Contents

This document includes:

1. Welsh Language Impact Assessments (WLIA) Public Health (Wales) Bill

2. Equality Impact Assessments (EIA) for the Public Health (Wales) Bill

3. Children’s Rights Impact Assessments (CRIA) for the Public Health (Wales) Bill
Chapter 2, Part 1: Smoking and Use of Nicotine Inhaling Devices

Chapter 2, Part 2: Retailers of tobacco and Nicotine Products

Chapter 2, Part 4: Handing Over Tobacco etc to Persons Under 18

Part 3: Special Procedures

Part 4: Intimate Piercing

Part 5: Pharmaceutical Services

Part 6: Provision of Toilets
Public Health (Wales) Bill
Part 2, Chapter 1: Smoking and Use of Nicotine Inhaling Devices

<table>
<thead>
<tr>
<th>WLIA Reference No: 15/05/08</th>
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<tr>
<th>Programme/Project Type</th>
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<tbody>
<tr>
<td>Policy</td>
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<tr>
<td>Legislation</td>
<td>X</td>
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<tr>
<td>Grant</td>
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<td>Business change</td>
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<td>Infrastructure</td>
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<td>ICT</td>
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<td>Other (Please specify below)</td>
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| Costs: How much is the projected whole life cost for the programme/project? |
| If below £25k, then a full WLIA is not always required (see guidance). |
| Under £25k | £25k - £49k | £50 - £249k | £250K - £1m | Over £1m |
| ☐          | ☐           | ☐           | ☐           | ☐         | X          |

| Of the above, please provide details if there are any identified costs directly associated with the Welsh language? |
| The costs associated with Part 2, Chapter 1 of the Public Health (Wales) Bill ('the Bill') have been assessed as part of the Regulatory Impact Assessment. |
| There are anticipated to be few costs directly associated with the Welsh Language. Costs such as bilingual signage, publicity and guidance will be mainstreamed into overall costs for implementing this Part of the Bill. |

| How long is the programme/project expected to run? |
| Up to 1 yr | Up to 2yrs | Up to 5yrs | Up to 10yrs | More than 10 yrs | Unknown |
| ☐          | ☐          | ☒          | ☐          | ☐              | ☒        |

*It is anticipated the Bill will become an Act in 2016, and ongoing implementation will begin following this.

| Key milestone dates for the programme/project: |
| Key milestone dates for the Bill include: |
| ☐ April – June 2014: White Paper consultation |
| ☐ November 2014: Summary of consultation responses published |
| ☐ Summer 2015: Introduction of the Bill |
| ☐ Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales |
### STAGE 1: PLANNING

**What are the aims and objectives of the policy?**
**What are the desired outcomes/ what constitutes ‘success’?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce restrictions on the use of e-cigarettes in enclosed and substantially enclosed public and work places. The primary intention is that the use of e-cigarettes should be prohibited in the same places that smoking is prohibited. The aims are to: prevent the use of e-cigarettes re-normalising smoking behaviours; prevent their use acting as a gateway to nicotine and tobacco smoking, particularly for children and young people; prevent their use from impacting on indoor air quality; and to prevent their use undermining the enforcement of the existing smoking ban. The intended outcomes are promoting public health and preventing and alleviating illness in Wales, by seeking a long-term reduction in the uptake of smoking and reducing the risk of exposure to nicotine.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

**What policy options have been considered?**
**What impacts will there be if the policy is not implemented?**

The following three policy options, as outlined fully in the Bill’s [Regulatory Impact Assessment](#), have been considered:

- **Option 1** - Do nothing. Some individual premises have already introduced restrictions on the use of e-cigarettes in their indoor premises and this could continue. There would be no local authority enforcement of these voluntary electronic cigarette policies.
- **Option 2** – Welsh Government to issue guidance to businesses on restricting the use of e-cigarettes in their premises. This would be non-statutory guidance with no local authority enforcement.
- **Option 3** – Legislate to restrict the use of e-cigarettes in enclosed and substantially enclosed public and work places.

Option 3 is the preferred option.

If the policy is not implemented it is unlikely that a consistent approach to the use of
e-cigarettes in indoor premises would be developed. The risks of e-cigarettes re-normalising smoking behaviours, acting as a gateway to tobacco smoking (particularly among children and young people), impacting on indoor air quality and undermining the existing smoking ban would continue.

<table>
<thead>
<tr>
<th>Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - Iaith fyw: Iaith byw?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whilst there are limited direct linkages with the ‘Iaith fyw: Iaith byw’ strategy, the proposal indirectly supports the strategy’s main aims. Of the six main aims of the strategy, the proposal is most relevant to the aim of strengthening the positioning of the Welsh language in the community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the impacts/effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?</th>
</tr>
</thead>
</table>
| Current impacts identified are:  
  - Restatement of the Health Act 2006 would create a completely bilingual statute book on smoking or use of an e-cigarette in smoke-free premises and vehicles;  
  - Guidance and relevant training would be provided bilingually;  
  - Bilingual signage indicating restrictions on the use of e-cigarettes would be required. These will be situated alongside current bilingual signage relating to the existing smoking ban. |

<table>
<thead>
<tr>
<th>Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?</th>
</tr>
</thead>
</table>
| The main stakeholders include local authorities, private businesses, members of the public and community-based organisations.  
  Welsh language interest groups are unlikely to hold a strong interest in the e-cigarette proposal. They may respond positively to the creation of a bilingual statute book for smoking and the use of e-cigarettes.  
  All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation. |

<table>
<thead>
<tr>
<th>Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes? (This could be used in the Welsh Language Tribunal in future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/a – identified impacts are outlined within this assessment template.</td>
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</table>

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<thead>
<tr>
<th>What actions/further work has been identified at the initial planning stage?</th>
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</thead>
</table>
e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial development stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

STAGE 2: IDENTIFYING AND ASSESSING IMPACTS

**Impact Assessment Summary**
Summarise the detailed impact assessment carried out together with the scores assigned.

**Positive effects/impacts:**

Issuing guidance and training in preferred languages will ensure that key stakeholders have the opportunity to fully understand the implications of this part of the Bill.

Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary. Restatement of the Health Act 2006 would create a completely bilingual statute book on smoking and use of an e-cigarette in smoke-free premises and vehicles.

**Adverse effects/impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

Training and development opportunities for enforcement officers will be available in Welsh - this will provide an opportunity for Welsh speakers to use Welsh at work which will help give them the confidence to discuss the restrictions in their preferred language.

The main opportunities for promoting the Welsh language through this proposal relate to furthering the development of a bilingual statute book and increasing the visibility of the Welsh language in the community.

**Evidence/data used including demographic profile when considering the effects/impacts:**

Levels of Welsh language use by local authority should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.
What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/ risk assessment?

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<thead>
<tr>
<th>Positive:</th>
<th>Adverse:</th>
<th>Neutral:</th>
<th>Unknown:</th>
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**Decision following IA**

1. No major change ✗
2. Adjust the policy to improve impacts  
3. Continue the policy with mitigation measures
4. Stop and remove the policy

If answered 2, 3, or 4 above – then answer the following:

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/ action points/ alternative options to reduce adverse impacts and increase positive outcomes:

If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

This legislative proposal was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a ‘next steps’ question (number 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on the Welsh language. No significant negative impacts were identified. A number of respondents generally commented that legislation developments need to take account of other existing Welsh Government policies and strategies, such as the ‘More than just words’ strategy for strengthening Welsh language services among frontline health and social care services. The response to the consultation from the Welsh Language Commissioner did not include detailed comments on the proposal, but emphasised the importance of accurate assessment of needs and meaningful engagement with local citizens in the context of developing community health assets.


**STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION**

Following consultation, what changes have you made to address any Welsh language issues that were raised?

No changes at present, however will be reviewed following stakeholder engagement after the Bill is introduced.
How will you monitor the ongoing effects during the implementation of the policy?

This Impact Assessment will be reviewed at each of the key stages of the development of this legislation as a minimum.

Please outline how you will continue to capture effects/impacts in future monitoring and evaluation?

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

Any other comments – ongoing results of evaluations, emerging impacts

4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

Department:
Public Health Bill Team, Health and Social Services

Date (s):
Last reviewed May 2015

Planned Review Dates:
To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

SRO ENDORSEMENT and REVIEW

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

Signed: SRO, Public Health (Wales) Bill
(Senior Responsible Owner)
Date: 20-May-2015

Signed
Review Date
**Public Health (Wales) Bill**  
Part 2, Chapter 2: National Register of Retailers of Tobacco and Nicotine Products

<table>
<thead>
<tr>
<th>WLIA Reference No: 15/05/03</th>
</tr>
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</table>

| Date: | Last reviewed May 2015 |
| Contact details: | PHbill@wales.gsi.gov.uk |

**Programme/Project Type**

- [ ] Policy
- [x] Legislation
- [ ] Grant
- [ ] Business change
- [ ] Infrastructure
- [ ] Construction, Capital
- [ ] ICT
- [ ] Other (Please specify below)

- [ ] Project or programme
- [ ] Research, evaluation
- [ ] Services
- [ ] Contracts, tenders

**Costs: How much is the projected whole life cost for the programme/project?**

If below £25k, then a full WLIA is not always required (see guidance).

<table>
<thead>
<tr>
<th>Under £25k</th>
<th>£25k - £49k</th>
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Of the above, please provide details if there are any identified costs directly associated with the Welsh language?
**How long is the programme/project expected to run?**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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*It is anticipated that the Bill will become an Act in 2016, and ongoing implementation will begin following this.

**Key milestone dates for the programme/project:**

- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
- Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales
- Spring 2016 (Indicative): Royal Assent
- 2016/17 onwards: Implementation

**STAGE 1: PLANNING**

**What are the aims and objectives of the policy?**

**What are the desired outcomes/ what constitutes ‘success’?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill ('the Bill') will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce a duty for retailers to register on a **Register of Retailers of Tobacco and Nicotine Products**. The overall aim of the register is to reinforce the importance of protecting underage consumers from purchasing tobacco products and nicotine products through:
- The reduction of underage sales of tobacco products and nicotine products;
- Assisting local authority trading standards officers to identify retailers and support the enforcement of underage tobacco products and nicotine product sales;
- Supporting local authorities in providing training and guidance to retailers who sell tobacco and nicotine products to the public;
- Protecting children and young people from purchasing tobacco products and nicotine related products; and,
- Benefiting the health of children and young people.

Evidence suggests that the most effective approach to tobacco control is a comprehensive strategy combining high taxation of tobacco products, regulation of tobacco advertising and sales, restrictions on smoking in public places, a tailored range of initiatives to help smokers give up, and awareness and education initiatives. Legislation is considered a key tool in restricting young people’s access to tobacco products.

Controlling access is an established strategy for reducing consumption of substances which are harmful to health, in particular tobacco, alcohol and illicit drugs. The implementation of a Register of Retailers of Tobacco and Nicotine Products would support local authorities in controlling access to tobacco products and nicotine products for those under 18s by providing a comprehensive list of all retailers who sell tobacco products and nicotine products to the general public.

Further detail can be found in the Explanatory Memorandum for the Bill.

What policy options have been considered? and What impacts will there be if the policy is not implemented?

The following four policy options, as outlined fully in the Bill’s Regulatory Impact Assessment, have been considered:

- Option 1 - Do nothing
- Option 2 – Introduce a voluntary register of retailers who sell tobacco products or nicotine products.
- Option 3 – Introduce a national register on which retailers have to register in order to sell tobacco products and/or nicotine products, combined with an enhanced Restricted Premises Order regime.
- Option 4 – Introduce a positive licensing scheme for retailers who sell tobacco products and/or nicotine products.

Option 3 is the preferred option

If the policy is not implemented, there will be a failure to address the challenges associated with the current system of monitoring underage sales.

1 Gilbert A, Cornuz J (2003). *Which are the most effective and cost-effective interventions for tobacco control?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82993.pdf,
<table>
<thead>
<tr>
<th><strong>Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - laith fyw: laith byw?</strong></th>
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<tr>
<td>Whilst there are limited direct linkages with the ‘laith fyw: laith byw’ strategy, the proposal indirectly supports the strategy’s main aims. Of the six main aims of the strategy, the proposal is most relevant to the aim of strengthening the positioning of the Welsh language in the community.</td>
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<th><strong>What are the impacts/ effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage</strong></th>
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<tr>
<td>i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?</td>
</tr>
<tr>
<td>There are limited direct impacts on the Welsh language arising from the initial planning stage.</td>
</tr>
<tr>
<td>Current impacts identified are:</td>
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<tr>
<td>- The need to ensure guidance and relevant training for retailers and enforcement officers is provided in the Welsh language;</td>
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<tr>
<td>- The need for bilingual publicity material if used.</td>
</tr>
<tr>
<td>- The register is developed bilingually and can be used equally in either language.</td>
</tr>
<tr>
<td>The nature of the register will mean that information can be entered and searched for in Welsh and English equally. Communications to other local authorities by the lead authority should adhere to the lead authority’s Welsh Language Scheme.</td>
</tr>
<tr>
<td>All communications with the public and with retailers about the register should be bilingual and in adherence with the Welsh Language Standards / Schemes of the stakeholder involved.</td>
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</tbody>
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<tr>
<th><strong>Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The main stakeholders include local authorities, private businesses, community-based organisations and members of the public.</td>
</tr>
<tr>
<td>As this proposal does not relate to a new/change to a service, it is unlikely to attract particular interest from Welsh language interest groups.</td>
</tr>
<tr>
<td>All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation.</td>
</tr>
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</table>

| **Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes?** |
N/a – identified impacts are outlined within this assessment template.

**What actions/ further work has been identified at the initial planning stage?**

*e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)*

No specific actions have been identified from the initial development stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

### STAGE 2: IDENTIFYING AND ASSESSING IMPACTS

#### Impact Assessment Summary

Summarise the detailed impact assessment carried out together with the scores assigned.

**Positive effects/ impacts:**

Issuing guidance and training in preferred languages will ensure that key stakeholders have the opportunity to fully understand the implications of this part of the Bill.

Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary.

**Adverse effects/ impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

Training and development opportunities for enforcement officers will be available in Welsh – this will provide an opportunity for Welsh speakers to use Welsh at work and may help give them the confidence to explain the Register in their preferred language to other retailers and customers.

**Evidence/ data used including demographic profile when considering the effects/ impacts:**

Levels of Welsh language use by local authority should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.
What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/ risk assessment?

<table>
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<tr>
<th>Positive:</th>
<th>Adverse:</th>
<th>Neutral:</th>
<th>Unknown:</th>
</tr>
</thead>
</table>

**Decision following IA**

5. No major change [x]

6. Adjust the policy to improve impacts

7. Continue the policy with mitigation measures

8. Stop and remove the policy

*If answered 2, 3, or 4 above – then answer the following:*

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/ action points/ alternative options to reduce adverse impacts and increase positive outcomes:

If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

This legislative proposal for a tobacco products retail register was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a ‘next steps’ question (number 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on the Welsh language. No significant negative impacts were identified. A number of respondents generally commented that legislation developments need to take account of other existing Welsh Government policies and strategies, such as the ‘More than just words’ strategy for strengthening Welsh language services among frontline health and social care services. The response to the consultation from the Welsh Language Commissioner did not include detailed comments on the proposal, but emphasised the importance of accurate assessment of needs and meaningful engagement with local citizens in the context of developing community health assets.


**STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION**

Following consultation, what changes have you made to address any Welsh language issues that were raised?
No specific issues were identified which require changes to the policy at present. This position will be kept under review throughout the development and implementation of the legislation.

### How will you monitor the ongoing effects during the implementation of the policy?

This Impact Assessment will be reviewed at each of the key stages of the development of this legislation as a minimum.

### Please outline how you will continue to capture effects/impacts in future monitoring and evaluation?

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

### Any other comments – ongoing results of evaluations, emerging impacts

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**4. Declaration**

**The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.**

**Department:**
Public Health Bill Team, Health and Social Services

**Date(s):**
Last reviewed May 2015

**Planned Review Dates:**
To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

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**SRO ENDORSEMENT and REVIEW**

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

Signed: **SRO, Public Health (Wales) Bill**  
(Senior Responsible Owner)  
Date: 20-May-2015
**Public Health (Wales) Bill**  
Part 2, Chapter 4:  
Offence of handing over tobacco and/or nicotine products to persons under 18  

<table>
<thead>
<tr>
<th>WLIA Reference No: 15/05/01</th>
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<tbody>
<tr>
<td>Date: Last reviewed May 2015</td>
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<tr>
<td>Contact details: <a href="mailto:PHbill@wales.gsi.gov.uk">PHbill@wales.gsi.gov.uk</a></td>
</tr>
</tbody>
</table>

**Programme/Project Type**  
- Legislation  
- Project or programme  
- Grant  
- Research, evaluation  
- Business change  
- Services  
- Infrastructure  
- Construction, Capital  
- Contracts, tenders  
- ICT  
- Other (Please specify below)  

**Costs:** How much is the projected whole life cost for the programme/project?  
If below £25k, then a full WLIA is not always required (see guidance).  

<table>
<thead>
<tr>
<th>Under £25k</th>
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Of the above, please provide details if there are any identified costs directly associated with the Welsh language?  

The potential costs associated with Part 2, Chapter 4 of the Public Health (Wales) Bill (‘the Bill’) have been assessed as part of the Regulatory Impact Assessment within the [Explanatory Memorandum](#) for the Bill. Initial estimates are that costs will be minimal because there is no direct change to business practice.
There are anticipated to be few costs directly associated with the Welsh Language. Costs such as bilingual publicity and guidance will be mainstreamed into the overall costs for implementing this Part of the Bill.

**How long is the programme/project expected to run?**

<table>
<thead>
<tr>
<th></th>
<th>Up to 1yr</th>
<th>Up to 2yrs</th>
<th>Up to 5yrs</th>
<th>Up to 10yrs</th>
<th>More than 10yrs</th>
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</table>

*It is anticipated that the Bill will become an Act in 2016, and ongoing implementation will begin following this.*

**Key milestone dates for the programme/project:**

Key milestone dates for the Bill include:

- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
- Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales
- Spring 2016 *(Indicative)*: Royal Assent
- 2016/17 onwards: Implementation

**STAGE 1: PLANNING**

**What are the aims and objectives of the policy?**

**What are the desired outcomes/what constitutes ‘success’?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce the **offence of knowingly handing over tobacco and nicotine products to persons under 18**.

The key objective is to ensure that retailers, delivery agents and distributors who offer the remote purchase of tobacco and nicotine products and hand over these products through a delivery service, including click and collect, only do so to persons aged 18 and over. It will not be an offence to hand over tobacco or nicotine products if they are contained in a package which is sealed and has the person’s name and address.
Current rules on underage sales of tobacco are covered in the Children and Young Persons Act 1933, Children and Young Persons (Protection from Tobacco) Act 1991 and the Children and Young Persons (Sale of Tobacco) Order 2007. In summary it is illegal to sell cigarettes or other forms of tobacco products, including cigarette papers, to a person under 18 years of age.

Additional legislation has been introduced to prevent under 18s from gaining easy access to tobacco products, such as prohibiting the sale of tobacco from vending machines\(^2\) the UK Government has announced its intention to introduce an age of sale restriction for all nicotine products, including e-cigarettes. In this respect, the Secretary of State has exercised power conferred by the Children and Families Act 2014\(^3\) to make regulations that will make it an offence to sell nicotine products to persons aged under 18 years old, and make it an offence to proxy purchase nicotine products for minors. The regulations come into force in October 2015.

There is no current legislation which prevents tobacco and/or nicotine products purchased remotely, or by other methods e.g. telephone orders, from being delivered/handed over to persons under the age of 18. As other opportunities to access tobacco and/or nicotine products are reduced this could provide children and young people under the age of 18 access these products via remote purchases.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

Restricting access to tobacco products for children and young people under the age of 18 through legislation can support a wider programme of protecting children and young people from the harms associated with smoking.

Young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to their addiction. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

Controlling access is an established strategy for reducing consumption of substances which are harmful to health, in particular tobacco, alcohol and illicit drugs. In 2010 in Wales, among school year 11 pupils (i.e. aged 15-16), 9% of boys and 14% of girls were regular (weekly) smokers.\(^4\)

Whilst there are no specific UK or Welsh studies on the number of under 18s currently attempting to purchase tobacco remotely, there is evidence of a problem with the delivery of online sales of other age restricted products, such as alcohol. A survey conducted by South Wales Police in March 2013 using 15 year old volunteers to attempt to purchase alcohol from major supermarket websites, found that in 44% of the cases alcohol was delivered to the volunteer with no proof of age requested. Alcohol Concern Cymru conducted a survey of 1,000 14-17 year olds in 2013 and found that 21% of 14-15 year olds had successfully purchased alcohol online and 15% of all 14-17 year old respondents had successfully purchased alcohol online. It is  

\(^2\) The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011  
considered reasonable to assume similar issues could become apparent for similar age-restricted goods, such as tobacco and nicotine products.

There is already some evidence from the USA that there may be an issue with young people being able to access tobacco products via the internet. Kurt, et al. showed that in the majority of cases 11 to 15 year olds were able to purchase tobacco products via the internet. Out of 83 purchase attempts, 93.6% of purchases attempted by credit card and 88.9% of purchases attempted by money order were successful. A recent study in North Carolina has also shown that minors were easily able to purchase e-cigarettes from the internet.

According to data published by the Office of National Statistics internet sales have increased in recent years. In March 2012 internet sales contributed 8.9% of all retail sales, increasing to 11.6% in January 2015. For food stores this has increased from 2.9% in March 2012 to 4% in January 2015. This indicates that using the internet as a method for shopping is continuing to increase, and it is likely that this trend will continue. It has been assumed that this upward trend is likely to be reflected across the spectrum of goods available for remote purchasing, including tobacco and nicotine products.

**What policy options have been considered?**

**and**

**What impacts will there be if the policy is not implemented?**

The following three policy options, as outlined fully in the Bill's Regulatory Impact Assessment, have been considered:

- Option 1 – Do nothing;
- Option 2 – Issue guidance to retailers on remote sales and handing over of tobacco products and nicotine products; and
- Option 3 – Introduce legislation to prohibit the handing over of tobacco and nicotine products to persons under the age of 18, and issue supporting guidance to retailers who offer remote sales, including the handing over of these products.

Option 3 is similar to option 2 but in addition creates the offence of handing over tobacco and/or nicotine products to persons under 18. **Option 3 is the preferred option.**

If the policy is not implemented there will be a failure to address the challenges associated with the current system.

**Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - iaith fyw: iaith byw?**

There are negligible links with the strategy for the Welsh Language.

**What are the impacts/ effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage**

i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?
There are limited direct impacts on the Welsh Language arising from the initial planning stage.

Current impacts identified are:

- The need to ensure guidance and relevant training (if required) for retailers and delivery agents is available through the medium of Welsh;
- The need for bilingual publicity material if used.

All communications with the public, retailers and delivery agents about Part 2, Chapter 4 of the Bill will be bilingual, with both languages sitting side by side where possible.

There may also be impacts if discussions take place at the point of delivery; this is outside of the scope of the Bill and it is anticipated that companies would adhere to their own language policies (if in place).

**Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?**

The main stakeholders include local authorities, private businesses, community-based organisations and members of the public; it is unlikely to attract particular interest from Welsh language interest groups.

All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation.

**Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes?**

(This could be used in the Welsh Language Tribunal in future)

N/a – identified impacts are outlined within this assessment template.

**What actions/further work has been identified at the initial planning stage?**

e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial development stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

**STAGE 2: IDENTIFYING AND ASSESSING IMPACTS**
### Impact Assessment Summary

Summarise the detailed impact assessment carried out together with the scores assigned.

**Positive effects/impacts:**

Issuing guidance and training (if a need is identified) for retailers and delivery agents in their preferred languages will ensure that key stakeholders have the opportunity to fully understand the implications of this part of the Bill.

Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary.

**Adverse effects/impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

The main opportunities for promoting the Welsh language most closely relate to strengthening the positioning of the Welsh language in the community. This will mainly be achieved through working with key stakeholders during the development of guidance and working with them during the process of implementation.

Training and development opportunities for enforcement officers will be available in Welsh – this will provide an opportunity for Welsh speakers to use Welsh at work and may help give them the confidence to explain details of the offence in their preferred language to other retailers and customers.

**Evidence/data used including demographic profile when considering the effects/impacts:**

Levels of Welsh language use by local authority should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.

<table>
<thead>
<tr>
<th>What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/risk assessment?</th>
<th>Positive: ☐</th>
<th>Adverse: ☐</th>
<th>Neutral: ☒</th>
<th>Unknown: ☐</th>
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<tr>
<td><strong>Decision following IA</strong></td>
<td>9. No major change ☒</td>
<td>10. Adjust the policy to improve impacts ☐</td>
<td>11. Continue the policy with mitigation measures ☐</td>
<td>12. Stop and remove the policy ☐</td>
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</table>
If answered 2, 3, or 4 above – then answer the following:
How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/ action points/ alternative options to reduce adverse impacts and increase positive outcomes:

If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

This legislative proposal was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a ‘next steps’ question (number 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on a number of areas, including the Welsh language. No significant negative impacts were identified. A number of respondents generally commented that legislation developments need to take account of other existing Welsh Government policies and strategies, such as the ‘More than just words’ strategy for strengthening Welsh language services among frontline health and social care services. The response to the consultation from the Welsh Language Commissioner did not include detailed comments on this proposal, but emphasised the importance that the Welsh language should be treated no less favourably than the English language.


### STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION

Following consultation, what changes have you made to address any Welsh language issues that were raised?

No specific issues were identified which require changes to the policy. However, this position will be kept under review throughout the development and implementation of legislation.

How will you monitor the ongoing effects during the implementation of the policy?

This Impact Assessment will be kept under review at each stage of the development and implementation of this legislation.

Please outline how you will continue to capture effects/ impacts in future monitoring and evaluation?
This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

Any other comments – ongoing results of evaluations, emerging impacts

4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

| Department: | Public Health - Health Inequalities and Legislation |
| Date(s): | Last reviewed May 2015 |

Planned Review Dates:
To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

SRO ENDORSEMENT and REVIEW

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

| Signed: SRO, Public Health (Wales) Bill (Senior Responsible Owner) | Date 20-May-2015 |
| Signed | Review Date |
## Public Health (Wales) Bill

### Part 3: Special Procedures

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<tr>
<td>Legislation</td>
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<tr>
<td>Grant</td>
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<td>ICT</td>
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### Costs: How much is the projected whole life cost for the programme/project?

- Under £25k
- £25k - £49k
- £50 - £249K
- £250K - £1m
- Over £1m

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<th>Cost Range</th>
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<tbody>
<tr>
<td>Over £1m</td>
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Of the above, please provide details if there are any identified costs directly associated with the Welsh language?

Details of the financial implications associated with Part 3 of the Public Health (Wales) Bill (‘the Bill’) have been assessed as part of the [Regulatory Impact Assessment](#).

There are anticipated to be few costs directly associated with the Welsh Language, such as costs for the production of bilingual guidance. These will be mainstreamed into overall costs of implementing this Part of the Bill.

### How long is the programme/project expected to run?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Up to 1 yr</th>
<th>Up to 2 yrs</th>
<th>Up to 5 yrs</th>
<th>Up to 10 yrs</th>
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*It is anticipated that the Bill will become an Act in 2016, with the Special Procedures provisions coming into force from 2017 and ongoing implementation will following this.

### Key milestone dates for the programme/project:

- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales
Spring 2016 (Indicative): Royal Assent
2016/17 onwards: Implementation

STAGE 1: PLANNING

What are the aims and objectives of the policy?
What are the desired outcomes/what constitutes ‘success’?

Overview

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015

Amongst its provisions, the Bill will seek to establish a compulsory, national licencing system for defined special procedures in Wales (acupuncture, body piercing, electrolysis and tattooing), and require approval of the premises/vehicles these special procedures are provided from. In order to perform a special procedure, an individual will need to be licensed, and the premises/vehicles from which they operate approved. The overall purpose is to ensure that where these procedures are provided in Wales, they are carried out in a manner which is not potentially harmful to health.

The policy

Over the last decade, a range of procedures such as body piercing and tattooing have become increasingly popular, in Wales and more widely. There are known and well reported health risks connected with these procedures if they are carried out inappropriately or in an unhygienic fashion. It is therefore important that practitioners have safe working practices, and particularly that good infection control practices are followed at all times, so that both clients and practitioners are protected.

The principal policy aim of Part 3 of the Bill is to ensure that where special procedures are provided in Wales, they are carried out in a manner which is not potentially harmful to health. The Bill seeks to create a compulsory, national licencing system for practitioners of specified special procedures in Wales. The system will mean that in order to perform any of the special procedures defined within the Bill, an individual must be licensed and the premises/vehicle from which they operate approved.

Before an individual can be granted a licence, they must meet specified licencing
criteria. Once the licence has been granted, it is intended that mandatory licensing conditions (to be provided in regulations) will set out the requirements a licence holder must meet in order to retain their licence, including conditions relating to the standards of hygiene and the way in which special procedures are to be performed.

Following the establishment of the licencing system, it will be an offence to conduct any one of the defined special procedures without a licence or to offer special procedures from a premises/vehicle that is not approved. Local authorities will be responsible for enforcing the licensing requirements, and for keeping a register of special procedure licences issued/ premises or vehicles approved by them. Information on the register will be open to the public so that anyone seeking to have one of the defined special procedures can search it and know that the practitioner or business they choose has met the national standards. The Bill also seeks to establish a complementary enforcement regime.

The success of the licencing scheme will be measured in a number of ways. However, the main benefit will be to individuals’ health and the NHS. As the system will aim to ensure special procedures are only carried out by licenced practitioners and in approved premises/vehicles, it is expected that there will be a reduction in the number of people who present to the NHS with infections or other injuries sustained as a consequence of undergoing these special procedures. The provision of aftercare advice to clients will also aim to reduce complications.

The licensing system would impose requirements on practitioners and businesses which would be expected to drive up standards and ensure that all special procedures are undertaken in a safe and appropriate manner. As the legislation would also provide appropriate enforcement mechanisms, it is expected that local authorities would find they are able to deal with contraventions in a more straightforward way, and therefore more effectively safeguard public health.

The provision of information to the public about special procedures (including the information local authorities would be required to make available to the public) will provide transparency and ensure people are better informed about the practice of special procedures.

Further detail can be found in the Explanatory Memorandum for the Bill.

What policy options have been considered?

and

What impacts will there be if the policy is not implemented?

As outlined fully in the Bill’s Regulatory Impact Assessment, the following three policy options (with the third split into two sub-options), have been considered:

- Option 1 - Do nothing;
- Option 2 – Develop and issue guidance in relation to best practice for acupuncture, tattooing, cosmetic piercing and electrolysis, and undertake an awareness raising campaign;
- Option 3A – Introduce a Special Procedures licensing system; and
- Option 3B – Introduce a Special Procedures licensing system with an added
central register of all licensed practitioners and approved premises (or vehicles) providing special procedures in Wales.

Option 3A is the preferred option. Option 3A proposes mandatory licensing of those who provide special procedures in Wales, to which national minimum standards would be attached. As such, it would aim to drive up standards and ensure an improved and consistent approach to the regulation of these procedures across Wales. The supporting guidance and communications activity is considered to provide the best balance between cost and the likelihood of achieving the policy objective, and the resulting tangible and intangible benefits for clients, the NHS, practitioners and businesses.

Whilst Option 3A provides for a licensing scheme and creates a duty for local authorities to publish information relating to practitioners and businesses, Option 3B extends these further by creating a central register of practitioners and businesses. It is recognised that such a central register would confer some benefits for local authorities, businesses and the public, increasing the ease with which information could be accessed. However, given the provisions which would already be made under Option 3A, it is anticipated that any further benefits under this option would be marginal and not a cost effective means of meeting the policy objective. Option 3A is therefore the preferred option at the current time. Option 3B could be given further consideration in due course.

If the policy is not implemented, the current position would continue whereby there is an inconsistent approach to enforcement adopted by local authorities, with the powers that are available to control businesses providing acupuncture, tattooing, cosmetic piercing and electrolysis being considered insufficient.

**Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - Iaith fyw: Iaith byw?**

Whilst there are limited direct linkages with the ‘Iaith fyw: Iaith byw’ strategy, Part 3 indirectly supports the strategy’s main aims. Of the six main aims of the strategy, the provisions are most relevant to the aim of strengthening the positioning of the Welsh language in the community.

**What are the impacts/effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage**

i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?

There are several positive impacts for the Welsh language attached to this proposal:
- There will need to be bilingual guidance and relevant training;
- Publicity and information materials will need to be bilingual; and
- The application process and register of special procedure licences and approved premises/vehicles will be bilingual.

All communications with the public and with practitioners and businesses will be bilingual and in adherence with local authorities’ relevant Welsh Language strategies.
Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?

The main stakeholders include local authorities, businesses, community-based organisations and members of the public. All will benefit from the positive impacts outlined above.

As this proposal does not relate to a new service, it is unlikely to attract particular interest from Welsh Language interest groups.

All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation.

Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes?
(This could be used in the Welsh Language Tribunal in future)

N/a – identified impacts are outlined within this assessment template.

What actions/ further work has been identified at the initial planning stage? e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial development stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

STAGE 2: IDENTIFYING AND ASSESSING IMPACTS

Impact Assessment Summary

Summarise the detailed impact assessment carried out together with the scores assigned.

Positive effects/ impacts:

Issuing guidance and communications materials bilingually will ensure that all key stakeholders have the opportunity to fully understand the implications of this part of the Bill.

The register of special procedure licences and approved premises/vehicles will be bilingual; therefore the public will have access to this information in both languages.

Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered
appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary.

**Adverse effects/impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

The main opportunities for promoting the Welsh language through this proposal relate to strengthening the positioning of the Welsh language in the community. Opportunities include increasing the visibility and availability of the Welsh language in community settings.

Training and development opportunities for enforcement officers will be available in Welsh—this will provide an opportunity for Welsh speakers to use Welsh at work and may help give them the confidence to explain the procedures to clients in their preferred language.

**Evidence/data used including demographic profile when considering the effects/impacts:**

Levels of Welsh language use by local authority should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.

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<td>13. No major change</td>
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<td>16. Stop and remove the policy</td>
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*If answered 2, 3, or 4 above – then answer the following:*

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/action points/alternative options to reduce adverse impacts and increase positive outcomes:

If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

This legislative proposal was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as
well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a ‘next steps’ question (number 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on the Welsh language. No significant negative impacts were identified.

Although the Welsh Language Commissioner’s response to the consultation does not directly address this proposal, the following comments have been noted:

‘In order to comply with the general undertakings of Section 78 of the Welsh Government Act 2006, as it was amended, and its Welsh Language Scheme, particular attention should be paid to every opportunity to improve Welsh medium provision. Careful consideration should be given to what opportunities there are to close any gaps in the provision of Welsh services in the field of health care throughout Wales. There is a responsibility upon local authorities, health boards, other statutory agencies and the Government to identify and close these gaps and plan at local and national level in the wake of the Welsh Language Measure (Wales) 2011. It is essential that organisations endeavour to rectify those areas which currently treat the Welsh language less favourably than the English language.’


## STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION

**Following consultation, what changes have you made to address any Welsh language issues that were raised?**

No specific issues were identified which require changes to the policy. However, this position will be kept under review throughout the development and implementation of legislation.

**How will you monitor the ongoing effects during the implementation of the policy?**

This Impact Assessment will be kept under review at each stage of the development and implementation of legislation.

**Please outline how you will continue to capture effects/impacts in future monitoring and evaluation?**

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the
Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

Any other comments – ongoing results of evaluations, emerging impacts

4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

Department:
Public Health Bill Team, Health and Social Services

Date (s):
Last reviewed May 2015

Planned Review Dates:
To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

SRO ENDORSEMENT and REVIEW

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

Signed: SRO, Public Health (Wales) Bill
(Senior Responsible Owner)

Date 20-May-2015

Signed
(Senior Responsible Owner)

Review Date
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**Programme/Project Type**
- Policy
- Legislation
- Grant
- Business change
- Infrastructure
- Construction, Capital
- ICT
- Other (Please specify below)
- Project or programme
- Research, evaluation
- Services
- Contracts, tenders

**Costs:** How much is the projected whole life cost for the programme/project?
If below £25k, then a full WLIA is not always required (see guidance).

<table>
<thead>
<tr>
<th>Under £25k</th>
<th>£25k - £49k</th>
<th>£50 - £249K</th>
<th>£250K - £1m</th>
<th>Over £1m</th>
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Of the above, please provide details if there are any identified costs directly associated with the Welsh language?

The costs associated with Part 4 of the Public Health (Wales) Bill ("the Bill") have been assessed as part of the Regulatory Impact Assessment within the [Explanatory Memorandum](#) for the Bill.

There are anticipated to be some costs directly associated with the Welsh Language, such as costs for the production of bilingual guidance. These will be mainstreamed into the overall costs of implementing this Part of the Bill.

**How long is the programme/project expected to run?**

<table>
<thead>
<tr>
<th>Up to 1 yr</th>
<th>Up to 2yrs</th>
<th>Up to 5yrs</th>
<th>Up to 10yrs</th>
<th>More than 10 yrs</th>
<th>Unknown</th>
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*It is anticipated that the Bill will become an Act in 2016, and ongoing implementation will begin following this.*

**Key milestone dates for the programme/ project:**

Key milestone dates for the Bill include:
- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
- Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for
What are the aims and objectives of the policy?
What are the desired outcomes/what constitutes ‘success’?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in summer 2015.

Amongst its provisions, the Bill will seek to create the offence of performing or making arrangements to perform an intimate piercing on a child. The main aim of this proposal is to protect children and young people from the potential harms associated with intimate piercing and reduce the incidence of infection. Currently there is no age restriction in Wales for intimate piercing.

For this proposal, intimate piercing is the perforation of the skin or mucus membrane of an intimate body part.

Intimate body parts are:
1. anus
2. breast (including the nipple and the areola)
3. buttock
4. natal cleft
5. penis (including foreskin)
6. perineum
7. pubic mound
8. scrotum
9. vulva

There are known and well reported health risks which can be attributed to any skin piercing procedures. Improper and unhygienic practice may result in localised skin infections at the site of the piercing. Unsafe or unhygienic practices by practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. The client may suffer allergic or toxic reactions to the substances used.

It is also known that piercings can result in post-procedure complications. In addition to the risks to health, the intimate piercing of children and young people may also be considered a child protection issue. By undergoing the procedure, young people may...
be putting themselves in a vulnerable position by placing themselves in situations in which their ‘intimate’ areas are exposed to, touched and pierced by an adult who may be previously unknown to them.

**Success**
The success of the proposal will be in minimising the number of intimate piercings performed on persons under 16 and a raised awareness of the risks of such procedures to people of this age.

Whilst it is expected that the legislation will have high compliance, there may be some practitioners/businesses that will not comply with the prohibition. It is likely that cases would be identified to local authorities through their enforcement activity, complaints or by local authorities undertaking test purchasing exercises.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

**What policy options have been considered?**

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<th>and</th>
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</table>

**What impacts will there be if the policy is not implemented?**

The following three policy options, as outlined fully in the Bill’s [Regulatory Impact Assessment](#), have been considered:

- **Option 1** – Do nothing
- **Option 2** – Issue guidance to practitioners/businesses discouraging the performing of an intimate piercing on a person who is under the age of 16
- **Option 3** – Introduce a prohibition on the performing of an intimate piercing on a person who is under 16

Option 3 is the preferred option

The proposal seeks to protect the health and wellbeing of those under 16.

If the proposal is not implemented, there will be a failure to address the protection of those under the age of 16 years from the possible harms associated with intimate piercing.

**Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - laith fyw: laith byw?**

There are limited linkages with the ‘laith fyw: laith byw’ strategy arising from this proposal.

**What are the impacts/effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage**

i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?

There are limited direct impacts on the Welsh language arising from the initial
Current impacts identified are:
- The need to ensure guidance for businesses and enforcement officers and training for enforcement officers is provided in Welsh; and
- The need for bilingual publicity and information materials.

All communications with the public and with retailers about the proposal will be bilingual and adhere with relevant Welsh Language Strategies.

**Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?**

The main stakeholders at this point of legislation development are local authorities, and intimate piercing practitioners. Members of the public will also need to be informed of the changes and their impacts.

As this proposal does not relate to a new service, it is unlikely to attract particular interest from Welsh Language interest groups.

All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation.

**Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes?**
(This could be used in the Welsh Language Tribunal in future)

N/A – identified impacts are outlined within this assessment.

**What actions/further work has been identified at the initial planning stage?**
e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial planning stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

**STAGE 2: IDENTIFYING AND ASSESSING IMPACTS**

**Impact Assessment Summary**
Summarise the detailed impact assessment carried out together with the scores assigned.

**Positive effects/impacts:**
Issuing guidance and training in preferred languages will ensure that key stakeholders have the opportunity to fully understand the implications of Part 2, Chapter 2 of the Bill.

Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary.

**Adverse effects/impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

As the proposal relates to age restrictions rather than a specific service, there are limited opportunities for promoting the Welsh Language as a direct result of this proposal.

**Evidence/data used including demographic profile when considering the effects/impacts:**

Levels of Welsh language use by local authorities should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.

<table>
<thead>
<tr>
<th>What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/risk assessment?</th>
<th>Positive:</th>
<th>Adverse:</th>
<th>Neutral:</th>
<th>Unknown:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision following IA</td>
<td>17. No major change</td>
<td></td>
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<td></td>
<td>18. Adjust the policy to improve impacts</td>
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<td>19. Continue the policy with mitigation measures</td>
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<td></td>
<td>20. Stop and remove the policy</td>
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</table>

*If answered 2, 3, or 4 above – then answer the following:*

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/action points/alternative options to reduce adverse impacts and increase positive outcomes:

If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

A Plenary debate on parental consent for cosmetic piercing procedures carried out on young people took place on 18 October 2011 following the launch of the consultation seeking views on this issue.
A number of legislative proposals were consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy to Read and Youth Friendly versions were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public stakeholder engagement events were also held as part of the consultation process.

In addition to questions about policy proposals, the White Paper included a ‘next steps’ question (question 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on a number of areas, including the Welsh Language. No significant impacts were identified in relation to special procedures.


### STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION

| Following consultation, what changes have you made to address any Welsh language issues that were raised? |
| No specific issues were identified which require changes to the policy. However, this position will be kept under review throughout the development and implementation of legislation. |
| How will you monitor the ongoing effects during the implementation of the policy? |
| This Impact Assessment will be kept under review at each stage of the development and implementation of legislation. |
| Please outline how you will continue to capture effects/impacts in future monitoring and evaluation? |
| This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015. It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted. |

Any other comments – ongoing results of evaluations, emerging impacts
4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

<table>
<thead>
<tr>
<th>Department:</th>
<th>Public Health Bill Team, Health and Social Services</th>
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<tbody>
<tr>
<td>Date (s):</td>
<td>Last reviewed May 2015</td>
</tr>
<tr>
<td>Planned Review Dates:</td>
<td>To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.</td>
</tr>
</tbody>
</table>

**SRO ENDORSEMENT and REVIEW**

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

<table>
<thead>
<tr>
<th>Signed</th>
<th>SRO, Public Health (Wales) Bill (Senior Responsible Owner)</th>
<th>Date 20-May-2015</th>
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<tr>
<th>Signed</th>
<th>(Senior Responsible Owner)</th>
<th>Review Date</th>
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Public Health (Wales) Bill  
Part 5: Pharmaceutical Services

<table>
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<th>WLIA Reference No: 15/05/02</th>
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<tr>
<td>Date: Last reviewed May 2015</td>
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<td>Contact details: <a href="mailto:PHBill@wales.gsi.gov.uk">PHBill@wales.gsi.gov.uk</a></td>
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**Programme/Project Type**
- [x] Legislation
- [ ] Policy
- [ ] Grant
- [ ] Business change
- [ ] Infrastructure
- [ ] Construction, Capital
- [ ] ICT
- [ ] Other (Please specify below)

**Costs: How much is the projected whole life cost for the programme/project?**

<table>
<thead>
<tr>
<th>Costs</th>
<th>Under £25k</th>
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<th>£50 - £249K</th>
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</table>

Of the above, please provide details if there are any identified costs directly associated with the Welsh language?

Details of the financial implications associated with Part 5 of the Public Health (Wales) Bill (‘the Bill’) have been assessed as part of the Regulatory Impact Assessment.

It is envisaged that overall costs to LHBs in implementing this proposal will be minimal, as it is intended that pharmaceutical needs assessments will be undertaken as part of wider assessments associated with the planning and provision of health services within their areas.

There are anticipated to be few costs directly associated with the Welsh Language, such as costs for the production of bilingual guidance, which will be mainstreamed into overall costs.

**How long is the programme/project expected to run?**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Up to 1 yr</th>
<th>Up to 2yrs</th>
<th>Up to 5yrs</th>
<th>Up to 10yrs</th>
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</table>

*It is anticipated that the Bill will become an Act in 2016, and ongoing implementation will begin following this.*

**Key milestone dates for the programme/project:**

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Key milestone dates for the Bill include:

- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
- Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales
- Spring 2016 (Indicative): Royal Assent
- 2016/17 onwards: Implementation

Regulations are scheduled to come into effect in 2017, with the first pharmaceutical needs assessments undertaken during this year.

**STAGE 1: PLANNING**

**What are the aims and objectives of the policy?**

**What are the desired outcomes/what constitutes ‘success’?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015

Amongst its provisions, the Bill seeks to amend the National Health Service (Wales) Act 2006 to require Local Health Boards (LHBs) to prepare pharmaceutical needs assessments for their respective communities and determine applications for entry onto the pharmaceutical list in accordance with those needs assessed. Therefore the aim of these provisions is to help address existing inadequacies and improve the planning and delivery of pharmaceutical services, better aligning them with the health needs of their local communities.

In particular the Bill seeks to:

- place a duty on each LHB to periodically complete an assessment of the pharmaceutical needs of its population (a ‘pharmaceutical needs assessment’);
- amend the “control of entry” test that LHBs are required to apply when considering applications to join their pharmaceutical list, to one more clearly based on meeting local pharmaceutical needs;
- in circumstances where persons included in their pharmaceutical list are unable to provide specified services to meet the needs identified in the Pharmaceutical Needs Assessment, provide LHBs with the power to invite persons, other than those included on their list, to provide pharmaceutical services; and
- provide for regulations that will enable LHBs to remove pharmacists or listed premises from the pharmaceutical list where there are persistent and/or serious breaches of terms and conditions of service.
Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

### What policy options have been considered?

and  
### What impacts will there be if the policy is *not* implemented?

The following three policy options, as outlined fully in the Bill’s [Regulatory Impact Assessment](#), have been considered:

1. **Do nothing**

   If no policy changes were to be made, it is anticipated that the incremental changes to pharmaceutical services provision seen in recent years would continue. The number of pharmacies in Wales would remain stable as the current arrangements continue to act as a barrier to market entry. There would be a very gradual increase in the numbers of pharmacies providing additional services. The planning of pharmaceutical services would be carried out to varying standards by Health Boards and service commissioning would continue to be disparate. Those pharmacies who choose not to provide additional services now will continue to resist requests to enhance their service offer, to the detriment of local populations. The high proportion of applications to provide NHS pharmaceutical services resulting in appeals would persist.

2. **The preferred option: A needs-based entry system using pharmaceutical needs assessments**

   Under this option, the current “control of entry” arrangements would be revoked and replaced by a new regime. Pharmacies wishing to be permitted to provide NHS services would be allowed to do so only if they were able to demonstrate that there was a particular unmet local need or service requirement that, in allowing them to provide pharmaceutical services, could be met.

   In order to support this change LHBs would be required to robustly assess the pharmaceutical needs of their populations and publish a statement of those needs in the form of a pharmaceutical needs assessment (PNA). The content and timing of PNAs would be determined by legislation.

   The PNA will be a transparent document that gives contractors and potential new entrants greater clarity and certainty in respect of the health needs of local communities and the standards against which applications will be assessed. The PNA will enable new entrants to align their services with local needs more effectively.

3. **Abolish “control of entry” arrangements and allow a free market for the provision of NHS pharmaceutical services**

   This option would enable market forces to determine the number, location and services offered by community pharmacies. It is likely that there would be considerable growth in numbers of pharmacies with associated increases in costs. It is not possible to estimate how significant the growth in pharmacy numbers would be.
although experience from England is that the introduction of limited exemptions to the 
control of tests which came into force in 2005 resulted in an increase of 12.5% in the 
period 31 March 2005 to 31 March 2011.

Abolition of control of entry arrangements would likely bring some benefits in terms of 
improved access, choice and competition. However, this is most likely in areas of 
highest economic demand, which are already well served; this would lead to 
diminishing economic returns since each incremental new entrant would bring lower 
associated benefits but the same fixed costs.

A change to the legislation of this nature is likely to lead to a high level of market 
disruption. New entrants and many existing pharmacies would look to secure the 
most advantageous trading positions in order to maximise dispensing revenue.

Conclusion
The evidence demonstrates the benefits of changing the current control of entry 
arrangements in Wales, therefore option 2 is preferred.

The introduction of PNA and needs-based entry arrangements would address the 
current situation where pharmaceutical needs may not be routinely assessed and 
where pharmaceutical service planning is not necessarily aligned to identified health 
needs. The changes would also strengthen the role of LHBs in determining where 
and by whom such services were provided, and provide performance management 
tools to improve the quality and consistency of service provision by pharmacy 
contractors. Option one proposes no change to current arrangements but evidence 
indicates that these arrangements are outdated and inadequate; in general 
stakeholders recognise and support the need for change. Option three is not 
considered to deliver the key policy objective. Option two is the preferred option as it 
dresses the need for better planning, improved decision making and performance 
management.

**Does the programme demonstrate a clear link with the Welsh Government’s 
strategy for the Welsh language - iaith fyw: iaith byw?**

Not of itself.

The Welsh Language Commissioner’s response to the White Paper noted that there 
is no explicit reference to the provision of services in Welsh. However, as the 
Commissioner acknowledges, Welsh Government has developed and published a 
Strategic Framework for Welsh language services in Health, Social Services and 
Social Care - ‘More Than Just Words...’ which applies to the full breadth of LHB 
health services, including pharmaceutical services.

Within the current Action Plan linked to the strategy, one of the objectives is to ensure 
that people receive person-centred care from commissioned/contracted primary care 
services, including pharmacies. The plan proposes that Welsh Government look at 
how Welsh language services could be included within NHS provider contracts (as 
within the current Dental Contract). Pharmacists would be an example of these 
providers.
Each LHB in Wales has also developed and published their own Welsh Language Scheme, outlining how they will comply with the requirements of the Welsh Language Act 1993 in the provision of services, including primary care services.

Other steps being taken - outside the Bill, and beyond Welsh Government - to help promote the Welsh language in Community Pharmacies include:

- Bilingual support and guidance available on the Royal Pharmaceutical Society's website on the use of the Welsh language in pharmacy.
- Establishment (by the RPS) of a Local Practice Forum within each LHB in Wales, each with its own Welsh language champion, to consider patients’ Welsh language needs in their area.
- Changes to pharmacy education in Wales to ensure that wherever possible Welsh speaking pharmacy students undertake their 12 month pre-qualification training in Wales (currently many undertake this training in England) and that support is available to them throughout their training from a Welsh speaking personal tutor.
- Standardising Welsh language signage in pharmacies, providing badges to identify Welsh speaking staff and promoting the use of Welsh language labelling, packaging and information leaflets.
- Developing a lexicon to support standardised, and safe, prescribing in Welsh.

### What are the impacts/effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage

i.e. Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?

We do not anticipate any specific positive or negative impacts on Welsh speakers or communities as a result of these proposals. However it could be said that improved planning and delivery of pharmaceutical services within local communities offers the potential for greater visibility of the Welsh language in a key local setting, as in many – often remote – areas of Wales, pharmacies are an important focal point in the community.

### Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?

We are not aware of any specific Welsh language interest groups in relation to pharmaceutical services, but the All Wales Task Group for the Welsh Language in Health and Social Services could be engaged in informing further development of this policy.

As stated above, the Welsh Language Commissioner responded to the White Paper consultation with a general level of support for the proposals, provided that the 'More Than Just Words...' Strategic Framework is applied in seeking to 'ensure complete support for citizens should they need or choose to use the Welsh language when dealing with relevant services.'

Further more one respondent, on behalf of Rowlands Pharmacy commented that:
Community Pharmacy companies often use dual language signage and patient-facing documentation in their pharmacies. Furthermore, the fact that many staff working in pharmacies come from their local area means that there is usually a comparable mix of Welsh-speaking pharmacy staff compared to that found within the local population.

Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes? (This could be used in the Welsh Language Tribunal in future)

N/a – identified impacts are outlined within this assessment template.

What actions/ further work has been identified at the initial planning stage? e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial development stage. There will be an ongoing need to liaise with key stakeholders throughout the development of legislation, in order to ensure that language needs and requirements are considered appropriately.

STAGE 2: IDENTIFYING AND ASSESSING IMPACTS

Impact Assessment Summary
Summarise the detailed impact assessment carried out together with the scores assigned.

Positive effects/ impacts:

Issuing bilingual Welsh Government guidance (including a template pharmaceutical needs assessment) will assist LHB staff in assessing the pharmaceutical needs of their communities in line with their Welsh Language Scheme requirements. If the changes brought about by the Bill lead to more people seeking advice and services from their local pharmacies, then in Welsh-speaking communities this will provide better opportunities for Welsh speakers to use Welsh at work and, more broadly, encourage community participation through the medium of Welsh

Adverse effects/ impacts:

There are no identified adverse impacts arising at this stage, however, this will be considered throughout the development of the legislation, with the aim of minimising any impacts wherever possible.

Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?

See above under ‘positive effects/impacts’.

Evidence/ data used including demographic profile when considering the
**effects/ impacts:**

<table>
<thead>
<tr>
<th>What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/ risk assessment?</th>
<th>Positive:</th>
<th>Adverse:</th>
<th>Neutral:</th>
<th>Unknown:</th>
</tr>
</thead>
</table>

**Decision following IA**

1. No major change
2. Adjust the policy to improve impacts
3. Continue the policy with mitigation measures
4. Stop and remove the policy

*If answered 2,3, or 4 above* – then answer the following:

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/ action points/ alternative options to reduce adverse impacts and increase positive outcomes:

N/A

*If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?*

This legislative proposal was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a question (number 46) asking for specific views in relation to how any of the proposals may impact on the Welsh language. No significant negative impacts were identified. A number of respondents generally commented that legislative developments need to take account of other existing Welsh Government policies and strategies, such as the ‘More than just words’ strategy for strengthening Welsh language services among frontline health and social care services.

The Welsh Language Commissioner’s comments in relation to the pharmacy proposal are summarised above.


**STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION**

Following consultation, what changes have you made to address any Welsh language issues that were raised?
No specific issues were identified which require changes to the policy. However, this position will be kept under review throughout the development and implementation of legislation.

How will you monitor the ongoing effects during the implementation of the policy?

This Impact Assessment will be kept under review at each stage of the development and implementation of legislation.

Please outline how you will continue to capture effects/impacts in future monitoring and evaluation?

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

Department:
Public Health Bill Team, Health and Social Services

Date(s):
Last reviewed May 2015

Planned Review Dates:
To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

SRO ENDORSEMENT and REVIEW

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/project, including policy reviews.

Signed: SRO, Public Health (Wales) Bill (Senior Responsible Owner)
Date 20-May-2015

Signed
Review Date
**Public Health (Wales) Bill**

**Part 6:**
**Provision of toilets**

**WLIA Reference No:** 15/05/06

**Date:** Last reviewed May 2015

**Contact details:** PHBill@wales.gsi.gov.uk

**Programme/Project Type**
- Legislation
- Business change
- Infrastructure
- Construction, Capital
- ICT
- Other (Please specify below)

**Costs:** How much is the projected whole life cost for the programme/project?

<table>
<thead>
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<th>Under £25k</th>
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<td>X</td>
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</table>

*Of the above, please provide details if there are any identified costs directly associated with the Welsh language?*

Details of the financial implications associated with Part 6 of the Public Health (Wales) Bill (‘the Bill’) have been assessed as part of the [Regulatory Impact Assessment](#).

The focus of the provisions is not on requiring local authorities to directly provide sufficient public toilets, but rather to consider how best to provide access to public toilets through existing resources and powers.

There are anticipated to be minimal costs directly associated with the Welsh Language, such as costs for the production of bilingual signage/publicity. These will be mainstreamed into overall costs for implementing this Part of the Bill.

**How long is the programme/project expected to run?**

<table>
<thead>
<tr>
<th>Up to 1 yr</th>
<th>Up to 2 yrs</th>
<th>Up to 5 yrs</th>
<th>Up to 10 yrs</th>
<th>More than 10 yrs</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It is anticipated that the Bill will become an Act in 2016, and ongoing implementation will begin following this.*

**Key milestone dates for the programme/project:**
Key milestone dates for the Bill include:
- November 2014: Summary of consultation responses published
- Summer 2015: Introduction of the Bill
- Summer 2015 - Spring 2016: Scrutiny of the Bill by the National Assembly for Wales
- Spring 2016 (Indicative): Royal Assent
- 2016/17 onwards: Implementation

STAGE 1: PLANNING

What are the aims and objectives of the policy?
What are the desired outcomes/what constitutes ‘success’?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals were consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce a duty on each local authority in Wales to prepare and publish a local toilets strategy for its area. The overall aim is to ensure each local authority assesses the needs of its community in relation to public toilets, and takes a strategic and transparent approach to best meet that need.

In developing the strategy, local authorities must undertake an assessment of the need for toilets in their area and consult with interested parties before publishing their strategy. They must also have regard to any guidance produced by the Welsh Government. One of the important factors a local authority will need to consider as part of the process will be to ensure the engagement of Welsh speakers.

Whilst the imposition of a duty to develop a strategy will not in itself require local authorities to directly provide and maintain public toilets, it will require them to take a strategic view across their area on how facilities can be provided and accessed by their population.

There are a range of public health and environmental impacts from not providing adequate toilet facilities. Accessible, clean public toilets that are well located in places such as parks, promenades, cycle trails and walking routes help encourage people who may need regular toilet access to take exercise and stay more physically active. Conversely, public toilets that are poorly designed, inadequately maintained and poorly located can create an atmosphere of neglect that discourages public use.

Further detail can be found in the Explanatory Memorandum for the Bill.
What policy options have been considered? and What impacts will there be if the policy is *not* implemented?

A number of policy options have been considered for how to improve the planning of provision and access to toilets for public use. For example, the National Assembly for Wales’ Health and Social Care Committee held a short inquiry on the ‘Public health implications of inadequate public toilet facilities’ during 2011/12 and concluded that a set of practical solutions exist which could lead to improved local provision of public toilets. The development of a strategy/improving planning on this issue was identified as a potential solution, along with others such as considering charges for use of facilities, and increasing community involvement in the maintenance of facilities.

A number of policy options for improving the provision of toilets are outlined fully in the [Regulatory Impact Assessment](#). The following four high level options have been considered:

1. Do nothing (‘status quo’ option);
2. Re-hypothecate the Public Facilities Grant Scheme;
3. Require each local authority to develop and publish a local toilets strategy (preferred option); and
4. Require local authorities to ensure adequate provision of toilets for public use.

The issue of public toilet provision has received an increasingly high profile in recent years, and is commonly raised by key stakeholders such as the Older Person’s Commissioner for Wales. There are a number of challenges with the current system governing public toilets, namely:

- The provision and maintenance of public toilets in Wales is at the discretion of local authorities;
- The provision and maintenance of public toilets is a considerable cost to local authorities and as a result public toilets are under threat of closure across Wales;
- Public toilets which are poorly designed, inadequately maintained and poorly located can create an atmosphere of neglect that discourages public use; and
- There is poor planning around making the best use of toilets already accessible to the public within public buildings eg. public libraries, community and town halls, sport centres and museums.

The proposal seeks to address some of these challenges. In developing a strategy, it is proposed that local authorities will be flexible in their approach and consider all possibilities for providing toilets to the public. This will involve, for example, consideration of toilets in public buildings that are usually open and readily accessible to the public, the capacity of private businesses or organisations to make their toilet facilities available for public use, and the use of community-based facilities.

If the policy is not implemented there will be a failure to address the challenges associated with the current system.
### Does the programme demonstrate a clear link with the Welsh Government’s strategy for the Welsh language - laith fyw: laith byw?

Whilst there are limited direct linkages with the ‘laith fyw: laith byw’ strategy, the proposal indirectly supports the strategy’s main aims. Of the six main aims of the strategy, the proposal is most relevant to the aim of strengthening the positioning of the Welsh language in the community.

### What are the impacts/effects (both positive and/or adverse) on the Welsh language you have identified at the initial planning stage

**i.e.** Welsh speakers, Welsh language communities, Welsh medium education, Welsh learners, services available in Welsh?

There are limited direct impacts on the Welsh language arising from the initial planning stage.

It is intended that in developing its strategy, each local authority will take a number of factors into account, including how to appropriately assess the need for public toilets within their areas, and how to consult appropriately with interested parties. An important consideration in this process will be for local authorities to ensure they engage with Welsh speaking members of their communities as part of this process, and provide appropriate opportunities for individuals to engage in this process through the medium of Welsh. It will be essential for all parts of the community to be engaged in the process of assessing local needs for public toilet provision, in order to allow for a full assessment to take place which enables the local authority to identify locations where there are deficiencies in current provision, including in terms of numbers, range or quality of facilities.

As part of the requirements, local authorities will be required to publish their local toilets strategies. In doing so, local authorities will need to adhere to their own Welsh Language Schemes/policies/standards in terms of the production of bilingual documents.

Each local authority will have distinct issues and priorities for public toilet provision – for example an area may be rural, with high levels of tourism and have different mixes of social groups. There is intended to be a level of flexibility for local authorities to be able to respond to their local issues. Local authorities will be expected to ensure their approaches for developing their strategies appropriately reflect the needs of their communities, including Welsh speakers.

It will also be important that members of the public are made aware of the facilities available to them. In communicating information on this issue, local authorities will need to adhere to their own Welsh Language Schemes/policies/standards, including the usage of bilingual signage.

The legislation will provide that in developing and publishing their strategies, local authorities must have regard to any guidance produced by the Welsh Government. This guidance may include further details around the expectations for consultation.
**Who are the stakeholders? Are the needs of Welsh speakers and learners addressed? To what extent are Welsh language interest groups likely to respond positively to the proposals?**

The main stakeholders include local authorities, private businesses, community-based organisations and members of the public (who are the intended beneficiaries from the proposal).

As this proposal does not relate to a new/change to a service, it is unlikely to attract particular interest from Welsh language interest groups.

All Local Authorities are required to provide a bilingual service to the public under their Welsh Language Scheme, agreed under the Welsh Language Act 1993. The requirements may change, and increase, once the new Welsh Language Standards replace the Schemes in March 2016, under the Welsh Language (Wales) Measure 2011. This will be a consideration during the development of this legislation.

**Where an assessment was not completed, or no impacts were identified, please provide a full account for record keeping purposes?**

(This could be used in the Welsh Language Tribunal in future)

N/a – identified impacts are outlined within this assessment template.

**What actions/ further work has been identified at the initial planning stage?**

e.g. data requirements, need for peer review, external engagement with Welsh speaking groups, identify stakeholders or consultation list, need to contact Welsh Language Unit for advice)?

No specific actions have been identified from the initial planning stage. There will be an ongoing need to liaise with key stakeholders throughout the legislative process and subsequent implementation.

**STAGE 2: IDENTIFYING AND ASSESSING IMPACTS**

**Impact Assessment Summary**

**Summarise the detailed impact assessment carried out together with the scores assigned.**

**Positive effects/ impacts:**

Working with local authorities as they develop strategies will help ensure they give appropriate consideration to the Welsh language in implementing the proposal, including ensuring that Welsh-speaking members of their communities are provided with appropriate opportunities to engage with the local authority.

The legislation will provide Welsh Ministers with a power to issue guidance in relation to preparing, reviewing and publishing local toilet strategies. Such guidance could provide further details about the expectations in terms of ensuring that the process of developing the strategy reflects the needs of the Welsh language and of Welsh speaking communities.
Working alongside stakeholders throughout the legislative process and implementation of legislation will help ensure that the Welsh language is considered appropriately at all stages. This may include amendments and adjustments to the policy to help promote the use of the Welsh language where deemed necessary.

**Adverse effects/impacts:**

None have been identified at this stage, but this will be considered throughout the legislative process, with the aim of minimising any impact wherever possible.

**Opportunities to promote the Welsh language e.g. status, use of Welsh language services, use of Welsh in everyday life, Welsh at work increased?**

The main opportunities for promoting the Welsh language through this proposal relate to strengthening the positioning of the Welsh language in the community.

Opportunities include increasing the visibility of the Welsh language in community settings, and encouraging community participation through the medium of Welsh in the process of planning and shaping local services/facilities.

**Evidence/data used including demographic profile when considering the effects/impacts:**

Levels of Welsh language use by local authority should be used to consider if adjustments to the policy are required and, if not, whether these are required on a national or local level.

<table>
<thead>
<tr>
<th>What is the overall anticipated likely impact on the Welsh language if this policy is taken forward based on the impact assessment/risk assessment?</th>
<th>Positive:</th>
<th>Adverse:</th>
<th>Neutral:</th>
<th>Unknown:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X*</td>
<td></td>
</tr>
</tbody>
</table>

*Generally neutral impact although there is potential for indirect positive impacts.

**Decision following IA**

1. No major change **X**
2. Adjust the policy to improve impacts
3. Continue the policy with mitigation measures
4. Stop and remove the policy

*If answered 2, 3, or 4 above – then answer the following:*

How will you address these impacts in order to improve the outcomes for the Welsh language? Details of mitigation measures/action points/alternative options to reduce adverse impacts and increase positive outcomes:

N/A
If engaging or consulting, what are your plans? What questions do you wish to ask stakeholders about the Welsh Language Impact Assessment and Welsh language related issues?

This legislative proposal was consulted upon in the Public Health White Paper between 2 April and 24 June 2014. Consultation documents, including Easy Read and Youth Friendly versions, were available on the Welsh Government website, as well as bilingual printed copies being available. Bilingual public and stakeholder engagement events were also held as part of the consultation process.

In addition to detailed questions about each policy proposal, the White Paper included a ‘next steps’ question (number 46) asking for specific views in relation to (amongst issues of equality) how any of the proposals may impact on the Welsh language. No significant negative impacts were identified. A number of respondents generally commented that legislation development needs to take account of other existing Welsh Government policies and strategies, such as the ‘More than just words’ strategy for strengthening Welsh language services among frontline health and social care services. The response to the consultation from the Welsh Language Commissioner did not include detailed comments on the toilets for public use proposal, but emphasised the importance of accurate assessment of needs and meaningful engagement with local citizens in the context of developing community health assets.


<table>
<thead>
<tr>
<th>STAGE 3: POST CONSULTATION AND PREPARING FOR PUBLICATION, MONITORING AND EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following consultation, what changes have you made to address any Welsh language issues that were raised?</td>
</tr>
<tr>
<td>No specific issues were identified which require changes to the policy. However, this position will be kept under review throughout the development and implementation of legislation.</td>
</tr>
<tr>
<td>How will you monitor the ongoing effects during the implementation of the policy?</td>
</tr>
<tr>
<td>This Impact Assessment will be kept under review at each stage of the development and implementation of legislation.</td>
</tr>
<tr>
<td>Please outline how you will continue to capture effects/impacts in future monitoring and evaluation?</td>
</tr>
<tr>
<td>This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.</td>
</tr>
</tbody>
</table>
It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and when relevant during the implementation of the Bill, once enacted.

Local authorities will be required to publish their local toilets strategy no later than one year after each local government election. This effectively means that strategies will be in place every four or five years. Whilst there will be no requirement on local authorities to prepare annual progress reports, each refreshed strategy will include information about the progress made in delivering the previous strategies. Any specific actions relating to the Welsh language will be identified through this process, and may inform related developments as needed – for example, provision of extra guidance if needed.

Any other comments – ongoing results of evaluations, emerging impacts

4. Declaration

The policy does have an impact upon the Welsh language. Where there were identified adverse impacts or missed opportunities, the appropriate amendments and actions have been put in place.

Department:
Public Health Bill Team, Health and Social Services
Date(s):
Last reviewed May 2015

Planned Review Dates: To be kept under review throughout the development of legislation, and periodically as implementation begins from 2016 onwards.

SRO ENDORSEMENT and REVIEW

I am satisfied that the WLIA is an accurate reflection of the programme/project at this stage of development. By signing, I am able to confirm that the Welsh Language Standards have been given the appropriate attention. I will re-assess the programme/project at key stages throughout the life of the programme/ project, including policy reviews.

Signed SRO, Public Health (Wales) Bill
(Senior Responsible Owner) Date 20-May-2015

Signed (Senior Responsible Owner) Review Date
Equality Impact Assessments (EIA) for the Public Health (Wales) Bill

(Bill to be introduced in the National Assembly for Wales on 8 June 2015)

**Chapter 2, Part 1:**
Smoking and Use of Nicotine Inhaling Devices

**Chapter 2, Part 2:**
Retailers of tobacco and Nicotine Products

**Chapter 2, Part 4:**
Handing Over Tobacco etc to Persons Under 18

**Part 3:**
Special Procedures

**Part 4:**
Intimate Piercing

**Part 5:**
Pharmaceutical Services

**Part 6:**
Provision of Toilets

<table>
<thead>
<tr>
<th>Policy title and purpose (brief outline):</th>
<th>Public Health (Wales) Bill Part 2, Chapter 1: Smoking and Use of Nicotine Inhaling Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Public Health Bill Team, Department for Health and Social Services</td>
</tr>
<tr>
<td>Date:</td>
<td>Last Reviewed May 2015</td>
</tr>
</tbody>
</table>

1. **Brief description of the policy**

The Public Health White Paper brought together a number of legislative proposals
for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to bring the use of nicotine inhaling devices (hereafter “e-cigarettes”) into line with existing provisions on smoke-free spaces. In doing this, the Bill restates, in relation to Wales, the provisions of Part 1 Chapter 1 of the Health Act 2006. As a result, the use of e-cigarettes will be prohibited in enclosed and substantially enclosed public and work places in Wales, unless an exemption has been provided. The Bill also provides the Welsh Ministers with powers to regulate for additional smoke-free premises and smoke-free vehicles, where they are satisfied that doing so is likely to contribute towards the promotion of the health of the people of Wales.

The purpose of the provisions is not to ban the use of e-cigarettes entirely, nor to affect their potential use in smoking cessation attempts. The purpose is to balance the potential benefits to smokers wishing to quit with any potential dis-benefits related to the use of e-cigarettes. These include:

- the use of e-cigarettes re-normalising smoking behaviours in places where the public have become unaccustomed to smoking as a result of the smoke-free requirements;
- their use acting as a gateway to nicotine and tobacco smoking, particularly for children and young people;
- their use impacting on indoor air quality; and,
- their use undermining the enforcement of the existing smoking ban.

These provisions would work with other legislation to contribute to the continuing decline in the uptake of smoking by children and young people, protecting them from the risk of exposure to nicotine.

Compliance with the restrictions will be monitored by local authority enforcement teams. It is anticipated this will require completion of a quarterly return to the Welsh Government by each local authority. Local authorities will be asked to provide details on: the number of Fixed Penalty Notices (‘FPNs’) issued in relation to the smoke-free offences, the number of FPNs paid and the number of court hearings and prosecutions.

Monitoring of the impact of the restrictions on the use of tobacco and e-cigarettes in public and work places will be through existing mechanisms to track rates of exposure to and use of tobacco and e-cigarettes among children and adults in Wales.
Important sources for this work will include the Health Behaviour in School-aged Children Survey (HBSC) and the Welsh Health Survey.

Further detail can be found in the Explanatory Memorandum for the Bill.

### 2. Steps taken to engage with stakeholders, both internally and externally

This legislative proposal was consulted on as part of the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary report are available at: [http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en](http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en)

525 responses were received in respect of this proposal, including 271 copies of a letter from private individuals stating general opposition on the basis that e-cigarettes are a safer alternative to smoking, are a good aid to smoking cessation, and that banning their use in public places would force users outside into the proximity of second-hand smoke. Overall, the responses to the proposal illustrated a generally divided response.

All of the LHBs in Wales and Velindre NHS Trust supported the proposal, as did Public Health Wales, local authority enforcement teams and their representative organisations. Responses from voluntary sector organisations and representatives groups were mixed, whilst all responses received from e-cigarette and tobacco companies opposed the proposal. Responses often referred to specific examples of research on both sides of the debate, as well as local and personal experiences.

The consultation questions focused primarily on whether the use of e-cigarettes in enclosed and substantially enclosed public spaces (including work places):
- undermines the current smoking ban and makes it more difficult to enforce;
- normalises the act of smoking; and,
- acts as a gateway to the use of conventional tobacco products.

An extensive number of arguments were provided to support views on both sides of the debate for each of these issues, and reinforced the generally divided response. Further information on the range of arguments put forward is provided in the consultation summary report.

The White Paper also asked for views about potential exemptions and penalties for a ban on the use of e-cigarettes in enclosed and substantially enclosed public places (including work places). The majority of respondents who provided comments suggested that exemptions should mirror those of the Smoke-Free Premises etc. (Wales) Regulations 2007 (‘the 2007 Regulations’), in order to help achieve
consistency of enforcement. Responses on the issue of penalties were more mixed, with responses varying from those suggesting that penalties should mirror those of the 2007 Regulations, to those arguing that e-cigarettes are different products to conventional cigarettes and that any penalties should be considered in their own right.

In addition to comments directly addressing the proposal, respondents also offered broader comments relating to e-cigarettes. A high proportion of these related to the additional regulation of e-cigarettes, and the need for further research. A number of respondents on both sides of the debate expressed support for new age of sale restrictions being introduced in Wales through regulations arising from the UK Government’s Children and Families Act 2014. Other comments included references to the potential impact of the proposal on e-cigarettes licensed as medicines, and concerns related to the safety of e-cigarettes.

In addition to these detailed questions on the proposal, The White Paper included a specific question (number 46) asking for responses about the potential impact of the proposal on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any significant impacts from this proposal on these groups. Several respondents, including local authorities, stated that generally across the Bill they did not foresee any impact on citizens across Wales in terms of the Equality Act 2010.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with protected characteristics. This process of engagement has not identified any significant negative impacts from this proposal on these groups, and some of the issues are reflected in the relevant sections of this assessment.

3. Evidence Base

E-cigarettes are a relatively new product and as such the long term effects of their use are currently not known, with studies into their health impacts continually being published. There are a number of studies that provide contrasting views around the safety and health benefits for both the user and other nearby people.

E-cigarettes mimic the sensation and appearance of smoking a cigarette and provide some of the additional behavioural cues that are known to be important in tobacco dependence, including the ‘hand to mouth’ action. E-cigarettes have not been on the market long enough for definitive evidence to be available about whether normalisation is occurring. However, the de-normalisation of smoking through smoking bans across the world is well documented. As well as physically reducing the places where smoking may occur, reducing opportunities to smoke and making it
more difficult to smoke helps to challenge perceptions that smoking is normal behaviour and reduce the social acceptability of smoking.

In a review of e-cigarette marketing, researchers found that many e-cigarette products replicate cigarettes so closely, both in appearance and how they are consumed, that e-cigarette use looks just like — and hence models — smoking. They state that this suggests the potential for e-cigarettes to inadvertently promote smoking. Others have also expressed concerns that the use of e-cigarettes in enclosed public and work places could undermine the success of tobacco control measures, by re-normalising smoking.

Research carried out by ASH Wales and the CHETS Wales 2 report indicate that use of e-cigarettes in public places is generating awareness among young people. A Welsh Government survey of e-cigarette policies in schools in Wales, found that around a third of the primary schools and just under half of the secondary schools that had an e-cigarettes policy stated that one of the reasons for having one was concern that e-cigarette use will lead to tobacco smoking, or that it will make smoking more acceptable.

E-cigarettes are being used by teenagers, including those who have never smoked, but currently few of those who try them become regular users. Based on data from the USA it is plausible that use among young people will increase, even among non-smokers. The CHETS Wales 2 report found that there is some suggestion that e-cigarette use may be associated with weaker anti-smoking intentions, specifically that:

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8 Friends of the Board of Science bulletin; BMA Board of Science. Issue 9, October 2013.


10 In the ASH Wales survey, strangers using e-cigarettes in a public place was reported as a source of awareness by 28.2% of respondents. In this survey, the sources of awareness were not mutually exclusive. Young People and the Use of E-cigarettes in Wales'. Dr Rosanne Palmer, ASH Wales; Britt Hallingberg, PhD Candidate, DECIPHER, Cardiff University. March 2014

11 In the CHETS Wales 2 report, children were asked whether they had seen people smoking e-cigarettes inside and outside a range of public places in the past month. E-cigarettes were most commonly seen being used at bus stations (29% inside; 32% outside), train stations (24% inside, 27% outside) and cinemas (20% inside; 20% outside). [http://wales.gov.uk/statistics-and-research/exposure-secondhand-smoke-cars-ecigarette-use-among-children/?lang=en](http://wales.gov.uk/statistics-and-research/exposure-secondhand-smoke-cars-ecigarette-use-among-children/?lang=en)


Among non-smoking children who reported having used an e-cigarette, 14% reported they might start smoking within the next two years (compared to 2% of those who had not used an e-cigarette); and

While few children said that they will smoke within two years, children who had used an e-cigarette were substantially less likely to say they definitely will not smoke, and more likely to say that they might.

Consideration of these data raises concerns that, in addition to re-normalising smoking, e-cigarette use may also act as a gateway to nicotine addiction and tobacco smoking. Dutra and Glantz\textsuperscript{17} found that those who experimented with e-cigarettes were less likely to abstain from tobacco cigarettes.

It is known that e-cigarettes contain various chemicals that are vaporised and emitted into the air, and studies have suggested that e-cigarette aerosol can contain some of the toxicants present in tobacco smoke, albeit at levels which are much lower\textsuperscript{18}. Some studies suggest nicotine may be absorbed by bystanders\textsuperscript{19, 20}. Some studies suggest that particles of e-cigarettes aerosol may be deposited deep in the lung and justify health concerns\textsuperscript{21}. A study by environmental scientists suggests that there is a possible exposure risk to passive smokers in enclosed spaces with limited ventilation if all the emissions from e-cigarettes were exhaled\textsuperscript{22}. Therefore the possibility of adverse health effects for third parties exposed to e-cigarettes cannot be excluded\textsuperscript{23}. Allowing the use of e-cigarettes in places where smoking is banned arguably creates an environment that undermines the safer one established by the Health Act 2006.

Evidence on whether e-cigarettes are an effective aid to smoking cessation is, to date, limited. An overarching position is given by a Cochrane Review\textsuperscript{24} of 13 completed studies on smoking cessation, published in December 2014, which found that while recognition of the potential health benefits from smokers switching to e-cigarettes can be found in expert opinion, the quality of the evidence overall is low, because it is based on only a small number of studies, and more studies of e-cigarettes are needed.

It is also a concern that e-cigarette use is undermining enforcement of the smoking ban. Respondents to the Welsh Government’s Public Health White Paper consultation suggested that the vapour emitted from e-cigarettes, as well as the hand to mouth action, can make it difficult from a distance for managers of premises required to be


\textsuperscript{22} McFiggans et al 2014 http://www.slideshare.net/neilmclaren/1150-harrison-and-mc-figgans

\textsuperscript{23} German Cancer Research Centre (Ed) Electronic Cigarettes – An Overview. Heidelberg 2013

smoke-free to differentiate between regular cigarettes and e-cigarettes. Several prosecutions under the smoke-free requirements have failed due to the defendant claiming that they were using an e-cigarette at the relevant time, rather than smoking.

Further detail can be found in the [Explanatory Memorandum](http://gov.wales/consultations/healthsocialcare/white-paper/?lang=en) for the Bill

### 4. Impact

#### 4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reasons for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger people (Children and young people, up to 18)</td>
<td></td>
<td>x</td>
<td></td>
<td>The intent of Part 2, Chapter 1 is to further promote the de-normalisation of smoking behaviours and reduce the risk of e-cigarettes becoming a gateway to smoking conventional cigarettes. Therefore protecting young people from exposure to nicotine, and potentially tobacco use, is a key aim of this policy.</td>
</tr>
<tr>
<td>People 18-50</td>
<td></td>
<td></td>
<td></td>
<td>This proposal may have some adverse effect on people over 18, who will not be permitted to use e-cigarettes in smoke-free places and vehicles. However, it is considered that any such impact will be negligible, and balanced by the positives of protecting young people and other non-smokers from the harms associated with tobacco and nicotine products. It is not the intention of the provisions to interfere with the use of e-cigarettes in any smoking quit attempt, or in reducing the harm from smoking. The intention is to address concerns about the risk that smoking behaviours could become normalised, to maintain indoor air quality and to support enforcement</td>
</tr>
<tr>
<td>Older people (50+)</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
4.2 Because they are disabled?

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual impairment</td>
<td></td>
<td></td>
<td>x</td>
<td>Those with visual impairments may find it difficult to distinguish between public spaces where the use of electronic cigarettes is prohibited or not. However, as the provisions will be in line with existing smoke free provisions, it is unlikely that the new restrictions will create any additional difficulties. A secondary means of communicating changes, beyond signage, may be required for those with visual impairment.</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Physically disabled</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Mental health problem</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Other impairments issues</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
</tbody>
</table>

4.3 Because of their gender (man or woman)?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How</th>
</tr>
</thead>
</table>

of the smoking ban. E-cigarette users will still be able to use their devices in all places where smoking is permitted and would not necessarily have to congregate in the same areas as smokers.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>The proposal will not impact either positively or negatively with particular respect to gender.</td>
</tr>
</tbody>
</table>

4.4 Because they are transgender?

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
</tbody>
</table>

4.5 Because of their marriage or civil partnership?

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
</tbody>
</table>

4.6 Because of their pregnancy or maternity?

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td>x</td>
<td>Given the lack of definitive evidence on the safety of e-cigarette emissions on bystanders, maintaining indoor air quality is of particular importance to vulnerable populations groups such as pregnant women. There may therefore be some, limited positive benefits for this population group.</td>
</tr>
</tbody>
</table>
4.7 Because of their race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority people e.g. Asian, Black</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Migrants</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
</tbody>
</table>

4.8 Because of their religion and belief or non-belief?

<table>
<thead>
<tr>
<th>Religion and belief or non-belief</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different religious groups including Muslims, Jews, Christians, Sikhs, Buddhists</td>
<td></td>
<td></td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to religious group.</td>
</tr>
<tr>
<td>Belief e.g. Humanists</td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-belief</td>
<td>x</td>
<td>The proposal will not impact either positively or negatively with particular respect to beliefs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.9 Because of their sexual orientation?

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td></td>
<td>x</td>
<td></td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Lesbians</td>
<td></td>
<td>x</td>
<td></td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
<tr>
<td>Bi-sexual</td>
<td></td>
<td>x</td>
<td></td>
<td>The proposal will not impact either positively or negatively with particular respect to this group.</td>
</tr>
</tbody>
</table>

4.10 Do you think that this policy will have a positive or negative impact on people’s human rights?

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>It is considered that the provisions will not have any substantial effects on the rights protected by the ECHR and HRA 1998.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Any adverse impact on the rights of, e.g. e-cigarette users or the owners of smoke-free premises, will be limited, proportionate to</td>
</tr>
</tbody>
</table>
the public interest and will be in the pursuance of a legitimate aim, i.e. protecting (primarily) young people from the harms associated with tobacco and nicotine products.

Careful consideration will be given throughout the legislative process, together with further discussion and input from key stakeholders.

Equality Impact Assessment – Part 2

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

The provisions aim to minimize the potential risks of normalisation of smoking behaviours among children and young people thus reducing the likelihood of future health damaging behaviours.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

The provisions are likely to have minimal impact on eliminating unlawful discrimination, harassment or victimisation.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?
It is a concern that e-cigarette use may re-normalise smoking behaviours in places where the public have become unaccustomed to smoking as a result of the smoke-free requirements. The provisions will maintain current indoor air quality, bring clarity to where e-cigarettes can and cannot be used and ensure that smoke-free enclosed and substantially enclosed spaces are maintained. Smoke-free spaces have been widely accepted as the norm since the implementation of the Health Act 2006, and preserving these smoke-free spaces is likely to advance community cohesion.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

n/a – no adverse impacts were identified in Part 1

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

n/a – no adverse impacts were identified in Part 1

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy? List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

Compliance with the restrictions will be monitored by local authority enforcement teams. It is anticipated this will require completion of a quarterly return to the Welsh Government by each local authority. Local authorities will be asked to provide details on: the number of FPNs issued in relation to the smoke-free offences, the number of FPNs paid and the number of court hearings and prosecutions.
Monitoring of the impact of the restrictions on the use of tobacco and e-cigarettes in public and work places will be through existing mechanisms to track rates of exposure to and use of tobacco and e-cigarettes among children and adults in Wales. Important sources for this work will include the Health Behaviour in School-aged Children Survey (HBSC) and the Welsh Health Survey.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.

| Department: | Public Health Bill Team, Department for Health and Social Services |
| Date: | Last reviewed May 2015 |
| Job title and department: | SRO – Public Health (Wales) Bill, Health and Social Services |
| Date: | 20 May 2015 |

| Policy title and purpose (brief outline): | Public Health (Wales) Bill  
Part 2, Chapter 2:  
Register of Retailers of Tobacco and Nicotine Products |
| Department: | Public Health Bill Team,  
Department for Health and Social Services |
| Date: | Last reviewed May 2015 |

1. Brief description of the Policy

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with
In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce a duty for retailers to join a Register of Retailers of Tobacco and Nicotine Products. The overall aim of the register is to reinforce the importance of protecting underage consumers (i.e. those under 18) from purchasing tobacco products and nicotine products through:

- The reduction of underage sales of tobacco products and nicotine products;
- Assisting local authority trading standards officers to identify retailers and support the enforcement of underage tobacco product and nicotine product sales;
- Supporting local authorities in providing training and guidance to retailers who sell tobacco products and nicotine products to the public;
- Protecting children and young people from purchasing tobacco and nicotine related products; and,
- Benefiting the health of children and young people.

It is clear that young people can quickly develop a dependency on nicotine and may be unable to reduce their risks because of this addiction. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

Further detail can be found in the Explanatory Memorandum for the Bill.

2. Steps taken to engage with stakeholders, both internally and externally

A series of proposals were consulted upon as part of the Public Health White Paper, between 2 April and 24 June 2014, including the need for a tobacco products retail register. The White Paper and consultation summary report are available at: http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

In addition to detailed questions on each proposal, the White Paper included a specific question (number 46) asking for responses about the potential impacts of all of the proposals on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any significant negative impacts from the retail register proposal on these groups, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts on the population as a whole.

Responses to the consultation from health organisations, community councils, representative organisations and members of the public indicated general support for the proposal to introduce a register of retailers of tobacco products. Whilst
responses from the local government sector recognised the importance of this issue, the majority did not favour the duty to maintain the Register, as they felt this would cause a significant financial burden upon them.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with protected characteristics.

This process of engagement has not identified any significant negative impacts from this proposal on these groups.

3. Evidence Base

Current legislation prohibits the sale of tobacco to under-18s; however during the financial year 2009/10, Trading Standards Services across Wales carried out a total of 720 test purchase attempts at retail premises using young volunteers. Of these, 130 resulted in a sale (18%).

The headline results for 2010-11, 2011-12 and 2012-13 indicate a continuing problem as shown in the table below.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Number of attempts to purchase cigarettes by young volunteers</th>
<th>Number of times young volunteers were served</th>
<th>Failure rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>518</td>
<td>74</td>
<td>14%</td>
</tr>
<tr>
<td>2011-12</td>
<td>536</td>
<td>57</td>
<td>11%</td>
</tr>
<tr>
<td>2012-13</td>
<td>332</td>
<td>51</td>
<td>15%</td>
</tr>
</tbody>
</table>

While the failure rates have dropped from 18% recorded in 2009-10 they are still considerably higher than before the age of sale changed. In addition seven local authorities have reported examples of retailers selling tobacco products to under-18s on multiple occasions.

A report published in July 2014 by Public Health England and the Trading Standards Institute, has revealed the results of a test-purchasing study involving young people under the age of 18 attempting to purchase e-cigarettes from a variety of retailers. Out of the 574 test purchases made by young people involved in the study, successful purchases were made on 227 occasions (40%), the highest proportion of

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26 Children and Young Persons Act 1933; Children and Young Persons (Protection from Tobacco) Act 1991; Children and Young Persons (Sale of Tobacco) Order 2007.
these were made from market stalls (80%) and independent pharmacies (74%).\(^{27}\)

Evidence suggests that the most effective approach to tobacco control is a comprehensive strategy combining high taxation of tobacco products, regulation of tobacco advertising and sales, restrictions on smoking in public places, a tailored range of initiatives to help smokers give up, and awareness and education initiatives\(^{28}\). Existing legislation has proved a key tool in restricting young people’s access to tobacco in nicotine products, and the register will seek to strengthen the current tobacco control legal framework, through improved enforcement.

Further detail can be found in the *Explanatory Memorandum* for the Bill.

### 4. Impact

This section shows how the Policy could have an impact (either positive or negative) on the protected groups under the Equality Act 2010.

#### 4.1 Impact on people because of their age

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger People (Children and young people, up to 18)</td>
<td>X</td>
<td></td>
<td></td>
<td>Because the aim of Part 2, Chapter 2 (of the Bill) is to protect the health of children by minimising underage purchasing of tobacco products and nicotine products, those impacted upon the greatest are younger people under the age of 18. The consultation response from the Children’s Commissioner for Wales was supportive of the proposal (within the Public Health White</td>
</tr>
</tbody>
</table>

---

\(^{27}\) Trading Standards Institute (2014). Youth access to E cigarettes and associated products. Trading Standards Institute

\(^{28}\) Gilbert A, Cornuz J (2003). *Which are the most effective and cost-effective interventions for tobacco control?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; [http://www.euro.who.int/document/e82993.pdf](http://www.euro.who.int/document/e82993.pdf),
Paper) to introduce a register of tobacco retailers; noting that it is likely to improve monitoring of the existing display bans and assist in the reduction of underage sale of tobacco products.

People 18 – 50  X  Part 2, Chapter 2 will not impact on anyone either positively or negatively within these age groups.

Older People (50+)

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of any disability or impairment.</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically Disabled</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Impairments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2 Impact because of disability

4.3 Impact because of gender (man or woman)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of gender</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4.4 Impact because they are transgender
Part 2, Chapter 2 will not impact on anyone either positively or negatively because they are transgender.

### 4.5 Impact because of marriage or civil partnership

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of marriage or civil partnership.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.6 Impact because of pregnancy or maternity

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of pregnancy or maternity</td>
</tr>
<tr>
<td>Maternity (the period after birth)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### 4.7 Impact because of race

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority people e.g. Asian, Black</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of race.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.8 Impact because of Religion, Belief or Non-Belief

<table>
<thead>
<tr>
<th>Religion, Belief</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
</table>
or Non-Belief

| Different religious groups (including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others) |   | Part 2, Chapter 2 will not impact on anyone either positively or negatively because of religion, belief or non-belief |
| Belief e.g. Humanists |   |   |
| Non-Belief |   |   |

### 4.9 Impact because of Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay Men</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 2 will not impact on anyone either positively or negatively because of sexual orientation</td>
</tr>
<tr>
<td>Lesbians</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Bi-sexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.10 Impact on people’s Human Rights

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>It is considered that the provisions will not have any substantial effect on the rights protected by the ECHR and HRA 1998.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Any adverse impact on the rights of, e.g. business operators, will be limited, proportionate to the public interest and will be in the pursuance of a legitimate aim, i.e. protecting (primarily) young people from the harms associated with tobacco and nicotine products.</td>
</tr>
</tbody>
</table>
Equality Impact Assessment – Part 2

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

<table>
<thead>
<tr>
<th>1.1 How could, or does, the policy help advance / promote equality of opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall aim of Part 2, Chapter 2 of the Bill is to protect the health of children by controlling access to tobacco products and nicotine products. The particular needs of certain groups within the local population are an important consideration throughout the development of the legislation and any subsequent guidance. Stakeholders will be encouraged to engage in the development of any relevant guidance to ensure that it is fit for purpose. Stakeholders will also have an opportunity to submit their views and evidence during the Bill’s passage through the Assembly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?</th>
</tr>
</thead>
</table>
| It is clear that young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to addiction. In addition, the younger a person starts smoking the greater the risk of smoking related disease. 

Controlling access is an established strategy for reducing consumption of substances harmful to health, in particular tobacco.

By introducing legislation to ensure the registration of retailers of tobacco products and nicotine products, it further helps reinforce current legislation such as the display ban and protects children and young people from accessing these products.

Part 2, Chapter 2 is likely to have minimal impact on eliminating unlawful discrimination, harassment or victimisation. |

<table>
<thead>
<tr>
<th>1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?</th>
</tr>
</thead>
</table>

---

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. Although not directly impacting on community cohesion, Part 2, Chapter 2 does aim to improve relations between retailers and their customers and between retailers and enforcement officers through a shared understanding of the provisions and how they can positively impact on children and young people’s health.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

There are limited potential negative impacts identified in part 1 above. However, the main aim of Part 2, Chapter 2 is to restrict access to tobacco products for children and young people under the age of 18 through legislation whilst supporting a wider programme of protecting children and young people from the harms associated with tobacco and nicotine.

The negative impacts identified are therefore considered proportionate, justifiable and acceptable at this stage. All negative impacts will be considered during the development of legislation and will be mitigated where possible. Clear guidance and communication with stakeholders can also help ensure the impacts on the groups identified are minimal.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

As outlined above. Action will be taken to mitigate impacts where possible through the development of the legislation and corresponding guidance.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy?

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

In addition, we will use the results from the ongoing test purchases conducted by local authorities to measure any reduction in underage sale.

4. Declaration
The above represents a fair assessment of the potential impacts of this policy upon equality issues.

<table>
<thead>
<tr>
<th>Department:</th>
<th>Public Health Bill Team, Department for Health and Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Last reviewed May 2015</td>
</tr>
<tr>
<td>Head of Division (sign off)</td>
<td></td>
</tr>
<tr>
<td>Job title and department:</td>
<td>SRO Public Health (Wales) Bill, Health and Social Services</td>
</tr>
<tr>
<td>Date:</td>
<td>20 May 2015</td>
</tr>
</tbody>
</table>
1. Brief description of the Policy

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce an **offence of knowingly handing over tobacco and nicotine products to persons under 18**.

The key objective is to ensure that retailers, delivery agents and distributors who offer the remote purchase of tobacco and nicotine products and hand over these products through a delivery service, including click and collect, only do so to persons aged 18 and over. It will not be an offence to hand over tobacco or nicotine products if they are contained in a package which is sealed and has the person’s name and address.

Current rules on underage sales of tobacco are covered in the Children and Young Persons Act 1933; Children and Young Persons (Protection from Tobacco) Act 1991; and the Children and Young Persons (Sale of Tobacco) Order 2007. In summary, it is illegal to sell cigarettes or other forms of tobacco products, including cigarette papers, to a person under 18 years of age.

Additional legislation has been introduced to prevent under 18s from gaining easy access to tobacco products, such as prohibiting the sale of tobacco from vending
machines\textsuperscript{30} and the UK Government has announced its intention to introduce an age of sale restriction for all nicotine products, including e-cigarettes. In this respect, the Secretary of State has exercised power conferred by the Children and Families Act 2014\textsuperscript{31} to make regulations that will make it an offence to sell nicotine products to persons aged under 18 years old, and make it an offence to proxy purchase nicotine products for minors. The regulations come into force in October 2015.

There is no current legislation which prevents tobacco and/or nicotine products purchased remotely, or by other methods e.g. telephone orders, from being delivered/handed over to persons under the age of 18. As other opportunities to access tobacco and/or nicotine products are reduced this could provide children and young people under the age of 18 access these products via remote purchases.

Further detail can be found in the Explanatory Memorandum for the Bill.

Restricting access to tobacco products for children and young people under the age of 18 through legislation can support a wider programme of protecting children and young people from the harms associated with smoking.

Young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to their addiction. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

Controlling access is an established strategy for reducing consumption of substances which are harmful to health, in particular tobacco, alcohol and illicit drugs. In 2010 in Wales, among school year 11 pupils (i.e. aged 15-16), 9% of boys and 14% of girls were regular (weekly) smokers\textsuperscript{32}.

2. Steps taken to engage with stakeholders, both internally and externally

This legislative proposal was consulted upon in the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary report are available at: http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

In addition to detailed questions on each proposal, the White Paper included a specific question (number 46) asking for responses about the potential impacts of all

\textsuperscript{30} The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011

\textsuperscript{31} http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/tobacco-nicotine-products-and-smoking

of the proposals on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any significant negative impacts from this proposal on this group, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts.

Responses to the consultation from health organisations, community councils, representative organisations and members of the public indicated general support for the prohibition of handing over tobacco products to persons under the age of 18. Responses were broadly supportive of the proposals with the Children’s Commissioner strongly supporting legislation in this area as a means of providing an additional step in the protection of children from harmful products.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with some of the protected characteristics covered by this assessment, for example the Social Care and Wellbeing Alliance and the Faith Forum. This process has not identified any significant negative impacts from this proposal on these groups. Representatives from Gypsy Traveller groups were also supportive of the proposal and noted their surprise that there is no current legislation in place.

3. Evidence Base

Whilst there are no specific UK or Welsh studies on the number of under 18s currently attempting to purchase tobacco remotely, there is evidence of a problem with the delivery of online sales of other age restricted products, such as alcohol. A survey conducted by South Wales Police in March 2013 using 15 year old volunteers to attempt to purchase alcohol from major supermarket websites, found that in 44% of the cases alcohol was delivered to the volunteer with no proof of age requested. Alcohol Concern Cymru conducted a survey of 1,000 14-17 year olds in 2013 and found that 21% of 14-15 year olds had successfully purchased alcohol online and 15% of all 14-17 year old respondents had successfully purchased alcohol online. It is considered reasonable to assume similar issues could become apparent for similar age-restricted goods, such as tobacco and nicotine products.

There is already some evidence from the USA that there may be an issue with young people being able to access tobacco products via the internet. Kurt, et al. showed that in the majority of cases 11 to 15 year olds were able to purchase tobacco products via the internet. Out of 83 purchase attempts, 93.6% of purchases attempted by credit card and 88.9% of purchases attempted by money order were successful. A recent study in North Carolina has also shown that minors were easily able to purchase e-cigarettes from the internet.

According to data published by the Office of National Statistics internet sales have
increased in recent years. In March 2012 internet sales contributed 8.9% of all retail sales, increasing to 11.6% in January 2015. For food stores this has increased from 2.9% in March 2012 to 4% in January 2015. This indicates that using the internet as a method for shopping is continuing to increase, and it is likely that this trend will continue. It has been assumed that this upward trend is likely to be reflected across the spectrum of goods available for remote purchasing, including tobacco and nicotine products.

Evidence suggests that the most effective approach to tobacco control is a comprehensive strategy combining high taxation of tobacco products, regulation of tobacco advertising and sales, restrictions on smoking in public places, a tailored range of initiatives to help smokers give up, and awareness and education initiatives. Legislation is a key tool in restricting young people’s access to tobacco and nicotine products.

Further detail can be found in the Explanatory Memorandum for the Bill.

### 4. Impact

This section shows how the Policy could have an impact (either positive or negative) on the protected groups under the Equality Act 2010.

#### 4.1 Impact on people because of their age

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger People (children</td>
<td>X</td>
<td></td>
<td></td>
<td>Because the aim of Part 2, Chapter 4 (of the Bill) is to protect the health of children by minimising underage purchasing of tobacco and nicotine products, those impacted upon the greatest are young people under the age of 18.</td>
</tr>
<tr>
<td>and young people, up to 18)</td>
<td></td>
<td></td>
<td></td>
<td>As noted above, the consultation response from the Children’s Commissioner for Wales was supportive of this</td>
</tr>
</tbody>
</table>

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33 Gilbert A, Cornuz J (2003). *Which are the most effective and cost-effective interventions for tobacco control?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; [http://www.euro.who.int/document/e82993.pdf](http://www.euro.who.int/document/e82993.pdf),
### Proposal in the Public Health White Paper

Part 2, Chapter 4 will not affect an individual's ability to receive delivery, however there may be potential impact where extra age verification checks are made at point of delivery for younger adults.

Older People (50+)

Part 2, Chapter 4 may impact on older people if, in the unlikely event certain companies stop offering a delivery service for tobacco and/or nicotine products and this is the only way they obtain these items. However this impact is considered negligible.

### 4.2 Impact because of disability

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment</td>
<td></td>
<td>X</td>
<td></td>
<td>Part 2, Chapter 4 may impact if a person with a visual impairment is required to sign something verifying their age before delivery. This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers.</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 may impact a person with a hearing impairment who</td>
</tr>
<tr>
<td>Disability Type</td>
<td>X</td>
<td>Part 2, Chapter 4 may have an impact in the situation where a person with a disability, who has difficulty in reaching the door to enable a delivery to be made, is reliant on a young carer under the age of 18 to receive deliveries. It is envisaged that the risk is low.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td>X</td>
<td>Part 2, Chapter 4 may impact a person with a learning disability who may have difficulty in understanding the person making the delivery when asking for age verification details. This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>X</td>
<td>Part 2, Chapter 4 may impact a person with a mental health problem who might not understand the person making the delivery when asking for age verification. This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers. Other impairments may be impacted upon negatively for similar reasons as noted above. These negative impacts are considered minimal. This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers.

4.3 Impact because of gender (man or woman)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 will not impact on anyone either positively or negatively because of gender</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.4 Impact because they are transgender

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 will not impact on anyone either positively or negatively because they are transgender</td>
</tr>
</tbody>
</table>

4.5 Impact because of marriage or civil partnership
<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 will not impact on anyone either positively or negatively because of marriage or civil partnership.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.6 Impact because of pregnancy or maternity

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 will not impact on anyone either positively or negatively because of pregnancy or maternity</td>
</tr>
<tr>
<td>Maternity (the period after birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.7 Impact because of race

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority people e.g. Asian, Black</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 2, Chapter 4 may indirectly impact upon some of these groups if they are unable to provide certain forms of acceptable identification or unable to provide acceptable address details (i.e. in the case of mobile homes). This impact has been deemed negligible as it will be considered, and mitigated where possible, in the development of guidance for retailers.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.8 Impact because of Religion, Belief or Non-Belief

<table>
<thead>
<tr>
<th>Religion, Belief or Non-Belief</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 4 will not</td>
</tr>
<tr>
<td>Religious Groups (including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others)</td>
<td>X</td>
<td>Impact on anyone either positively or negatively because of religion, belief or non-belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belief e.g. Humanists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Belief</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.9 Impact because of Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay Men</td>
<td></td>
<td></td>
<td></td>
<td>Part 2, Chapter 4 will not impact on anyone either positively or negatively because of sexual orientation</td>
</tr>
<tr>
<td>Lesbians</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-sexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.10 Impact on people’s Human Rights

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>It is considered that the provisions will not have any substantial effect on the rights protected by the ECHR and HRA 1998. Any adverse impact on the rights of, e.g. business operators, will be limited, proportionate to the public interest and will be in the pursuance of a legitimate aim, i.e. protecting (primarily) young people from the harms associated with tobacco and nicotine products. Careful consideration</td>
</tr>
</tbody>
</table>
will be given throughout the legislative process, together with further discussion and input from key stakeholders.

**Equality Impact Assessment – Part 2**

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

<table>
<thead>
<tr>
<th>1.1 How could, or does, the policy help advance / promote equality of opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example, positive measures designed to address disadvantage and reach different communities or protected groups?</td>
</tr>
<tr>
<td>The overall aim of this part of the Bill is to protect the health of children by controlling access to tobacco and nicotine products. The particular needs of certain groups within the local population are an important consideration during the development of the provisions and any subsequent guidance for its implementation. Stakeholders will be encouraged to engage in the development of the provisions during the Bill’s passage through the National Assembly to ensure that the needs of the population are thoroughly considered.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 2, Chapter 4 does not directly help eliminate unlawful discrimination, harassment or victimisation; however it is clear that young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to addiction. In addition, the younger a person starts smoking the greater the risk of smoking related disease.</td>
</tr>
<tr>
<td>Controlling access is an established strategy for reducing consumption of substances harmful to health, in particular tobacco. By introducing the offence of knowingly handing over tobacco and nicotine products to people aged under 18 it further helps reinforce current legislation and further protects children and young people from accessing these products.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the development of legislation, consideration has been given to those who may be inadvertently discriminated against in the implementation of the proposal.</td>
</tr>
</tbody>
</table>

---

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. Although not directly impacting on community cohesion, the Part 2, Chapter 4 does aim to improve relations between retailers and their customers through a shared understanding of the purchasing process.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

There are some, limited potential, negative impacts identified in part 1, however the main aim of this Part 2, Chapter 4 (of the Bill) is to restrict access to tobacco and/or nicotine products for children and young people under the age of 18. The benefits of the provisions are considered to outweigh any negative impacts identified. The negative impacts are therefore considered acceptable at this stage. All negative impacts will be considered during the development of legislation and will be mitigated where possible, for example through supporting guidance. Clear guidance and communication with stakeholders can also help ensure the impacts on the groups identified are minimal.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

As outlined above. Action will be taken to mitigate impacts where possible through the development of the legislation and corresponding guidance.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy?

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted. Trading standards officers will perform test purchases to measure the effectiveness of the provisions once implemented.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.
# Public Health (Wales) Bill

## Part 3: Special Procedures

The Bill seeks to establish a compulsory, national licencing system for defined special procedures in Wales (acupuncture, body piercing, electrolysis and tattooing) and require approval of the premises/vehicles these special procedures are provided from.

In order to perform any of these special procedures, an individual will need to be licensed, and the premises they operate from approved. The overall purpose is to ensure that where these procedures are provided in Wales, they are carried out in a manner which is not potentially harmful to health.

### Department:

**Public Health Bill Team, Health and Social Services**

### Date:

Last reviewed May 2015

### Head of Division (Sign-off)

**Job title and department:**

**SRO – Public Health (Wales) Bill, Health and Social Services**

**Date:**

20 May 2015
1. Brief description of the policy

The Public Health White Paper (2014) brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill ('the Bill') will be introduced in June 2015.

The principal policy aim of Part 3 of the Bill is to ensure that where special procedures (acupuncture; body piercing; electrolysis and tattooing) are provided in Wales, they are carried out in a manner which is not potentially harmful to health.

In order to achieve this, the Bill seeks to create a compulsory, national licencing system for practitioners of these specified special procedures in Wales. The system will mean that in order to perform any of the special procedures defined within the Bill an individual must be licensed and the premises/vehicle from which they operate approved.

Before an individual can be granted a licence, they must meet specified licencing criteria. Once the licence has been granted, it is intended that mandatory licensing conditions (to be set out in regulations) will set out the requirements a licence holder must meet in order to retain their licence, including conditions relating to the standards of hygiene and the way in which special procedures are to be performed.

Following the establishment of the licencing system, it will be an offence to conduct any one of the defined special procedures without a license or to offer special procedures from a premises/vehicle that is not approved. Local authorities will be responsible for enforcing the licensing requirements, and for keeping a register of special procedures licences issued/ premises or vehicles approved by them. Information on the register will be open to the public so that anyone seeking to have one of the defined special procedures can search it and know that the practitioner or business they choose has met the national standards.

The Bill also seeks to establish a complementary enforcement regime, for example, a local authority may take action by issuing a remedial action notice if a licence holder or premises/vehicle contravenes one or more of the applicable mandatory conditions.
Local authority officers will also have the power to enter premises for the purposes of determining applications for licences or premises approvals, and carry out inspections.

The local authority may revoke a licence (in full, or in so far as it relates to the performance of a particular special procedure) where it is satisfied that the licence holder has failed to comply with a mandatory licensing condition, or that there is a significant risk to public health due to their practices. Licence holders will have a right to make representations to the local authority, and appeal to a Magistrate’s Court, against decisions taken in respect of licence revocation, non-renewal or an application refused.

The success of the licencing scheme will be measured in a number of ways; however the main benefit will be to individuals’ health and the NHS. As the system will aim to ensure special procedures are only carried out by licenced practitioners and in registered premises/vehicles, it is expected that there will be a reduction in the number of people who present to the NHS with infections or other injuries sustained as a consequence of undergoing special procedures.

The licensing system will impose requirements on practitioners and businesses which are expected to drive up standards and ensure that all special procedures are undertaken in a safe and appropriate manner. As the legislation will also provide appropriate enforcement mechanisms, it is expected that local authorities will find they are able to deal with contraventions in a more straightforward way, and therefore more effectively safeguard public health.

The provision of information to the public about special procedures (including the information local authorities would be required to make available to the public) will provide transparency and ensure people are better informed about the practice of special procedures.

Further detail can be found in the Explanatory Memorandum for the Bill.

2. Steps taken to engage with stakeholders, both internally and externally

This legislative proposal was consulted upon as part of the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary report are available at: http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

In addition to detailed questions on each proposal, the White Paper included a specific question (number 46) asking for responses about the potential impacts of the proposal on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any significant negative impacts from this proposal on these groups, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts.
Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with the protected characteristics covered by this assessment. E.g. Disability Wales, Gypsy Traveller groups, Community Faith Forum. This process has not identified any significant negative impacts from this proposal on these groups.

3. Evidence base

Over the last decade, a range of procedures such as acupuncture, body piercing, electrolysis and tattooing have become increasingly popular, in Wales and further afield. There are known and well reported health risks connected with these procedures if they are carried out in an inappropriate or unhygienic fashion. Improper and unhygienic practice may result in localised skin infections at the site of the procedure. Unsafe or unhygienic practices by practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. In some instances, clients may also suffer allergic or toxic reactions to the substances used.

Although some bacterial or viral infections may be spread during procedures that do not involve skin penetration, it is the risk of transmission of infections such as blood-borne viruses such as hepatitis B, hepatitis C, hepatitis D and HIV, which can arise and are of primary concern.

Precautions to minimise the possibility of exposure to blood from an infected client or practitioner require the adoption of safe practices and procedures. The risk of transmission of infection can be minimised by:

- Good cleanliness of the premises where the procedure is taking place, and of the fixtures and fittings.
- Good personal hygiene of the practitioners.
- Correct cleaning and sterilization or disposal of instruments, materials and equipment processes in place.

It is therefore important that practitioners have safe working practices, and particularly that good infection control practices are followed at all times, so that both clients and practitioners are protected.

Over a quarter of people who have a cosmetic piercing procedure (other than of the earlobes) experience complications, and around half of those who experience complications consider them serious enough to seek further help. The prevalence was higher amongst those aged 16-24, with health problems occurring in around a third of
cases\textsuperscript{35}. Post-procedure complications can include swelling, infection, bleeding, allergy and tear or physical injury. Nerve damage and scarring may also occur if procedures are poorly performed.

Although most problems associated with a cosmetic piercing are usually minor and self-limiting, some complications are serious enough to require medical attention or admission to hospital and there are individual cases of significant damage to health as a result of a cosmetic piercing\textsuperscript{36}. Poorly performed oral piercings can damage the tongue and teeth, cause airway obstruction through swelling, and affect speech\textsuperscript{37}. Complications from a cosmetic piercing can be particularly serious for those with underlying health conditions and cases of individuals who have died following a cosmetic piercing have been recorded\textsuperscript{38}.

Further detail can be found in the Explanatory Memorandum for the Bill.

### 4. Impact

#### 4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reasons for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger people</td>
<td>X</td>
<td></td>
<td></td>
<td>It is possible that having a requirement for special procedures practitioners to obtain a licence may make them more aware of their legal responsibilities in respect of those under the age of 18. They will also benefit from the maintenance of high standards in terms of practice and premises hygiene, and will be able to search an open register of special procedure providers</td>
</tr>
</tbody>
</table>


\textsuperscript{36} BBC News online (2007) Belly stud 'almost killed teen' Available at: http://news.bbc.co.uk/1/hi/wales/south_wales/7029036.stm


People within these groups are likely to benefit from the maintenance of high standards in terms of practice and premises hygiene, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual impairment</td>
<td>X</td>
<td></td>
<td></td>
<td>People in this group will benefit from the maintenance of high standards in terms of practice and premises hygiene.</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td></td>
<td>X</td>
<td></td>
<td>People within these groups are likely to benefit from the maintenance of high standards in terms of practice and premises hygiene.</td>
</tr>
<tr>
<td>Physically disabled</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health problem</td>
<td></td>
<td>X</td>
<td></td>
<td>People within these groups are likely to benefit from the maintenance of high standards in terms of practice and premises hygiene, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.</td>
</tr>
</tbody>
</table>

Both men and women are likely to enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to...

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.4 Because they are transgender?

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>People within this group are likely to enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.</td>
</tr>
</tbody>
</table>

4.5 Because of their marriage or civil partnership?

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>X</td>
<td>It is unlikely that Part 3 (of the Bill) will impact on anyone either positively or negatively because they either are or are not married; or are or are not in a civil partnership.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4.6 Because of their pregnancy or maternity?

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>X</td>
<td></td>
<td></td>
<td>Pregnant women are likely to benefit from the maintenance of high standards in terms of practice and premises hygiene, and will be able to search an open register of special procedure providers</td>
</tr>
</tbody>
</table>
New mothers – especially those who choose to breastfeed – are likely to enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.

### 4.7 Because of their race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority people e.g. Asian, Black,</td>
<td>X</td>
<td></td>
<td></td>
<td>People within these groups are likely to enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.8 Because of their religion and belief or non-belief?

<table>
<thead>
<tr>
<th>Religion and belief or non-belief</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different religious groups including Muslims, Jews, Christians, Sikhs,</td>
<td>X</td>
<td></td>
<td></td>
<td>People within these groups are likely to enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.</td>
</tr>
<tr>
<td>Belief e.g. Humanists</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-belief</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4.9 Because of their sexual orientation?**

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td>X</td>
<td></td>
<td></td>
<td>It is likely that regardless of their sexual orientation people will enjoy the general benefits of improved standards in terms of practice and hygiene of premises, and will be able to search an open register of special procedure providers in their area to be assured that this is the case.</td>
</tr>
<tr>
<td>Lesbians</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-sexual</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4.10 Do you think that this policy will have a positive or negative impact on people’s human rights?**

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>It is considered that the provisions will not have any substantial effect on the rights protected by the ECHR and HRA 1998. Any adverse impact on the rights of, e.g. special procedure practitioners and businesses, will be minimal, proportionate to the public interest and will be in the pursuance of a legitimate aim, i.e. protecting people from some of the health harms outlined at section 3 above.</td>
</tr>
</tbody>
</table>
Furthermore, the Bill provides an appeals mechanism for businesses/practitioners e.g. against Stop, and Remedial Action Notices; revocation of licence; refusal to approve a premises/vehicle; or to grant a completion certificate.

Careful consideration will be given throughout the legislative process, together with further discussion and input from key stakeholders.

Equality Impact Assessment – Part 2

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

Part 3 of the Bill aims to protect the health of those who choose to undergo, and those who undertake special procedures (as outlined above).

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

The provisions do not directly help to eliminate unlawful discrimination, harassment or victimisation.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. The changes brought about by Part 3 of the Bill may help increase confidence within the community that special procedures practitioners are carrying out their work safely, in approved premises/vehicles.

2. Strengthening the policy
2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

Part 3 of the Bill is unlikely to have any significant adverse impact on protected groups, therefore no practical changes or actions are considered necessary at present.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy? List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and when relevant during the implementation of the Bill, once enacted.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.

Department:
Public Health Bill Team, Department for Health and Social Services

Date:
Last reviewed May 2015

Head of Division (Sign-off)

Job title and department:
SRO – Public Health (Wales) Bill, Health and Social Services

Date:
20 May 2015
Policy title and purpose (brief outline): Public Health (Wales) Bill
Part 4: Intimate Piercing

Department: Public Health Bill Team,
Department for Health and Social Services

Date: Last reviewed May 2015

1. Brief description of the Policy

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential
to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to create the offence of **performing or making arrangements to perform an intimate piercing on a child (under the age of 16)**. The aim of these provisions is to protect children and young people from the potential harms associated with intimate piercings and reduce the incidence of infection. Currently there is no age restriction in Wales for intimate piercing.

For this proposal, intimate piercing is the perforation of the skin or mucus membrane of an intimate body part. Intimate body parts are:

1. anus
2. breast (including the nipple and the areola)
3. buttock
4. natal cleft
5. penis (including foreskin)
6. perineum
7. pubic mound
8. scrotum
9. vulva

There are known and well reported health risks which can be attributed to any body piercing procedures. Improper and unhygienic practice may result in localised skin infections at the site of the piercing. Unsafe or unhygienic practices by practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. The client may suffer allergic or toxic reactions to the substances used. It is also known that piercings can result in post-procedure complications. In addition to the risks to health, the intimate piercing of children and young people may also be considered a child protection issue. By undergoing the procedure, young people may be putting themselves in a vulnerable position by placing themselves in situations in which their ‘intimate’ areas are exposed to, touched and pierced by an adult who may be previously unknown to them.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

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**2. Steps taken to engage with stakeholders, both internally and externally**

A Public Health White Paper, entitled *Listening to You: Your Health Matters*, was launched on 2 April 2014, for a 12 week consultation period. The White Paper and
The White Paper asked a specific question (number 46) about the potential impacts the proposals could have on human rights and the protected characteristics as prescribed within the Equality Act 2010.

Although the White Paper didn’t contain a question specifically about intimate piercing, it did ask; “Do you have evidence of harm caused by cosmetic piercing procedures (and in particular intimate cosmetic piercing of young people) under the current system?”

Analysis of the consultation responses showed that the majority of respondents who stated that they had evidence, provided comments in relation to the health risks associated with cosmetic piercing in general, and not intimate piercing.

The only response which provided specific reference to and evidence of, harm caused by intimate piercing of young people was a local authority. The local authority, at the time of submitting a response to the Public Health White Paper consultation, were investigating a case involving a 16 year old female who was hospitalised following a nipple piercing becoming infected. Nevertheless, some stakeholders favoured the introduction of an age restriction for intimate piercing.

A specific consultation seeking views on how to make cosmetic piercing safer for young people commenced on 18 October 2011 and ended on 31 January 2012. A total of 228 responses were received to the consultation, 65 of which were from young people. The consultation paper asked two questions specifically in relation to intimate cosmetic piercing:

- “Do you think a young person should be allowed to have an intimate cosmetic piercing (even if they have their parent/guardian’s permission)?”
  The majority of respondents (77%) felt that young people should not be allowed an intimate cosmetic piercing. Piercing businesses were strongly in favour of a restriction (89%). 62% of responses from young people stated that young people should not be allowed an intimate cosmetic piercing.

- “If yes, what is the minimum (lowest) age a young person should be to be allowed to have an intimate cosmetic piercing?”
  140 respondents suggested 18 years of age (61%). 47 respondents suggested 16 years of age (21%). The remaining respondents suggested other ages or did not answer the question.

Beyond the formal consultation exercises, further proactive work has taken place to engage groups representing some of the people with protected characteristics covered by this assessment, for example the Social Care and Wellbeing Alliance and the Faith Forum.
This process of engagement has not identified any significant negative impacts from this proposal and in a number of instances identified positive impacts on these groups. Issues raised during these discussions are reflected in the relevant sections of this assessment.

3. Evidence Base

The intimate piercing of children and young people may be considered a child protection issue as by undertaking the procedure, young people may be putting themselves in a vulnerable position by placing themselves in situations in which their ‘intimate’ areas are exposed to, touched and pierced by an adult who may be previously unknown to them.

In addition to the child protection issues, the policy objective underpinning Part 4 of the Bill (‘Part 4’) is a reduction in the incidence of post-procedure complications following a piercing procedure in Wales. Over a quarter of people who have a cosmetic piercing procedure (other than of the earlobes) experience complications and around half of those who experience complications consider them serious enough to seek further help. In those aged 16-24, health problems occur with around a third of piercings. Of all 1934 piercings looked for the purposes of the Bone Report, 9% were nipple piercings and 2% were genital piercings. The study found that problems were most likely to be reported with tongue piercings (50%), followed by piercings of the genitals (45%) and nipple (38%). Post-procedure complications can include swelling, infection, bleeding, allergy and tear or physical injury. Nerve damage and unintended scarring may also occur if any piercing is poorly performed.

The incidence and severity of complications found in the Bone Report appears to establish a sufficient connection between intimate piercing and illness or injury for the provision fairly and realistically to be said to relate to the promotion of health, and/or the prevention of illness or injury. It is of note that the Bone Report was carried out in England but Officials are of the view that it is likely that similar results would be found if it was replicated in Wales.

As young people continue to grow during their teenage years, an intimate piercing performed at a young age could result in further complications arising as their bodies develop. Young people may also be less likely to have the experience or knowledge of how to clean or maintain an intimate piercing, leading to an increased risk of infection.

By setting the prohibition at the age of 16, the proposals align with the age of

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consent for sexual activity. Liberties including the right to leave school, join the army, get married and enter the workforce are also all afforded to individuals at age 16 years.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

4. Impact

This section shows how the Policy could have an impact (either positive or negative) on the protected groups under the Equality Act 2010.

4.1 Impact on people because of their age

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger People (Children and young people, up to 18)</td>
<td></td>
<td>X</td>
<td></td>
<td>The aim of Part 4 is to protect the health and wellbeing of children and young people by prohibiting the performing or making arrangements to perform an intimate piercing on a person under the age of 16. The Children’s Commissioner’s response to the Public Health White Paper consultation questions on the National Special Procedures Register noted that safeguarding considerations should be taken into account and specifically called for age restrictions on intimate piercing to ensure best practice and protect children and young people from potential risks to their health, safety and welfare.</td>
</tr>
<tr>
<td>People 18 – 50</td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not directly impact on people over the</td>
</tr>
</tbody>
</table>
practitioners performing intimate piercings will benefit from a clarification of the law. There is likely to be a negative impact on anyone prosecuted for performing an intimate piercing on a person under the age of 16 years, however these prosecutions are expected to be rare.

### 4.2 Impact because of disability

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not impact on anyone either positively or negatively because of any disability or impairment. However there is a possibility that people with these characteristics could find it difficult to engage with new proof of age requirements.</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Physically Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Impairments Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.3 Impact because of gender (man or woman)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 4 will not impact on anyone either positively or negatively because of gender.</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.4 Impact because they are transgender

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not impact on anyone either positively</td>
</tr>
</tbody>
</table>
or negatively because they are transgender.

### 4.5 Impact because of marriage or civil partnership

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>X</td>
<td>Part 4 will not impact on anyone either positively or negatively because of marriage or civil partnership.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.6 Impact because of pregnancy or maternity

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not impact on anyone either positively or negatively because of pregnancy or maternity.</td>
</tr>
<tr>
<td>Maternity (the period after birth)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### 4.7 Impact because of race

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority people e.g. Asian, Black</td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not impact on anyone either positively or negatively because of race.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.8 Impact because of Religion, Belief or Non-Belief

<table>
<thead>
<tr>
<th>Religion, Belief</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
</table>

| or Non-Belief |  |  | Part 4 will not impact on anyone either positively or negatively because of religion, belief or non-belief. |
| Different religious groups (including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others) |  | X |
| Belief e.g. Humanists |  |  |
| Non-Belief |  |  |

### 4.9 Impact because of Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay Men</td>
<td></td>
<td></td>
<td></td>
<td>Part 4 will not impact on anyone either positively or negatively because of sexual orientation.</td>
</tr>
<tr>
<td>Lesbians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-sexual</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### 4.10 Impact on people’s Human Rights

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>Negligible</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>It is considered that the provisions will not have any substantial effect on the rights protected by the ECHR and HRA 1998.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Any adverse impact on the rights of, e.g. piercers or potential customers, will be limited, proportionate to the public interest and will be in the pursuance of a legitimate aim, i.e. protecting people from some of the health harms outlined at section 3 above.</td>
</tr>
</tbody>
</table>
Careful consideration will be given throughout the legislative process, together with further discussion and input from key stakeholders.

**Equality Impact Assessment – Part 2**

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

The overall aim of Part 4 is to protect children and young people from the potential health harms which can be caused by an intimate piercing, and to avoid circumstances where children and young people are placed in a potentially vulnerable situation. Stakeholders will be encouraged to engage in the development of relevant guidance to ensure that it is fit for purpose.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

There are well known and well reported health risks which can be attributed to any skin piercing procedure. Improper and unhygienic practice may result in localised skin infections at the site of the piercing.

By introducing legislation prohibiting the performing or making arrangements to perform an intimate piercing on a person under the age of 16, it makes it clear that the intimate cosmetic piercing of a young person is a crime.

Part 4 does not directly contribute to the elimination of unlawful discrimination, harassment or victimisation.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. Although not directly impacting on community cohesion, Part 4 does aim to improve relations between practitioners and their customers through a shared understanding of the provisions’ impacts.
2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

The main aim of these legislative provisions is to prohibit the performing or making arrangements to perform an intimate piercing on a person under the age of 16, and protect children and young people from the possible harms associated with these types of piercing.

All impacts with be considered during the ongoing development of legislation and any identified negative impacts will be mitigated where possible. Clear guidance and communication with stakeholders will also help ensure the impacts on the groups identified are minimal.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

As outlined above. Action will be taken to mitigate impacts where possible through the development of the legislation and corresponding guidance.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy?

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.

Department:
Public Health Bill Team, Department for Health and Social Services

Date:
Last reviewed May 2015

Head of Division (sign off)
Job title and department:
SRO Public Health (Wales) Bill, Health and Social Services

Date:
20 May 2015
Policy title and purpose (brief outline):

**Public Health (Wales) Bill**
Part 5: Pharmaceutical Services

This policy introduces changes to the way in which Local Health Boards (LHBs) determine applications to provide NHS pharmaceutical services, by:-

1. placing a duty on each LHB to periodically complete an assessment of the pharmaceutical needs of its population (a “pharmaceutical needs assessment”);
2. amending the “control of entry” test that LHBs are required to apply when considering applications to join their pharmaceutical list, to one more clearly based on meeting local pharmaceutical needs;
3. in circumstances where persons included in their pharmaceutical list are unable to provide specified services to meet the needs identified in the Pharmaceutical Needs Assessment, providing LHBs with the power to invite persons, other than those included on their list, to provide pharmaceutical services; and
4. providing for regulations that will enable LHBs to remove pharmacists or listed premises from the pharmaceutical list where there are persistent and/or serious breaches of terms and conditions of service.

Department: Public Health Bill Team, Department for Health and Social Services

Date: Last reviewed May 2015

1. Please provide a brief description of the policy/decision.

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.
In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to amend the National Health Service (Wales) Act 2006 to introduce changes to the way in which Local Health Boards (‘LHBs’) determine applications to provide NHS pharmaceutical services. This is primarily through placing a requirement on LHBs to prepare pharmaceutical needs assessments for their respective communities, and to determine applications for entry onto the pharmaceutical list in accordance with those needs assessed.

Therefore the aim of these provisions is to help address existing inadequacies and improve the planning and delivery of pharmaceutical services, better aligning them with the health needs of their local communities.

The regulations to be made following the passage of the Bill are proposed to come into force in 2017, and during this year, the first pharmaceutical needs assessments will be prepared. The measure of their success will begin to become apparent from 2020 when the next round of assessments will take place, and in subsequent cycles. The annual statistical release on Community pharmacies in Wales will also provide firm indicators as to whether services are improving.

Further detail can be found in the Explanatory Memorandum for the Bill.

2. Steps taken to engage with stakeholders, both internally and externally

This legislative proposal was consulted upon as part of the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary report are available at: [http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en](http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en)

In addition to detailed questions on each proposal, the White Paper included a specific question (number 46) asking for responses about the potential impacts of the proposal on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any significant negative impacts from this proposal on these groups, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts.

In commenting on the potential which community pharmacies have in contributing to public health, consultation respondents commonly emphasised that community pharmacies are locally based and convenient for the public to access. As such, respondents felt that community pharmacies have enormous potential to contribute to efforts to improve public health and well-being, and to help address health inequalities.

One respondent, on behalf of Rowlands Pharmacy commented that:
‘Community Pharmacy, by virtue of its local location and geographic spread, provides equal access to all and often cares for large numbers of patients with protected characteristics without discrimination.’

In its response Stonewall Cymru called for GPs, pharmacists and other primary health care staff to receive awareness training of the health needs of LGB people and highlighted the need for members of the LGB community to be engaged in the planning of services in order to ensure that they are more inclusive.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with the protected characteristics covered by this assessment. E.g. Disability Wales, Gypsy Traveller groups, Community Faith Forum.

This process of engagement has not identified any significant negative impacts from this proposal on these groups, and in a number of cases identified positive impacts. Issues are reflected in the relevant sections of this assessment.

3. Evidence base

In Wales, under the current ‘control of entry’ arrangements pharmacists wishing to provide NHS pharmaceutical services must apply to the relevant LHB. Such applications for entry to a LHB’s pharmaceutical list can only be approved where if a LHB considers it “necessary or expedient” to grant it in order to secure (in the neighbourhood to which the application relates), the adequate provision of NHS pharmaceutical services. At present, LHBs are unable to consider applications in the context of an assessment of wider pharmaceutical needs.

A 2007 review of NHS pharmacy contractual arrangements in England\(^40\) considered the then control of entry arrangements in England (which were comparable to those in place currently in Wales) and concluded that they created uncertainty for pharmacies and acted as an impediment to commissioning services by the NHS.

Within Wales support for enhancing the role of community pharmacies has been voiced on a number of occasions. In 2010 the Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework; to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professionals other than pharmacists (e.g. doctors); and to make recommendations for changes to legislation, if appropriate, to bring about a long term, cost-effective and sustainable system which will afford patients appropriate access to pharmaceutical services.

In 2011 the Welsh Government consulted on the recommendations of the Task and Finish Group. The consultation Proposals to reform and modernise the NHS

(Pharmaceutical Services) Regulations 1992\textsuperscript{41} sought views on proposals to deliver a new approach for determining applications to provide NHS pharmaceutical services in Wales, based more on an assessment of local needs by LHBs. A total of 40 responses were received relating to this proposal; most were highly supportive.

In 2012 The National Assembly for Wales’ Health and Social Care Committee examined the contribution made by community pharmacies to health services in Wales\textsuperscript{42}. In particular the committee noted that the local planning and delivery of extended pharmacy services was patchy and inconsistent and pointed towards a disparate planning approach amongst LHBs as a cause of the variation. Both the Royal Pharmaceutical Society and Public Health Wales in their evidence to the inquiry called for the introduction of pharmaceutical needs assessment to address the problem.

The NAfW inquiry also highlighted the need to update the NHS (Service Committees and Tribunals) Regulations 1992 in order to ensure that sanctions for breach of terms of service are aligned with the new contractual framework for pharmacies, i.e. so that LHBs are able to properly investigate alleged breaches of terms of service and can more readily hold pharmacies to account for failure to comply (thereby ensuring that pharmacies who are registered on their pharmaceutical lists continue to provide their contractual services).

Further detail can be found, as part of the Regulatory Impact Assessment, in the Explanatory Memorandum for the Bill.

4. Impact

4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reasons for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger people</td>
<td>X</td>
<td></td>
<td></td>
<td>Some community pharmacies are accredited to provide ‘Enhanced Services’ which include Minor Ailments Schemes. These schemes allow for the provision of advice, support and where appropriate, medication to people</td>
</tr>
<tr>
<td>(Children and young people, up to 18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


\textsuperscript{42} National Assembly for Wales, 2012. Health and Social Care Inquiry Report into the contribution of community pharmacy to health services in Wales. Cardiff
in the management/treatment of minor ailments including: Constipation; Diarrhoea; Earache; Hey Fever; Head lice; Mild eczema; Nappy rash and Teething, all of which are common in young children.

Other such services including provision of emergency hormonal contraception and smoking cessation services may be beneficial to young people approaching and within the 16-18 age bracket.

It is anticipated that the changes brought about by the Bill will lead to more pharmacies providing such services in future.

| People 18-50 | X | Some community pharmacies are accredited to provide ‘Enhanced Services’ offer Additional hours services i.e. extended periods of opening to ensure that people have prompt access to medicines during the out of hours period. People of working age are an obvious beneficiary of such extended opening hours. People within this age range are generally expected to benefit from pharmaceutical services which have been designed to respond to identified local needs. |
| Older people (50+) | X | Since 2012 community pharmacies have supported GPs in the wider provision of the seasonal flu vaccine. It is anticipated that improving local access to the vaccination in this way will help increase the proportion of at risk individuals (many of whom are over the age of 50) who receive the vaccine, thereby reducing morbidity and mortality rates associated with influenza. |
Other ‘Enhanced Services’ provided by accredited community pharmacies, which may especially benefit people within this category include: Additional hours services (see above); Medicines management in domiciliary care; and Pharmaceutical advice to care homes.

Those over the age of 50 may also particularly benefit from ‘Advanced Services’ provided by accredited community pharmacies, including the Discharge Medicines Reviews Service which aims to provide additional support to patients recently discharged from hospital, who have had changes made to their medication requirements.

In her response to the Public Health White Paper, the Older People’s Commissioner for Wales expressed support for an increased role of the community pharmacy in the front line care of older people - providing advice and basic healthcare at short notice, without the need for an appointment and often in more accessible, local locations. However, the Commissioner also warned of the need to engage with older people to ensure that they are aware of the range of services available (otherwise there is a risk, that in practice; they will not be taken up).

4.2 Because they are disabled?

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td>X</td>
<td>If a wider range of services are provided by community pharmacies then people who are visually impaired may feel more confident in seeking to use them i.e. as they are more likely to be within their immediate local area, which they may feel more confident in navigating.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>X</td>
<td>If more enhanced services, including private consultation rooms, are provided by community pharmacies then people who are hearing impaired may feel more confident in using them, i.e. they will help facilitate confidential conversations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically disabled</td>
<td>X</td>
<td>By undertaking thorough pharmaceutical needs assessments, gaps in local services are more likely to be identified by LHBs and appropriate solutions sought. This could mean that more pharmaceutical services will become available in local areas, potentially improving access for those people with a physical disability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td>X</td>
<td>‘Advanced Services’ include Medicine Use Reviews which involve the pharmacist reviewing the patients’ use of their medicines to improve their understanding of how they should be taken and any potential side effects. This could have a very beneficial impact on people with learning difficulties as their local pharmacist could help them to better understand the need to take their medication and improve</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
their understanding of doses and methods of administration.

If the changes lead to more enhanced services being provided by community pharmacies, including private consultation rooms, then people with mental health problems may feel more relaxed in discussing their health with pharmacists, in a confidential setting.

4.3 Because of their gender (man or woman)?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>X</td>
<td></td>
<td>Some community pharmacies are accredited to provide ‘Enhanced Services’ including the provision of emergency hormonal contraception (following confidential discussions in private consultation rooms). Access to this service can be a very important option for the individual. It is anticipated that the changes brought about by the Bill will lead to more pharmacies providing such services in future, according to local need (established through LHBs conducting frequent pharmaceutical needs assessments).</td>
</tr>
</tbody>
</table>

4.4 Because they are transgender?

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) /</th>
</tr>
</thead>
</table>
Depending on the stage of gender realignment reached by an individual, access to a private consultation room may be beneficial for transgender people.

### 4.5 Because of their marriage or civil partnership?

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td>X</td>
<td></td>
<td>It is unlikely that this proposal will impact on anyone either positively or negatively because they either are or are not married.</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td>X</td>
<td></td>
<td>It is unlikely that this proposal will impact on anyone either positively or negatively because they either are or are not in a civil partnership.</td>
</tr>
</tbody>
</table>

### 4.6 Because of their pregnancy or maternity?

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Maternity (the period after birth)</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
</tbody>
</table>

### 4.7 Because of their race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minority</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Group</td>
<td>Positive</td>
<td>Negative</td>
<td>None / Negligible</td>
<td>Reason for your decision (including evidence)/ How might it impact?</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>people e.g. Asian, Black,</td>
<td></td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td>X</td>
<td></td>
<td></td>
<td>People within the Gypsy/Traveller community are generally less likely to be registered with formal health services such as GPs and dentists, but do have open access to local pharmacies. Therefore if the pharmaceutical needs of local populations are better known and catered for, the health needs of Gypsies and Travellers are likely to be better met.</td>
</tr>
<tr>
<td>Migrants</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
</tbody>
</table>

**4.8 Because of their religion and belief or non-belief?**

<table>
<thead>
<tr>
<th>Religion and belief or non – belief</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different religious groups including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify)</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
</tbody>
</table>
Belief e.g.
Humanists X
Non-belief X

4.9 Because of their sexual orientation?

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td>X</td>
<td></td>
<td></td>
<td>Better planning and delivery of pharmaceutical services is likely to benefit all groups within the community.</td>
</tr>
<tr>
<td>Lesbians</td>
<td>X</td>
<td></td>
<td></td>
<td>The Bill includes a regulation making power which could require LHBs to carry out a consultation in connection with undertaking an assessment. This may meet the need highlighted by Stonewall (referenced above at section 2) for members of the LGB community to be engaged in the planning of services.</td>
</tr>
<tr>
<td>Bi-sexual</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.10 Do you think that this policy will have a positive or negative impact on people’s human rights?

<table>
<thead>
<tr>
<th>Human Rights including Human Rights Act and UN Conventions</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>It is considered that the provisions will not have any substantial effect on the rights protected by the ECHR and HRA 1998.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Any adverse impact on the rights of pharmacists etc. will be limited, proportionate to the public interest and will be in the pursuance of a legitimate</td>
</tr>
</tbody>
</table>
Equality Impact Assessment – Part 2

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

Part 5 of the Bill seeks to establish a duty on LHBs to undertake regular assessments of the need for pharmaceutical services within their local populations, in order to ensure that services are more closely aligned to local pharmaceutical needs. Therefore the primary impetus is to ensure fair and timely access to these services for those members of the community who require them. It is envisaged that in time the changes will contribute towards reducing health inequalities.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?
Inadequate local provision of a range of pharmaceutical services can have particular impacts on certain sections of the community, such as older people, young families, and people with disabilities. It can therefore lead to indirect discrimination for these groups, if it means they are unable to access the help, support or treatments they need to enable them to play as full a role in community life as other members of society.

By improving the planning (and commissioning) of local pharmaceutical services, it is envisaged that LHBs will be better placed to ensure that the pharmaceutical needs of their local populations are met and therefore help minimise instances of indirect discrimination caused by inadequate provision.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

The changes brought about by the Bill could lead to more people seeking advice from their local pharmacist, building up a professional relationship based on confidence and trust, possibly receiving the advice and treatment they need without needing to visit their GP.

Furthermore, community pharmacies fulfil both a social and well-being function; in many local areas they are a community hub, providing shopping access, local employment and contributing to social capital.

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. Improving the planning and delivery of local pharmaceutical services will play an important role as part of a broader agenda to help people, of all ages and with different characteristics, to be active in community life, in a way which represents’ Wales’ diverse communities.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

N/a - No specific negative impacts were identified in Part 1.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.

N/a - No specific negative impacts were identified in Part 1.
3. Monitoring, evaluating and reviewing

**How will you monitor the impact and effectiveness of the policy?**

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

The Bill seeks to introduce a requirement on LHBs to undertake periodical pharmaceutical needs assessments for their local areas. Therefore, this will allow them to gauge – on a regular basis – whether services are meeting the needs of their communities.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.

<table>
<thead>
<tr>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Bill Team, Health and Social Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last reviewed May 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Division (Sign-off)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job title and department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO – Public Health (Wales) Bill, Health and Social Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 May 2015</td>
</tr>
</tbody>
</table>
| Policy title and purpose (brief outline): | **Public Health (Wales) Bill**  
Part 6:  
Provision of toilets |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Department:                             | **Public Health Bill Team,**  
Department for Health and Social Services |
| Date:                                   | Last reviewed May 2015 |
1. A brief description of the policy

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Public Health (Wales) Bill will seek to introduce a duty on local authorities in Wales to prepare and publish a local toilets strategy for its area. The overall aim is to ensure each local authority assesses the needs of its community in relation to public toilets, and takes a strategic and transparent approach to best meet that need. In developing the strategy, local authorities must consult with interested parties and have regard to guidance produced by the Welsh Government. Whilst the imposition of a duty to develop a strategy will not in itself require local authorities to directly provide and maintain public toilets, it will require them to take a strategic view across their area on how facilities can be provided and accessed by their populations.

There are a range of public health and environmental impacts of not providing adequate public toilet facilities. Accessible, clean public toilets that are well located in places such as parks, promenades, cycle trails and walking routes help encourage people who may need regular toilet access to take exercise and stay more physically active. Conversely, public toilets that are poorly designed, inadequately maintained and poorly located can create an atmosphere of neglect that discourages public use.

Public toilets matter to everybody. They are, however, even more important to certain groups in society, including older people, disabled people, people with particular needs (such as certain medical problems), women, children and young people, and their families. The proposal is therefore highly relevant to a number of the categories of person covered by this impact assessment.

Further detail can be found in the Explanatory Memorandum for the Bill.

2. Steps taken to engage with stakeholders, both internally and externally

This legislative proposal was consulted as part of the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary
In addition to detailed questions on each proposal, the White Paper included a specific question (number 46) asking for responses about the potential impacts of the proposal on human rights and the protected characteristics as prescribed within the Equality Act 2010. Respondents did not identify any specific negative impacts from this proposal on these groups, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts.

Responses to the consultation from health organisations, community councils, representative organisations and members of the public indicated general support for the proposal to require local authorities to develop a strategy on provision and access to toilets for public use. Whilst responses from the local government sector recognised the importance of this issue, the majority did not favour the imposition of a duty, as they felt this would be inconsistent with the current financial climate facing local authorities.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with some of the protected characteristics covered by this assessment, for example the Social Care and Wellbeing Alliance and Faith Forum.

This process of engagement has not identified any significant negative impacts from this proposal on these groups, and in a number of cases identified potential for positive impacts. Issues raised are reflected in the relevant sections of this assessment.

3. Evidence base

The issue of public toilet provision has received an increasing level of attention in recent years and is raised regularly by a range of organisations and stakeholders. The main developments in the evidence base have included:

- In 2007, Help the Aged (now Age UK) published a report ‘Nowhere to go – Public Toilet Provision in the UK’, which summarised a survey of older people’s views on public toilet provision in their area, and showed more than half of older people found that a lack of local public toilets prevented them from going out as often as they would like.
- The House of Commons’ Communities and Local Government Committee examined the evidence on the provision of public toilets in England and published its report ‘The Provision of Public Toilets’ in 2008. The overriding recommendation of the Committee was for the imposition of a duty on local authorities to develop a strategy on the provision of public toilets in their areas.

The National Assembly for Wales’ Health and Social Care Committee held a short inquiry on the ‘Public health implications of inadequate public toilet facilities’ during the winter of 2011/12. The Committee concluded that there is a public health case for better public toilet provision, and that a set of potential practical solutions exist (including a strategy dealing with this issue) which could lead to improved local provision.

The Welsh Senate for Older People has led a campaign calling for better public toilet provision, ‘P is for people’

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

### 4. Impact

#### 4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reasons for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger people (Children and young people, up to 18)</td>
<td>x</td>
<td></td>
<td></td>
<td>Children and young people, and their families, are one of the groups identified who have particular needs for appropriate provision and access to toilet facilities. They are therefore intended to be key beneficiaries from the proposal. In developing its strategy, it is envisaged that a local authority will take a range of factors into account, such as number, location and nature of facilities provided. This will involve consideration of issues such as the availability of baby change facilities, in both male and female toilets. The consultation response from the Children’s Commissioner for Wales indicated general support for</td>
</tr>
</tbody>
</table>
the proposal in the Public Health White Paper, and noted that the provision of adequate and clean toilet facilities is an issue which many children and young people feel strongly about. Levels of support were also generally high amongst the responses received from children and young people themselves.

| People 18-50 | x | It is envisaged that individuals within this age group will be positively impacted by Part 6, as it aims to improve planning of provision of and access to toilets for the population as a whole. |
| Old people (50+) | x | Older people are a key intended beneficiary group for Part 6, as poor provision and access to public toilets is understood to have particular impacts on this age group. For example, inadequate provision can lead to older people being less confident to leave their homes, leading to increased social isolation and inactivity. There are also implications in relation to maintaining independence and dignity in later life. The issue of public toilets provision is most commonly raised in the context of the needs of older people, including by organisations such as the Welsh Seanet of Older People, Age Cymru and the Older People’s Commissioner. Responses to the Public Health White Paper from such organisations were generally supportive of the proposal. |
4.2 Because they are disabled?

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual impairment</td>
<td>x</td>
<td></td>
<td></td>
<td>Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of provision of and access to toilets for public use for the population as a whole. In preparing its strategy, a local authority will undertake an assessment of the need for toilets in the local authority’s area. This may include the need for appropriate provision for visually impaired individuals such as reasonable adjustments, access for guide dogs etc.</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>x</td>
<td></td>
<td></td>
<td>Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of provision of and access to toilets for public use for the population as a whole. In preparing its strategy, a local authority will undertake an assessment of the need for toilets in the local authority’s area. This may include the need for appropriate provision for individuals with hearing impairment such as signage requirements, access for hearing dogs etc.</td>
</tr>
<tr>
<td>Physically disabled</td>
<td>x</td>
<td></td>
<td></td>
<td>It is envisaged that disabled people will be a key beneficiary group of Part 6, as it is understood that inadequate provision</td>
</tr>
</tbody>
</table>
can have particular impacts for disabled people.

Fully accessible public toilet facilities are required for disabled people, with some people requiring Changing Places toilets which are publicly accessible, with enough space and the right equipment.

In developing its strategy, it is envisaged that a local authority will need to identify locations where there are deficiencies in current provision, including in terms of numbers, range or quality of facilities. Whilst the duty will not in itself require local authorities to directly provide and maintain public toilets, it will require them to take a strategic view across their area on how facilities can be provided and accessed by their population. The particular needs of disabled people will be an important consideration in this process.

Part 6 expressly provides that for the purposes of the strategies, the term “toilets” included changing facilities for babies and for disabled persons.

<table>
<thead>
<tr>
<th>Learning disability</th>
<th>x</th>
</tr>
</thead>
</table>

Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of provision of and access to toilets for public use for the population as a whole.
Mental health problem

Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of provision of and access to toilets for public use for the population as a whole.

Other impairments issues

It is envisaged that people with specific medical problems would benefit from any improvements to planning, provision and access to public toilets, particularly in cases where a medical condition requires regular access to toilet facilities. For example, improving access to facilities may help avoid instances where people fail to take medication before going outside if they are concerned this will result in them needing to access toilet facilities which may not be readily available.

4.3 Because of their gender (man or woman)?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>x</td>
<td></td>
<td></td>
<td>It is envisaged that individuals of both genders will be positively impacted by Part 6, as it aims to improve planning of, provision of and access to toilets for public use for the population as a whole. Some respondents to the Public Health White Paper suggested that public toilet provision should be gender neutral where possible.</td>
</tr>
<tr>
<td>Female</td>
<td>x</td>
<td></td>
<td></td>
<td>It is envisaged that individuals of both genders will be positively impacted</td>
</tr>
</tbody>
</table>
by the Part 6, as it aims to improve planning of, provision of and access to toilets for public use for the population as a whole. Provision of female toilets is a particular issue in relation to public toilets. Despite women making up more than half of the UK population (with a higher proportion of older people being women), it is considered that there is currently more provision for men, primarily because of the smaller space that urinals take. The needs of women will therefore be an important consideration for local authorities as part of the development of their strategies.

Some respondents to the Public Health White Paper suggested that public toilet provision should be gender neutral where possible.

### 4.4 Because they are transgender?

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td>It is envisaged that individuals of both genders will be positively impacted by Part 6, as it aims to improve planning, provision of and access to toilets for public use for the population as a whole. Some respondents to the Public Health White Paper suggested that public toilet provision should be gender neutral where possible.</td>
</tr>
</tbody>
</table>
4.5 Because of their marriage or civil partnership?

<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td>x</td>
<td>Part 6 will not impact on anyone either positively or negatively because of marriage</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td></td>
<td></td>
<td>x</td>
<td>Part 6 will not impact on anyone either positively or negatively because of civil partnership</td>
</tr>
</tbody>
</table>

4.6 Because of their pregnancy or maternity?

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>x</td>
<td></td>
<td></td>
<td>It is envisaged that pregnant women would benefit from any improvement in planning, provision and access to toilets for public use.</td>
</tr>
<tr>
<td>Maternity (the period after birth)</td>
<td>x</td>
<td></td>
<td></td>
<td>In developing its strategy, it is envisaged that a local authority will take a range of factors into account, such as number, location and nature of facilities provided. This will involve consideration of issues such as the availability of baby change facilities, in both male and female toilets. Part 6 expressly provides that for the purposes of the strategies, the term “toilets” includes changing facilities for babies.</td>
</tr>
</tbody>
</table>

4.7 Because of their race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Impact</td>
<td>Evidence/How might it impact?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------</td>
<td>------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic minority people e.g. Asian, Black,</td>
<td>x</td>
<td>Whist Part 6 will have limited direct impacts on this group, the Bill aims to improve planning, of provision of and access to toilets for public use for the population as a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Origin (e.g. Welsh, English)</td>
<td>x</td>
<td>Whist Part 6 will have limited direct impacts on this group, the Bill aims to improve planning, of provision of and access to toilets for public use for the population as a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asylum Seeker and Refugees</td>
<td>x</td>
<td>Whist Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gypsies and Travellers</td>
<td>x</td>
<td>Whist Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrants</td>
<td>x</td>
<td>Whist Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.8 Because of their religion and belief or non-belief?

<table>
<thead>
<tr>
<th>Religion and belief or non-belief</th>
<th>Positive</th>
<th>Negative</th>
<th>None/Negligible</th>
<th>Reason for your decision (including evidence)/How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None/Negligible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for your decision (including evidence)/How might it impact?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Different religious groups including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify) | x | Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.

Belief e.g. Humanists | x | Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.

Non-belief | x | Whilst Part 6 will have limited direct impacts on this group, the Bill aims to improve planning of, provision of and access to toilets for public use for the population as a whole.

4.9 Because of their sexual orientation?

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence)/ How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td>x</td>
<td></td>
<td></td>
<td>Whilst Part 6 will have limited direct impacts on this group, the proposal aims to improve planning of, provision of and access to toilets for public use for the population as a whole.</td>
</tr>
<tr>
<td>Lesbians</td>
<td>x</td>
<td></td>
<td></td>
<td>Whilst Part 6 will have limited direct impacts on this group, the proposal aims to improve planning of, provision of and access to toilets for public use for the population as a whole.</td>
</tr>
</tbody>
</table>
Whilst Part 6 will have limited direct impacts on this group, the proposal aims to improve planning of, provision of and access to toilets for public use for the population as a whole.

<table>
<thead>
<tr>
<th>Human Rights</th>
<th>Positive</th>
<th>Negative</th>
<th>None / Negligible</th>
<th>Reason for your decision (including evidence) / How might it impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Rights including Human Rights Act and UN Conventions</td>
<td>x</td>
<td></td>
<td></td>
<td>Part 6 is envisaged to have a positive impact on a number of principles relevant to human rights. For example, improving planning of the provision and access to toilets for public use will help promote social inclusion and participation, as well as promote overall health and well-being, quality of life and the maintenance of dignity and independence for the individual. Careful consideration will be given throughout the legislative process, together with further discussion and input from key stakeholders.</td>
</tr>
</tbody>
</table>
1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

Part 6 of the Bill aims to promote equality of opportunity in a number of ways. The overall aim of the provisions is to improve the planning of local public toilets, in a way which considers and responds to the needs of local communities. The particular needs of certain groups within the local population will be an important consideration for local authorities in assessing the needs of their local communities, and finding solutions to help meet those needs. Before publishing their local toilets strategy, local authorities will need to consult with their local populations in order to identify and understand their needs, identify any deficiencies in current provision (including in terms of the number, range and quality of facilities), and identify potential solutions. Inadequate public toilet provision is widely understood to have particular impacts on certain sections of the population, such as older people, young families, and disabled people. As such, it is envisaged that the proposal will have a particularly positive impact on these groups.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

Inadequate public toilet provision is widely understood to have particular impacts on certain sections of the population, such as older people, young families, and disabled people. It can therefore lead to indirect discrimination for these groups, if it means they are unable to access facilities they need to enable them to play as full a role in community life as other members of society. By improving the planning of provision, it is envisaged that local authorities will be better placed to ensure that local facilities meet the needs of a full range of people within their communities. This will help avoid instances of indirect discrimination caused by a lack of adequate facilities.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

Community cohesion is well served by an overall environment which encourages people’s engagement and participation in communities. Improving the planning and provision of public toilet facilities will play an important role as part of a broader agenda to help enable people of different ages and with different characteristics to be active in community life, in a way which represents Wales’ diverse communities.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect (‘adverse impact’) on any of the protected groups or good relations, what are the reasons for this? What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?
N/a - No specific negative impacts were identified in Part 1.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.
(Please remember that if you have identified unlawful discrimination (immediate or potential) as a result of the policy, the policy must be changed or revised.)

N/a – No specific negative impacts were identified in Part 1.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy?
List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

This is a live document and has been updated during the development of the policy and the Bill itself. This version reflects the content of the Bill as introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales as and when relevant during the implementation of the Bill, once enacted. The legislation will provide for mechanisms to monitor the success of the local authorities’ strategies. Local authorities will be required to prepare and publish a local toilets strategy no later than one year after each local government election. This effectively means that strategies will be in place every four or five years. Whilst there will be no requirement on local authorities to prepare annual progress reports, each refreshed strategy will include information about the progress made in delivering the previous strategies.

4. Declaration

The above represents a fair assessment of the potential impacts of this policy upon equality issues.

Department:
Public Health Bill Team, Department for Health and Social Services

Date:
Last reviewed May 2015

Head of Division (Sign-off)
<table>
<thead>
<tr>
<th><strong>Job title and department:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO – Public Health (Wales) Bill, Health and Social Services</td>
<td></td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td>20 May 2015</td>
<td></td>
</tr>
</tbody>
</table>
Children’s Rights Impact Assessments (CRIA) for the Public Health (Wales) Bill

(Bill to be introduced in the National Assembly for Wales on 8 June 2015)

Chapter 2, Part 1: Smoking and Use of Nicotine Inhaling Devices

Chapter 2, Part 2: Retailers of tobacco and Nicotine Products

Chapter 2, Part 4: Handing Over Tobacco etc to Persons Under 18

Part 3: Special Procedures

Part 4: Intimate Piercing

Part 5: Pharmaceutical Service

Part 6: Provision of Toilets

Six Steps to Due Regard

Section 1 of the Rights of Children and Young Persons (Wales) Measure (2011) places a duty on the Welsh Ministers to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) when making their decisions. The term ‘due regard’ requires a balanced consideration of issues. This means that Ministers must think about how what they are doing, including the development of legislation, relates to the rights and obligations of the UNCRC.
Step 1. What's the piece of work and its objective(s)?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill ("the Bill") will be introduced in June 2015.

Amongst its provisions, the Bill will seek to bring the use of nicotine inhaling devices (hereafter “e-cigarettes”) into line with existing provisions on smoke-free spaces. As a result, the use of e-cigarettes will be prohibited in enclosed and substantially enclosed public and work places in Wales, unless an exemption has been provided. The Bill also provides the Welsh Ministers with powers to regulate for additional smoke-free premises and smoke-free vehicles, where they are satisfied that doing so is likely to contribute towards the promotion of the health of the people of Wales.

The purpose of the provisions is not to ban the use of e-cigarettes entirely, nor to affect their potential use in smoking cessation attempts. The purpose is to balance the potential benefits to smokers wishing to quit with any potential
dis-benefits related to the use of e-cigarettes. This includes;

- the use of e-cigarettes re-normalising smoking behaviours in places where the public have become unaccustomed to smoking as a result of the smoke-free requirements;
- their use acting as a gateway to nicotine and tobacco smoking, particularly for children and young people;
- their use from impacting on indoor air quality; and,
- their use undermining the enforcement of the existing smoking ban.

These provisions would work with other legislation to contribute to the continuing decline in the uptake of smoking by children and young people, protecting them from the risk of exposure to nicotine.

Compliance with the restrictions will be monitored by local authority enforcement teams. It is anticipated this will require completion of a quarterly return to the Welsh Government by each local authority. Local authorities will be asked to provide details on: the number of Fixed Penalty Notices (‘FPNs’) issued in relation to the smoke- and e-cigarette-free offences, the number of FPNs paid and the number of court hearings and prosecutions.

Monitoring of the impact of the restrictions on the use of tobacco and e-cigarettes in public and work places will be through existing mechanisms to track rates of exposure to and use of tobacco and e-cigarettes among children and adults in Wales. Important sources for this work will include the Health Behaviours in School-aged Children Survey (HBSC) and the Welsh Health Survey.

Further detail can be found in the Explanatory Memorandum for the Bill.

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**Step 2. Analysing the impact**

**Positive impacts**

The provisions are intended to be beneficial particularly to children and young people by contributing to the continuing decline in the uptake of smoking by children and young people. This will be achieved through ensuring the de-normalisation of smoking is maintained and protecting children and young people from any potential gateway effect into smoking tobacco that may come from the use of e-cigarettes.

The effect of the provisions is also likely to support the ‘Reducing health inequalities’ objective within the Child Poverty Strategy for Wales as it is understood that smoking prevalence rates are generally higher in more deprived areas, with smoking having been identified as a leading cause for the gap in mortality rates between the most and least deprived areas.

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Negative impacts
There will be no negative impacts for children as a result of the implementation of this policy.

Success
The success of the policy will be measured through monitoring compliance with the restrictions. This will be carried out by local authority enforcement teams, who will report on the number FPNs issued in relation to the smoke-free offences, the number of FPNs paid and the number of court hearings and prosecutions.

Sources such as the Health Behaviour in School-aged Children Survey and the Welsh Health Survey will also be used to monitor use of and exposure to tobacco and e-cigarettes amongst children.

Further detail can be found in the Explanatory Memorandum for the Bill.

Consultation
A series of legislative proposals were consulted upon in a Public Health White Paper, between 2 April and 24 June 2014, including restricting the use of e-cigarettes in enclosed public spaces.

The White Paper (standard and CYP versions) and consultation summary report are available at:
http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

In order to maximise engagement with children and young people, a specific youth friendly version of the White Paper was produced and published on the Welsh Government website, as well as being distributed via Funky Dragon and the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference.

Two of the most common reasons cited by private individuals in support of the White Paper proposal were related to use by children, suggesting that the use of e-cigarettes in public will influence children to copy adult smoking behaviours and that e-cigarettes are marketed to young people as a glamorous activity. However, some respondents argued that the use of e-cigarettes in public places can actually normalise anti-smoking behaviours, as e-cigarettes can be associated with smoking cessation.

In addition to comments from children and young people themselves, others were received from organisations representing children – including the Children’s Commissioner and Children in Wales. Responses from organisations such as Children in Wales suggested that whilst evidence of a gateway effect of using e-cigarettes is mixed, there is research which suggests an increase in young people trying e-cigarettes when compared to tobacco cigarettes.
Step 3. How does your piece of work support and promote children’s rights?

Part 1, Chapter 1 supports the following articles of the United Nations Convention on the Rights of the Child:

- Article 3 - All organisations concerned with children should work towards what is best for the child.
- Article 6 – the survival and development of the child
- Article 36 – Children should be protected from activities that could harm their development.

It is considered that restricting the use of e-cigarettes in enclosed and substantially enclosed public and work places is consistent with UNCRC requirements.

Step 4. Advising the Minister and Ministerial decision

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 2, Chapter 1 of the Bill supports the articles of the UNCRC; namely Articles 3, 6 and 36 as outlined above.

Step 5. Recording and communicating the outcome

A version of this document will also be published to the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill as prepared for introduction into the National Assembly for Wales in June 2015.

Step 6. Revisiting the piece of work as and when needed
As mentioned in Section 5 above, this is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

### Budgets

<table>
<thead>
<tr>
<th><strong>As a result of completing the CRIA, has there been any impact on budgets?</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.</td>
<td></td>
</tr>
</tbody>
</table>

Please give any details:

Details of the financial impact are fully explained in the Bill’s Regulatory Impact Assessment (within the Explanatory Memorandum). The development of this CRIA has informed the preparation of the RIA.

### Monitoring & Review

| **Do we need to monitor / review the proposal?** | Yes |
| **If applicable: set the review date** | To be considered throughout the legislative process |

| **Title / Piece of work:** | **Public Health (Wales) Bill**  
Part 2, Chapter 2: Register of Retailers of Tobacco and Retailers of Nicotine Products |
| **Department:** | **Public Health Bill Team**, Health and Social Services |
| **Date:** | Last reviewed May 2015 |
Step 1. What's the piece of work and its objective(s)?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce a duty for retailers to join a Register of Retailers of Tobacco and Nicotine Products. The overall aim of the register is to reinforce the importance of protecting underage consumers from purchasing tobacco products and nicotine products through:

- The reduction of underage sales of tobacco products and nicotine products;
- Assisting local authority trading standards officers to identify retailers and support the enforcement of underage tobacco product and nicotine product sales;
- Supporting local authorities in providing training and guidance to retailers who sell tobacco products and nicotine products to the public;
- Protecting children and young people from purchasing tobacco products and nicotine related products; and,
- Benefiting the health of children and young people.

Evidence suggests that the most effective approach to tobacco control is a comprehensive strategy combining high taxation of tobacco products, regulation of tobacco advertising and sales, restrictions on smoking in public places, a tailored range of initiatives to help smokers give up, and awareness and education initiatives. Legislation is considered a key tool in restricting young people’s access to tobacco and nicotine products.

Controlling access is an established strategy for reducing consumption of substances which are harmful to health, in particular tobacco, alcohol and illicit drugs. The implementation of a Register of Retailers of Tobacco and Nicotine Products would support local authorities in controlling access to tobacco for those under 18s by

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Gilbert A, Cornuz J (2003). *Which are the most effective and cost-effective interventions for tobacco control?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82993.pdf,
providing a comprehensive list of all retailers who sell tobacco products and nicotine products to the general public.

In developing the Bill, consideration has been given to legislation in Scotland and Northern Ireland relating to their Tobacco Retail Registers; plus relevant existing England and Wales legislation.

Further detail can be found in the Explanatory Memorandum for the Bill.

**Step 2. Analysing the impact**

Although there is no evidence available from similar retail registers on a reduction in smokers under the age of 18, it is anticipated that the introduction of a Register would translate into a reduction in the number of smokers from this age group, which would then influence a fall in the adult smoking prevalence rates over time. Current legislation prohibits the sale of tobacco to under 18s; however during the financial year 2009/10, Trading Standards Services across Wales carried out a total of 720 test purchase attempts at retail premises using young volunteers. Of these, 130 resulted in a sale (18%).

The headline results for 2010-11, 2011-12 and 2012-13 indicate a continuing problem as shown in the table below.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Number of attempts to purchase cigarettes by young volunteers</th>
<th>Number of times young volunteers were served</th>
<th>Failure rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>518</td>
<td>74</td>
<td>14%</td>
</tr>
<tr>
<td>2011-12</td>
<td>536</td>
<td>57</td>
<td>11%</td>
</tr>
<tr>
<td>2012-13</td>
<td>332</td>
<td>51</td>
<td>15%</td>
</tr>
</tbody>
</table>

While the failure rates have dropped from 18% recorded in 2009-10 they are still considerably higher than before the age of sale changed. In addition, seven local authorities have reported examples of retailers selling tobacco products to under 18s on multiple occasions.

A report published in July 2014 by Public Health England and Trading Standards Institute, has revealed the results of a test-purchasing study involving young people under the age of 18 attempting to purchase e-cigarettes from a variety of retailers. Out of the 574 test purchases made by young people involved in the study,

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46 Children and Young Persons Act 1933; Children and Young Persons (Protection from Tobacco) Act 1991; Children and Young Persons (Sale of Tobacco) Order 2007.
successful purchases were made on 227 occasions (40%), the highest proportion of these were made from market stalls (80%) and independent pharmacies (74%).

**Positive impacts**

Children and young people under 18 are intended to be the key beneficiaries of these provisions, and the legislation will assist in protecting them from purchasing tobacco and nicotine products. This is essential as they may have inadequate information about the health consequences and addiction in relation to tobacco and nicotine.

Even where they have information, adolescents may not accurately judge the risks due to addiction. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

The effect of the provisions is also likely to support the ‘Reducing health inequalities’ objective within the *Child Poverty Strategy for Wales* as it is understood that smoking prevalence rates are generally higher in more deprived areas, with smoking having been identified as a leading cause for the gap in mortality rates between the most and least deprived areas.

**Negative impacts**

There will be no negative impacts for children or young people in implementing this proposal. The purpose of this proposal is to have a positive impact by protecting health through preventing access to tobacco and nicotine products.

**Success**

The success of the register will be based on a reduction of number of underage sales and not the number of conviction of offences linked to the register.

Further detail can be found in the *Explanatory Memorandum* for the Bill.

**Consultation**

A series of legislative proposals were consulted upon in a Public Health White Paper, between 2 April and 24 June 2014, including the need for a tobacco products retail register.


In order to maximise engagement with children and young people, a specific youth friendly version of the White Paper was produced and published on the

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Welsh Government website, as well as being distributed via Funky Dragon and the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference. Amongst the responses from children and young people commenting on the proposals levels of support were generally high.

In addition to comments from children and young people themselves, a number of responses were received from organisations representing children – including the Children’s Commissioner and Children in Wales. The Children’s Commissioner was supportive of the proposal and noted that a register would be likely to improve the ability of trading standards officers to monitor display bans and also assist in the reduction of under age sales.

**Step 3. How does your piece of work support and promote children’s rights?**

This work supports the following articles of the United Nations Convention on the Rights of the Child:

- Article 3 - All organisations concerned with children should work towards what is best for the child.
- Article 6 – All children have the right to life. Governments should ensure that children survive and develop healthily.
- Article 24 – Children have the right to good quality healthcare so that they will stay healthy.
- Article 36 – Children should be protected from activities that could harm their development.

Discouraging children and teenagers from starting smoking is one of the Welsh Government's priorities. In Wales, surveys have shown that teenage smoking increased steadily during the 1980s and early 1990s. By 1996, 29% of girls and 23% of boys aged 15 reported to smoke weekly. Encouragingly the numbers of 15 year olds who report weekly smoking have been dropping since 1998, the HBSC survey in 2009/10 indicated that 11% of boys and 16% of girls reported weekly smoking. Further data will be required to continue to track this trend. Data from the CHETS Wales 2 report indicates that overall, 12.3% of young people in secondary school (aged 11-16) reported ever using e-cigarettes, with no differences according to gender, ethnicity or family affluence. This lack of social patterning suggests that e-cigarette use could potentially spread, irrespective of socioeconomic or demographic characteristics.

The Welsh Government’s Tobacco Programme has a range of initiatives to address young people smoking.

Many children experiment with smoking, believing that they will be able to stop when they want to. But smoking is highly addictive and many find themselves unable to give up.
The main benefit of requiring retailers who sell tobacco products and nicotine products to register is that it will provide a comprehensive list of businesses who sell these products to the public. This will assist local authority trading standards officers to identify retailers and support the enforcement of underage sales. The Register would also support local authorities in providing training and guidance to retailers who sell tobacco and nicotine products to the public. Trading Standards currently provide a wide range of advice and guidance to retailers on a number of issues. However it is problematic to ensure that tobacco retailers are provided with the latest advice and support around tobacco issues as there is not a comprehensive list of businesses who sell these products. This means that local authorities are not able to identify all of the businesses that may require training or guidance and as such it may be possible that some retailers are not getting crucial information such as changes in law.

The Register will not cover the sale of all nicotine products – for example nicotine patches sold from pharmacies. The register will contain sellers of Nicotine Inhaling Devices, nicotine cartridges and nicotine refills [liquid/substance] in order that appropriate enforcement action can be taken if those products are sold to under 18 year olds.

The main benefit of restricting access to tobacco products and nicotine products for children and young people through legislation is to support the wider programme of protecting children and young people from the harms associated with smoking and nicotine use.

This work helps to maximise the outcomes within the articles of the UNCRC by ensuring that the health of children is at the forefront of the development of these proposals.

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**Step 4. Advising the Minister and Ministerial decision**

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 2, Chapter 2 of the Bill supports the articles of the UNCRC; namely Articles 3, 6, and 36 as outlined above.
As a result of completing the CRIA, has there been any impact on budgets?

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

No

Please give any details:

Details of the financial impact are fully explained in the Bill’s Regulatory Impact Assessment (within the Explanatory Memorandum). The development of this CRIA has informed the preparation of the RIA.
## Monitoring & Review

<table>
<thead>
<tr>
<th>Do we need to monitor / review the proposal?</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>If applicable: set the review date</td>
<td>To be considered throughout the legislative process</td>
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</tbody>
</table>

| Title / Piece of work: | Public Health (Wales) Bill  
Part 2, Chapter 4: Handing over tobacco etc to persons under 18 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Public Health Bill Team, Health and Social Services</td>
</tr>
<tr>
<td>Date:</td>
<td>Last reviewed May 2015</td>
</tr>
</tbody>
</table>
Step 1. What's the piece of work and its objective(s)?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill seeks to introduce the **offence of knowingly handing over tobacco and nicotine products to persons under 18**.

The key objective is to ensure that retailers, delivery agents and distributors who offer the remote purchase of tobacco and nicotine products and hand over these products through a delivery service, including click and collect; only do so to persons aged 18 and over. It would be an offence if, when handed over, the tobacco products or nicotine products are not contained in a package which is sealed and has the person’s name and address.

Current rules on underage sales of tobacco are covered in the Children and Young Persons Act 1933, Children and Young Persons (Protection from Tobacco) Act 1991 and the Children and Young Persons (Sale of Tobacco) Order 2007. In summary, it is illegal to sell cigarettes or other forms of tobacco products, including cigarette papers, to a person under 18 years of age. Additional legislation has been introduced to prevent under 18s from gaining easy access to tobacco products, such as prohibiting the sale of tobacco from vending machines\(^{49}\) and the UK Government has announced its intention to introduce an age of sale restriction for all nicotine products, including e-cigarettes. This was introduced through the Children and Families Act 2014\(^ {50}\), which provides the Secretary of State for Health with powers to make regulations that will make it an offence to sell nicotine products to persons aged under 18 years old, and make it an offence to proxy purchase nicotine products for minors.

There is no current legislation which prevents tobacco and/or nicotine products purchased remotely, or by other methods e.g. telephone orders, from being delivered/handed over to persons under the age of 18. As other opportunities to access tobacco and/or nicotine products are reduced this could provide children and young people under the age of 18 access these products via remote purchases.

\(^{49}\) The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011

Further detail can be found in the Explanatory Memorandum for the Bill.

Restricting access to tobacco products for children and young people under the age of 18 through legislation can support a wider programme of protecting children and young people from the harms associated with smoking.

Young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to their addiction. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

Controlling access is an established strategy for reducing consumption of substances which are harmful to health, in particular tobacco, alcohol and illicit drugs. In 2010 in Wales, among school year 11 pupils (i.e. aged 15-16), 9% of boys and 14% of girls were regular (weekly) smokers.51

Whilst there are no specific UK or Welsh studies on the number of under 18s currently attempting to purchase tobacco remotely, there is evidence of a problem with the delivery of online sales of other age restricted products, such as alcohol. A survey conducted by South Wales Police in March 2013 using 15 year old volunteers to attempt to purchase alcohol from major supermarket websites, found that in 44% of the cases alcohol was delivered to the volunteer with no proof of age requested. Alcohol Concern Cymru conducted a survey of 1,000 14-17 year olds in 2013 and found that 21% of 14-15 year olds had successfully purchased alcohol online and 15% of all 14-17 year old respondents had successfully purchased alcohol online. It is considered reasonable to assume similar issues could become apparent for similar age-restricted goods, such as tobacco products and nicotine products.

There is already some evidence from the USA that there may be an issue with young people being able to access tobacco products via the internet. Kurt, et al. showed that in the majority of cases 11 to 15 year olds were able to purchase tobacco products via the internet. Out of 83 purchase attempts, 93.6% of purchases attempted by credit card and 88.9% of purchases attempted by money order were successful. A recent study in North Carolina has also shown that minors were easily able to purchase e-cigarettes from the internet.

According to data published by the Office of National Statistics internet sales have increased in recent years. In March 2012 internet sales contributed 8.9% of all retail sales, increasing to 11.6% in January 2015. For food stores this has increased from 2.9% in March 2012 to 4% in January 2015. This indicates that using the internet as a method for shopping is continuing to increase, and it is likely that this trend will continue. It has been assumed that this upward trend is likely to be reflected across the spectrum of goods available for remote purchasing, including tobacco and nicotine products.

Step 2. Analysing the impact

The Tobacco Control Action Plan for Wales, published by the Welsh Government in 2012, set challenging targets to reduce adult smoking levels to 20% by 2016 and 16% by 2020.

Positive impacts

Children and young people under 18 are the main beneficiaries of these provisions. They will be protected from receiving delivery of tobacco and nicotine products. Restricting access to tobacco and nicotine products for children and young people under the age of 18 through legislation supports a wider programme of protecting children and young people from the harms associated with smoking.

Most smokers start smoking during adolescence. Two thirds of adults who have ever smoked in the UK say that they started smoking before the age of 18. Those under the age of 18 are particularly vulnerable consumers in that they do not always have a full understanding of the risks of tobacco consumption, in order to make informed decisions. In addition, the younger a person starts smoking, the greater their risk of smoking related disease.

The effect of the provisions is also likely to support the ‘Reducing health inequalities’ objective within the Child Poverty Strategy for Wales as it is understood that smoking prevalence rates are generally higher in more deprived areas, with smoking having been identified as a leading cause for the gap in mortality rates between the most and least deprived areas.

Negative impacts

It is not anticipated that there will be any negative impacts for children and young people in implementing Part 2, Chapter 4 of the Bill. The purpose of these provisions is to have a positive impact by protecting/preventing access to tobacco and nicotine products.

Success

The success of the provisions will be measured by a reduction of deliveries made to persons under the age of 18.

Trading standards officers will perform test purchases to measure the success of the provisions.

Further detail can be found in the Explanatory Memorandum for the Bill.

Consultation

This legislative proposal was one of a series consulted upon in a Public Health White Paper, between 2 April and 24 June 2014.

The White Paper (standard and CYP versions) and consultation summary report are available at:
http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

In order to maximise engagement with children and young people, a specific youth friendly version of the White Paper was produced and published on the Welsh Government website, as well as being distributed via Funky Dragon and the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference. Amongst the responses from children and young people commenting on the proposals to prohibit the handing over of tobacco products, levels of support were generally high.

In addition to comments from children and young people themselves, a number of responses were received from organisations representing children – including the Children’s Commissioner and Children in Wales. The Children’s Commissioner was supportive of the proposal and noted that reinforcing the requirement of having to provide age verification if necessary was a positive additional step in protecting children from harmful products.

**Step 3. How does your piece of work support and promote children’s rights?**

Part 2, Chapter 4 most directly supports the following articles of the United Nations Convention on the Rights of the Child:

- Article 3 - All organisations concerned with children should work towards what is best for the child.
- Article 6 – All children have the right to life. Governments should ensure that children survive and develop healthily
- Article 24 – Children have the right to good quality healthcare so that they will stay healthy.

The provisions will also, indirectly, support Article 13 in that guidance issued to retailers will highlight the need for them to alert to their customers that only those over the age of 18 will be permitted to take delivery of tobacco/nicotine products.

The requirements of these provisions may have a beneficial effect on children’s health as it is anticipated that the requirements could result in fewer numbers of young people taking up smoking.

Discouraging children and teenagers from starting smoking is one of the Welsh Government’s priorities. In Wales, surveys have shown that teenage
smoking increased steadily during the 1980s and early 1990s. By 1996, 29% of girls and 23% of boys aged 15 reported to smoke weekly. Encouragingly, subsequent surveys have suggested that this rise in regular smoking has been dropping since 1998, the HBSC survey in 2009/10 indicated that 11% of boys and 16% of girls reported weekly smoking. Further data will be required to continue to track this trend. Data from the CHETS Wales 2 report indicates that overall, 12.3% of young people in secondary school (aged 11-16) reported ever using e-cigarettes, with no differences according to gender, ethnicity or family affluence. This lack of social patterning suggests that e-cigarette use could potentially spread, irrespective of socioeconomic or demographic characteristics.

The Welsh Government’s Tobacco Programme has a range of initiatives to address young peoples’ smoking habits.

Many children experiment with smoking, believing that they will be able to stop when they want to. But smoking is highly addictive and many find themselves unable to give up once they have started. The main benefit of restricting access to tobacco and/or nicotine products for children and young people under the age of 18 though legislation is to support the wider programme of protecting children and young people from the harms associated with smoking.

This work helps to maximise the outcomes within the articles of the UNCRC.

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**Step 4. Advising the Minister and Ministerial decision**

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 2, Chapter 4 of the Bill satisfies the articles of the UNCRC; namely Article 3, 6, and 24 as outlined above.

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**Step 5. Recording and communicating the outcome**
A version of this document will also be published to the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill as prepared for introduction into the National Assembly for Wales in June 2015.

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### Step 6. Revisiting the piece of work as and when needed

As mentioned in Section 5 above, this is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

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### Budgets

**As a result of completing the CRIA, has there been any impact on budgets?**

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

| No |

**Please give any details:**

Details of the financial impact are fully explained in the Bill’s Regulatory Impact Assessment (within the [Explanatory Memorandum](#)). The development of this CRIA has informed the preparation of the RIA.

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### Monitoring & Review

**Do we need to monitor / review the proposal?**

| Yes |

**If applicable: set the review date**

| To be considered |
Title / Piece of work: Public Health (Wales) Bill
Part 3: Special Procedures

Department: Public Health Bill Team, Health and Social Services

Date: Last reviewed May 2015

**Step 1. What's the piece of work and its objective(s)?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.
In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Over the last decade, a range of procedures such as body piercing and tattooing have become increasingly popular, in Wales and more widely. There are known and well reported health risks connected with these procedures if they are carried out in an inappropriate or unhygienic fashion. It is therefore important that practitioners have safe working practices, and particularly that good infection control practices are followed at all times, so that both clients and practitioners are protected.

Persons under the age of 18 cannot be tattooed (except when the tattoo is performed for medical reasons), however other types of special procedures covered by the proposal (and therefore to be subject to a licence) may be performed on persons under the age of 18.

Amongst its provisions, Part 3 of the Bill seeks to establish a compulsory, national licensing system for defined special procedures in Wales (acupuncture, body piercing, electrolysis and tattooing) and require approval of the premises/vehicle these special procedures are provided from.

In order to perform any of these special procedures, an individual will need to be licensed, and the premises/vehicles from which they operate approved. The overall purpose is to ensure that where these procedures are provided in Wales, they are carried out in a manner which is not potentially harmful to health.

Before an individual can be granted a licence, they must meet specified licensing criteria. Once the licence has been granted, it is intended that mandatory licensing conditions (to be set out in regulations) will set out the requirements a licence holder must meet in order to retain their licence, including conditions relating to the standards of hygiene and the way in which special procedures are to be performed.

Following the establishment of the licensing system, it will be an offence to conduct any one of the defined special procedures without a license or to offer special procedures from a premises/vehicle that is not approved. Local authorities will be responsible for enforcing the licensing requirements, and for keeping a register of special procedures licences issued/ premises or vehicles approved by them. Information on the register will be open to the public so that anyone seeking to have one of the defined special procedures can search it and know that the practitioner or business they choose has met the national standards.

Further detail can be found in the Explanatory Memorandum for the Bill.
Step 2. Analysing the Impact

It is considered that the proposal will have a beneficial effect on children’s health as it is anticipated that the requirements in relation to practice and premises hygiene will result in a decrease in the incidence of infection in all persons who undergo a special procedure (including children). If children wish to undergo a special procedure (except tattooing) they will be able to consult the publicly available register to determine who, in their area, provides such treatments. This demonstrates how the proposals provide information which will help to keep children healthy.

Further detail can be found in the Explanatory Memorandum for the Bill.

Consultation

As part of the Public Health White Paper consultation (which ran from 2 April – 24 June 2014) a children and young person’s (CYP) version of the document and feedback form was produced to help maximise engagement with young people. This was available on the White Paper webpage and was issued to schools via the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference in April 2014.

39 CYP response forms were returned. Many of these reflected group discussions and collectively represented the views of approximately 280 children and young people. Amongst those responses which commented specifically on the proposal for introducing a national special procedures register, levels of support were generally high - with this being one of the White Paper proposals which children and young people felt would be most likely to make a positive difference.

Furthermore, the Children’s Commissioner was supportive of the proposal, noting the current inconsistency in arrangements across Wales. The response also noted the role that the register could have in the context of safeguarding children and young people, as it could ensure that premises and the practitioners working within them are as safe and clean as possible.

The White Paper (standard and CYP versions) and consultation summary report are available at:
http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

Step 3. How does your piece of work support and promote children’s rights?
The most relevant articles of the UNCRC for the purposes of the establishment of a licensing/registration scheme for special procedures are 3, 6 and 24.

Article 3 – provides that all organisations concerned with children should work towards what is best for each child.

Article 6 – provides that all children have the right of life. Governments should ensure that children survive and develop healthily.

Article 24 – provides, in part, that children have the right to good quality healthcare - which includes the provision of information to keep them healthy.

It is considered that the system is consistent with UNCRC requirements.

The above articles will be supported in a number of ways. This will include ensuring any children and young people having these procedures (except tattooing which is illegal for under 18 year olds except when it is performed for medical reasons) will benefit from an improvement in standards in relation to the performance of special procedures. The system will also increase the information available to children and young people about special procedures and ensure all those interested in having a special procedure can access information on those practitioners and business who meet the system’s requirements.

Step 4. Advising the Minister and Ministerial decision

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 3 of the Bill supports the articles of the UNCRC; namely Article 3, 6, and 24 as outlined above.
**Budgets**

**As a result of completing the CRIA, has there been any impact on budgets?**

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

| No |

**Please give any details:**

Details of the financial impact are fully explained in the Bill’s Regulatory Impact Assessment (within the Explanatory Memorandum). The development of this CRIA has informed the preparation of the RIA.

**Monitoring & Review**

**Do we need to monitor / review the proposal?**

| Yes |
Step 1. What’s the piece of work and its objective(s)?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill will seek to create the offence of **performing or making arrangements to perform an intimate piercing on a child (under the age of 16)**. The main aim of this proposal is to protect children and young people from the potential harms associated with intimate piercings and reduce the incidence of infection. Currently there is no age restriction in Wales for intimate piercing.

For this proposal, intimate piercing is the perforation of the skin or mucus membrane of an intimate body part.
Intimate body parts are:

5. anus
6. breast (including the nipple and the areola)
7. buttock
8. natal cleft
9. penis (including foreskin)
10. perineum
11. pubic mound
12. scrotum
13. vulva

Further detail can be found in the Explanatory Memorandum for the Bill.

Step 2. Analysing the impact

There are known and well reported health risks which can be attributed to any skin piercing procedures. Improper and unhygienic practice may result in localised skin infections at the site of the piercing. Unsafe or unhygienic practices by practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. The client may suffer allergic or toxic reactions to the substances used. Although some bacterial or viral infections may be spread during procedures that do not involve skin penetration, it is the risk of transmission of infections such as blood-borne viruses (hepatitis B, hepatitis C, hepatitis D and HIV), which can arise and are of primary concern. Precautions to minimise the possibility of exposure to blood from an infected client or practitioner require the adoption of safe practices and procedures.

It is also known that piercings can result in post-procedure complications. Over a quarter of people who have a piercing procedure (other than of the earlobes) experience complications and around half of those who experience complications consider them serious enough to seek further help. In those aged 16-24, health problems occur with around a third of piercings\textsuperscript{53}. Of all 1934 piercings looked at during the Bone et al study, 9% were nipple piercings and 2% were genital piercings. The study found problems were most likely to be reported with tongue piercings (50%), followed by piercings of the genitals (45%) and nipple (38%). These post-procedure complications can include swelling, infection, bleeding, allergy and tear or physical injury. Nerve damage and scarring may also occur if procedures are poorly performed. Complications from a cosmetic piercing can be particularly serious for those with underlying health conditions.

In addition to the risks to health, the intimate piercing of children and young people may also be considered a child protection issue. By undergoing the

procedure, young people may be putting themselves in a vulnerable position by placing themselves in situations in which their ‘intimate’ areas are exposed to, touched and pierced by an adult who may be previously unknown to them.

As young people continue to grow during their teenage years, an intimate piercing performed at a young age could result in further complications arising as their bodies develop. Young people may also be less likely to have the experience or knowledge of how to clean or maintain an intimate piercing, leading to an increased risk of infection.

**Positive impacts**
Children and young people under 16 will be protected from the effects of intimate piercing. Protecting children and young people from these procedures is important as they may have inadequate information or understanding about their long term consequences and impacts.

**Negative impacts**
Children and young people under the age of 16 years will be prevented from having these procedures but this is considered a justifiable impact as the purpose of the proposal is to protect the health and wellbeing of children and young people.

**Success**
The success of the proposal will be in minimising the number of intimate piercings performed on persons under 16 and a raised awareness of the risks of such procedures to people of this age.

Whilst it is expected that the legislation will have high compliance, there may be some practitioners/businesses that will not comply with the prohibition. It is likely that cases would be identified to local authorities through their enforcement activity, complaints or by local authorities undertaking test purchasing exercises.

Further detail can be found in the [Explanatory Memorandum](#) for the Bill.

**Consultation**
A number of legislative proposals were consulted upon at part of the Public Health White Paper, between 2 April and 24 June 2014, including a question on the National Special Procedures Register, which asked; “Do you feel that the current information, regulation and enforcement in relation to cosmetic piercing, tattooing, semi-permanent skin colouring, acupuncture and electrolysis protects the public effectively?”. The majority of responders who answered this question noted that they did not feel current information and enforcement protects the public effectively. The Children’s Commissioner noted in his response that “cosmetic piercing needs tighter regulation in particular... I would urge that gathering further evidence around the proposals in relation to age restrictions for intimate cosmetic piercings are undertaken as soon as possible”.

The White Paper (standard and CYP versions) and consultation summary
In order to maximise engagement with children and young people, a specific youth friendly version of the White Paper was produced and published on the Welsh Government website, as well as being distributed via Funky Dragon and the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference. Amongst the responses from children and young people commenting, levels of support were generally high.

In addition to comments from children and young people themselves, a number of responses were received from organisations representing children – including Children in Wales.

A consultation seeking views on how to make cosmetic piercing safer for young people commenced on 18 October 2011 and ended on 31 January 2012. A total of 228 responses were received to the consultation, 65 of which were from young people. The consultation paper asked two questions specifically in relation to intimate cosmetic piercing:

• “Do you think a young person should be allowed to have an intimate cosmetic piercing (even if they have their parent/guardian’s permission)”? The majority of respondents (77%) felt that young people should not be allowed an intimate cosmetic piercing. Piercing businesses were strongly in favour of a restriction (89%). 62% of responses from young people stated that young people should not be allowed an intimate cosmetic piercing.

• “If yes, what is the minimum (lowest) age a young person should be to be allowed to have an intimate cosmetic piercing”? 140 respondents suggested 18 years of age (61%). 47 respondents suggested 16 years of age (21%). The remaining respondents suggested other ages or did not answer the question.

Step 3. How does your piece of work support and promote children’s rights?

This work supports the following articles of the United Nations Convention on the Rights of the Child:

• Article 3 - All organisations concerned with children should work towards what is best for the child.
• Article 6 – All children have the right to life. Governments should ensure that Children survive and develop healthily.
• Article 24 – Children have the right to good quality health care so that they will stay healthy.
• Article 36 – Children should be protected from activities that could
harm their development.

By prohibiting the intimate piercing of children and young people below the age of 16, the policy aims to protect the health and wellbeing of children and young people from the potential harms associated with intimate piercings and reduce the incidence of infection. It is considered that the proposal is compatible with the United Nations Convention on the Rights of the Child and in particular the Welsh Ministers’ duty to act in children’s best interests, and to seek to legislate to protect them from harm and exploitation.

Step 4. Advising the Minister and Ministerial decision

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 4 of the Bill supports the articles of the UNCRC; namely Article 3, 6, 24 and 36 as outlined above.

Step 5. Recording and communicating the outcome

A version of this document will also be published to the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill as prepared for introduction into the National Assembly for Wales in June 2015.

Step 6. Revisiting the piece of work as and when needed

As mentioned in Section 5 above, this is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.
It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

### Budgets

<table>
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<td></td>
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</tbody>
</table>

Please give any details:
Details of the financial impact are fully explained in the Bill’s Regulatory Impact Assessment (within the Explanatory Memorandum). The development of this CRIA has informed the preparation of the RIA.

### Monitoring & Review

| Do we need to monitor / review the proposal? | Yes |
| If applicable: set the review date | To be considered throughout the legislative process |

Title / Piece | Public Health (Wales) Bill |
Step 1. What's the piece of work and its objective(s)?

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public Health Bill. The proposals are consistent with prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health (Wales) Bill (‘the Bill’) will be introduced in June 2015.

Amongst its provisions, the Bill seeks to amend the National Health Service (Wales) Act 2006 to require Local Health Boards (LHBs) to prepare pharmaceutical needs assessments for their respective communities and determine applications for entry onto the pharmaceutical list in accordance with those needs assessed. Therefore the aim of the provisions is to help address existing inadequacies and improve the planning and delivery of pharmaceutical services, better aligning them with the health needs of their local communities.

In particular the Bill seeks to:

- place a duty on each LHB to periodically complete an assessment of the pharmaceutical needs of its population (a ‘pharmaceutical needs assessment’);
- amend the “control of entry” test that LHBs are required to apply when considering applications to join their pharmaceutical list, to one more clearly based on meeting local pharmaceutical needs;
- in circumstances where persons included in their pharmaceutical list are unable to provide specified services to meet the needs identified in the Pharmaceutical Needs Assessment, provide LHBs with the power to invite persons, other than those included on their list, to provide pharmaceutical services; and
- provide for regulations that will enable LHBs to remove pharmacists or listed premises from the pharmaceutical list where there are persistent and/or serious breaches of terms and conditions of service.
The provisions aim to ensure that planning and commissioning of pharmaceutical services (in the community) by LHBs meets the needs of the people in their areas, including children and young people.

This feeds directly into the ‘Reducing health inequalities’ objective within the *Child Poverty Strategy for Wales*[^54] which aims to see an improvement in the quality of all community health services, while ensuring those people in greatest need get the most support. In the medium to long term, the strategy seeks to maintain focus on better planning, aiming to prevent health problems, particularly through the use of existing community assets. The introduction of pharmaceutical needs assessments, to complement the wider NHS planning framework, will help deliver this where needs are identified.

Further detail can be found in the [Explanatory Memorandum](http://gov.wales/topics/people-and-communities/people/children-and-young-people/child-poverty/?lang=en) for the Bill.

### Step 2. Analysing the impact

It is envisaged that legislating in this manner will have a positive impact on all members of the community, including children, for example:

- Some community pharmacies are accredited to provide ‘Enhanced Services’ which include Minor Ailments Schemes. These schemes allow for the provision of advice, support and where appropriate, medication to people in the management/treatment of minor ailments including: Constipation; Diarrhoea; Earache; Hey Fever; Head lice; Mild eczema; Nappy rash and Teething, all of which are common in young children. If more community pharmacies provide these services, access for local families will be improved. There is evidence that such schemes are widely accessed by people under 16 years of age[^55].
- Other such services ‘Enhanced Services’, including the provision of emergency hormonal contraception and smoking cessation services, may be beneficial to young people approaching and within the 16-18 age bracket.
- Those children and young people with visual or hearing impairments may feel more confident in seeking advice and services from pharmacists within their immediate area; those who are physically disabled may have improved access to services within their own community; and those young people with mental health problems may feel more at ease in discussing their health with their local pharmacist, in a private consultation room.

Enhancing the role of community pharmacies may also assist young carers in accessing services for, or on behalf of, those they care for. This may also benefit, particularly, those who live in rural communities.

The regulations provided for within the Bill are due to come into force in 2017, and during this year, the first pharmaceutical needs assessments will be undertaken. The measure of their success will begin to become apparent from 2020 when the next round of assessments will take place, and in subsequent cycles. The annual statistical release on Community pharmacies in Wales will also provide firm indicators as to whether services are improving.

Further detail on the impacts envisaged in implementing the Bill can be found in the Explanatory Memorandum.

Consultation
As part of the Public Health White Paper consultation (which ran from 2 April – 24 June 2014), a children and young person’s (CYP) version of the document and feedback form was produced to help maximise engagement with young people. This was available on the White Paper webpage and was issued to schools via the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference in April 2014.

39 CYP response forms were returned. Many of these reflected group discussions and collectively represented the views of approximately 280 children and young people.

Further developing the services provided by community pharmacies was almost universally supported by the young people who responded, the only concern being that this may put a strain on local pharmacies. Those supporting the proposal felt it would improve access to routine medical advice and services, helping to free up GPs and release some of the pressure on other areas of the NHS.

The Children’s Commissioner for Wales’ response to the White Paper was very supportive of the proposals to enhance the role of community pharmacies:

‘With difficulties in accessing GP services in many areas in Wales many people are turning towards community pharmacies and pharmacists more and more for advice in relation to their health and the health of their families. This needs to be recognised and these pharmacies supported to deliver more services (where appropriate).’

The White Paper (standard and CYP versions) and consultation summary report are available at:

Step 3. How does your piece of work support and promote children’s rights?
Part 5 of the Bill either directly or indirectly supports the following UNCRC articles:

Article 3 – all organisations concerned with children should work towards what is best for each child.

Article 6 – all children have the right of life. Governments should ensure that children survive and develop healthily.

Better access for families to services that meet the assessed pharmaceutical needs of their communities will mean that children and young people are more likely to develop healthily, and have improved health prospects for the future.

Article 12 – children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

Article 13 – the right to receive information. Broadly speaking, this will be enhanced through improving the availability of advice and guidance from pharmacists.

The Bill includes a regulation making power which could require LHBs to carry out a consultation in connection with preparing a pharmaceutical needs assessment. This may present an opportunity for children and young people to become engaged and have their opinions taken into account.

Article 24 – provides, in part, that children have the right to good quality healthcare.

Please see answer to step 1 for specific ways in which the provisions may improve the way that children and young people access their rights in respect of these articles.

Step 4. Advising the Minister and Ministerial decision

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The
Minister has been advised that Part 5 of the Bill supports the articles of the UNCRC; as outlined above.

**Step 5. Recording and communicating the outcome**

A version of this document will also be published to the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill as prepared for introduction into the National Assembly for Wales in June 2015.

**Step 6. Revisiting the piece of work as and when needed**

As mentioned in Section 5 above, this is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.

**Budgets**

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Impact Assessment (within the Explanatory Memorandum). The development of this CRIA has informed the preparation of the RIA.

**Monitoring & Review**

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**Title / Piece of work:** Public Health (Wales) Bill
Part 6: Provision of toilets

**Department:** Public Health Bill Team, Health and Social Services

**Date:** Last reviewed May 2015

**Step 1. What’s the piece of work and its objective(s)?**

The Public Health White Paper brought together a number of legislative proposals for addressing specific public health concerns through a Public
The proposals are consistent with the principles of prudent health care as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long term societal and financial costs associated with avoidable ill health.

In bringing together proposals in a number of policy areas which have distinct issues, separate impact assessments have been prepared for each. It is intended that the Public Health Bill ("the Bill") will be introduced in June 2015.

Amongst its provisions, the Bill will seek to introduce a duty on local authorities in Wales to prepare and publish a local toilets strategy for its area. The overall aim is to ensure each local authority assesses the needs of its community in relation to the provision of toilets for use by the public, and takes a strategic and transparent approach to best meet that need. In developing their strategies, local authorities must consult with interested parties and have regard to guidance produced by the Welsh Government.

There are a range of public health and environmental impacts of not providing adequate public toilet facilities. Accessible, clean public toilets that are well located in places such as parks, promenades, cycle trails and walking routes help encourage people who may need regular toilet access (such as families with young children) to take exercise and stay more physically active. Conversely, public toilets that are poorly designed, inadequately maintained and poorly located can create an atmosphere of neglect that discourages public use.

Public toilets matter to everybody. They are, however, even more important to certain groups in society, including older people, disabled people, people with particular needs (ie. medical problems), women, children and young people and their families. In particular, children, young people and their families need access to suitable facilities, including baby change facilities, in both male and female toilets. Children and young people are therefore key intended beneficiaries of this Part of the Bill. The provisions will also impact on particular groups of children, such as those with disabilities – for the purpose of the strategies, the term “toilets” includes changing facilities for babies and changing places facilities for disabled persons.

Further detail can be found in the Explanatory Memorandum for the Bill.

Step 2. Analysing the impact

The Bill will introduce a statutory duty on each local authority in Wales to prepare and publish a local toilets strategy for its area. In developing the strategy, the local authority will undertake an assessment of the need for public toilets across the local authority area and at specific locations. This will enable the local authority to identify locations where there are deficiencies in current provision, including in terms of numbers, range or quality of facilities.
Whilst the imposition of the duty to develop a strategy will not in itself require local authorities to directly provide and maintain public toilets, it will require them to take a strategic view across their area on how facilities can be provided and accessed by their population.

In developing their strategies, it is envisaged that local authorities will be flexible in their approach and consider all possibilities for providing toilets to the public. This may involve, for example, consideration of toilets in public buildings that are usually open and readily accessible to the public, the capacity of private businesses or organisations to make their toilet facilities available for public use, and the use of community based facilities. Further guidance about the matters which should be taken into consideration when preparing, reviewing or publishing their strategy will be provided through guidance to be prepared by the Welsh Ministers.

Positive impacts
It is considered that Part 6 will have a beneficial effect on children’s health, as it will assist in allowing children (including disabled children) to enjoy full and decent lives with dignity, self-reliance, and to participate actively in community and cultural life.

Negative impacts
It is not anticipated that there will be any negative impacts for children or young people in implementing these provisions.

Success/Measuring impact
Local authorities will be required to publish their local toilets strategy no later than one year after each local government election. This effectively means that strategies will be in place every four or five years. Whilst there will be no requirement on local authorities to prepare annual progress reports, each refreshed strategy will include details on the progress made in delivering the previous strategies.

Further detail can be found in the Explanatory Memorandum for the Bill.

Consultation
This legislative proposal was one of a series consulted upon in a Public Health White Paper, between 2 April and 24 June 2014.

In order to maximise engagement with children and young people, a specific Youth Friendly version of the White Paper was produced and published on the Welsh Government website, as well as being distributed via Funky Dragon and the Welsh Network of Healthy School Schemes. The White Paper was also discussed at Funky Dragon’s Youth Ambassador Conference. Amongst the responses from children and young people which commented on the proposals on toilets for public use, levels of support were generally high.

In addition to comments from children and young people themselves, a number of responses were received from organisations representing children – including the Children’s Commissioner and Children in Wales. The
Children’s Commissioner was supportive of the proposal and noted that provision of adequate and clean toilet facilities is an issue which many children and young people feel strongly about. The Commissioner’s response also focused on the importance of delivering a strategy on this issue, and of local authorities involving children and young people in the consultation processes for their strategies.

The White Paper (standard and CYP versions) and consultation summary report are available at:
http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en

Step 3. How does your piece of work support and promote children’s rights?

Part 6 of the Bill most directly supports the following articles of the United Nations Convention on the Rights of the Child:

- Article 3 – All organisations concerned with children should work towards what is best for each child;
- Article 12 – Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account;
- Article 23 – Children who have any kind of disability should have special care and support so that they can lead full and independent lives; and
- Article 31 – All children have a right to relax and play, and to join in a wide range of activities.

More broadly, Part 6 also supports Article 24 (the right to good quality health care and to clean water, nutritious food and a clean environment) and Article 27 (the right to a standard of living that is good enough to meet their physical and mental needs).

It is considered that placing a duty on local authorities to develop and publish local toilets strategies is consistent with UNCRC requirements. Local authorities will be required to consult interested parties on the provision of toilets before they publish their strategy. It is expected that interested parties will include children and young people, including disabled children – local authorities will therefore be expected to have regard to their views, and to develop strategies setting out how best to address those needs.

The above articles will be supported in a number of ways. These will include ensuring children and young people (and their families) are involved in the consultation processes surrounding the strategies to be prepared by local
Step 4. Advising the Minister and Ministerial decision

As detailed above, the formal consultation undertaken between 2 April and 24 June 2014 included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children’s Commissioner for Wales), were submitted to the Minister for Health and Social Services in October 2014, ahead of the publication of the consultation summary report.

During the development of the Bill, this CRIA has been submitted to the Minister for Health and Social Services for his information and comment. The Minister has been advised that Part 6 of the Bill supports the articles of the UNCRC; namely Article 3, 12, 23 and 31 as outlined above.

Step 5. Recording and communicating the outcome

A version of this document will also be published to the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill as prepared for introduction into the National Assembly for Wales in June 2015.

Step 6. Revisiting the piece of work as and when needed

As mentioned in Section 5 above, this is a live document and has been updated during the development of the policy and the Bill. This version reflects the content of the Bill to be introduced into the National Assembly for Wales in June 2015.

It will be subject to further assessment and updating to reflect any amendments to the Bill that are agreed at Stage 2 of the scrutiny by the National Assembly for Wales and as when relevant during the implementation of the Bill, once enacted.
**Budgets**

**As a result of completing the CRIA, has there been any impact on budgets?**

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.  

| **No** |

**Please give any details:**

Details of the financial impact are fully explained in the Bill's Regulatory Impact Assessment (within the [*Explanatory Memorandum*](https://example.com)). The development of this CRIA has informed the preparation of the RIA.

Whilst there will be some associated costs for local authorities, the new duty will not require local authorities to directly provide sufficient public toilets but rather to consider how best to provide access to public toilets through existing resources and powers.

**Monitoring & Review**

| **Do we need to monitor / review the proposal?** | Yes |
| **If applicable: set the review date** | To be considered throughout the legislative process |