Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 1 – Senedd
Meeting date: Wednesday, 15 March 2017
Meeting time: 09.30

For further information contact:
Sian Thomas
Committee Clerk
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Informal pre-meeting (09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

2 Inquiry into medical recruitment – evidence session 10 – Cabinet Secretary for Health, Wellbeing and Sport

(09.30 – 11.00) (Pages 1 – 37)

Vaughan Gething AM, Cabinet Secretary for Health, Wellbeing and Sport
Dr Frank Atherton, Chief Medical Officer
Julie Rogers, Director of Workforce & Organisation Development

3 Paper(s) to note

Letter from the Minister for Social Services and Public Health – Public Health (Wales) Bill – stage 2 amendments

(Page 38)

Letter from the Minister for Social Services and Public Health – Public Health (Wales) Bill – response to the Committee's stage 1 report on the Bill

(Pages 39 – 44)

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting and for item 1 on the meeting on 23 March 2017

On 23 March, for consideration of:

- Inquiry into loneliness and isolation – preparation for taking evidence

5 Inquiry into medical recruitment – consideration of evidence and discussion of the key issues arising from scrutiny

(11.00 – 11.30)

6 Inquiry into the Welsh Government's draft national dementia strategy – consideration of the draft output

(11.30 – 12.00) (Pages 45 – 53)

Agenda Item 2

Document is Restricted

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/0683/17

Dai Lloyd AM
Health, Social Care and Sport Committee Chair
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

1 March 2017

Dear Dai,

Health, Social Care and Sport Committee – Medical Recruitment Inquiry oral evidence session

Thank you for your invitation to attend committee on 15 March 2017 to participate in your general scrutiny session about medical recruitment.

As requested, I enclose a written evidence paper in advance of my attendance at the Inquiry.

Yours sincerely,

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

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Health, Social Care and Sport Committee: Inquiry into Medical Recruitment

Wednesday, 15 March 2017

09.30 – 11.00

Written Evidence Paper

We know that the NHS in Wales will continue to face increasing demands arising from a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations. We have, therefore, prioritised investment in the NHS in Wales and much of our additional investment has been used by the Health Boards and Trusts to expand the wider NHS workforce.

This inquiry focuses on medical recruitment but it is, however, important to remember that the medical workforce cannot deliver the best care to patients without a wider team of other staff also providing treatment, care and support in line with the principles of prudent healthcare. This evidence must be considered in the wider context of the whole workforce, as the development of the NHS in Wales for the future, will be to shift the focus towards the most effective models of care delivered by multidisciplinary teams working flexibly and meeting patients needs closer to home.

The workforce has shown significant growth between 2009 and 2015 (the last available Welsh Government statistics) and within these overall numbers the medical and dental workforce has also seen consistent annual growth. NHS Wales management information indicates this growth continued during 2016 (up to November 2016).

The challenge of change in the NHS is complex as we need to meet the needs of the current service whilst redesigning and reconfiguring to meet the demands of the future in financially challenging circumstances. It is widely recognised that to develop a sustainable and effective NHS fit for the future, we will need to focus on developing the skills and workforce mix required for multidisciplinary teams to deliver the NHS service of the future rather than a simple focus on the number of people working in the medical workforce.

Committee line of inquiry 1 - The capacity of the medical workforce to meet future population needs in the context of changes to the delivery of services and the development of new models of care

<u>Changing roles of the medical workforce</u>

Doctors of the future will have to work in a number of different ways from the doctors of today. In particular, we will need more doctors to work as generalists across hospital and community boundaries. This need was highlighted in the ‘Shape of

Training' review commissioned by the GMC and published in 2013. Such doctors will need to work in the community as society increasingly understands that hospitals are not an environment well suited to the needs of the elderly, and new models of care maintaining people in their home are developed.

We will also need doctors to work comfortably in strong multidisciplinary teams with increasing lay involvement. We also recognise the need for a co-productive relationship with greater power invested in individuals and communities, enabling a greater non-professional component to the provision of care and a less medical response to the wider social problems that people bring to primary care attention.

More doctors will need to be trained in the principles of geriatric care because of the changing needs of an ageing population with chronic conditions and the benefits of staying at home rather than care and treatment provided in other settings.

We will still need specialist doctors, usually based in larger hospitals, but most often with a continuing expertise in general medicine or surgery. A small number of acute conditions are better managed in larger specialised hospitals, but doctors will need to retain a wider awareness to avoid multiple referrals between specialists each with a narrow focus. The Royal College of Surgeons has recently agreed, in collaboration with the UK Shape of Training Steering Group, to oversee training pilots of a programme that leaves all surgeons with the ability to undertake general acute surgery. Other Royal Colleges are developing similar programmes that retain a generalist element to training throughout so general skills are preserved and can be used as consultants.

Rapid advances in genetic diagnosis and personalised treatments for cancer and other genetic conditions have the clear potential to revolutionise medical practice in many areas and will likely require many more doctors and other health professionals to be trained in clinical genetics and genomics.

Medical training programmes will also need to emphasise the increasingly important but wider aspects of medical professionalism, and cover subjects such as co-production and shared decision making, green and social prescribing, leadership and health economics.

<u>10-year plan for the medical workforce</u>

We are committed to the development of a 10-year plan for the NHS workforce which will be aligned to the Parliamentary review of Health and Social Care. The plan will put in place a clear vision and set out the priority areas of work – for the Welsh Government, NHS Wales and other partners – which need to be addressed so that we can prepare for the forthcoming challenges that the NHS in Wales faces. This cannot simply be a top down process and we are working with employers and stakeholders to consider the current and future shape of the workforce as we develop the plan.

A major component part of the 10-year plan will, of course, be the medical workforce plan. NHS Wales was commissioned to develop a medical workforce strategy that will form part of the 10-year plan, but also to take forward urgent action required now as the plan continues to develop. The need to develop such a strategic approach recognised that:

- Medical workforce is critical to leading clinical decisions and how NHS resources are deployed;
- It is essential to understand the risks and opportunities facing the medical workforce in order to be clear about how the rest of the workforce fits together;
- Linked to the above, NHS Wales needs to be clear about the opportunities to develop new workforce models of delivery; and,
- Wales needs a sustainable medical workforce.

In developing the vision, there is a need to understand the implications of the Wales policy strategic direction, UK landscape e.g. education, pay, structure of medical workforce, primary care etc. The development of the strategy was therefore informed by three engagement events that took place in North, West and South Wales. These events comprised a wide range of participants including representatives from NHS Wales' organisations, Welsh Government, BMA, primary care, universities, and the Wales Deanery.

Following collation of the feedback from the events and other written information "Together We Care – A framework for the development of the medical workforce in Wales" has been developed which comprises eight key themes. Each theme identifies key enablers ("aims into action") for the short, medium and long-term delivery. The "Transformed and sustainable workforce" theme includes both recruitment and retention and reinforces the importance of whole system workforce planning.

The framework is now at final draft stage.

<u>Medical workforce planning</u>

Planning the current medical workforce is a challenging process because of the complexity of the workforce, the long lead time to complete training, and the balance between maintaining current levels of service whilst developing new models.

We are training doctors to be future consultants and GPs, however, doctors in training also provide significant contribution to service delivery. Medical workforce supply needs to be considered at every level - undergraduate medical students, foundation training, core training and specialty training. Current, supply gaps are met with non-training posts (SAS workforce).

In Wales, supply and demand modelling has been undertaken for all specialties with 20 or more FTE. It is essential to understand cross border flow between Wales and other UK countries to develop effective models.

The 2016/17 planning round developed recommendations regarding the medical workforce which were made to the Welsh Government on behalf of NHS Wales CEOs. These recommendations were approved for the 2017/18 intake of post-graduate doctors in the following specialties: General Pathology; Clinical Radiology; Geriatric Medicine; Emergency Medicine - higher posts; Acute Care Common Stem; Intensive Care Medicine; and, Paediatric Pathology.

Work for this year includes a review of Psychiatry in addition to a number of other specialties as proposed by the All Wales Strategic Medical Workforce Group (a multi stakeholder group including representatives from NHS Wales, Welsh Government, the Wales Deanery, and the BMA).

In terms of the interim training place planning process, I confirmed that the process used to identify the NHS training places for 2018/19 onwards should aim to bring together the planning for medical, dental and non-medical training places into one streamlined process.

In this regard, it is important to ensure that medical workforce planning and commissioning is closely aligned to planning for the wider health professional and support workforce. This is a major factor in the decision to create a single body for workforce planning and education commissioning – Health Education Wales. Health Education Wales will provide us with a real opportunity to approach workforce issues on the basis of a more integrated and collaborative approach across professions. The establishment of this new body will enable workforce planning to start to reflect the future need for a workforce balanced move towards the more multidisciplinary focus of the future needs of the NHS in Wales.

Committee line of inquiry 2 - The implications of Brexit for the medical workforce

The Welsh Government has set out its position in relation to exit from the EU in its White Paper ‘Brexit: Securing Wales’ Future’.

The impact of the exit from the EU on the medical workforce will depend on the outcome of the EU withdrawal negotiation and so is difficult to predict. However, there is anecdotal evidence, and strong views for the BMA, that the current uncertainty is leading doctors from the EU to consider leaving the UK NHS.

Our priority is to ensure the Welsh NHS has the right medical workforce it needs for the long term. We want more students from Wales and across the UK to successfully pursue a career in our NHS but we are also clear that the NHS has a rich history of welcoming staff who were born or trained both in and outside the EU.

We are clear that as we recruit, retain and develop our workforce, we will not discriminate against those born or trained elsewhere but welcome them as the valued asset to our NHS workforce and wider communities that they have always proved to be.

It is essential we remain outward looking, internationalist and pro-business, and our commitment to fairness and opportunity for all is undiminished in the period leading up to the exit from the EU and beyond.

In the meantime, we are working with NHS employers and other stakeholders to ensure that we consider the range of possible impacts of leaving the EU, including recruitment and retention and issues around regulation, and are well placed to mitigate any potential impacts as they emerge.

Committee line of inquiry 3 - The factors that influence the recruitment and retention of doctors, including any particular issues in certain specialties or geographical areas

Wales has the same profile of specialty shortages as the rest of the UK, but experiences additional geographical difficulties, particularly in the north and west. Wales is reliant to a degree upon the UK-wide market for doctors, particularly from England, as well as from overseas recruitment.

We continue to invest in education and training opportunities for a wide range of healthcare professionals. On 20 February, I announced a £95m package to support a range of education and training programs for healthcare professionals. This is on top of the nearly £1m additional investment in medical training places agreed last year to address a number of priorities identified through the new medical training planning process. By investing in a wide range of professions, it is possible to support and sustain changes to models of care which assists in the policy aim to enable individuals to be treated as close to home as possible.

As recruitment progresses to medical training places, I have made it clear that I will want to be as flexible as possible where there are more applications than places available in areas where we experience difficulties recruiting.

We are exploring recruitment and retention issues in specific specialities and location. As part of the recruitment campaign, I announced an incentive scheme for GP Trainees in hard to recruit areas. Trainees who take up a training place in a specified area will be eligible for a payment of up to £20,000. From August 2017, this

scheme will begin in training areas within Betsi Cadwaladr and Hywel Dda university health boards.

Committee line of inquiry 4 - The development and delivery of medical recruitment campaigns, including the extent to which relevant stakeholders are involved, and learning from previous campaigns and good practice elsewhere

Consultants, GP, nursing and overall staff numbers in the NHS are at the highest levels for over 10 years. However, there are challenges in recruiting doctors at a time when other countries also face shortages in particular medical specialties. This is why we launched a national and international campaign to market Wales and NHS Wales as an attractive place for doctors, including GPs, to train, work and live. The campaign is using the Wales brand with the overall strapline of: This is Wales - Train, Work, Live.

We have worked with the Royal College of GPs in Wales, the BMA, the Wales Deanery and health boards in developing the first phase of the campaign. Accountability lies with the Ministerial Taskforce on Primary Care which comprises of key stakeholders.

The launch of the campaign has generated significant interest from qualified doctors and GPs to medical students. Since the launch, our marketing campaign has been running well and is actively promoting Wales as a great place to train, work and live using press advertising, digital advertising and social media. This has extended the reach of the campaign to wider audiences, both nationally and internationally, and has proved to be successful in reaching our target audiences.

Key elements of the marketing campaign include:

- Rebranding of the medical careers website (which has so far received over 48,000 visits compared to 6,000 the same time last year);
- Produced medical careers brochure as well as a short film for use at health fairs and events – all highlighting the benefits of training, working and living in Wales;
- National and international press advertising and articles have been running to promote the campaign using case studies aligned to training and recruitment application windows to maximise impact;
- The digital advertising has been particularly successful in reaching India and Canada (over 1.8m impressions/views) with high numbers of people who have wanted more information as a result of the campaign. There have been over 86,000 engagements (likes, comments, shares, retweets, favourites) with our content on Facebook and Twitter. Our video content was also viewed over 70,000 times. A single point of contact (SPoC) is in place to support the

campaign, hosted by the NHS Wales Shared Services Partnership (NWSSP) Shared Services. Its role is to support GPs and other medical professionals who want to work in Wales and offers a single, easily accessible source of information on medical careers and general practice. The SPoC disseminates expressions of interest to relevant Health Board leads as appropriate.

Furthermore, as part of the campaign, the Welsh Government announced two incentive schemes that will specifically apply to GP training places. Early indications are that there has been a positive impact on the number of applications received for GP training particularly in areas which have a five-year history of lower than average fill rates.

A medical champions' network has also been set up covering medical specialities across secondary and primary care. A number of champions have participated in case studies focusing on their personal experience acting on referrals from SPoC, to promote Wales for medical professionals who are considering re-locating and would like to discuss what training and working in Wales is like.

Phase one targeting medical professionals is an ongoing phase and will continue throughout 2017 with NHS Wales again exhibiting at BMJ Fair in October as well as supporting Health Boards and the Deanery with their local marketing campaigns.

To help inform our decisions for whom to target in the next phase of the campaign, we undertook a series of activities over the autumn of 2016, including engagement workshops with professional leads, written feedback from other professions and feedback from primary care clusters. The output from the collective engagement has highlighted the nursing family as the next priority profession for phase two of the campaign. Work is underway to develop an 'offer' describing the benefits of training and working in both primary and secondary care as a nurse in Wales. This phase will be launched in early May followed by our national presence at the RCN Congress in Liverpool. Phase three will target priority groups within the allied health professionals in late summer /early autumn.

Committee line of inquiry 5 - The extent to which recruitment processes/practices are joined-up, deliver value for money and ensure a sustainable medical workforce

The management of medical recruitment is the responsibility of the Welsh Deanery and the Health Boards/Trusts. However, it was recognised by the NHS in Wales that a safe and effective recruitment process provides opportunity for improved value for money and provides a better experience for those wishing to work within the NHS in Wales.

NWSSP developed a Standard Operating Process (SOP) to manage the recruitment process for non-medical posts within NHS Wales. The SOP was developed to reflect

the requirements of the NHS Employment Check standards whilst also reflecting the requirements of NHS Wales. Medical recruitment undertaken by the Health Board/Trusts and the Welsh Deanery mirrors the (SOP) so that the streamlined process is now used across Wales.

The recruitment process continues to be reviewed as part of service modernisation and improvement work to ensure that any opportunities for improvement are implemented.

Procurement of an online interactive Recruitment system

NWSSP has also procured a recruitment process management system (Trac) that is utilised for all NHS Wales recruitment including medical recruitment by the Health Board/Trusts. This system manages all the elements of the recruitment process and has been developed to actively facilitate faster recruitment. It also provides a transparent platform for real time management of recruitment activity that is visible to all NHS Wales organisations.

Pre-employment appointments

Trac facilitates an online booking system for candidates to self book suitable pre employment check appointments across multiple sites within Wales. Health Board/Trusts undertake medical pre-employment checks in line with the Safer Recruitment framework and the SOP.

Centralised Management of Certificates of Sponsorship

Following discussions with the Home Office, NWSSP is now responsible for issuing a Certificate of Sponsorship (CoS) to medical and dental trainees requiring Tier 2 sponsorship, on behalf of the trainees' current employer, since October 2016.

It is anticipated that this arrangement will be more attractive to medical trainees as it minimises the administrative and associated costs incurred. Trainees will only have to apply for a new visa when their programme comes to an end, or after five years for programmes exceeding five years in duration, rather than the previous process which required trainees to re-apply every time their employment changed as a result of a change in rotation. This results in significant cost reductions for NHS Wales and the applicants.

Rebecca Evans AC/AM
Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Minister for Social Services and Public Health

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L/RE/0086/17

Dr. Dai Lloyd AM
Chair of the Health, Social Care and Sport Committee
National Assembly for Wales
Ty Hywel, Cardiff Bay
Cardiff CF99 1NA

6 March 2017

Dear Dai,

Public Health (Wales) Bill

I indicated during last week's general principles debate that I have been giving active and thorough consideration to the Committee's recommendation that section 92 of the Bill be amended to raise the proposed age restriction for intimate piercings, from 16 to 18.

I mentioned during the debate that I had asked my officials to revisit this issue in detail in view of the evidence provided during Stage 1, and that I would update Members as early as possible. I can now confirm that this work has been completed and, as a result, I intend to bring forward Government amendments during Stage 2 to make the change recommended by the Committee.

I would like to thank the Committee for its detailed consideration of this important issue, and am confident the proposed changes will provide further protections for children and young people in Wales.

I will be writing to respond formally to the remainder of the Committee's recommendations shortly.

A copy of my letter has also been sent to Rhun ap Iorwerth, Angela Burns and Caroline Jones.

Yours,

Rebecca

Rebecca Evans AC / AM
Y Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
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Ein cyf/Our ref: MA-L/RE/0144/17

Dr. Dai Lloyd AM
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10 March 2017

Dear Dai,

Public Health (Wales) Bill

Thank you once again for your Committee's consideration of the Public Health (Wales) Bill during Stage 1. I confirmed during the general principles debate on the Bill on 28 February that I would provide a specific response to the Committee's report and its 19 recommendations. I trust the information enclosed demonstrates the careful consideration which has been given to each of them.

I hope that this letter helps to inform the Committee's work as the Bill progresses, and I look forward to further discussions with the Committee later in Stage 2.

Kind regards,

Rebecca

Rebecca Evans AC / AM
Y Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
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Response to the Health, Social Care and Sport Committee Stage 1 report into the Public Health (Wales) Bill

I thank the Health, Social Care and Sport Committee for its detailed consideration of the Public Health (Wales) Bill. I am pleased that the Committee's report welcomed and acknowledged the importance of the proposals within the Bill, as illustrated by **Recommendation 1** that the Assembly approve the Bill's general principles. I am pleased that this important milestone was reached on 28 February.

The response below sets out my position in relation to the remainder of the Committee's recommendations.

I have consistently stated that we cannot tackle every public health issue in one piece of legislation, and that the Public Health (Wales) Bill should instead be seen as one part of a much broader agenda alongside a range of other forms of action. Nevertheless, it is entirely correct that, in scrutinising the Bill's general principles, the Committee has given consideration to other priority public health issues. I am therefore grateful to the Committee for its suggestions in **Recommendation 2** and am content to **accept the principle** of the recommendation in so far as considering using existing powers and other legislative avenues. I can confirm that work is already progressing on the issue of nutritional standards in early years and care home settings, and I am also content to explore the issue of added sugar in drinks in school settings further with the Cabinet Secretary for Education.

However, I am unable to take forward one element of the recommendation, namely that relating to the local well-being plans of Public Service Boards (PSBs). While these plans will be an important mechanism for tackling the type of issues identified by the Committee, I do not believe placing specific requirements on PSBs in this Bill would be appropriate. I believe such an approach would be out of step with the overall approach to the role of PSBs under the Well-being of Future Generations (Wales) Act 2015, and it would be incongruent to emphasise specific health issues over others. In line with the intention of the Act, I believe PSBs are best placed to decide their local objectives, based on their own local assessments. I am encouraged to hear that the types of issues raised by the Committee already appear to be being picked up in local assessments.

In addition, I would also emphasise that the provisions in the Bill about health impact assessments will provide another important mechanism for issues such as obesity, physical activity and loneliness and isolation to be addressed locally.

Tobacco and nicotine products

Recommendations 3 and 4 both relate to extending the smoke-free requirements in the Bill to additional open spaces. I have followed the Committee's deliberations on this issue with interest. I fully recognise the intention behind these recommendations and am content to **accept the principle** of the recommendations. As I outlined when I gave evidence to the Committee in January, placing restrictions on smoking in public places is highly complex. Any provisions have to be sufficiently certain and clear to allow a member of the public to ascertain whether they can smoke in an area or not, and to allow enforcement officers to enforce any restrictions. Full assessments of human rights considerations also need to be carried out. I would emphasise that the Bill already breaks significant new ground by extending the smoke-free requirements in Wales for the very first time to three open air settings.

In considering further potential restrictions my general view remains that the regulation-making power in the Bill provides the most appropriate approach, and I note the Committee's priorities for potential future action. However, in view of the evidence received

by the Committee I have also asked my officials to explore the issues with the intention of bringing forward amendments to the Bill on smoking restrictions in a fourth setting, namely early years childcare settings. As I outlined in Plenary on 28 February, due to the detailed nature of the work involved, I envisage that I will be in a position to bring forward these amendments at Stage 3.

Consideration of the issues around extending the Bill's restrictions on smoking in school grounds and public playgrounds to areas such as school gates and the perimeter of playgrounds, would need to be undertaken once the provisions currently on the face of the Bill have come into force. Similarly, consideration of the issues relating to the specific settings mentioned in **Recommendation 4** could be undertaken in due course, as each will involve distinct and detailed considerations, and will require full consultation.

I am content to **accept Recommendation 5** in relation to promoting smoking cessation support and advice in healthcare settings. I can confirm that my officials are currently working with Public Health Wales, health boards, ASH Wales and other partners to develop a new brand and common contact point for NHS smoking cessation in Wales. It is anticipated that the brand will be launched shortly and will be extensively promoted, including in healthcare settings.

I am also happy to provide the clarification requested by **Recommendation 6** in relation to the national register of retailers of tobacco and nicotine products, and therefore **accept** this recommendation. I can confirm that wholesalers will not need to register due to the controls already in place about who can purchase directly from these outlets. The primary policy aim of the register is to reinforce the importance of protecting under 18s from accessing tobacco and nicotine products. In order to purchase from wholesalers, a person requires a membership card. I am not aware of any wholesalers who offer membership to people under the age of 18. As such I consider there is insufficient justification to require wholesalers to register in view of the overall policy aim. I have asked my officials to review the explanatory material accompanying the Bill when this is updated following Stage 2 to ensure this position is clearly set out.

I am content to **accept the principle** of **Recommendations 7 and 8,** which concern work to tackle the illegal tobacco trade. I share the Committee's concern about the impact illegal tobacco has on the people of Wales, especially on young people. I therefore agree that offences on illegal tobacco need to be considered, alongside others, when considering whether to make additions to the Restricted Premises Order regime. While I consider this work to be a priority in terms of using the regulation-making power provided in the Bill, it will need to be taken forward in full consultation with stakeholders. Similarly, I can confirm my commitment for my officials and I to continue to work with the UK Government and HMRC in exploring options to tackle the difficult and complex issues around the illegal tobacco trade. However, I cannot commit that this will involve the specific actions suggested at **Recommendation 8,** as the precise actions required have not yet been determined. For example, discussions could conclude that trading standards officers do not need greater powers, and that other actions are more appropriate.

Special procedures

I note the Committee's five recommendations relating to the special procedures part of the Bill. Firstly, **Recommendation 9** suggests adding lasers / intense pulsed light (IPL) services to the list of special procedures included on the face of the Bill. I have given careful consideration to this issue but am not in a position to make this change at this stage and therefore **reject** this recommendation. Laser and IPL use is already regulated by Healthcare Inspectorate Wales (HIW) and so adding these to the Bill at this stage would pose a real risk of regulatory duplication. My intention therefore is to explore whether it would be appropriate

in due course to add lasers and IPLs, for non-surgical purposes, to the list of special procedures after appropriate consultation with HIW, local authorities and the public. I would also add the role and functions of HIW is currently the subject of discussion following responses to the “Our Health, Our Health Service” Green Paper.

I **accept Recommendation 10,** which requested clarification about the definition of ‘tattooing’ in the Bill. My officials have revisited the definition and I am happy to confirm my view remains that the current definition is broad enough to cover similar procedures such as ‘tashing’. In the case of ‘tashing’ specifically, which is the use of cremated remains in the act of tattooing, we believe the ash would be classed as a ‘colouring material’ designed to leave a semi-permanent or permanent mark, and so would be captured by the current definition. Furthermore, when the ash is mixed with other pigments such as normal tattoo ink, then both the ash and the pigment would be considered colouring materials.

I agree with the Committee’s view that more evidence is needed to fully understand the range and scale of body modifications in Wales. I am therefore content to **accept the principle** of **Recommendation 11** and to reiterate the commitment made by the previous Minister for Health and Social Services to undertake early consultation on this issue, if the Bill is passed by the Assembly. During the development of the Bill my officials consulted with local authorities and practitioners who suggested that such procedures are infrequently performed in Wales. I also note that some could amount to criminal offences. In taking this work forward I would therefore emphasise that we do not wish to regulate procedures that are considered to be assaults in law. I am aware that in Wolverhampton police are currently prosecuting a man who was performing body modifications such as ear removal, nipple removal and tongue splitting. This individual has been charged with three counts of causing grievous bodily harm with intent, and three alternative counts of wounding without intent. My officials will continue to monitor the progress of this case. While it is my intention therefore to consult on the scale and risks of body modifications in Wales, further work would need to be carried out to understand the legal and ethical complexities before they could be brought within the special procedures licensing system by regulations in the future.

I am unable to amend the Bill in the way requested at **Recommendation 12** and therefore **reject** this recommendation. Currently section 57(1) of the Bill provides that a member of a profession that is regulated by a body listed in paragraphs (a) to (ga) of section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 is exempt from the requirement to hold a special procedures licence, unless the Welsh Ministers make regulations that bring them back within the licensing regime. These bodies comprise the core regulated medical professions such as doctors, dentists, nurses, midwives, chiropractors and pharmacists. The Bill has been drafted in this way to ensure the provision is within the competence of the National Assembly for Wales.

I would reassure the Committee that it is my intention to consult with these regulatory bodies to determine whether each of the special procedures listed in the Bill is within the scope of the professional practice of their members. For example, it may be that acupuncture falls within the professional practice of chiropractors, but tattooing does not, and therefore the regulations would require a chiropractor to obtain a licence for tattooing. I trust this approach will address the concerns underlying the Committee’s recommendation.

I have closely followed the evidence the Committee received during Stage 1 on the issue of relevant offences for the special procedures licensing system. In response to this evidence I asked my officials to revisit this point and I can now confirm that I intend to bring forward Government amendments on this issue. I therefore **accept Recommendation 13.** The Bill as currently drafted provides that if an applicant has been convicted of a relevant offence, it will be for the local authority, when exercising its discretion to grant a licence, to consider whether the applicant’s fitness to perform the procedure has been called into question to

such an extent that it would be inappropriate to issue the licence. I am now persuaded that enabling local authorities to take account of information such as unspent sexual offences is justified on the grounds of public protection, particularly as some procedures such as genital piercings involve an element of intimacy, and clients are often alone with the practitioner whilst the procedure is performed.

I am also aware of two recent cases which are highly relevant to this issue. One concerned an 18 year old woman in England who tattooed three young children and who, due to the seriousness of the offence, was convicted of assault. The second ongoing case, also referred to earlier in this response, relates to a registered practitioner being charged with three counts of causing grievous bodily harm with intent and three alternative counts of wounding without intent for conducting procedures such as tongue splitting, ear removal and nipple removal. My view is that our legislation in Wales should enable local authorities to take into account the scenarios involved in these rare but serious cases when deciding whether or not to grant a licence. This principle will inform my approach to Government amendments on this issue.

Intimate piercing

I outlined during the general principles debate that I have been giving very active consideration to **Recommendation 14.** I am grateful to the Committee for the detailed consideration it has given to the most appropriate age restriction for intimate piercings. Detailed consideration was given to the most appropriate age for the restriction throughout the development of the Bill and the issue was also explored in depth during scrutiny by the previous Assembly.

However, as I outlined in previous correspondence to the Committee and in view of the strong views of a number of stakeholders, I asked my officials to re-examine the evidence. This detailed work has now been completed and, as I indicated in correspondence to the Committee on 6 March, I am now content to **accept** this recommendation. I can also confirm that I have tabled Government amendments to raise the age for the proposed restrictions on intimate piercing, from 16 to 18.

Health Impact Assessments (HIAs)

Whilst I am sympathetic to the intention behind **Recommendation 15,** I am not convinced that a change in name to health and well-being impact assessments is necessary, and so am **rejecting** this recommendation. I am fully satisfied that well-being is already an integral part of HIAs as the assessments are carried out through the broad lens of the wider determinants of health. It is a process which considers to what extent the health and well-being of a population may be affected by a policy, programme, plan or project. This concept is also shown by the definition of a HIA within the Bill, which encompasses mental health as well as physical health. In addition, my view is that an unnecessary name change could unintentionally lead to confusion as the current terminology is well embedded and understood, in Wales, the UK and internationally.

Provision of toilets

The remaining four recommendations of the Committee relate to the part of the Bill dealing with provision of toilets for use by the public. Firstly, **Recommendation 16** refers to the statutory guidance which will be made under the Bill. I am unable to explicitly state in this guidance that toilet facilities in larger public buildings should be made available for use by the public, and so must **reject** this recommendation. In doing so my starting point is that I agree with the principle that the public sector should be an exemplar in the way it deals with this issue, however there are complexities involved in saying toilet facilities in all larger

public bodies should be made available for public use. There will be a number of factors to consider in terms of access and security, amongst others. It is therefore appropriate that this issue should be considered by local authorities when preparing their local strategies, taking into account the relevant factors to each circumstance. In addition, statutory guidance cannot and should not go further than the duties imposed by the Bill, which provide that the statutory guidance must make provision about the assessment of the need for toilets located in premises that are publicly funded, but does not place an explicit duty on public bodies to make toilet facilities in their buildings available to the public.

I am content to **accept Recommendation 17** which concerns the development of a national map to assist the public to locate locally available toilet facilities. My officials are currently considering the necessary infrastructure required to collect the appropriate data from local authorities and incorporate into existing mapping tools. The data will also be made available to third parties who will then be able to use the information to develop other maps and apps. Similarly, I recognise that an app, as envisaged in **Recommendation 18,** has potential to assist members of the public to locate the nearest toilet which meets this needs. I therefore **accept the principle** of this recommendation, but am of the view that such apps are best developed by third parties rather than the Welsh Government. I am, however, committed to ensuring that data are made available on public toilet facilities in an open format on the Welsh Government website, which will allow third party app developers to use the data in an innovative way, providing economic opportunities for small businesses.

Finally, I am pleased to **accept Recommendation 19.** I can confirm that I have asked my officials to explore options for the development of an easily recognisable logo that could be displayed at publicly accessible toilet facilities across Wales.

I trust that the information provided in this response will be helpful to the Committee. I look forward to further constructive discussions with the Committee as the Bill progresses through the remainder of the scrutiny process, in order to allow the many benefits of the Bill for the population of Wales to be realised.

Agenda Item 6

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