Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

15/12/2016

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Others in attendance

Naomi Alleyne	Cymdeithas Llywodraeth Leol Cymru Welsh Local Government Association
Dr Phil Banfield	Cymdeithas Feddygol Prydain Cymru British Medical Association Wales
Dr Jane Fenton-May	Coleg Brenhinol yr Ymarferwyr Cyffredinol Royal College of General Practitioners
Robert Hartshorn	Cyfarwyddwyr Diogelu'r Cyhoedd Cymru Directors of Public Protection Wales
Dr Sarah Jones	Cyfarwyddwyr Diogelu'r Cyhoedd Cymru Directors of Public Protection Wales
Dr Stephen Monaghan	Cymdeithas Feddygol Prydain Cymru British Medical Association Wales
Dr Rebecca Payne	Coleg Brenhinol yr Ymarferwyr Cyffredinol Royal College of General Practitioners
Simon Wilkinson	Cymdeithas Llywodraeth Leol Cymru Welsh Local Government Association

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

Gareth Howells	Cynghorydd Cyfreithiol Legal Adviser
Claire Morris	Ail Glerc Second Clerk
Sarah Sargent	Dirprwy Glerc Deputy Clerk
Philippa Watkins	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 10:20.
The meeting began at 10:20.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introductions, Apologies, Substitutions and Declarations of Interest

[1] **Dai Lloyd:** Bore da i chi i gyd. Croeso i gyfarfod diweddaraf y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yma yn y Cynulliad. A gaf i ddechrau gan groesawu fy nghyd-Aelodau? Rydym ni wedi derbyn ymddiheuriadau gan Dawn Bowden, ac mae Lynne a Jayne yn rhedeg yn hwyr. A allaf egluro i bawb, yn naturiol, yn cynnwys yr oriel gyhoeddus, bod y cyfarfod yma yn rhedeg yn ddwyieithog? Gellid defnyddio clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1 neu i glywed cyfraniadau yn yr iaith wreiddiol yn well ar sianel 2. A allaf i atgoffa pawb i ddiffodd eu ffonau symudol, yn cynnwys y Cadeirydd, ac unrhyw offer electronig arall a ellid ymyrryd â'r offer darlledu, gan fod y pwyllgor yma yn mynd allan yn fyd-eang ar y cyfryngau? Nid ydym ni'n disgwyl tân

Dai Lloyd: Good morning, everyone, and welcome to the latest meeting of the Health, Social Care and Sport Committee here in the Assembly. May I begin by welcoming my fellow Members? We have received apologies from Dawn Bowden, and Lynne and Jayne are running a little late. May I explain to everyone, including the public gallery, that this meeting is bilingual? The headphones can be used to hear interpretation from Welsh to English on channel 1, or to hear the verbatim feed better on channel 2. May I remind everyone to turn off their mobile phones, including me as Chair, and any other electronic equipment that could interfere with the broadcasting equipment, as this committee is being broadcast live on the media? We don't expect a fire alarm this morning, so, if the alarm does sound,

y bore yma, ac, os fydd larwm yn canu, dylid dilyn cyfarwyddiadau'r tywyswyr a gadael yn drefnus.

please follow the direction of the ushers and leave in an orderly fashion.

10:21

Bil Iechyd y Cyhoedd (Cymru): Cyfnod 1—Sesiwn Dystiolaeth 5—Cymdeithas Llywodraeth Leol Cymru a Chyfarwyddwyr Diogelu'r Cyhoedd Cymru
Public Health (Wales) Bill: Stage 1—Evidence Session 5—Welsh Local Government Association and Directors of Public Protection Wales

[2] **Dai Lloyd:** Gyda hynny, felly, mi wnawn i symud ymlaen i eitem 2, a chraffu ar Fil Iechyd y Cyhoedd (Cymru), Cyfnod 1. Hon yw'r bumed sesiwn dystiolaeth, ac o'n blaenau ni mae Cymdeithas Llywodraeth Leol Cymru a Chyfarwyddwyr Diogelu'r Cyhoedd Cymru. Felly, rydw i'n gwybod bod Naomi Alleyne mewn cyfarfod arall ar hyn o bryd, ac mi fydd hi'n ymuno â ni pan fydd hi'n gadael y pwyllgor hwnnw. Felly, a gaf groesawu Simon Wilkinson hefyd, sy'n swyddog polisi gwasanaethau rheng flaen, a rheolaethau Cymdeithas Llywodraeth Leol Cymru, Robert Hartshorn, o Gyfarwyddwr Diogelu'r Cyhoedd Cymru, a Dr Sarah Jones, Cyfarwyddwyr Diogelu'r Cyhoedd Cymru hefyd? Felly, croeso i chi i gyd.

Dai Lloyd: With that, therefore, we'll move on to item 2, which is scrutiny of the Public Health (Wales) Bill, Stage 1. This the fifth evidence session, and before us we have the Welsh Local Government Association, and the Directors of Public Protection Wales. I know that Naomi Alleyne is another meeting at present, and she will join us when she leaves that committee. So, may I welcome Simon Wilkinson also, who is the regulatory and front-line services policy officer of the WLGA, Robert Hartshorn, from the Directors of Public Protection Wales, and Dr Sarah Jones, also from Directors of Public Protection Wales? So, welcome to you all.

[3] Yn dilyn ein trefn arferol, awn ni'n syth i fewn i gwestiynau. Mae gyda ni awr i graffu ar eich tystiolaeth, ac ar beth rydych chi'n meddwl o'r Bil Iechyd y Cyhoedd (Cymru) yma. Felly, awn yn syth i

Following our usual fashion, we will move straight into questions. We have an hour for scrutiny of your evidence, and to find out what you think of the Public Health (Wales) Bill. So, we'll move straight to questions.

fewn i gwestiynau. Nid oes yn rhaid i chi deimlo bod yn rhaid i bob un ohonoch chi ateb pob un o'r cwestiynau. Cymerwch nhw yn eu trefn. Ac mi wnawn ni ddechrau efo'r materion cyffredinol ynglŷn â'r Bil yma, ac mae Julie Morgan yn mynd i ofyn y cwestiwn cyntaf.

Don't feel that each and every one of you has to answer all the questions. Take them as they come. And we'll begin with the general issues in relation to this Bill, and Julie Morgan will ask the first question.

[4] **Julie Morgan:** Thank you, Chair, and bore da. I wondered if the first question could be to ask you what your general view of the Bill is. Could you give your general impressions of how you feel it's tackling the key issues for public health?

[5] **Mr Hartshorn:** Sorry, I was just understanding how—

[6] **Julie Morgan:** You don't touch the microphone; it comes on automatically.

[7] **Mr Hartshorn:** All right. Thank you. There we are. Thank you, and thank you for inviting us to participate today. We very much welcome this Bill. We see it as a rational, targeted approach, introducing potentially some practical measures to protect the public in Wales.

[8] **Julie Morgan:** Thank you. Any other comments?

[9] **Mr Wilkinson:** Absolutely. We're fully in line with that, actually.

[10] **Julie Morgan:** Do you feel there's anything that has been omitted that could be in the Bill?

[11] **Mr Hartshorn:** We do welcome the proposals that are within the Bill. We have been—. There are some areas that may warrant further consideration. We've been lobbying recently in relation to licensing of food business operators, for example, and we're pleased to see that Welsh Ministers have just this week issued a statement supporting the prospect of a licensing scheme for food business operators. Whether that was brought forward within this legislation or other legislation that is something that we would like to see in Wales. It would enhance things that are Welsh-specific in Wales around food, such as the mandatory food hygiene rating scheme. More broadly, we're interested in minimum unit pricing, but we do understand the

circumstances around legislating in respect of that.

[12] **Julie Morgan**: Thank you. What about the WLGA?

[13] **Mr Wilkinson**: I think Rob has actually summed up the feeling. We've obviously had a discussion beforehand. Maybe when we go through some of the other provisions within the proposed Bill, maybe in relation to the retailers register for tobacco, there are some issues that we think maybe could be considered going forward in terms of strengthening the provisions and perhaps we'll be able to come on to that a little later.

[14] **Julie Morgan**: Yes, we'll be discussing that, I think, in more detail. Then, a final question from me: what about the resources available for the Bill? Have you got any comments on that?

[15] **Mr Hartshorn**: Obviously, within the regulatory impact assessment, there are some descriptions of potential requirements on resources. I think, overall, when you look at the suite of legislation that's proposed within the Bill, actually, any sense of additional resources is quite modest. An area of the Bill that we particularly welcome is around special procedures and the proposal to license those undertaking special procedures. This is an area that we are already active in, in terms of enforcement. I think that's true of many other aspects of the Bill. There are areas where, from a regulatory and public protection enforcement perspective, we're already active in those areas and in many respects these are about tools that will enhance our ability.

[16] In respect of special procedures—I'm sure you'll come on to that in more detail—actually, the existing legislation framework is really quite cumbersome in respect of those procedures, and so we see that there will actually be some efficiencies for us in that area. Clearly, there are some additional expectations on us. I don't think we're here particularly to talk about provision of public toilet strategies, for instance, but, from a local-government perspective, I think there would be concerns about raised expectations around that aspect of the Bill. I appreciate that my colleague, Naomi, has only just walked in, but she may have some comments on that as well.

[17] **Mr Wilkinson**: I think, in terms of the general nature of the way that the Bill has been framed, the licensing elements all come with a cost-recovery fee-setting basis, which should, if properly worked through, enable local authorities to recover the costs of that licensing process and also of any

enforcement of the new proposed systems as well. So, I think as long as the framing of the legislation is designed to fully cover the costs of that administrative and enforcement work within the function of that local government structure, we'd be quite happy with that.

[18] **Dai Lloyd**: Grêt, diolch yn fawr. A gaf i groesawu felly Naomi Alleyne i'r cyfarfod? Roeddem ni wedi derbyn eich ymddiheuriadau, ac yn deall eich bod chi mewn cyfarfod arall yn yr adeilad hwn, felly, na phoener. Newydd ddechrau rydym ni, ta beth, ar y materion cyffredinol. Fe ddown ni at y gwahanol fanylion yn y man, fel eich bod yn deall bod y cyfarfodydd yma'n rhedeg. Rhun, a oedd gyda ti gwestiwn ar yr adran yma?

Dai Lloyd: Great, thank you very much. May I welcome Naomi Alleyne to the meeting? We had received your apologies, and understood that you were in another meeting in this building, so don't worry. We've only just started, anyhow, talking about the general issues. We'll focus in on the details in a moment, as you'll see, as this meeting continues. Rhun, did you have a question on this section?

[19] **Rhun ap Iorwerth**: Roeddwn i'n meddwl y byddai'n eithaf neis cael, yn gyntaf, argraffiadau Naomi Alleyne ynglŷn â'r Bil yn gyffredinol ond hefyd yn benodol yr elfen o'r impact mae'r Bil yma'n mynd i gael ar lywodraeth leol yn benodol. Mae yna sbel o ofynion ar lywodraeth leol. Pa ystyriaeth ydych chi'n meddwl sydd wedi cael ei roi o ran yr *input* o ran adnoddau ariannol neu fel arall a fydd eu hangen ar lywodraeth leol i ddelifro hwn?

Rhun ap Iorwerth: I think it would be quite nice, to begin with, to have Naomi Alleyne's impressions of the Bill in general, but also specifically the element of the impact that this Bill is going to have on local government specifically. There are a number of requirements on local government. What consideration has been given, in your opinion, in terms of the input and financial resources or otherwise that will be needed by local government to deliver this?

[20] **Ms Alleyne**: Firstly, apologies that I was late. I very much welcome the Bill for its proposed impact around public health and the improvements. I think the consideration is probably similar to what Robert has set out, which is around some of the financial implications, but also the opportunities that this Bill gives in terms of improving public health and the protection of the public within that. I specifically looked at the public strategy part of it because, again, I think there are some opportunities through the licensing to recover some of those costs, but there are probably some areas where there

will be financial implications that we'll need to consider or monitor in more detail and continue discussions with Welsh Government if they're becoming too burdensome within those areas.

[21] **Rhun ap Iorwerth**: And local government is presumably already engaged in trying to make those assessments as you go along.

[22] **Ms Alleyne**: Yes.

[23] **Dai Lloyd**: Fe wnawn droi nawr at y gwahanol adrannau ac fe wnawn ddechrau efo'r adrannau yna sydd yn ymwneud efo ysmygu a mangreoedd di-fwg yn benodol. Mae Julie'n mynd i arwain ar y cwestiynau yma.

Dai Lloyd: Turning now to the different sections, we'll start with the section relating to smoking and smoke-free premises. Julie is leading on these questions.

[24] **Julie Morgan**: Obviously, this does extend the smoke-free areas. How do you feel about the extension to school grounds, hospital grounds and public playgrounds, and do you think they're sufficiently defined?

10:30

[25] **Mr Hartshorn**: We welcome the extension of smoke-free environments. The introduction of the smoking ban in enclosed public places was probably the most significant public health intervention that I've been involved in. I've been working within environmental health for over 30 years. So, as a profession, we're proud—and proud in Wales—that we were able to be involved in that. I think that, perhaps, yes, the time is right to consider extending those proposals. It is a balance in terms of—. What we found is that the ban on smoking in enclosed public places has been largely self-enforcing. So, as you will be aware, there's huge support across our communities. I think, in considering extending to other smoke-free environments, we need to be looking to tap into that as well. I think that the proposals within the Bill do reflect that. Most local authorities, if not all, have arrangements in place—voluntary bans—around smoking in children's play areas and school playgrounds. Hospitals, I think, are another area where, really, there is a disconnect between open smoking in hospital grounds and the reason why hospitals are there and treating people, perhaps, with smoking-related illnesses.

[26] In terms of definitions, I think, perhaps, certainly around children's

playgrounds and play areas, there needs to be careful consideration around what is meant by that. We do welcome that, but what is meant by play equipment? A roundabout, a swing and a slide are obviously play equipment. Is a skateboard ramp? Probably. Is a basketball hoop? So, that needs some sort of consideration. Not all play areas have a defined enclosure, and I know there's a proposal within the Bill to talk in terms of a 5m distance, and that seems appropriate, but that probably does need careful consideration so that there is clarity for the public, and clarity for us in terms of enforcing any legislation.

[27] **Julie Morgan**: One of the issues that have come up in my constituency is where hospitals have banned smoking in their grounds. The issue goes on to the nearest local streets, and it just seems that anywhere you actually bring in a ban, it then displaces it to somewhere else. I have a lot of residents in my constituency complaining about smokers smoking outside the hospital grounds. I just wondered whether you had a view on this, because everything you do does displace it to somewhere else.

[28] **Mr Hartshorn**: Yes, if I can just comment on that as well. I think there probably is a mix of views around this, for the reason that you say. It's thinking through the consequences of banning in particular instances. I know there's some consideration around perhaps designated areas within hospital grounds, and even within our profession I think there are mixed views around that. On the one hand, does that send the wrong signal? On the other, does it actually help in terms of enforceability, because there's a designated area? Perhaps that means, actually, that there are much higher compliance rates in terms of smoke free for the rest of those areas. It might minimise that potential unintended consequence, really, that you're describing. It may be appropriate that, if the facility was put in, the Welsh Government were able to provide sufficient guidance so that local decisions by hospital managers could be made to set of criteria, where they would have regard to whether it was appropriate or not to perhaps have a designated area within the hospital grounds.

[29] **Julie Morgan**: Do you have a view on whether there should be a designated area?

[30] **Mr Hartshorn**: My personal view is I think that, yes, actually to allow the ability for that in certain circumstances, against a set of agreed criteria, would probably be helpful in terms of overall compliance with this piece of legislation.

[31] **Julie Morgan:** Thank you. Naomi.

[32] **Ms Alleyne:** Just quickly, I think one of the issues would be around—and some of the residents may raise it—the rubbish that can be created. Having designated areas allows that to be contained within that. But I think one of those issues around that displacement is that this is a long-term cultural change that we'll be looking to make over time as well. So, as has been said, a lot of the existing legislation has been self-policing, if you like; this adds some additional challenges within that. So, very much needing that cultural change across society that actually says, 'Well, this isn't acceptable behaviour.' So I think it's the long-term impact, but managing the impact of that displacement is important as well, because often that's what people are concerned about: it just appears, rather than it being managed in the way that designated places might allow that to be managed a bit better.

[33] **Julie Morgan:** And with the long-term aim of no-one smoking anywhere.

[34] **Ms Alleyne:** Yes.

[35] **Julie Morgan:** But, as you say, that is a long-term aim. I don't know if anybody else has any views on this. Okay, thank you.

[36] **Dai Lloyd:** Symudwn ni ymlaen i'r adran nesaf, sydd ar y gofrestr o'r sawl sy'n gwerthu tybaco. Caroline.

Dai Lloyd: We'll move forward to the next section, which is on the tobacco retailers register. Caroline.

[37] **Caroline Jones:** Thank you, Chair. Good morning. I wonder, please, if I could ask how you would think that the creation of a tobacco register, a retailers register, of all premises selling tobacco and nicotine products will help identify and, indeed, stamp out illegal activity. The information that I've had is that you know how many people, approximately, are acting illegally by selling under age, because you do a survey with children, but I'm concerned about how reliable the survey might be, because, with tobacco coming in from abroad—parents purchasing tobacco from abroad—children are not going to really say that they've taken it from the home or had it from the home. So, I just wondered how you would think that this register would help. Would it, indeed, penalise the good practice of what I would say is probably 90 per cent to 95 per cent of good retailing practice? Thank you.

[38] **Mr Wilkinson:** Absolutely. We recognise that, and I think we recognise that across the whole field of public protection services—environmental health services, trading standards, which interact very regularly with businesses. We find that the vast majority—as you said, 90 per cent or 95 per cent—do want to comply with the law and their requirements to act responsibly in whatever field of business they're currently undertaking, and that is our reflection, our honest reflection. It's always the minority, and that is where our efforts need to be focused in times when our resources are particularly thin. We need to be prioritising the profile of these businesses properly so that we can get to the people who aren't acting responsibly. And the register in itself will enable us to understand exactly where retailers of tobacco are, who they are, what premises they operate from, and maybe an awful lot more detailed information in terms of how they sell, the hours of operation, whether they sell face-to-face, by telephone or the internet, which is obviously much more prevalent these days. So, there are an awful lot of challenges in relation to this particular product, tobacco, which we know is a dangerous product. It's probably an undisputed fact that tobacco kills 50 per cent of the people who use it. It's not a safe product, and so we probably do need to have sufficient controls and understand exactly what that marketplace is so that we can operate efficiently to take out those people who are not operating in a responsible manner.

[39] **Caroline Jones:** Okay; thank you.

[40] **Mr Wilkinson:** In general, if I can just touch on the provisions around the tobacco register, we're very supportive of the fact that this, hopefully, will be introduced. We do think that local government officers are best placed to enforce provisions within the Bill in relation to the register. We have sufficient experience and expertise in dealing with similar registers and other licensing regimes across trading standards and environmental health professions in relation to enforcing many other pieces of legislation, in very similar premises to where the tobacco register will take effect.

[41] **Caroline Jones:** And the cost of implementation to the retailer.

[42] **Mr Wilkinson:** To the retailer, I think the proposal is for a £30 registration fee. I think if you look at the balance, it's about the balance and the risk and the proportionality. I think I'd go back to the fact that we are dealing—. It's a very common product. We see it regularly, and it's quite a normal thing, but it's a dangerous product, and so I think it is right that we introduce these controls, and I think a small contribution to that control by

responsible retailers of £30 is probably quite a reasonable fee.

[43] **Caroline Jones**: So, that's the overall fee; that's not annual.

[44] **Mr Wilkinson**: I think that's a one-off.

[45] **Caroline Jones**: A one-off, yes.

[46] **Mr Wilkinson**: That's my understanding, yes.

[47] **Caroline Jones**: All right, thank you.

[48] **Mr Hartshorn**: I wonder if I might add, Chair—really just to echo those views—I think that most responsible retailers would probably welcome this tightening of the regime. It is obviously complementary to other arrangements around restricting advertising displays in shops on tobacco products, plain packaging for tobacco products—a product such as tobacco, which has such a public health impact across our society, and we don't actually know who is actually selling tobacco products. So, our ability, therefore, to regulate them and ensure perhaps that they don't—. You know, they may be selling legitimate tobacco products, if I can describe it as such a thing, and illicit tobacco as well. We wouldn't necessarily know that they were selling tobacco products at all.

[49] We do have experience across registration regimes. The ability to have some additional controls where people, if they were to commit certain offences—that we would actually have the ability to prevent them from participating in that trade, at least for a period, is something that we welcome.

[50] **Caroline Jones**: Okay. Thank you.

[51] **Mr Wilkinson**: Perhaps, Chair, before we move on, in relation to when the Member to my right asked about things that may be missing from the Bill or may strengthen it, we've submitted that in our written evidence already, but there were just two areas where we feel, maybe, with further consideration, would strengthen the Bill, and they would be in relation to introducing a fit-and-proper-person test to be able to be placed on that register, or a suitable person test, whichever way that was worked through, and, also, the register shouldn't just be for retailers; we should include the whole distribution of tobacco, from manufacture through to retail, so that we

do have a complete picture of who, in effect, places tobacco onto the market. Also, it should be an offence created where tobacco can only be distributed or sold to people who are actually on the register.

[52] **Caroline Jones**: So, how do you carry out, on a retailer, a fit-and-proper-person test?

[53] **Mr Wilkinson**: I think you'd have to ask for their antecedent history in terms of any prosecutions that may have been taken against them in relation to, for example, illegal tobacco, illicit tobacco, underage sales of tobacco, maybe alcohol as well if they are in a manner of trading where they don't mind selling under age—or restricted products to people who are under 18. That should be a consideration as well, I think. So, if they're selling tobacco, alcohol, knives, fireworks et cetera, which have a legal restriction on them, then maybe that should be a consideration as to whether or not they should be selling tobacco as well.

[54] **Caroline Jones**: Right, okay.

[55] **Dai Lloyd**: Lynne Neagle sydd â chwestiwn 11 yn yr adran yma.

Dai Lloyd: Lynne Neagle has question 11 in this section.

[56] **Lynne Neagle**: Just in relation to the handing over of tobacco to under-18s, are there any observations you particularly want to make on that section of the Bill?

[57] **Mr Wilkinson**: I think we're comfortable with the way the provisions look. That would really bring tobacco in line with other products, such as alcohol, which are sold online, over the telephone, et cetera. So, yes, we welcome those provisions.

[58] **Lynne Neagle**: Thank you.

[59] **Dai Lloyd**: Symud ymlaen nawr i'r adran ar driniaethau arbenigol, fel aciwbigo a thatŵio ac ati, ac mae cwestiynau gydag Angela ar yr adran yma.

Dai Lloyd: Will move on to the section on special procedures, such as acupuncture and tattooing and so forth, and Angela has questions on this section.

[60] **Angela Burns**: Thank you. Good morning. I'd like to divide my questions into two, if I may. First of all, I'd like to start with understanding

your views on whether or not you think the appropriate procedures are on the face of the Bill, whether we should add any more procedures to the face of the Bill—notwithstanding that we all understand that the Bill is built in such a way that we can add at a later time, but there may be procedures out there at the moment that you think are becoming a clear and present danger and that we should put them on the Bill. I'd also like your views on whether or not you think that the age restrictions that are currently proposed by the Bill would be sufficient. After that, I'd like to talk to you about how we would actually implement it, but if I could just have your overview on that first.

[61] **Mr Hartshorn**: Perhaps if I could respond initially, and then you. So, in the first instance, yes, we do welcome the four procedures that are on the face of the Bill. These are areas that we currently regulate and, in terms of the wish to put public protection arrangements in place for things that are actually commonly happening within our communities and on our high streets, those are the four that we are very much interested in.

10:45

[62] The current legislative arrangements are outdated and cumbersome and not entirely effective. We're using broader public health tools to try to put public protection arrangements in place, and, in particular, in relation to those who don't actually operate, on the face of it, as a business, the legislative framework there is particularly challenging for us, and so the Bill will bring arrangements in to assist us in that. We do welcome the opportunity to add other procedures subsequently within the legislation.

[63] In terms of other procedures that perhaps may be appropriate at this time, I think we see that a rational, considered, incremental approach is actually probably quite appropriate. The proposal within the Bill is that there won't be any grandfather rights. There are estimated to be 3,000 or so practitioners practising within Wales within the existing procedures that are listed on the face of the Bill. There is obviously a piece of work to be undertaken initially, upon enactment, to bring those practitioners within the legislative framework. As new procedures are added, we actually as a profession would need to gear up our own competence were new procedures to be added, and so some regard needs to be had to that.

[64] So, just to use an example, if this were four procedures, and, on the face of the Bill, were eight, and these were areas that we currently didn't have a lot of familiarity around and didn't currently regulate, there are a lot more

resources, a lot more training—. I'm sure that, within our profession, these are things that we could accommodate, but we would need perhaps additional training and competence to be able to address those areas—

[65] **Angela Burns**: Can I pick you up on that a moment, though? I understand your point entirely. What I'm trying to drive at is: for example, let's take Botox, which may be something that may get added to this Bill at a point in the future, but it's a known quantity and there's a rough understanding of how it operates, the kind of organisations that might deliver Botox, et cetera. Is there a procedure that's currently bubbling up at rapid pace, though, that you think is inherently dangerous that we should get onto the Bill sooner rather than later, in the same way that, for example, recreational drugs are constantly changing, constantly evolving, and suddenly a new one pops up that none of us have ever heard of before, but actually it poses an immense danger, much more than anything else that's been there before?

[66] **Dr Jones**: If I could perhaps add something to that, I endorse everything that Robert has said. One of the most common procedures that is currently registered is micropigmentation, also known as semi-permanent make up. That's the most common request for registration that we get at the moment. They use slightly different equipment to that of tattooists. It's a different type of practitioner, now, we're seeing. It's not the typical tattooist and body piercer. These are beauty therapists, salons, hairdressers that are starting to offer a far greater range of services. So, bubbling for us is that. That is actually included in the Bill under the definition of tattooing.

[67] On recent consultation with our body piercers and tattooists in south-east Wales—we had a business forum—there's a lot of talk at the moment about laser removal. Some registered tattooists are offering this service because of poor work that's undertaken by illicit tattooists, and also some beauty salons are also considering taking on that work. Laser removal may be something that the committee would like to consider. I add to what Rob said—that's not area that we have a lot of experience in, but it's something that we are discussing with those practitioners at the moment, and it's something that they're concerned about as well.

[68] **Angela Burns**: Thank you. Those are very much the ideas I wanted to—

[69] **Mr Hartshorn**: If I could add, the issue with lasers is there's an apparent loophole in that lasers are regulated by Healthcare Inspectorate

Wales, but not if they're peripatetic or mobile or temporary. So, we do see that some salons are perhaps having—some will provide and operate a laser within a salon perhaps for a week or so, and they'll book sessions for that, and they're not currently directly regulated in the same way.

[70] **Angela Burns**: Thank you.

[71] **Dr Jones**: I'm sorry—

[72] **Angela Burns**: No, no.

[73] **Dr Jones**: Another thing that you may want to feel slightly assured about is that we're also aware that some of those more exotic services, like scarification, branding, anchoring and things—those types of services—are often offered by some of our registered practitioners anyway. So, where we have come across that service, we do use—where they're in place—the model bye-laws as a benchmark for that. There is activity within Wales, but, at the moment, what our colleagues are saying throughout the 22 authorities is that we're getting enquiries in and they're coming for advice, and then we're managing to either put them off or they go elsewhere to other practitioners in England. So, there is something out there. I think there needs to be a lot more work done on finding out the level of activity and whether, in fact, it's related to the risks that we know are associated with the current registered practices.

[74] **Angela Burns**: Thank you. Age.

[75] **Mr Hartshorn**: So, in relation to age, our perspective is that the relevant age should be 18, not—

[76] **Angela Burns**: On all of these modifications?

[77] **Mr Hartshorn**: Sorry, on intimate piercings. I understood that the question related to intimate piercing.

[78] **Angela Burns**: Sorry, yes.

[79] **Mr Hartshorn**: Whereas, within the Bill, the proposal is 16, our view is that it should be 18. We feel that these are body modifications. The current age for tattooing is 18, and it's possible to draw similarities there. We understand the rationale for proposing 16, but we do still feel that, at age

16, these are intimate piercings. Although the piercings themselves may not be permanent, any scarring subsequently obviously will be permanent. They can be associated with other health complications, and any issues that arise from that may have a degree of permanence as well.

[80] **Angela Burns**: Can I come onto regulation?

[81] **Dr Jones**: Can I just mention something with the age?

[82] **Angela Burns**: Yes, please do.

[83] **Dr Jones**: When we were talking with our practitioners recently at a forum, our registered practitioners are uncomfortable with 16 generally, and they often put best practice in place—the better registered practitioners—and won't do intimate piercing until 18 anyway.

[84] **Angela Burns**: It's a very difficult situation, isn't it? My own personal opinion is, I think, 18, but then it's such a dichotomy because our 16-year-olds go out, they hold down full-time jobs, they get their own homes and flats and all the rest of it. So, this whole movement of the age of responsibility: we do need to come to some sort of settled area—certainly below 16, because of protecting the reputation and integrity of both the customer and the practitioner, but I was very interested to hear what you had to say about 18.

[85] In fact, in some ways that very neatly segues onto my next set of questions, which is about regulation, about the resources. Dr Jones, you mentioned the training required for taking on these new areas but, of course, the local government will have to monitor the registers, go out. Do you have enough resources and enough finances in place, and enough experience—not just bodies, but bodies with experience, who can go out, license people, and ensure that people are fit and proper for doing it? And how difficult has it been historically to go into a tattoo parlour and to prosecute somebody if you felt that they hadn't looked at—you know, that they've been doing people—? Because there are tonnes. The law may say 18 but, you know, even amongst my own family I know of nephews and nieces who've had tattoos and they're not even 18 yet. So, it must be a very, very difficult area.

[86] **Dr Jones**: Shall we deal with the historical question first, because I think it's pertinent to everything else that follows? It is extremely difficult. You have an industry that is registered—the majority—who are passionate

about what they do. We, as enforcers, have often been frustrated that we can't do more for them to ensure a level playing field. If we get a complaint about an illegal tattooist, if the complaint doesn't relate to infection, we first of all have to go to court and get a warrant from a JP to enter those premises, because, essentially, when they're illegal, they're working from home. Most of these individuals often have a criminal record, so we then have to work with the police before we enter those premises. Then, when we get in there, we don't have any powers to seize, but we have powers to review what evidence is there to then decide if there is an infection issue, and then we can ask to voluntarily surrender, but they don't have to. Then we have to go back to court to try and get a Part 2A order, by which time that individual already knows that we're on their case. So, it's almost that we've lost that opportunity.

[87] Where there is an allegation of infection we're in a better position. If that individual is willing to give a witness statement—and they're often vulnerable; we've had under-18s who've been in that situation—yes, we can get a Part 2A order, we get the police, we go in there, we seize. But it's very short term. The new legislation that's proposed gives us longevity. It gives us sustainability in protecting public health that doesn't exist at the moment. It's almost knee-jerk: we deal with that particular complaint and then we move on, but we know that that particular individual can then go out and buy equipment off eBay again and start all over again. So, that's the frustration, both for the industry and for us as enforcers in terms of trying to protect vulnerable people.

[88] **Mr Hartshorn:** So, in terms of the bulk of the resources around delivering on this legislation, in the main, actually, that is local government officers going into premises and salons, and we're already doing that. So, in terms of additional resources, that I would say is pretty minimal. That's already ground that we're covering using existing legislation, be that through adoption of bye-laws or the Health and Safety at Work etc Act 1974, or broader public health legislation. What this will do is it will strengthen our position—particularly things around competency of practitioners, so we can actually require practitioners to demonstrate competency. These will be significant additional tools for us in terms of regulating this area of activity.

[89] There will be a requirement for—particularly, as we've discussed, as procedures are added, there will be a training requirement. But I would argue that that's pretty minimal in terms of the potential impact of regulating in those areas and adding those procedures to the Bill.

[90] **Angela Burns**: Sorry—can I ask for your opinion on this? Do you think that the resources are in place?

[91] **Mr Wilkinson**: Well, I think as a general comment in terms of local government finances, we know where we are there, and it's not a particularly rosy picture at the moment. I understand that a study was undertaken by ourselves in the WLGA a couple of years ago, and that pinpointed or highlighted the fact that regulatory activity within local government has been cut by 45 per cent over the last six or seven years. There are obvious concerns there around capacity, but we are coping at the moment, and we're very good at prioritising our work in terms of, as I mentioned earlier on, hitting the places that really need to be focused on and leaving the compliant businesses to themselves, really. But yes—as a general overview, we've had a hard few years in regulatory services over the last number of years.

[92] **Angela Burns**: Thank you.

[93] **Dai Lloyd**: Reit, symud ymlaen i'r adran nesaf: hon ydy'r adran ar asesiadau iechyd, ac mae gan Rhun gwestiynau fan hyn.

Dai Lloyd: Moving on, therefore, to the next section, this is the section on health impact assessments, and Rhun has questions here.

[94] **Rhun ap Iorwerth**: Diolch. Mi wnaf i ddod yn ôl yn syth at y cwestiwn o'r capasiti sydd efo chi yn llywodraeth leol yn benodol, yn gyntaf. Mae yna groeso, rydw i'n meddwl, yn gyffredinol i gynnwys yr asesiadau effaith iechyd o fewn y Bil yma, ond pa bwysau mae hynny'n rhoi arnoch chi o ran yr angen i sicrhau bod y bobl iawn efo'r hyfforddiant iawn i wneud yr asesiadau o'r math yna?

Rhun ap Iorwerth: Thank you. I will return immediately to the question of capacity in local government specifically. There is a general welcome, I believe, for including the health impact assessments within this Bill. But what pressures is that going to put upon you in terms of the need to ensure that the right people with the right training are available to carry out these assessments?

[95] **Mr Hartshorn**: We do welcome the proposal to introduce requirements in certain circumstances for health impact assessments. Within public protection services we'd already have staff who are trained up to undertake health impact assessments, but I think it is appropriate to highlight concerns around—I guess it's less about the training of staff and having people with

the capability to undertake a health impact assessment, but it is right that we need to be clear that there are sufficient resources to make people available to undertake health impact assessments across the public sector. I think that could be a challenge.

11:00

[96] **Rhun ap Iorwerth:** From a local government perspective, what thought has been given to the breadth of areas over which there will be an expectation to draw up health impact assessments? The wider it goes, the more the impact on you.

[97] **Ms Alleyne:** I think local government, like other public services at the moment, do undertake a range of impact assessments already. We have some structures and forums—you know, processes—in place to follow, but it's important that those health impact assessments, like others, aren't just a tick-box exercise, that they will identify the issues to be addressed and, most importantly, how we then mitigate or address some of those effects that could be found. Like Robert said, there are some staff that have already had some of the training, but it's about how we broaden out that awareness for other staff who will also need to undertake those health impact assessments. So, there are obviously some discussions around how you can join some of those impact assessments together in terms of looking at them as a holistic approach, and probably having a very clear process—I hate the word 'toolkit'—that you can work through in terms of what some of those issues are. So, there will be a requirement for some guidance, some support and training. But also I think what we have found that works in some instances is having—and, again, excuse the terminology—an expert or a champion within the departments who can stay as an expert on those issues and can provide advice to others as they're undertaking health impact assessments. So, I think we'll learn lessons from how we've rolled out others to improve those areas.

[98] **Rhun ap Iorwerth:** You raise a very good point about the need to avoid this being a tick-box exercise that we go through because we think it's a good idea. Is the Bill, as it's written, enough in itself to steer us away from that potential pitfall, do you think? Is it clear enough about how these health impact assessments will actually lead to better public health?

[99] **Mr Hartshorn:** I think the clarity will come from the guidance and the detail that flows subsequent to the legislation. I'm not sure that's 100 per

cent clear within the legislation as currently framed.

[100] **Rhun ap Iorwerth**: Is that a weakness in the legislation? Have you pinpointed ways perhaps where it could be strengthened so that we're not just depending on the guidance and that there's something a bit more solid on the face of the Bill?

[101] **Mr Hartshorn**: I don't think that we see it as a weakness.

[102] **Rhun ap Iorwerth**: Okay.

[103] **Mr Wilkinson**: Maybe that's something we could specifically review and come back to you with a written comment. Would that be okay?

[104] **Rhun ap Iorwerth**: Yes. That would be very useful.

[105] **Ms Alleyne**: I think the other difficulty is that if there's too much detail on the face of the Bill, it doesn't make it easy if we need to change things if things aren't working afterwards. So, it may be very much around that guidance, but also obviously monitoring the outputs and the actions that are taken as a consequence of the outcomes of the health impact assessments. That's also the point that makes them not just tick-box exercises: it's what actions are taken to mitigate any of those impacts that are found.

[106] **Rhun ap Iorwerth**: But any further comments on that would be useful because, as I say, everybody, I think, likes the idea, we just need to make sure that it works through the Bill.

[107] **Dai Lloyd**: Diolch. Trown at yr adran olaf yr ydym yn mynd i'w chysidro y bore yma, sef toiledau. Caroline Jones sydd yn arbenigo ar y maes hwn.

Dai Lloyd: Thank you. Turning to the final section that we're going to consider this morning. That section is on toilets, and Caroline Jones is our expert on this.

[108] **Caroline Jones**: Diolch, Chair. We have an ageing population. Also, we have many disabled people who depend on the provision of toilets to go about their daily duties, shopping and so on. I'm concerned at the lack of mention of the needs of disabled people in this Bill. Also, I would like to ask how robustly local government is going to pursue the needs regarding the fact that we have an ageing population, and the needs of disabled people. I note that changing facilities are to be available, but it doesn't go into detail

of how disabled people are going to be included in these recommendations. I need to know how the information is going to be given to the public regarding the placement of these facilities.

[109] One thing that I am concerned about is that you are asking people with private buildings—cafes and so on—about using their facilities. Many people who run a cafe are inspected and so on, and the provision of a toilet for public use—people coming in and out, in and out all day—is putting a burden on private businesses. So, I think that the onus to be shifted in that direction is a lack of responsibility by local authorities. I just wonder whether I could have your opinion on the points that I've raised, please. Thank you.

[110] **Ms Alleyne**: There's a number of points there, so if I don't address them all, please feel free to come back to me.

[111] **Caroline Jones**: Thank you.

[112] **Ms Alleyne**: The first one is around the lack of mention, maybe, within the Bill of the impact on disabled people. Obviously, from our point of view, and from conversations and communications, this is a real concern for disabled people in terms of access not only to public toilets, but public toilets that are appropriate for their disability, in terms of making sure there's appropriate access there. I don't think that this Bill can be looked at in isolation in terms of some other duties that local authorities also have in terms of the equalities agenda, the Equality Act 2010 and ensuring access for disabled people. But, it's certainly one of the groups that can be particularly impacted on by a lack of public toilets.

[113] So, I think that one of the things that we'll need to make sure is very effective in developing the strategy is that there is very good engagement with disabled people across the piece, so that we can identify their needs, but also seek their views on options for actually meeting their needs within that as well. So, I think consultation will be an important part of the development of those strategies, and there are certain groups of people who are particularly interested and we need to make sure that we're engaging with. So, not just communicating, but engaging with; it's that process as well.

[114] **Caroline Jones**: So, how will you ensure that that engagement is effective?

[115] **Ms Alleyne:** Some of the forums that we already have in place through other mechanisms or services that we provide to disabled people. So, using existing forums, but also ensuring that, through the consultation, it is widely circulated and made available to people, because—.

[116] **Caroline Jones:** A lot of people don't have e-mail addresses and so on, particularly in the elderly field. So, the communication is of paramount importance, really—the communication channels.

[117] **Ms Alleyne:** Not just written responses to consultation as well, because that's not always easy for people and it's not how people want to engage. Sometimes, people will just drop in somewhere and share a view that needs to be—.

[118] **Caroline Jones:** Sometimes, the written element is—

[119] **Ms Alleyne:** It can be off-putting, can't it?

[120] **Caroline Jones:** No, it is important.

[121] **Ms Alleyne:** It is important, but I think there need to be other avenues.

[122] **Caroline Jones:** As an audit trail, it is very important.

[123] **Ms Alleyne:** But, hearing experiences from people, research that's there, but that ongoing engagement as well. So, I think that will be one of the concerns or one of the issues that need to be addressed.

[124] In terms of making—. I think it was about making information available about the provision of—.

[125] **Caroline Jones:** Yes.

[126] **Ms Alleyne:** Again, the strategy should set out some of that, in terms of how they'll make that available. But, I think we'll also need to be innovative in terms of the approaches that we take, because some of the strategy won't just be around local government provision; it's about access to public toilets in the round, and that may be looking at the use of public toilets in other public buildings, not only in terms of council buildings but general practitioners' surgeries or other public buildings—community based issues. So, there may be opportunities in terms of how we make that

information available. Reviewing what I think was the Welsh NHS Confederation's evidence, they mention an app that exists elsewhere in terms of being able to go onto the app and—. I'm sure that technology could do something around that. So, I think there will be a need for us to think innovatively and outside the box in terms of how we meet some of those needs.

[127] The strategy obviously isn't just around local government provision; it's about toilet strategies for the area. So, I think it's important that we will need, in developing those strategies, to take a broader strategic approach that looks at access to public toilets in the round. So, again, there will be a need for communicating with partners and others around other organisations that may be willing—not just private businesses—to make toilets that they have available for public use within that, so that, you know, it's not just about direct provision within that.

[128] **Caroline Jones**: And how would the cost incurred by that company or corporation, how would that be, you know, helped?

[129] **Ms Alleyne**: Well, again, I think it's about public buildings within that. It's around, hopefully, having the support of other partners, because these are key issues for members of our communities within that. So, I think they're discussions that would need to take place locally with some of their partners and, hopefully, in some instances, maybe there wouldn't be a fee or a charge, particularly if they're public buildings that people can access.

[130] **Caroline Jones**: No, I'm just looking at the staffing issue. You'd obviously have to, you know, if it was used constantly, have an additional member of staff maybe, or something.

[131] **Ms Alleyne**: I think they're the conversations that we'd need to have with partners about the opportunities.

[132] **Caroline Jones**: So, you'd need to be fully engaged there with all partners.

[133] **Ms Alleyne**: Yes.

[134] **Caroline Jones**: Okay. Thank you.

[135] **Dai Lloyd**: Julie.

[136] **Julie Morgan**: Yes, I wondered if you had any views on the fact that many—well, elderly people in particular have said to me that they're not happy going into a building just to use the toilet. They feel sort of embarrassed, really, that everybody knows that's why they're going into the building, and they don't want to do that, but a lot of this strategy may depend on that sort of thing happening. So, I don't know whether you have, you know, had any feedback about that or have got any views on that.

[137] **Ms Alleyne**: Obviously, we're aware of the issue because it has been raised, and I think, in some instances, that's particularly around the use of private businesses—some people have said, 'If I go into a cafe, I feel a bit rude if I don't stop and have a cup of tea in there.' I think there is something about, you know, how we would want to ensure that access to public toilets is an issue for all members of the community; it's not just for older people. Is there something where those who could be part of the willingness to be part of that could have a little sign in their windows, and not just businesses, but public bodies as well?

[138] I think it is difficult to overcome that particular issue, because the businesses have signed up for that, and this is people's perception themselves about how they'd want that. I think what we'd want is actually more provision, which gives people the choice of access to public toilets that they would want as well. But, again, some of that will need to be addressed through engagement with older people at the local level in the development of their strategies around how they would want some of those issues overcome as well.

[139] **Julie Morgan**: Do you think it would be difficult in some areas, for example, in north Cardiff, where I represent, where there are small shopping areas that people go to a lot and there's not a public toilet, I don't think—you know, not a specific public toilet—now left in the outer edges of Cardiff? So, the only places, really, are the private businesses, except perhaps for the libraries, maybe, and some of those are not suitable, because they've been looked at. I just think it's going to be quite difficult, really, and you are depending on consultation, basically, to come up with some ideas.

[140] **Ms Alleyne**: I think it is consultation, but I think it's also engagement with communities around any potential solutions that members of the local communities can identify as well, because it's not always easy to ensure direct provision. The explanatory memorandum talks about the cost of

providing just four additional new facilities being £107,000, which is quite a lot, let alone the maintenance. So, I think this is something that we would want to do with local communities and actually look at innovative or different potential solutions that people come up with. We were not going to have all the answers ourselves, but it will be around not just communicating, but engaging with people as well.

[141] **Dai Lloyd:** Any final comments on toilets from your side?

[142] **Mr Hartshorn:** Well, public toilet provision isn't really something that is directly within public protection services, but, just speaking as a local government representative, I don't know if I can offer much assistance to members of the committee, because I do see the concerns that you've identified. You'll be aware that local government direct provision of public toilets has actually been in decline, so there is an issue here around whether a strategy is not just going to be something that sits on the shelf, but is going to be something that enhances—actually directly enhances—provision. It's how that is going to be achieved without significant additional resources. Personally, I'm not quite sure of the answer there. This is an area where we would all be concerned, wouldn't we, if we were to raise expectations, even if there isn't a direct burden, but if we were to raise expectations and it's an area that then can't be met.

11:15

[143] You'll understand the point made about perhaps some discomfort about going into certain buildings or public buildings, but maybe there's a space there, if this was to be introduced, for a communication campaign, either locally or nationally, around, you know, 'it's okay to spend a penny', or whatever it might be, within certain public buildings, so that that uncomfortable sense or embarrassment or whatever could be overcome. We do see that this is a health-related issue and it is something that comes up very strongly from our communities around the provision of public toilets. So, from that perspective, we support it, but, you know, we're in difficult times, aren't we, across the public sector around resourcing, so, as to quite how that balance is struck, we would be interested to see.

[144] **Julie Morgan:** Thank you.

[145] **Dai Lloyd:** Dyna ni. Pawb yn **Dai Lloyd:** There we are. Everybody hapus? Dyna ddiwedd y cwestiynau, content? That's the end of the

felly. A gaf i gyhoeddi mai dyna ddiwedd y sesiwn yma ar gymryd tystiolaeth? A gaf i ddiolch i'n tystion i gyd y bore yma am eu presenoldeb yn y lle cyntaf a hefyd am eu cyfraniad ar lafar? Gallaf gyhoeddi ymhellach y cewch chi drawsgrifiad o gyfarfod y bore yma i chi allu cadarnhau ei fod yn ffeithiol gywir. Chewch chi ddim newid eich meddwl ar beth rŷch chi wedi ei ddweud, ond medrwch chi o leiaf wirio'r ffeithiau ta beth. Felly, gyda hynna, a gaf i ddiolch i chi am fod yma? Cawn ni egwyl nawr am 10 munud cyn dod yn ôl am y sesiwn nesaf.

questions, then. So, may I announce that that is the end of this evidence-taking session? May I thank all of our witnesses this morning for attending in the first instance and again for the oral evidence contributions? I can also announce that you will receive a transcript of this morning's meeting so that you can confirm that it is factually accurate. You can't change your mind on what you've said, but you can at least check the facts. So, with those few words, may I thank you for being here? We shall now break for 10 minutes before returning to the next session.

Gohiriwyd y cyfarfod rhwng 11:16 a 11:26.
The meeting adjourned between 11:16 and 11:26.

Bil Iechyd y Cyhoedd (Cymru): Cyfnod 1—Sesiwn Dystiolaeth 6—BMA Cymru Wales a Choleg Brenhinol yr Ymarferwyr Cyffredinol
Public Health (Wales) Bill: Stage 1—Evidence Session 6—BMA Cymru Wales and Royal College of General Practitioners

[146] **Dai Lloyd:** A allaf i groesawu pawb yn ôl i'r sesiwn nesaf o'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon? Eitem 3 y bore yma ydy'r sesiwn dystiolaeth ddiweddaraf ar Fil Iechyd y Cyhoedd (Cymru), Cyfnod 1. O'n blaenau nawr mae gyda ni'r BMA a hefyd yr RCGP. Felly, a gaf i groesawu i'r bwrdd Dr Phil Banfield, cadeirydd cyngor BMA Cymru, Dr Stephen Monaghan, cadeirydd is-bwyllgor deddfwriaeth cyngor BMA Cymru, yn ogystal â Dr Rebecca Payne a Dr Jane Fenton-May, o goleg brenhinol y meddygon teulu?

Dai Lloyd: May I welcome everybody back to this next session of the Health, Social Care and Sport Committee? Item 3 this morning is the latest evidence session on the Public Health (Wales) Bill, Stage 1. In front of us now we have the BMA and also the RCGP. So, may I welcome Dr Phil Banfield, chair of the BMA Welsh council and Dr Stephen Monaghan, chair of the BMA Welsh council legislation sub-committee, as well as Dr Rebecca Payne and Dr Jane Fenton-May from the royal college of GPs? May I thank you for your

A allaf i ddiolch i chi am eich papurau? Mae'r Aelodau, yn naturiol, wedi darllen eich papurau ar y pwnc ac felly, gyda'ch caniatâd, fe awn ni'n syth i mewn i gwestiynau. Mae'r cwestiwn cyntaf o dan law Julie Morgan.

papers? Members, naturally, have read your papers on the subject and, with your permission, we'll go straight into questions. The first question is from Julie Morgan.

[147] **Julie Morgan:** Thank you, Chair. Could you tell us, to start off, your overall feeling about the Bill, about the priorities it addresses and whether you feel it should have extended to other priorities as well?

[148] **Dr Fenton-May:** Overall, I think that the Bill is good. Potentially, it could have covered some of the things that were in the previous public health Bill that had been taken out, but I understand that perhaps there were pressures to not include some of those elements, such as the e-cigarettes. I think, as it stands on the whole, it is good. There are some parts that I think the BMA have highlighted and may wish to talk more about, about tackling obesity.

[149] **Dr Banfield:** We think it's particularly important to bring the public health Bill back to this Assembly very early on. We think that it's important to have things like the health impact assessments on the statute book. So, I would rather have a public health Bill passed that helps reinforce some of the previous legislation than to introduce things that might be controversial and hold up the Bill again.

[150] **Julie Morgan:** So, your view is that we should go ahead with what's here and that's the most important thing to do at the moment.

[151] **Dr Banfield:** Yes, because if you stray into things like minimum pricing of alcohol, which would have a health benefit to it, but is still subject to a court challenge in Scotland, you end up again having legislation that's to the benefit of the people of Wales being held up by a legal system, rather than getting on with things that we know would help health in other ways.

11:30

[152] **Dr Monaghan:** So, although we're supportive of minimum unit pricing for alcohol, we're also supportive—or perfectly understand—why it's probably not wise to put it in this Bill and instead to deal with it in a separate

Bill subsequently. About the Bill in general, it's fairly well known that we're extremely supportive of health impact assessments being within the Bill as a central lever, and we think that that, potentially, is the element that could make Wales quite a leader in the field.

[153] We also understand, on the e-cigarettes—although we supported that, we understand that there isn't a consensus across the political spectrum, and we wouldn't want the rest of the Bill, as happened last time, to fall for a reason such as that.

[154] So, although we're very supportive of what's in the Bill, and of the Bill going forward, and particularly of health impact assessments, there are two areas—and I think you've probably seen where we think there is a scope for a little more to be put into the Bill—and they are around nutritional standards and obesity.

[155] **Dai Lloyd:** Rhun, possibly on that point.

[156] **Rhun ap Iorwerth:** Mae gennym ni ddiddordeb mawr yn yr hyn yr ydych chi'n ei ddweud yn y ddau faes yna. Mae yna deimlad, ac rwy'n meddwl ei fod yn deimlad sy'n cael ei rannu gan y Llywodraeth hefyd, y byddai hi yn neis, mewn rhyw ffordd, cynnwys rhywbeth ynglŷn â thaclo gordewdra yn benodol, ond o bosib bod y Llywodraeth wedi methu â meddwl am ffordd o gynnwys hynny yn y Bil. Mi ydych chi'n cynnig awgrymiadau. Eglurwch ychydig bach mwy wrthym ni ynglŷn â sut yr ydych chi'n meddwl y gall hi fod yn ymarferol, drwy'r Bil yma, i gyflwyno un neu ddau o welliannau a fyddai yn gallu o leiaf cychwyn y daith tuag at daclo gordewdra.

Rhun ap Iorwerth: We have a great interest in what you are saying about those two areas. There is a sense or feeling, and it is one that I think is shared by the Government as well, that it would be nice in some way to include something about tackling obesity specifically, but perhaps the Government couldn't think of a way to include that in the Bill. You do make suggestions, so could you explain a little further about how you think that it would be practical, through this Bill, to include a few improvements that could at least begin the journey to tackle obesity?

[157] **Dr Monaghan:** Obesity is a very big subject in every way. Some people call it the new smoking as a determinant of health. It's probably one of the

biggest challenges we face and, until recently, it was increasing substantially. We do recognise that many of the levers of obesity—of which there are a multiple, and that's one of the issues—are outwith the competence of the Assembly. They're either at Westminster or at Brussels. So, hence, what we've focused on is not to talk about, say, advertising or food formulation, but instead things that are within the competence of the Assembly, such as nutritional standards in certain settings and placing those on a statutory basis.

[158] At the same time, for the holistic issue of obesity, we think that there's a potential platform through the well-being of future generations Bill and the well-being plans that have to be produced by the public service boards, by using that as a platform for multi-agency action on obesity. There are lots of actions that would have to be in that—planned and then followed through on—that, individually, might be small but, collectively, might amount to something meaningful in terms of intervention. So, I'd be happy to give any more detail on that. In our document, we've gone into some more detail about the suggested settings for nutritional standards and have suggested two more: the early years setting and also the care setting. We've also suggested that the hospital in-patient nutritional standards should be placed on a statutory footing, not simply as guidance, as they currently are.

[159] **Rhun ap Iorwerth**: How supportive would you be of us at least seriously investigating the possibility of adding those kinds of ideas as amendments to this Bill? I know it's something the committee would be very interested in.

[160] **Dr Payne**: We would support that, but just with a proviso that we want to see the Bill go through this time and are more concerned to get this Bill on the statute books than have an absolutely perfect one that is then put at risk.

[161] **Rhun ap Iorwerth**: But it would be worthwhile to have—even if it's maybe not much more than a reference to obesity—it would be useful to have it in the Bill.

[162] **Dr Payne**: Very useful.

[163] **Rhun ap Iorwerth**: I think, you know, the requirement for local well-being plans to include specific actions aimed at tackling obesity isn't going to sort out our obesity problem, but you would find it worth while to have that put in as some sort of amendment to the Bill.

[164] **Dr Monaghan:** Yes, absolutely. We understand that the future generations Act was principally focused on the environment in every sense—you know, a lot of facets from the big to the small of the environment, but because it's called future generations it could do, for instance, with having a focus specifically on children and obesity. So, to take that one setting—early years and nutritional standards—the standards will also, in terms of obesity into the well-being plans, and the scope for obesity and children, given that, you know, children are the future.

[165] **Rhun ap Iorwerth:** As the song goes. [*Laughter.*]

[166] **Dr Monaghan:** Yes, as the song goes, but also—. Oddly enough, many of the determinants of the carbon—so, the big issue about carbon and climate change—actually are very similar to the issues about obesity, not just that there's carbon in fat but also things like public transport. Some of the same things that would help with obesity are the same things that would help with reducing carbon.

[167] **Rhun ap Iorwerth:** We're grateful that you've suggested this, because there has been a dearth—. Well, we've been not seeing enough examples coming forward of how it actually could come in the Bill, so I think it's most welcome.

[168] **Dai Lloyd:** Trown nawr yn benodol at y gwahanol adrannau, a dechrau efo ysmygu tybaco a mangreodd di-fwg. Mae Lynne yn mynd i arwain ar y cwestiynau fan hyn.

Dai Lloyd: We'll turn now specifically to look at the various sections, and we'll begin with smoking and smoke-free premises. Lynne will lead us here.

[169] **Lynne Neagle:** Thanks, Chair. We have had some witnesses who have suggested that the Bill should go further in designating areas as smoke free, for example early years education settings and also the area around schools. Have you got a view on that?

[170] **Dr Fenton-May:** I would support that. I think that the broader you can increase the areas—. The other thing that I added in is that you mentioned hospitals, and I said that in any healthcare provisional setting it would be a good idea. Sometimes, I do wish, when I go up to your Cathays office, that there wasn't quite so much smoking outside the door there, and you could

make the perimeter around the pavement there smoke free, as you fight through the smokers sometimes there. So, Government buildings potentially, outside the areas of those, and local authority areas—that might be another case if you wanted to expand on that. And you mentioned playgrounds being smoke free and it being around equipment, but some of the playgrounds in parks are quite large and, actually, within the fenced-off area you could be smoking and still be quite far away from the playground equipment. So, perhaps that needs to be a little bit broader. And the other mentioned thing I think that public health brought up was playing fields—that perhaps you might want to consider including those.

[171] **Dr Payne**: And similarly, being of an age where I take my children to parks, often you can just have the one gate out of the park that could be more than 5m away, but there is a risk that you get a little congregation of smokers there and have asthmatic children having to walk through that as the only exit.

[172] **Dr Monaghan**: The BMA's position is that we welcome the proposal to extend the ban on smoking to school grounds, hospital grounds and public playgrounds. And we're also supportive of the proposal to give Welsh Ministers the power to bring forward regulations that, in subsequent years, can extend the designation of areas/settings further, so that that could be done through regulations and secondary legislation. We're supportive of giving that power to Welsh Ministers to do that in the Bill.

[173] **Lynne Neagle**: Okay. And you've mentioned the possibility of extending the provisions beyond hospitals. Is that something that you would also support to, say, general practitioner premises?

[174] **Dr Banfield**: Yes. There's the passive smoking aspect to it, and then it's still trying to push forward the agenda that de-normalises smoking as a behaviour that's observed by children.

[175] **Lynne Neagle**: Okay. And are there any challenges you think the committee should be aware of in terms of, if these provisions come in in hospitals, obviously you have got the needs of patients and visitors to cater for as well, some of whom are in very stressful situations—are you confident the support is going to be there for those patients? Are there any issues that you think we need to flag up?

[176] **Dr Banfield**: Well, it's very important to recognise that there are

situations in which life is not perfect, and one needs to allow for those and understand those. So, life is very rarely black and white.

[177] **Dr Payne:** And it's important that, when people are admitted to hospital, they're always asked about their smoking status, and that there's an active offer, as it were, of nicotine-replacement products so that they're getting the nicotine fix even if they're not smoking. I'm aware of many, many circumstances where that happens automatically, but it needs to be promoted alongside this so that we're making sure we're not putting additional stress on patients at a very difficult time for them.

[178] **Lynne Neagle:** So, you don't think it's being offered consistently, then.

[179] **Dr Payne:** I'm not aware that it is offered 100 per cent of the time, and I think a focus on making sure that, alongside the provision to make sure there's not smoking around the hospital—it just gives the opportunity for an extra emphasis on that. It's hard for people in busy jobs to always remember to do absolutely everything perfectly.

[180] **Lynne Neagle:** And would you favour the Bill going further in terms of including areas like outdoor cafes, places like that, or do you think the balance is right at the moment?

[181] **Dr Monaghan:** Well, I think our position is: we've mentioned three settings, and then we're happy to give the power to Ministers to initiate the discussions, as there are procedures for discussing regulations, which you know better than me. And there will be some complexities, depending on setting, but in general, we're happy to see the settings widened, but we understand that there are sometimes shades of grey or complications.

[182] **Dai Lloyd:** Julie and then Rhun on this issue.

[183] **Julie Morgan:** Well, yes, when smoking is stopped in one area, it tends to displace it to another, and so, in the hospital grounds, where it already has been banned, it's out on the streets or in people's back gardens looking on to the hospitals. And those people in whose gardens—. They believe that there should be somewhere within the hospital where people can go to smoke. And obviously, that is a contentious, a very contentious issue. I wondered if you had any views on this. I note you say it isn't black and white, but—.

[184] **Dr Fenton-May**: Well, yes, it is difficult; as you say, it's not black and white. There is, I suppose in some places, provision for areas where people can smoke, but the trouble is, very often, they're not the nicest places to go to and so the smokers don't want to go there, they prefer to be out on the street in the cold, even in the rain. So, it is difficult one. The ideal is that we try to encourage everyone to give up, particularly the staff. Quite a lot of the staff smoke, and they don't have long enough breaks, sometimes, to go out, off the premises. And so that we have a population that gives up smoking—that's the aim.

[185] **Dr Payne**: I think it's worth our breaking it down into little steps of what the smokers need as well. So, if you are a smoker and you're admitted to hospital, what is it that you're not getting when you're getting your cigarettes? Well, you're not getting that self-soothing and calming thing that a lot of smokers get from it. How can that be provided in other ways? You're not getting something to fiddle with. A lot of smokers tell me in the surgery they just miss having something to fiddle with. How can we get that? I recommend to a lot of patients that they take up crochet; it may not be the thing to do when you're feeling poorly in hospital, but how can we give them that fiddle thing? They have little things for kids with ADHD, maybe we should have those on the wards. And they're also getting the nicotine hit. So, how can we break it down and look at each thing that they're missing? How can we give that back to them in a way that doesn't encourage smoking?

11:45

[186] **Dai Lloyd**: Rhun on this.

[187] **Rhun ap Iorwerth**: Yes. That all sounds very good and positive, but there's a real-world element to this as well, and probably that stressful time at hospital, either as a patient, smoker, or as a visitor/family member smoker, is probably perhaps not the best of times to give up in terms of mental well-being and so on. One of the successes of the smoking ban has been the fact that it's been largely self-policing. One of the areas where no-smoking rules, to my experience, have been broken more than anywhere else is outside hospitals. There's a very large no-smoking sign outside one of the entrances to Ysbyty Gwynedd in Bangor. You can't really see the sign very well because there are so many smokers standing in front of it. People will want to smoke, and they will disregard that rule because they want to smoke at that time.

[188] There is flexibility in the Bill as it is for hospital managers to provide. Is there any way that it could be made more explicit in saying, 'Right, if you provide, make sure it's hidden away', because it's the normalisation, it's not seeing people smoke at hospital, and therefore that there's a provision somewhere, somehow—goodness knows how, in legislation, it would be done—but that smoking areas provided in a hospital site should be out of the sight of the public, or whatever it might be? Is there a way? Is it worth investigating this further?

[189] **Dr Banfield:** The decision that you're asking about is really a political and managerial decision. It's quite clear that we must deal with the health needs of the people who we have in front of us. So, that's not just the people for whom smoking is doing harm, but the people around them who are visiting or needing a break. We must deal with those aspects—so, not just the physical aspects, but the behavioural and emotional aspects that go with it. Therefore, if there is any restriction, we need to look at the provision, and we're classically very bad at looking at the extended needs in those circumstances. So, this goes into the whole holistic approach: if you're going to make a ban in a particular situation in which the, if you like, audience is captive—and we've seen exceptions in prisons, for example—then you need to provide the appropriate support. If you're not going to provide the appropriate support, you need to look for alternatives.

[190] **Rhun ap Iorwerth:** I would suggest—we're not going to bring e-cigarettes into this Bill because it would be too complicated, but one way to resolve it would be to tell those people, 'There you go. There's an e-cigarette. Smoke that. You're not allowed to smoke tobacco in these hospital grounds, end of. But there's your e-cigarette. Take it home afterwards and hopefully you'll come off tobacco.' You know, we need to think along those lines.

[191] **Dr Banfield:** Well, my only query about that would be that you're swapping one addition for another. But what we don't do is we don't, at 3 o'clock in the morning, say, 'Do you know what? We've got a stock from pharmacy of your nicotine replacement patch, so you shouldn't need that craving.' We need to be aware of those instances. This is an acute problem and we don't take it seriously enough to deal with it acutely.

[192] **Dai Lloyd:** Ocê. Rydym yn gadael ysmygu ac yn symud ymlaen i adran arall, a hyn ydy'r adran o

Dai Lloyd: Okay. We're leaving smoking and moving on to another section, and that is the section on

driniaethau arbenigol fel aciwbigo a thatŵio ac ati. Mae Angela yn gofyn cwestiynau yn fan hyn.

special procedures such as acupuncture and tattoos and so forth. Angela has questions here.

[193] **Angela Burns**: Thank you very much. I've got two sets of questions on this. When reading your evidence, particularly the BMA, you suggested that we should extend the list of special procedures to include laser hair removal, chemical peels, dermal fillers, scarification, branding and sub-dermal implantation. We already have the other four being put onto the face of the Bill. Can you tell me: do you think that these should be on the face of the Bill, any of those procedures? And the question I was really pushing the previous witnesses on was: of all of these procedures that we know are out there, are there one or two that you think present, at the moment, a clear danger to public health and you would like to definitely see on the face of the Bill?

[194] **Dr Monaghan**: Well, I think as a principle, and looking at risk, it's those that breach the skin, that break the skin—so, a needle goes through the skin. I'm not an expert on laser hair removal and various things, but dermal fillers, for instance, break the skin, so that would be more of a priority, probably, in that list than the others, I think that's reasonable to say.

[195] **Dr Banfield**: I think we—

[196] **Dr Monaghan**: The ones you've already listed, I think—

[197] **Angela Burns**: But, for example, you haven't put on here tongue splitting, where somebody's going to cut somebody else's tongue. I would have thought that would be just as dangerous to public health as having a needle put in.

[198] **Dr Banfield**: I think where we're slightly nervous about discussing too extensively is that to discuss these extensively would imply that we endorse them as legitimate procedures. What our members end up doing is picking up the pieces when it goes wrong. Therefore, from our point of view, any of these things that potentially lead to complications are things that need to be considered for either legislation or some form of regulation. But in terms of which ones, again, it's a political decision as to what you would want—

[199] **Angela Burns**: No, I don't agree with you, I'm afraid, Dr Banfield. I think it's got to be medical based, surely. So, for example, the previous witnesses were quite clear that, of all of the procedures that are currently out

there, one that they felt was quite important for us to consider was laser removal of tattoos because they felt that—as you medical people will know—there's a huge personal danger to the individual: you can become quite ill if it's done incorrectly, and that there was more call for it. So, it was really sort of beginning to become more and more popular, with people wanting to remove the tattoos they'd had earlier. That was very useful for us. That's what I'm trying to drive at, because it was very useful for us to say, 'Okay, well, there's lots of things you could ban, but, actually, if six people a year have their tongues split, then we're probably not going to go down that road; but if 600 people are having tattoo removals, or 6,000, then that's actually a current danger to a large majority of our public health'. So, that's what we're trying to—. So, in your medical sort of view.

[200] **Dr Banfield:** We would agree that the ones that are numerically most likely—. So, both tattoos and tattoo removals are more likely. You've already listed some of the intimate body piercing. Dermal fillers, which seem to be completely cosmetic, would be on that list as well.

[201] **Dr Payne:** Can I come in?

[202] **Angela Burns:** Yes, please.

[203] **Dr Payne:** I think, actually, there is perhaps a need—picking up on the point from Stephen—to become less specific, because, from a medical perspective, your biggest, long-term health risks are from the things like hepatitis and HIV that can be transmitted by the piercing of the skin. Actually, to put in 'any procedure that involves piercing of the skin comes into this category' exempts a requirement for every single one of those, and also new ones like the tongue splitting, which is not something I've ever come across before, as new and weird ways to—I want to say 'mutilate', but—

[204] **Angela Burns:** Modify.

[205] **Dr Payne:** Modify the body. You've got legislation that won't age as those new things come in. If the skin is pierced, you're at risk of blood-borne viruses: that should be licensed, end of story, in my view.

[206] **Angela Burns:** Okay.

[207] **Dr Fenton-May:** Could I just add? Because it's not just skin. If you're

doing something in the mouth, it might be the mucous membranes as well. So, I think it's skin and mucous membranes. Anything that goes inside the body, basically, in the tissues of the body.

[208] **Angela Burns:** May I also ask my second question, which was on evidence that I think the royal colleges gave? It was about a national campaign to educate young people about the risks of tattooing and piercing. I just wondered what kind of health messaging would you kind of like to see, or anticipate seeing, and do you think we ought to put the requirement for that kind of health messaging in the Bill as well?

[209] **Dr Fenton-May:** I don't think it needs to necessarily be specified in the Bill. I think that's something for discussion probably with Public Health Wales about how you get that message across in a similar way that we have campaigned to encourage people not to drink excessively or to smoke. But I think a lot of people are not aware about the risks of tattooing, that it is a potentially difficult-to-reverse procedure, that some of the dyes are carcinogenic, and that there's potential risk of hepatitis if the needles are not treated properly. I think that needs to be in the public domain because it almost seems to be something you do for a dare, for some people, and they don't realise there are risks attached to it.

[210] **Dr Payne:** I would quite like to see breathalysing come in as well, before people are allowed to have a tattoo, because the number of patients I see that have had tattoos when inebriated is really quite shocking.

[211] **Angela Burns:** Yes. Dr Banfield, Dr Monaghan, do either of you have a view on this?

[212] **Dr Monaghan:** Straying from what we've directly considered, I suppose, but I don't think we'd have any objection to a public campaign being in the legislation. I don't know whether it has to be in the legislation, because it can simply be required, as a Government priority, of Public Health Wales. But it seems a good idea is what I'm saying, however is the best way to do it, and I guess Public Health Wales is probably the obvious place to deliver it, if asked to.

[213] **Dai Lloyd:** Rhun, a oedd gyda ti gwestiwn ar hyn?

Dai Lloyd: Rhun, did you have a question on this?

[214] **Rhun ap Iorwerth:** Just to ask for a clarification, really, on the piercing

of skin and membranes: rather than go down the road of finding a list of things that we believe should be regulated, are you saying that you believe we should have a situation whereby the Bill calls for the regulation of all procedures that include the piercing of the skin and membranes, whatever it might be, but, with exceptions, for example, piercing ears or whatever it might be?

[215] **Dr Fenton-May:** I would agree with that. Yes, I think so.

[216] **Dr Payne:** I'd just question why there's a need for the exception on piercing ears.

[217] **Rhun ap Iorwerth:** I don't know. If there are exceptions that you wouldn't want to—

[218] **Dr Payne:** When you have your ears pierced, you're at less risk of the short-term complications because of going through the ear and not a cartilage or other membrane, but those risks of the blood-borne viruses would still apply. I think, given that that is the longer-term public-health risk—. It is comparatively easy to treat and fix an infection that requires antibiotics soon after a procedure, but what we absolutely must make sure we protect people from are these viruses that they may not know they're carrying for many, many years. So, I would say, if you're piercing the skin, it needs to be licensed.

[219] **Rhun ap Iorwerth:** And just the BMA's thoughts on that—everything that involves piercing of skin and membranes?

[220] **Dr Monaghan:** Well, I guess, in principle, it is everything that involves piercing the skin. I guess, in terms of what is practically a problem, my understanding, and I'm not an expert on this either, is that ear piercing, which particularly girls have, just of the lobe, is often done in, I imagine or think, and I've got a daughter, fairly reliable settings—it's offered by some of the big chemists, for instance—whereas some of the settings where the other piercings are happening are frequently settings that are potentially high risk. We know that from backtracks from outbreaks of hepatitis, et cetera, and tracking them back to how it happened. Tattoo parlours being the epicentre, for instance, of some of that hepatitis C, et cetera. So, that's the only added kind of element or practicality or being proportionate, I suppose. However, some of the ear piercing is dangerous for other reasons, isn't it? Going through the cartilage higher up here can cause atrophy of the cartilage, but

that's slightly different from infectious-disease risk.

[221] **Rhun ap Iorwerth:** You're not the first ones to say that you don't want to go down the road of listing things like tongue splitting or other procedures because you don't want to normalise them. You don't want people to get their ideas on piercings from a Bill. Having that kind of model of including everything avoids that as well, I suppose.

[222] **Dr Payne:** And it would also give you the opportunity to maybe exempt certain premises. Like, if you know a pharmacy is complying with other areas of safe practice, you could always exempt it—I don't know.

[223] **Rhun ap Iorwerth:** Interesting. Thank you.

[224] **Dai Lloyd:** Angela.

[225] **Angela Burns:** Just a general point; you talked about ear piercing in pharmacies. I was in a city very close to us on a Christmas shopping spree for young children, and I was very surprised when I went into a very popular and well known young girls' accessory shop—they were doing ear piercing right in the middle of the shop, which did take me aback, I must admit. The question I want to ask, though, following on from Rhun, and we've talked about the blood-borne viruses, is—

[226] **Dr Monaghan:** Just on that, what I was getting at really, and maybe I wasn't clear enough, is proper licensed pharmacies doing it. I'm not as worried about that.

12:00

[227] **Angela Burns:** No, well, neither would I be, but these people were randomly taking the money for the till and then piercing someone's ear, and there wasn't much hand washing going on, as a very basic.

[228] I'd be really interested in any evidence you have, any research, on blood-borne viruses and the origins of, if you've got anything, where they might come from, cosmetic procedures of this kind of nature. I think that might be really helpful to inform our inquiry.

[229] **Dr Monaghan:** Yes, I can get that—more through the day job, but we can get you something.

[230] **Angela Burns**: Thank you.

[231] **Dai Lloyd**: Symud ymlaen nawr i'r adran nesaf o'r Bil yma sydd ar asesiadau effaith iechyd, ac mae gan Rhun gwestiynau fan hyn.

Dai Lloyd: We'll move on to the next section of the Bill, which is on health impact assessments, and Rhun has questions on this for us.

[232] **Rhun ap Iorwerth**: Rydw i'n sicr yn llongyfarch y BMA yn benodol ar sicrhau bod yr asesiadau iechyd wedi cael eu cynnwys yn y Bil gwreiddiol a'u bod rŵan, wrth gwrs, wedi cael eu trosglwyddo i'r Bil newydd.

Rhun ap Iorwerth: I certainly congratulate the BMA specifically on ensuring that the health impact assessments were included in the original Bill and now, of course, have been transferred to the new Bill.

[233] A ydych chi'n credu bod yr adnoddau yna gennym ni i sicrhau bod yr asesiadau yma yn fwy na jest rhyw *tick-box exercise*?

Do you believe that the resources are there to ensure that these assessments are more than just some tick-box exercise?

[234] **Dr Monaghan**: There are resources, and there is a unit set up actually within Public Health Wales, although, if this is mainstreamed through the legislation as we hope, that unit wouldn't be large enough to do all of them, by any means. However, I think the key here is, anyway, to be proportionate. So, the issue is—much of my understanding is that the detail of this will follow in subsequent regulations that would need to be discussed substantially. But the principle we'd be looking at is that, for, in a sense, small programmes, there'd have to be a kind of screening triage, in a sense. It might be a desktop exercise, a bit more than tick box, I hope, but, for more major schemes and programmes, and that would be maybe in size—and this would all be for regulations—or maybe in nature and implications, you would at times have to do a large assessment. But there'd have to be a spectrum, and that would have to be fleshed out in terms of the rules and the principles to apply in the regulation design stage, which we and many others would be prepared to provide, you know, input into in trying to get those right.

[235] **Rhun ap Iorwerth**: Maybe I should have asked this question first, I suppose, but, considering the work that you did put in to lobby for the inclusion of this in the Bill, does what you see in this Bill now give confidence

that, yes, this is what you were looking for, this is what you were trying to achieve?

[236] **Dr Banfield:** Yes, it does.

[237] **Rhun ap Iorwerth:** Your thoughts as an organisation as well about what the potential gain is here from getting this right and whether there are any weaknesses and any changes that you'd like us to pursue.

[238] **Dr Fenton-May:** I don't know a huge amount about health impact assessments, to be honest, but I think that it can only benefit the health of Wales's population by having this in place. And it can address some of the other issues that we haven't managed to get into the Bill, if you can use these to look at other legislation that goes through.

[239] **Dr Banfield:** The whole importance of this is the recognition of the multifactorial determinants of ill health, and, therefore, by placing this on a statutory footing, it commits Wales to looking at the big picture: what is potentially going to negatively impact on health, and can that be mitigated before the negative effects happen. But also it gives an opportunity in everything that we do in Wales to look for positive impacts on health as well.

[240] **Rhun ap Iorwerth:** Fine. I don't think we need to dwell much more on that.

[241] **Dai Lloyd:** Symud ymlaen at yr adran nesaf a gwasanaethau fferyllol. Lynne.

Dai Lloyd: Then we'll move on to the next section, and that's pharmaceutical services. Lynne.

[242] **Lynne Neagle:** Thanks, Chair. The last time round, the BMA had concerns about these provisions in the Bill, which I know were partially addressed by amendments at Stage 3. Can you just outline what your position is now? I know that you've looked for some reassurances from Welsh Government, but if you could just expand on that and also say what you think the risks are if we don't get this right.

[243] **Dr Monaghan:** So, the pharmaceutical needs assessment wasn't originally a BMA idea, but when we were consulted with—. So, my understanding is that it came from other places and suggestions from other people, but we thought, 'We aren't in principle against the idea.' It seems reasonable and a good idea, but at the margin, we have a big issue and it's

not just hypothetical, because it's already been played out in England, where they've brought in pharmaceutical needs assessments. That relates in particular to rural areas, but also semi-rural areas where the, in a sense, pharmaceutical input is provided by dispensing practices.

[244] In the English legislation and regulation, that was overlooked, and the result was that, therefore, when an assessment was done of a rural area, it was decided it was underserved by pharmaceuticals. So, in a sense, that led to it being a priority to open a chemist. The trouble is that that undermined the rural general practice, which was frequently—. And we've seen, in very rural areas of England, general practices closing as a result, because they're no longer viable. Often in a rural area, they have lower patient catchments, so financially they get paid a certain amount in capitation for each patient, and they make up their income and make the practice viable by the fact that they get fees for dispensing. So, that's been quite a serious unintended—as far as I know—consequence in England, and it would be a good idea to avoid that.

[245] So, having had feedback from what had happened in England, we brought that up. We were happy to support the pharmaceutical needs assessment in principle, but with a strong and important proviso, which we were given in a commitment by the previous health Minister, who wrote to us and said that we would be given an input to have a say on, or an input to be consulted on the regulations about how they would happen, to make sure that this was considered in the rules and regulations about how this should be done. And there was a second element as well that we wanted, which we were also given. I forget for a moment what it was. It relates to that, and it relates totally around the same angle.

[246] **Dr Banfield**: So, there was a commitment given to consult about the role of dispensing practices in that rural setting.

[247] **Dr Monaghan**: Yes, that was it.

[248] **Lynne Neagle**: So, provided you have the same assurances this time, you'll be happy with those provisions.

[249] **Dr Monaghan**: Yes, but just to say it's rural and semi-rural. And actually, although it has proved to be a big issue in rural England, it's in principle a potentially even bigger issue in rural Wales in terms of the potential unintended consequence, because what is true about rural England

is more true about practices in rural Wales and they're under—well, I don't need to tell some of you—. You know, there are specific problems already in certain rural areas in Wales about general practice and its viability and sustainability.

[250] **Dr Payne**: And I think as a college—although it's obviously the BMA that deal with contracts—we would echo that concern about anything that either destabilises rural practices, or actually the threat of it coming discourages people from joining those practices now because they're worried about what this may or may not mean for them. And we do see an opportunity—this is slightly outwith the Bill—for a more synergistic working of the GMS GP contract and the pharmacy contract, so that practices and pharmacies aren't competing in the way that they are now, but, obviously, the BMA are the specialists in that area. We can talk about the big picture, but these are the detail guys.

[251] **Dr Monaghan**: So, we'd be completely happy if we just got the exact same letter that the previous Minister gave us, from the current Minister, just to be sure that we've still got the same commitment to that. That's all.

[252] **Lynne Neagle**: We'll ask them to dig that out. [*Laughter.*]

[253] **Dr Monaghan**: Yes, just change the name.

[254] **Dai Lloyd**: Dig it out, and have a photocopy. Jane.

[255] **Dr Fenton-May**: Can I just emphasise it isn't just rural areas, because you'll find places on the edge of Cardiff, for example, that are dispensing practices? And, again, they may be destabilised. So, I think it needs to be in all areas that you need to look at what happens. If you're going to look at England, you need to look at what's happening, in that a lot of these pharmacies are then closing down because they haven't got enough income in the rural areas, and so that leaves the population with nothing, if you've taken away the dispensing or destabilised the practice that was dispensing.

[256] **Dai Lloyd**: Ocê. Symudwn ymlaen at yr adran olaf, nawr, inni ei thrafod y bore yma, ac mae hon ynglŷn â thoiledau cyhoeddus. Mae Caroline Jones yn mynd i ofyn cwestiynau ar hynny.

Dai Lloyd: Okay. We'll move on to the final section, now, for our session this morning, and that's in relation to public toilets. Caroline Jones will lead the questions here.

[257] **Caroline Jones:** Diolch, Chair. I notice there were no detailed comments from you regarding the provision of public toilets within the Bill, and what I'd like to say is that we have an ageing population and many people, particularly if they have a disability, depend upon the provision of public facilities to carry out their daily duties. I wonder if you'd like to comment on, possibly, this area of social exclusion if public facilities—toilets—were taken away. And also, within the Bill, there was definitely a lack of mention of the requirements and needs of disabled people. What we have to do is consult with the public regarding these requirements, but this communication has to be not necessarily by e-mail, because a lot of elderly people or people with a lack of financial resources don't have the facility of a computer, and also, if we send out to everyone—. So, I need to know your views, really, on how we can get the details out to people, where there are provisions for public facilities; how you think the needs should be brought into the Bill, the disabled requirements, and why there is a lack of mention of those; and how local authorities, you envisage, will be robustly following these questionnaires or consultations. Thank you.

[258] **Dr Payne:** Can I start by coming in on the groups of patients who need these facilities, because very often we think of it in terms of the elderly, but actually there are quite a few other groups as well? So, we see quite a lot of children with continence problems needing to use the loo at quite short notice or they're at risk of wetting, and as children—

[259] **Caroline Jones:** It has been stated about the facilities, changing and so on, within the Bill, and—

[260] **Dr Payne:** Yes, and not just the facility to change them, but actually in junior-age children, there's a set of bladder conditions where they can need to use the loo very, very quickly when they need it, but they often wouldn't require changing. Also, groups such as pregnant women and working people who have various bowel conditions and might need to use the toilet multiple times a day. So, in terms of the holistic nature of it, it is far, far more—

[261] **Caroline Jones:** There's definitely a lack of mention of individual requirements regarding any disability.

[262] **Dr Payne:** Yes, and we just want to think wider than just the elderly. When it comes to the communication around that, I wouldn't necessarily see that as something for the health domain to communicate what's available.

We can flag up the need to people. I don't know, from a public health perspective, if you'd see yourselves having a role in it, but I'd certainly see that more as a local authority issue.

[263] **Caroline Jones**: Yes, it would be, but I'm just asking how you would ensure that this communication is, you know—. With your input as well on the disability requirements and the points that you've just mentioned regarding children, you know, how would you see this going forward as a proactive step in engaging with people?

[264] **Dr Banfield**: Surely, this comes back to the Well-being of Future Generations (Wales) Act 2015 and the requirement for local well-being plans. I would have thought this was a crucial part of the expectation of an Assembly for not only people with medical conditions, but homelessness, of course, is getting more and more, and we need to think about the wider societal implications of that, and the provision of toilet facilities and other facilities is something we need to take a really serious look at.

[265] **Caroline Jones**: So, a definite need for collaboration then, and effective communication channels.

[266] **Dr Fenton-May**: One problem with public toilets is there may be provision, but actually getting access can be quite difficult, particularly disabled toilets. And some disabled toilets, although they're labelled disabled toilets, actually do not let a wheelchair go in there, or they're up steps, or things like that. So, they need to be adequate for their needs, and they need to be accessible.

12:15

[267] **Caroline Jones**: The planning needs to be robust.

[268] **Dr Fenton-May**: The planning needs to be robust. Sorry, I don't know enough about this, but we do need them, in all areas. Even going into Cardiff is quite difficult for people who live down this end of town because it's quite a long walk, and there are no public loos between here and the centre of Cardiff. In fact, I'm not sure where the ones in the centre of Cardiff are nowadays, because they keep moving them.

[269] **Dr Banfield**: And of course it's not spend a penny anymore, it's spend 30p.

[270] **Caroline Jones:** Yes.

[271] **Dr Payne:** Which can be a problem on places like, along the A470. I spend a lot of time driving up and down, and we have our favourite toilets, and they dictate where we stop. It's that wider impact—that it's the toilets that dictate the stopping place, where we spend the money, and actually you need 20p to get into the ones in Caersws, and if you haven't got 20p, that's a bit of a problem.

[272] **Caroline Jones:** It is a problem, yes.

[273] **Dai Lloyd:** A yw pawb yn hapus? Pawb yn hapus. Felly, dyna ddiwedd y sesiwn dystiolaeth. A allaf i ddiolch i chi am eich presenoldeb? A allaf i ddiolch i chi hefyd am eich papurau bendigedig a ddaeth i law cyn y cyfarfod? Diolch yn fawr iawn i chi. Felly, diolch i Dr Stephen Monaghan, Dr Phil Banfield, Dr Rebecca Payne a Dr Jane Fenton-May am eu tystiolaeth y bore yma. A allaf i gyhoeddi hefyd y byddwch chi'n derbyn trawsgrifiad o'r trafodaethau y bore yma er mwyn i chi allu cadarnhau eu bod nhw'n ffeithiol gywir? Felly, gyda chymaint â hynny o eiriau, a allaf i ddiolch yn fawr i chi am eich presenoldeb? Diolch yn fawr.

Dai Lloyd: Is everyone content? I see that you are. So, that brings us to the end of this evidence session. May I thank you for your attendance? May I also thank you for your excellent papers, which we received before the meeting? Thank you very much. So, thank you to Dr Stephen Monaghan, Dr Phil Banfield, Dr Rebecca Payne and Dr Jane Fenton-May for your evidence this morning. May I also state that you will receive a copy of the transcript of this morning's proceedings for you to check that they are factually accurate? And with those words, may I thank you very warmly for your attendance? Thank you.

12:16

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Remainder of the Meeting

Cynnig: *Motion:*

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).

that the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi).

Cynigiwyd y cynnig.
Motion moved.

[274] **Dai Lloyd**: Ac o dan eitem 4, a allaf i gynnig o dan Rheol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod? A yw pawb yn hapus gyda'r trefniant yna? Da iawn. Mi awn ni i sesiwn breifat, felly.

Dai Lloyd: And under item 4, may I move under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting? Is everyone content with that arrangement? Excellent. Then we'll go into private session.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 12:17.
The public part of the meeting ended at 12:17.