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Welsh Government

Green Paper

A consultation to collect views
about whether a Public Health Bill
is needed in Wales



Date of issue: 29 November 2012

Action required: Responses by 20 February 2013

Overview

This consultation meets the following action in the Programme for Government: *"consult on the need for a public health bill to place statutory duties on bodies to consider public health issues."* The aim of this consultation is to collect views on whether a new Public Health Bill is needed in Wales.

How to respond

The closing date for responses is 20 February 2013.

Responses can be submitted via an online form on our website:

<http://wales.gov.uk/consultations/healthsocialcare/?lang=en>

Alternatively, responses can be returned to:

E-mail: PHBill@wales.gsi.gov.uk

Post:

Public Health Development team
Health Improvement Division
Directorate for Public Health
Welsh Government
Cathays Park, Cardiff
CF10 3NQ

Further information and related documents

Large print, Braille and alternate language versions of this document are available on request.

The consultation document can be accessed from the Welsh Government website at:

<http://wales.gov.uk/consultations/healthsocialcare/?lang=en>

Contact details

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Data protection

How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full.

Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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Ministerial Foreword

Our Programme for Government sets out how we will make a difference for the people of Wales over our five year term of government. Publishing this Green Paper meets one of our key actions in the field of health to: *“consult on the need for a Public Health Bill to place statutory duties on bodies to consider public health issues.”*

A great deal has been achieved in Wales to improve and protect the health of our people and there have been a number of major successes. However, I believe we need to do more if we are to fully tackle the main health challenges facing us in the 21st Century and ensure people across Wales are able to enjoy the improvements in health we want to see. Government has an important role to play, but so do a wide range of our partners and local people. As the term ‘public health’ implies, this is very much an agenda for everyone.

This does not mean we are starting from scratch. I want to build on our successes and also to do better where we need to do better. In particular, I want to see a renewed focus on preventing ill health, as well as clear and comprehensive action to tackle health inequalities. In short, our aspirations for the health of our people should match the best in the world.

This Green Paper aims to start a discussion about whether introducing a Public Health Bill would be an effective way of helping to make this vision a reality. It is not a consultation on a detailed legislative proposal, although we do outline some ideas for your consideration and comment. When you weigh up the issues, it may be the case you think we do not need a new Bill to achieve the improvements we want and you may think there are other things we could or should do instead. This is a valid viewpoint and if you think other approaches would be more effective, it is important you tell us.

Through this Green Paper, we ask for the views of the people of Wales about this important issue. This process provides a real opportunity to assess how we can use our legislative powers to their full potential to improve and protect the health of people in Wales and to achieve a fairer and healthier society. I trust you will take advantage of the opportunity to contribute to this important work.

I look forward to hearing what you have to say about the issues discussed in this Green Paper.

Lesley Griffiths AM

Minister for Health and Social Services

1. Introduction

1.1 Being in good health is something we all cherish. The Welsh Government is committed to helping people in Wales to be as healthy as possible. For this reason, we have undertaken to “*consult on the need for a public health bill to place statutory duties on bodies to consider public health issues.*” This Green Paper is aimed at opening a discussion about whether or not new legislation can help us to further improve and protect our health.

1.2 The Welsh Government in recent documents has repeatedly emphasised the need for a decisive shift in Wales from mainly concentrating on dealing with people who are ill to a stronger focus on improving everyone’s health.

1.3 The last 300 years have seen a growing interest in ‘public health’, that is not just the health of individuals but the health of whole communities. Action has included providing sewers, making food safer and tackling air pollution. A great deal of progress has been achieved through such action, yet we still face major challenges – a lot of entrenched poor health, new threats and difficult financial times. The question now is whether we need a new law to help us make significant further progress in addressing some of the main challenges to health and wellbeing in Wales. This is an opportunity for Wales to make a step change in health and wellbeing and to be a world leader in safeguarding the interests of its people.

1.4 In this Green Paper, we provide some examples of how legislation has been used in other countries to promote better health, and consider whether these give us ideas which might be useful here in Wales. In the annexes to this Green Paper we also provide a flavour of the other things we have done in Wales to improve health and wellbeing, as well as examples of relevant current legislation.

1.5 The purpose now is to collect views about whether a new Bill regarding the health of the people of Wales is needed. At this stage we want people’s views on whether this would be of value or not. We offer some of our early ideas for what such a new Bill might do, but these are just that – early ideas. We welcome your comments on these, as well as any others you may have. Responses to this consultation will be used to help decide whether a new Bill is required and, if so, how this is taken forward.

2. Our vision for health in Wales

Health and ‘Public Health’

2.1 Health matters. We care deeply about our own health and that of our families. The health of the community matters because only a healthy community can be a happy and prosperous community. Poor health damages lives and opportunities.

2.2 The conditions in which people are born, grow, live, work and age can all affect their overall health and wellbeing. These broader factors are known as the ‘social and economic determinants of health’ and include factors such as:

- income and education;

- lifestyles;
- physical environment; and
- access to high quality care.

2.3 'Public health' is about the health of people and communities. It is about *'understanding the factors that influence people's health and finding ways of improving it'*¹ and emphasises *'preventing ill-health and prolonging life through the organised efforts of society'*². This suggests the following components:-

- a focus on the health of the population as a whole;
- a sense of collective responsibility and organised action; and
- an emphasis on creating good health opportunities and preventing ill health.

2.4 Wales has a strong track record in improving and protecting health. As the Welsh Government, it is our job to ensure we remain able to meet the growing needs of our population in a sustainable way. We want people in Wales to have the best chance of a good life, and to achieve that, we need to focus on preventing avoidable ill health as well as treating sickness.

Creating good health

2.5 People have different views about what is good health. One term often used in Wales is 'wellbeing'. This is used to mean not just the absence of pain, discomfort and incapacity but *'a positive, physical, social and mental state'*, where *'basic needs are met, individuals have a sense of purpose, and they feel able to achieve important personal goals and participate in society'*³. This is a way of defining health that emphasises people's ability to live a full life in society which reflects the Welsh Government's aspirations for the lives of people in Wales.

Preventing ill health

2.6 The other element is preventing poor health. The aim here includes reducing the risk and the occurrence of mental and physical illness, disability and premature death. The tools for doing so are many. They include a whole range of 'interventions' including social, behavioural, educational, and environmental action. These can be promoted by communities, individuals or government, but there are some, such as legislation, that only governments can implement. The challenge is to get the right mix and ensure that together they are having the biggest impact possible for the benefit of all our communities.

¹ <http://www.nuffieldbioethics.org/public-health/public-health-what-public-health>.

² http://www.fph.org.uk/what_is_public_health.

³ Source: Welsh Government.

Collective responsibility and organised action

2.7 Everyone has a stake in achieving good health for the population. This agenda encompasses a broad range of policy areas and requires action on a number of fronts and a strong partnership between different levels of government, the NHS, public and private bodies, voluntary bodies and local people. All of these partners have an important role to play in helping ensure good health and wellbeing for the people of Wales, and none of them can succeed on their own.

The vision for Wales

2.8 *Our Healthy Future* published by the Welsh Government in 2009 set out a vision for ensuring that everyone in Wales has a fair chance to lead a healthy life, and where:-

- children and young people are given a good start in life that supports their long-term health and wellbeing;
- everyone aspires to, and is supported to achieve, a healthy and fulfilling working life;
- older people have the knowledge, skills and support to make informed choices about living independent and fulfilled lives;
- the health of individuals experiencing greatest disadvantage is improving to the levels found among the more advantaged;
- healthy sustainable communities – places where people want to live, work, play and flourish – are sought for all;
- health and social services place greater emphasis on prevention and early intervention;
- health and wellbeing is a shared goal for all; and
- our public health policies and interventions are based on good evidence and monitored effectively.⁴

3. The state of health in Wales

3.1 In general people in Wales are living longer and enjoy better health, and more can be done than ever before to deal with health problems which affect people. The 'health system' in Wales – the NHS, local government and all the other agencies which help protect and promote health – has achieved a great deal in many ways over recent years. There have been remarkable successes in many areas, and here are just some of them:

- infant mortality fell in 2010 to the lowest on record at just four per 1000 live births recorded;

⁴ Our Healthy Future – Technical Working Paper (2009) – Welsh Government.

- the percentage of adults who smoke has fallen, with most recent data indicating that 24% of males and 21% of females smoke (compared with 27% of males and 26% of females in 2003/04);
- premature deaths from diseases such as coronary heart disease have been steadily declining, for example death rates from circulatory disease for men and women in 2010 were around 40% lower than in 1999; and
- screening for breast cancer has risen steadily since 2002, with current 2010/11 uptake levels at 74%, and a new bowel screening service has been successfully introduced.⁵

3.2 Nonetheless, health has not improved as fast as it might and some groups are being left behind. We cannot rely on steady, effortless improvement or trust that current services will solve all the problems. There remain serious challenges.

Our changing population

3.3 People are now generally living for longer and this is obviously very good news, though it poses new challenges in terms of promoting health and managing health problems. In addition, there are changes in the ethnic mix of the population, levels of disability and sexual expression.

3.4 These changes will in some ways change and add to the pressure on the health system over the longer term. There is likely to be some increase in age-related disability with more people dealing with loss of mobility, sight and hearing. Prevalence of dementia is also likely to increase. A more mixed population is changing how people behave and what they expect.

Tackling non-communicable disease⁶

3.5 Another of the most fundamental contemporary challenges to people's health is that of healthy lifestyles. There are many parts of our lifestyles which can affect overall health and wellbeing. Our four priority lifestyle areas are smoking, alcohol, diet and physical activity - and we know that only 6% of people in Wales follow health advice on all these areas. Some sorts of behaviour have immediate and obvious consequences (such as dangerous driving or overdosing on dangerous drugs). Behaviours such as smoking, having poor diets, not exercising or drinking too much can also act more slowly and can cause serious problems over the long term, such as obesity, high blood pressure and diabetes.

3.6 Young people are particularly vulnerable to pressures linked to the four lifestyle priorities. For example, they may be vulnerable to social and environmental pressures which increase the risk of obesity. Until recently, type 2 diabetes was generally only seen in adults, but some adolescents are now developing this condition. Liver disease also has potential to become a significant and worsening issue, as we are seeing rising rates of mortality in a younger age

⁵ Information adapted from Our Healthy Future: Chief Medical Officer for Wales 2011 annual report.

⁶ 'Noncommunicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are (diseases) of long duration and generally slow progression.' - <http://www.who.int/mediacentre/factsheets/fs355/en/index.html>.

group than we see for other key causes of premature mortality. This rise is closely linked to lifestyle factors such as alcohol misuse and obesity⁷.

3.7 It is now recognised that mental health is as important as physical health in a long, happy and active life. Positive mental wellbeing increases a person's chances of having a good job, is protective against injury, and aids recovery from illness. Around one in nine adults in Wales in 2011 reported currently being treated for a mental illness⁸, and it is estimated that one in four people will have mental health problems or a mental illness at some point in their lives⁹, affecting them and those close to them.

3.8 The serious effects associated with the four priority lifestyle areas mean that addressing them, as well as the social and economic conditions which affect them, is key to our efforts to improve and protect health. The preventable nature of many of the related physical and mental health conditions also reinforces the need for an increased focus on preventative action, particularly to safeguard the future health of our children and young people.

Inequalities in health

3.9 While overall health may be improving, the pattern is mixed and not as good as it might be. If we compare rates of life expectancy at birth with other regions of the United Kingdom, Wales is not doing as well as some others. For the period 2008-10, life expectancy at birth in Wales stood at 77.6 years for males and 81.8 years for females. This is lower than England but higher than Scotland and Northern Ireland. Across the UK as a whole, the equivalent figures are 78.2 years for males and 82.3 years for females.¹⁰

3.10 Across the UK, we can see that poor health is not evenly spread but follows distinct social patterns. When we list Welsh communities in order according to their level of deprivation, the most deprived areas generally have the worst health and prospects. In the most deprived areas the overall death rate is over 80% higher for males and nearly 70% higher for females than in the least deprived areas¹¹. People in Cyncoed and Butetown in Cardiff, just a few miles apart, face a 10-year difference in average length of life¹². People in the least deprived areas experience a substantially higher proportion of their life expectancy in good health, than those in the most deprived areas.¹³ Despite our best efforts, the difference in life expectancy between the best and worst off is actually getting bigger.

⁷ Our Healthy Future: Chief Medical Officer for Wales 2011 annual report, p26.

⁸ <http://wales.gov.uk/topics/statistics/headlines/health2012/120919/?lang=en>.

⁹ Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012), p12.

¹⁰ Our Healthy Future: Chief Medical Officer for Wales 2011 annual report , pp27-28.

¹¹ Our Healthy Future – Chief Medical Officer for Wales annual report 2011, p.110.

¹² <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expec-birth-wards-eng-wal/index.html>.

¹³ <http://www.wales.nhs.uk/sitesplus/922/page/58379>.

3.11 More generally the more deprived a group is, the worse their health. This 'health gradient' has been studied in many countries and is very evident in Wales across a range of other indicators such as:

- deaths from circulatory disease;
- fruit and vegetable consumption;
- numbers of overweight and obese adults;
- adult physical and mental wellbeing;
- the percentage who are smokers; and
- hospital admissions and mortality from alcohol use.

3.12 The reasons for these differences are not fully understood and probably have roots deep in the history of the communities concerned. They are linked to poverty, geographic location, culture and lifestyles, and these also influence each other. While such differences in health are by no means unique to Wales, the underlying factors will have uniquely Welsh dimensions.

Too much reliance on managing sickness

3.13 Much of the ill health the NHS deals with could have been avoided or at least postponed if the right action were taken earlier. The National Institute for Health and Clinical Excellence (NICE) has said that:

'...promoting good health and preventing ill health saves money..... A small shift in resource towards public health prevention activity would offer significant short, medium, and long term savings to the service and to the taxpayer¹⁴.'

3.14 It has been previously noted that too little has been done in Wales to prevent illness, placing an excessive and growing burden on local services. Despite a shift in recent years, it is still estimated that only around 5% of the Welsh Health budget is spent on prevention activities, as against dealing with problems which have already occurred.¹⁵

The global financial crisis

3.15 In this context the global financial crisis can potentially worsen the situation in two ways. First it could undermine people's health; we know poverty and unemployment damage people's health. Second, it reduces the resources available to those services that can help people with problems, not just the NHS but the voluntary sector and all the other agencies that can help people through difficult

¹⁴ NICE(2009) Using NICE guidance to cut costs in the down turn – <http://www.nice.org.uk/aboutnice/whatwedo/niceandthenhs/UsingNICEGuidanceToCutCostsInTheDownturn.jsp>.

¹⁵ Phillips, C et al (2009) Estimating spending on health promotion and public health in Wales, Swansea.

times. Therefore, Welsh Government efforts to promote economic development are key to achieving good health.

Climate change and international health threats

3.16 Various global challenges may also harm health and wellbeing in Wales. These include diminishing global resources and environmental factors such as climate change. We have already seen the health impact of weather events, such as in the summer heat waves experienced across Europe in 2003 which led to the excess deaths of more than 50,000 people¹⁶ and flooding. There is also the risk of outbreaks of new or existing diseases, such as e-coli and others – for example, we had Wales's first outbreak of avian influenza in May 2007.

New opportunities

3.17 In reviewing the current position, it is important also to identify other areas where recent evidence suggests targeted action can deliver benefits. For example, a recent authoritative study reflecting international evidence has suggested that to make a major impact in reducing health inequalities there is a need to:

- give every child the best start in life;
- enable all children, young people and adults to maximise their capabilities and have control over their lives;
- create fair employment and good work for all;
- ensure healthy standards of living for all;
- create and develop healthy and sustainable places and communities; and
- strengthen the role and impact of ill-health prevention.¹⁷

3.18 The Welsh Government has taken action in many of these areas through a number of policies, programmes and campaigns, but more may be possible. However, we must also recognise that some areas which can affect aspects of health in Wales are non-devolved areas. Overall responsibility for these areas rests with the UK Government or the European Union, and not the Welsh Government.

Summary and conclusion

3.19 It is clear that whilst overall health in Wales is good and improving, it is still not as good as it might be, nor as good as many would wish it to be. Important opportunities still need to be maximised to create a cohesive approach across all relevant sectors and partners.

3.20 Public health is about '*the organised efforts of society*' to improve health. Society influences the population's overall health and wellbeing, therefore society (including governments) needs to act to create conditions which are conducive with

¹⁶ Hadley Research Centre, Bureau of Meteorology.

¹⁷ Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010.

good health and wellbeing. Whilst much has already been achieved, the overarching challenges we now face suggest there is a significant and urgent need for further action.

3.21 We will still need to rely on the NHS to a great extent and there is a wide range of other health improvement and health protection activity in place, but evidence suggests that carefully designed action could still achieve more through:

- government policy;
- community-led initiatives;
- collective action focused on health inequalities; and
- collective action focused on community-wide prevention.

4. How can legislation help us meet the challenge?

4.1 Legislation is arguably the most powerful tool available to governments to direct long-term policy goals. It can be an effective lever for influencing changes in society, and can both complement and enable other types of action. It can also provide a platform for directing action for the benefit of whole populations. What it cannot easily do is change people's behaviour or attitudes, and making law is not a simple or straightforward task. So it is important to be very clear about how it might best be used and ensure that it is only used where it is likely to have the desired effect.

4.2 Any new legislation introduced in Wales must:

- be compliant with our obligations under European Union law and our obligations under the European Convention on Human Rights;
- take account of any duties set out in existing legislation such as duties in relation to children as set out in the Rights of Children and Young Persons (Wales) Measure 2011, which will be fully implemented in 2014, and child poverty duties in the Children and Families (Wales) Measure 2010; and
- be within the 'legislative competence' of the National Assembly for Wales under the devolution settlement, i.e. within the scope of its power to make legislation.

4.3 We know that many other countries face similar challenges to ours. In recent decades an increasing number of countries have used legislation to progress their visions for the health of their populations, often through specific Public Health Bills/Acts. Countries which have introduced such legislation include Scotland, France, Sweden and parts of Canada, Australia and the United States of America.

4.4 While some of these concentrate mainly on health protection issues (such as diseases which pass from person to person and environmental hazards), others have opted for a wider approach which seeks to address the broader factors within society which influence health and wellbeing. This breadth of approaches is illustrated in the following three examples:

Different international approaches

Scotland has a Public Health Act (2008) which focuses on a fairly narrow definition of public health. The Act consolidates the main fields of health protection, for example, by including provisions governing Inquiries, Enforcement Orders and Inspections. It also imposes duties on Ministers, health boards and local authorities to make provision, designate “competent persons” and cooperate in the production of Joint Health Protection Plans.

Sweden’s public health legislation on the other hand focuses on higher level statements covering the most important issues affecting health. The overall aim is to create the conditions for good health on equal terms for the entire population. It is based around the following eleven objectives, with the Government’s National Institute of Public Health responsible for monitoring progress:

- Participation and influence in society.
- Economic and social security.
- Securing favourable conditions during childhood and adolescence.
- Healthier working life.
- Healthy and safe environments and products.
- Health and medical care that more actively promotes good health.
- Effective communication against communicable diseases.
- Safe sexuality and good reproductive health.
- Increased physical activity.
- Good eating habits and safe food.
- Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling.

The overall purpose of **Norway**’s Public Health Act is to contribute to the development of society in a way which promotes public health and reduces social inequalities in health. In a similar way to the Swedish model, it is based around a number of fundamental principles which underpin policies and action for improving population health. The principles are health equity, health in all policies, sustainable development, the precautionary principle, and participation.

4.5 In the context of the challenges facing Wales and the aspirations outlined earlier in this Green Paper, the approaches adopted by Sweden and Norway offer interesting examples. Their Acts both make a strong symbolic statement about the fundamental importance of a population-wide effort to improve health, and entrench particular requirements for action to do so.

5. What sort of things could we do?

5.1 It is clear that many agencies can have an impact on health. The Welsh Government has an important role in setting policy, giving people services and entitlements, and allocating resources. The NHS has a major role in diagnosing

and treating health problems, but also has the expertise, information and responsibility to lead action on health improvement and health protection. Local authorities have responsibility in many areas that influence health, such as housing, education, social services, leisure services and transport. Many other bodies in the third sector and the business sector also have a direct or indirect impact on health. The challenge here is to ensure that statutory bodies such as these separately and together are able to have the biggest impact on health and wellbeing in Wales, and to assess what the role of legislation might be.

5.2 The suggested purpose of a new Bill for Wales is to *'place statutory duties on bodies to consider public health issues'*. In terms of the analysis presented above and in the light of suggestions by those with an interest in this area, four suggested areas for action were earlier identified at the end of section 3. Applying the concept of placing statutory duties on bodies could therefore suggest some or all of the following approaches:

- requiring Welsh Ministers to consider health issues when formulating policy;
- requiring appropriate bodies to consider health issues with a view to reducing health inequalities;
- requiring appropriate bodies to consider health issues with a view to strengthening prevention of health problems; and
- requiring appropriate bodies to consider health issues with a view to strengthening community involvement in decisions which affect their health and their health services.

Consultation question

(CQ1): If the Welsh Government were to introduce a health of the people Bill, what do you consider the most important and appropriate areas for further consideration to be?

Suggested area for consideration 1: A duty on Welsh Ministers to consider health issues in policy making

5.3 A number of factors within society can affect people's overall health and wellbeing. Relevant factors include:

- a person's social connections, relationships and networks;
- a person's employment (or unemployment);
- the impact of the local economy;
- a person's housing circumstances;
- a person's physical and social environment; and
- a person's education.

5.4 These determinants can affect people's health for good or ill. Almost all of these areas are influenced in some way by public policy, and the way that policy is designed will influence their impact on health, who is likely to be affected and in what way. For example, policy in such diverse areas as transport, housing and education may all potentially damage or protect people's health.

5.5 A way of addressing this issue is to test any new policy to assess its impact on health, in order to try to minimise any damage and increase any benefit it might cause. Such an approach is called 'Health in All Policies' and helps policy makers to look closely at who in particular would be harmed or helped by a new development, and to then take action to try to improve fairness between different groups.

5.6 Options for consideration if a new Bill is developed therefore might include:

- a duty to assess all policy in terms of its health impact;
- a duty to do that and minimise any harm and maximise any benefit;
- a duty to do that and also reduce health inequalities;
- a duty for all or some of those but only for **major** policies; and/or
- a duty on the Welsh Ministers only or on other bodies in Wales too.

5.7 Adopting such an approach could make a major contribution towards meeting several of the health challenges outlined in this Green Paper. It could help reduce health inequalities. It could reduce the likelihood of policies being harmful to health, and it could broaden understanding of how poor health develops and how it could be prevented.

5.8 In any decision it would be important to avoid causing unnecessary bureaucratic burdens. We would need to be clear about how this should be done and how benefits should be monitored.

Consultation questions:

CQ 2: In what ways do you think that making consideration of the impact of policies on health a mandatory legal requirement would be an effective way of meeting our main health challenges?

CQ 3: If we were to explore placing a statutory duty on bodies to consider health when developing new policies, which bodies should such a duty apply to?

CQ 4: Do you think it would be reasonable to limit any legislative requirements to 'major' policies, which would need to be defined by a new Bill?

5.9 A method called Health Impact Assessment (HIA) is often used to support an overall Health in All Policies approach by providing a specific process for assessing both the health hazards and benefits of a wide range of policy proposals. For example, HIAs might assess the potential direct or indirect effects of a policy,

programme or service development on health such as exposure to pollutants (including noise) released into the air, water and soil, changes in the local job market, access to local shops, services and amenities, the availability of green space and the capacity to support positive social connections.

5.10 Health Impact Assessment has been promoted in Wales since devolution. It has been used by Welsh Government, local authorities, third sector organisations, the NHS and community organisations, and is required in a number of planning areas including as part of applications for new roads, opencast coal mines and waste facilities. The Wales Health Impact Assessment Support Unit also provides advice, guidance and training. HIA could be used more consistently in support of the sort of policy appraisal outlined above or more widely.

Consultation questions:

CQ5: In what ways do you think that using legislation to make Health Impact Assessment a mandatory requirement would be an effective way of ensuring that the impact of policies on health is assessed in a consistent and effective way in Wales?

CQ6: If we were to consider making Health Impact Assessment a mandatory requirement, which bodies do you think should be required to use it and in what circumstances?

Suggested area for consideration 2: A duty on a range of bodies to reduce health inequalities

5.11 Health inequalities are one of the most stubborn and complex problems facing Wales and other countries. Tackling them requires a concerted effort across the breadth of society, not just by what we immediately think of as the 'health system.' A new Bill could not resolve the problems on its own, but could perhaps provide a new impetus to looking for solutions.

5.12 Legislation could have potential to concentrate the collective efforts of the Welsh Government, the NHS, local government and other partners on narrowing the gap in health inequalities between rich and poor and disadvantaged groups. It could strengthen current Programme for Government and *Together for Health* commitments by providing a clear, coherent framework for action, which is supported by evidence and consistent monitoring of trends. It could do this by placing precise responsibilities on bodies to take a particular role and act together to address the problems, and account publicly for their performance.

Consultation questions:

CQ 7: Do you think a new Bill could provide an effective platform for reducing health inequalities in Wales, and if so how?

Suggested area for consideration 3: Requirements on bodies to strengthen the emphasis given to the prevention of poor health

5.13 Spending on the NHS is important but providing high quality care when people are sick is only part of the solution to good health. We have a collective responsibility to prevent poor health arising where possible.

5.14 Over the long term the aim must be to reduce harm, and improve people's healthy span of life. This is consistent with the Welsh Government's commitment to sustainable development, which may be addressed through a separate piece of legislation. It would also help address continuing demand and help ensure the future sustainability of our health services. A duty to focus more effort on prevention has potential to help towards these ends and can have an impact in the short as well as long term.

5.15 A renewed focus on prevention is particularly important when we consider the need to safeguard the future health of our children and young people. Society has a fundamental responsibility to protect and improve the health of future generations.

5.16 However, just imposing new requirements would not instantly resolve the matter. As with the proposal for health inequalities, there would need to be a clear requirement to access and apply evidence, and give sustained attention to tackling difficult issues. Any requirements would also need to reflect the limitations of evidence but also the need to be creative in looking for solutions.

Consultation question

CQ 8: In what ways do you think a new Bill could be an effective way of promoting the importance of preventative action to overall health and wellbeing in Wales?

Suggested area for consideration 4: Strengthening community action around health protection and health improvement.

5.17 An individual's health is affected by the health of their communities. People themselves often have a deep insight into what causes poor health in their community, and how to tackle it. Communities can themselves help make public services more effective. Active involvement by communities in their own initiatives and with their local services can help accelerate health improvement.

5.18 In that context, a Bill could create an opportunity for people to become more strongly and effectively involved in the policy development process and to forge a strong partnership between the Welsh Government, local government, the NHS and local people. This would truly put people at the centre of public services. In Wales we have examples of how services can be planned and developed to improve the health of the whole community over time, and not just deal with each individual at a time. With this in mind, we have also recently consulted on creating a 'Compact' with the people of Wales in relation to their health and health services.

5.19 In support of this agenda, a Bill could involve for example a requirement to:

- develop good health literacy among the population, that is helping people read, understand and use healthcare information to make decisions and follow instructions for prevention and treatment;
- empower and support people to manage aspects of their own health;
- engage local people better in developing and applying policies which affect them; and/or
- work closely with communities in specific cases where problems exist with current services or around specific health problems.

Consultation questions:

CQ 9: How do you think an increased focus on empowering local people to influence their health and wellbeing would best be achieved through legislation?

What happens next?

5.20 At this stage we are seeking your views about whether a new health of the people Bill is needed in Wales. The suggestions outlined above are intended to provide a set of illustrations to help discussion. Each of these as well as any others we may identify through this consultation would need detailed work before full proposals could be developed, including assessment of financial implications and legislative competence.

5.21 In preparing any final proposals, there would be a need to work through a great deal of detail, including the possible need for secondary legislation, such as regulations to further refine the requirements. The range of issues to be considered for a Bill would include:

- the precise form any new requirements should take (for example, legal duties applicable to specific bodies);
- what support mechanisms, structures and guidance would be needed to help bodies to comply with any new requirements;
- whether secondary legislation would be needed;
- what bodies any new requirements should apply to;
- how any new requirements could be enforced and monitored;
- what sanctions there could be for failure to comply with any new requirements; and
- the potential impact of a new Bill on specific groups.

5.22 Many of the issues raised in this Green Paper are also relevant to other areas of our legislative programme. Irrespective of whether we decide that a new health of

the people Bill is required or not, we will work to ensure that health considerations are reflected in other relevant Bills, including those proposed to cover sustainable development, active travel, the Environment, as well as the Social Services and Wellbeing (Wales) Bill.

5.23 In the event that we decide to introduce a new Bill, we would consult again at a later stage of the development process. This would provide another opportunity to comment on more detailed proposals.

Action short of introducing a new Bill

5.24 It may be that you take the view that a new Bill is not needed. If so, it is important you tell us why. Possible arguments against a Bill include that:

- Welsh Ministers' existing legal powers (as illustrated by the examples of current legislation provided at Annex B) are sufficient to meet the challenges and achieve the vision;
- a new Bill would create a burden disproportionate to any benefits it could achieve; and/or
- a new Bill simply would not be very effective and we should instead focus on other means, such as better designed policies and programmes, stronger enforcement of current requirements or better co-ordination of existing efforts.

5.25 Another alternative might be to use existing legislation differently, for example through:

- action such as clearer guidance to strengthen the impact of existing legislation; and/or
- amending or supplementing existing legislation (within the scope of the Welsh Ministers' existing powers) to achieve more.

Consultation questions:

CQ 10: Do you think it is preferable for us to progress our efforts to improve the health of people in Wales in a way other than introducing a new Bill? If so, why?

CQ 11: If you think we should do something different to introducing a new Bill, what do you think would be a more effective approach?

6. Conclusion

6.1 This Green Paper has identified current and future challenges affecting the health of people in Wales and some possible ways of using legislation to address them. We are already pursuing a range of policies and programmes to help us make

progress, and there is already a significant body of legislation which deals with different aspects of health.

6.2 However, it is clear that more must be done if our vision for a fairer and healthier society is to fully become reality. To this end, there is an urgent need for all partners to do more to prevent ill health and to tackle health inequalities in Wales. We think these areas are key if we are to achieve sustained and improved health and wellbeing for our citizens, both now and in the future.

6.3 We believe that existing legislation has been effective in addressing many issues and it continues to have a crucial role. However, we also think there could be potential to achieve something different to what we have done before through a new health of the people Bill. We have set out some of our initial ideas. We would welcome your comments on these as well as your own suggestions and comments on the issues raised in this Paper.

Consultation question (CQ 12):

Please let us have any further comments you wish to make about the issues raised in this Green Paper.

Annex A

The role of government intervention in meeting challenges to health and wellbeing

1. Governments can intervene to improve and protect health and wellbeing in a number of ways. Such action is focused on improving the health of the entire population (or a particular section of the population). The complex nature of this agenda dictates that a mix of these approaches is most effective in making progress in specific areas. Some of the main options for intervention include:

- Developing and implementing policies.
- Introducing specific health improvement/health protection programmes.
- Conducting awareness campaigns.
- Promoting healthy lifestyles and discouraging risky behaviours.
- Promoting healthy environments and settings.
- Issuing guidance or directions to other agencies with a role in improving and protecting public health.
- Introducing legislation to influence changes within society.

2. Whilst there are a number of options available, it is recognised that a balance needs to be struck to ensure that any government intervention is proportionate. It is also recognised that there is a fundamental balancing act between governments intervening to address challenges to health and wellbeing, and an individual's freedom to ultimately live their lives in the way they choose. The intended benefits of an intervention therefore need to be considered sufficiently important to society to justify any resulting 'interference' in people's lives.

3. As a general rule, the more intrusive the proposed intervention is considered to be, the stronger the justification needs to be in terms of the overall population benefits it would help to deliver. For example, a formal intervention such as introducing legislation would need to be supported by a strong level of justification.

4. The Welsh Government has already taken action to show its commitment to improving and protecting the health of people in Wales in a number of ways. In doing so, we have sought to respond to the main modern challenges and work towards realising our overall vision for the health of the population.

5. In considering the steps we have taken to date, it is also important to recognise that some of the areas which can affect aspects of public health in Wales are non-devolved areas. Overall responsibility for these areas rests with the UK Government and not the Welsh Government. Examples of relevant non-devolved areas include taxation, broadcasting and advertising matters. Where an area of UK policy is deemed to have an impact on the health and wellbeing of people in Wales, the Welsh Government has a role in putting forward the case for UK developments to appropriately respond to Wales' overall needs.

6. In addition, the Welsh Government's overall approach is framed by our commitment to sustainable development. A "*nation that values and promotes healthy living and improves the quality of life for all*" is one of the key outcomes in our sustainable development scheme, and we report annually on the wellbeing of Wales as one of five headline indicators of sustainable development.

7. Examples of the range of action we and our partners have taken to progress this agenda are provided in the table below. These different types of action reflect our view that a coherent mix of approaches is required to tackle complex challenges to health and wellbeing, and that no one approach alone is sufficient to achieve the results we wish to see.

Type of action	Example
National policies	• Various Programme for Government commitments. • <i>Together for Health</i>, a five year vision for the NHS in Wales. • <i>Our Healthy Future</i> (2009), a national strategic framework for public health. • <i>Fairer Health Outcomes For All</i> strategic action plan for tackling health inequities (2011). • <i>Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales</i> (2012).
Public health programmes	• Behavioural change programmes (including smoking cessation services, exercise referral programmes). • Programmes to develop health environments, such as healthy schools and workplaces. • Screening, vaccination and immunisation programmes.
Awareness campaigns	• Campaigns to promote the benefits of healthy lifestyles (e.g. <i>Change4Life</i>). • Campaigns to raise awareness of specific public health issues (e.g current Fresh Start Wales campaign to encourage people to stop smoking in cars when children are travelling).

The public health system in Wales

8. The mix of interventions outlined above has also coincided with a number of other developments in Wales. When put together, they can be considered to have provided a new dynamic for leadership and collaboration on this agenda, with increased coordination across different levels of government. Examples of key developments include:

- the establishment of the current Local Health Boards;
- the creation of Public Health Wales as the NHS organisation which provides professionally independent advice and services to protect and improve the health and wellbeing of the population;
- greater integration within between national plans (*Our Healthy Future*), local authority plans and NHS plans;
- the introduction of Local Public Health Strategic Frameworks, which are developed by all Local Health Boards and set out how locally agreed priorities are to be tackled in different parts of Wales; and
- the appointment of a designated Director of Public Health in each Local Health Board area.

Annex B

Examples of existing legal powers/responsibilities at a national and regional level

1. There are a wide range of legislative provisions already effective in Wales which are relevant to this agenda. Current legislation is therefore an important consideration in the overall debate about whether we need a new Bill regarding the health of the people of Wales. A new Bill should not be introduced if we can achieve the improvements we want in other ways, or by making better use of existing laws.
2. The breadth of areas covered by the current legislation means it is reasonable to conclude that many areas of health already have a strong legislative basis. For example, a range of provisions are in place which seek to protect the public from specific health threats and discourage harmful behaviours. As well as specific 'public health' laws, other pieces of current legislation will also have implications for overall population health.
3. Although not intended to be exhaustive, this Annex provides a flavour of some existing legislative provisions in force in Wales:-

LEGISLATION	PROVISION	POWER
NHS (WALES) Act 2006	Section 1 Welsh Ministers' duty to promote health service	The Welsh Ministers must continue the promotion in Wales of a comprehensive health service designed to secure the improvement in the physical and mental health of the people of Wales and in the prevention, diagnosis and treatment of illness.
	Section 2 Welsh Ministers' general power	The Welsh Ministers may provide such services as they consider appropriate for the purpose of discharging any duty imposed on them by the Act and do anything else which is calculated to facilitate, or is conducive or incidental to, the discharge of such a duty.
	Section 3 Welsh Ministers' duty as to provision of certain services	The Welsh Ministers must provide throughout Wales to such extent as they consider necessary to meet all reasonable requirements : • Such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as they consider are appropriate as part of the health service. • Such other services or facilities for the prevention of illness, the care of

		persons suffering from illness and the aftercare of persons who have suffered from illness as they consider are appropriate as part of the health service. • Such other services or facilities as are required for the diagnosis and treatment of illness.
	Section 5- Other services and Schedule 1- Further provision about the Welsh Ministers and services under this Act.	Schedule 1 provides that: • the Welsh Ministers must provide for the medical inspection at appropriate intervals of pupils in attendance at schools maintained by local education authorities and for the medical treatment of such pupils. • the Welsh Ministers may, by arrangement with a LEA provide for the weighing and measuring of junior pupils in attendance at any school which is maintained by the Authority. • The Welsh Ministers must arrange to meet all reasonable requirements for contraceptive services.
	Section 10 Welsh Ministers' arrangements with other bodies	The Welsh Ministers may arrange with any person or body to provide, or assist in providing, any service under this Act. Powers under this section may be exercised on such terms as may be agreed, including terms as to the making of payments by or to the Welsh Ministers.
	Section 11 - Local Health Boards and Schedule 2 – Local Health Boards	Each Local Health Board is established for the area of Wales specified in its LHB order.
	Section 12 Functions of Local Health Boards	Welsh Ministers may give directions to a LHB about its exercise of any functions.
	Section 17 Plans for improving health etc.	Each LHB must, as such times as the Welsh Ministers may direct, prepare a plan setting out a strategy for improving - • The health of people for whom it is responsible, and • The provision of care to such people. Each LHB must keep under review any plan prepared by it under this section.

		Any local authority whose area falls wholly or partly within the area of the LHB and any NHS Trust which provides services at or from a hospital or establishment within the LHB's area must participate in the preparation or review of the plan.
	Section 18 – NHS Trusts and Schedule 3 – NHS Trusts established under section 18	Welsh Ministers may by order establish bodies known as NHS Trusts to provide goods and services for the purposes of the health service. See below for details of Public Health Wales Establishment Order and functions.
	Section 19 Welsh Ministers' directions to NHS Trusts	The Welsh Ministers may give directions to NHS Trusts about its exercise of any functions.
	Section 32 Supply of goods and services by local authorities	Each Local Authority must make services available to each NHS body acting in its area, so far as is reasonably necessary and practicable to enable an NHS body to discharge its functions under the Act.
	Section 33 Arrangements between NHS bodies and local authorities	Arrangements between NHS bodies and Local Authorities - Welsh Ministers may by Regulations make provision for or in connection with enabling prescribed NHS bodies and prescribed local authorities to enter into prescribed arrangements in relation to the exercise of – • Prescribed functions of NHS bodies; and • Prescribed health-related functions of the Local Authorities. These arrangements may include arrangements for or in connection with the exercise by an NHS body on behalf of a local authority of the prescribed health related functions of the authority in conjunction with the exercise by the NHS body of prescribed functions of the NHS body, and vice versa.
	Section 40 Health and well-being strategies in Wales	Each LA in Wales and each LHB (any part of whose area lies within the area of a LA), must jointly formulate and implement a strategy for the health and well-being of members of the public in the LAs area.

	Section 41 Primary Medical Services	Each LHB must cooperate with other LHBs in the discharge of their functions relating to the provision of primary medical services under the NHS (Wales) Act 2006.
	Section 188 Joint working with prison service	Welsh Ministers may by regulations make provision for or in connection with enabling prescribed NHS bodies and the prison service to enter into prescribed arrangements in relation to the exercise of • Prescribed functions of the NHS bodies. • Prescribed health related functions of the prison service. These arrangements may include arrangements for or in connection with the exercise by an NHS body on behalf of the prison service of prescribed health-related functions of the prison service in conjunction with the exercise by the NHS body of prescribed functions of the NHS body and vice versa.
	Section 192 Local social services authorities and Schedule 15 - Further provision about local social services authorities	A local Social Services Authority may, with the approval of the Welsh Ministers make such arrangements for: • the care of pregnant women and women who are breastfeeding and • prevention of illness, care of persons suffering from illness and after care. This includes the provision, for persons whose care is undertaken with a view to preventing them from becoming ill or persons who are ill or have suffered from illness, of centres or other facilities for training such persons or keeping them suitably occupied.
NHS Act 2006	Section 82 (applicable to E and W) Cooperation between NHS bodies and local authorities	In exercising their respective functions NHS bodies and LAs must co-operate with one another in order to secure and advance the health and welfare of the people of Wales.
Public Health (Control of Disease) Act 1984	PART II and IIA (Please note that what remains of Part II is due to be repealed)	These powers allow the Welsh Ministers to make Regulations re public health protection eg, notification requirements, health protection for international travel

	Public Health Protection	and preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination in England and Wales (whether from risks originating there or elsewhere) Please see the note below on the Health Protection (Part 2A Orders)(Wales) Regulations 2010, the Health Protection (Local Authorities Powers) (Wales) Regulations 2010 and the Health Protection (Notification) (Wales) Regulations 2010 which are made using powers in this Act.
Public Health Wales NHS Trust Establishment Order	Public Health Wales NHS Trust ('PHW') was established in 2009 (SI 2009/ 2058). Its establishment order reads as follows:	“(1) The trust is established for the purpose specified in section 18(1) of the Act. (2) The trust’s functions are: (a) to provide to or in relation to the health service in Wales and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases; (b) to develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters; (c) to undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and (d) to provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.”

The Local Health Boards (Directed Functions) (Wales) Regulations 2009	Regulation 2 Interpretation	This provides that for the purposes of these Regulations the persons for whom a LHB is responsible in any year are the persons usually resident in the area for which the LHB is established. There are certain exceptions to this general provision in regulation 3, whereby an LHB “of origin” retains responsibility for certain persons including looked after children within the meaning of the Children Act 1989.
Food Safety Act 1990 Food Standards Act 1999		There are a number of Food Standards Regulations made every year by the Welsh Ministers under the powers contained in these Acts. Regulations which are periodically amended include the Food Hygiene (Wales) Regulations 2006, which provides for such matters as the execution and enforcement in relation to Wales of certain EU legislation relating to standards of food hygiene.
Local Government Act 2000	Section 2 Promotion of well-being	In exercising the power relating to promotion of social well-being a LA must have regard to its community strategy. A LHB and NHS Trust must participate in community planning which leads to the production of the community strategy.
Government of Wales Act 2006	Section 60 Promotion etc of well-being	The Welsh Ministers may do anything which they consider appropriate to achieve the promotion or improvement of the social and environmental well-being of Wales. This includes entering into arrangements or agreements with any person.
Health Act 2006	Chapter 1	This chapter makes provision for the prohibition of smoking in certain premises, places and vehicles which are smoke-free, and gives certain regulation - making powers to the Welsh Ministers (please see notes on “smoke-free” Regulations below)
The Smoke-Free Premises etc (Wales) Regulations 2007		Smoke free legislation came into force in Wales on 2.4.7 ending smoking in enclosed and substantially enclosed public places. The Regulations include provision for descriptions of vehicle and the circumstances in which such

		vehicles are to be smoke-free and requirements for contents and display of no-smoking signs in premises and vehicles.
Children and Young Persons (Protection from Tobacco) Act 1991.	Section 3A Sales from vending machines in England and Wales	Gives the Welsh Ministers the power to regulate to prohibit the sale of cigarettes from automatic machines.
The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011		These Regulations prohibit the sale of tobacco from an automatic machine.
Tobacco Advertising and Promotion Act 2002		The Health Act 2009 amended this Act to provide for specific tobacco control measures (the power to regulate) in relation to display of tobacco products at the point of sale and display of tobacco prices.
Tobacco Advertising & Promotion (Display) (Wales) Regulations 2012		The Regulations prohibit the display of tobacco products in the course of retail business. They provide exemptions to allow customers to purchase and view tobacco products when they choose to; to ensure that the particular needs of duty-free and bulk sale businesses are recognised; and to allow businesses to restock tobacco products during business hours. There is a staggered commencement between December 2012 and April 2015, depending upon the type of retailer.
Tobacco Advertising & Promotion (Display of Prices) (Wales) Regulations 2012		The Regulations allow shops to display a price list of the tobacco products which they stock, as well as shelf labels and a list of products available to customers on request. There is a staggered commencement between December 2012 and April 2015, depending upon the type of retailer.
Tobacco Advertising & Promotion (Specialist Tobacconist) (Wales) Regulations 2012		The Regulations allow specialist tobacconists to display tobacco products within their shops, provided that displays cannot be seen by the public from outside the shop. Also, the regulations require that advertising is allowed only within the shop.

		The Regulations will come into force in April 2015.
Sunbeds (Regulation) Act 2010		Welsh Ministers have made Regulations pursuant to this Act regulating public use of sunbeds in commercial settings.
Sunbeds (Regulation) Act 2010 (Wales) Regulations 2011		These Regulations make provisions relating to sunbed use. The provisions include: • a duty on a person who carries on a sunbed business on domestic premises to prevent sunbed use on those premises by persons aged under 18; • a requirement for a person who carries on a sunbed business to supervise the use of sunbeds on the business's premises; • a prohibition on the sale or hire of sunbeds to persons aged under 18; • requirements for the provision of information to sunbed users; and • requirements relating to the use of protective eyewear by sunbed users.
The Health Protection (Part 2A Orders)(Wales) Regulations 2010		These Regulations make provision in relation to orders applied for and made under of the Public Health (Control of Disease) Act 1984 ("the Act"). Provisions include: *to whom the local authority must give notice of an application for a Part 2A order; *the evidence that must be available to a justice of the peace before the justice may be satisfied that the criteria for making an order under section 45G of the Act are met; *the maximum period for which specified Part 2A orders (and any extensions to those orders) may remain in force. *enabling a local authority under certain circumstances to impose charges in order to recover the costs

		of actions taken by the local authority pursuant to a Part 2A order; and *placing various obligations on local authorities in relation to Part 2A applications and orders such as obliging the local authority to provide certain information to the person subject to the order, and to have regard to the impact of the order on the welfare of the person who is the subject of the order and of any dependants that person may have where an order is for detention, isolation or quarantine.
The Health Protection (Local Authorities Powers) (Wales) Regulations 2010		These Regulations confer discretionary powers on local authorities For the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to human health. Provisions include: *enabling a local authority to require that a child is kept away from school. *enabling the local authority to require that a headteacher provide it with the names and contact details of the pupils at that headteacher's school; *enabling a local authority to disinfect or decontaminate things or premises on request from the owner or the person with charge or control in relation to things or the tenant in relation to premises; and *enabling the local authority to make requests of individuals or groups to do, or not to do, specified things for health protection purposes.
Health Protection (Notification) (Wales) Regulations 2010		These Regulations place obligations on various persons to disclose information to specified third parties for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination.

		Provisions include: *obliging registered medical practitioners to notify the proper officer of the relevant local authority if a patient they are attending is believed to have a disease listed in Schedule 1 or is otherwise infected or contaminated in a way that may cause significant harm to others. Regulation 3 extends this obligation to cover notification of suspected disease, infection or contamination in a dead body; *obliging the operators of diagnostic laboratories to notify the proper officer of the relevant local authority if they identify a causative agent listed in Schedule 2, or evidence of such an agent, in a human sample; and *Regulation 6 obliges the proper officer to disclose notifications under regulations 2, 3 or 4 to other specified bodies with a health protection role.
Health, Social Care and Well-being Strategies (Wales) Regulations 2003		These Regulations provide for— * a duty on Local Health Boards and local authorities to co-operate with NHS Trusts, Community Health Councils, and voluntary and private sector organisations in preparing their health, social care and well-being strategies; * the preparatory steps which Local Health Boards and local authorities must take in relation to strategies, including the assessment of needs and consultation; * the matters which must be addressed in strategies; *commissioning arrangements in respect of secondary care services, to be entered into jointly by Local Health Boards and local authorities with NHS Trusts; *avoiding duplication of and having regard to other existing statutory plans or strategies;

		*consultation on draft strategies; *the times for adoption, review and duration of strategies; *publication of the strategies after they have been adopted; and *public inspection of and access to the draft and adopted strategies.
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Summary

4. Although it is clear that there is a great deal of legislation in place already, it is also apparent that legislation has often developed in a piecemeal fashion, rather than on a strategic basis. Much of the legislation has generally been introduced in response to particular issues or following decisions made elsewhere, rather than as a forward-thinking vehicle for tackling our overarching challenges. We think that the way legislation has developed to date could therefore mean that some of our overarching priorities have not yet been sufficiently addressed, and may not enable us to address them in the future.