



Welsh NHS Confederation
Confederasiwn GIG Cymru

The Welsh NHS Confederation response to Welsh Government's proposals to mandate the use of Health Impact Assessments (HIAs) in Wales.

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Introduction

The Welsh NHS Confederation welcomes the opportunity to respond to the Welsh Government's proposals to mandate the use of Health Impact Assessments (HIAs) in Wales.

The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

Consultation questions

Question 1. Based on the provisions contained in Part 6 of the Public Health (Wales) Act 2017, to what extent do you agree that the draft Regulations address the obligation to mandate the use of Health Impact Assessments for the listed public bodies in Wales?

We welcome the principle that a requirement and a responsibility to safeguard future health is shared across public sector partners, particularly given all public sectors role in respect of the wider determinants of health. There is also some agreement from our members with the draft Regulations, but further clarity is needed on the actual process required to carry out a Health Impact Assessment (HIA), the definition of HIA within the draft Regulations and when to carry out a HIA.

Our members are very supportive of HIAs being introduced. A HIA that can be completed prior to any strategic change taking place will provide the public body a better understanding of the impact of change and can support consultation and engagement activities going forward. The HIA should be updated as consultation/engagement activities are undertaken. This will ensure a more comprehensive HIA which is up to date and relevant.

While supportive of the purpose of the Regulation, our members have highlighted the following areas where improvements could be made. Firstly, further training and information will be required to embed HIAs across public bodies. If a public body is not already carrying out HIAs they will require a detailed understanding of health impacts, health inequalities and the wider determinants of health.

Secondly, the definition in the Regulations of when to carry out a HIA ('take action or make a decision of a strategic nature') is vague and open to wide interpretation. While the examples provided within the consultation help, they leave lots of uncertainties (e.g. is a Health Board annual plan included – is annual a 'medium to long term' plan?). There is also the possibility that some public bodies try to avoid coming under the Regulation by referring to some strategies as plans.

Thirdly, the draft Regulations specify which public bodies to whom a HIA applies, however, there are no details in the document as to the consequences if those bodies fail to complete a HIA, for example a risk of Judicial Review if the process was not undertaken.

Finally, as the Regulations currently stand, we believe that they do not optimally translate what the Public Health (Wales) Act 2017 sets out to deliver, which is improving and protecting health and well-being, and reducing inequalities, and they will not achieve the intended outcomes of the Act through the statutory use of HIA. They partly address the obligation to mandate the use of HIAs, however, there are further amendments to the Regulations which are needed to achieve the intended outcomes of the Act. There is currently a lack of clarity throughout the draft Regulations and further consistency in language is needed. For example, there is no clarity about the HIA process, and the steps entailed, and there is also an inconsistency regarding the definition of HIA.

The definition used in the draft Regulations do not align with the definition which the Wales Health Impact Assessment Support Unit (WHIASU) uses as experts in the field of HIA and is the globally acknowledged definition of HIA. The globally acknowledged definition of HIA is: *"HIA is defined as 'a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'. HIA is the key instrument to apply a 'Health in All Policies' (HiAP) approach to policy making"*.

Consistency in language is also important in aligning to the global practice of HIA which utilises the World Health Organization (WHO) holistic definition of health which encompasses physical, mental, and social well-being and not just the absence of disease. Currently within the draft Regulations only physical and mental health is specified throughout to be considered in a HIA – a very limited concept.

Question 2. There will be a requirement for bodies listed under section 110 of the Public Health (Wales) 2017 Act to produce HIAs in line with the draft Regulations. Do you agree that the list of public bodies in section 110 of the Public Health (Wales) Act 2017 should mirror those bodies listed in section 6 of the Well-being of Future Generations (WFG) Act, including any future proposed additional public bodies that are added to section 6?

There is agreement amongst our Members that the list should mirror the public bodies listed in section 6 of the Well-being of Future Generations Act, including the additional bodies who will be subject to the well-being duty (Part 2) from the 30 June 2024 e.g. Welsh Ambulance Services NHS Trust, Digital Health and Care Wales and Health Education and Improvement Wales.

In addition to the public bodies listed in the Act, we would recommend that additional organisations that have a key role in supporting population health and well-being should also be included. The list could include tertiary colleges and universities who have an impact on the communities they serve due to the strategic decisions they make which could have an equally important impact on population health and well-being.

It is also important to consider any additional partnerships responsible for major planning, major infrastructure, or public procurement which could potentially have a significant impact on health and well-being, and inequalities. For example, the Southeast & Mid Wales Collaborative Construction Framework (SEWSCAP) and Southeast Wales Technical and Professional Services framework (SEWTAPS), City and Regional Deals and Corporate Joint Committees.

Finally, we believe that Public Service Boards (PSBs) are a perfect vehicle to carry out HIAs as they are responsible for delivering the WFG Act at a local level as part of developing well-being plans.

Question 3. Do you agree with the policy intent to mandate the use of HIA for the listed public bodies when taking an action or making a decision of a strategic nature?

Whilst our members agree that the intent is sound, there are concerns about the mandating of the use of HIAs in such broad circumstances.

The proposed circumstances in the Regulations where a HIA would apply are vast and could place a great deal of additional requirements onto some public bodies if they carry out work of a strategic nature, including NHS organisations and Local Authorities. The wording states that a HIA 'applies to both new strategic actions or decisions, as well as when reviewing previous strategic actions or decisions.' This would imply that when reviewing past actions/decisions the public body would be required to complete a HIA. However, the paragraph goes on to state public bodies do not have to conduct a HIA for actions or decisions which have been made before the Regulations come into force. It would be better for the requirement to be applied to any strategic change resulting from a review, as if there

is no change there is limited need for an HIA. The guidance will need to be clear that this work will not place an unnecessary burden on public bodies in addition to what is already being done.

Moreover, further clarification is needed around whether the definition of 'strategic nature' in the Regulations themselves is enough. There is further detail given in the Rationale section of the consultation document, but it is unclear whether this information will be available in the final published Regulations. The way in which the draft Regulations are currently worded suggest that all decisions made by the public bodies listed, other than day to day operational or administrative ones, are classified as 'strategic' and should therefore be subject to a HIA.

Question 4. Are there any additional circumstances in which you believe public bodies should be required to conduct a mandatory HIA?

We recognise the need to enable and empower delivery of HIAs on behalf of the people of Wales, however concerns have been raised by our members that perhaps the "decisions of a strategic nature" may be too broadly defined and there is a risk of legal challenge and/or additional bureaucratic burden that delay the delivery of benefit for the people NHS bodies serve. Therefore, our members are unable to fully answer this question until 'strategic nature' is more clearly defined in the Regulations.

As highlighted previously, the Regulations do not currently consider the position where one or more of the public bodies in Section 110 of the Public Health (Wales) Act are acting together, or in partnership with bodies, organisations or companies that are not included in the list. It is not clear whether in such circumstances the presence of the public body would require a HIA in respect of the whole decision/ project, a HIA only in so far as it touches and concerns the role of the public body that is listed, or no HIA would be required at all. We believe that these Regulations would be considerably strengthened if this point was addressed in the final Regulations.

Question 5. Are there any additional circumstances in which you believe public bodies should be exempt from complying with the draft Regulations?

We recommend that in defined civil emergency situations, for example another pandemic, public bodies should be exempt from complying with the draft Regulations due to the time sensitive nature of the strategic decisions being made. In these cases, it might be that additional emergency guidance is released on when HIAs may still be appropriate and mandated, e.g. if population-wide non-pharmaceutical interventions are being considered; and others where the Regulation can be relaxed temporarily but ensuring that a HIA is completed when appropriate.

In relation to when public bodies should be exempt from complying, there is a need for clarity and uniformity to prevent confusion and 'get out' clauses and a strong message that a HIA needs to be carried out when appropriate.

Question 6. Do you agree that the outputs required as a minimum for a HIA under regulation 4 are appropriate?

Our members suggest that this section of the draft Regulations could be further improved.

Currently the outputs required as a minimum for a HIA under Regulation 4 could be overwhelming to those bodies who do not currently apply HIA. The Regulation would benefit from a clear definition of HIA and a brief outline of the steps, which would promote HIAs as a pragmatic, proportionate and flexible process which supports the 5 ways of working outlined in the Well-being of Future Generations Act and as a means of engaging all relevant stakeholders in the decision-making process. As it stands, this section implies a separate process for the HIA and does not mention that one of the key purposes of HIA is to inform decisions and should be embedded within the development and decision-making process and policy planning within public bodies.

The Explanatory Note for Regulation 4 states that this section "sets out the process which must be followed when conducting a HIA. It sets out what information a HIA must include and the factors a public body must consider". Our members do not believe this section sets out the process and does not explain how to carry out a HIA, instead focusing on what should be reported in a HIA. This will be confusing to public bodies if they aren't already familiar with the process.

To meet the aims of the Public Health (Wales) Act 2017, it is important that public bodies demonstrate how they have addressed the potential impacts on health, well-being and inequalities in their final decision-making or action. The current output requirements would allow public bodies to just undertake a tick box exercise of conducting a HIA, but not use the findings to inform their actions or decision-making nor report to those they are accountable to on it. The Regulations would also benefit from stating that there is an expectation that monitoring, or evaluation and reflection, is undertaken as part of the HIA process. This will improve the quality and practice of HIA across Wales.

Stakeholder involvement is vital to the participatory nature of a HIA. This involvement should be undertaken throughout the process, not just before carrying out a HIA, which is how the draft Regulations could be interpreted. Additional stakeholders may be identified throughout the HIA process itself, including the identification of groups with protected characteristics through this engagement. It is important the Regulations reflect this, as stakeholder involvement will reduce the possibility of assumptions being made with regards to population groups. While stakeholder engagement is a vital part of HIA, it could be very time consuming and complex to complete, for example a Health Board strategy would potentially affect the whole population, so proportional representation of 'any persons who appear to be affected...' will be necessary.

The Regulations also need to define what is meant by the term 'stakeholder'. For example, WHIASU define a stakeholder as any party who has an interest in, or who is affected by, the HIA subject/topic. As Regulation 4(2) is currently written, it reads that the public body will make the decision with whom it should consult, and there appears to be no mechanism by which any other interested parties can engage with the process other than at the invitation of the public body. Our members recommend that Regulation 4(2) would be strengthened by the inclusion of a further subsection which specified that parties that considered they had a legitimate interest i.e. those affected by or have an interest in the subject at hand and should have an input into the HIA should be included. This could be by application for that party to the public body or for a steering group for the HIA to decide. Where the public body chooses not to include them in the HIA process it should be required to give reasons for not doing so.

As with Regulation 4(2), we recommend Regulation 4(4) be expanded to include a list of those parties that asked to be included and whose inclusion was refused, and the reasons for that refusal regarding stakeholder involvement. This section would also benefit from including the following:

1. Including social well-being impact alongside physical and mental health.
2. The scale should also include intensity and timing in line with the WHIASU impact matrix for example, major/moderate/minimal intensity of impact.
3. The strength of the evidence isn't stated but it would be good practice to include as standard within the WHIASU approach to HIA.
4. An outline of the methods undertaken in the HIA to create transparency and ensure quality.

We recommend that Regulation 4(5) and 4(6) should be re-written to ensure they are clearer in their intent. They are currently vague and do not immediately connect HIA to the 5 ways of working which are explicit. A participatory HIA which is carried out based around the 5 ways of working will help public bodies meet the duty under the WFG Act.

We recommend the definition of the wider determinants of health at Regulation 4(9)(b) needs further strengthening to ensure it encompasses the fuller wider determinants of health. Factors such as income and social status; education; environment; employment and working conditions; social support networks; access to health and other services; and community factors; are excluded from this current definition.

We recommend the definition of health inequities could also be elaborated on. As highlighted in our Health and Wellbeing Alliance briefing, [Mind the gap: What's stopping change?](#), inequities have significant social and economic costs both to individuals and societies. We also believe that the list of the causes of health inequities are wider than those that have been listed.

We would ask the reconsideration of wording of Regulation 4(9c) (iv) to read 'any matter identified through best available evidence which may include evidence and knowledge held by public bodies'. (i.e. to make it clearer that public bodies need to take an objective approach to evidence and knowledge. Ultimately, regarding Regulation 4(10), it does not state what the nature of the 'interest' should be, whether proprietary, management, financial or other. If this is meant as an inclusive statement, it should read 'any interest' and would make the statement clearer.

Finally, at present there is nothing to hold public bodies to account because they are not required to publish a response on how they have taken HIA into account in their decision or policy making. This deems the Regulations unenforceable as they are currently drafted.

Question 7. Do you agree that the factors set out in regulations 4(8) - 4(11) of the draft Regulations should be considered whilst conducting a HIA? For ease, these factors are;

- (a) the wider determinants of health, and**
- (b) the factors relevant to health inequity.**

We agree that considering the factors set out in regulations 4(8) - 4(11) of the draft Regulations during a HIA is crucial. We also agree that it is good the two concepts of the wider determinants health and health equity have been separated.

We agree with Regulation 4(11), which makes it clear that non-health sector or action decisions are also included in the Regulations. However, WHIASU has highlighted that they would consider all these points to be central considerations undertaken and addressed throughout the HIA process. The scoping stage of the HIA would determine if all determinants are relevant to the action or decision, and if they are not, a reason for exclusion would be stated and justified at this stage. The way in which 4(8) is currently worded does not convey this. It is essential this states that a public body must consider all these factors to create uniformity and consistency, especially since as it stands, there will be no statutory guidance in how to undertake a HIA.

Question 8. Are there any potential issues you can foresee about the way in which a HIA will need to be carried out under regulation 4 of the draft Regulations?

As it currently stands, Regulation 4 does not outline how a HIA is to be carried out. There needs to be more detail about the HIA process included in the Regulations to enable public bodies to be aware of what the steps are to undertaking a HIA.

HIA is a five-step process which can be carried out in a proportionate, flexible, and scalable way, using time and resources appropriate to the situation. There is also nothing in the draft

Regulations which state what action needs to be taken with the results of the HIA, e.g. how the findings of the HIA feed into the final decision-making and action taken, nor how it is reported on.

Also, it would be beneficial to place more focus in the regulations on the HIA being completed at the beginning of a process. A HIA can be completed prior to any strategic change taking place, this will provide the public body a better understanding of the impact a change may have on the public. The HIA can support consultation and engagement activities going forward.

Finally, undertaking HIAs could create a significant workforce demand that will require money to be spent on resourcing employees capable of carrying out and coordinating this work in line with the requirements listed above.

Question 9. To what extent do you agree that publishing guidance is the best way for Public Health Wales to assist public bodies with carrying out Health Impact Assessments?

Public Health Wales NHS Trust has a dedicated HIA support unit (WHIASU), who are internationally recognised as world-leading experts in the field of HIA. We agree that publishing guidance is one of the ways in which Public Health Wales can assist public bodies with carrying out HIAs. However, this guidance should be statutory, and this should be accurately reflected in the Regulations, to promote uniformity and consistency in the proportionate and flexible practice of HIA in Wales.

WHIASU can aid and guidance through both written and verbal means, as it has been doing for over 20 years. This can encompass making available training opportunities, hosting a network of practice and written resources such as new guidance and case studies, and providing an up-to-date website. We also believe it is important that public bodies are signposted to Public Health Wales as experts in HIA in the first instance at the outset of considering carrying out a HIA.

We believe it should not be the role of Public Health Wales to define the circumstances around whether something is of a 'strategic nature'. We believe this role should be provided by Welsh Government through a range of examples, and case studies.

Additionally, rather than non-statutory guidance produced by Public Health Wales, there should be statutory guidance issued by Welsh Government, which may have had significant input from Public Health Wales in its development. As the draft Regulations currently stand, asking one public body to issue guidance which may in effect compel other statutory bodies to undertake lots of additional work, without this going through standard governmental and political processes, places a significant amount of power and responsibility into the hands of that public body, bypassing the usual governmental processes.

Question 10. If you answered “agree” to question 9, what information would be most beneficial to include within the supporting guidance?

Guidance will be essential. Public Health Wales does not have capacity to provide individual support to public bodies on carrying out HIAs, therefore clear guidance will be required. Public bodies will need to know where they can get advice from if they need it.

Additionally, training will be needed for some public bodies to understand HIAs, health determinants and inequalities, and as stated above, it would also be beneficial to place more focus in the regulations on the HIA being completed at the beginning of a process.

Furthermore, access to FAQ's and carefully selected exemplars would be useful.

Question 11. Do you agree that the option to publish a HIA in a manner it considers most appropriate provides public bodies with enough flexibility to conduct the assessment in the most appropriate way?

Whilst we acknowledge the benefit of flexibility, we also recognise that this could be left open to interpretation which has the potential to make things more challenging. Currently it is unclear whether a public body 'must publish' or 'should publish' their HIA. Without clarity around this, the approach to publishing HIAs could be variable across Wales.

Both publishing and conducting a HIA are two different aspects. The publication of the HIA does not impact on how the HIA has been conducted. Publishing HIAs is a positive step in the process to ensure transparency, however it must also be emphasised that reporting will demonstrate the positive health impact of a proposal, plan, project, or decision.

There needs to also be evidence that negative impacts identified through the HIA have been considered, acted on and mitigated if possible. If this hasn't taken place, there should be rationale and justification provided as to why.

We believe it is also important to ensure the HIA is written in plain jargon free English, and translated into Welsh, as per Welsh language standards, which will have resource implications.

Question 12. Do you foresee any issues with the requirement for publishing the HIA output as soon as is reasonably practicable?

It is a matter of concern for our members that the only method of publicity prescribed is publication on a website, which necessarily means that only people with access to digital technology will be able to access the HIA and has the potential to exclude people who may be affected by a decision or action. There is also a risk that if the HIA is published on a website, finding this information is restrictive as there is no clear link from a proposal to a

HIA. Including this as part of an integrated impact assessment could lead to the impacted community or communities being uninformed.

We recommend that the HIA should remain available through to post impact assessment and updated to detail whether the HIA achieved its desired outcomes or not and whether any persons were negatively or positively impacted beyond those identified when setting out the HIA. If published on a website, it can then be removed and/or taken down once the scheme and its post project assessment is complete.

As previously highlighted, it is important to publish what action has been taken because of the HIA in the decision-making process. The draft Regulations miss the opportunity to demonstrate how the HIA has influenced the decision or outcome, which is the primary objective of the Regulations regarding improving health, well-being, and health inequalities.

Question 13. Do you have any additional suggestions for how, where and when HIA should be published?

Question 14. In addition to guidance, what other methods and ongoing resource could support public bodies to realise the benefits of HIAs?

It would be beneficial to have an All-Wales platform for the NHS, and other public bodies, which would provide a unified digital platform to enhance collaboration and streamline services. It would also be useful to develop an E-learning package including video guidance on how to complete a HIA.

Furthermore, an annual review by Welsh Government as to the number of HIA's being completed across Wales and by which bodies would be beneficial. As part of this process, it would be useful to obtain feedback from across Wales as to how HIA's have impacted on workload, outcomes and decision-making processes to ensure that the Regulations remain current.

Learning could also be taken from how WHIASU currently support organisations. WHIASU are an established unit and it has used several methods to support organisations to undertake proportionate HIAs, and to realise the benefits of doing so, which could be considered. The methods used by WHIASU includes the following:

- Ad hoc verbal support and guidance
- Written guidance through the form of a guide
- Case studies
- Written resources on how to include HIA and consider health in spatial planning sectors.
- Online and face-to-face training
- Peer support and mentoring including a HIA Network of Practice
- Masterclasses and events
- A Quality Review Framework for HIA
- Academic journal articles

- Maintenance of a website on HIA practice in Wales (<https://phwwhocc.co.uk/whiasu/>)
- Frequently Asked Questions (FAQs)

Question 15. The draft Regulations will affect the listed public bodies differently. For us to gain a better understanding of these impacts can you tell us what are the costs and benefits, if any, you envisage will arise from the draft Regulations coming into effect?

If the draft Regulations are amended to ensure the obligation set out in the Public Health (Wales) Act 2017 are met, our members believe the following benefits will arise:

- HIA will contribute to better health and well-being in Wales and the reduction of inequalities over time.
- HIA will improve plans and decisions by maximising opportunities and benefits and mitigating for those unintended negative impacts, in relation to inequalities, health and well-being.
- Globally this is the first-time wider determinants and inequalities have been specified within Regulations and legislation of this nature. This will enhance Wales's reputation as global leaders in health policy and HIA.
- HIA can be used by public bodies as a tool to help meet other statutory duties in Wales, such as the WFG Act, the Socio-Economic Duty, and the Public Sector Equality Duty.
- HIA is a recognised framework to help support the reduction of inequalities across population groups, particularly those with protected characteristics and different socio-economic groups.
- HIA will provide public bodies with due diligence, showing that regard has been paid to the duties and the Regulations, but in a beneficial way as part of quality improvement activities.
- HIA will enable public bodies to involve key stakeholders and citizens in decision-making.
- HIA will provide a record of what public bodies have done to identify impact on health and well-being and inequalities, and what is going to be done or has been done to help promote opportunities or mitigate negative consequences. This is not currently explicit in the Regulations that are being consulted on.

In terms of costs to public bodies, these are mainly around resourcing the carrying out of HIAs, for example the time to undertake a HIA, report on it and translate it. Our members have highlighted that they would like to understand what assessment has been made of the potential impact of HIAs in generating additional requests to public health teams, and other

specialist bodies, for specialist input and advice and whether the cost-benefit and opportunity cost of responding to these requests has been assessed in the context of finite resources and competing priorities.

In relation to Public Health Wales, there will be additional costs relating to resourcing of the WHIASU team which will receive additional enquiries and requests for assistance; the need to develop, design, translate and publish resources, guides, and eLearning packages; and provide training and capacity building to not only many public bodies but to the public health system itself.

We recommend the Welsh Government undertake an annual review to understand if the obligation to complete HIA's has changed the outcomes, and implementation costs have reduced as the use and completion of HIA's has embedded itself. Where an organisation is not already completing Environmental Health Impact Assessment (EHIA's), there will be a learning curve with time and resource implications.

Question 16. Do you think the proposals in this consultation document might have an effect on the following?

- **Those living in rural areas.**
- **Specific socio-economic groups**
- **Children and young people**
- **Equality in relation to; – Age – Sex – Race – Religion – Sexual orientation – Pregnancy and maternity – Disability – Gender reassignment – Marriage/civil partnership**

If it is implemented properly, it should impact positively on most of the groups highlighted. There is however a risk that those living in rural areas are discounted where the change impacts the majority within a town/city environment. Therefore, the inclusion of equality/equity in the title of the Regulations should be added with rural areas being in the equality/equity definition.

Question 17. We would like to know your views on the effects the consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

The HIA will be a comprehensive and detailed document which will require translating at a cost to public bodies. This document may also include links to academic research from outside Wales and will not be translated into Welsh and therefore could be seen as less favourable to Welsh Language speakers.

The impact on the workload for public sector bodies Welsh language departments will need to be considered as this would require significant capacity to translate in a time sensitive manner.

Question 18. Are there any other groups within society not already referenced you think any of the proposals would have an impact on?

Other groups that the proposals could impact on include homeless people, asylum seekers and care leavers.

Question 19. We have asked a number of specific questions. If you have any additional feedback on the draft Regulations that we have not specifically addressed, please use this space to report them:

On behalf of our members, NHS leaders in Wales, we welcome the consultation and the introduction of HIA Regulations. We recognise the Regulations as a world-leading innovative approach.

While supportive of HIA, there are some limitations under the draft Regulations which we have already highlighted in our response to previous questions. As a summary:

- It is good to see that the Regulations show a direct focus on health, well-being, and equity. However, the draft Regulations state HIA can be used to support physical and mental health only. This is a narrow definition and should be expanded upon to include well-being and the wider/social determinants of health and inequalities.
- At present, there is very little clarity given around HIA as a framework. The Regulations would benefit from explaining the use of HIA, the benefits and opportunities of using it and provide more detail about what is involved in a HIA. If this isn't provided in the Regulations, they will need to state that this explanation will be given in the new HIA guidance.
- The Regulations also need to ensure that any definitions used are consistent with what is used by WHIASU and routinely acknowledged and accepted within the HIA community.
- The role of WHIASU is integral to the successful implementation of the Regulations. As world experts in HIA and leaders in the field, WHIASU currently provide verbal and written advice and guidance in the form of online tools, written resources, making available training and responding to ad-hoc queries. This is not currently reflected in the draft Regulations and should be. WHIASU need to be the first port of call for those carrying out HIAs.

- The definition of strategic decision needs to be articulated more clearly and have more examples.
- The draft Regulations are vague in places and can seem confusing, for example around the links with existing duties such as the WFG Act, the Socio-Economic Duty or the Sustainable Development Principle and lack consistency in terminology and language. The Regulations needs to be clarified to promote uniformity and reduce confusion, which in turn will increase the value of undertaking impact assessments on all existing duties.
- More clarity is needed around the specific circumstances in which the HIA will need to be carried out i.e. a clearer definition of what is an action of strategic nature.
- When a public body publishes a HIA it needs to also state how findings have been considered as part of the strategic decision-making process. This will enhance accountability. It is also noted that there is a need for evaluation and impact monitoring to be built into the Regulations to not only create accountability, but also to showcase the benefits and value of undertaking a HIA.
- Voluntary HIAs should still be carried out and encouraged and emphasised as a beneficial process to help to improve plans and promote and protect not just individual health and well-being but also community and organisational well-being. There are clear roles for HIAs in strategic planning and decision making with bodies such as PSBs. We would not want to see these Regulations as detrimental to voluntary HIA and would very much support the inclusion in support of undertaking voluntary HIAs when deemed appropriate.

As the Regulations currently stand there is a real risk of not changing current practice and the status quo remaining. Therefore, the benefits of considering health and inequalities as part of decision and policy making and the window of opportunity presented by the Public Health (Wales) Act 2017 and the Regulations will be lost. This is particularly true if it is used as a vehicle to enhance the delivery of the WFG Act e.g. public bodies can actively demonstrate how they have used the 5 ways of working by carrying out a HIA and how they have tried to maximise their contribution to 'A Healthier Wales', 'A more equal Wales' and the other Well-being Goals by considering health, well-being and inequalities alongside the determinants of health as described in the WFG Act . While avoiding an overly prescriptive approach might allow for flexibility, there is also a risk that it creates inequalities, with some bodies / areas applying the legislation appropriately (and implementing recommendations from the HIA) and others taking a more "relaxed" approach and using IIA screening tools to avoid carrying out HIAs.