

Health Impact Assessment (Wales) Regulations 2025: *A guide for public bodies in Wales*



Health Impact Assessment (Wales) Regulations 2025: A guide for public bodies in Wales (February 2026) has been developed by Public Health Wales (PHW), in collaboration with Welsh Government and public bodies through a HIA User Reference Group.

It is specifically for public bodies in Wales who, under the [Health Impact Assessment \(Wales\) Regulations 2025](#) (the Regulations), will be required from 06 April 2027 to carry out a HIA when proposing to make a decision of a strategic nature about how to exercise its functions.

Guidance on how to undertake voluntary Health Impact Assessments in other circumstances is available in a separate guide to practice: ***Health Impact Assessment (HIA): A practical guide for voluntary best practice in Wales.***

When the Regulations come into force on 06 April 2027, compliance with them will ultimately be the responsibility of public bodies who should therefore revert to the Regulations themselves when assessing compliance. This guide has been published to assist public bodies in carrying out a HIA. It is not intended to be a comprehensive or full account of the legal position in this area. Public bodies are advised to consider the Regulations in full and, where appropriate, to seek independent legal advice to ensure compliance with their legal obligations.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh.

ISBN 978-1-83766-796-3

© 2026 Public Health Wales NHS Trust.

Material contained in this document may be reproduced under the terms of the Open Government Licence (OGL) www.nationalarchives.gov.uk/doc/open-government-licence/version/3/ provided it is done so accurately and is not used in a misleading context.

Acknowledgement to Public Health Wales NHS Trust to be stated. Copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust.

Foreword

Health Impact Assessments (HIAs) represent a bold and progressive step forward in our collective mission to tackle stubborn and pernicious health inequalities, which blight too many people's lives, and to embed health equity at the heart of public decision-making.

From 06 April 2027, HIAs must be carried out by a wide range of public bodies when proposing to make decisions of a strategic nature about how to exercise their functions. This builds on existing good practice by introducing a more structured and consistent approach to considering health impacts. By doing so, it enables better understanding of the effects of public body decisions on people's physical and mental health and helps to identify measures to prevent, reduce, or mitigate negative effects, or to increase positive effects.

This guide has been developed by Public Health Wales, in collaboration with the Welsh Government and through testing with public bodies. It is designed to support public bodies to fulfil their legal requirement to carry out HIAs. This guide provides practical assistance and resources, and a step-by-step process to ensure HIAs are conducted in a proportionate, systematic and high-quality manner.

HIAs are another vital tool to address health inequalities. They will help all of us to consider the wider determinants of health, such as housing, transport, education, employment, culture, and the environment – all these are factors which have a profound impact on our daily lives and ultimately influence and shape our health outcomes.

The Welsh Government has long championed this approach – the introduction of compulsory HIAs positions Wales as a world leader in the application of public health policy and legislation.

This is a statement of intent. It signals our commitment to prevention, to fairness, and to ensuring that health considerations are not an afterthought but a foundational element of strategic decision-making.

I encourage all public bodies to use this guide – not just to support compliance with the new regulatory regime, but to champion a holistic approach to health and equity in decision-making.

This is another step towards creating a healthier, fairer Wales.

Jeremy Miles
Cabinet Secretary for Health and Social Care

February 2026

Contents

Foreword	3
Overview	5
A: Key definitions and policy context	7
B: What is Health Impact Assessment (HIA)?	11
C: The HIA process for the Regulations	18
D: Additional considerations for public bodies	33
Glossary	34
References	36
Appendices	38

Overview

Health Impact Assessment (HIA) is a process that can be applied across all policy areas, sectors, and settings to assess how the health, well-being, and equity of a population - or specific groups within it - may be, or have been, affected by a policy, programme, plan, decision, or project. It can help to strengthen and maximise the positive health and well-being impacts of a proposal or decision and can support the mitigation of any negative or unintended negative consequences. It also places an emphasis on considering the impacts on population groups and addressing inequalities.

The Health Impact Assessment (Wales) Regulations 2025 (the Regulations) defines a HIA as an assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales, or of some of the people of Wales.



This guide supports relevant public bodies in Wales (referred to as ‘public bodies’ throughout; [Appendix 1](#)) to implement their legal duty to carry out HIAs under the Regulations, which come into force on 06 April 2027. **The Regulations require certain public bodies to carry out a HIA when proposing to make a decision of a strategic nature about how to exercise its functions. This includes, but is not limited to, requiring them to identify and assess any intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely on the physical and mental health of an identified population group.** The Regulations include some detail on what the public bodies must have regard to during the assessment as well as the requirements in relation to the publication of the HIA.

The HIA process can support the implementation of the concept of Health in All Policies (HiAP) which means working across systems and settings to consider health and well-being and can help to assist in the reduction of health inequalities.

This guide **provides context for HIA in Wales, an overview of the HIA process for public bodies in Wales, and some practical resources to help support the implementation of HIA** at a national, regional, and local level in a high quality, time and resource effective, **proportionate** and **systematic** way.

The guide is divided into four parts:

- **A: Key definitions and policy context**
- **B: What is Health Impact Assessment (HIA)?**
- **C: The HIA Process for the Regulations in Wales.**
- **D: Additional considerations for public bodies**

When the Regulations come into force on 06 April 2027, compliance with them will ultimately be the responsibility of public bodies who should therefore revert to the Regulations themselves when assessing compliance. This guide has been published to assist public bodies in carrying out a HIA. It is not intended to be a comprehensive or full account of the legal position in this area. Public bodies are advised to consider the Regulations in full and, where appropriate, to seek independent legal advice to ensure compliance with their legal obligations.

A: Key definitions and policy context



Health and well-being

HIA is underpinned by a social or holistic model of health, rather than a biological model which simply focuses on the absence of ill health or being ill. The World Health Organization defines health as: *'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'* (World Health Organization, 1948).

Looking at health in a holistic way means two key things:

1. Health can mean different things to different people depending on their lives and experiences.
2. Health is influenced by broader social, environmental, cultural, and economic factors - these are known as the *wider determinants of health* (WHO, 2017).

The Regulations state that in carrying out a HIA, public bodies must identify and assess 'any intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on the physical and mental health' of any population groups identified. In assessing these effects, public bodies are required to have 'regard to the' wider determinants of health and any health inequity factors.

Within Wales, mental health has been defined as 'a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community' (Welsh Government, 2025a).

In relation to any effects identified, when carrying out a HIA the Regulations state that the public body must also identify and assess any measures that the public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects.

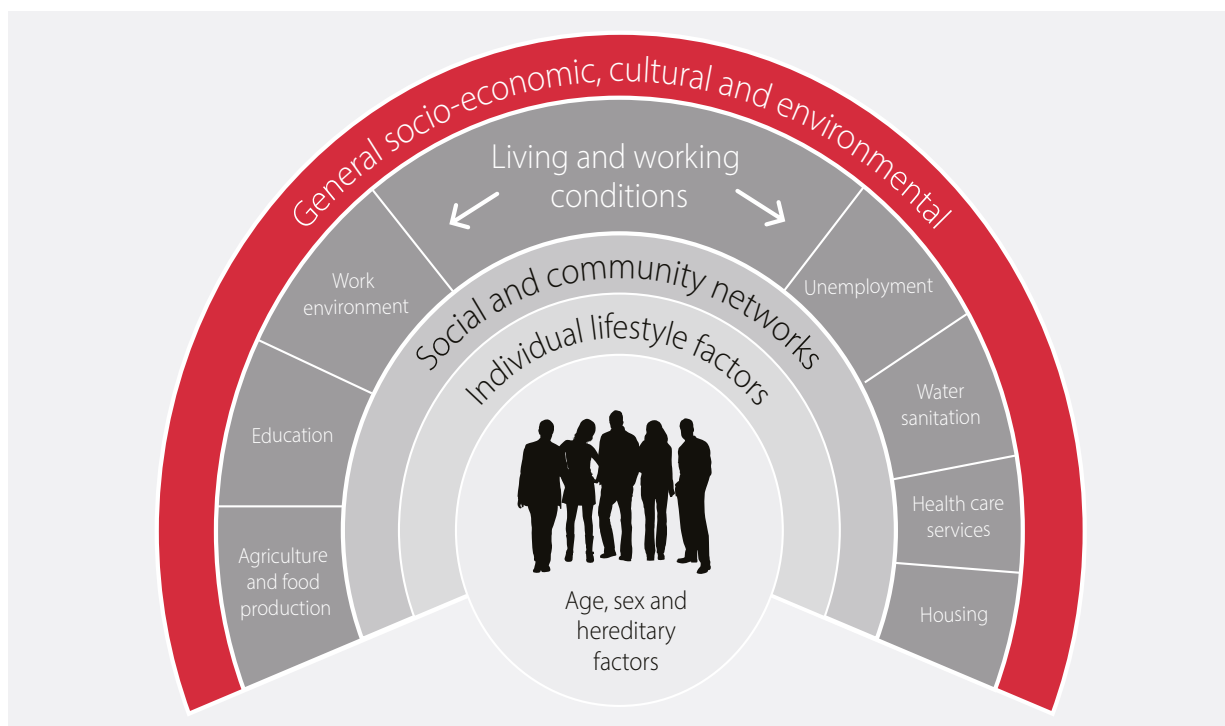
Preventing ill health

Preventing ill health in Wales requires addressing both lifestyle choices and the wider social, economic, cultural and environmental factors that influence health (Welsh Government, 2025b). Ensuring access to good housing, education, employment, and safe communities can significantly reduce health inequalities. Early intervention, supportive community services, and policies that promote healthy environments - such as clean air, active travel, and affordable nutritious food - are key to preventing illness. By understanding and tackling these wider determinants alongside encouraging healthy behaviours, for example not smoking, Wales can create conditions for long-term wellbeing and stronger, healthier communities.

Wider determinants of health

Many sectors outside of the health sector itself, for example education or housing, can have a direct or an indirect impact on health and well-being. These influence the conditions in which people are born, grow, live, work, play and age. These factors are known as the 'wider or social determinants of health' (Dahlgren and Whitehead, 2021; The Health Foundation, 2023; Figure 1). Differences in how these factors impact people can influence health and may create or increase health and social inequalities. These impacts may be direct or indirect; obvious and/or intentional; difficult to identify and/or unintentional.

Figure 1: The wider determinants of health (Dahlgren and Whitehead, 2021)



The Regulations define the “wider determinants of health” as the social, economic, cultural and environmental factors that may affect people’s health.

Health inequalities and inequities

Health inequalities can be defined as the systematic differences in the health and well-being status of different groups (McCartney *et al.*, 2019). Health inequities can be defined as differences in health status which are unnecessary, avoidable, unfair and unjust (The Kings Fund, 2025; See Figure 2).

Figure 2: Equality versus Equity*

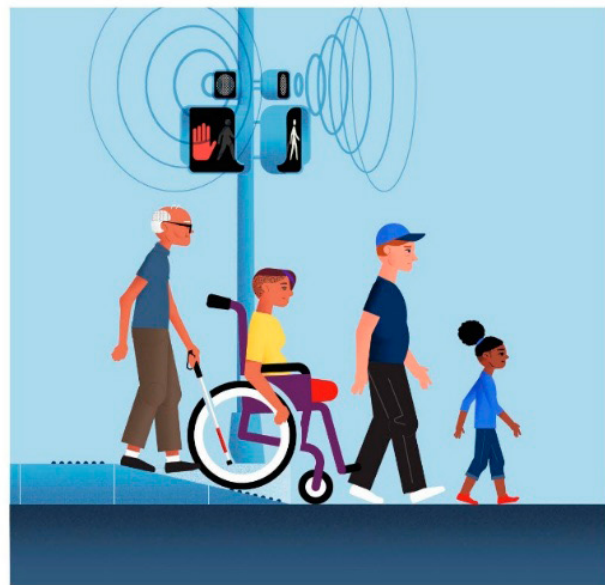
EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances and conditions.



Copyright 2022: Robert Wood Johnson Foundation

**Reproduced with permission of the Robert Wood Johnson Foundation, Princeton, N.J (Robert Wood Johnson Foundation, 2022).*

Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- Health status, for example life expectancy.
- Access to care, for example availability of given services.
- Quality and experience of care, for example levels of patient satisfaction.
- Behavioural risks to health, for example smoking rates.
- Wider determinants of health, for example quality of housing (The Kings Fund, 2025).

Policy context

Wales has long-championed a HiAP approach where public bodies 'systematically take into account the health implications of decisions and avoid harmful health impacts, in order to improve population health and equity' (European Centre for Health Policy, 1999).

The **Public Health (Wales) Act 2017** (Welsh Government, 2017) places a duty on Welsh Ministers to develop Regulations that outline the circumstances in which certain public bodies must carry out a HIA. The Regulations have since been made and come into force on 06 April 2027.

The **Well-being of Future Generations (Wales) Act 2015** (WFG Act; Welsh Government, 2015) requires certain public bodies to act in accordance with the sustainable development principle, which means that they must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The application of the sustainable development principle, which provides the five ways of working of sustainable development (**integration, long-term thinking, prevention, collaboration, and involvement**), clarifies how an organisation must identify its well-being objectives. These 'five ways of working' aim to incorporate HiAP principles - albeit implicitly and without naming them directly - to advance seven well-being goals, which encompass health, equity, the economy, the environment, and society, and offer a framework for achieving them. These goals relate to the United Nation's seventeen Sustainable Development Goals (United Nations, 2020).

The policy landscape in Wales includes other statutory duties, such as the *Socio-economic Duty (SED)* and the Public Sector Equality Duty (PSED). Like HIA, other duties also have a common purpose to address inequalities experienced by population groups, specifically for those groups who have protected characteristics (such as age, disability or ethnicity) or circumstances (such as socio-economic disadvantage).

The **Wales Specific Equality Duties 2011 (WSED)** place a requirement on public bodies to assess the likely impact of policies and practices on their ability to comply with the PSED; namely, how they a) eliminate discrimination, harassment and victimisation, b) advance equality of opportunity for people with protected characteristics, and c) foster good relations between those with protected characteristics and those without. Equality Impact Assessments (EqIAs) are routinely used as the tool to understand likely impacts on groups with protected characteristics, to comply with the duty.

Evidence gathered through a HIA may be useful in informing other impact assessments or to demonstrate due regard has been given to other duties in Wales. A HIA can help to meet requirements outlined in many of the other duties.

B: What is Health Impact Assessment (HIA)?



In relation to the Regulations, HIA is an evidence-based, practical, systematic yet flexible process to identify and assess any intended effects and any unintended effects that a public body reasonably considers are likely on the physical and mental health of any identified groups of the population. In relation to such effects, a HIA can include an assessment of any measures that a public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects. HIA is suitable for use across a range of settings and sectors and offers evidence and information to inform decision-making processes.

HIA is one of the main vehicles through which to drive the implementation of the concept of HiAP and is also a process which promotes cross-sector collaboration and enables participation and engagement with all stakeholders.

A HIA is defined by the Regulations¹ as an assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales, or of some of the people of Wales.

¹ In standard HIA practice in Wales, other definitions of a HIA do exist. Please see the Voluntary HIA Guide for Practice for further information.

What are the benefits of carrying out a HIA?

HIAs have several benefits for the physical and mental health of both individuals and communities, by focussing on prevention. These benefits are magnified when carried out prospectively, before a decision has been made.

These include:

- Identifying risks to health early (primary prevention).
- Working to make physical and mental health fairer for everyone, as a pathway to prevention of ill health and reducing inequalities (targeted prevention), especially for groups who may be at risk.
- Identifying both positive and any unintended effects that a public body reasonably considers are likely and identify and assess ways to address any problems (system-level prevention). HIA also helps find gaps and opportunities.
- Strengthening protective factors that encourage planning and decisions that are based on evidence and knowledge.
- Helping different policy areas understand how their work can improve physical and mental health, prevent ill health and reduce health inequalities.
- Supporting teamwork, collaboration across sectors, and encouraging the involvement of people in decision-making.
- Being a practical, flexible, and easy-to-use tool for everyone involved.
- Promoting the consideration of health and inequalities alongside other duties or assessments, which helps avoid repetition of work.

Some factors have direct impacts on health, for example workplace hazards such as chemicals. However, often impacts can be indirect, such as poorly paid jobs with little control give rise to stress, potentially affecting both mental and physical health in the long-term. Understanding both direct and indirect impacts is essential for identifying where a decision may create health benefits or risks. Recognising these pathways using a HIA supports:

- More comprehensive analysis.
- Stronger, evidence-informed recommendations.
- Better alignment of planning and public health goals.
- Earlier mitigation of unintended negative impacts.
- Promotion of environments that foster long-term well-being.

Through examining how decisions could influence the wider determinants - and how these translate into direct and indirect effects - HIA provides a structured approach to prevention, improving population health and reducing inequalities.

Principles of HIA

HIA is based on eight core principles and values (Figure 3). The HIA process is underpinned by impartiality and independence in following these values.

Figure 3: Principles and values of HIA (European Centre for Health Policy, 1999)

<p>Open</p> <p>Encourages the involvement of a wide range of stakeholders.</p>	<p>Transparent</p> <p>The process, methods and findings are openly published and available.</p>	<p>Ethical</p> <p>Use of evidence and methods of participation.</p>
<p>Equitable</p> <p>Aims to address inequities and reduce health inequalities.</p>	<p>Principles and values of HIA</p>	<p>Robust</p> <p>Uses a wide range of strongest available evidence.</p>
<p>Participatory</p> <p>Actively encourages involving representative stakeholders through a variety of ways.</p>		<p>Sustainable</p> <p>Considers impacts which are short and long-term, and direct or indirect.</p>
		<p>Democratic</p> <p>Encourages enabling people to actively participate and contribute to decision-making processes.</p>

Types of HIA

HIAs can be proportionate to the context and the degree of complexity of the proposal under assessment.

The Regulations detail what a public body must do when carrying out a HIA, but they do not prescribe the form of a HIA or a particular type of HIA to be used. This means that provided public bodies comply with the requirements of the Regulations (for example, by identifying and assessing those factors required by the Regulations), they have flexibility to adapt their HIA in a manner they consider to be most appropriate in the context of the decision they are making.

In practice, there are normally two different types of HIA used in Wales, namely **Rapid (Standard)** and **Comprehensive**. It is possible for a HIA required by the Regulations to use elements of each type, determined by the nature of the proposal being assessed (Figure 5). Public bodies have the flexibility to decide which elements are taken from each, provided they comply with the requirements of the Regulations.

The difference between a **Rapid (Standard) HIA** and a **Comprehensive HIA** mainly lies in their depth, scope, time requirements, and resource utilisation (Table 1). In summary, a Rapid (Standard) HIA is quicker and less resource-intensive than a Comprehensive HIA and is focussed on providing timely insights with a narrower scope of analysis. In comparison, Comprehensive HIAs are more detailed, time-consuming and resource intensive allowing for in-depth analysis and participation.

Table 1: Rapid (Standard) HIA and a Comprehensive HIA

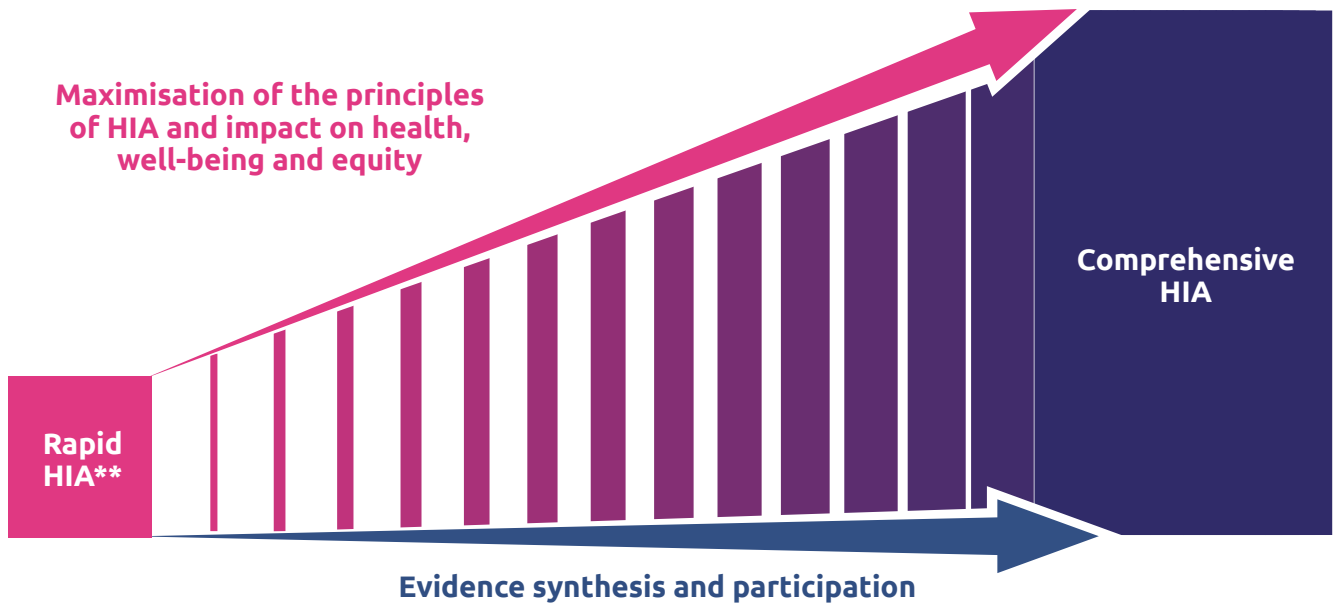
	Rapid (Standard) HIA	Comprehensive HIA
Time and resources	<ul style="list-style-type: none"> Completed in a few days to a few weeks. Requires fewer resources, such as staff and funding. A condensed, less resource-intensive proportional process, usually relying on existing data, expert knowledge or stakeholder input. 	<ul style="list-style-type: none"> Can take several months to over a year to complete. Requires more resources, including more extensive staff involvement, funding, and technical expertise. A thorough process that may include new data collection, detailed analysis or extensive stakeholder engagement.
Scope	<ul style="list-style-type: none"> Focuses on identifying key potential health impacts quickly. Provides a high-level analysis, often with less detailed exploration of all possible health impacts. 	<ul style="list-style-type: none"> Explores a wide range of health impacts in depth. Involves a more detailed examination of health pathways and potential impacts across multiple population groups.
Stakeholder involvement	<ul style="list-style-type: none"> Less extensive stakeholder involvement (if engaged) Stakeholder evidence may be gathered through existing consultations or a participatory HIA workshop with key stakeholders. 	<ul style="list-style-type: none"> If engaged, more thorough feedback and evidence is gathered from affected communities and organisations.

Further information on the types of HIA, including how to undertake these, can be found in [Appendix 2: Further information on Rapid \(Standard\) and Comprehensive HIAs, including useful resources](#).

For public bodies in Wales, the following factors should be considered when deciding whether to do a Rapid or Comprehensive HIA:

- **Significance** to the population’s health.
- **Scale** - size of population affected.
- **Complexity** - when the strategic decision has multiple impacts across a range public bodies, its population and/or specific communities.

Figure 5: Types of HIA and maximisation of the principles of HIA and impact on health, well-being and equity*



*dependent on the time and resources available

** minimum requirement of the HIA Regulations

For HIAs required under the Regulations, public bodies have the flexibility to determine the type of HIA they use; provided they meet the requirements of the Regulations.

Involvement and Participation in HIA

The Regulations do not require consultation or engagement with third parties when carrying out a HIA. However, it is recommended that all assessments include some involvement of stakeholders where it would be appropriate and proportionate to do so. In all cases, public bodies must comply with their obligations under the WFG Act.

Involvement and participation in HIA places citizens and communities at the heart of decision-making processes.

In HIA, stakeholders would normally include those who are:

- likely to be impacted or potentially affected by a proposal. For example, specific population groups, service users or communities;
- involved in the planning of a proposal and decision;
- involved in the implementation of a proposal.

Stakeholders can contribute to a HIA in a range of ways such as being part of a steering/ advisory group (where applicable), contributing evidence and/or local or national knowledge, helping to identify mitigation or recommendations for action and in monitoring or reviewing a HIA.

Roles, skills and knowledge within HIA

It is recommended that HIAs are undertaken by a team of people. Collaboration is often a key component of any HIA and the process benefits from a collaborative approach to maximise its power. Resource efficient HIAs are carried out by small (often multidisciplinary or multiskilled) teams (Edmonds et al., 2019; Figures 6-7).

Useful roles, skills and knowledge are dependent on the type of HIA being carried out.

Figure 6: Roles in HIA

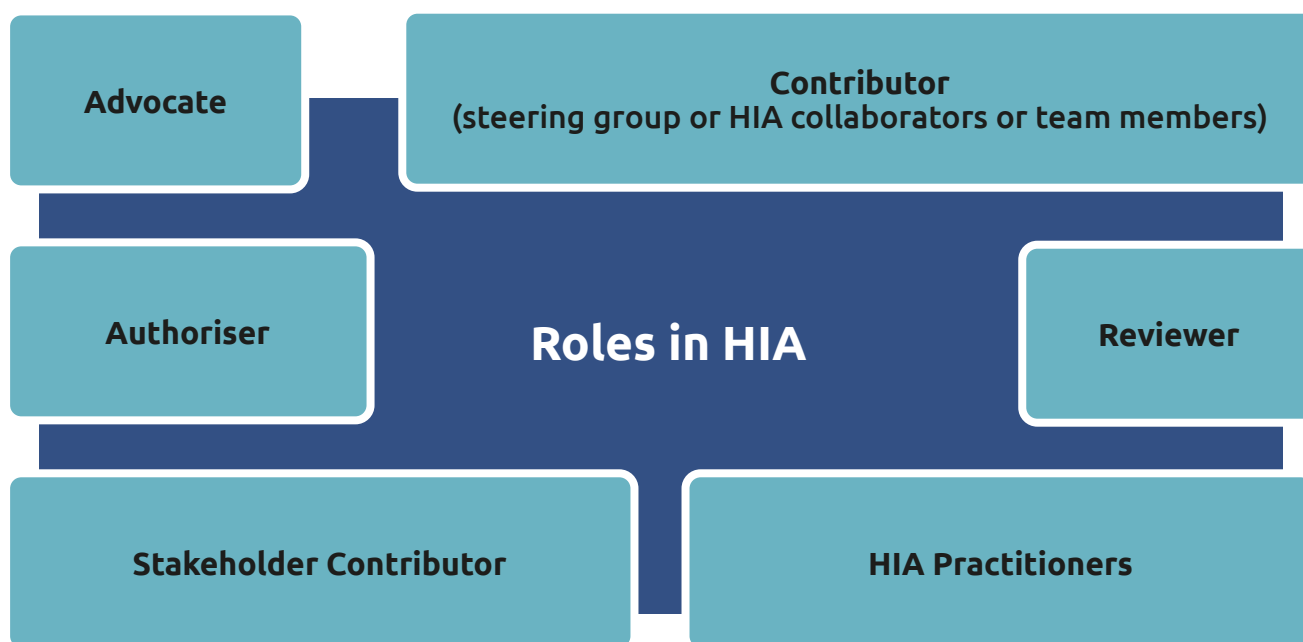


Figure 7: Knowledge and skills for HIA (Edmonds, Parry-Williams and Green, 2019)



Competency and expertise for HIA

Many people are hesitant to carry out a HIA because they feel they lack the necessary experience, time, skills, knowledge, confidence or competence. However, HIA is designed to be a practical and accessible process that anyone can undertake with the right guidance. Practitioners, corporate governance officers, commissioners who regularly use routine skills in their daily roles such as those outlined in Figure 7, and who maintain continuing professional development and competence as part of their professional practice, can conduct or lead a HIA for the first time. Support, tools and resources, and advice (for example, from PHW) are available and should be used alongside the Regulations themselves.

C: The HIA process for the Regulations

The Regulations legally require certain public bodies to carry out a HIA when it 'proposes to make a decision of a strategic nature about how to exercise its functions'.

Requirements: Under the Regulations, public bodies must:

- Identify the decision to which the HIA relates.
- Identify any groups of the population whose physical or mental health the public body reasonably considers may be affected by the decision.
- Identify and assess any intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on the physical and mental health of any group of the population identified, having regard to the wider determinants of health and any health inequity factors.
- Identify and assess, in relation to any effects identified, any measures that the public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects identified.
- Identify and assess anything else the public body considers to be relevant to the carrying out of the HIA.
- As soon as is reasonably practicable after carrying it out, publish the HIA in such a manner as the public body considers appropriate.

Steps of HIA for public bodies in Wales

The HIA process routinely consists of steps, which are internationally recognised in HIA practice (Table 2). Whilst some may think of it as a linear process, HIAs are iterative processes which are sensitive to evidence, timescales and circumstances. For example, it is helpful to keep the scope of a HIA under review as new information may emerge during the later steps of the process.

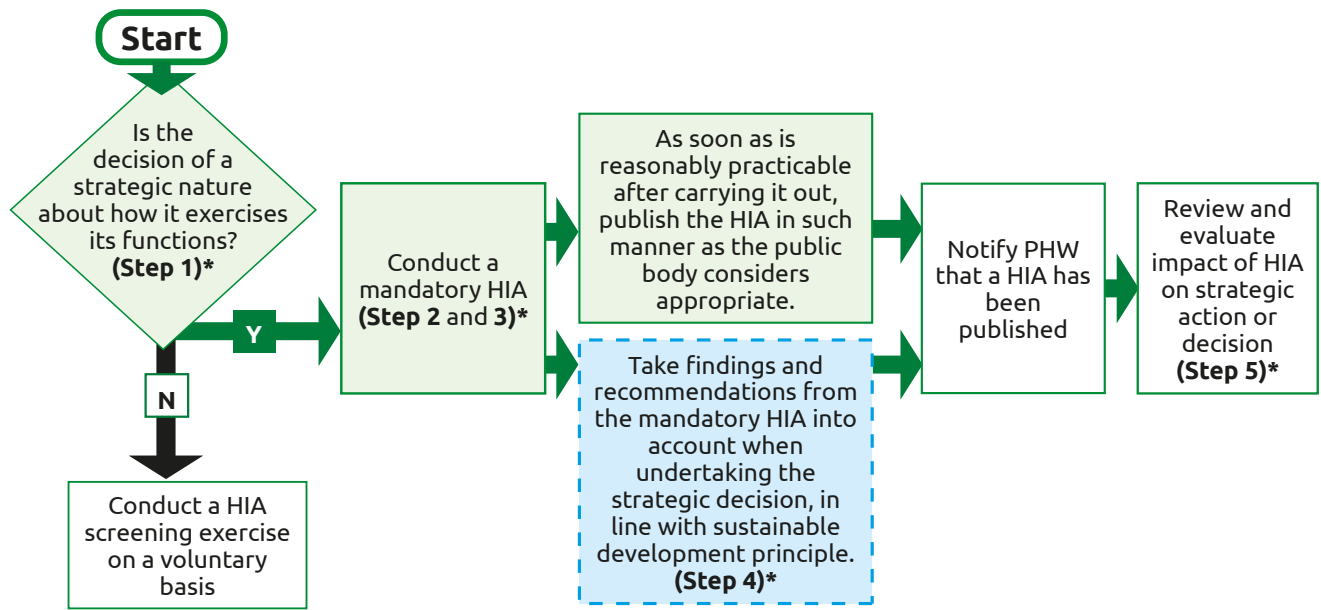


Table 2: Process steps of a HIA for public bodies in Wales

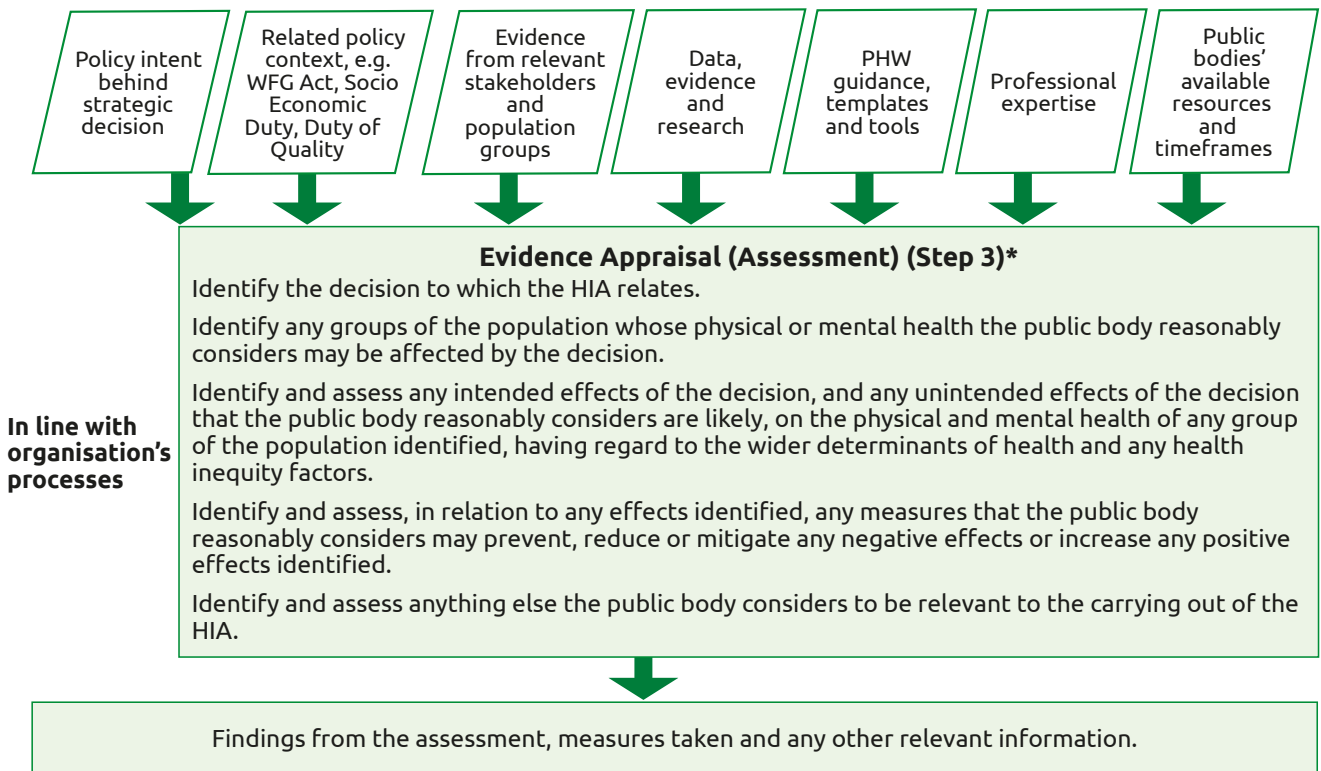
Step	Step description	Requirement of the Regulations
Step 1: Screening	Is there a proposal to make a strategic decision about how to exercise functions? If so, a HIA should be carried out. If not strategic, a voluntary HIA could still be considered. For more information, see <i>Health Impact Assessment (HIA): Voluntary Best Practice A Practical Guide for Wales</i> .	Yes, will help identify the decision to which a HIA relates
Step 2: Scoping	Define the parameters of the HIA, how long will it take, what resources it will require, noting any deadlines, and thinking about what evidence should be gathered and appraised.	No, but will assist the scoping of the resources and governance arrangements needed to carry out Step 3.
Step 3: Evidence Appraisal (Identification and Assessment)	Assess the evidence gathered by synthesising and analysing it to form a picture of impact. This evidence can include peer reviewed and grey literature, stakeholder evidence and routinely gathered data or statistics.	Yes, this will help to identify any groups of the population whose physical or mental health and well-being could be affected by the decision and to identify and assess any intended and unintended effects of the decision that the public body reasonably considers are likely and any measures that the public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects.
Step 4: Reporting*	Publish the output of the HIA. This could include an outline of the process, findings and any recommended action that should be taken to prevent, reduce or mitigate negative effects or increase positive effects.	Yes, public bodies must publish the findings from the HIA as soon as is reasonably practicable and in a manner as they consider appropriate.
Step 5: Review and reflection, including monitoring and evaluation	Highlight milestones to measure any changes in impact or if the predicted impacts were observed, reviewing the process and any impact which it may have had on decisions and future policies.	Optional

***Quality Assurance – Is a core theme of any HIA and should be considered throughout the process – from the scoping stage to the end.** It is usually incorporated into the reporting step, or post publication. It enables a review of the HIA to be carried out to ensure confidence in the content, findings and robustness of the process of the HIA. This is recommended good practice.

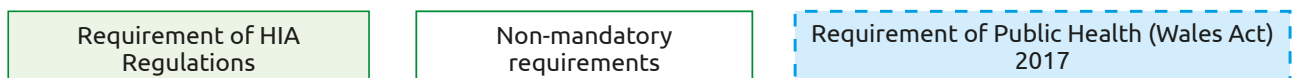
Figure 8: HIA process maps for public bodies in Wales



Scoping – inputs into the assessment – (Step 2)*



*Aligns to WHO 5 Step process for HIAs



A summary about what action should be taken at each step for each type of HIA, alongside useful resources, are available at [Appendix 2: Further information on Rapid \(Standard\) and Comprehensive HIAs, including useful resources.](#)

Step 1: Screening - Deciding whether to conduct a HIA

Public bodies must consider whether any decision being made is of a strategic nature about how to exercise its functions. If they are, a HIA **must** be conducted.

If no, consider if a voluntary HIA needs to be carried out. For more information, see *Health Impact Assessment (HIA): Voluntary Best Practice A Practical Guide for Wales*. A record of the screening decision should be kept including the decision not to carry out a HIA and why.

What is a decision of a strategic nature?

In general, strategic decisions will be those which affect how the public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day-to-day' decisions. For some public bodies, such decisions may only be taken annually, but in other cases they will come up more often.

It may be useful to refer to the guidance for the SED which provides information on decisions of a strategic nature (Welsh Government, 2021).

Below are some examples (not an exhaustive list) of strategic decisions public bodies may make:

- Strategic directive and intent.
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans).
- Setting objectives (for example, well-being objectives, Equality Act (2010) equality objectives, Welsh language strategy).
- Changes to and development of public services.
- Strategic financial planning.
- Major procurement and commissioning decisions.
- Strategic policy development.

The Regulations require a HIA to be carried out when a public body proposes to make a decision of a strategic nature about how to exercise its functions. HIAs required by the Regulations should therefore be carried out 'prospectively' (i.e. **before the decision is made**) and not retrofitted after a decision has been taken. This allows for the maximisation of benefits to be achieved and mitigation for potential unintended consequences.

Step 2: Scoping – Establishing the type and scope of the HIA

Key purpose: To establish how the HIA will be carried out, including noting the governance and logistics of the HIA and clarifying key roles and responsibilities alongside agreeing a plan of action for the HIA.

Scoping is recognised as the key step to ensure the carrying out of a quality HIA.

It is important the scope and depth of the HIA are revisited and amended (as needed) throughout the process to ensure the HIA continues to meet the aims identified. For example, as evidence is gathered throughout the HIA process, new determinants and population groups may be identified by new evidence or there may be no evidence of impact so that certain topic areas can be closed.

Scoping includes the consideration of:

- **Objectives and focus** - aim and objectives for the HIA, the elements of the proposal to be focused on, and geographical boundaries.
- **Process** - the type of HIA, the scale and proportionality, tools and assessment frameworks to use, evidence required and how recommendations and reporting will be done.
- **Project Management and governance** - time scales, steering group, whether the HIA will be completed within the public body or whether the HIA will be commissioned to an external private contractor to complete the work, resources required, roles and responsibilities.

How?

The establishment of a Steering Group is not essential but can provide an effective means of sharing ownership and responsibility for the process and enable the distribution of tasks. The size will depend on the length and complexity of the project, with an ideal number being between four and 12 people. Representatives from key stakeholder groups or organisations may be involved as this helps to promote wider participation in, and ownership of, the process. This approach also promotes elements of the five ways of working and the sustainable development principle – namely collaboration and involvement.

A **HIA Scoping template** ([Appendix 3](#)) is available to guide conversations and make a record of decisions

Key tips:

- Treat this as the key planning step. This step will help clarify the purpose and proportionality of the HIA and how it is going to be carried out and which determinants and groups will be focussed on.
- Ensure the right people are around the table to make the HIA a success.
- Be realistic and only plan for what can be achieved with the timeframe and resources available.
- Recognise the HIA may need to be revisited as more information comes to light, for example during times of emergencies a very rapid HIA may be appropriate but as new information emerges and the immediate emergency passes, a more detailed HIA may be required.

Step 3: Evidence Appraisal to support the identification and Assessment of evidence

Key purpose: To gather evidence (including local, regional or national contextual knowledge, data and peer-reviewed published and grey literature) about the potential nature, size, likelihood and distribution of the proposal's impacts on health, well-being and equity, across population groups.

Under the Regulations, as part of carrying out a HIA, public bodies must 1) identify and assess 'any intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on the physical and mental health of any groups of the population' and, 2) in relation to those identified effects, 'any measures that the public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects'.

This is the main step of the HIA process in which the evidence is gathered and assessed to identify potential or actual health impacts. By gathering existing and new evidence, this step provides the opportunity to identify possible ways of maximising the positive effects and preventing, minimising or mitigating the negative effects. This also provides links to the PSED.

This step should be proportionate to the type of HIA being carried out. For example:

- A Rapid (Standard) HIA could rely mainly on existing data and knowledge, alongside the feedback of any consultation or qualitative workshops undertaken with stakeholders.
- Whereas a Comprehensive HIA should rely on a more complex range of evidence sources.

The ***Population Groups and Wider Health and Well-being Determinants*** resource ([Appendix 4](#)) can be used as a guide, to help public bodies identify any groups of the population whose physical or mental health the public body reasonably considers may be affected by the decision. This resource is not exhaustive, nor intended to be worked through point by point, but it can be used to help prompt discussions and considerations about which groups (if any) are affected, and how and what evidence needs to be captured to better understand effects on the physical or mental health of those groups.

The Regulations require public bodies to identify any group of the population whose physical or mental health the public body reasonably considers may be affected by the decision. For example, public bodies could consider any population groups who are or who may be vulnerable to unintended negative impacts of a policy, plan, proposal or decision

such as those in rural communities, those at risk of social isolation and exclusion and carers. Population groups which the public body reasonably considers may also benefit from a decision should also be identified.

Under the Regulations, when identifying and assessing any intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on the physical and mental health of any of the population groups identified, a public body must have regard to the wider determinants of health, and any 'health inequity factors'.

The Regulations define “health inequity factors” as any differences in health outcomes and health opportunities that may reasonably be explained, or may reasonably be caused, by any ground including -

- (i) socio-economic status,**
- (ii) geographic location, and**
- (iii) the presence of a protected characteristic within the meaning of Chapter 1 of Part 2 of the Equality Act 2010;**

For the purposes of the above definition “health opportunities” means access to publicly available opportunities that the public body carrying out the HIA reasonably considers promote or improve physical or mental health or are intended to do so.

The Regulations also defines “wider determinants of health” as the social, economic, cultural and environmental factors that may affect people’s health.

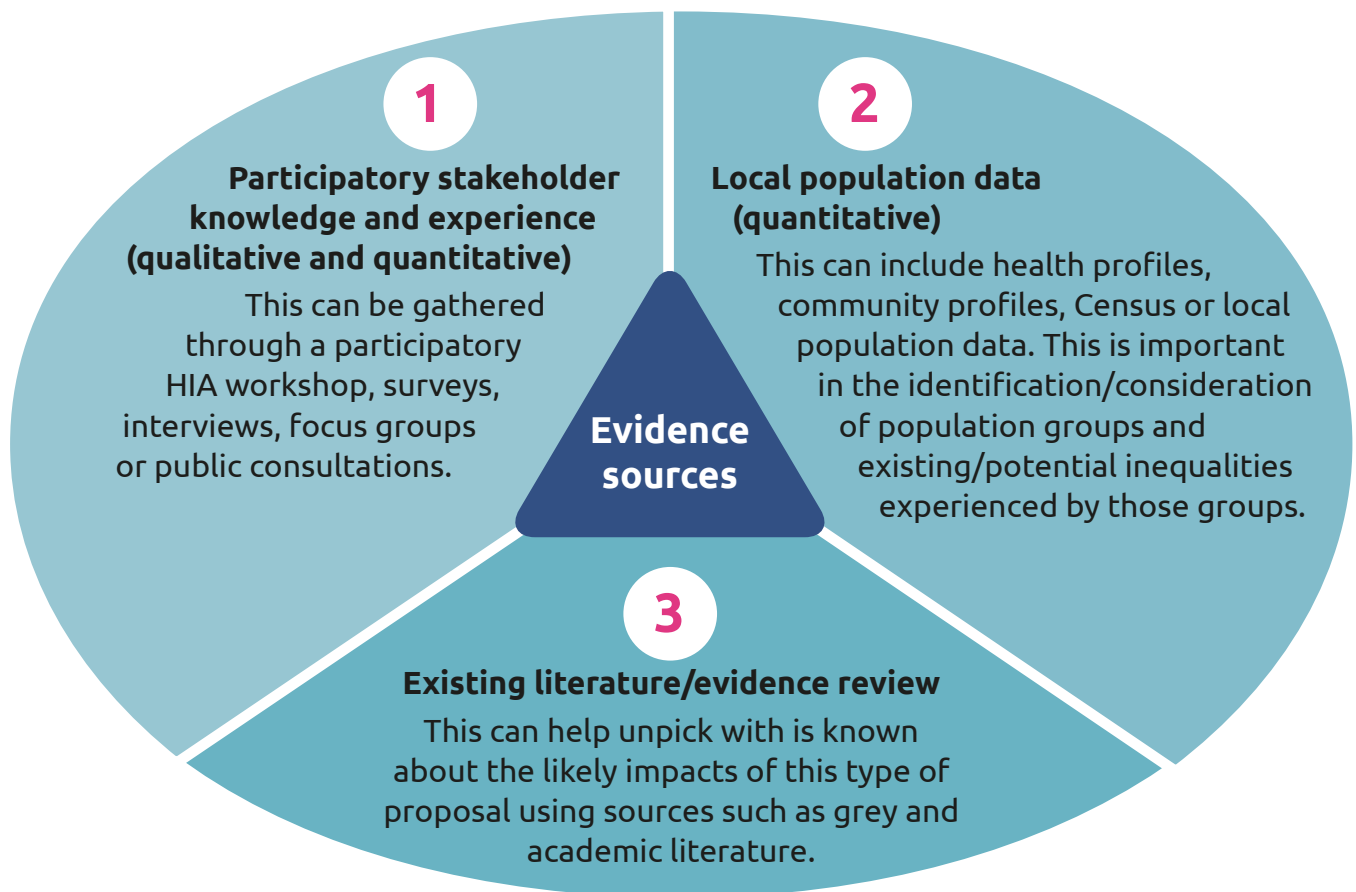
The ***Population Groups and Wider Health and Well-being Determinants*** resource ([Appendix 4](#)) can also assist in the identification and consideration of the wider determinants and health equity factors (including health opportunities) as part of the assessment. The checklist includes a range of factors (such as economic, social, environmental and cultural) which may affect people’s physical and mental health. For example, cultural factors could be things such as Welsh language or other languages and culture and the way cultural groups interact with each other or with services. Again, the resource at Appendix 4 is not exhaustive, and other determinants could be relevant.

Once groups of the population and the wider determinants and health inequity factors have been identified and discussed, the next step in the process is to identify evidence to assess the potential impacts on these groups and factors in accordance with the requirements of the Regulations. Further population groups and determinants of health may also be identified once the data and evidence has been assessed.

What evidence can be used within a HIA?

HIA can use **both qualitative and quantitative** types of evidence, **proportionate** to the type of HIA being undertaken. Evidence can be gathered through a combination of primary data collection (new information), and secondary data collection using existing evidence (Figure 9).

Figure 9: Example of evidence sources



Sources of evidence for the HIA can include some or all of the following:

1. Participatory stakeholder knowledge and experience

Depending on the circumstances, stakeholders' knowledge and experience could be a valuable source of evidence, providing insight into local or national issues. It could help to develop an understanding of the experiences of people affected by a proposal and their specific knowledge about the topic, area, or community.

This could highlight unexpected positive or negative impacts that might not be immediately obvious to those leading on the proposal, particularly if they are not from the local community or regularly work on the subject area. Example methodologies are as follows:

- Participatory HIA workshops - bringing together stakeholders to discuss the proposal, evidence of impact, and possible solutions. An example HIA workshop agenda can be found at Appendix 5 and an example HIA workshop recording template can be found at Appendix 6.
- Responses from any existing or ongoing consultation(s) relating to the decision (if it is part way through the strategic decision-making process), and any data and feedback from workshops or focus groups which may have been carried out in relation to the decision.
- Questionnaires or/surveys - can be useful to gather both quantitative and qualitative information from a wide range of stakeholders.
- HIA specific focus groups - gathering detailed information from a small group of people. A person to guide the group discussion is required.
- Individual interviews - gathering detailed information from one or two people at a time.

Ethics approval is not routinely required for stakeholder or community involvement in HIA. However, informed consent from stakeholders is essential and the purpose for gathering evidence must be made clear.

2. Local population data and population profiles

A population profile should be relevant to the proposal and context – interpretation is critical to an informative HIA profile.

Profiles often can include:

- General attributes of the population (including size, density, age, gender, income and employment, socio-economic status etc.).
- Health status, particularly of the population groups already identified as vulnerable and likely to benefit or be harmed by the proposal/project/policy.
- Quality of life indicators.
- Additional information relevant to the topic under assessment. This could include data on housing, transport, environmental factors experienced, community assets, access/uptake of services.

Suggestions for quantitative data sources (not exhaustive):

- [StatsWales, including the Welsh Index for Multiple Deprivation \(WIMD\).](#)
- [National Survey for Wales.](#)
- [Public Health Wales.](#)
- [Office for National Statistics, including Census data.](#)
- [Data Cymru.](#)
- [Welsh Government statistics.](#)
- [Office for Health Improvement and Disparities \(OHID\) – Research and statistics.](#)
- [Natural Resources Wales.](#)
- [World Health Organisation \(WHO\).](#)
- [Well-being of Wales reports.](#)
- Routinely collected data from within the organisation.
- Organisational reports that include quantitative data.
- Local authority data.
- Health Board and Public Health Team data.

Quantitative analysis methods can also be used to identify and then quantify and predict health impacts. These can be important to assess a range of issues including environmental and policy health impacts for example, air quality. More information on this can be found at [Appendix 7](#).

3. Literature/evidence review

Sources of existing literature could include:

- Academic and grey literature.
- Systematic reviews.
- Existing HIA reports conducted on the same topic/sector.
- Technical data and reports which have already been gathered relating to the decision.
- Reports from Government or sector organisations.
- Briefings.
- Welsh Health Equity Status Reporting initiative (WHESRI).
- Word of mouth evidence and papers - signposted by key stakeholders.

For a more comprehensive HIA, a literature review protocol with key search terms and inclusion/exclusion criteria could be developed to help guide the process. Criteria to consider are year of publication, language published in, and evidence prioritisation, for example whether the focus should be on evidence from the United Kingdom.

After considering all the identified evidence and assessing the suitability and quality, all relevant information could be used to populate an extraction table to include the following:

- Information on the source – title, author/s, publication date, type of evidence.
- Key population groups identified.
- Key findings – positive/negative impacts across the wider determinants of health, including evidence of impacts.

Bringing the evidence together

Following the collection and recording of the evidence, it needs to be interpreted and used to inform the public body's HIA analysis. If more than one evidence source is being used, it would need to be triangulated and interpreted.

It could be a simple process of theming and discussing the evidence through to, in a more comprehensive HIA, constructing a 'table of impact'. For example, once identified, it may be helpful to categorise impacts as follows:

- **Magnitude/significance of impacts** - minimal, moderate, major.
- **Likelihood/certainty of impacts** - possible, probable, confirmed.
- **Duration of the impact** - short, medium, long-term.
- If needed, then they can further be broken down into direct/indirect impacts.

A table of impact allows for the creation of a clear narrative for the HIA output for example, report or infographic (see Step 4: Reporting), and it can provide a guide for prioritising the impacts to be addressed, and recommendations or measures can be developed from it.

Once the analysis has been completed, measures need to be identified and assessed in relation to the effects of the decision that have been identified. Measures to be identified and assessed are those the public body reasonably considers may prevent, reduce or mitigate any negative effects or increase any positive effects (Figure 10). They can provide an opportunity to 'fill in' any identified gaps in the proposal and readdress any health (or other) inequalities that may potentially be caused by it.

Where a public body has carried out a HIA in accordance with the Regulations, they must take the HIA into account when exercising those functions in connection with which the HIA was carried out and in doing so **must act in accordance with the sustainable development principle** (as per the Public Health (Wales) Act 2017, Part 6).

Figure 10: Developing appropriate measures to address findings

Measures should be:

- ✓ **Clear and concise**
- ✓ **Realistic**
- ✓ **Achievable**
- ✓ **Manageable in number**
- ✓ **Impartial**
- ✓ **Reflective of all evidence and representatives' views**
- ✓ **Agreed by consensus**
- ✓ **Sustainable.**

Key tips:

- Keep in mind how much information, evidence and data are needed for the size of the HIA. The depth of the evidence gathered should be proportionate and appropriate to the form of HIA and the scope, scale and depth.
- Follow the process or a clear protocol to ensure the process is systematic.
- Ensure that the information gathered is valid, reliable and credible. Skills in the critical appraisal of qualitative and quantitative research evidence will be valuable.
- Think of the evidence gathered in relation to the context in question.
- Keep a record of the methods used to gather evidence, and the sources of evidence used. If possible, include website links to the evidence so evidence can be easily revisited if needed.

Step 4: Reporting

Key purpose: To present the findings of the HIA.

The Regulations state that public bodies in Wales must ‘publish the HIA in such manner as the public body considers appropriate’.

The Regulations allow public bodies a degree of flexibility in determining how to publish a HIA. This means it could be done through several formats, such as a summary report or infographic, video or animation. The outputs should contain the findings from the assessment and any relevant information.

It is recommended that once published HIAs are shared with PHW with the intention of assisting Welsh Government to monitor and evaluate the effectiveness of the Regulations in practice.

How?

The information gathered in the assessment step should be collated and presented in a form that is accessible to the intended audience. The HIA should be accessible to the public both in terms of its format and where it is published.

There are many possible formats ranging from a simple list, infographic, table of the workshop findings, to a more comprehensive report with an Executive or Non-Technical Summary (NTS). The format and style of the output should take account of the target audience(s) and be fit for purpose in terms of length, language and use of terminology.

For example, if a HIA report is very detailed with a lot of technical information, or is particularly lengthy, then a NTS and a glossary of terms could be used to aid readability. The draft output should be circulated to agreed reviewers and/or participants to incorporate comments, additions and edits and reach an agreed consensus. The final output should then be disseminated to key decision-makers and other agreed individuals and organisations.

Key tips:

The HIA:

- must be publicly available, accessible and available on request.
- can be proportionate to the nature of the decision being made and extent of assessment undertaken.
- should be published in a place and format which considers the intended audience(s).

Step 5: Review and reflection, including monitoring and evaluation (optional)

Key purpose: To evaluate how the HIA was used, its usefulness and impact, such as whether it influenced the decision being made and developments. This will help to assess how effective the HIA process has been in influencing decisions and if the public body considers it should do anything different in the future.

How?

There are two components to this step of the process; the first is for those carrying out the HIA to reflect on the HIA and any learning (if they choose to do so). This can add to the process, capture any impact to date and highlight any lessons to be learnt for future HIAs.

The other element is to assess the 'usefulness' of the HIA to target audience(s) and whether it influenced the decision-making process and actions taken. One way of assessing this is to track how the HIA was used and by whom through monitoring communications, reactions, requests for information or presentations and responses.

As the aim of a HIA is to inform decision-making, organisations may wish to develop their own monitoring forms and systems to facilitate the effectiveness of their HIAs after a relevant decision has been made. Reporting can also provide an opportunity to reflect on the HIA, the time and resources used, what worked well, and how any difficulties were overcome. Documents of this kind provide a rich source of learning, highlight any positive impacts of the work and can be shared for future development of people and practice.

Key tips:

- Include plans for monitoring within the HIA (if known). Detail which elements of the HIA will be monitored (determinants of health, and/or population group(s) and/or outcomes or decision-making).
- Think about ways in which to assess the impact of the HIA (its usefulness to the target audience) or how the HIA was carried out and what information the public body has access to - for example monitoring communications and/or engagement with online sites where HIA report is published/promoted (websites/social media).

Quality Assurance (optional)

Quality assurance (QA)/critical review of a HIA report is important to enable trust and confidence in both the HIA process undertaken and in the findings. The principles underpinning HIA methodology are fundamental to the integrity of both HIA practice and the process and governance of the HIA.

HIAs of poor quality will affect the confidence of the commissioners, any stakeholders involved, and the population groups affected. Reduced confidence will likely lead to a diminished opportunity to influence decisions to achieve better outcomes on physical and mental health. Examples of where it would be helpful to carry out quality assurance are as follows:

- Organisation's internal governance and review processes prior to publication.
- By the decision-makers, for example planning officers/policy makers, who need to be confident in the findings to inform their recommendations on receiving a HIA.
- Commissioners of a HIA who must verify that the HIA has met the minimum requirements of the Regulations and provide them with confidence in the findings.
- HIA practitioners seeking to peer review a HIA.
- Community members seeking an independent assessment of findings and methods of a HIA.
- Educators requiring criteria on which to base conclusions about HIAs.

Guidance is available to support the undertaking of QA and it can be adapted to be proportionate to the circumstances, typology, and form of the HIA (Green, Parry-Williams and Edmonds, 2017). WHIASU can also provide training and advice on quality assurance.

D: Additional considerations for public bodies

Integrated Impact Assessment (IIA)

HIA is normally better undertaken as a standalone assessment, using universally recognised methodology, tools, frameworks and types of HIA as outlined in this guide.

However, a HIA may be undertaken within organisations current procedures and processes provided the requirements of the Regulations are met (as outlined in Part C: The HIA Process under the Regulations). For example, **Integrated Impact Assessments (IIA)** are frequently used by public bodies and other organisations.

It would be up to the public body to decide if the use of an IIA would satisfy all relevant requirements, including but not limited to the requirements for HIAs specified in the Regulations.

Non-compliance and judicial review

A public body may be subject to a legal challenge if they do not comply with the Regulations. For example, if an individual or group whose interests are adversely affected by a public body's decision, consider that the Regulations have not been complied with it may be possible (subject to the relevant rules and procedure) that they seek to initiate a judicial review.

Governance and conflict of interest

Any conflicts of interest by participants conducting a HIA should be declared in line with organisation's governance procedures.

Working in partnership with other public bodies

In circumstances where a public body works in partnership with bodies that are not in scope of the Regulations, the Regulations would still apply to the body that is in scope.

For example, local well-being plans are developed and owned by a range of partners. Those public bodies covered by the Regulations must ensure that they are discharging their responsibility in line with the requirements of the Regulations where the local well-being plan is a decision covered by the Regulations.

However, whilst only those public bodies covered by the Regulations will be under a statutory duty to carry out a HIA in the circumstances prescribed by the Regulations, the Welsh Government would encourage all other public bodies to consider the resources made available to support them in their decision-making.

While the requirements in the Regulations will apply to each relevant public body individually, it may be feasible depending on the circumstances and provided that the requirements of the Regulations are followed, that a single HIA is carried out in relation to when organisations are working in partnership.

Glossary

Environmental Impact Assessment (EIA)	A tool used to assess the significant effects of a project or development proposal on the environment.
Equality Impact Assessment (EqIA)	A tool that helps ensure decisions, practices and policies within organisations are fair and do not discriminate against any protected group.
Grey literature	Literature that is produced outside of commercial publishing systems or academia.
Health Impact Assessment (HIA)	Defined in the Regulations as: An assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales.
Health inequities	Differences in health status which are unnecessary, avoidable, unfair and unjust (The Kings Fund, 2025).
Health inequity factors	Defined in the Regulations as: Any differences in health outcomes and health opportunities that may reasonably be explained, or may reasonably be caused, by any ground, including socio-economic status, geographic location and the presence of a protected characteristic within the meaning of Chapter 1 of Part 2 of the Equality Act 2010.
Health inequalities	The systematic differences in the health and well-being status of different groups (McCartney <i>et al.</i> , 2019).
Health in All Policies (HiAP)	An approach to policymaking that systematically considers the health implications of decisions across sectors, seeking synergies and avoiding harmful health effects of policies outside the health sector in order to improve both population health and health equity (PAHO, 2023).
Health opportunities	Defined in the Regulations as: Access to publicly available opportunities that the public body carrying out the HIA reasonably considers promote or improve physical or mental health or are intended to do.
Integrated Impact Assessment (IIA)	A tool used by public sector organisations to assess the impact of their decisions and policies on equality groups, the environment, the economy, and other areas of interest (Audit Wales, 2022).

Participatory	Characterised by or involving participation with key stakeholders.
Population group	A population group refers to a group of individuals united by a common factor, for example geographic location, ethnicity, disease, age or gender.
Prevention of ill health	Prevention is any action that keeps people healthy and prevents or avoids risk of ill health or death (The Kings Fund, 2025).
Primary data and evidence	Data or evidence which is collected directly from a first-hand source.
Qualitative	Relating to the nature or standard of something, rather than its quantity.
Quantitative	Measured by the quantity of something.
Secondary data and evidence	Data or evidence that is collected by someone other than the primary user.
Stakeholder	Stakeholders are those that are involved in the development of the proposal and those who are likely to be affected by the proposal.
Sustainable Development	Development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It balances economic growth, environmental protection, and social well-being to ensure long-term health and prosperity for people and the planet.
Sustainable Development principle	<p>Under the Well-Being of Future Generations Act, all public bodies in Wales must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.</p> <p>This includes the five ways of working: collaboration, integration, involvement, long-term and prevention. (Welsh Government, 2015)</p>
Triangulation	Bringing together data, quantitative and/or qualitative, to develop a comprehensive understanding of a topic.
Wider determinants of health	Defined in the Regulations as: The social, economic, cultural and environmental factors that may affect people's health.

References

- Audit Wales, 2022. *Equality Impact Assessments: More than a Tick Box Exercise?* Online: <https://www.audit.wales/publication/equality-impact-assessments-more-tick-box-exercise> (accessed 24.11.24).
- Dahlgren, G., Whitehead, M., 2021. The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health* 199, 20–24. <https://doi.org/10.1016/j.puhe.2021.08.009>
- Edmonds, N., Parry-Williams, L., Green, L., 2019. *WHIASU Training and Capacity Building Framework for HIA in Wales*. Online: https://phwwhocc.co.uk/wp-content/uploads/2021/02/WHIASU_Training_and_Capacity_Building_Framework_for_HIA_in_Wales_2019-2024_FINAL_TECHNICAL_DOCUMENT.pdf (accessed 24.11.25).
- European Centre for Health Policy, 1999. *Health Impact Assessment. Main concepts and suggested approach. Gothenburg Consensus Paper*. Online: <https://hiap.goeg.at/sites/hiap.goeg.at/files/2019-10/Gothenburg%20Consensus%20Paper.pdf> (accessed 24.11.25).
- Green, L., Parry-Williams, L., Edmonds, N., 2017. *Quality Assurance Review Framework for Health Impact Assessment*. Online: <https://phw.nhs.wales/services-and-teams/policy-and-international-health-who-collaborating-centre-on-investment-for-health-well-being/publications-and-resources-bucket/quality-assurance-review-framework-for-health-impact-assessment-hia1/> (accessed 24.11.25).
- International Association for Impact Assessment, 2014. *Health Impact Assessment*. Online: https://unece.org/sites/default/files/datastore/fileadmin/DAM/env/eia/documents/WG2.4_may2015/Fastips_8_Health.pdf (accessed 24.11.25).
- McCartney, G., Popham, F., McMaster, R., Cumbers, A., 2019. Defining health and health inequalities. *Public Health, Special issue on Migration, Ethnicity, Race and Health* 172, 22–30. <https://doi.org/10.1016/j.puhe.2019.03.023>
- PAHO, 2023. *Health in All Policies - PAHO/WHO | Pan American Health Organization*. Online: <https://www.paho.org/en/topics/health-all-policies> (accessed 24.11.25).
- Robert Wood Johnson Foundation, 2022. *Visualizing Health Equity: One Size Does Not Fit All Infographic*. Online: <https://www.rwjf.org/content/rwjf-web/us/en/insights/our-research/infographics/visualizing-health-equity.html> (accessed 24.11.25).
- The Health Foundation, 2023. *Health Equals | Building blocks. Health Equals*. Online: <https://healthequals.org.uk/building-blocks/> (accessed 24.11.25).
- The Kings Fund, 2025. 'What are Health Inequalities'. Online: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities> (accessed 24.11.25).
- UK Government, 2010. *Equality Act 2010*. Online: <https://www.legislation.gov.uk/ukpga/2010/15/section/4> (accessed 24.11.25).
- United Nations, 2020. *United Nations Sustainable Development Goals*. Online: <https://www.un.org/sustainabledevelopment/> (accessed 24.11.25).

- Wales Health Impact Assessment Support Unit, 2012. *Health Impact Assessment. A Practical Guide*. Online: <https://phwwhocc.co.uk/resources/a-practical-guide-to-hia/> (accessed 24.11.25).
- Welsh Government, 2025a. *Mental health and wellbeing strategy 2025 to 2035 | GOV. WALES*. Online: <https://www.gov.wales/mental-health-and-wellbeing-strategy-2025-2035> (accessed 24.11.25).
- Welsh Government, 2025b. *Reflecting on our Health Chief Medical Officer for Wales Annual Report 2024—2025*. Online: <https://www.gov.wales/sites/default/files/publications/2025-12/chief-medical-officer-annual-report-2024-2025-3454575.pdf> (accessed 24.11.25).
- Welsh Government, 2025c. *The Health Impact Assessment (Wales) Regulations 2025*. Online: <https://www.legislation.gov.uk/wsi/2025/1215/made> (accessed 07.01.26).
- Welsh Government, 2021. *A More Equal Wales: The Socio-economic Duty*. Online: <https://www.gov.wales/more-equal-wales-socio-economic-duty> (accessed 24.11.25).
- Welsh Government, 2017. *Public Health (Wales) Act 2017*. Online: <https://www.legislation.gov.uk/anaw/2017/2/contents/enacted> (accessed 24.11.25).
- Welsh Government, 2015. *Well-being of Future Generations (Wales) Act 2015*. Online: <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted> (accessed 24.11.25).
- World Health Organization, 2024. *Health equity*. Online: https://www.who.int/health-topics/health-equity#tab=tab_1 (accessed 24.11.25).
- World Health Organization, 2017. *Determinants of health*. Online: <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health> (accessed 24.11.25).
- World Health Organization, 1948. *Constitution of the World Health Organization*. Online: <https://www.who.int/about>

Appendix 1: Public Bodies in Wales to whom the HIA Regulations apply

- Welsh Ministers;
- Local authorities:
 - Blaenau Gwent County Borough Council
 - Bridgend County Borough Council
 - Caerphilly County Borough Council
 - Cardiff Council
 - Carmarthenshire County Council
 - Ceredigion County Council
 - Conwy County Borough Council
 - Denbighshire Country Council
 - Flintshire County Council
 - Gwynedd Council
 - Isle of Anglesey County Council
 - Merthyr Tydfil County Borough Council
 - Monmouthshire County Council
 - Neath Port Talbot County Borough Council
 - Newport City Council
 - Pembrokeshire County Council
 - Powys County Council
 - Rhondda Cynon Taf County Borough Council
 - City and County of Swansea Council
 - Torfaen County Borough Council
 - Vale of Glamorgan Council
 - Wrexham County Borough Council.
- Corporate joint committees (CJC):
 - North Wales CJC
 - Mid Wales CJC
 - South East Wales CJC
 - South West Wales CJC
- Local Health Boards:
 - Aneurin Bevan University Health Board
 - Betsi Cadwaladr University Health Board
 - Cardiff and Vale University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Hywel Dda University Health Board
 - Powys Teaching Health Board
 - Swansea Bay University Health Board
- NHS Trusts:
 - Public Health Wales NHS Trust
 - Welsh Ambulance Services University NHS Trust
 - Velindre University NHS Trust
- Special Health authorities:
 - Digital Health and Care Wales
 - Health Education and Improvement Wales

- The National Park authority for a National Park in Wales:
 - Bannau Brycheiniog
 - Pembrokeshire Coast
 - Eryri
- The Welsh Fire and Rescue authorities:
 - North Wales
 - Mid and West Wales
 - South Wales
- Centre for Digital Public Services Limited;
- Qualifications Wales;
- Natural Resources Wales;
- Commission for Tertiary Education and Research;
- Arts Council of Wales;
- Sports Council for Wales;
- National Library of Wales;
- National Museum of Wales;
- Social Care Wales;
- Welsh Revenue Authority;
- Transport for Wales.

Appendix 2: Further information on Rapid (Standard) and Comprehensive HIAs, including useful resources

This table provides a useful outline of Rapid (Standard) and Comprehensive HIA including example steps of each and the actions which may be carried out, and some links to useful resources. It is important to note this is guidance only and can be flexible dependent on the proposal being assessed, context and resource. The screening and scoping steps are very similar for both a Rapid HIA and a Comprehensive HIA. The evidence appraisal step is where the example types of HIA in this guide differ in their approach.

Rapid (A 'standard' HIA)

This type of HIA is the most widely applied type of HIA and can take days or weeks and can involve the establishment of a small steering group. Action taken is proportionate to the circumstances and time available. **Participation from stakeholders is recommended but not mandatory.**

Scenarios	Steps of HIA process and actions	Useful resources and tools
<p>This type of HIA can be useful if timescales are limited due to consultation or decision-making timelines.</p> <p>It also provides evidence to decision-makers or governance procedures that health and well-being outcomes have been considered.</p>	<p>Step 1: Screening: Is this a decision of a strategic nature which is covered by the Regulations? If yes, proceed to Step 2. If no, proceed with Voluntary HIA if desired.</p> <p>Step 2: Scoping: Scope the HIA using the Scoping Template.</p> <p>Step 3: Evidence Appraisal (Assessment): Collection and synthesis of all evidence types including existing evidence and data. This can include a short literature review of quantitative and qualitative evidence, short overview of the policy context, a population/community profile containing health intelligence and data (usually existing) to inform an appraisal of any impacts. A participatory workshop or other approach to engagement that seeks stakeholders' knowledge and experience is recommended.</p> <p>Step 4: Reporting: Publish the HIA in such manner as the public body considers appropriate.</p> <p>Step 5: Review and reflection (optional): Carry out a review and reflection with those involved in the HIA and monitor and evaluate the impact.</p>	<ul style="list-style-type: none"> • HIA Scoping template (Appendix 3) • Population Groups and Wider Health and Well-being Determinants resource (Appendix 4) • HIA workshop agenda (Appendix 5) • HIA workshop recording template (Appendix 6) • Rapid case study example: https://phwwhocc.co.uk/resources/putting-the-spotlight-on-health-well-being-and-equity-using-health-impact-assessment-case-studies-from-public-bodies-in-wales/

Comprehensive

This type of HIA can take longer to complete, which can be resource intensive but should always be proportionate to the circumstances and time available. It can sometimes be carried out through specialist consultants. This type of HIA may be integrated into other impact assessment processes for example, Environmental Impact Assessment (EIA). They normally require a more comprehensive collection of data and evidence including the policy context and more wide-ranging evidence obtained via literature searches, the collection of primary quantitative or qualitative data such as interviews or workshops and more focused health intelligence and demographic statistics. It is more likely in a comprehensive HIA that a full report is prepared for each step of the process which will be scrutinised by a steering group or advisory group of experts as the HIA progresses. **Participation from stakeholders is recommended but not mandatory.**

Scenarios	Steps of HIA process and actions	Useful resources and tools
<p>This type of HIA is in more depth to inform decisions and actions which may be hugely important and wide ranging for the population.</p>	<p>Step 1: Screening: Is this a decision of a strategic nature which is covered by the Regulations? If yes, proceed to Step 2. If no, proceed with a Voluntary HIA if desired.</p> <p>Step 2: Scoping: Scope the HIA using the Scoping Template. A steering and advisory Group set up to oversee the process throughout the HIA. The advisory group should be independent of those undertaking the HIA. Reports are produced for each step of the HIA process which are then reviewed and commented on by the advisory group.</p> <p>Step 3: Evidence Appraisal (Assessment): Collection and synthesis of all evidence types, to include a comprehensive literature review of quantitative and qualitative evidence, overview of the policy context, a population/community profile containing health intelligence and data to inform the consideration of impacts. A participatory workshop or other approach to engagement that seeks stakeholders' knowledge and experience is recommended. All evidence is compiled into an impact table which includes categorisation of evidence.</p> <p>Step 4: Reporting: Publish the HIA in such manner as the public body considers appropriate..</p> <p>Step 5: Review and reflection (optional): Carry out a review and reflection with those involved in the HIA and monitor and evaluate the impact. The HIA report should also be subject to a quality assurance.</p>	<ul style="list-style-type: none"> • HIA Scoping template (Appendix 3) • Population Groups and Wider Health and Well-being Determinants resource (Appendix 4) • HIA workshop agenda (Appendix 5) • HIA workshop recording template (Appendix 6) • Comprehensive case study example: https://phwwhocc.co.uk/resources/putting-the-spotlight-on-health-well-being-and-equity-using-health-impact-assessment-case-studies-from-public-bodies-in-wales/

Health Impact Assessment (HIA): Scoping Template

This resource can be used during the Scoping step of the HIA process. Guidance notes are provided at the end of this resource to support completion. Ideally, the scoping should be completed by more than one individual.

The scoping step determines the project management, governance, process, objectives, focus and scale of a HIA. It also contributes to fulfilling key values and principles that underpin the implementation of HIA including transparency, participation and robustness.

Date:

Conducted by:

Title and brief description of the policy, programme, project, or decision to be appraised:

What are the geographical boundaries of the project?

What are the time scales? (And when do crucial decisions need to be made?)

Should you establish a Steering Group and who should be involved?

Should the HIA be an in-house exercise or should someone be commissioned?

What financial and human resources are required/available?

What are the roles and responsibilities of those involved?

What type of HIA is necessary and/or possible in the time available – rapid or comprehensive?

What kind of evidence will provide the best identification of potential impact on the determinants in scope and on which population groups? What methods will be used to gather the evidence?

Which stakeholders need to be involved and participate in the process?

Are there arrangements for quality assurance (QA) in place? Who is most appropriate to carry out the QA (internal or external)?

What arrangements are in place for reviewing the HIA process, reflecting on it and monitoring its influence and outcomes?

Guidance Notes

Geographical boundaries

It is important to agree the geographical boundaries of the HIA. There may be impacts that impinge on populations beyond those directly affected by the proposal so it is important to make a decision as to where you set any boundaries and the reasons for this. Always consider potential cumulative impact and if it is relevant in the particular assessment.

Timescales

It is essential to establish the decision-making time scales of the proposal to ensure that the HIA can have an opportunity to influence the final decision.

Steering Group

A steering group can provide an effective means of distributing tasks. The size will depend on the length and complexity of the project. More than 12 people could prove unwieldy. You should ensure that you have representatives of key stakeholders involved. This helps to promote wider participation in, and ownership of, the process. You should also try to get a mix of skills. Depending on the type and complexity of the proposal these skills may include community involvement or development, research, project management and policy analysis.

You may also wish to have people with specific knowledge. This is likely to include public health, but may also include specialist knowledge in the social sciences, epidemiology, environmental health or health economics. You should also remember that community representatives have particular insights as to how proposals will affect local people.

The timing of when you decide to set up a steering group will depend on circumstances. You should decide on a preliminary steering group at the end of the screening step.

Internal/commissioned/additional support

If HIAs are to be developed as a routine aspect of decision-making then they should not demand additional resources and can be fostered in a time effective and efficient way through collaboration. However, there may be some HIAs that require a more in-depth assessment or require a more extensive literature review component or you need to collect some new local data. Where this is necessary you may want to appoint someone to undertake some of the tasks involved. But this will incur a cost. Appointing someone external to the organisation is one option.

Resources

Clarify what resources are available i.e. additional funding and/ or people's time. You will need to develop an approach which makes the best use of the resources you have at your disposal.

Roles and responsibilities

There will be a range of tasks involved, which should be agreed at this stage. These may include:

- HIA lead
- Evidence collection and appraisal
- Chairing of meetings
- Administrative/logistic tasks i.e. booking venues/invites
- Report writing
- Dissemination of findings
- Monitoring and evaluation

Any general roles of the steering group will also need to be agreed so that members are clear what is expected of them. For instance, members of the steering group may themselves be responsible for providing access to certain forms of information or evidence, or support accessing specific groups of people as part of gathering technical or qualitative evidence. They are also expected to review any drafts of the final report or set of recommendations.

HIA Process

It is important to be open and transparent and demonstrate fully what was planned/undertaken/considered, what was not and why.

How in-depth your assessment is will depend on the timescales, the resources available and the complexity of the project. Rapid assessments can involve a single stakeholder meeting and a report. More comprehensive assessments can take months and involve systematic literature reviews, new data collection and expert analysis.

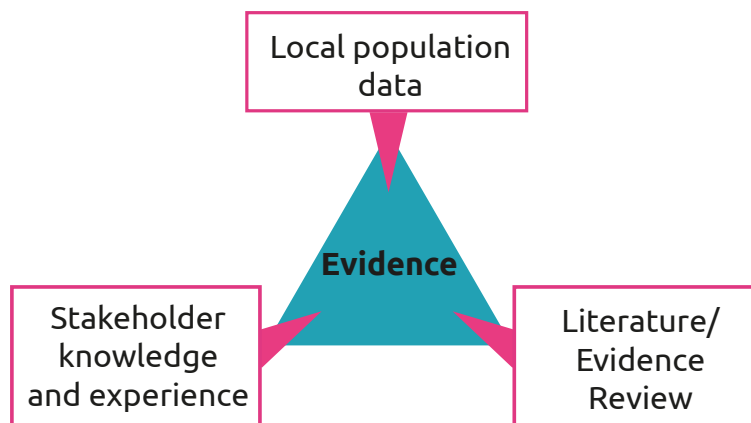
Stakeholders

Stakeholders are those affected by or have an interest in the proposal. Stakeholder and community involvement is important to enable them to contribute their knowledge and insight as part of the appraisal i.e. evidence drawn from their lived experience or knowledge. Undertaking a stakeholder mapping analysis maybe helpful.

Stakeholders should not be confused with potential steering group members who would be involved in overseeing or undertaking specific tasks within the HIA. They may be representatives from the same organisation but the expectations and involvement would differ between a stakeholder and a steering group member.

Methods to assess impacts and gather evidence

HIA uses three strands of evidence:



Depending on the nature of the proposal, the resources and time available you should have a basic understanding of the methods you wish to use to assess the potential impacts. The assessment will be informed by local population data and a literature/evidence review (local, national and international where appropriate). This is supplemented with qualitative evidence from stakeholders. This can be obtained through for example, stakeholder meetings, and interviews with key experts, focus groups or surveys.

When quality assuring / reviewing a HIA the breadth of evidence and the robustness of it need to be considered. This includes how appropriate the methods used to gather evidence are i.e the way stakeholder evidence is collected. Scoping should highlight this.

Quality Assurance (QA)

Depending on the context and nature of the HIA QA can be carried out either internally by the lead organisation or externally by independent stakeholders. The scoping can provide detail on the nature and process of QA if appropriate. The Wales 'Quality Assurance Review Framework for HIA' (WHIASU, 2017) is available at: <https://phwwhocc.co.uk/whiasu/resources/>

Review, reflection and monitoring

Reviewing and/or monitoring a HIA should be routinely carried out. This can enhance the learning from the process to inform future practice (process evaluation); and / or inform commissioners or stakeholders about the influence of the HIA (impact evaluation); or monitor how the HIA has had an impact (if any) on health and well-being outcomes as predicted, in respect to the determinants or populations identified within the HIA as those being particularly affected (outcome evaluation).

Health Impact Assessment (HIA): Population Groups and Wider Determinants of Health and Well-being

This resource is for use during the Screening and Evidence Appraisal steps of a HIA to identify the wider determinants, and population groups who could be impacted by a policy/project/proposal. This resource is just a guide and is not exhaustive. It is acknowledged that terminology can change over time.

Population Groups:

Certain population groups are more vulnerable to health inequalities. In a HIA, sensitivity to impacts—positive or negative—depends on local population traits, context, and the proposal's nature. Focus may be needed on groups facing multiple disadvantages.

Sex/Gender related groups

- Female
- Male
- Transgender
- Non-binary
- Other (*please specify*)

Age related groups (*Could specify age range for special consideration*)

- Early years (including pregnancy and babies up to age of 2)
- Children and young people
- Working age adult populations
- Older people

Employment / Income related groups

- Economically active/inactive
- Economically inactive
- People on low income
- People on temporary contracts or zero hours contracts
- People who are unable to work due to ill health
- Unemployed/workless
- Volunteers
- Young people not in education, employment or training (NEETs)

Groups at higher risk of discrimination or other social disadvantage

- Carers
- Ethnic minorities (*please specify*)
- Ex-offenders
- Gypsy, Roma and Traveller
- Homeless or no fixed abode
- Language/culture (*please specify*)
- Lone parent families
- Looked after children or those leaving care
- Offenders
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups and asylum seekers
- Religious groups (*please specify*)
- Sex workers
- Sexual orientation groups
- Veterans/military personnel

Geographical groups and/or settings

- People in key settings: workplaces/schools/hospitals/care homes/prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in urban or rural areas
- People living in isolated or over-populated areas
- People unable to access services and facilities

Wider Determinants of Health and Well-being:

1. Behaviours affecting health

- Diet / Nutrition /, nutrition, infant feeding
- Physical activity
- Addictive/risk behaviours (gambling, substance use, vaping, smoking, alcohol)
- Use of non-prescribed medication, and abuse of prescription medications
- Sexual activity
- Sleeping patterns
- Social media use

2. Social, community and cultural conditions affecting health

- Adverse childhood experiences
- Anti-social behaviour
- Citizen power and influence
- Community cohesion, identity, pride and resilience
- Displacement
- Family and peer relationships
- Language
- Cultural and spiritual ethos
- Neighbourliness
- Other social exclusion i.e. homelessness, incarceration
- Parenting and infant attachment (strong early bond between infant and primary caregiver)
- Peer pressure
- Racism
- Sense of belonging
- Social isolation/loneliness
- Social capital, support and social networks
- Volunteering
- Violence and harassment

3. Mental Health & Well-being

Could there be potential impacts on:

- Emotional well-being, life satisfaction or resilience?
- A sense of control?
- Feeling worthwhile, valued or having a sense of purpose?
- Uncertainty or anxiety?
- Feeling safe and secure?
- Participation in community and economic life?

4. Living & environmental conditions affecting health

- Air Quality
- Attractiveness of area
- Community safety
- Access, availability and quality of green and blue space, natural space
- Housing quality, tenure and resilience
- Indoor environment
- Health and safety i.e. falls, home safety, safety of public places
- Light pollution
- Noise
- Quality and safety of play areas (formal and informal)
- Road safety
- Odours
- Transmission of communicable diseases
- Urban/Rural built and natural environment & neighbourhood design
- Waste disposal, recycling and fly-tipping
- Water quality i.e. sea water

5. Economic conditions affecting health

- Economic inactivity
- Income levels
- Personal and household debt
- Poverty including food and fuel poverty
- Type of employment i.e. permanent/ temporary, full /part time
- Unemployment / Employment
- Working conditions i.e. work environment, bullying, health and safety

6. Access and quality of services

- Careers advice
- Education and training
- Information technology, internet access, digital services
- Leisure services
- Medical and health services
- Other caring services i.e. social care; Third Sector, youth services, childcare
- Public amenities i.e. village halls, libraries, community hub
- Shops and commercial services
- Transport including parking, public transport, active travel

7. Macro-economic, environmental and sustainability factors

- Adaptation and mitigation of climate change i.e. flooding, heatwave
- Biodiversity
- Commercial determinants, interest and influence
- Cost of living i.e. food, rent, transport and house prices
- Economic development including trade and trade agreements
- Government policies (UK and devolved) i.e. Well-being of Future Generations Act 2015, Public Health Act (Wales) 2017, Socio-Economic Duty
- Gross Domestic Product
- Inflation
- Regeneration
- Sustainable development
- Human rights

Health Impact Assessment (HIA): Example participatory workshop agenda

This is an example agenda which can be used when running a participatory workshop at either the Screening step or the Evidence Appraisal step of the HIA.

Thank you for agreeing to participate in this Health Impact Assessment (HIA) workshop on *<insert name of proposal being assessed>*. All responses will be kept confidential, and you have a right to withdraw from the workshop at any stage.

Workshop Facilitator: *<insert name as appropriate>*

15 minutes	Registration (if face to face)
10 minutes	Introductions
10 minutes	An outline of proposal to be assessed
10 minutes	Outline of Health Impact Assessment and the workshop
5 minutes	Introduction to the 'Population groups and wider determinants of health and well-being' resource
55 minutes	Discussion – use the 'Population groups and wider determinants of health and well-being' resource and 'Screening record template' or 'HIA workshop recording template' to identify key health impacts of the proposal and population groups most likely to be affected.
15 minutes	Comfort break
30 minutes	Discussion - continued
45 minutes	Feedback or recommendations
5 minutes	Finish and Evaluation

Health Impact Assessment (HIA): Participatory Workshop Recording Template

This template can be used at the Evidence Appraisal step of the HIA process to help record discussions during a participatory workshop. This is to be used alongside the Population Groups and Wider Determinants of Health and Well-being resource.

Date:

Title:

Description:

Workshop Chair:

Workshop Facilitator:

List of organisations represented in workshop:

1. Key population groups impacted or potentially impacted

Using the list of population groups in the *Population Groups and Wider Determinants of Health and Well-being* resource, assess which groups amongst the general population will potentially be affected by the proposal and how:

Population groups:

Other groups:

2. Wider determinants of health and well-being

Using the *Population Groups and Wider Determinants of Health and Well-being* resource, consider:

- a. how (in what way either positively or negatively), and
- b. to what extent (significant/moderate/minimal impact) these groups within the population and the general population itself, may potentially be affected by the proposal or that the proposal may have implications for - and summarise it for each section on the sheet below. If there are no likely impacts or they are very minimal then move to the next section.

Appendix 6: HIA workshop recording template (continued)

Behaviours impacting physical health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Social and community conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Mental health and well-being		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Living and environmental conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Economic conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Access and quality of services		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Appendix 6: HIA workshop recording template (continued)

Macro-economic, environmental and sustainability factors		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

3. Summary of Potential Health and Well-being Impacts Identified

4. Summary of Recommendations

This template is provided for support and guidance only. All content entered and decisions made using the template remain the responsibility of the relevant organisation and not Public Health Wales.

This resource is also available to download on the [Public Health Wales website](#)

Appendix 7: Quantification and prediction of impacts

Exposure and Dose Response

Exposure and dose response can be useful to estimate exposure in mainly clinical or environmental situations – instances in which one can obtain large amounts of precise technical data and measurements (although it is important to remember that quantification of health impacts can be just as speculative as other forms of prediction and is heavily reliant on the quality of data used for estimation). It will assess how big a change there will be within the population exposed and what the resulting effect on that population will be. However, using this form of evidence can be complex and there are detracting factors to using this methodology alone in predicting potential health impacts. In the example of exposure to pollutants, there may be a time delay in any positive or negative outcomes presenting themselves. A dose response curve looks only in isolation and does not consider any cumulative effects, nor any other contributing factors, and there may be groups within the population who could be more susceptible to any effect or disease than the whole population. This can make quantifying impacts in public health terms challenging.

Formal Modelling

Formal modelling can be helpful in identifying, describing and predicting potential health effects and impacts on the population. Modelling techniques can be used alongside those of dose response methods and can be particularly helpful when used to assess clinical and environmental interventions such as prediction of impacts of smoking, alcohol consumption or particulate emissions into the atmosphere. Again, these tend to use epidemiological and/or toxicological evidence to forecast impacts. These techniques are a mathematical way of identifying potential health impacts by making a set of assumptions about causality and making logical projections to predict the size of any effects or outcomes. For example, a model may assume that if A happens, at B time or circumstances, then C will be the result. Data and assumptions can be modified to give different scenarios and project different outcomes – which may be described as beneficial or detrimental. These can be used to support decision-making processes. There are several examples of models being used by groups in Europe including BoD, ENHIS X-Prob (Mekel 2007²). These also include DYNAMO-HIA7, which is a European web-based tool created as part of a project that was established in 2007 to support the prediction of health impacts on the wider determinants of health in European policies. Whilst this technique can be helpful there are, as with dose response methods, some drawbacks. The model is only as good as the assumptions made and the data used in them and again, they do not give a broader picture of how the population or community's health, and well-being will be affected. Whilst predictions can be made, it may be hard to assure the certainty of these predictions or variation in them. Therefore, any results from models or quantitative methods should always be synthesised with other evidence and research – including collaboration with other agencies and participation with communities to build a more rounded and balanced view of any health and well-being impacts.

2 Mekel O (2007) The Quality of prediction in HIA and organisational constraints. European Meeting on Health and Health Systems Impact Assessment, Lisbon, 2007. Workshop presentation.

Appendix 7: Quantification and prediction of impacts (continued)

Causal Diagrams and Mapping

Causal diagrams and mapping of impacts can be a useful way of visualising the potential health impacts of a proposal. It also lends itself to the use of system working methods. Drawing a diagram can pictorially differentiate any impacts, their nature and size and any potential changes on health and well-being. This type of map should be refined and evolve as the HIA progresses. A causal diagram can link paths together and highlight interactions between them. It can be used as a brainstorming start to a HIA, at the scoping stage or to illustrate the impacts. Pathways can be discussed and left in or removed during the process (depending on the knowledge and evidence gathered) to provide a final diagram or map.