILE/Evidence-based%20profile%20of%20alcohol%20related%20brain%20damage%20in%20Wales.pdf)

Roedd yr adroddiadau hyn yn gwneud nifer o argymhellion ynghylch atal, canfod yn gynnar; diagnosis ac ymgysylltu; triniaeth a chymorth; a sefydlu sylfaen dystiolaeth gadarn. Yr argymhellion allweddol yw cynnig thiamin trwy'r geg ac, os yw'r driniaeth yn galw am hynny, thiamin parenterol ym mhen uchaf amrediad Llyfr Fformiwlâu Cenedlaethol Prydain i'r rhai sydd mewn perygl o ddatblygu enseffalopathi Wernicke e.e. y rhai â defnydd niweidiol o alcohol neu sy'n gaeth i alcohol a'r rhai sydd o bosibl â diffyg maeth, sydd yn y cyfnod diddyfnu aciwt neu sydd â chlefyd yr afu sydd wedi arwain at anghydadferiad. Mae unigolion digartref sy'n camddefnyddio alcohol mewn perygl yn arbennig. I'r rhai sy'n datblygu enseffalopathi, dylid rhoi thiamin parenterol am isafswm o 5 niwrnod a thiamin trwy'r geg wedyn. Efallai y bydd ar rai unigolion sy'n datblygu syndrom Wernicke-Korsakoff angen cymorth ychwanegol neu leoliad arbenigol.

## **7.2 Data ynghylch maint problem niwed i'r ymennydd sy'n gysylltiedig ag alcohol yng Nghymru;**

Dros y cyfnod o bum mlynedd (2008-12), bu tuedd gyffredinol tuag i fyny yn niferoedd y preswylwyr yng Nghymru â diagnosis o gyflyrau niwed i'r ymennydd sy'n gysylltiedig ag alcohol sy'n gynnydd o 38.5 y cant. Fodd bynnag, cydnabyddir (fel a argymhellir yn adroddiad lechyd Cyhoeddus Cymru ar niwed i'r ymennydd sy'n gysylltiedig ag alcohol) bod angen gwneud mwy o waith i ganfod ffigyrau mwy cywir ynghylch nifer yr achosion a phroffiliau epidemiogaidd ar gyfer cleifion â niwed i'r ymennydd sy'n gysylltiedig ag alcohol a'r rhai â 'risg uchel'.

## **7.3 Mwy o wybodaeth am y modd y mae'r gwasanaethau sydd ar gael i'r rhai â niwed i'r ymennydd sy'n gysylltiedig ag alcohol pan gânt eu hatgyfeirio'n cael eu cynllunio a'u darparu.**

Mae Llywodraeth Cymru yn ystyried pa gymorth a chanllawiau ychwanegol y gall eu rhoi i helpu i atal a thrin niwed i'r ymennydd sy'n gysylltiedig ag alcohol. Mae'r gwaith hwn wedi cynnwys cefnogi cynhadledd ar niwed i'r ymennydd sy'n gysylltiedig ag alcohol a gynhaliwyd yn Adeilad Pierhead, Bae Caerdydd ar 3 Mawrth 2015. (<http://www.brynawel.org/arbld>). Bu siaradwyr o Lerpwl, Fife a Glasgow yn rhannu eu profiadau o redeg gwasanaethau niwed i'r ymennydd sy'n gysylltiedig ag alcohol ac roedd y cynadleddwyr yn cynnwys seiciatryddion, seicolegwyr, nyrsys, gweithwyr camddefnyddio sylweddau ac academyddion.

Mae canlyniadau'r gynhadledd ynghyd ag argymhellion adroddiadau Alcohol Concern Cymru ac lechyd Cyhoeddus Cymru yn cael eu defnyddio i oleuo penderfyniadau o ran pa gamau gweithredu mewn perthynas â nNiwed i'r ymennydd sy'n gysylltiedig ag alcohol y bydd Llywodraeth Cymru yn eu cynnwys yn ei Chynllun Cyflawni tair blynedd newydd ar Gamddefnyddio Sylweddau 2015 – 18 sydd i fod i gael ei gyhoeddi ar gyfer ymgynghori yn ddiweddarach eleni.



## **8. Darparu canolfannau Dadwenwyno Preswyl**

### **8.1 Dadansoddiad o leoliad a chapasiti canolfannau dadwenwyno preswyl yng Nghymru;**

Mae gan Gymru 4 o ganolfannau adsefydlu preswyl sydd wedi'u cofrestru gydag Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru:-

- Canolfan Adsefydlu Alcohol Brynawel, Llanhari – 16 gwely cam 1<sup>af</sup>, 5 gwely ail gam.
- Tŷ Ashcroft, Caerdydd – 12 gwely cam 1<sup>af</sup> (menywod yn unig)
- Ty'n Rhodin, Bangor – 7 gwely cam 1<sup>af</sup>
- Open Minds, Wrecsam = 12 gwely cam 1<sup>af</sup>, 6 gwely ail gam.

Mae gan Gymru 3 uned ddadwenwyno bwrpasol i gleifion mewnol:-

- Uned Adfer, Caerdydd – 12 gwely.
- Uned Calon Lân, Baglan – 5 gwely
- Hafan Wen, Wrecsam – 25 gwely

### **8.2 Gwybodaeth am y modd y caiff y ddarpariaeth ei chynllunio a pha un a oes unrhyw fylchau ar hyn o bryd;**

Byrddau Cynllunio Ardal sy'n gyfrifol am gomisiynu a darparu gwasanaethau camddefnyddio sylweddau ac ymyriadau polisi eraill sy'n gysylltiedig â gweithredu strategaeth a chynllun cyflawni Llywodraeth Cymru. Mae hyn yn cynnwys y gofyniad i gynhyrchu strategaeth comisiynu gwasanaethau camddefnyddio sylweddau yn seiliedig ar asesiad cadarn o anghenion lleol, ochr yn ochr â dadansoddiad o'r farchnad ac adnoddau. Felly dylai Byrddau Cynllunio Ardal fod mewn sefyllfa i ganfod bylchau yn y gwasanaethau a ddarperir ar hyn o bryd (gan gynnwys mewn perthynas â gwasanaethau Haen 4) ac i flaenoriaethu'r adnoddau a ddyrennir i ddiwallu angen cysylltiedig y boblogaeth leol am wasanaethau camddefnyddio sylweddau.

Mae £1m o'r £23m a ddyrennir o'r Gronfa Weithredu ar Gamddefnyddio Sylweddau i Fyrddau Cynllunio Ardal Camddefnyddio Sylweddau wedi'i neilltuo ar gyfer gwasanaethau Haen 4. Yn 2014/15 defnyddiwyd y cyllid hwn i brynu 90 (52 yng Nghymru) o leoliadau adsefydlu preswyl a 42 (37 yng Nghymru) o leoedd dadwenwyno i gleifion mewnol.

Fodd bynnag, mae lleoliadau adsefydlu preswyl yn cael eu prynu'n bennaf gan ddefnyddio cyllidebau Gwasanaethau Cymdeithasol Awdurdodau Lleol. Mae'r £1m o'r Gronfa Weithredu ar Gamddefnyddio Sylweddau wedi'i fwriadu i ategu nid disodli'r cyllidebau hyn.

### **8.3 Amlinelliad i ddynodi pa un a oes unrhyw ganolfannau dadwenwyno preswyl yng Nghymru sy'n benodol ar gyfer menywod.**

Mae un ganolfan adsefydlu i fenywod yn unig yng Nghymru – Tŷ Ashcroft, Caerdydd, sy'n gyfleuster cam 1<sup>af</sup> â 12 gwely.

## **9. Meddygon Teulu**

### **9.1 Mwy o fanylion am y newidiadau i hyfforddiant ar gyfer meddygon teulu y cyfeirioch chi atynt;**

Gellir meddwl am hyfforddiant i feddygon ar sail haenau; bydd yr holl fyfyrwyr meddygaeth, fel rhan o'u cwricwlwm craidd, yn cael hyfforddiant sylfaenol i ddeall, adnabod a rheoli canlyniadau meddygol camddefnyddio alcohol a sylweddau. Bydd gan brifysgolion gwahanol gwricwla gwahanol a bydd hyd yr hyfforddiant sylfaenol hwnnw'n amrywio rhyngddynt hefyd.

Er mai meddygon cyffredinol ydynt, mae disgwyl i feddygon teulu fod â dealltwriaeth eang hefyd am yr holl gyflyrau meddygol cyffredin y mae'n debygol y bydd angen iddynt eu rheoli. Bydd hyn, wrth gwrs, yn cynnwys cynnig cyngor a chymorth i bobl â phroblemau sylweddau ac alcohol. Bydd hefyd yn cynnwys deall pa gyffuriau ar bresgripsiwn all gael eu camddefnyddio a.y.b.

Fel a grybwyllwyd yn y dystiolaeth i'r pwyllgor, bydd rhai meddygon teulu wedyn, naill ai oherwydd proffil cleifion eu practis neu ddi-ddordeb penodol, yn cael hyfforddiant ychwanegol i gymhwyso ar gyfer tystysgrif mewn camddefnyddio sylweddau. Mae hyn yn galw am amser sylweddol i astudio'r opsiynau rheoli a thriniaeth ar gyfer camddefnyddwyr sylweddau ac maent wedyn yn gallu "rhannu'r gofal", gyda gwasanaethau arbenigol ac, yn arbennig, rhagnodi ar gyfer y claf hwnnw a gaiff ei ryddhau i'r cynllun gan wasanaethau eilaidd arbenigol, gan felly ryddhau lle i glaf newydd arall gael ei reoli mewn gofal eilaidd. Mae'r cynllun hwn yn boblogaidd gan gleifion gan ei fod yn gallu osgoi teithiau hir i'r clinig arbenigol.

### **9.2 Sut y mae canlyniadau'r newidiadau hyn i hyfforddiant ar gyfer meddygon teulu'n cael eu mesur a'u monitro;**

O ran ansawdd mae'r cwrs i feddygon teulu'n cael ei fonitro gan Goleg Brenhinol yr Ymarferwyr Cyffredinol sy'n mynnu lefelau presenoldeb penodol. Caiff meddygon teulu o'r fath sy'n arbenigo mewn camddefnyddio sylweddau eu hannog i ymuno â grŵp cymheiriaid ar gyfer cymorth i sicrhau bod cyngor ynghylch maes sy'n gallu bod yn gryn her ar gael yn rhwydd.

### **9.3 Tystiolaeth o welliannau a wnaed;**

Mae meddygon teulu ac ymarferwyr eraill ym maes gofal sylfaenol sy'n fodlon cael hyfforddiant arbenigol mewn camddefnyddio sylweddau a sefydlu gwasanaethau rhannu'r gofal yn ei gwneud yn bosibl rhyddhau lleoedd mewn gofal eilaidd. Mae hyn wedi arwain at ostyngiad sylweddol mewn amseroedd aros dros y blynyddoedd diwethaf. Ar lefel genedlaethol, mae'r Dangosyddion Perfformiad Allweddol yn dynodi bod gwelliant wedi bod o 73% yn 2009/10 i 87.2% yn 2013/2014 yn nifer y bobl sy'n cael triniaeth o fewn 20 niwrnod i gael eu hatgyfeirio.

#### **9.4 Eich barn am effaith defnyddio locymau ar y gofal y mae cleifion yn ei gael**

Mae parhad y gofal yn un o'r egwyddorion craidd i feddygon teulu; fodd bynnag, bydd adegau megis absenoldeb oherwydd salwch neu hyfforddant pan fydd angen i feddygon teulu gyflogi locymau i sicrhau bod meddygfeydd yn gallu darparu gwasanaeth. Wrth gwrs, mae'n rhaid i feddygfeydd fod ar agor bob dydd felly pan fo meddyg teulu i ffwrdd o'r gwaith mae cyflogi locymau'n amhosibl i'w osgoi i lawer o bractisiau. Fodd bynnag, mae meddygon teulu'n gofyn i rai cleifion wneud apwyntiadau i'w gweld hwy'n benodol os yw parhad yn bwysig yn yr achos clinigol arbennig hwnnw.

### **10. Iechyd meddwl**

#### **10.1 Eich barn wrth ystyried i ba raddau y dylai gwasanaethau iechyd meddwl a gwasanaethau camddefnyddio alcohol a sylweddau gael eu hintegreiddio, ac i ba raddau y maent wedi'u hintegreiddio.**

Mae bod â phroblem iechyd meddwl a phroblem camddefnyddio sylweddau – boed yn ddifrifol neu'n gymedrol – yn gallu achosi trallod sylweddol i bobl a'u teuluoedd. Mae hefyd yn effeithio ar eu gallu i fyw bywyd cwbl foddhaus. Yn yr achosion mwyaf eithafol, gall arwain at gynnydd mewn hunanladdiadau, gorddosau angheuol damweiniol, sepsis neu glefyd yr afu ac, mewn nifer fach iawn o achosion, gall ddod yn ffactor sy'n achosi i bobl gyflawni troseddau difrifol.

Mae'r ffigyrau diweddaraf yn dangos bod gan hyd at dri ym mhob pedwar person sy'n camddefnyddio cyffuriau broblem iechyd meddwl hefyd a bod mwy na hanner y bobl â phroblemau camddefnyddio sylweddau hefyd yn cael diagnosis o anhwylder iechyd meddwl ar ryw adeg yn eu bywydau. Alcohol yw'r sylwedd mwyaf cyffredin a gamddefnyddir a phan fo problem camddefnyddio cyffuriau'n digwydd, mae'n aml yn cyd-ddigwydd â phroblem camddefnyddio alcohol.

Er bod Mesur Iechyd Meddwl (Cymru) 2010 yn gosod gofyniad ar wasanaethau gofal eilaidd i sefydlu cynllun gofal a thriniaeth ar gyfer pobl â phroblem iechyd meddwl gymhleth, mae Llywodraeth Cymru yn cydnabod bod hwn yn faes lle mae angen mwy o eglurder ynghylch rolau a chyfrifoldebau gwasanaethau camddefnyddio sylweddau a gwasanaethau iechyd meddwl. Ceir bylchau hefyd yng ngwybodaeth y gweithlu ynghylch problemau camddefnyddio sylweddau a phroblemau iechyd meddwl sy'n cyd-ddigwydd ac mae angen ymdrin â'r bylchau hyn.

Er mwyn ymateb i'r materion hyn, mae Llywodraeth Cymru wedi ymgynghori'n ddiweddar ar fframwaith triniaethau camddefnyddio sylweddau diwygiedig 'Diwallu anghenion Pobl â Phroblemau Camddefnyddio Sylweddau a Phroblemau Iechyd Meddwl sy'n Cyd-ddigwydd'. Daeth yr ymgynghoriad i ben ar 23 Ebrill ac mae'r ddogfen derfynol i fod i gael ei chyhoeddi mis nesaf. Mae'r fframwaith diwygiedig yn darparu eglurder o ran cyfrifoldebau clinigol ac yn cynnwys diweddariad o ran y datblygiadau allweddol a fu ers iddo gael ei gyhoeddi gyntaf yn 2007 i ysgogi gweithredu cyson ledled Cymru. Fodd bynnag mae Byrddau Cynllunio Ardal a Byrddau Partneriaeth Iechyd Meddwl Lleol yn glir y dylent fod yn diwallu anghenion y grŵp cleientiaid hwn ac nid yn disgwyl i ganllawiau diwygiedig gael eu cyhoeddi.

Bydd y fframwaith gwasanaeth newydd yn cynorthwyo gweithwyr iechyd proffesiynol i gydweithio i ddiwallu anghenion pobl â phroblem iechyd meddwl a phroblem camddefnyddio sylweddau gan sicrhau bod gwasanaethau iechyd meddwl a gwasanaethau camddefnyddio sylweddau ar gyfer oedolion, plant a phobl ifanc wedi'u hintegreiddio.

Byddwn hefyd yn datblygu cynllun hyfforddi ategol i ategu'r fframwaith diwygiedig ac yn monitro'r broses o'i weithredu trwy Fyrddau Cynllunio Ardal a Byrddau Partneriaeth Iechyd Meddwl Lleol.

## **11. Labelu alcohol**

### **11.1 Eich barn am effeithiolrwydd y term 'uned o alcohol' o ran helpu pobl i ddeall faint o alcohol y maent yn ei yfed, a pha un a ydych yn ystyried opsiynau eraill.**

Rydym yn parhau i hyrwyddo negeseuon ynghylch yfed yn synhwyrol trwy Newid Am Oes, ein gwaith mewn partneriaeth gydag Alcohol Concern Cymru, a chyflawni'r rhaglen ymyriadau byr 'Have a Word'. Fel rhan o'r dull hwn, mae gennym ystod o offer ar gael i helpu pobl i ddeall unedau o alcohol yn rhwydd gan gynnwys yr ap 'Un Ddiod, Un Clic' ar gyfer ffonau clyfar a chyfrifydd unedau Alcohol Concern.

Mae'r pedwar Prif Swyddog Meddygol yn y DU wedi comisiynu adolygiad o'r canllawiau presennol ar alcohol a fydd yn ystyried y wyddoniaeth sydd ar gael o ran sut orau y gallwn gyfleu'r risgiau i iechyd sy'n gysylltiedig â chamddefnyddio alcohol. Bydd Llywodraeth Cymru yn ystyried effaith yr adolygiad ar ei chanllawiau presennol ynghylch yfed yn synhwyrol unwaith y bydd adroddiad wedi'i lunio ar ganlyniadau'r adolygiad.

### **11.2 Eich barn am y penderfyniad trawsbleidiol diweddar yn Senedd Ewrop ynghylch labelu alcohol gan gynnwys pa un a yw Llywodraeth Cymru yn cytuno â'r safbwynt hwn ai peidio;**

Mae Llywodraeth Cymru yn cefnogi penderfyniad trawsbleidiol Senedd Ewrop ynghylch labelu alcohol, gwybodaeth faethol ar gyfer alcohol a strategaeth alcohol newydd.

### **11.3 Pa un a yw Llywodraeth Cymru wedi cael unrhyw drafodaethau gyda Llywodraeth y DU ynghylch y mater hwn.**

Mae swyddogion mewn cysylltiad yn rheolaidd gyda swyddogion yn yr Adran Iechyd i sicrhau bod y farn yng Nghymru yn cael ei bwydo i mewn i ohebiaeth y DU ynghylch y materion hyn.

## **12. Ymyriadau byr ar alcohol**

### **12.1 Eich barn a oes digon yn cael ei wneud i fonitro effeithiolrwydd y dull ymyriadau byr ar alcohol;**

Mae'r rhaglen ymyriadau byr ar alcohol 'Have a Word' yn seiliedig ar dystiolaeth bod 'ymyriadau byr' yn effeithiol o ran lleihau arferion yfed problemus. Yn fwy diweddar, fe gynhaliodd y Rhaglen Trawsnewid Gwella Iechyd yn Iechyd Cyhoeddus Cymru adolygiad

o ymyriadau byr ar alcohol a chanfu dystiolaeth dda o'u heffeithiolrwydd, yn enwedig mewn lleoliadau gofal sylfaenol.

Mae Iechyd Cyhoeddus Cymru yn parhau i fonitro a gwerthuso'r broses o ddarparu 'Have a Word' ar draws yr holl Fyrddau Iechyd Lleol ac ar sail Cymru gyfan. Mae bron i 8000 o bobl wedi cael hyfforddiant erbyn hyn, gyda thua 65% yn dweud eu bod yn darparu ymyriadau byr yn rheolaidd.

## **12.2 Pa un a oes angen dull mwy strategol ar gyfer ymyriadau byr ar alcohol.**

Yn 2011, ymgwymerodd Llywodraeth Cymru â Phartneriaeth Trosglwyddo Gwybodaeth dros gyfnod o 24 mis, ar y cyd â Phrifysgol Caerdydd ac Iechyd Cyhoeddus Cymru, i ddarparu'r rhaglen Ymyriadau Byr ar Alcohol. Nod strategol y Partneriaeth Trosglwyddo Gwybodaeth oedd datblygu model ar gyfer rhoi'r mathau hyn o raglenni ymyrryd ar waith yn y GIG. Wedyn gallai'r model hwn gael ei gymhwyso i ymyriadau atal eraill ar draws sawl maes megis cyfiawnder troseddol, iechyd rhyw a lleoliadau gofal sylfaenol yn ogystal â rhaglenni presennol mewn lleoliadau gofal sylfaenol ac eilaidd.

Roedd adroddiad terfynol y Partneriaeth Trosglwyddo Gwybodaeth, a gyhoeddwyd yn 2013, yn cynnwys nifer o argymhellion ar gyfer ymestyn y rhaglen Ymyriadau Cynnar ar Alcohol "Have a Word" y tu hwnt i'w chylch gwaith gwreiddiol, gan gynnwys y GIG a sefydliadau nad ydynt yn rhan o'r GIG.

Mae Cynllun Gweithredol drafft Iechyd Cyhoeddus Cymru ar gyfer 2015/16 yn cynnwys parhau i ddarparu a gwerthuso'r rhaglen ymyriadau byr fel blaenoriaeth, ehangu ei chymhwysiad yn fwy fel offeryn cefnogol i fynd i'r afael ag ymddygiadau integredig o ran ffordd o fyw e.e. ysmegu a lefelau gweithgarwch corfforol yn hytrach na dim ond alcohol.

Mae Prif Swyddog Meddygol Cymru wedi ysgrifennu'n flaenorol at Brif Swyddogion Meddygol Lloegr, yr Alban a Gogledd Iwerddon i'w briffio ynghylch ein gwaith o ran ymyriadau byr ar alcohol ac eleni fe gytunon ni, trwy gytundeb trwydded, y gallai Gweithwyr Iechyd Proffesiynol o Public Health England gael eu hyfforddi gan Iechyd Cyhoeddus Cymru i ddarparu'r ymyriadau byr ar alcohol yn Lloegr.



David Rees AC  
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol  
Y Swyddfa Ddeddfwriaeth  
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10 Gorffennaf 2015

Annwyl Gadeirydd,

### **Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)**

Yn dilyn cyhoeddi eich Adroddiad Cam 1 ar y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru), roeddwn eisiau mynegi fy nghefnogaeth yn ffurfiol i'r Adroddiad a'i argymhellion.

Rwy'n falch fod y Pwyllgor wedi rhoi ystyriaeth i'm tystiolaeth i'r Pwyllgor, a'i fod wedi ymateb i'r pryderon a fynegais. Mae nifer o argymhellion yn mynd i'r afael yn uniongyrchol â'r meysydd sy'n 'gyfleoedd a gollwyd' yn fy marn i, ac maent hefyd yn bwrw ymlaen â rhai o'r Anghenion Gweithredu sydd yn fy Adolygiad o Gartrefi Gofal, Lle i'w Alw'n Gartref?, a luniais gyda'r bwriad y byddai'r ddeddfwriaeth hon yn bwrw ymlaen â nhw.

Rwyf wedi ysgrifennu at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a hefyd wedi anfon briffiad i holl Aelodau'r Cynulliad i fynegi fy nghefnogaeth lwyr i argymhellion yr Adroddiad ac i argymhell eu bod yn dod i rym.

Yn gywir,

**Sarah Rochira**

**Comisiynydd Pobl Hŷn Cymru**

# Eitem 7

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

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