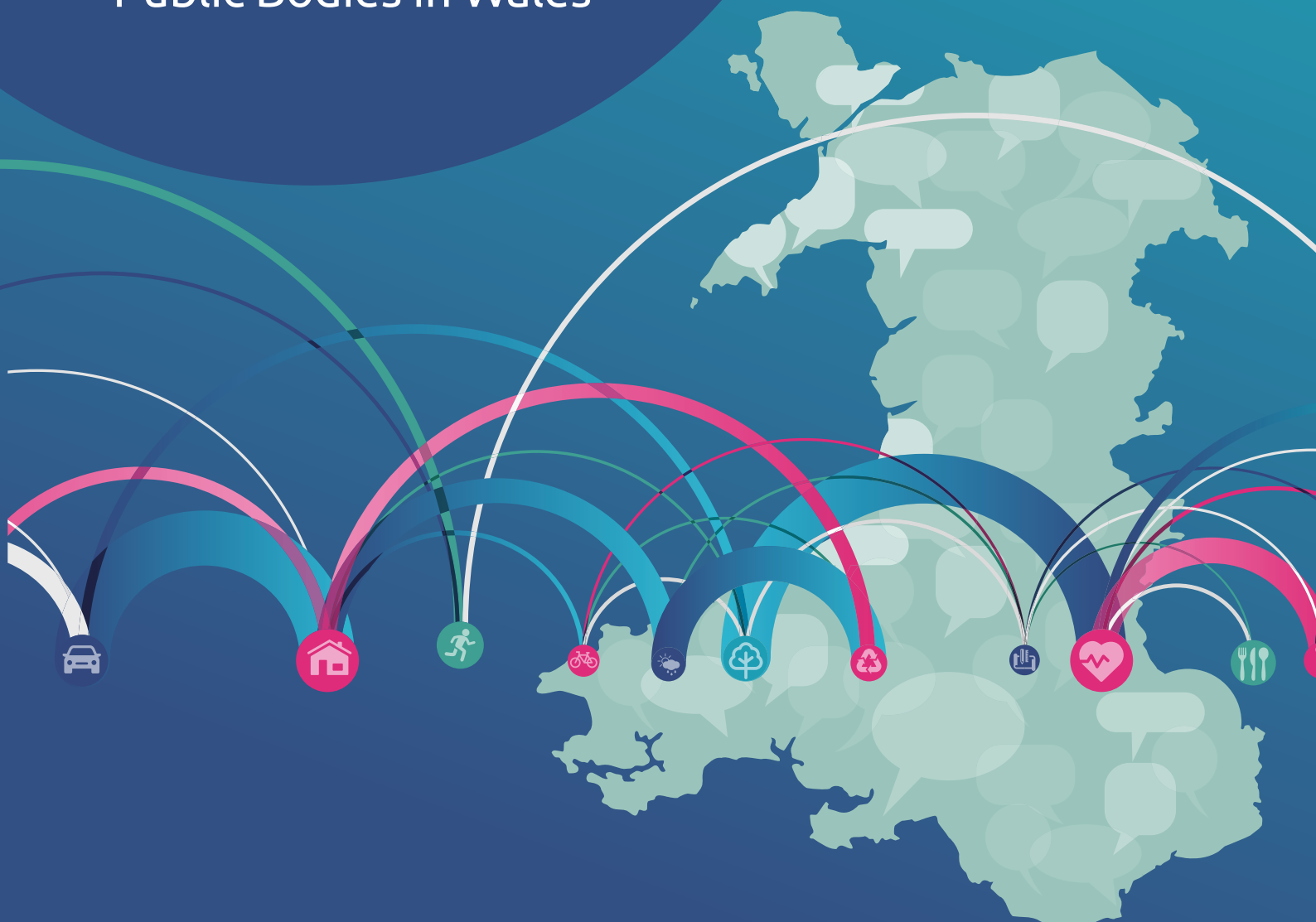


Putting the Spotlight on Health, Well-being and Equity Using Health Impact Assessment

Case Studies from
Public Bodies in Wales



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A decorative graphic on the right side of the page. It features several overlapping circles in shades of blue, teal, and pink. Within these circles are various icons: a leaf, a recycling symbol, a bar chart, and a heart with a pulse line. The circles are connected by thin, curved lines, creating a sense of flow and interconnectedness.

URBAN HABITATS
thinking | strategy | making

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Contents

Introduction	4
Case studies – Voluntary HIAs	7
Case study 1: Systematising HIA within Natural Resources Wales	8
Case study 2: HIA of the Staying at Home and Social Distancing Policy in Wales in response to the COVID-19 pandemic	13
Case study 3: Reconfiguration of Women's and Maternity Healthcare Services at Betsi Cadwaladr University Health Board	18
Case study 4: Local Authority Regulation Scheme for Houses in Multiple Occupation in Denbighshire	22
Case study 5: Local Development Plan, Wrexham County Borough Council	26
Synthesis and learning points	32
Conclusion	34
Resources	35
Reference list	36



Introduction

This publication focuses on the use of voluntary Health Impact Assessment (HIA) by public bodies in Wales as a process that can support policymakers and those involved in decision taking to maximise well-being benefits, minimise harm to health, and avoid widening health inequalities.

HIA is a process which can be used across all policy sectors and settings to consider how the health, well-being, and equity of a population may be, or has been, affected by a policy, programme, plan, or project. It can help to strengthen and maximise the positive health and well-being impacts of a proposal and assist in mitigating any negative or unintended consequences of proposals with an emphasis on population equity and addressing inequalities.

The case studies presented demonstrate that, to maximise health gain and minimise unintended negative impacts, these impacts first need to be identified. This requires an evidence base linked to an understanding of the relevant population and the potential impacts on the wider determinants of health. HIA is a process to do precisely that.

Who is this for?

This publication is primarily aimed at public bodies in Wales. It should also be useful to wider stakeholders including communities, businesses, third sector organisations, academia, and anyone looking to develop their understanding of HIA and how it can work in practice.

Purpose of document

HIA is a process for assessing and better understanding potential and observed impacts of a particular policy, decision, programme, or project. It is underpinned by a set of values and principles including participation, democracy, sustainability and equity. These are directly related to the five ways of working in the *Well-being of Future Generations (Wales) Act (2015)*. These include the need to safeguard the ability to meet long-term needs; integrated thinking across all well-being goals and policy sectors; involving people in achieving well-being; collaborating with others; and taking preventative approaches.

A wider determinants of health approach is central to contemporary interdisciplinary public health. An implication of this is that most people in Wales who influence the determinants of health and well-being do not work in the healthcare system or public health system directly. The case studies in this publication have relevance to the use of HIA in education, physical & natural environment, food sector, housing, transport, arts & culture & heritage, sport & sports leisure, and emergency services. The case studies show how HIA can address the role of employers, asset managers, funders, and procurement professionals.

Health and well-being should be viewed as core business for every sector, and people working in every sector can help maximise health and well-being benefits from their policies and decisions and act to minimise any unintended consequences for health and well-being. The case studies include examples of identifying differential impacts across population groups and potentially vulnerable groups; this is an essential step to inform action on reducing health inequalities.

This publication contains five case studies from public bodies in Wales and provides action-oriented examples of voluntary HIA in practice. In part this responds to an identified lack of consistency about when and how HIAs are undertaken in Wales as well as inconsistency of the quality of HIAs (Welsh Government, 2023). Some additional challenges this publication observes are:

- The necessity of addressing population groups;
- Risks of not following published guidance, such as that published by The Wales Health Impact Assessment Support Unit (WHIASU);
- The need for clarity about fit with organisational aims in terms of how HIA is used;
- A lack of knowledge about what HIA is and how it can be used: what it can do / what it can't do; when is it appropriate to use HIA; and
- Public bodies positively wanting to show progress against well-being goals but lacking knowledge of addressing health as a topic and the use of relevant methods such as HIA.

Integrating HIA with decision making in public bodies in Wales

HIA is an evidence-based and rigorous process that is also flexible and can be used in different ways to support decision taking and policy development. There is no one-size-fits-all approach to HIA yet at the same time there are commonalities in use across organisations and on topics that provide useful reflective learning. In the next section, case studies set out examples of how different organisations have addressed these challenges in different contexts.

Glossary

Health Impact Assessment (HIA)

A combination of procedures, methods and tools by which a policy, intervention or service may be judged as to its potential effects on the health of a population, and the distribution of those effects within a population (European Centre for Health Policy, 1999)

Health Impact Assessment (HIA) Regulations definition

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 inequalities

The systematic differences in the health and well-being status of different groups (McCartney *et al.*, 2019).

Health inequities

Differences in health status which are unnecessary, avoidable, unfair and unjust (World Health Organization, 2024).

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 to improve both population health and health equity (PAHO, 2024).

Participatory

Characterised by, or involving participation. This is best practice and not mandatory under the Regulations.

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.

Primary data

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.

Stakeholder

Stakeholders are those that are involved in the development of the proposal and those who are likely to be affected by the proposal.

Wider determinants of health

Diverse range of social, economic and environmental factors which impact on people's health.

Case studies – Voluntary HIAs

Five case studies are presented that demonstrate a range of localities, organisations, scale, and extent of HIA integration with the activities and decision taking of public bodies in Wales (Table 2). Case studies were identified purposively and include four individual HIAs and one which addresses HIA within the processes and systems of an organisation.

The Wales HIA Support Unit (WHIASU), WHO Collaborating Centre on Investment for Health and Well-being, Public Health Wales have published HIA guidance based on internationally recognised HIA processes. This follows a well-established series of sequential steps. All the included case studies in this publication follow these standard steps.

Table 2: Overview of included case study types

	Prospective	Concurrent	Retrospective	Rapid participatory	Comprehensive	Process development	Policy / strategy / regulation	Programme of work / investment	Project / investment decision	Thematic / topic / system related
<u>Case Study 1: Systematising HIA within Natural Resources Wales</u>	●					●	●	●	●	
<u>Case Study 2: HIA of the Staying at Home and Social Distancing Policy in Wales in response to the COVID-19 pandemic</u>		●			●		●			●
<u>Case Study 3: Reconfiguration of Women's and Maternity Healthcare Services at Betsi Cadwaladr University Health Board</u>	●			●			●		●	
<u>Case Study 4: Local Authority Regulation Scheme for Houses in Multiple Occupation in Denbighshire</u>	●		●	●			●			
<u>Case Study 5: Local Development Plan, Wrexham County Borough Council</u>	●			●			●	●		

Case study 1: Systematising HIA within Natural Resources Wales



Context

Wales is renowned for its landscapes and nature. Air, land, water, wildlife, and plants are Wales' 'natural resources'. These support essential needs for people, including food, energy, business, leisure, tourism along with many aspects that are important wider determinants of health.

Natural Resources Wales' (NRW) job is to sustainably manage these resources so that they are in a good state for future generations. It is a multi-faceted organisation and the largest Welsh Government agency.

This case study includes lessons for organisations seeking to integrate HIA into their work including the value of investing time in developmental work to integrate HIA into internal processes, programmes, and project management gateways.

- **Who:** NRW
- **What:** a systemic approach to integrating HIA within organisational processes
- **When:** ongoing
- **Where:** both whole of Wales and local areas
- **Why:** to proactively respond to future HIA regulations; good practice; integrating health into wider organisational drivers
- **How:** through process development and using WHIASU guidance and training

Of particular interest for: all public bodies and wider organisations seeking to integrate HIA with their existing processes, especially those with activities at scales from the local to the national and managing investments of different scales from small projects to major programmes.

Of relevance to: people and organisations involved with asset management and in the sectors of: physical and natural environment including parks; food sector; housing; transport; arts, culture, and heritage; emergency services.

The drivers for change

NRW wants to think about how to further integrate thinking about health and well-being into its actions. With natural resources under increasing pressure, including due to climate and nature emergencies the organisation also faces the challenge of prioritising adaptation and mitigation actions whilst also leveraging positive health benefits and minimising health harms and unintended consequences of interventions.

The drivers also include good practice as well as responding to regulatory duties and organisational priorities. These include the collation of evidence as required by the *Environment (Wales) Act (2016)* such as the State of Natural Resources Report (Natural Resources Wales, 2016) and a corporate aim for Wales to have healthy places for people, protected from environmental risks.

Why HIA?

HIA is seen as a valuable process as it provides a rigorous and structured approach to health and well-being that can be consistently applied and is underpinned by values of prevention, participation and reducing health inequalities that are strongly aligned to the *Well-being of Future Generations (Wales) Act (2015)*.

National drivers for action:

- *Well-being of Future Generations (Wales) Act (2015)*
- *Environment (Wales) Act (2016)* including the duty of sustainable management of natural resources (SMNR, Section 4) and biodiversity duty (Section 6) for both today's and the future population of Wales.
- Water Framework Directive (2000) including the duty to secure compliance and protect and enhance the water environment.
- Public sector Socio-economic Duty in Wales which requires assessment of equality of outcome (legislation.gov.uk, 2010).
- *Public Health (Wales) Act (2017)* anticipating a future duty to implement HIA on plans of national or major significance.
- A Climate Conscious Wales, Wales National Adaptation Plan 2020-2025 (Welsh Government, 2019)
- *Climate Change Act* (legislation.gov.uk, 2008), which prescribes production of UK Climate Change Risk Assessment and empowers WG to require public bodies to report on climate risk and adaptation. As a Reporting Authority Natural Resources Wales must demonstrate it is considering risks posed by climate change in relation to its remit.

What happened?

A plan was made to develop and implement a HIA process and framework at the whole organisation level. For NRW this needs to respond to different spatial scales ranging from the whole country to regional Area Statements, as well as ecosystem geographies, and specific project locations.

- The first step was internal capacity building (using WHIASU and Public Health Wales (PHW) training).
- An initial assessment was made against the scale, type, and risk level of project and programme interventions to determine the right level of population health significance and scope of HIA to be undertaken.
- Significant work was needed to align and embed HIA with existing internal systems and processes. This included the programme management office and project delivery. HIA stages and associated products were aligned to project lifecycle stages such as gateway reviews and business case development.
- Tools, processes, and approaches were developed to support this alignment. This was essential to support building the adoption of HIA in a proportionate, consistent and rigorous way. These are continually developing to become the NRW HIA Framework.
- A pilot to test application and development of the framework is underway with live projects and programmes. This pilot is focusing on the screening, scoping, and assessment stages within the proposed intervention to support the development of the scheme and inform future decision making, for example planning application process, business case development, and independent project assurance.
- The pilot is continually adapting to the findings of this, and changes are being incorporated into refinements of the framework and how best to support and share this within the organisation.
- The ongoing HIA framework development identified an additional benefit that HIA can also support a shift in behaviour, practice, and staff development to empower people to take action for health and well-being.

Vision and next steps:

This work informed NRW's response to the Welsh HIA regulations consultation in preparation for these coming into force. The work already done means the organisation is proactively responding to this future change.

Future actions include:

- Continued development of the supporting business / investment case for the framework.
- This work supports the business and investment case for health and well-being; project / programme enhancements; and more generally the framework development;
- Going beyond regulatory compliance, the vision is to grow organisational capacity to fully support projects and programmes where HIA is mandated and/or recommended as good practice, empowering staff to act for health and well-being.

Example of piloting the HIA framework in NRW: Flood risk management at Stephenson Street, Newport on the River Usk.

Existing flood defences nearly a mile long that require enhancement in response to climate change and rising sea levels. The community in Liswerry (an area next to the historic Newport Transporter Bridge) is vulnerable to both fluvial / river flooding and tidal flooding including the interaction of both of these. This includes risks to housing, businesses, infrastructure, and leisure facilities. The project seeks to realise multiple additional benefits including enhancements for community amenity, cultural heritage, and biodiversity.

What happened: a HIA screening was conducted on the project to ascertain the potential effects of the project. The initial focus was on understanding potentially affected populations as part screening and scoping.

Specific recommendations from this were:

- Identifying the importance of stakeholder engagement when attempting to identify health impacts.
- The need for a 'dual approach' to infrastructure projects with physical interventions accompanied by social changes, such as through engagement activities.
- Community participation should be conducted in the design and implementation phases and factored into long-term maintenance considerations.
- Importance of communicating both activities and outcomes to affected communities, before, during, and after.

Benefits for the organisation:

- Project governance: being better informed with a clear approach to monitor impacts on well-being.
- Meeting responsibilities under the *Well-being of Future Generations (Wales) Act (2015)* and *Environment (Wales) Act (2016)*.
- Plan for HIA duty under the *Public Health (Wales) Act (2017)*.
- Compatible with purpose to pursue the sustainable management of natural resources.
- Working to create a more equal and equitable society.

Reflective learning

- Organisations thinking of integrating HIA into their work should recognise the value of investing time in developing a 'fit for use' HIA framework, which is embedded into internal processes and programme and project management trigger points.
- The potential significance of projects for human health and well-being was not well understood. Using HIA helped to build knowledge about this.
- It has been important to take a scaled and proportionate response, developing a HIA framework to support this based upon a "level of significance" matrix approach has helped.
- It has been important to recognise the 'people' side of change as well as the technical / process parts. This has included championing an increased consideration of people in NRW's work and then drawing in, as appropriate, an evidence base to support this and improve understanding of population and human health.
- Recommendations from the pilot also identified the importance of timing in relation to involving community stakeholders.

Source material

This case study was prepared in collaboration with NRW.

Stephenson Street project website: [link](#).

Case study 2: HIA of the Staying at Home and Social Distancing Policy in Wales in response to the COVID-19 pandemic



This case study addresses lockdowns introduced in Wales in response to Covid-19. It is an example of a whole population of Wales intervention that had impacts across every policy and service area. It demonstrates a number of key features of HIA processes including identifying best available evidence and differential impacts on population groups. It also demonstrates reporting of a HIA by policy / service area to support rapid decision taking; and it exemplifies a comprehensive rigorous assessment delivered in a matter of weeks.

- **Who:** PHW, on a Welsh Government policy.
- **What topic:** Staying at Home and Social Distancing Policy, 'lockdown'.
- **When:** published June 2020.
- **Where:** whole of Wales.
- **Why:** improve knowledge and understanding of the impacts of this new intervention; inform response to complex and evolving situation; help identify mitigating actions for negative impacts; inform adjustments to the policy; inform strategies for recovery and renewal during the Covid-19 pandemic.
- **How:** comprehensive / concurrent, follows WHIASU HIA guidance. Review and Reflection learning systematically collected post-assessment.
- **Of particular interest for:** all public bodies and wider organisations.
- **Of relevance to:** people and organisations who are employers and has relevance across all sectors.

Context

The context of this HIA – Covid-19 lockdowns – is specific, but also provides wider learning for the use of HIA in policy-making and decision-taking. In early 2020, Covid-19 was described as the ‘greatest test’ since the foundation of the United Nations and a ‘human crisis’ (United Nations, 2020). Policy responses varied globally: UK and Welsh Governmental responses were initially focused on *staying at home and social distancing policy* also known as *lockdown*.

The impacts in this HIA provide a good example of obvious direct health impacts as well as more complex, indirect impacts that at first may be less obvious. The first death from Covid-19 in Wales was 16th March 2020 and the HIA, published in June 2020, reports 1,483 deaths in Wales. To put that into context, in November 2022 over 11,000 deaths in Wales (Institute for Health Metrics and Evaluation (IHME), 2022) were reported. The HIA was undertaken early in the pandemic at a point where there was an opportunity to make a difference to policy implementation and decision taking for population health. The report itself provides insight into the state of knowledge, thinking, and uncertainty about what the future might hold for people working in all sectors and policy areas early in 2020.

The Staying at Home and Social Distancing Policy guidance (Welsh Government, 2020b) was released on 23rd March 2020 with the aim of reducing the spread of Covid-19 and linked to this, issues of healthcare system capacity. The intervention required people to stay at home, except for a small number of defined purposes, and to practice social distancing when outside the home—staying two metres away from people not in the same household. This requirement was enforceable by relevant authorities including the police and local authorities. This policy was revised in Wales on 8th May 2020.

Little was known about Covid-19 at this time; the fact that it was initially classified in the same category as Ebola (UK Health Security Agency, 2020) is a reminder of the concern that was felt by policymakers, the wider public, and of course the wider population, including key workers who continued delivering frontline services ranging from healthcare to waste collection.

The drivers for change

The HIA was undertaken at a time when policymakers were considering how to lift restrictions and look to future recovery from lockdowns. It was also necessary to identify and assess unintended and negative health impacts that may arise from the policy. Public Health Wales undertook this HIA as part of its system leadership role in protecting and improving health and well-being and reducing health inequities. The lockdown policy was viewed as an umbrella policy that led to a series of other policies and impacts across: health and social care; business, economy and innovation; equality, justice and law; communities and regeneration; older people; education and skills; children and families; public sector; housing; environment and climate change; and transport.

Why HIA?

The HIA was undertaken to improve knowledge and understanding of the wide-ranging impacts of the staying at home and social distancing policy in Wales, during a complex and evolving situation.

It also aimed to support decision makers, including public bodies to:

- Identify actions to mitigate negative impacts / enhance positive impacts of this policy.
- Inform how the policy might be changed / lifted.
- Support preparation for subsequent waves of the pandemic.
- Inform future strategies – at the time focused on recovery and renewal.

What happened?

This was a comprehensive HIA that included collection of evidence from a wide range of sources on the emergent topic of Covid-19. The HIA followed the published WHIASU guidance based on internationally recognised HIA processes.

The HIA was undertaken very much ‘in real time’. It was completed in a very short timescale requiring intensive resourcing over a one-month period. It started after the immediate implementation of the policy and continued concurrently with its ongoing implementation. Notably, the assessment was undertaken in a context of continual and rapid policy development as regular changes were made to Welsh Government’s Covid-19 guidelines and regulations in light of evolving understanding of, and response to, the pandemic.

The impacts identified through the HIA were extensive and across many determinants of health and population groups. As shown in Table 2, Green *et al.* (2021) highlight the following major impacts (i.e. those characterised as major on a scale of: minimal / moderate / major).

Table 2: major impacts reported in HIA

Positive Impacts	Negative / Unintended Impacts
High compliance leading to reduced transmission and avoiding the healthcare system capacity being exceeded.	Impact on economy of Wales due to the closure of certain sectors with impacts also on employees in these sectors.
Increase in volunteering.	Impact on education for children and young people.
Increase in social cohesion and mobilisation.	Impact on mental health at an individual and community level. Including for key workers in front line services.
Positive impacts on environment including air quality in some areas of Wales.	Isolation and loss of social connection for people living or working on their own.
Home working as an enabler for those able to do so (which was 44% of Welsh population).	Increased anxiety, loneliness, and social isolation.
How working supporting continued delivery of public services.	

Subsequent actions taken

WHIASU holds 'Review and Reflection' meetings as part of its processes and such a meeting was held eight weeks after publication to capture learning from the assessment.

Gaps in evidence related to: mitigation actions, longer term impacts, differences across population groups, impact on health behaviours. The potential benefits of undertaking Mental Well-being Impact Assessment (MWIA) were also identified. These gaps also related to evidence related to: babies, children, and young people; access to and use of services; role of social media; role of housing; impact of / on employment; ethnic identity: increasing evidence, scale and reasons for inequality not well understood; impacts of lifting policies.

The HIA informed subsequent actions including: commissioning a MWIA investigating the impact of the pandemic on children and young people in Wales (Alma Economics, 2021); and PHW's operational planning.

Policy considerations identified that could support better understanding and inform future decisions included:

- Monitoring impacts in different population groups over short, medium and long term;
- Provide ongoing mental health support: mental well-being should be a key consideration in policy changes;
- Address needs and views of babies, children, and young people;
- Mitigation should target employment groups e.g. low income / at risk of losing jobs, interactions with Brexit and other economic policies were noted;
- Address unknowns about phasing out / reintroduction of policy: identify evidence around this and use HIA to inform future decisions;
- Maximise the positive opportunities, e.g.: home working, use of digital technology, collaborative working across public bodies. Informing how to address other emergencies such as climate change; and,
- Benefits of combining retrospective and prospective analyses of evidence.
- Reflective learning

Several learning points arose from this case study:

- HIA is the only form of impact assessment with an explicit focus on health and well-being that is also: systematic, participatory, and characterises both the scope and scale of impacts. In this respect HIA stands out from other forms of assessment commonly used in policy appraisal (Green *et al.*, 2021).
- This HIA exemplifies the flexibility and responsiveness of the processes to respond to a new topic and a situation that was not expected – at least in terms of the severity and breadth of impact globally.
- The underlying principles and values can give confidence to policy-makers and decision takers in approaching a new topic that may not have an established process or understanding. In other words, a process that has a focus on health equity; takes a holistic understanding of health; addresses complex systems thinking; and is underpinned by established values.

- HIA can take complex and disparate evidence sources and integrate them in a simple traffic light summary system without losing the nuance of the underlying evidence.
- The ability of HIA to address a broad spectrum of health impacts within a policy intervention that has a very specific headline aim – to reduce infection and maintain sufficient healthcare capacity.
- The ability of HIA to be reported by policy and service areas with recommendations and findings for each, aiding the ability to rapidly digest and then inform decision taking for a policy or service area.
- The good use of PHW's Public Engagement Survey alongside a literature review.
- The importance of learning by doing as well as training and the value of undertaking HIA 'in real time' or concurrently as was done here (Green *et al.*, 2021).
- The system-wide role of Public Health Institutes (PHIs) such as PHW needs greater consideration for future. This includes how PHIs provide system-level support beyond current norms (e.g. advocacy and capacity building) to areas such as emergency preparedness, leveraging health intelligence held by PHIs, and leveraging resources and capacities to provide system-level support as part of a Health in All Policies (HiAP) approach (Green *et al.*, 2021).

Link to HIA report

Public Health Wales (2020a) A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the Covid-19 pandemic. Main report [online]. Cardiff: Public Health Wales.

Available from: [link](#).

Green *et al.* (2021) Using health impact assessment (HIA) to understand the wider health and well-being implications of policy decisions: the Covid-19 'staying at home and social distancing policy' in Wales.

Available from: [link](#).

Case study 3: Reconfiguration of Women's and Maternity Healthcare Services at Betsi Cadwaladr University Health Board



Pressures on women's and maternity services in North Wales led to an extensive consultation on proposed temporary changes to these. This was a sensitive and important consultation with many interested stakeholders. A two-staged participatory HIA was conducted. Having an independent assessment was really valuable. Many stakeholders were brought together at a participatory workshop which provided a forum for many voices to be heard. The HIA contributed to evidence and board level decision-taking.

- **Who:** PHW on behalf of Betsi Cadwaladr University Health Board (BCUHB).
- **What topic:** temporary changes proposed to women's and maternity services.
- **When:** published 2015.
- **Where:** BCUHB footprint.
- **Why:** provide an independent assessment of health and well-being impacts; support robust and evidence informed decision making; supplement existing evidence.
- **How:** rapid participatory / prospective, follows WHIASU HIA guidance.
- **Of particular interest for:** local health boards and health trusts, wider organisations in the healthcare sector. Organisations with services operating across multiple localities.
- **Of relevance to:** employers, service planning managers, and those involved with asset management and for sectors including healthcare, transport, emergency service sectors.

Context

This HIA comprised two stages during 2015 at the request of BCUHB on proposed temporary changes to women's and maternity services. The first phase assessed changes at one locality (Ysbyty Glan Clwyd) and the findings from this phase informed a decision to extend the HIA to services across the health board, which were being delivered from three localities. This second phase included a participatory workshop which was attended by a significant number of interested stakeholders.

The drivers for change

At the time of this HIA it was encouraged for strategic schemes delivered through the 'All Wales Infrastructure Programme' to conduct an HIA (Welsh Government, 2015). Since 2018 this is now a requirement (Welsh Government, 2018) and thus a stronger driver for NHS infrastructure projects.

Why HIA?

The use of HIA built on the existing evidence already collated by the health board for formal service consultation. Therefore, the HIA was complementary to this existing evidence base and information: the focus was on adding qualitative and participatory evidence through participatory workshops as part of the HIA process. This is an example of how the scoping of HIA can respond to tailor the method to the available evidence base, much of which had already been gathered, and therefore avoiding duplication. The HIA also emphasises the way in which HIA process is grounded in an approach that synthesises evidence from different sources including quantitative data such as statistical data and qualitative data.

The HIA report makes it clear that this was an emotive topic with a wide range of highly engaged stakeholders representing a variety of opinions and perspectives on the topic.

What happened?

A first phase rapid participatory HIA informed a second phase comprehensive HIA, which were both prospective. The evidence generated was primarily qualitative in nature due to extensive quantitative data having been prepared for separate clinical service consultation. The HIA followed the published WHIASU guidance based on internationally recognised HIA processes.

The proposed changes had a significant focus on clinical safety and service delivery implications especially for maternity services. The HIA helped to highlight and emphasise a broader range of considerations including impacts on other clinical services, specifically breast surgery, impacts for patients including the potential for differential impacts on different groups of patients. A wide-ranging consultation on clinical services had been separately undertaken, HIA was seen to 'unlock' the conversation around changes where there were pros and cons to each proposal and no 'easy option'. This HIA also therefore is an example of appraisal of multiple options – which is common in, for example, business case appraisal but less so in HIA.

Subsequent actions taken

In parallel with the extensive public consultation exercise undertaken by the health board, the HIA comprised part of the evidence and information to inform decision taking. The outcome of this can be clearly traced as this combined evidence informed a board decision in December 2015 not to proceed with the proposed changes.

Reflective learning

An evaluation of the participatory workshop element was undertaken asking participants to respond to four questions: what they learned during the workshop; what were the positive outcomes resulting from this workshop; what worked and what didn't; and their expectations prior to the session and whether these were met. An open question was included for other comments to be included.

Some themes identified from this learning include:

- The ability to get a fuller appreciation of the issues including across different services and departments.
- A more holistic appreciation of the issues including the pros and cons / positives and negatives. It was noted there was no 'easy' option.
- Allowing varied opinions to be heard and for all participants to participate and have their say.
- The holistic and structured approach that HIA added.
- Despite a detailed consultation having been conducted it is notable that some participants felt they understood the options better through the participatory workshop.
- The workshop highlighted HIA as an independent, rigorous, and holistic approach.

Reflections on what worked well or could be improved include:

- The opportunity to listen to other people's opinions and perspectives was welcomed.
- Practical arrangements such as the provision of refreshments and food were highlighted as important enablers to the successful running of the workshop. A boardroom was used, and some participants felt this was not very comfortable for a full day working session.
- Four options were appraised which is a relatively large number in HIA although it is noted that business cases often have multiple options so this should be taken into consideration in scoping a HIA and workshop.
- Inevitably not everyone who might attend a workshop will be available therefore a mechanism should be provided for their feedback and comments separately.
- Good facilitation is essential to a successful participatory workshop, particularly on what was a very emotive subject for many people.
- For staff representing a service that is spread across multiple locations the importance of maintaining an objective and service-wide, as opposed to locality-specific, perspective was noted.

Link to HIA report

Public Health Wales (2015) *Temporary changes to Women's and Maternity Services in North Wales, Health Impact Assessment report* [online]. Cardiff: Public Health Wales.

Available from: [link](#).



Case study 4:

Local Authority Regulation Scheme for Houses in Multiple Occupation in Denbighshire

This case study addresses local authority licensing of houses in multiple occupation (HMOs) in the private rented housing sector, for example bedsits. It also provides an example of the use of HIA *retrospectively* in the policy cycle for evaluation of an existing policy and *prospectively* to inform refinement and development of new policy.

- **Who:** PHW with Denbighshire County Council.
- **What topic:** extension of HMO licensing.
- **When:** published 2014.
- **Where:** Denbighshire County, Rhyl focus.
- **Why:** current scheme due to expire; proposal to redesignate scheme with amendments; supplement evidence already gathered by Planning and Public Protection Team; HIA to comprise part of submission for approval by scrutiny committee and cabinet.
- **How:** rapid participatory / retrospective and prospective, follows WHIASU HIA guidance.
- **Of particular interest for:** local authorities and public bodies with a formal or informal input to local development plans including: fire and rescue, national parks, NRW. Organisations that prepare place-based policies and policies with an existing significant evidence base.
- **Of relevance to:** employers and those involved in asset management as well as across all sectors, particularly functions linked to physical and natural environment.

Context

Licensing of HMOs is undertaken by local authorities who have powers to designate part or all their geography for additional licensing where a significant portion of HMOs are not being well managed. This HIA combined a retrospective assessment of an existing such designation in 2009 by Denbighshire County Council and a prospective assessment of its proposed replacement scheme in 2014.

Key terms:

House in multiple occupation (HMO): In most cases an HMO is a house or a flat in which two or more households live as their main or only residence and where some of these households share basic facilities, such as a kitchen, toilet or bathroom.

Additional licensing: is when a council can impose a licence on types of HMOs for which licensing is not mandatory. The council may do this if it considers that a significant proportion of these HMOs are being poorly managed.

(Welsh Assembly Government, n.d.)

The drivers for change

The key driver for change was the timing of an existing set of regulations coming to an end and new ones being proposed. An additional intensely tragic driver for a focus on HMOs was the death of five members of a family, murdered in an HMO in Prestatyn in 2012 after a fire was started in a communal stair / hallway (BBC News, 2013). After the HIA being undertaken, the landlord was also convicted for failing to take fire safety measures. These drivers combined with the desire to evaluate the existing policy and maximise health gain whilst minimising negative impacts and unintended consequences of the policy. This assessment also happened at a time when national housing legislation was anticipated which would make material changes to the wider sector.

Why HIA?

At the time of the first designation of additional licensing these powers were relatively new and therefore this case study demonstrates how HIA was utilised to assess the complex health impacts of such a policy and refine its implementation. The HIA also emphasises the role of local authorities and important role of non-healthcare services in supporting health and well-being.

The wider determinants of health is one way of considering these wide-ranging factors affecting health and indeed housing is recognised in an early wider determinants model (Dahlgren and Whitehead, 2006).

What happened?

This was a rapid participatory HIA and what is notable in this case study is the inclusion of a retrospective assessment of the existing scheme that was due to end as well as a prospective assessment of the revised and renewed scheme being proposed.

The HIA followed the published WHIASU guidance based on internationally recognised HIA processes. A participatory stakeholder workshop was conducted.

The HIA was complementary to evidence already gathered by the Planning and Public Protection group at the local authority in preparation for re-designation and the HIA was to form part of the supporting information in the submission to the scrutiny committee and cabinet for approval.

Using the WHIASU published checklist potentially vulnerable groups were identified. This included: income related groups, transient population groups, people with a history of substance misuse (in particular women), novice / inexperienced landlords, people on probation, and other groups also.

The assessment identified findings for the existing scheme and then reviewed these same headings for the proposed scheme. Some examples under the headings were:

- **Lifestyles:** existing positive impact of kitchens, overcrowding, and management / more consideration of cooking skills, affordability, and unintended market impacts reducing supply. The new scheme would benefit by being applied to more properties.
- **Social:** positive impact on security, anti-social behaviour through training, sense of pride / ownership in home, and tenant social and support networks. The new scheme would increase coverage and choice but raises capacity and resource considerations.
- **Living/environmental conditions:** many positive impacts, for example some evidence of landlords raising standards to meet requirements within existing rents, inspection and enforcement regime, community safety, noise, good evidence of improved conditions of HMO stock conditions, reduced five-year electrical safety injuries, fire safety and benefit to wider community. Potential negative impacts / unintended consequences included the dilemma of tenants affording use of new heating systems, tenant knowledge and ability to challenge standards, and waste management.
- **Economic:** evidence indicated rents had not broadly increased, benefit from building works to local economy, and some tenant employment in caretaking / management roles. For the new scheme it was identified the fees are considered high by some landlords.
- **Access to services:** training on anti-social behaviour may lead to improved signposting.
- **Macro factors:** HMOs are a positive part of the overall housing mix. Negative impacts are identified from overall legislation restrictions to go further and discrepancies with planning system and definitions of minimum standards.

The primary positive impact of the new scheme was that it would apply to a greater number of properties bringing them under the scope of the regulation. This also however meant that unintended consequences could increase as well and therefore need mitigation actions.

Subsequent actions taken

The HIA informed the preparation of the renewed scheme including consideration of vulnerable population groups and of specific health issues identified.

The HIA was presented as part of the submission to the local authority executive and influenced the decision which was approved at cabinet level. The HIA supported evaluation of the existing policy and whilst a need for a policy change had been identified already, the HIA informed the design of that policy.

A positive outcome of the HIA was emphasising to stakeholders the importance of HMOs as a part of the overall housing mix. Opportunities for links between services were also identified such as housing, planning, and additional support services. In 2014 the HIA also had to consider the changing regulatory environment such as the upcoming *Housing (Wales) Act (2014)*.

Reflective learning

The assessment both retrospectively and prospectively provided an enhanced level of understanding of the potential impacts because the existing impacts, such as a quantified reduction in electrical injuries, were better evidenced.

This case study provides a good example that to maximise health gain and mitigate negative and unintended impacts they first need to be identified. To be identified they need to be evidenced, and this is underpinned by identification of the affected population groups.

This case study also provides an example of embedding HIA into ongoing organisational capacity and building it into processes.

After the introduction of the *Well-Being of Future Generations (Wales) Act (2015)* the additional licensing scheme was renewed in 2020 for a further period of five years. At this point a Well-being Impact Assessment was carried out (Denbighshire County Council, 2020). This 2020 assessment addressed social, environmental, cultural, and economic well-being together. Notable differences between the earlier HIA and this later well-being assessment approach include the lack of explicit reference to specific population groups identified in the earlier HIA; wider determinants of health; and health inequalities.

The HIA identified HMO issues in a seaside town setting with guest houses converted to HMOs without planning permission. There is a wider evidence base around deprivation in coastal communities including the correlation between deprivation and environmental determinants of health such as a lack of tree canopy cover (Alder, 2023); and the specific impacts that coastal communities face due to climate change (Edmonds and Green, 2023).

Link to HIA report

Denbighshire County Council (2014) Retrospective rapid health impact assessment – additional landlord licensing scheme for houses in multiple occupation (HMO's) 2009 within Rhyl and prospective rapid health impact assessment–proposals to re-designate the 2009 additional landlord licensing scheme for HMO's.

Available from: [link](#)



Case study 5: Local Development Plan, Wrexham County Borough Council

Local development plans (LDPs) are prepared by all planning authorities in Wales (which include local authorities and national parks) on a cyclical basis and are long term policies that plan for up to 15 years ahead. This case study is based on the HIA of the 2017 deposit LDP for Wrexham Borough Council and followed on from the success and usefulness of an earlier HIA at the preferred strategy stage. LDPs themselves exemplify a place-based approach and often also use systems-based thinking through policies to address topics such as food and housing. Increasingly LDPs incorporate healthy places policies; this is an area WHIASU has supported in recent years with specific guidance for the use and integration of HIA in LDPs.

- **Who:** Wrexham County Borough Council supported by WHIASU.
- **What topic:** Deposit LDP.
- **When:** during 2018.
- **Where:** Wrexham County.
- **Why:** continued integration of HIA into public body's work; integrate HIA with planning legislation activities.
- **How:** rapid participatory / prospective, follows WHIASU HIA guidance.
- **Of particular interest for:** local authorities and public bodies with a formal or informal input to local development plans. Organisations that wish to integrate HIA with place-based approaches.
- **Of relevance to:** employers and those involved with asset management and across sectors including planning in the physical and natural environment and all other sectors as these are affected by local development plans, especially Specific and General Consultation Bodies who are defined in guidance.

Context

The explicit integration of health and well-being into spatial planning policy has increased in Wales in recent years. National and local spatial planning policies have built on the core themes contained within the *Well-being of Future Generations (Wales) Act (2015)*, the *Planning (Wales) Act (2015)* and the *Public Health (Wales) Act (2017)*.

Planning Policy Wales (PPW) states that, “The built and natural environment is a key determinant of health and well-being. The planning system has an important role in shaping the social, economic, environmental and cultural factors which determine health, and which impact on well-being in line with the Healthier Wales goal.” (Welsh Government, 2024, sec.3.19)

The importance has been further underlined in the publication: Planning for better health and well-being in Wales: A briefing on integrating planning and public health for practitioners working in local planning authorities and health organisations in Wales (Chang *et al.*, 2016). This and wider work by WHIASU were a catalyst to the development of a 2021 toolkit for the use of HIA in LDPs.

Spatial planning and health sectors are united in an aim to better integrate health and well-being into local land use planning policy but also to support and provide opportunities for spatial planning officers to engage and interact with core stakeholders and communities. This can help to strengthen plans and meet consultation and Well-being of Future Generations Act requirements.”
(Green, Parry-Williams and Huckle, 2021, p.13)

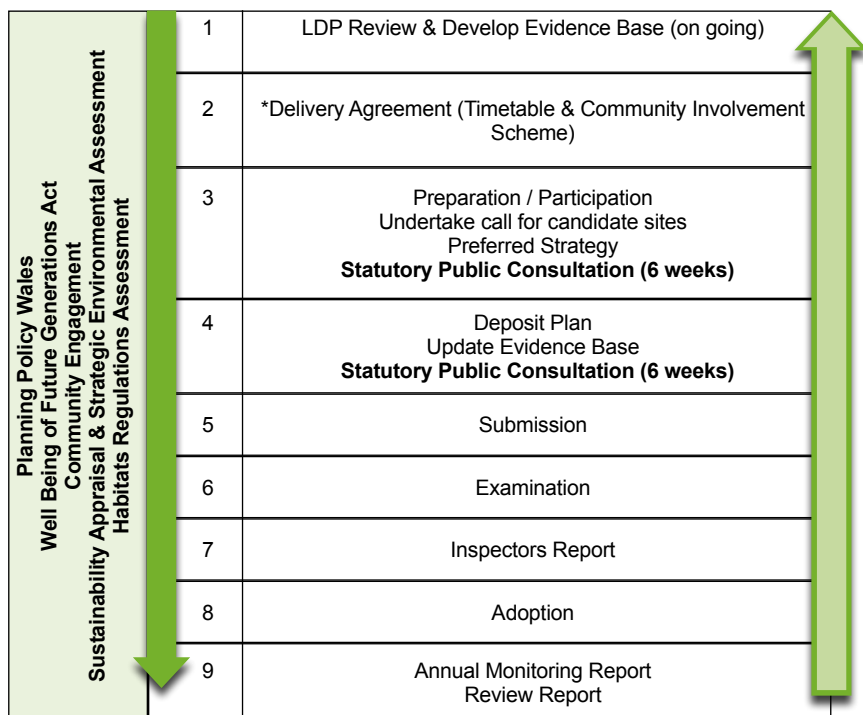
This case study predates that toolkit but forms part of a long-term and increasingly systemic approach to integrating health in planning policy in the planning authority. This approach has developed over 15 years since 2007 through engagement between the North Wales public health team.

National legislation and policy require planning authorities to produce a LDP which sets out requirements through planning policy with a focus on sustainable development.

The *Well-being of Future Generations (Wales) Act (2015)* underpins the actions of public bodies including planning. It is also the case that planning legislation has a “presumption in favour of sustainable development unless material considerations indicate otherwise” (ref PPW12, p8). The interaction of these two areas of policy and legislation are complex and the outcomes including through the planning process is not always readily predictable. Therefore, integrating health into policy at all levels, including the LDP level, is vital to strengthen action towards positive health.

The LDP addressed topics including housing, economic growth, infrastructure, and community facilities. The development of an LDP follows a prescribed series of stages. There is increasing use of HIA within LDP processes to consider community health and well-being and impacts on different groups, in the County of Wrexham these were known to include older people and geographically isolated groups.

Figure 4: Overview of LDP process (Welsh Government, 2020a, p.19)



The drivers for change

As mentioned above this was a long-term development of the use of HIA to consider health and well-being in planning. A HIA undertaken at the earlier preferred strategy stage had been very useful to increase consultation with stakeholders and helpful to respond to the *Well-Being of Future Generations (Wales) Act (2015)*.

The requirement to undertake the LDP is a statutory one. LDPs are informed by a large amount of evidence from a range of diverse sources and therefore processes and approaches to synthesise this evidence into policy is an important activity within LDP processes.

The planning authority also identified the need for an evidence base that can help demonstrate "...that the LDP is "sound" and how objectives reflect local, regional, national plans and the Well-being of Future Generations Act." (Wrexham County Borough Council, 2017)

Why HIA?

HIA was a process that could respond to these drivers. Planning Policy Wales (Welsh Government, 2024) states that health impacts should be minimised and identifies HIA as an appropriate and useful process for doing so however this is an expectation and not a legislative requirement within planning policy.

HIA uses the wider determinants of health as the framework through which to undertake the assessment and assess any plan, policy or proposal. Housing, employment and physical and natural environments are key elements of the wider determinants which were also key considerations within the LDP.

HIA was therefore a useful and appropriate process to apply to the LDP and was applied at several stages.

What happened?

A rapid participatory and prospective HIA was undertaken. The HIA followed the published WHIASU guidance based on internationally recognised HIA processes.

The HIA in this case study was conducted during the 'Deposit Plan' at consultation phase of the LDP. It built on a previous HIA which was undertaken on the earlier 'Preferred Strategy' stage. The findings from the HIA were then included as part of the evidence base for the LDP and made publicly available (Wrexham County Borough Council, 2017).

The vision for the LDP set out twelve strategic objectives and these were assessed through the HIA. The Wrexham Well-being Assessment was used as a reference point to understand the population health profile. This was a vital step and having access to this data meant it did not have to be prepared as part of the HIA – a further example of the HIA scoping being tailored to account for existing data. The profile was used to inform identification of potentially vulnerable population groups and for local context and insight.

A half-day participatory assessment workshop was held, and participants were provided with access to consultation documentation in advance. Participants were from a range of services at Wrexham County Borough Council and from BCUHB. The workshop was facilitated by North Wales local public health staff. Potentially vulnerable groups were identified initially, and these included: older population, school age children, looked after children, students, prison population, people with mental health issues, people with physical disabilities, and single person households including pensioners.

The WHIASU wider determinants checklist was used to assess the plan, and some examples of findings were:

- **Lifestyles:** active travel addressed sufficiently / more emphasis required on safety and access for vulnerable groups;
- **Social and community influences:** more consideration of balancing sense of community particularly for large housing developments and the need for clear identification of school and primary care capacity to be stated;
- **Mental well-being:** adequately addressed within other areas;
- **Living and environmental conditions:** positive impact on environment, services, employment, and quality housing provision;
- **Economic conditions:** positive impacts from new employment opportunities / need to promote a mix of jobs of different skills levels and opportunities for unemployed residents and promoting inclusion in employment for disabled people;
- **Access to and quality of services:** road and transport access and impact on services from new housing development resulting in population growth especially for acute healthcare;
- **Macroeconomic / environmental / sustainability factors:** impact of climate change – notably stated to be a national consideration not a local one.

Subsequent actions taken

The findings and recommendations from the HIA were considered as part of the LDP consultation process and informed development of the LDP.

The subsequent adoption process was an extreme example of the complex and potentially lengthy nature of the LDP adoption. The LDP was prepared and presented for adoption however it was not adopted by planning authority members resulting in a widely reported delay, judicial review, and high court intervention requiring the LDP to be adopted in January 2024. Prior to this the adopted LDP dated from 2005 (Milne, 2024).

Reflective learning

What participants learned from the workshop:

- The importance of engagement with stakeholders early in plan making.
- A broader perspective of what factors impact on population health and well-being.
- Understanding LDP in more detail.
- Understanding HIA process more and usefulness as a policy process.

Reflections on outcomes from workshop:

- Benefits of having different services, experts, and perspectives involved in the assessment.
- An opportunity to make new connections with colleagues across organisations and service areas.
- The importance of good facilitation and the challenge of covering a broad series of topics and impact domains in the timeframe.

What worked and what could work better:

Several insights came from participants:

"HIA is a critical tool for developing evidence-based recommendations for project decision makers and key stakeholders. Health is the responsibility not only of the health sector but also of other relevant sectors such as engineering, design, construction, community affairs department, local waste-management service, country road safety department, and local emergency response unit. These sectors also can play an important role in prevention, promotion, and mitigation."

"I consider that the HIA will have been informed by and emerged out of a process of constructive dialogue with both internal and external stakeholders and organisations responsible for this subject area across the County Borough and contribute to making the Local Development Plan a sound document."

Considering this case study in current context the following points are also noted:

- **HIA in LDP Toolkit:** WHIASU have subsequently developed a toolkit specifically to address HIA in LDPs and a link is provided in the [Links and Resources](#) section (Green, Parry-Williams and Huckle, 2021).

- **Stakeholders:** the broad range of stakeholders who need to respond to LDP processes is increasingly recognised. LDPs are a major piece of place-based local policy setting with long lasting impact. Getting input at the right time is important, not doing so could mean it is many years before there is another opportunity to influence health promoting policies in such a direct way.
- **Community engagement:** is increasingly recognised as important for LDP processes as well as for community health. Community Voices Cardiff (2023) identified 61% of respondents had never participated in a planning consultation, 73% of whom had simply 'never been asked'. An Inclusive Engagement Toolkit aims to respond to this gap (Community Consultation for Quality of Life (CCQOL), n.d.). Ongoing participatory research in Anglesey aims to address identified systemic issues of obscured and incomplete data in planning systems that fails to "capture the true essence and social value of our increasingly diverse communities." (Public Map Platform, 2024)
- **HIA timing vs. LDP stage:** This and a prior HIA were undertaken at the Preferred Strategy and Deposit Plan stage. The LDP toolkit makes recommendations for the timing of HIA within the LDP process. Notably important strategic decisions are taken at earlier stages including Preferred Strategy – and these decision points should be assessed.
- **Wider policies implemented through LDP:** LDPs may implement existing local authority strategies and policies such as economic policy. Given economy, jobs, and services are key elements of an LDP these policies can significantly influence the LDP strategy options that are put forward. Therefore, it is important that these policies are also assessed at the relevant stage (i.e. when they are developed and adopted).

Link to HIA report

Wrexham County Borough Council (no date) *Report on the rapid participatory health impact assessment of the deposit local development plan*. Wrexham: Wrexham County Borough Council.

Available from: [link](#).

The LDP evidence base including the Preferred Strategy HIA is available from: [link](#).

Synthesis and learning points

All five case studies presented follow the widely recognised five step HIA process, including the screening and scoping stages which set the foundations for a successful HIA. As evidenced by NRW's approach, there are benefits for organisations in systematising their approach to HIA in line with their own processes and organisational drivers. These benefits include improved project governance, meeting statutory responsibilities, and working to create a more equal and equitable society.

HIA can help respond to broad organisational drivers and priorities and can support public bodies to demonstrate progress on the Well-Being of Future Generations well-being goals and ways of working.

WHIASU promotes a participatory and inclusive approach to HIA. The case studies evidence how HIA has been used to bring colleagues with different expertise together on an LDP; to draw in wider stakeholders on a sensitive and important topic of women's health and maternity services; and to help build capacity within organisations and wider stakeholders to understand the wider determinants of health and what it means to put these into practice for health promotion.

Key learning points across these case studies include:

- HIA is the only form of impact assessment with an explicit focus on health and well-being that is also: systematic, participatory, and characterises both the scope and scale of impacts. In this respect HIA stands out from other forms of assessment commonly used in policy appraisal.
- To maximise health gain and mitigate negative and unintended impacts they first need to be identified. Identification of the affected population groups is also crucial. HIA is a process to do this in a structured way.
- Organisations thinking of integrating HIA into their work should develop a 'fit for use' HIA framework embedded into internal processes and trigger points for programme and project management.
- The potential significance of projects or policies for human health and well-being is not always well understood. Using HIA can help to build knowledge about this.
- The 'people' side of change as well as the technical / process parts matter and learning by doing in addition to training is very valuable.
- HIA can be used flexibly to respond to new topics and situations: if HIA can be turned to help with addressing a global pandemic it can clearly be used in many situations.
- Linked to the previous item, the underlying principles and values of HIA can give confidence to policymakers and decision-takers in approaching a new topic that may not have an established process or understanding.
- HIA takes complex and disparate evidence sources and integrate them in a simple summary without losing the nuance of the underlying evidence.

- HIA can be reported by policy and service areas with recommendations and findings for each, aiding the ability to rapidly digest and then inform decision taking.
- HIA provides a way to engage with a broad range of stakeholders who need to respond to a variety of programmes, policies, and projects.
- Participatory HIA workshops are particularly valued by participants for a broad range of reasons including early engagement with stakeholders; gaining a broader perspective of what factors impact on population health and well-being; understanding policy or topic in more detail; HIA usefulness as a policy process; benefits of having different services, experts, and perspectives involved in the assessment.

Conclusion

The value of HIA can be seen not only in its methods and evidence base, but also its underlying principles including participation and sustainability. HIA provides a flexible approach and ways of working that can be applied in a proportionate way to the needs and specific context across all different sectors where action is happening and planned.

HIA is the only form of impact assessment with an explicit focus on health and well-being that is also: systematic, participatory, and characterises both the scope and scale of impacts.

HIA is a powerful process to address and evidence action on well-being including duties under the *Well-being of Future Generations (Wales) Act (2015)*. It is not solely a means to the end of an assessment report, it also is shown to support organisations wider priorities and drivers.

Application of HIA can help ensure that the activities of public bodies in Wales are responsive to specific population groups and geographies, maximises benefits for health and well-being, prevents unintended risks to health, and avoids widening health inequalities.

HIA provides a framework to assess how a proposed policy, program, or project may impact the health of a population. By considering various factors (such as social, economic, and environmental influences), HIA helps decision-makers weigh potential health benefits against risks. This approach ensures that any health-related concerns are identified early, enabling interventions that are better suited to maximise positive health outcomes while minimising adverse effects. The core of this process lies in gathering relevant data about the affected population and linking it to evidence-based strategies, so policies or programs can be tailored to the specific needs of that population.

Wales Health Impact Assessment Support Unit (WHIASU)

Established in 2004, WHIASU is based within the Policy and International Health Directorate, which is designated a World Health Organization Collaborating Centre on Investment for Health and Wellbeing at Public Health Wales. WHIASU provides an all-Wales service for training and guidance on the practice of HIA and HiAP. It is the global leader in the HIA field.

Further information is available on the WHIASU website: [Home–Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](http://phwwhocc.co.uk)

WHIASU's role is to support the delivery of high quality HIA across Wales through:

- Supporting the development and effective use of the HIA and HiAP in Wales.
- Contributing to embedding the HiAP approach via engagement with Welsh Government and different policy sectors including; spatial planning, trade, health, climate change, sustainability, housing, transport.
- Collaborating with a range of public, statutory, voluntary, community, academic and private organisations in Wales and internationally.
- Continuous evolution of, and improvement in the practice of and research on HIA.
- Pioneering the application of HIA in new fields.
- Publishing resources and academic papers.
- Promoting the work of Welsh Government, PHW and WHIASU in the field of HiAP.

WHIASU Guides and Resources:

- [Health Impact Assessment \(Wales\) Regulations 2025: A guide for public bodies in Wales](#)
- [Health Impact Assessment \(HIA\): A practical guide for voluntary best practice in Wales](#)
- [HIA screening record sheet](#)
- [HIA scoping template](#)
- [HIA workshop recording template](#)
- [HIA workshop agenda template](#)
- [Population and wider determinants of health resources](#)

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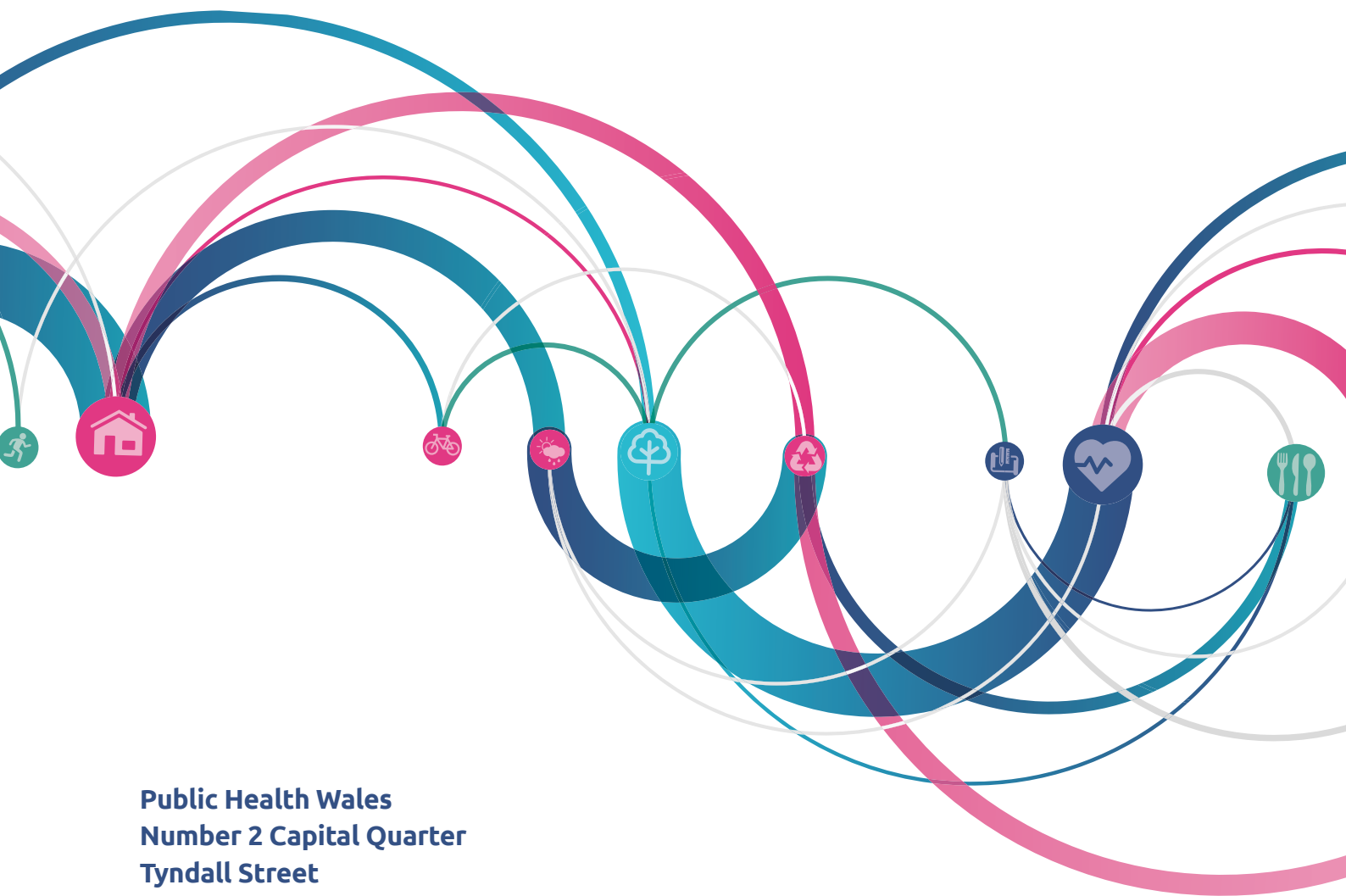
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