



**CYMRU**

## **Consultation on the General Principles of the Public Health (Wales) Bill**

Response from the British Heart Foundation (BHF) Cymru,  
December 2016

1. British Heart Foundation (BHF) Cymru is the nation's leading heart charity. We are working to achieve our vision of a world in which people do not die prematurely or suffer from cardiovascular disease. In the fight for every heartbeat we fund groundbreaking medical research, provide support and care to people living with cardiovascular disease and advocate for change and improvement in services and care.
  - 1.1. We welcome the opportunity to respond to the Health and Social Care Committee's call for evidence on the general principles of the Public Health (Wales) Bill and we recognise the potential health improvement gains for people with, or at risk of developing, cardiovascular disease, that can be made from the Public Health (Wales) Bill
  - 1.2. We appreciate that there are levers available to improve the health of the people of Wales already in place, however we believe that it is necessary to bring in legislation related to particular risk factors for cardiovascular disease.
  - 1.3. The recommendations in this document are direct responses to the committee's specific questions:
    - a) Do you believe that the issues included in this Bill reflect the priorities for improving public health in Wales?
    - b) Are there any other areas of public health which you believe require legislation to help improve the health of people in Wales?

## **2. Tobacco Control**

**2.1.** BHF Cymru is fully supportive of the five principles on the bill. Research and evidence show smoking as an important risk factor for cardiovascular disease and that stopping smoking reduces this risk. However smoking prevalence in Wales is still high.

2.1.1. More than one in five adults smoke in Wales<sup>i</sup>

2.1.2. Each year an estimated 1,200 Welsh deaths from cardiovascular disease can be attributed to smoking<sup>ii</sup>

2.1.3. Around 28,000 hospital admissions for adults over 35 are attributable to smoking each year<sup>iii</sup>

2.1.4. We are supportive of the Government proposals to restrict availability and success to cigarettes and to establish a register of tobacco retailers. We believe that measures of this kind are useful in countering illicit trade and underage sales and also provide valuable data which can support tobacco control research.

### **3. Health Impact Assessments**

3.1. We support placing Health Impact Assessments (HIA) on the face of the bill. We know that people living in the poorest parts of the country are, on average, more likely to die early from cardiovascular disease than people living in the richest.

3.1.1. The premature (under 75) death rate for Blaenau Gwent (106 per 100,000) is nearly twice as high as for The Vale of Glamorgan (Bro Morgannwg; 56 per 100,000<sup>iv</sup>).

3.2. The use of HIA was a major recommendation in the Acheson report on inequalities in health<sup>v</sup> and the World Health Organization (WHO) has continued to champion its use not just in planning, but in all major policy decisions.

### **4. Air Pollution**

4.1. BHF Cymru believes that the Public Health (Wales) Bill falls short in this important area of public health.

4.2. The association between elevated levels of air pollution and increased cardiac death rates was first recognised in the early 1950s. Since this time scientists have been researching the nature of the link, and the evidence shows a causal relationship. Experts believe that air pollution can make existing heart conditions worse and cause cardiovascular events in vulnerable groups.

4.3. Research suggests that in the UK as many as 35,000 to 50,000 people could die prematurely each year, as a result of short term exposure to air pollution<sup>vi</sup>. The Westminster Government's 2007 air quality strategy estimates that PM reduces life expectancy by around seven to eight months averaged over the whole population of the UK. For sensitive individuals the reduction in life expectancy could be as high as nine years. It is therefore extremely important to increase emphasis on population-wide air pollution exposure reduction, as well as local measures to tackle pollution hotspots. The recent consultation

on air quality and noise management in Wales did not close this legislative gap.

- 4.4. Following the recent ruling at the High Court in the Client Earth v UK Government Case regarding the continued failure of the UK Government to reduce air pollution levels to the legal limits set by the European Commission it is clear that tackling air quality is an issue that requires immediate attention.
- 4.5. The Bill as currently written is cognizant of the impact of tobacco on public health in Wales, however falls short of considering other air pollution issues. Tobacco smoking legislation puts the onus on the polluter to reduce emissions for the good of those around them. Air pollution should be considered a major public health problem and measures in which to drive down population exposure should be considered
- 4.6. BHF Cymru therefore would welcome the extension of the Public Health (Wales) Bill to include air quality and air pollution.

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To discuss this consultation response in more detail, please contact Ruth Coombs, Head of BHF Cymru [REDACTED]

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<sup>i</sup> Welsh Health Survey 2015 Results ~ BHF calculation (survey and ONS population estimates)

<sup>ii</sup> BHF estimate for Wales based on NHS Digital, Statistics on Smoking, 2016

<sup>iii</sup> Public Health Wales Observatory & Welsh Government, Tobacco and Health in Wales, 2012

<sup>iv</sup> BHF/Oxford University in collaboration with the Office for National Statistics

<sup>v</sup> Acheson, D. (1998) *Independent inquiry into Inequalities in Health report*

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<sup>vi</sup> American Heart Association (2010) *Particulate matter air pollution and cardiovascular disease. An update to the scientific statement from the American Heart Association*. Circulation may10, 2010.