

PHB 05

Bil Iechyd y Cyhoedd (Cymru)

Public Health (Wales) Bill

Ymateb gan: Sefydliad Siartredig Iechyd yr Amgylchedd

Response from: Chartered Institute of Environmental Health

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

November 2016

Sefydliad Siartredig Iechyd yr Amgylchedd

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

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

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

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

Rydym yn elusen gofrestrdedig gyda dros 9,000 o aelodau ledled Cymru, Lloegr a Gogledd Iwerddon.

The Chartered Institute of Environmental Health

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

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

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

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

We are a registered charity with over 9,000 members across England, Wales and Northern Ireland.

The Chartered Institute of Environmental Health (CIEH) is pleased that a Public Health (Wales) Bill has been introduced again following the unfortunate demise of the Bill introduced in 2015. We see the Bill as a mechanism for regulating and controlling discrete areas of activity that have the potential to have an adverse impact on individuals and on public health in Wales.

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

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

There is clear and incontrovertible evidence that tobacco damages the health of those who use them and also those who inhale the smoke from them. There has been considerable research into the health effects of passive smoking and the detrimental long-term consequences of this, with 32% of non-smokers regularly exposed to second hand smoke in 2010.

Part 2: Tobacco and Nicotine Products

- **What are your views on re-stating restrictions on smoking in enclosed and substantially enclosed public and work places, and give Welsh Ministers a regulation-making power to extend the restrictions on smoking to additional premises or vehicles?**

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

The CIEH recognises that passive smoking is harmful, and its consequences are exacerbated in children, young adults and those with existing respiratory illnesses, and any ban or regulation-making power which can extend restrictions, in particular to areas where these groups are present are welcomed.

The addition of regulation-making powers to Welsh Ministers in regards to additional premises and vehicles is essential in sustained successful implementation, ensuring prompt reactions to new evidence to further reduce smoking in Wales and is also in-line with the aspirations of the Well-being of Future Generations (Wales) Act 2015 in helping to create a healthier Wales

- **What are your views placing restrictions on smoking in school grounds, hospital grounds and public playgrounds?**

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

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

The CIEH considers that the definition of play areas should be expanded to include open spaces used for recreation such as football and rugby pitches, which in many cases are just goal posts and pitch markings. It seems to the CIEH to be an anomaly to ban smoking in children's playgrounds but allow a situation where adult spectators at a junior football or similar type of game can smoke on the touchline.

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

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

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

A further way to strengthen this provision would be to include a "Fit and Proper Person" provision [As is used by the Housing Act 2004 s64(3)(b)(i)] where an applicant is screened for offences relating to tobacco and alcohol sales, before acceptance on to the register.

The CIEH particularly welcomes s28(2)(e) and the need for on-line and telesales to be noted on the register, however the wording in s27(1) does not implicitly express the need for on-line retailers not based in Wales to be registered where they sell tobacco and tobacco products in Wales, which has the potential to reduce the

efficacy of preventing under-18s to access tobacco and nicotine products.

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

Yes. The CIEH strongly supports strengthening the provision of Restricted Premises Order through regulation-making powers to add to the offences. This will run in tandem with the National Register, enabling quicker access to information to inform applications for a Restricted Premises Order.

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

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

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

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

Part 3: Special Procedures

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

The CIEH strongly supports the proposal to create a compulsory national licensing system for practitioners of specified procedures in Wales. A mandatory licensing scheme, requiring Local Authorities to register practitioners would aid the identification of legitimate practitioners along with those whose license has been revoked; a recommendation developed from previous outbreak investigations. By their nature special procedures are invasive and have the potential to transmit life threatening and life changing infections between the parties to the procedure. Procedures carried out improperly or unhygienically can have an adverse impact on an individual's physical and mental health in the short and the long term. Blood-

borne viruses can be spread when there is cross contamination after tattooing and body piercing equipment used on a person with a blood-borne virus comes into contact with another person; common types are Hepatitis B & C and the Human Immunodeficiency Virus. Poor hygiene provisions can constitute the spread of *Pseudomonas Aeruginosa* on the hands of those undertaking procedures such as body piercing or on equipment which has not been adequately cleaned. In the event that a special procedure carried out improperly causes infection, the implications for those individuals connected to the practitioner and the public health bodies investigating the incident are significant. The 2015 outbreak associated with a body piercer in Newport is an example of the number of individuals involved and the cost to the investigation and enforcement teams.

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

The mandatory licensing conditions, imposing requirements in connection with proof of age of an individual on whom a special procedure is to be performed, infection control, standards of hygiene, first aid, consultation before and after a special procedure is performed and record keeping, are sufficient (if enforced correctly and rigorously) to reduce the occurrence of the above risks, associated with special procedures. Lack of record keeping by practitioners has been strongly associated with difficulties in effectively investigating suspected outbreaks/incidences relating to special procedures. The report of the Outbreak Control Team relating to a blood-borne virus outbreak associated with a body piercer in Newport outlines the fundamental requirements that practitioners conducting special procedures must keep detailed client lists and consent forms (including addresses and contact numbers), to allow ease of case identification and cause analysis. We support the licensing conditions specified in regulations, which prevent a license holder from performing a special procedure on an individual who is, or appears to be intoxicated by virtue of drink, drugs or any other means, as it poses additional health risks; for example, excessing consumption of alcohol is known to thin the blood, leading to an increased amount of bleeding.

The CIEH considers that a mandatory licensing scheme would be beneficial. The requirements within s59(2) requiring applicants to demonstrate knowledge of infection control and first aid in the context of the relevant special procedure and of the duties imposed on them as a person authorised to perform a special procedure, are sufficient to ensuring that practitioners are demonstrating competence to practice and possess the necessary skills to practice safely, without posing a risk to

their clients or themselves. We therefore support our previous view that the inclusion of key licensing criteria gives potential clients confidence as they would know that the practitioner they propose to use satisfies the requirements to be a licenced practitioner.

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

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

The special procedures in s54 (a)–(d) of the Bill are those procedures currently registered by local authorities in Wales. We consider it appropriate that they should be controlled as suggested as each has the potential to cause life changing or life limiting infection if carried out in an unsafe or unhygienic manner.

We however believe that there are procedures that are similarly invasive with the same potential consequences that should be controlled in the same manner.

Examples of such procedures are dermarolling, microblading, the injection of dermal fillers and plumpers and cosmetic skin peeling.

Through our members we are aware that lasers and Intense Pulsed Light treatments are increasingly being used in tattoo premises for the removal of tattoos and in beauty salons for the removal of skin blemishes. In our view it is likely that use of lasers for tattoo removal will be an increasing trend as people who regret having tattoos, are dissatisfied with tattoos seek to have their tattoos removed or those who wish to add further tattoos seek to make space for new ones. Lasers are readily available and can be purchased off the internet in the same way as tattooing equipment can be sourced. It is a concern that such equipment can used by untrained individuals as lasers, when improperly used can cause significant burning and scarring. Class 3B/4 lasers and Intense Pulsed Light sources are currently registered by Healthcare Inspectorate Wales. It is our view that this function should pragmatically be delivered by local authorities as they have a footfall into tattoo and body piercing premises and beauty salons and that the use of such equipment for the reasons specified should be defined as a special procedure and included within the Bill. This would be pragmatic and better use of public sector resources, as well as being in the interests of public health and safety.

We are satisfied that those procedures outlined in s54(a)–(d) should properly be controlled as proposed, but that consideration should be given to the addition of

other procedures, as detailed above.

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

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

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

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

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

At present local authorities are required to use legislative provision which were not designed to deal with risks posed by special procedure, being the Health and Safety at Work etc. Act 1974 and the Public Health (Control of Disease) Act 1984 as am. By the Health Protection (Part 2A Orders)(Wales) Regulations 2010. Neither piece of legislation was intended to control special procedures, in consequence they are of limited effectiveness, requiring evidential leaps of faith to be made and failing to prevent those individuals against whom action has been taken from continuing to practise should they chose to do so. Neither prevent those who trade other than in the course of a business from doing so, meaning that action to control 'hobby' practitioners is impossible.

The proposed enforcement regime takes a precautionary approach, permitting as it does action to be taken where there is evidence of risk of infection, it addresses practitioners who are operating other than in the course of a business and gives local authorities powers to stop activities immediately. We consider that the provisions of s74–78 inc. allied with the requirement for licensing of practitioners and approval of premises and vehicles are a significant step forward in controlling the way in special procedures are carried out.

The regime proposed, whilst welcomed is an additional burden for local authorities and finance must follow this function to ensure that Local Authority environmental health departments have adequate resources to deliver it; this justifies our support

for the fee requirements introduced within s73, where Local Authorities may charge the license holder a fee for so long as the license continues to have effect, recognising that this will allow local authorities to deliver this additional function within a financial regime that is consistent with the judgement in R (Hemming (t/a Simply Pleasure Ltd)) v Westminster City Council [2015] UKSC 25.

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

The CIEH believes that the proposals will make a contribution to improving public health in Wales. As noted we believe that there are omissions from the list of special procedures, the inclusion of which would be beneficial, however we believe that the power to amend the list of special procedures to include procedures currently not on the list and new and emerging procedures will address this concern.

We further believe that the new enforcement powers given to local authorities will ensure that any risks to public health identified from Aesthetic Body Modification practitioners can be addressed quickly and effectively thereby reducing or eliminating risk to public health.

Finally, we believe that the mandatory licensing conditions and key licensing criteria, along with the addition of our recommendations will ensure that the licensing authority have the full capacity to identify whether the practitioner/business has the correct provisions in place to reduce the risks associated with special procedures, along with evaluating the applicants, ensuring they satisfy the requirements to be a licensed practitioner, reducing the risks to public health.

Delegated powers

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

The CIEH believes that an appropriate balance has been achieved.

Finance questions

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

Other comments

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

Sec 59(2)(b) specifies that licensing criteria may require the applicant to demonstrate knowledge of –

(b) duties imposed under, or by virtue of this Part on a person authorised by a special procedure licence to perform the special procedure to which the application relates.

The CIEH considers that it is not enough that the applicant should have detailed knowledge of only Part 3, being Special Procedures, we consider that it is necessary that the applicant should also have detailed knowledge of the requirements of Part 4, Intimate Piercing, since it is possible that a person who is authorised to carry out special procedures would also carry out intimate piercing. We believe the knowledge set for both Parts of the Bill are the same and there is such a degree of cross over as to make demonstration of knowledge of both parts a pre-requisite before a local authority can be satisfied that a licence should be issued.

Sec 63(3) – Offences are listed that may lead to refusal of a practitioners licence. The listed offences do not include offences under the Offences Against the Person Act 1861 (OATPA 1861). These offences include assault and assault occasioning actual bodily harm. We believe that these offences should be included in the prescribed list, as they directly relate to the manner in which an individual has responded to another when under pressure, s may be the case in the carrying out of a special procedure. The CIEH recommends that unexpired convictions under the OATPA 1861 be included.

We are specifically concerned that a person who may have convictions for sexual offences would not be precluded from having a practitioners license and would be free to carry out intimate piercings.

Sec77 (1) definition of ‘tattooing’ – the definition is the insertion of any colouring material into punctures in the skin. We are aware of a process known as ‘Tashing’, in which the ashes of a person or animal are used in the tattoo process, effectively becoming incorporated into the tattoo. The ashes are colouring materials and have no pigmentation effect, only achieving coloured effect if mixed with ink as a carrier substance. We know that ‘Tashing’ is carried out widely in Wales and whilst we have reservations about the practise from a public health standpoint (ashes may not be sterile, may be contaminated with heavy metals etc.) it is our view that it should either be specifically included and controlled within the legislation or specifically precluded by it. This is not a practice the lawfulness of which should be determined in a magistrate’s court.

We are further aware that some materials are used in tattooing that are not colouring materials as defined, in that they do not colour skin, but rather fluoresce when exposed to UV lights, allowing individuals to have tattoos which are only

visible in certain situations e.g. in nightclubs, but are not likely to have an impact on their day to day life, in the way that 'job stopping' tattoos may do. The public health risk from such materials is the same as that posed by ink, we consider that the definition should include materials that are not colouring materials per se, but which cause a change in the texture of the skin or in the way in which it reacts to light, extremes of temperature etc.

Part 4: Intimate Piercing

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

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

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

- The decision to have an intimate body piercing should be made by a mature individual, we believe that 16 years of age is not sufficiently mature.
- Intimate body piercings require a higher standard of aftercare than tattoos, as they are potentially more susceptible to infection. This level of aftercare requires a mature approach to which a 16 year may not be capable of fully committing.
- Whilst the jewellery inserted into an intimate body piercing may be removed any scarring or damage inflicted by the procedure will be permanent. This is particularly important when the skin the subject of the piercing is still growing and its function may be compromised by scarring or thickening. At 16 years an individual is still growing and therefore the risk of damage to skin is greater.

The CIEH also notes that there is considerable potential for confusion to arise if there is a different age restriction for body piercing and for tattooing. We consider that it would be easier for practitioners, enforcement agencies and individuals if the

age restriction for both was to be the same. We further consider that an age restriction of 16 years for intimate body piercing is likely to give rise to call for the age restriction for tattooing to be reduced to 16 years.

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

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

Yes. The addition of the tongue is fully supported, due to the serious associated risk of harm such as partial or whole obstruction of the airway due to swelling, the potential of damage to blood vessels within the tongue and risk of infection.

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

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

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

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

Part 5: Health Impact Assessment

- **Require Welsh Ministers to make regulations to require public bodies to carry out health impact assessments in specified circumstances**

The CIEH believes that the proposals will make a contribution to improving public health in Wales. The CIEH considers that health impact assessments (HIAs) provide a systematic yet flexible and practical framework that can be used to weigh up the wider effects of local and national policies and how they, in turn, may impact people's health and wellbeing. We are further of the view that HIAs can provide a way of addressing the inequalities in health that continue in Wales.

By their nature, HIAs collect and assess a range of evidence, and this is used to develop measures which increase opportunities for health, reduce any risks and support the decision making process. We agree that the provisions about HIAs aim to complement the Well-being of Future Generations (Wales) Act 2015, by ensuring key decisions in Wales are taken following a specific assessment of the likely impact on physical and mental health and wellbeing. We consider the provisions are aligned to the Well-being of Future Generations (Wales) Act 2015 and support the Bill's provisions that health impact assessments must be considered by public bodies, in accordance, with the sustainable development principle. We are of the view that all of the vulnerable population should be afforded protection and that these legislative provisions achieve that protection. The CIEH believes that the Bills HIAs provisions make an important contribution to sustainable development in Wales. We note that the proposals will require public bodies in Wales to undertake HIAs in certain circumstances to ensure the positive health impacts of key decisions are maximised and potential negative impacts are avoided or mitigated.

The CIEH is committed to HIA and working with the Wales Health Impact Assessment Support Unit has developed a three level training programme to ensure that there is a body of qualified practitioners who are competent to both prepare HIAs and the quality assess HIAs prepared as supporting documents for proposed developments.

The training is academically rigorous and requires participants to complete, submit, and defend HIAs presented for assessment before they can be awarded a Certificate of Competence. There are three courses, being

- 1 Health Impact Assessment Competency – Rapid HIAs
2. Health Impact Assessment Competency – Comprehensive HIAs
3. Health Impact Assessment Competency – Quality Assuring HIAs.

Only practitioners who have successfully completed the Rapid HIA competency training are allowed to progress to the Comprehensive HIA and Quality Assurance courses.

In order to raise the profile and promote understanding of the benefits of HIA delegates are allowed to undertake the first taught element of the HIA competence course, but only those delegates who submit and successfully defend a HIA are awarded a Certificate of Competency.

At the date of evidence preparation there are 40 Environmental Health Practitioners from Wales who hold the Certificate of Competence in Rapid HIAs and 6 who are

competent to Quality Assess HIAs. There is also a Comprehensive HIA Competence course and a Rapid HIA Competence course in progress. The Rapid HIA course has also been run for the Transport for London Office and in Northern Ireland as it is the only programme of courses of this kind in the UK and an example of Welsh best practice. As evidenced the CIEH strongly supports HIAs as a mechanism for protecting and improving health and wellbeing, however we note that their statutory inclusion in some developments will have cost implications for local authorities. It is important to ensure local authority environmental health departments have sufficient resources to deliver the required health impact assessments where these are generated by the local authority and to consider the merit of those submitted by developers in support of proposals and that there is funding available to ensure that staff who will be required to deliver or assess HIAs are trained to the appropriate level to allow them to do so.

Part 6: Pharmaceutical Services

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

Part 7: Provision of Toilets

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

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

The provisions of Part 7 are addressed to local authorities. CIEH had not part in the proposed delivery mechanism. We do however wish to record our support for the provisions are being essential to public health in Wales.

Part 8: Miscellaneous and General

- **Enable a ‘food authority’ under the Food Hygiene Rating (Wales) Act 2013 to retain fixed penalty receipts resulting from offences under that Act, for the purpose of enforcing the food hygiene rating scheme.**

Under the current Food Hygiene Rating (Wales) Act 2013, s22 as currently enacted, regulates the use of monies received by councils in Wales, and requires councils to pay monies received to the Welsh Ministers. The substitution of a new subsection (1) for the existing section of the act, will, instead, make possible for a council to

retain fixed penalty receipts, for the purpose of its functions, relating to the enforcement of the provisions of the 2013 Act and regulations made under it. The CIEH considers that retention of fixed penalty notices is not intended to be revenue raising, but to offer an adequate deterrent and cover the cost of enforcement. The CIEH supports the proposed changes, which will see the revenue from fixed penalty notices retained by the local authority responsible for enforcement, and used for relevant enforcement purposes.

The CIEH recognises that the provisions for retaining fixed penalty notice receipts, will bring the arrangements for food hygiene, into line with arrangements, elsewhere, in the proposed Bill. This will ensure fixed penalty receipts retained by the enforcement authority, support the enforcement duties that the Bill creates. The CIEH notes that this provision will bring about consistency and clarity, in how the fixed penalty notices are dealt with in public health legislation.

Other comments

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

The Public Health Wales report 'Alcohol and health in Wales 2014' demonstrates quite clearly the enormous impact that misuse of alcohol has on the health and wellbeing of individuals, on increasing pressure on the NHS and on the economy of Wales. The CIEH a proposed minimum unit price (MUP) for alcohol during the original consultation for the 2015 Bill and is disappointed that the proposal did not proceed. Whilst we accepted that there was an argument for awaiting the outcome of the challenge to the Scottish Government proposed MUP before Welsh Government moved forward that challenge has now been lost, and we reinforce our view that Welsh Government must take steps, which may include regulation to address the issue is the use and misuse of alcohol in Wales in order to improve the health of individual and the public health of the nation. This is an imperative and must be given urgent priority.

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

Julie Barratt

Cyfarwyddwr yng Nghymru

Sefydliad Siartredig Iechyd yr Amgylchedd

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