



Cynulliad Cenedlaethol Cymru **The National Assembly for Wales**

Y Pwyllgor Iechyd a Gofal Cymdeithasol **The Health and Social Care Committee**

Dydd Iau, 15 Gorffennaf 2015
Thursday, 15 July 2015

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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Alun Davies	Llafur Labour
John Griffiths	Llafur Labour
Altaf Hussain	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Gwyn R. Price	Llafur Labour
David Rees	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Naomi Alleyne	Cymdeithas Llywodraeth Leol Cymru Welsh Local Government Association
Julie Barratt	Sefydliad Siartredig Iechyd yr Amgylchedd Chartered Institute of Environmental Health
Robert Hartshorn	Cyfarwyddwyr Diogelu'r Cyhoedd Cymru Directors of Public Protection Wales
Paul Mee	Cyfarwyddwyr Diogelu'r Cyhoedd Cymru Directors of Public Protection Wales
Simon Wilkinson	Cymdeithas Llywodraeth Leol Cymru Welsh Local Government Association

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

Sian Giddins	Dirprwy Glerc Deputy Clerk
Gareth Howells	Cynghorydd Cyfreithiol Legal Adviser
Catherine Hunt	Ail Glerc Second Clerk
Victoria Paris	Ymchwilydd Researcher

Dechreuodd y cyfarfod am 09:19.
The meeting began at 09:19.

**Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions**

[1] **David Rees:** Good morning. Can I welcome Members and the public to this morning's meeting of the Health and Social Care Committee, during which we'll be continuing our evidence gathering for Stage 1 of the Public Health (Wales) Bill? Can I remind Members that the meeting is bilingual? Therefore, if you require simultaneous translation from Welsh to English, can you use the headphones on channel 1? If you require amplification, then please use the headphones on channel 2. There is no scheduled fire alarm this morning, so if one does occur, please follow the directions of the ushers, who'll take us safely out of the building. Can I also remind Members to switch your mobile phones off, or to 'silent', along with any other equipment that may interfere with the broadcasting equipment? We have not received apologies this morning, so we'll move on.

09:19

**Bil Iechyd y Cyhoedd (Cymru): Sesiwn Dystiolaeth 4
Public Health (Wales) Bill: Evidence Session 4**

[2] **David Rees:** We'll go into the next item, which is our first evidence session this morning. Can I welcome Julie Barratt from the Chartered Institute of Environmental Health? Good morning.

[3] **Ms Barratt:** Thank you. Good morning.

[4] **David Rees:** Can I thank you for the written paper we've received? Clearly, there are some questions we'll ask on that, but my intention is, to let you know, we'll start off with the general picture and then we'll work backwards through some parts of the Bill—obviously, different parts, itemised, and elements of the Bill. Gwyn Price?

[5] **Gwyn R. Price:** Thank you, Chair. Good morning. Could I ask you whether the Bill adequately reflects the priority areas for public health improvement, or are there any additional public health measures that could be addressed through this Bill, in your opinion?

[6] **Ms Barratt:** Well, as I said at the end of our response, we were keen to see control over alcohol, but appreciated the difficulties that dealing with minimum unit pricing might cause this Bill. I'm very pleased to see that the draft Bill on minimum unit pricing was published yesterday. I think that's an enormous step forward, so that concern is removed. I think we would also like to see, urgently, Welsh Assembly Government address the issue of obesity in Wales. It's an enormous issue. It's not tackled in this Bill. I think it's probably too big an issue to be tackled in a Bill like this, which tackles things through a discrete focus, but I think that's a public health area that we do need to address. Other than that, I have to say, I think the issues that are covered in the Bill are those that we would say are of major concern to us at the moment.

[7] **Gwyn R. Price:** Okay. Thank you, Chair.

[8] **David Rees:** Do you think that the costs that have been identified in the regulatory impact assessment as associated with the Bill reflect accurately the expected costs? Because enforcement is going to be a particular issue in relation to the Bill.

[9] **Ms Barratt:** We have been quite vocal about enforcement. Obviously, a considerable number of the members of the CIEH are employed in local government, and the issue of resources is a major one for us. The recent reconsideration of the Hemming judgment gives us

a little relief, in that money raised from licensing can be used for enforcement. I think that's quite helpful, but we are concerned that there should be enough money to allow for enforcement of the provisions.

[10] I think it's fair to say that the provisions to do with e-cigarettes are likely to be relatively self-enforcing. That was our experience around tobacco control and the ban on smoking in public places. We put a lot of work into preparing members for enforcement, but in point of fact, enforcement was relatively straightforward and relatively easy. But there is a considerable amount of work to be done around body piercing and tattooing, and it is important that any money that goes to local government for control of that stays in environmental health, to make sure that enforcement can be properly done.

[11] **David Rees:** So, there is concern over the resources available to actually deliver and implement some of the Bill.

[12] **Ms Barratt:** That's right, yes.

[13] **David Rees:** Okay. Lindsay?

[14] **Lindsay Whittle:** Yes, good morning. Jumping around a little bit—I want to talk about the provision of public toilets. Acknowledging the financial pressure on local authorities at the moment, do you think there's any way this Bill could be strengthened to assist local government to provide more public conveniences? Do you think we need to emphasise more, perhaps, the older person, or parents with young children, or disabled people, who also have great difficulty in finding adequate toilet provision in many boroughs, now, throughout Wales?

[15] **Ms Barratt:** I think, from our point of view, the provision of public toilets is extremely important. We keep saying public toilets are not a public convenience, they are a public health necessity. We know that for some older people, the fact that they don't know where public toilets are, or they're afraid that those that are there are not going to be acceptable, means that they don't go to places, and that—from a mental health and wellbeing, and physical health and wellbeing point of view—is extremely unfortunate. I do think it's important that the burden of providing toilet provision is not put on local government. I think the duty should be to ascertain where toilet facilities are, and to make sure that they are available. There is a scheme running in London at the moment of which we're aware, whereby premises that have toilets make them available for public use with the benefit of a grant. I'm aware that that happens in places in Wales, but I think signposting is the important issue: people should know where public toilets are that they are able to use.

[16] **Lindsay Whittle:** Okay, thanks for that answer. It did happen in Wales, but it was very sporadic. In some county boroughs, some 50 businesses would allow their premises to be used, and in other county boroughs, no-one would allow their premises to be used. The scheme has been withdrawn now. Do you think some financial aid should come with this public health Bill so that local councils can begin to provide public conveniences again?

[17] **Ms Barratt:** I think it would be extremely beneficial, and I can't imagine that any local authority would turn it down. The bigger question, I think, is, 'Will it be enough?' Are local authorities being asked to provide all of the public conveniences that are available for the public, or is it money to allow them to assist in putting in a programme of ensuring that those facilities that are available are made and kept available? That's really quite important, but I think it's very important that local authorities should be encouraged to keep public conveniences open for the public.

[18] **Lindsay Whittle:** Okay, thank you very much. Thank you, Chair.

[19] **David Rees:** You've highlighted the comment there, I think, that it's about partnership in terms of where services and public toilets will be made available. Do you think the Bill is strong enough to actually encourage that co-operation between a variety of organisations to deliver on that? We are talking about private businesses, we're talking about public organisations, public facilities—there's a whole range of them. So, is the Bill strong enough to actually encourage co-operation and partnership working to actually deliver that type of service?

[20] **Ms Barratt:** I think the difficulty with the Bill is that it either needs to compel, or else it's not going to be successful. It's extremely difficult to compel private businesses to co-operate with local government, because co-operation can be a paper exercise, or it can actively be co-operation. I'm aware of a particular food chain that says that its toilets are available to members of the public on production of a receipt that says that you've bought food in there. That's availability in the most tenuous sense of the word. A presumption of co-operation is helpful, but it doesn't actually drive people to co-operate.

[21] **David Rees:** Can I go to Part 5 of the Bill, which is on pharmaceutical services? In your written evidence, you indicated that, in fact, you didn't have much to say on that area. Is there anything you wish to add to that element?

[22] **Ms Barratt:** I think, from the point of view of the Chartered Institute of Environmental Health, this is not actually our core business, but we are keen to see that, particularly in deprived areas, people have access to pharmacies. Pharmacies have moved on a great deal, and a lot of them provide health advice. They provide things like smoking intervention and obesity intervention, and it's really important that that sort of service, which takes pressure off the front-line NHS, should be available in the areas where it's needed most. So, we would strongly endorse efforts to get community pharmacies into the communities where they're needed most, which are usually, as I say, the most deprived areas.

[23] **David Rees:** So, this assessment of pharmaceutical needs is a critical element, in that sense?

[24] **Ms Barratt:** Oh, yes, absolutely.

[25] **David Rees:** Okay, thank you for that. We'll move to Part 3, because obviously these are the two areas I think you're focused on—Part 3 and Part 2. Special procedures, John.

[26] **John Griffiths:** In terms of the special procedures that will be dealt with in the legislation as it's currently framed, do you think there's sufficient evidence for each of those to be included as they are? Are there any other special procedures that you would point to that perhaps should be dealt with by this legislation?

[27] **Ms Barratt:** As for the four that are currently in the Bill, certainly there's more than enough evidence to justify tattooing being in the Bill, and there's certainly enough evidence to suggest that intimate piercings should be in the Bill. The evidence on acupuncture is less clear, but I did a trawl yesterday and spoke to a colleague in Public Health England, because we're aware of a recent incident in England where there's been a problem with acupuncture locally, so I've asked her to provide me details of that, which I will provide to the committee later. Again, there's less evidence to do with electrolysis, but it's a process that does involve breaking the skin and it can cause blood to flow, and therefore it does have the potential to cause infection.

[28] One of things we found when we, the CIEH, did some work around tattooing, was we asked people their attitude to being injured during procedures of this sort, and over 50 per

cent expressed the view that they expected something to go wrong, and they were willing to self-medicate in that event. So, I think there is a hidden number of people who may be not majorly injured, but who certainly have some problem with infection, who either treat themselves with proprietary medication, or else present at the GP, where the figures are not actually recorded. The incident is not recorded as being caused by a process, it is merely treated.

[29] So, insofar as the four that are in there, I think it's right that they should be. I think there are others that certainly could be. We have concerns about dermal rolling at the moment, which does cause quite considerable blood flow. There are other things. We've got treatment of tattooing by injecting products under the skin into the tattoo to break up the ink, which is effectively tattooing in reverse. We'd very much like to see that controlled.

09:30

[30] There are other processes that I think we'd like to see controlled, but I think body modification, aesthetic body modification, is a big elephant that needs to be eaten in fairly small bites, and this is a good place to start, because the expertise for controlling these processes is already in local government. When we add—and I'm really pleased to see there is a provision to add more processes—. I think we can identify the process, we can get the training in place, so that the enforcement officers are competent to enforce and then bring in the provision, so that we can ensure that there is a level playing field for enforcers and the people carrying out the treatments.

[31] **John Griffiths:** Could I ask, Chair, what is dermal rolling? I think, probably, the rest of the committee may be equally ignorant as I am on this issue.

[32] **Kirsty Williams:** You've got to get out more—[*Laughter.*]

[33] **Ms Barratt:** Dermal rolling is where you take something that looks a bit akin to an old hair roller, and it's got spikes sticking out of it. It's literally on a handle, and you roll it on your skin. It causes lots and lots of little pinpricks, all of which bleed. I'm told that the theory is that the skin heals itself by producing collagen and that your skin looks plumper and fresher.

[34] **John Griffiths:** Just following up, very briefly, Chair, on what you said about the skills of practitioners of these various procedures and indeed the adequacy of the premises, obviously, we've got the recent example in Newport in terms of the tattoo and body piercing parlour, which caused a lot of work to the national health service, a lot of anxiety for people who'd had services from that establishment and, indeed, some actual cases of harm. Are you confident that this legislation will ensure that those who carry out these procedures have the right skills and that the premises are everything that they need to be to ensure the safety of the people receiving the treatments?

[35] **Ms Barratt:** I'm confident that the legislation allows for that to happen. I think a great deal of the control will lie in the licence conditions. At the present moment, local government is obliged to register anyone who wants to be registered. So, you can just buy yourself a kit off the internet, set yourself up and have a go. That can't be stopped unless something actually goes wrong. I think the fact that, in this legislation, there is provision for licence conditions and the licence conditions can be drawn up by the enforcers and the industry working together to make sure that the licence conditions are appropriate and that we control the people who are doing the practices—. It's an enormous concern to me at the moment that there is not a fit-and-proper-person test for people who carry out some highly invasive procedures, but we can deal with that through licensing conditions, and I think that's really important.

[36] **John Griffiths:** Okay, Chair.

[37] **David Rees:** Can you clarify—? Obviously, you indicated that the Bill has regulation powers within it to add procedures. Are you of the view that additional procedures should be added now on the face of the Bill because the expertise is there now? Or are you still of the view that, in fact, that regulation is sufficient to allow that to happen?

[38] **Ms Barratt:** No. I'm of the view that the regulation as it stands is sufficient to allow for new procedures to be added. I think we need to make sure that the enforcers are capable of enforcing these and that we've got licence conditions covering them before they're added. I think we need to be careful about putting the cart before the horse with some of the procedures, which were not all familiar with and on which we need to do a bit more work around making sure that they are acceptable and that they can be delivered safely, and then we can bring them into the licensing regime.

[39] **David Rees:** Okay. Kirsty.

[40] **Kirsty Williams:** I take your point, and that's a very clear explanation of how we should proceed, but, of the procedures that you mentioned that you would like to see added maybe at a later stage, have you got procedures in place for any of those at the moment that we could move more quickly on—things like dermal rolling or other body modifications? I can see that there is some difference in them, but I would've thought the kind of things you need to have for a safe tattoo parlour or a safe piercing parlour are pretty much the same kind of standards that you would need to be safe to do some of these other procedures.

[41] **Ms Barratt:** I think that's right. For instance, dermal rolling causes blood to come to the surface, but it's not generally done in a tattoo parlour or a piercing parlour. You would expect it, in so far as you see it on the high street, to be in a beauty parlour, for which the standards are not the same as a tattoo parlour or a body piercing parlour—or 'salon', I should say. They're quite different. So, I think we need to look at the process and where it's commonly carried out and by whom before we rush to incorporate it into a licensing regime where we may mean that some people who are quite capable of acting properly will fail, and some who shouldn't be doing the process and are doing it in the wrong place will slip through, because they're caught within the regime in any event.

[42] **Kirsty Williams:** Okay, thanks.

[43] **David Rees:** Altaf.

[44] **Altaf Hussain:** Just a brief point: we always talk about complications, and the complication that is coming up is always infection and hygiene. Aren't there any other complications you'd be worried about, taking all the procedures into consideration? We know about tattooing and others, but other procedures that are not at present included in this Bill.

[45] **Ms Barratt:** One of my concerns is that the procedure of ashing, I think, falls between two stools. The definition of tattooing in the Bill talks about injection under the skin of a pigment—something that colours. There are two problems with tattooing that I don't think are caught. The first is something that I'm told is popular in clubs, where you have an injection under your skin of a material that reflects ultraviolet light, so there is no pigmentation of the skin, but if you go into a night club—you may not be familiar with this—but it would be quite like wearing a white bra under a t-shirt. Once you go under the ultraviolet light the tattoo is visible. That's not going to get caught by this, because the tattooing definition talks about pigmentation.

[46] The other thing that's not going to get caught is this procedure called ashing, whereby you take the ash of someone who has departed, or a pet, and mix it with the ink. Now, it, in and of itself, has no pigmentation value, but it's included within the ink. And given the nature of the ash, which could include heavy metals, and which is certainly not likely to be sterile, there are real concerns about that procedure being allowed to continue.

[47] **Altaf Hussain:** That's correct. Aneurisms, for instance, heart attacks—they have been reported.

[48] **Ms Barratt:** Yes, exactly. Heart attacks, people with diabetes suffering from low blood pressure and so on.

[49] **Altaf Hussain:** Absolutely. For those, do we need to have something different available in these areas where these things have happened, for instance, a first aid kit, cardio-respiratory resuscitation and other things?

[50] **Ms Barratt:** I think in the licensing conditions we can ensure that the people who are practising are appropriately trained, and that's not just to say in what they're doing and the hygiene around it, but in other things. It's in health and safety at work, which is a concern of ours because we've got electricity and we've got water, and there's a lot of risk around that. Also, in first aid, it's not just bleeding; it's people who might have a heart attack, who might suffer from low blood pressure, or who might be diabetic, who need to be properly advised on aftercare. But all of that is capable of being dealt with in the licensing conditions.

[51] **David Rees:** You've identified intimate piercing as an issue, and clearly the Bill identifies particular forms of intimate piercing. Are there any things you think should be added to that? I think you mentioned that tongue piercing is one.

[52] **Ms Barratt:** There are concerns about tongue piercing. Can I just say that I think the list as it stands is appropriate? There's nothing else that we can think of that should be added to that as it currently stands. We are concerned about tongue piercing, but I don't think it fits within the definition of what we would call intimate piercing. That having been said, I think tongue piercing does need to be controlled. There are considerable risks to tongue piercing, not just damage to teeth, but considerable risks of bleeding, considerable risks of infection, and aftercare can be quite difficult. I would like to see tongue piercing controlled. It's the sort of thing that should be controlled. Whether it can be called intimate is another question, but I don't want to get tied up with semantics. If we have to change the name 'intimate' to something else, I would be quite happy for that to happen so that we can include tongue piercing.

[53] **David Rees:** And definitely include that it should not be happening to under-16 year olds.

[54] **Ms Barratt:** I don't think it should be happening to under-16 year olds, no. We did have on our website a policy that talked about age for piercing, which talked about 16, but from the neck down, which necessarily includes tongue piercing. So, I think we should be talking about tongue piercing being controlled by age of consent, and we suggested in our response that 18 is appropriate.

[55] **David Rees:** Could I ask one other question in relation to tattooing? Obviously, the possibility has been raised that people tend to go to tattoo parlours, sometimes, under the influence of alcohol or other substances. As a consequence, they may not be in a fit state to concede to anything to happen. Should we put something in the Bill to ensure that if someone appears to be intoxicated or in an uncontrolled manner that the individual who has responsibility for tattooing can or should say 'no' at that stage, and there should be a cooling-

off period?

[56] **Ms Barratt:** I entirely agree with a cooling-off period, whether you're drunk or not, for tattooing or intimate piercing. I think we can control this through the licence conditions. The licence conditions should make it quite clear that if someone is under the influence of alcohol or drugs, whether they are prescription or non-prescription drugs, the practitioner should refuse to treat them. I think that's the right thing to do. But, I would prefer to see that as a licensing condition, because licensing conditions can be changed quite quickly. For example, for people who are under the influence of what's called colloquially 'hippy crack'—helium or legal highs—we need to make sure that the licence condition can keep up with changes in behaviour, and that would be quicker than trying to amend legislation to keep up with changes in behaviour. So, to my mind, a licensing condition that said that anyone who's under the influence of anything shouldn't be tattooed is a more flexible mechanism than introducing something into the Bill.

[57] **David Rees:** Okay, thank you for that. If we move on now to Part 2 of the Bill, which relates to tobacco, tobacco products and e-cigarettes, and I'll deal with perhaps the retail of tobacco products in the first instance. Gwyn.

[58] **Gwyn R. Price:** Thank you, Chair. What are your views on the concern that e-cigarette use contributes to the normalisation of smoking behaviour and has the potential to act as a gateway to tobacco smoking?

[59] **Ms Barratt:** As we said in our consultation response, the evidence at the moment doesn't suggest that's happening, but I think we need to qualify that by saying we are looking at a very new product that takes a number of forms, some of which look like cigarettes and some of which don't look remotely like cigarettes. To say at this stage that they are normalising smoking I think is a difficult—. I think we need more evidence. We need to trace individuals who have been exposed to e-cigarettes from a young age and see what happens to them as they progress through their adolescence to the age when they can lawfully smoke. That evidence I don't think is necessarily there at the moment. But, having said that, it's a cliché to say it but absence of evidence is not evidence of absence. I think we need to wait and see if e-cigarettes normalise smoking.

[60] **Gwyn R. Price:** Have you got an opinion on the flavouring of these? It's been suggested that different flavouring is coming to the fore. Is there some sort of evidence that might—?

[61] **Ms Barratt:** Certainly, there are a wide range of flavours for e-cigarettes, some of which will appeal a lot to children; they're certainly not the traditional menthol or otherwise that one sees with tobacco. But, equally, they appeal to people who don't want to smoke tobacco cigarettes but want something with flavour to it. I would suggest that they do appeal to children. They are sold in places where children can see them, certainly in non-traditional places—my hairdresser sells e-cigarettes but doesn't sell tobacco. The dry-cleaner that I use sells e-cigarettes but doesn't sell tobacco. So, you see e-cigarettes in places where you wouldn't normally see tobacco, and the concern would be that at the saturation level of sale, children are very much being exposed to them and they could be a gateway to use of e-cigarettes and beyond, although I have to say that evidence is not there in hard form at the moment.

[62] **Gwyn R. Price:** Thank you.

[63] **David Rees:** So, in that sense, you support the register of retailers that sell tobacco products and nicotine products, which includes e-cigarettes?

[64] **Ms Barratt:** Absolutely, yes. It is extremely important that my colleagues in trading standards enforcing this in local authorities should know where these products are and should know who is selling them lawfully. And it makes life very simple—if you're not on a register that says that you're lawfully selling a product, you must therefore be unlawfully selling it. And that is extremely helpful.

[65] **David Rees:** Okay. Kirsty.

[66] **Kirsty Williams:** One of the issues the Government are saying why we need to regulate e-cigarettes in the same way as traditional tobacco is the issue of enforcement, which is what your members do. And I notice that in your evidence you say that individual business owners have decided to make this move because it enables their staff to make enforcement easier. But, I'm just asking from your professional point of view, do your members have difficulty in enforcing the tobacco smoking ban as a result of e-cigarettes?

09:45

[67] **Ms Barratt:** Yes. My colleagues from the Directors of Public Protection Wales are giving evidence this morning. They have direct evidence that they can give you. But, I am being told by them that they are caused problems by e-cigarettes, particularly in things like taxis and work vehicles, where you see people 'smoking' but when you actually get to speak to them, they say 'Oh, no, I wasn't smoking, it was an e-cigarette.' And the other problem that causes concern is people smoking in large groups, where by the time enforcers can get to them, they can't say what they were smoking, but it causes other people to believe that smoking tobacco is acceptable. I think it's fair to say that we are assisted enormously by business owners who've just decided that they're not going to allow e-cigarettes to be smoked because of the fact that it makes it difficult for them to enforce the ban. And one of the great strengths, I think, of the legislation controlling smoking in public places was the fact that there is a duty on a premises owner to keep the premises smoke free. The first line of enforcement is the business owner, and they have proactively taken steps to deal with people using e-cigarettes and undermining the ban.

[68] And I did provide—. I should apologise actually; I meant to speak to this note rather than circulate it; it would have been a lot prettier. We did some research on the independent hospitality sector and, by way of definition, that is small hotels, privately run, bed and breakfasts, free houses, cafes and restaurants that fall outside the corporate health standard and are not in the small business scheme. We took a sample group of 200 and asked them if they had a policy on e-cigarettes, and just about half of them either had a policy in a policy form, a written policy, or had what amounted to a policy—an instruction to staff what to do. And when we asked them why, half of those who said they'd got it pretty much said that it helped them with the enforcement of the ban on smoking in public places, which I think is quite telling, that even such small businesses realise that they were being put at significant risks by people smoking e-cigarettes causing other people to think that it was acceptable to smoke.

[69] **Alun Davies:** Can I ask you how you selected the 200 sample?

[70] **Ms Barratt:** We divided it regionally. There are five regions—north Wales, mid and west Wales, Swansea bay, the Valleys, and Cardiff and the south—and then, depending on population density, based the numbers around that, and then split those into bed and breakfasts, independent hotels, free houses, cafes and restaurants, scaled to that number.

[71] **Alun Davies:** Sure, but how were they selected, the individual—

[72] **Ms Barratt:** They were selected from Yellow Pages.

[73] **Alun Davies:** So, at random.

[74] **Ms Barratt:** Yes, they were a random selection.

[75] **Alun Davies:** Okay.

[76] **David Rees:** Okay, Kirsty?

[77] **Kirsty Williams:** Yes, thank you.

[78] **David Rees:** John.

[79] **John Griffiths:** In terms of what's happening on a voluntary basis at the moment, by businesses and others in Wales, what sort of provision do they make for users of e-cigarettes? Are they in the smoking shelters, as it were, with smokers of tobacco products, or is there some sort of separate arrangement perhaps?

[80] **Ms Barratt:** I don't think I can comment on that because we haven't actually asked them that question. I would be very keen to see that people who are using e-cigarettes, for whatever reason, whether it was to try and help themselves give up smoking tobacco, or just because they chose to use e-cigarettes as opposed to smoking tobacco, are not put with smokers in a smoking shelter. But, we also have to say that smokers don't have to go into a smoking shelter; they can go where they like as long as they're not in an enclosed public place. And I think the same is true of people using e-cigarettes. We don't necessarily want to herd them together; that would not be good. But, so far as I am aware, I don't know what provisions are being made for people who want to use e-cigarettes but aren't being allowed to use them in pubs or hotels or wherever.

[81] **John Griffiths:** Do you have a view as to the extent to which e-cigarettes are being used to get smokers off tobacco products and onto e-cigarettes? We've heard evidence that it's quite mixed really—that some people may use both rather than making a complete move from tobacco products to e-cigarettes, and there may well be use of them in more medicalised environments as a particular tool to give up smoking tobacco. But, then, of course, there is a range of other methods that the health service and others use to get people to make that switch. Do you have a view as to what the emerging picture is in terms of the use of e-cigarettes and to what extent it is helping people to give up and reduce their use of tobacco products.

[82] **Ms Barratt:** I'm aware that our colleagues in ASH Wales have data around the use of e-cigarettes as an aid to giving up. We know that some people use e-cigarettes as a gateway from tobacco to giving up completely, as you say. We know some people use e-cigarettes as a dual use. So, they'll use e-cigarettes some of the time and smoke conventional cigarettes some of the time. But, as to how many use e-cigarettes to give up and how many who use e-cigarettes as a mechanism to give up and who then successfully achieve giving up any form of addiction to nicotine, I couldn't say. What I would say is that, from the point of view of the CIEH, we applaud people's efforts to give up smoking. If they want to give up smoking, the preferred view would be to see them access the stop smoking service that uses a properly regulated product and has other support, which we know helps people to give up—the one-to-one relationship with a smoking adviser. The diminishing amounts of nicotine that are taken in a controlled way is the most appropriate way to use a nicotine substitute to give up smoking. That having been said, if someone wants to give up smoking and they can assist themselves to do that using an e-cigarette, that is also to be applauded.

[83] **John Griffiths:** Could I just ask a further question on that, Chair, just in terms of the

general principle of the precautionary approach to public health and environmental health? I think that's pretty well established. So, evidence may be limited at this stage given that e-cigarettes haven't been around for that long, but how do you see that precautionary approach applying to e-cigarettes and any harm that they might do? I think we've had one view that we really should take a precautionary approach because there is potential harm to users of e-cigarettes and, indeed, others who may be around while they are using them. But, others think that that has to be balanced against the effect that they may have in moving people from smoking tobacco to e-cigarette use. Do you have a view as to how the precautionary approach should apply in these circumstances?

[84] **Ms Barratt:** In an ideal world, the precautionary approach says, 'Don't use anything until you're sure that it's 100 per cent safe.' I think that you have to recognise that that is the ideal world and that nothing is 100 per cent safe, and that people who are aware of a risk that they choose to take, provided that they take the risk within safe limits, should be allowed to do so. The evidence, as it currently stands, doesn't suggest that there is a huge risk from e-cigarettes. There is certainly a far greater risk from conventional tobacco, and that is acknowledged. I think, from the point of view of the CIEH, the greater concern for us is that use of e-cigarettes may undermine the good work that we've currently done to prevent smoking in enclosed public places in Wales. Smoking figures are coming down. Now, whether they're coming down because e-cigarette smoking figures are going up, those data are not there, but I do think that we do need to be cautious of undoing the good work that we've done around tobacco control with a rush to embrace e-cigarettes.

[85] **John Griffiths:** Just one very brief follow-up, if I may, Chair: normalisation of smoking is something that we've heard quite a lot about and a worry that e-cigarette usage could lead to a renormalisation of smoking tobacco products, or will perhaps halt the progress that has been made to make it more socially unacceptable to smoke tobacco products. Do you have a view on that?

[86] **Ms Barratt:** As I said to your colleague, the evidence isn't there at the moment to suggest that that is happening, but I think it's too early to say whether that's the case. We need to look at the generation of children who have been exposed to e-cigarette smoking right from the time that they were aware of the practice to the point where they make a decision whether to smoke tobacco or whether to smoke e-cigarettes or not. The evidence isn't there as it stands. I am aware of a paper, and I have been frustrated in my efforts to find it, but as soon as I do find it, I will get it to the committee. It's a paper that talks about the transition of children who used sweet cigarettes—do you recall those white candy sticks with the little red end that came in a packet with a photograph and all the rest of it in it—and talks about the way that they normalised the transition from using those into smoking, and, as a consequence, they were banned. I've been trying to get it; I've got the abstract, but I just can't get the whole paper. As soon as I do have it, I'll pass it to the committee, because I think that could be instructive.

[87] **David Rees:** Okay, thank you for that. Elin.

[88] **Elin Jones:** Random examples here. Lindsay and I both used sweet cigarettes when we were little children and never ended up smoking, but there we go.

[89] **John Griffiths:** I used them and did end up smoking. *[Laughter.]*

[90] **Elin Jones:** Right, okay. Anyway, what I wanted to ask you was about the difference in the ability to enforce in terms of cigarette smoking and e-cigarette use, and in particular for employers or owners of premises, given the point that you made that the first duty is on the owner of the premises. Of course, cigarette smoke in toilets, for example, is far easier to detect than the use of e-cigarettes in a toilet facility. Thinking of a big office building like

this, it would be quite difficult for somebody to get away with smoking a cigarette in a toilet in this building, but it could well be much easier for somebody to use an e-cigarette in a toilet. I was just wondering whether you have any views on the difficulty of enforcement, both for the first point of enforcement and then the owner or manager of a premises, and then on, more generally, to enforcement officers.

[91] **Ms Barratt:** For the business owner and the person who is managing a premises, what is required is certainty that the smoking of tobacco and the use of e-cigarettes are both banned. Enforcement then is very easy. It sounds like a blunt instrument, but it is an effective blunt instrument, because it means that there is certainty for users of tobacco, users of e-cigarettes and owners of premises. And, it doesn't matter what you're using, you shouldn't be using it. There are difficulties, I accept that. If you go into a toilet and someone's using an e-cigarette, there's a fine line between the air freshener that has been dispensed and what is the e-cigarette that you're using. That's a judgment call to make if you're enforcing it. But, that having been said, at least the baseline is set that the use of e-cigarettes and tobacco is not allowed.

[92] For enforcement officers and the second stage of enforcement, it also makes life a lot easier, because the argument that we're hearing is that enforcement officers are seeing vapour—they're not seeing smoke—when that is not necessarily the case. I think it would make life much easier for both enforcement officers and premises owners if the situation was that you couldn't use either product in an enclosed public place.

[93] **Elin Jones:** Just for information, enforcement is all about seeing it being undertaken.

[94] **Ms Barratt:** Yes.

[95] **Elin Jones:** You have no means of analysing the air or anything in a particular setting for enforcement purposes.

[96] **Ms Barratt:** Well, if you went into a pub and you could smell cigarette smoke in the air and you could see cigarette butts, you would have fairly strong circumstantial evidence that someone has been smoking in there, but that's not enough to get the magistrates to agree with you that smoking hasn't been controlled. As a general rule, we would advise enforcement officers to see smoking going on before they actually took action. The same is true of e-cigarettes; you can go and you can smell all sorts of things in the air, it could be perfume, hairspray, air freshener or whatever, but being able to definitively say that the source of that is an e-cigarette is extremely difficult, particularly that, as cigarettes smell of tobacco, e-cigarettes smell of a whole raft of things depending on what flavour is being used.

[97] **Kirsty Williams:** I can well understand that, if you're a small business owner, it's just easier to say, 'We're not having any of this going on'. I can understand, for simplicity, if you've got a million and one things to do, that kind of policy makes life easier, but I'm just wondering about the scale. Do you have any figures or evidence of people who are, perhaps, using tobacco and then trying to get off that charge by claiming that what you saw was an e-cigarette? I'm just trying to get an idea of scale, Chair—you know, is this happening every day of the week or is it—?

[98] **Ms Barratt:** That's not a question I can answer. I think my colleagues from the directors of public protection who, day to day, are involved in enforcement and are following me into this committee, are probably in a better place to answer that question.

[99] **Kirsty Williams:** I'm just wondering about the issue of scale.

[100] **David Rees:** We'll ask them that question when they come in. Darren.

10:00

[101] **Darren Millar:** I just wanted to ask about this enforcement issue again. Clearly, there are e-cigarettes, as you said earlier, that look like ordinary cigarettes, but the majority that seem to be used look more like something very different—more like a pen, frankly, or something similar, and very often have a different coloured light than would be a sort of flame effect or cinder effect at the end of a cigarette. Why is it so difficult for people to enforce when, generally, it's easy to identify and distinguish an e-cigarette, compared to a normal cigarette?

[102] **Ms Barratt:** Well, it's easy to distinguish an e-cigarette if you're stood next to it. If you're an enforcement officer stood—let's face it, if you're an enforcement officer and you're stood next to somebody, they behave in a wholly different way than if you were nowhere in the vicinity. We all drive differently if there is a police car behind us. That's the nature of the way we behave. I think the issue is not so much that an enforcement officer stood next to somebody smoking an e-cigarette wouldn't be able to say, 'Well, that's clearly an e-cigarette, rather than a tobacco cigarette', the issue is that, if you are some way away, conducting more discreet monitoring, it's then that it's difficult to say what someone is smoking. The other difficulty with someone smoking an e-cigarette is that other people who want to smoke tobacco see somebody smoking something and think it's acceptable to smoke tobacco.

[103] **Darren Millar:** So, in terms of the typical enforcement activity, presumably, there's some sort of surveillance that will take place. You're not going in in a uniform, are you—your officers? So, why would that be difficult then, to sidle up to somebody in order to determine whether they're smoking an e-cigarette or an ordinary cigarette?

[104] **Ms Barratt:** First of all, we don't do surveillance for smoking. There's not been a need. The smoking ban has largely been self-enforcing. It's been a huge success because it's been self-enforcing, because members of the public don't like to see people smoking and business owners are also enforcing it. There is real concern, backed up particularly by a couple of cases that have been lost in magistrates' courts to do with vehicles, that the ability of an enforcement officer to say what someone is smoking when they only have a snapshot of seeing what they're doing—whether they're smoking tobacco or e-cigarettes—is undermining the ban. So, with smoking in works vehicles, for instance, where the vehicle is moving, you can't possibly distinguish what someone is doing.

[105] **Darren Millar:** Okay. So, there is clearly a distinction between being able to enforce in a private work vehicle that is travelling at speed versus perhaps a restaurant or bar. I'll accept that there is a difference in the way that you would need to approach that, but how on earth can any bar owner or restaurant owner find it difficult to be able to stand nearby somebody and determine whether they're smoking an actual cigarette or an e-cigarette?

[106] **Ms Barratt:** I think that's true—you can do that, if you're a bar owner. What happens is that members of the public who see someone smoking an e-cigarette will get in touch with my colleagues in local government and say, 'People are smoking in X, Y, Z premises' and then there's an enforcement action to be carried out, and what they're smoking and whether it's tobacco, whether it's an e-cigarette and whether it's a combination of the two has to be investigated.

[107] **Darren Millar:** So, in terms of the number of cases where the defence has been, 'I was smoking an e-cigarette' and magistrates have thrown it out as a result of that—how many are we talking about in Wales?

[108] **Ms Barratt:** I know of two—

[109] **Darren Millar:** Two.

[110] **Ms Barratt:** —to do with taxi drivers. But let's temper this with reality—if you are a local government officer and you think there's going to be a defence run that, 'I wasn't smoking a cigarette; I was smoking an e-cigarette', you don't take the case, because you may lose it in the magistrates' courts, there are costs involved in doing that; there's officers' time involved in doing that. I wouldn't say you need to be certain, but you certainly need to have a degree of belief that you are going to succeed, and if you think your case is going to be undermined by a defence of, 'I was smoking an e-cigarette. The officer is mistaken', when the benefit of the doubt goes to the defendant, the case is just not taken.

[111] **Darren Millar:** So, how many of those cases are there in Wales?

[112] **Ms Barratt:** I can't say that. I think that's a question for my colleagues who are coming in behind me.

[113] **David Rees:** Time is catching us up, so I'll have to stop at that point there. Can I thank you very much for your evidence this morning? It's been very helpful. You will receive a copy of the transcript to check for any factual inaccuracies. Please let us know if there are any so we can correct them as quickly as possible.

[114] **Ms Barratt:** Yes, I will do.

[115] **David Rees:** Once again, thanks very much.

[116] **Ms Barratt:** Thank you very much.

[117] **David Rees:** And we look forward to the information that you said you'd be sending on to us as well.

[118] **Ms Barratt:** Yes, I will do that. Thank you.

[119] **David Rees:** Members, if you're content, we should have a break now, but, if the next set of witnesses is ready, should we move on? They want a break. Okay. We'll have a five-minute break.

*Gohiriwyd y cyfarfod rhwng 10:05 ac 10:11
The meeting adjourned between 10:05 and 10:11*

Bil Iechyd y Cyhoedd (Cymru): Sesiwn Dystiolaeth 5 Public Health (Wales) Bill: Evidence Session 5

[120] **David Rees:** Can I welcome Members back, and the public, to this morning's session? We go into our next item, and our next session on the Public Health (Wales) Bill evidence. Can I welcome Robert Hartshorn, vice-chair of the Directors of Public Protection Wales; Paul Mee, who is the chair of the Directors of Public Protection Wales; and Simon Wilkinson and Naomi Alleyne from the Welsh Local Government Association? We've received your written evidence and, obviously, that tends to lead us into some questions. We'll go straight into questions, if that's okay. If one of you takes the lead on answers, that would be wonderful. If anyone else wants to add something that's quite important that has been left out, please feel free to indicate. But if it's just a repeat, to save time, we'll move on. Gwyn Price.

[121] **Gwyn R. Price:** Thank you, Chair. Could I ask you whether the Bill adequately reflects the priority areas for public health improvements? Are there any additional public health measures that could be addressed through this legislation, in your opinion?

[122] **Mr Hartshorn:** Yes, we feel that this legislation is extremely welcome and does address a number of important areas. In our response to the White Paper, we also commented on minimum unit pricing and nutritional standards in care homes, and we understand that those are being brought forward through other mechanisms. We're also pleased that we can see some of the response that we made to the White Paper has been incorporated within the Bill. We think there are perhaps some—which I guess we'll get into in terms of the questioning—more detailed aspects of the proposed legislation that might benefit from strengthening, but, otherwise, we do welcome this legislation.

[123] **Mr Wilkinson:** In general terms, we would welcome the vision that is contained within the Bill. It is aimed at tackling some of the preventable diseases that cost the Welsh public purse a tremendous amount of money in terms of treatment costs in the longer term. So, we feel the prevention agenda is particularly important to us as local government officers, actually. Acknowledging that this particular prevention agenda does have a very long-term aim, there are no particularly quick wins in terms of prevention. We need to invest across all parties, I think, in terms of prevention.

[124] The Bill does put into focus health improvement, and health improvement measures that we all welcome. We see local government as being at the heart of that prevention work for Wales. Obviously, as Rob just pointed out, we do have some concerns about the resources that may be available within local government at this particular time, which we would need to have some further discussion on, particularly around the fee-setting for some of these provisions. But I think, on the whole, Chair, we are encouraged by the Bill and the wording within it, and we look forward to working further with Welsh Government in the future.

10:15

[125] **David Rees:** Kirsty.

[126] **Kirsty Williams:** Earlier this week, we saw the publication by Public Health Wales of quite a damning report about inequality in children's deaths. So, a child is much more likely to be injured, hurt or killed in an accident if they're living in a poorer part of Wales than in a more affluent part of Wales. I'm just wondering whether you've had a chance to look at that, and whether there are any lessons or measures that could be taken within this Bill that arise out of that report. I'm particularly interested in road safety and I just wondered whether, for instance, block 20 mph zones in residential areas rather than an individual street approach may have an impact and could be included in this legislation.

[127] **David Rees:** We appreciate that you wouldn't have had time to study it in detail, but if you have any answers—

[128] **Mr Wilkinson:** I must admit, Chair, that I'm not aware of that report and haven't had any time to consider it at all.

[129] **Mr Hartshorn:** I have some awareness of it but I'm not familiar with the detail, and road safety is something that is outside my scope of expertise. Certainly, home safety is an area where we wouldn't generally tend to formally regulate in, and that's an area where perhaps more could be done in terms of raising awareness et cetera.

[130] In terms of the legislation that's presented within the Bill, I do think there are some

aspects in here which are particularly relevant to protecting children and young people, and we do welcome those elements.

[131] **Kirsty Williams:** Thank you.

[132] **Mr Wilkinson:** Chair, in terms of the wider discussion around poverty and access to goods and services, obviously, there are implications there. Some of the other trading standards functions that are carried out daily and are already covered by other legislation—product safety and those sorts of things—are already within the umbrella and the gift of public protection services. So, we are aware of the implications of maybe poorly produced imported goods that are brought into the country, and the wider trading standards family on a national basis does have a handle on those sorts of issues as well.

[133] **Mr Mee:** Chair, if I may add to that, the provisions that we're looking at in the Public Health (Wales) Bill fit within a wider context around health improvement. We recognise that the Well-being of Future Generations (Wales) Act 2015 includes health in all policies and there are wellbeing goals. So, within a wider strategic context, the issues that have been raised, which are important issues about inequalities in health and deprivation, perhaps fit well within that context as well. I think from the directors of public protection point of view, the provisions that are in this Bill do target some specific issues that are particularly relevant at this time. They're addressing, in relation to tobacco control, emerging issues around new devices and novel devices that perhaps build on existing very successful provisions that have helped to create an environment where smoking is not the norm. The provisions around special procedure, for example, address an existing significant deficiency in legislation.

[134] So, to come back to the question, yes, these are pertinent provisions in this legislation, but I take the point that there are wider issues, and perhaps some of those things in a more general sense around inequalities fit well within some of those health and wellbeing objectives under the future generations legislation. Thank you, Chair.

[135] **David Rees:** Okay, thank you. We'll move on now to Part 6 of the Bill, which is about public toilet facilities. Lindsay.

[136] **Lindsay Whittle:** Thank you, Chair. Previous witnesses have indicated to us the importance of the provision of public toilets, while recognising that local government is under severe financial pressure. Acknowledging those financial pressures, are there ways in which we could strengthen this Bill? Do you think some money should come with this Bill from central Government? I think I can guess the answer there. And do you think that we take sufficient account of the needs of disabled people, older people and parents with young children? Not everybody in Wales is going to be affected by piercing, tattoos and e-cigarettes, but very many people will be affected by the lack of provision of public toilets.

[137] **David Rees:** WLGA.

[138] **Ms Alleyne:** Okay, thank you. Firstly, we are very aware of the concerns that have been raised, particularly by older people, but also by other groups of people, around a lack of provision of public toilets. It's an issue that's been around for a while now, and, obviously, the Commissioner for Older People in Wales's office over the last few years has raised concerns around that, as well as, as I said, other groups. I think that, from our point of view, we would question, if you like, whether a duty is necessary in this area, although we do acknowledge and recognise that the existing powers haven't led to the provision of public toilets that people yet think is acceptable or suitable for their particular needs. In terms of the resources, obviously, there's £200,000 that's in the revenue support grant, but that's not a lot of money for across Wales, and the regulatory impact assessment undertaken in the Bill identifies the cost of developing the strategies would be about £33,000 per authority. That

cost isn't being met, or it isn't clear as to whether it's being met, and I think there are other steps that we could, and will, be looking at, and some of those are set out in the explanatory memorandum. So, for example, ensuring that, in all public buildings, the use of public toilets is available. But there's also an issue there about the publicity and the awareness of people and whether they would see—. Some of the feedback, I think, that older people had given is that they were concerned that if there was a public toilet and there wasn't a sign that said, 'This is publicly available for use', they wouldn't wish to use it, and the same for businesses, without some kind of publicising that that was part of the scheme. So, I think there are further discussions that will need to take place about the implications, with partners as well, in terms of taking this forward. But, yes, the concern is there around the cost, both in terms of the resources to provide toilets, but, obviously, developing the strategy, publicising it, consulting on it and then implementing that and taking forward the steps that the authority would think are necessary to ensure adequate provision.

[139] **Lindsay Whittle:** Thank you for that, Chair. It's very disappointing, I think, that local government didn't fully play its part. I'm a huge supporter of local government, as is well known in this building. But it's very disappointing that they didn't fully play their part in the Welsh Assembly Government's initiative to encourage businesses by actually giving them some financial aid, so that the public could use their toilets. In some county boroughs, we had 50, 60 businesses allowing the public to use them and taking advantage of the grants, and, in others, none at all. I think local government lost out a little bit there; they could have helped a lot more. Any thoughts on that?

[140] **Ms Alleyne:** I think it's quite clear that that provision has varied across Wales, and, again, the detail within the documents and the Bill identifies that. I think one of the issues would be around that engagement with business more generally. As I said, I think, there were issues around publicising businesses that were involved in that or having those discussions, but I suppose the question is whether you need a duty to ensure that all authorities take that work forward, as opposed to encouraging those that haven't done as much as they could or should in terms of taking that work forward.

[141] **Lindsay Whittle:** So, there should be a duty on local authorities, which I quite like. Okay, thank you.

[142] **Alun Davies:** Ms Alleyne, I accept the points that you make; I'm not sure I buy the numbers, quite honestly. I'm not sure I appreciate or agree that the costs of developing a strategy are so great. I assume that most of those costs are actually soft costs rather than hard costs, and I think we've got to be careful about making this out to be a far greater duty or burden than it actually is. I'm not convinced that the approach that says there are 50 businesses in Ebbw Vale that will allow you to use their toilets is one that delivers a public toilet function. If it's a library or a museum—a major public building—then people would be content to do that. But if it's a pub, a café or a restaurant, people—particularly, I think, older people—are less willing to use those facilities. So, that facility doesn't exist in their eyes. So, is it not correct that this is one of those essential duties of a local authority in providing support and services to its public, which should be provided without the necessity for a statutory framework? The statutory framework, to me, is a signal of failure. I really don't want to go down another route of spending another 10 years talking to local authorities and saying, 'Please do this, please do this.' Isn't the reality that the only time action takes place is when somebody here says, 'We're going to legislate'?

[143] **Ms Alleyne:** Picking up, I guess, on where you started with the question about the burden, I think there will be a burden on local authorities, because obviously the assessment of need will need to be broad to take into account the different groups that can be particularly affected by the provision of public toilets. But, again, hopefully we can build that into some of the other work and needs assessments that will be undertaken around that time.

[144] **Alun Davies:** Are we making this into a far greater thing than it actually is? We're talking about the provision of toilets. Frankly, this is not rocket science. I'm not convinced that we do need to have surveys and assessments to do this. We need a toilet in a town centre—full stop. I don't think it's beyond the wit of the human mind to be able to deliver that service without the need for 1,000 people to do surveys and assessments and the rest of it. I just think you need to build a brick box, put some toilets in it, clean it every day, have a lock and you're done and dusted. We're talking about multi, multi-million pound organisations here in local government; we're not talking about a small town council here.

[145] **Ms Alleyne:** No, but the Bill does set out that there would need to be that assessment of need.

[146] **Alun Davies:** I understand what the Government's doing.

[147] **Ms Alleyne:** That's linked in, obviously—. I suppose one of the issues in the example that you give is making sure that that toilet would be accessible for all the different groups that need to be aware of it. That means that there are responsibilities to ensure that we're complying with different parts of legislation. The regulatory impact assessment identifies the cost of providing for toilets. I think the £200,000 that's within the revenue support grant, if you like, can be utilised in terms of taking this work forward. I think what I was answering was around the specific requirements that are set out in the Bill around needing to undertake an assessment to identify what that need would be and then to work with—not just consult, but my guess is to engage with, communities. Because it won't just be the provision; it'll be the location and the accessibility within certain hours and then issues around potential anti-social behaviour if they're not appropriately managed or operated. So, I think it does feel a bit like a sledgehammer to crack a nut here in terms of that duty, but, nonetheless, there would be an increased focus as a requirement of the duty in terms of taking that forward. Sorry, I'm not sure, Alun—

[148] **David Rees:** It's okay, I think you've answered the question.

[149] **John Griffiths:** Could I just follow up on that, Chair?

[150] **David Rees:** I've got Altaf first.

[151] **Altaf Hussain:** Just to follow on from that—

[152] **David Rees:** Quickly, though, because we need to move on.

[153] **Altaf Hussain:** The question is that—if you don't eat, then you don't have the toilets. The point is, I was in a council meeting yesterday and we got a letter saying that a review of public toilet provision is to be considered by the cabinet. In the event of reduction in service, town and community councils will be requested, if they wish to see no reduction in provision, to pay for this. So, before legislation, they're already sending the message out that they'll be closing them—a lot of toilets have been closed by the councils. It's a shame, when we are in the world celebrating 19 November as World Toilet Day by the World Health Organization and the United Nations. What do you think?

[154] **Mr Mee:** Perhaps if I can add to the comments of my colleague from the WLGA, the practical provision of public conveniences in local authorities generally falls outside the responsibility of public protection services, but I am familiar with the issue from my own local authority's perspective. I take the point that the gentleman made around it seems a simple thing to provide a simple toilet in a town centre and maintain it. I know that in my local authority, from the evidence that we've submitted as part of this process, there are

approaching 40 public conveniences located across the county borough of varying design, type and location. Associated with many of those, as well as the general maintenance and provision and cleansing and so on, are the various other problems that sometimes arise with anti-social behaviour and drug use and other activities that sometimes come along with those provisions. There is a significant cost to providing those facilities.

[155] I note that, in some of the documentation that's in support of the Bill, there's a reference to the lack of public conveniences being provided by local government for the lack of a strategy. I would suggest that it is for the lack of resources and the many competing and conflicting priorities that are placed on local government, and the very difficult decisions that we're having to make about where those limited resources are placed. I think, as directors of public protection, we recognise the importance of those facilities, but the view that we're expressing is that the approach needs to be proportionate and reasonable, I think, Chair.

10:30

[156] **David Rees:** John, a last question on this part of the Bill, and then I want to move on to the next part of the Bill.

[157] **John Griffiths:** Well, it's just that, in terms of the resources that are needed, I think that's why the approach was taken, although now discontinued by Welsh Government. But it might well be part of this approach of encouraging others—you know, private businesses and other public service providers—to make their toilets available and to have the necessary publication, awareness-raising and clear signalling of that availability, as part of that. But, I'll leave it there, Chair.

[158] **Mr Wilkinson:** Sorry, Chair, just very, very quickly—it was encouraging, when the Minister gave his evidence, that he proposes to put forward a template that could be shared across local government in Wales, and also a guidance document as well. That would be very helpful and welcomed, and, if we could assist in the production of those documents, then we would look to do that.

[159] **David Rees:** Okay, thank you for that. I want to move on because I'm conscious of the time we have and I want to move on to the next part of the Bill, which is Part 5. Now, in your written evidence you didn't discuss Part 6 or Part 5. Clearly, the issue of health inequalities, in one sense, and the assessment of pharmaceutical needs in communities is important, but is there any comment you want to add to the pharmaceutical aspects at this point in time, because, as I said, the written evidence had nothing in it?

[160] **Mr Mee:** No, Chair.

[161] **David Rees:** Okay. I know it's not your expertise area; I understand that. We therefore move on to Part 4 and Part 3 of the Bill, which are the special procedures and the intimate piercing. I'll start off with John.

[162] **John Griffiths:** In terms of the special procedures that it's proposed to deal with in this legislation, are you content that there's sufficient evidence for the inclusion of those? Are there any other special procedures that aren't currently proposed for this legislation that you think should be included?

[163] **David Rees:** DPPW first.

[164] **Mr Hartshorn:** Yes, thank you. Yes, we are content that these are the right procedures to be included initially. The four that are referred to in the Bill are those where local authority regulatory services are already familiar with some degree of regulation. I am

aware of some of the evidence that you've already received, and there's been some discussion around other procedures. I think what we would like to see is almost an incremental approach. The four procedures that are included within the Bill are those which most commonly take place that are associated with the risk of infection and, in particular, blood-borne viruses. An incremental approach to putting a framework of legislation in place would allow other procedures to be added in due course as the evidence allowed. I think there is an element here of closing the gap between local authority public protection enforcement and health regulation of other procedures. I think this legislation, as proposed, reflects a closing of that gap and strengthening the legislation around the areas that, traditionally, local authorities have enforced, accepting that, whilst the framework is put in place, if there are other procedures that need to be added, then we would take those on board as well.

[165] **John Griffiths:** That's fine, Chair. Could I move on to inspection and the provisions in terms of the skills of practitioners and adequacy of premises? Obviously, we've had the recent experience of the tattoo parlour and body piercing establishment in Newport, which caused a great deal of difficulty for the health service and for the individuals that had had those services. This Bill would introduce a new regime of licensing, regulation and control of practitioners and, indeed, premises. I just wonder whether you think that those proposals for the Bill would be adequate to ensure that practitioners have the necessary skills to carry out the procedures, and also that the premises are adequate in every way for the carrying out of those procedures?

[166] **Mr Hartshorn:** Yes, thank you. In the main, we feel that the legislation as framed does put those controls in place. You've referred to the recent example in Newport. Not being familiar with the details of exactly what went wrong there—Newport City Council will obviously be looking at that from an enforcement perspective and some more will come to light in due course. I think in particular what this legislation should provide the opportunity for is ensuring that the practitioner is a fit-and-proper person. If this legislation allows standards of training and competence to be part of our regulatory framework, then we would certainly welcome that. There is a question mark in our minds around relevant offences as proposed. Relevant offences in terms of determining whether somebody's a fit-and-proper person are quite limited, and we would certainly prefer to see that other matters, perhaps, could be taken into account. So, for example, if someone had previously been convicted of assault, that, for the purposes of this proposed legislation, wouldn't be a relevant offence. If you're able to look at spent and unspent convictions of an individual who's coming forward to, let's face it, maybe undertake quite significant procedures and intimate procedures on individuals, I think, as a regulator providing assurance that somebody's a fit-and-proper person, we would wish to see the full picture. That is the case in some other areas that we regulate. The example that springs to mind is taxi licensing, where we would look at a broad range of criminal history in order to assist us in determining whether somebody was fit and proper to be positively permitted to undertake these procedures.

[167] **David Rees:** So, in a sense, as the previous witness indicated, the licensing agenda is the way in which you see this can be strengthened, by using licensing more than, perhaps, for some things on the face of the Bill.

[168] **Mr Hartshorn:** No, I think the legislation as framed actually meets our requirements and meets our expectations and does strengthen—very much so—the legislation in this area, and gives our officers the tools that are currently not there. But there are just those one or two details where we feel that the legislation could be strengthened.

[169] **Mr Mee:** Chair, if I could just add to that, I think that this legislation is a significant step forward in terms of regulating those special procedures. It also provides for the Welsh Government to make regulations to apply mandatory conditions attached to those licences, which can address things like the issues you've highlighted around competence and hygiene

requirements that are fundamental in this particular area. I think what we're highlighting is that an improvement on that would be to strengthen those provisions around the discretion to grant application for special procedure licences to extend those offences that are specified to include any other information that's material to the suitability of that person to hold such a licence. But, other than that, we very much welcome these provisions and think they're a significant improvement on the existing legislative framework.

[170] **David Rees:** We were given evidence in the previous session that perhaps some of the definitions, particularly in relation to tattooing, needed to be strengthened. Is that your opinion? Because of the way in which, perhaps, some procedures are now taken, and the pigmentation issue, is there a need to strengthen aspects of definitions to ensure that you're able to enforce all aspects?

[171] **Mr Mee:** I think, in terms of the current prescribed procedures, which are listed in the Bill, as Rob has said, we think those are the right ones to start with. We welcome the provisions within the legislation to regulate to include additional procedures, as there are a wide range of unusual activities that are sometimes undertaken—things like ashing, which I think you're referring to, where it's not a tattoo because there isn't a pigment within the product that's being applied. I think, fundamentally, our view is that any procedure that's invasive, that penetrates the skin, has the potential to do damage or cause harm, or be an infection risk. But what this does is significantly strengthen the current legislation. It strengthens it around the key principal activities, it allows for those to be extended to include other procedures if it's proven to be necessary, which I think is a welcome provision, and, as such, is the right first step, in a sense, I think. But I take your point; there are those other procedures. There's a whole list of them—tongue splitting, dermal implants—a whole range of things that perhaps fall within this gap between what is a medically-controlled procedure, covered by medical registration, and what would be covered by these provisions, but there is scope within this legislation to extend that in the future.

[172] **David Rees:** Just for my benefit, perhaps—. You just indicated that you think that perhaps these are procedures you think could come on at a later time when they're further understood. If we take some form of dermal filling as an example, what differences would your staff need to know and understand to actually monitor that type of procedure, compared to tattooing or some of the other procedures that are actually identified in the Bill?

[173] **Mr Hartshorn:** I confess that, personally, I'm not familiar with dermal filling. I think that some of the practices in terms of hygiene and sterilisation of equipment and cleanliness of premises, all of those, would be fairly consistent. I would expect that our staff would require some additional training as, or if and when, new procedures were added to the legislation.

[174] **David Rees:** Okay.

[175] **Mr Mee:** I certainly think that local government would be confident in dealing with the procedures that are there at the moment. We have experience of dealing with that type of activity and with those premises, and the expertise is there. I think it is a good point that, if that list was to be extended, then, yes, there would need to be additional training provided to the officers to enable them to enforce adequately against that.

[176] **David Rees:** Have you actually identified what type of training and how long that training would be at this point in time?

[177] **Mr Hartshorn:** No.

[178] **David Rees:** Okay, thank you. Obviously, the intimate piercing aspect, I'm

assuming—. Did you agree with the age restriction on intimate piercings? Are there any issues that you want to highlight in that? Because it's at age 16 rather than at 18, for example.

[179] **Mr Hartshorn:** We do agree with the specification of a minimum age, and, in our submission, we have endorsed the age of 16, although, having seen the Chartered Institute for Environmental Health evidence—and you received their presentation earlier—I do think that that is quite a well-made case, in terms of consistency with tattooing. Some of the repercussions for young people of some of these procedures may be with them—certainly if they go wrong—for later in life. So, certainly, I think that there is a case there for—. And being consistent with tattooing, it would assist, I think, from a regulatory perspective, if there was the same age limit, and, certainly, for practitioners, that would provide a bit of clarity as well.

[180] **Mr Mee:** I think, Chair, we recognise that age 16 is consistent with the age of consent and other issues like entry into the armed forces. We also recognise, however, that it's not consistent with other age restrictions, some of which are mentioned in these provisions—around access to tobacco and alcohol, for example. So, there is some inconsistency there. We certainly support the introduction of 16; we accept, however, that there are arguments for that being 18 as well. I think, fundamentally, the question is: at what age does a child or young person become sufficiently mature to make an informed and mature decision about a procedure that, potentially, has long-term and damaging consequences? There are arguments in favour of both.

[181] **David Rees:** Okay, thank you. John.

[182] **John Griffiths:** Just going back to tattooing, but also body piercing and other procedures, Chair, it's been suggested that one valuable provision would be to have controls on people having those procedures when they're intoxicated, under the influence of alcohol or some other drug. Is that something you would support? Would you go so far as a further suggestion, which is that there should be a cooling-off period in any event, whether people are under the influence of some intoxicating substance or not—that, if they present asking for a procedure, they shouldn't have it there and then and there should be a cooling-off period before it went ahead?

[183] **Mr Mee:** I think, Chair, that's a welcome suggestion. I think, in terms of the conditions that need to be applied to these licences, there will be requirements around the information to be supplied before the procedure is undertaken. Surely, part of that must be to ensure that the individual fully understands what they're doing. I think it's a reasonable argument to suggest that they're not going to be capable of doing that if they're under the influence of alcohol or other substances, in which case a cooling-off period, I think, would be appropriate, certainly.

[184] **John Griffiths:** Would you support a general cooling-off period, then, regardless of whether a person was intoxicated or not?

10:45

[185] **Mr Hartshorn:** I think that may be a—. That's, obviously, something for yourselves. It may be a difficult one for customers to accept, and there may be quite a lot of resistance to that, that somebody can't just walk into a shop—or actually make an appointment, which is usually the way it would be done for a tattoo, and then be told that they've got to go away again. From a personal perspective, I think that would be beneficial, but then that's just me talking from a personal perspective.

[186] **Mr Mee:** I think there's a balance to be struck between the rights of the individual

who is making an informed choice and also the business needs as well, I suppose. Would it place a disproportionate burden on them? I think the circumstances you described earlier of someone who was under the influence are quite different, and that is a very reasonable position, but it's how you get the balance right on that sort of issue, I think.

[187] **David Rees:** If we move on now to Part 2 of the Bill—. Gwyn.

[188] **Gwyn R. Price:** Have you got a view on whether e-cigarette use contributes to the normalisation of smoking behaviour and whether e-cigarette use is a potential gateway to tobacco smoking?

[189] **Mr Mee:** Chair, I think the issue with e-cigarettes around normalisation and the links with it being a gateway to smoking is difficult for us to answer, I suppose, in terms of the emerging evidence base and the uncertainty around some of the evidence base around those particular issues. We are aware that there is very clear evidence that electronic cigarettes—some of the devices—are designed to mimic smoking very closely, with glowing aspects or emitting a vapour and so on. There is very clear evidence that some of the marketing is directed very much at young people, and the inclusion of flavours like bubble gum and so on is clearly trying to target those products at a particular clientele. For directors of public protection, the fundamental issue around e-cigarettes is the undermining of the enforcement of the ban on smoking in public places, and we've certainly seen evidence to support that view. The ban on smoking in public places is a very successful intervention—one of the most successful interventions for public health that I've seen during my career—and anything that undermines that and undermines the gradual move that's happened over a number of years to a situation where an environment is created where smoking is not the norm is something that we think is a reasonable issue to address.

[190] **David Rees:** You've indicated there, in that you said there was evidence, that it undermines the ban. Do you have any examples of that evidence?

[191] **Mr Hartshorn:** Well, the evidence relates to—. We know from our interaction with premises owners and managers that they have difficulty, in terms of their own responsibility for ensuring that they keep their premises smoke-free, in engaging with customers as to whether they're using e-cigarettes or not. Certainly, in terms of enforcement of the smoking ban in vehicles, it's extremely difficult for enforcement officers to determine whether somebody is smoking a cigarette or is actually using an e-cigarette. It is almost impossible. If one of our officers is walking along a taxi rank and a taxi driver is smoking, then that's relatively straightforward, but, in the main, you will appreciate that use of a cigarette or e-cigarette in a vehicle—. We are not empowered to stop vehicles. We don't follow vehicles. We'd deal with those issues subsequently with the appropriate business or registered keeper of the vehicle. But it's almost impossible for us to deal with a defence—if we approach somebody subsequently and they say, 'It was an e-cigarette', it's almost impossible for us to demonstrate one way or the other. So, in that sense, e-cigarettes do undermine the smoking ban.

[192] Just to reiterate what my colleague has said about the smoking ban, it really is a jewel in the crown in terms of public health legislation. I'm proud that, as a professional in Wales, our teams are associated with that, and we are keen to protect the ban on smoking in public places. It's been very successful, and it is, obviously, as you will appreciate, an important public health tool.

[193] **David Rees:** You've indicated there that some of the business owners are having difficulties. Are you therefore seeing greater take-up of voluntary bans on e-cigarettes in premises and workplaces?

[194] **Mr Hartshorn:** Certainly, we are aware that more and more premises and workplaces are bringing in voluntary bans, and that's true, obviously, across the public sector as well. I recognise, though, that the motivation for that—. There may be a number of facets to the motivation for doing that. It may be employee health and wellbeing, because of actual requests from their own employees, or it could be to do with operational issues within the workplace. But also, clearly, it does assist them in terms of managing their premises and ensuring that they're smoke free and complying with the existing legislation. It provides a bit of clarity for the business and their workforce, as well as customers, should they be on their premises.

[195] **David Rees:** So, I suppose what I wanted to ask as a question is: is the legislation, therefore, required, or will a voluntary process actually be effective enough to do that—the removal of a situation where we see it happening on a regular basis?

[196] **Mr Hartshorn:** I can only really speculate. I would imagine, though, that it's unlikely that 100 per cent of businesses and premises would adopt a voluntary ban.

[197] **Mr Wilkinson:** Just in terms of some of those examples you were asking for, of failed investigations, the directors put together some information back in 2013, so this is two years ago. Cardiff council instigated a prosecution against a taxi driver for smoking in his vehicle and the defendant pleaded not guilty on the basis he was smoking an e-cigarette and not a real cigarette. That matter did go to court and the defendant was found not guilty, despite the offence being witnessed by an enforcement officer. There have been similar occurrences in Powys County Council, Caerphilly, Wrexham and also Swansea.

[198] **John Griffiths:** Just on that, we've heard previously that there may well be many instances of such cases not going to court, because of the perceived difficulties in getting a conviction. Would you be in a position to give the committee any idea of whether it is a very widespread problem that many prosecutions for breaching the existing restrictions on smoking tobacco haven't proceeded to court when, perhaps, they should have, because of the difficulties that the existence of e-cigarettes present in terms of proving the offence?

[199] **Mr Hartshorn:** We wouldn't generally hold data of that type, because, obviously, our officers undertaking enforcement action have a range of enforcement actions that they may pick from. If an officer simply gives a verbal warning, or perhaps even issues a letter, we wouldn't necessarily record those statistics as an enforcement action specifically relating to smoking. Where it gets to a prosecution going to court, then all local authorities in Wales would record those numbers and we would record where they fail.

[200] My colleague from the WLGA has given some examples from back in 2013; Caerphilly was one of those examples and in Caerphilly, we had another case that I'm aware of, where we didn't proceed, because the individual said—and, again, it related to a vehicle—'I was smoking an e-cigarette'. I appreciate that's only two, but we're only one local authority out of 22 and we're not the largest. If you multiply that up, you start getting up to some reasonable numbers where there would have been cases that may have gone forward, but perhaps didn't.

[201] **Mr Mee:** I think, Chair, in light of the comments that Robert's made about those prosecutions that haven't been successful, if I can just elaborate on how a local authority would deal with its enforcement decisions. Each local authority will have an enforcement policy that sets out how we go about dealing with making our decisions about whether to prosecute or not, including decisions about proportionality and whether it's a reasonable step to take and so on. But, obviously, a consideration, as somebody who would make that decision on behalf of my authority to prosecute or not, I would look at the strength of the evidence and whether there's anything that's likely to compromise that case in court. In light

of the very clear evidence that cases have failed in those circumstances, if somebody was to use the defence that they were using an e-cigarette and we weren't absolutely certain of that, then I'm unlikely to decide to take that case forward. So, I suspect there have, indeed, been cases where that decision has been made, but we're unable to quantify how many.

[202] **David Rees:** Lynne, did you want to come in on this question?

[203] **Lynne Neagle:** I just wanted to ask something on a general point about resources, really. Obviously, the Bill places quite a lot of new duties and responsibilities on environmental health departments. I certainly know, from my own experience, that my department in Torfaen is feeling the pressure these days. How confident are you that you are going to be able to deal with these new pressures? The Minister indicated that he was mindful of this and that the charges and fees would cover the cost. Are you confident that's the case? Do you anticipate having to take on new staff to discharge these duties?

[204] **David Rees:** The WLGA first.

[205] **Mr Wilkinson:** I think it's true that, back a couple of years ago, there was some evidence that public protection services had been cut by around 30 per cent in some areas, so there are some real concerns about capacity, and that will be ongoing over the next few years as well, no doubt. We are encouraged by the fact that this piece of legislation will allow fees to be set for full-cost recovery for any enforcement action. We're hopeful that we'll be able to work a little bit further with the civil servants to be able to ensure that those costs will be entirely met.

[206] **David Rees:** DPPW.

[207] **Mr Mee:** Certainly, local authorities in Wales welcome these provisions, support them and think they're valuable and necessary, and want to see them implemented. The resource issue is a question. I think as a general principle with any of these provisions now, we would be recommending that the provisions around fees and charges allow for full-cost recovery, and that would then enable local authorities to successfully implement some of these measures.

[208] **Mr Hartshorn:** If I could just add one small point: it is right, I would say, that all local authority environmental health and trading standards services are struggling from a resourcing perspective. The other element of this, though, is that, in many respects, these are areas that we're already involved in, and already regulating in some way. So, again, we welcome the fact that much of the Bill reflects a strengthening of existing legislation that will actually assist us in the work that we're already doing.

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

[210] **David Rees:** On that point, actually, some of the Bill actually looks at no smoking in other public spaces, which are outdoor public spaces, possibly. Is that a positive direction for you? I think it's been talked about before, perhaps, where some restaurants and cafes have outside areas, and that could now come under the Bill, or other public areas—beaches have been mentioned once before. I think Pembrokeshire have discussed beaches.

[211] **Mr Hartshorn:** Again, we do welcome the proposals for extension to outdoor areas, so to non-enclosed spaces. I think, again, from an enforcement perspective, we would expect the owner or the person responsible for those areas to be our initial point of contact in terms of responsibility for making sure that the legislation was complied with. We do welcome it from the perspective—particularly if we're talking about playgrounds, and children's play areas—of protecting those areas so as not to indicate to our young people that smoking is the

norm. I think beaches as an example might pose an additional challenge, because some of our beaches are particularly extensive, and I think enforcement in those quite large areas would be particularly problematical for us as a local authority regulator, and for local authorities, or whoever may be responsible for controlling those spaces. I think that beaches may be a difficulty.

[212] **David Rees:** And just for confirmation, if it's extended to outdoor areas, you would expect the e-cigarettes and the tobacco products to be the same in both those areas.

[213] **Mr Hartshorn:** Yes.

[214] **David Rees:** John.

[215] **John Griffiths:** Could I just very briefly follow up, Chair, in terms of possible extensions to the existing restrictions applied to the smoking of tobacco, and the possibility of the extension of that to e-cigarettes through this legislation? I think we heard earlier that the existing restrictions have been largely self-policing. Would you anticipate that, if the existing ban was extended, that self-policing experience would also extend with it, as it were?

[216] **Mr Hartshorn:** Again, talking from the experience of my own local authority, and actually many local authorities, I think almost all in Wales now, have a voluntary ban on smoking in enclosed children's play area. So, in Caerphilly we have 88 enclosed play areas in our parks, and we get very few if any complaints about that. Now, I'm not saying that's because smoking doesn't take place in those locations at all, but we've got very clear signs up, and we're not getting members of the public coming to us and saying, 'Actually, this is being flouted, and there are always people smoking in there.' So, I think we can take some assurance from that. I do think that extension to some other outdoor areas may be more challenging than that, but, again, I think there will be this element of self-enforcing. My perception is that the community in Wales is ready for extension to those sorts of areas.

11:00

[217] **David Rees:** Okay. Elin.

[218] **Elin Jones:** Just on this, local authorities currently do not have the powers to ban smoking in the children's park areas that you run. So, if this legislation was to give local authorities the power to do so should they choose, then that allows local authorities, without using the primary legislation, to put a duty on local authorities to do it—it provides permissive powers for local authorities should they choose to do so in play areas or on certain beaches. That would be something that would be welcome, then, if you are already trying to promote that voluntarily in some places.

[219] **Mr Hartshorn:** It would, although, again, this isn't something that we have canvassed our members on. My own personal perspective is that where it's an adoptive procedure, you run the risk of it being a bit of a patchwork. There is a degree of, dare I say, bureaucracy involved in going through adoption procedures and consulting in relation to that. I think if the feeling was that this was worth doing, it probably should feature in primary legislation.

[220] **Mr Mee:** I think the decisions that are being made are perhaps instructive, I suppose, in that many local authorities, when looking at their own land—at school playgrounds or play areas in parks and so on—are taking the view that as a policy decision they would ban smoking. So, if this was included in legislation, then that would obviously make that absolutely clear and provide absolute clarity. So, I think that would be helpful.

[221] There's a question, then, about how far you go in terms of what's a proportionate response around whether you include beaches and other areas, I suppose. But, certainly, in terms of things like hospital grounds and playgrounds, we are seeing that sort of policy decision being made by the public sector responsible for those areas, which perhaps indicates that there's a desire to do that.

[222] **David Rees:** Of course, the Bill also has other tobacco control measures, including the production of a register for those who retail tobacco and nicotine products. From an enforcement point of view, do you think that's beneficial to you, and is there going to be—? Obviously, we heard from the previous witness that hairdressers and other types of businesses were selling e-cigarette products. Is that an enforceable solution for you to ensure that you have a register for all retailers of all nicotine and tobacco products?

[223] **Mr Mee:** Yes, we welcome those provisions. We think that it's vitally important that trading standards and environmental health are aware of where these premises are and who's operating them. Our colleagues in trading standards do have issues with illicit tobacco trade and so on, so it would provide absolute clarity about who is permitted to engage in that trade and who isn't. So, we do welcome the proposals to introduce a register, and I think that it would be a useful aid in terms of the enforcement activities that we undertake around the sales of tobacco.

[224] I suppose our only slight reservation about a register as opposed to a licensing regime is about the suitability of people to trade, and we note that there are provisions within the legislation to not grant in circumstances where the premises has a retail premises order in place or a retail sales order, I think it's called, where under-age sales have taken place of tobacco, so that is a very welcome requirement in there. But, I wonder whether that could be extended to any under-age sales of other age-restricted products, such as solvents or knives and so on. How does that provide us with reassurance that the individuals concerned would be suitable for the sale of tobacco? But, other than that, we do think this is a welcome provision, Chair.

[225] **David Rees:** Okay. Thank you. Do Members have any other questions? As there are no further questions, can I thank you very much for your evidence this morning? You will receive a copy of the transcript. If there are any factual inaccuracies, please let us know as soon as possible so we can get them corrected. Once again, thank you very much for your time this morning; it's been very helpful.

11:04

Papurau i'w Nodi Papers to Note

[226] **David Rees:** If Members would like to move on to item 4 on our agenda, which is papers to note. We've received the minutes of the meeting of 1 July, additional information from the Deputy Minister for Health regarding the alcohol and substance misuse inquiry, and correspondence from the Commissioner for Older People in Wales regarding the Regulation and Inspection of Social Care (Wales) Bill, which went through Stage 1 yesterday. Are Members content to note those papers? Yes.

**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:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod, yn unol â Rheolau Sefydlog 17.42(vi) a (ix).

Motion:

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

*Cynigiwyd y cynnig.
Motion moved.*

[227] **David Rees:** The next item, therefore, is that, in accordance with Standing Order 17.42(vi) and (ix), the committee resolves to meet in private for the remainder of this meeting. Are all Members content? Therefore, we'll go into private session.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 11:05.
The public part of the meeting ended at 11:05.*