

PHB 01
 Bil Iechyd y Cyhoedd (Cymru)
 Public Health (Wales) Bill
 Ymateb gan: Cymorth Cancer Macmillan
 Response from: Macmillan Cancer Support

The Public Health (Wales) Bill

The Response of Macmillan Cancer Support to the Health, Social Care and Sport Committee's Consultation

Contact:	Greg Pycroft, Policy Officer (Wales) Email: [REDACTED] Tel: [REDACTED]
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1. Introduction

1.1 Macmillan Cancer Support welcomes the opportunity to contribute to this inquiry. We will limit our comments to the general principles and sections of the Public Health (Wales) Bill (the Bill) that reflects our work supporting and improving the lives of people affected by cancer.

1.2 In Wales, 19,000 (WCISU Feb 2015) people are diagnosed with cancer every year and more than 130,000 people are currently living with or beyond cancer, almost 4.5 percent of the population. By 2030 it is expected that 250,000, almost eight percent of the Welsh population, will have been affected by a cancer diagnosis and one in two of us will be affected by cancer at some point in our lives.

1.3 The good news is that survival rates are steadily improving and many people recover. On average 70 percent¹ of Welsh residents diagnosed with cancer can expect to survive at least one year.

1.3 Many people treated for a primary cancer may also develop a secondary or metastatic cancer which can often be incurable. Nevertheless, these patients may live for many years with cancer, and they should be

¹ Welsh Cancer Intelligence and Surveillance Unit Official Statistics 2012 data. [Published 10 April 2014](#)

supported to live as long and as well as possible. The Bill presents an opportunity to improve the lives of people affected by cancer, particularly in respects to the promotion of physical activity.

1.4 In its current form, the Bill, and its supporting documentation, fails to take advantage of this rare opportunity to promote physical activity through improvements to the physical environment, and in doing so be more explicit working toward four of the seven Well-being Goals²; *A healthier Wales; A more equal Wales; A Wales of cohesive communities, and A Wales of vibrant culture and thriving Welsh language.*

2. Physical Activity, Cancer & the Public Health (Wales) Bill

2.1 At Macmillan Cancer Support we want to ensure that everyone living with and beyond cancer is aware of the benefits of physical activity. The Bill presents opportunities (which we will go onto explain in more detail) to plan, manage and improve the physical environment in which people affected by cancer live and are supported to “Move More”³.

2.2 In the UK only 23% of cancer patients are active to the national recommendations and 31% are completely inactive. The evidence is growing to support the role of physical activity during and after cancer treatment. Physical activity is important for cancer patients at all stages of the cancer care pathway.

2.3 There is evidence⁴ to support the role of physical activity for the following stages of the cancer care pathway:

- i. During cancer treatment – physical activity improves, or prevents the decline of physical function without increasing fatigue.

² s4 Well-Being of Future Generations (Wales) Act 2015

³ Macmillan Cancer Support. (2016) “Move More: Your Guide to Becoming More Active” 2nd ed. <http://be.macmillan.org.uk/Downloads/ResourcesForHSCPs/InformationResources/MAC13314Move-moreE02lowrespdf20160718.pdf>

⁴ Dr A. Campbell; J Foster; Dr C. Stevinson and Dr N Cavill. (2012) “The Importance of Physical Activity for People Living With and Beyond Cancer: A Concise Evidence Review”. Pages 2 -3. http://www.macmillan.org.uk/_images/the-importance-physical-activity-for-people-living-with-and-beyond-cancer_tcm9-290123.pdf

- ii. After cancer treatment – physical activity helps recover physical function.
- iii. During and after cancer treatment – physical activity can reduce the risk of cancer recurrence and mortality for some cancers and can reduce the risk of developing other long term conditions.
- iv. Advanced cancer – physical activity can help maintain independence and well-being.

2.4 There is also an emerging body of evidence that the pre-treatment “prehabilitation” stage may be an optimum time for promoting suitable physical activity⁵. Doing so improves the quality of life for the person affected by cancer and optimises the patient’s condition and capacity to manage the treatment and post-treatment stages.

2.5 Leading a physically active lifestyle during and after cancer is linked to an improvement in many of its adverse effects. Physical activity helps to overcome fatigue, anxiety and depression, whilst protecting the heart, lungs and bones. The benefits span across several common cancer types involving a range of treatments, including surgery, chemotherapy, radiotherapy, and hormonal and biological therapies.

2.6 Macmillan Cancer Support believes that given the importance of physical activity to people affected by cancer the physical environment should be managed in such a way that it supports those who wish to move more. Our evidence⁶ has found that to enable people affected by cancer to feel the benefits of physical activity the barriers they face need to be addressed and more effectively managed. There are opportunities to still do so within the legislative process, as we will now consider.

3. General Principles of the Bill

⁵ F. Singh; R. Newman; D. Galvão; N. Spry; M. Baker (2013) “A systematic review of pre-surgical exercise intervention studies with cancer patients”. *Surgical Oncology* 22 (2013). 92 - 104

⁶ Macmillan Cancer Support.(2016) “What Motivates People with Cancer to Get Active?”
[http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-\(A4\)AWDIGITAL.pdf](http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-(A4)AWDIGITAL.pdf)

Part 2: Place restrictions on smoking in school grounds, hospital grounds and public playgrounds

3.1 We welcome these provisions; the bill is a positive development. It will improve the lives of people affected by cancer by de-normalising smoking on hospital grounds, thereby improving the quality of the physical environment for all users. These people will include users of NHS services during and after cancer, along with family and carers of all ages.

3.2 Hospital grounds are also knowingly and unknowingly used as spaces for patient prehabilitation and rehabilitation. We would expect any action taken locally to promote the provisions of the new legislation to reflect on the importance of these public spaces for positive healthy activity. We regret that there is no reference within the relevant sections of the explanatory memorandum to the anticipated positive effect the legislation will have on physical activity⁷.

Part 5: Require Welsh Ministers to make regulations to require public bodies to carry out health impact assessments in specified circumstances

3.3 We welcome the inclusion of Health Impact Assessment (HIA) within the Public Health (Wales) Bill as a statutory duty for public bodies in Wales in specific circumstances. The inclusion of HIA provides an opportunity to strengthen and reinforce the commitment to the “Health in All Policies” approach which is implicit within the Well-being of Future Generations (Wales) Act.

3.3 HIAs should be viewed as a tool to support public bodies to address inequalities and inequities in health; and inform actions that strengthen positive impacts and mitigate negative impacts. They should be undertaken in consistent, open and transparent ways, following processes that are effectively understood at the local level by the Welsh public.

3.4 We welcome the planned suite of regulations to inform the implementation of HIAs by public bodies and request that the circumstances

⁷ Welsh Government (2016) “Public Health (Wales) Bill: Explanatory Memorandum incorporating the Regulatory Impact Assessment and Explanatory Notes”. Paras 60 - 70

in which a public body carries out a HIA are broad and holistic. We expect HIAs to assess policies and planned actions not normally considered to be health related, but are known to have health and well-being impacts – for instance, Public Service Board well-being plans, and plans of significance being drawn up by local health boards or local authorities. We anticipate this approach maximising the health and well-being benefits for people affected by cancer and will follow the development of associated regulation with interest.

3.5 Consideration needs to be given to the capacity requirements of a wide range of public bodies to develop systems, and ensure there is sufficient support and skills to undertake HIAs. This may range from desktop-based exercises through to extensive consultative processes with the input of communities and stakeholders.

3.6 We believe HIAs will prove an effective tool for the promotion of physical activity through planned improvements to the physical environment, or identifying and mitigating against losses – for instance, the availability and siting of public toilet facilities.

3.7 We expect HIAs to make a significant contribution to improving the future health and well-being of the Welsh public, lead to more effective policy making, policy outputs and outcomes at the same time as enhancing Wales' reputation as a world leader in the application of sustainable development and public health policy.

Part 7: Require local authorities to prepare a local strategy to plan how they will meet the needs of their communities for accessing toilet facilities for public use

3.8 We welcome and support the new duty on local authorities to prepare a local public toilets strategy with the intention of addressing the provision of these facilities across Wales. There is an opportunity within the strategy drafting process to capture and plot (while making the data publicly available) the current baseline provision of local authority owned public toilets, and toilets accessible to the public (as well as information such as

opening times, additional facilities etc) to address future provision more strategically.

3.9 Public toilet provision is an important public health issue, impacting upon people affected by cancer whose need arises because of their cancer and, or associated treatment. Inadequate public toilet provision may result in people fearing trips away from home for periods of time, contributing to feelings of isolation, depression and poor mobility.

3.10 Research we conducted and published earlier this year⁸ found that the “proximity of” and “access to” appropriate facilities, including public toilets was a driver of physical activity. During the qualitative research participants with pelvic cancers discussed problems with incontinence and the need for nearby toilet facilities. 45% of people living with cancer were at least sometimes very worried about having access to a toilet when away from home⁹.

3.11 The production of public toilet strategies should generate data concerning the provision of public toilets across a local authority area, we would expect this data to be made available to the public to allow independent assessments of need and provision to be made. Doing so will also allow the plotting of current and future provision, and potentially lead to the development of tools (for instance, smartphone applications, websites) for use by the general public and professionals working to improve physical activity.

3.12 Macmillan Cancer Support believes that public toilet strategies must capture and reflect the needs of people affected by cancer; whether cancer patients or their carers. We are concerned that these groups are not adequately encompassed by the vague, catchall phrase within the explanatory memorandum “certain medical problems” which fails to cover the cancer experience¹⁰. The needs of people affected by cancer are at risk of

⁸ Macmillan Cancer Support.(2016) “What Motivates People with Cancer to Get Active?”
[http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-\(A4\)AWDIGITAL.pdf](http://be.macmillan.org.uk/Downloads/CancerInformation/LivingWithAndAfterCancer/MAC16027-Physical-Activity-evidence-reviewREPORT-(A4)AWDIGITAL.pdf)

⁹ Ibid, pg 19

¹⁰ Welsh Government (2016) “Public Health (Wales) Bill: Explanatory Memorandum incorporating the Regulatory Impact Assessment and Explanatory Notes”. Para 220.

being overlooked by local authorities, we recommend further detail in this respect. The explanatory memorandum could expand on the issue of need in more detail – including examples of what is meant by “medical problems”, and we expect the relevant statutory guidance issued by the Welsh Government to local authorities to go to that level of detail; thereby ensuring consistency across Wales.

For any further information regarding this response, please contact Greg Pycroft, Policy Officer, Wales – gpycroft@macmillan.org.uk 01656 867 970