

Explanatory Memorandum to The Health Impact Assessment (Wales) Regulations 2025

This Explanatory Memorandum has been prepared by the Health, Social Care and Early Years Group and is laid before Senedd Cymru in conjunction with the above subordinate legislation and in accordance with Standing Order 27.1.

Cabinet Secretary's Declaration

In my view, this Explanatory Memorandum gives a fair and reasonable view of the expected impact of The Health Impact Assessment (Wales) Regulations 2025. I am satisfied that the benefits justify the likely costs.

Jeremy Miles MS
Cabinet Secretary for Health and Social Care

16 September 2025

PART 1

1. Description

- 1.1 The Health Impact Assessment (Wales) Regulations 2025 (“the Regulations”) place a statutory duty on specified public bodies to carry out Health Impact Assessments (“HIAs”) in certain circumstances. Affected public bodies will be required to undertake a HIA when proposing to make a decision of a strategic nature about how to exercise their functions.
- 1.2 The Regulations aim to bring consistency and improve the quality of decision-making by public bodies in Wales, through ensuring that health impacts are considered. In so doing, they aim to improve the health and well-being of the population of Wales and support public bodies to evidence and meet their well-being duty under the [Well-being of Future Generations \(Wales\) Act 2015](#) (“the WFG Act”).

2. Matters of special interest to the Legislation, Justice and Constitution Committee

- 2.1 None.

3. Legislative background

- 3.1 The [Public Health \(Wales\) Act 2017](#) (“the 2017 Act”) was passed by the National Assembly for Wales on 16 May 2017, and Royal Assent was received on 3 July 2017. This is the parent Act for the Regulations and was developed following consultation on a Public Health White Paper, which included a series of legislative proposals to address a number of public health issues in Wales. The focus of the 2017 Act is on shaping social conditions that are conducive to good health, and where possible, avoiding health harms that can be averted.
- 3.2 The 2017 Act is wide ranging in its subject matter and includes provisions in a number of discrete policy areas, all of which aim to address contemporary challenges to health and well-being in Wales. It is comprised of 127 sections within 9 Parts and 4 Schedules.
- 3.3 This Explanatory Memorandum and Regulatory Impact Assessment (RIA) are concerned solely with regulations to be made to fully enact Part 6 of the 2017 Act that deal with HIAs. A HIA is defined by section 108(2) of the 2017 Act as *“an assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales or some of the people of Wales.”*
- 3.4 The following provisions of the 2017 Act provide the Welsh Ministers with the power to make the Regulations:
 - Section 108(1) provides that regulations must make provision about the carrying out of HIAs by public bodies.

- Section 108(3) provides that the regulations must specify the circumstances in which a public body must carry out a HIA and the way in which a HIA is to be carried out.
 - Section 108(4) provides that the regulations may require the Public Health Wales National Health Service Trust (“PHW”) to give assistance to another public body carrying out a HIA.
 - Section 108(5) provides that the regulations may make provision about how the assistance is to be given by PHW, including (among other things) about when it is to be given.
 - Section 109(4) provides that regulations may make provision about publishing HIAs, including (among other things) about when HIAs are to be published.
 - Section 110(2) provides that regulations may add to the list of public bodies at section 110(1) of the 2017 Act, being those bodies required to comply with the regulations.
- 3.5 Section 123(2)(c) of the 2017 Act provides that the draft affirmative resolution procedure will apply to regulations made under certain sections of the 2017 Act, which includes sections 108 and 110(2) of the 2017 Act.
- 3.6 Section 123(3) of the 2017 Act provides that the negative resolution procedure will apply to any other regulations made under the 2017 Act.
- 3.7 Under section 40 of the [Legislation \(Wales\) Act 2019](#), provision subject to the negative procedure may be combined in the same instrument as provision subject to the draft affirmative procedure. As a result, the draft affirmative procedure applies to the Regulations.

4. Purpose and intended effect of the legislation

- 4.1 The policy objectives of the Regulations are to:
- improve the health and well-being of the nation and its communities by realising the benefits of HIAs more widely in Wales; and
 - position Wales as a world leader in the application of public health policy and legislation.

Policy background

- 4.2 Health inequalities are the result of systematic inequities between social groups which are often avoidable. In Wales, there remains a significant difference in life expectancy and healthy life expectancy between the most and least deprived areas of Wales, and this gap shows no sign of reducing. Based on 2020-2022 data, the life expectancy gap between the most and least deprived areas of Wales is 7.8 years for men and 6.5 years for women. The gap in healthy life expectancy between the most and least deprived areas of Wales is even wider, standing at 16.4 years for men and 20.2 years for women.¹ Although over the long-term

¹ [Healthy life expectancy by national area deprivation, Wales, time series - Office for National Statistics](#)

avoidable mortality rates have been improving, the proportion of total deaths that are avoidable is substantially larger in the most deprived areas compared with the least deprived areas. In 2020, most recent available data on socioeconomic inequalities in avoidable mortality indicated that avoidable deaths accounted for 37.0% of all male deaths in the most deprived areas compared with 18.9% in the least deprived areas. For females, the equivalent figures were 25.7% in the most deprived areas and 14.1% in the least deprived areas. In 2020, the absolute gap in avoidable mortality between the most and least deprived areas widened to the highest level since 2003 for males and since the data time series began for females.

- 4.3 The impact of the COVID-19 pandemic was not felt equally across Wales, where avoidable mortality rates with COVID-19 as an underlying cause of death was statistically significantly higher in the most deprived areas compared with the least deprived. The risks associated with all COVID-19 related severe outcomes was also higher for those in the most deprived areas, compared with the least deprived.²
- 4.4 Along with the overriding social justice imperative that action should be taken to close these gaps, there is also an economic argument which supports action on health inequalities. PHW estimated the total annual cost to the Welsh NHS associated with inequality in hospital service utilisation was £322 million in 2018/19,³ driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas.
- 4.5 The wider determinants of health are the social, economic, cultural and environmental conditions in which people live that have an impact on health. It is widely recognised that, taken together, these factors are the principal drivers of people's health, and that inequalities in these factors are a fundamental cause of disparities in health outcomes. Health services have a role to play in addressing this gap, but they are one of a range of factors, and are not the primary drivers of our health and well-being, with other factors including income security and social protection, providing a much more significant contribution.⁴⁵ Therefore, action is required across the breadth of government and public services to tackle the contribution made by the wider determinants of health.
- 4.6 To address the wider determinants of health, the Welsh Government has had a longstanding commitment to a health in all policies approach. To support this approach, the Welsh Government has championed embedding the use of HIA and made provision for HIAs in the 2017 Act.

² ADR UK, 2024: [Data Insight: Inequalities in severe COVID-19 outcomes in Wales, 2020 to 2022 - ADR UK](#)

³ Public Health Wales, 2021: [Cost of Health Inequality to the NHS in Wales](#)

⁴ Scottish Government, 2023: [Chapter 3: Health inequalities: Turning the Tide - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023 - gov.scot](#)

⁵ The Welsh Health Equity Status Report Initiative, 2022: [whesri_influencingthehealthgapinwales_e.pdf](#)

- 4.7 A HIA is a practical approach used to assess the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers, with the aim of maximising the proposal's positive health effects and minimising or even eliminating its negative health effects.⁶

Current practice and regulatory position

- 4.8 HIAs are currently mandated only in limited circumstances. These circumstances include opencast coal operations⁷, areas of planning (see Technical Advice Note (TAN) 21)⁸ and also the Welsh Transport Appraisal Guidance (WelTAG)⁹ process. Despite only being mandated in limited circumstances, our engagement with public bodies has shown that the use of HIAs (or considering the health impacts of decisions in a general sense without following a specific methodology) is more widespread.
- 4.9 In Wales, the use of HIAs has been supported for more than 20 years by the Wales Health Impact Assessment Support Unit (WHIASU) within PHW.
- 4.10 A comprehensive picture of when HIAs are carried out in Wales is not available, as HIAs are only required in law in very limited circumstances. However, we do know from the engagement with public bodies and from work the WHIASU has done to support public bodies to carry out HIAs that HIAs are being used voluntarily in Wales. Different types of HIAs can be carried out depending on the scale and complexity of the proposal. HIAs can take the form of either a standard or comprehensive assessment. According to the WHIASU, since 2020, they have conducted nine comprehensive HIAs and estimate about 10 standard HIAs are carried out annually.¹⁰ This figure may be higher in cases where public bodies and others have conducted HIAs without involving the WHIASU.
- 4.11 Key aims of mandating HIAs includes establishing a common minimum set of circumstances in which HIAs would be required and remedying the current position where uptake is patchy and varies between public bodies. In doing so, it is important that a proportionate approach is taken so that the resources involved in producing a HIA are proportionate to the possible health benefits.
- 4.12 It is expected that the Regulations will create consistency across public bodies in Wales with regards to the use of HIAs and the decisions for which they are undertaken. The carrying out of voluntary HIAs in cases where they are not mandated by the Regulations will still be encouraged

⁶ World Health Organization, 2024: [HIA \(who.int\)](https://www.who.int/)

⁷ [Minerals technical advice note \(MTAN\) Wales 2: coal | GOV.WALES](#)

⁸ [Technical advice note \(TAN\) 21: waste | GOV.WALES](#)

⁹ [Welsh transport appraisal guidance \(WelTAG\) | GOV.WALES](#)

¹⁰ Information gathered from PHW

and will continue to be an important part of the landscape for the use of HIAs in Wales.

The Regulations to be made

- 4.13 Using powers under sections 108, 109 and 110 of the 2017 Act, the Regulations will require specified public bodies to carry out a HIA when proposing to make a decision of a strategic nature about how to exercise their functions.

Specified public bodies

- 4.14 Section 110(1) of the 2017 Act lists the public bodies the Regulations must apply to. At the time the 2017 Act was enacted, this list mirrored the list of public bodies contained in section 6(1) of the WFG Act. However, the list in the WFG Act has since been extended, so the Regulations will amend the list at section 110(1) of the 2017 Act in order to mirror the list at section 6(1) of the WFG Act as at the date the Regulations were consulted on.

- 4.15 The rationale for the list of public bodies in the 2017 Act is set out in paragraph 177 of the Explanatory Memorandum to the 2017 Act:

“To ensure alignment with the Well-being of Future Generations (Wales) Act 2015, it is proposed that all of the public bodies covered by that Act (including Welsh Ministers) will also be covered by the requirements to carry out HIAs. The aim is that HIAs are not stand-alone activities but that they clearly form part of the work of public bodies to achieve the Healthier Wales goal and other national well-being goals set out by the Well-being of Future Generations (Wales) Act 2015.”

- 4.16 There is significant policy alignment between the duty to carry out a HIA and the policy ambitions of the WFG Act. The requirements for HIAs to form part of public bodies’ work to maximise their contribution to the well-being goals set out by the WFG Act is reflected in the requirements of the 2017 Act. Sections 109(2) and (3) of the 2017 Act provide that when taking HIA into account, the public body must act in accordance with the sustainable development principle, which is to be construed in accordance with section 5 of the WFG Act.

- 4.17 Both the 2017 Act and the WFG Act are therefore intended to complement each other.

- 4.18 It follows that the Regulations will apply to the following bodies:

- (a) the Welsh Ministers;
- (b) local authorities;
- (ba) corporate joint committees;
- (c) Local Health Boards;

- (d) the following NHS Trusts—
 - (i) Public Health Wales;
 - (ii) Velindre;
 - (iii) Welsh Ambulance Services University NHS Trust;
- (da) the following special health authorities established under section 22 of the National Health Service (Wales) Act 2006-
 - (i) Digital Health and Care Wales;
 - (ii) Health Education and Improvement Wales;
- (e) National Park authorities for each National Park in Wales;
- (f) Welsh fire and rescue authorities;
- (g) the Natural Resources Body for Wales;
- (h) the Commission for Tertiary Education and Research;
- (i) the Arts Council of Wales;
- (j) the Sports Council for Wales;
- (k) the National Library of Wales;
- (l) the National Museum of Wales.
- (m) Social Care Wales;
- (n) Welsh Revenue Authority;
- (o) Transport for Wales (company number 09476013);
- (p) Centre for Digital Public Services Limited (company number 09341679); and
- (q) Qualifications Wales.

4.19 In the event of bodies being added or removed from the list of public bodies at section 6(1) of the WFG Act, such that it does not mirror the list at section 110(1) of the 2017 Act, corresponding amendments may be required to be made to section 110(1) of the 2017 Act in future.

Circumstances when a HIA is required

4.20 The Regulations requires a public body covered by the Regulations to carry out HIAs when proposing to make a decision of a strategic nature about how to exercise its functions. The Regulations are intended to bring consistency, introducing a minimum set of circumstances when HIAs are mandatory in respect of high-level, strategic decisions, rather than mandating in all circumstances where a HIA may be a useful tool. An important principle is that we continue to expect HIAs to be carried out voluntarily where decisions may have health impacts, regardless of whether they are mandated by the Regulations. This is in line with current practice.

4.21 The approach around HIAs being required for decisions of a 'strategic nature' stems from the Socio-economic Duty in section 1 of the [Equality Act 2010](#) which provides that specified bodies must, "*when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed*

to reduce the inequalities of outcome which result from socio-economic disadvantage”.

- 4.22 It is considered that by aligning the scope of decisions with a duty that certain public bodies are already required to observe, and will therefore be familiar with, will provide greater clarity to public bodies in the performance of their obligations under the Regulations.

How a HIA must be carried out

- 4.23 To allow for flexibility across the wide-ranging functions of the relevant public bodies, the Regulations are not intended to be overly prescriptive on the approach for carrying out a HIA, but rather, they set out minimum requirements of what a HIA must contain alongside other matters public bodies must consider.
- 4.24 In carrying out the HIA, public bodies must identify the relevant decision and population groups and conduct an assessment of the intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on physical and mental health. In doing so, public bodies must have regard to the wider determinants of health and health inequity factors, as defined by the Regulations. Public bodies must also identify measures that the public body reasonably considers may prevent, reduce or mitigate any negative effects identified, and how to increase any positive effects identified.
- 4.25 Inputs to support the assessment may include wider policy context and data from other impact assessments and duties, engagement with relevant stakeholders, evidence and research reports, guidance and templates from PHW, professional expertise, and resource from the public body. The level of detail will depend on the resources and time available, and the extent to which the decision is considered to have an impact on physical and mental health.
- 4.26 By virtue of section 109(1)(b) of the 2017 Act, where a public body has carried out a HIA in accordance with the Regulations they must take the HIA into account when exercising those functions in connection with which the assessment was carried out. In doing so and by virtue of section 109(2) of the 2017 Act the public body will be required to act in accordance with the sustainable development principle.

Publishing a HIA

- 4.27 The Regulations provide that as soon as is reasonably practicable after carrying out a HIA, a public body must publish the HIA in such manner as the public body considers appropriate. As decisions subject to a HIA may also be subject to other impact assessments, they could be combined into

a single integrated impact assessment document. As such, it is appropriate that public bodies are able to determine the most appropriate manner to comply with the requirement to publish (for example, whether to publish a standalone HIA document or via a section in an integrated impact assessment document).

- 4.28 There will be instances where public bodies are working in partnership with one another on decisions and actions that require a HIA. In line with the principle of proportionality, multiple HIAs do not need to be carried out by different public bodies in these circumstances. The requirements within the Regulations will apply to each public body individually, but so long as they have been met, one HIA can be completed when organisations are working in partnership.
- 4.29 In setting out the point in time at which the HIA is published, this should be done once the process outlined in Regulation 4 of the Regulations has concluded, whilst giving some discretion to public bodies on the most appropriate time. This is reflected in the drafting that states it must be done 'as soon as reasonably practicable after carrying out a HIA.' This takes into account that other impact assessments may also be taking place for any decision and that all such impact assessments may be included in a single document. In such cases, it would likely be reasonable to wait until all the relevant assessments are conducted. It also takes account of the fact that a HIA process may be iterative and developed over time.
- 4.30 It is at the discretion of the public body to decide the manner in which the HIA is published. This allows for public bodies to consider accessibility requirements, such as whether the persons affected have access to the internet, and to allow flexibility for any developments such as the public body using an app rather than a website.

Role of PHW

- 4.31 The Regulations require PHW to publish guidance to assist public bodies carrying out a HIA. Policy officials within the Welsh Government are currently working with colleagues in PHW on the development of such guidance.
- 4.32 In addition to guidance, PHW will be required to provide a programme of support to public bodies to include training, toolkits, maintenance of a HIA practitioner network and other activities beneficial to public bodies. It is likely that the support will change and evolve over time, with more assistance expected to be required immediately following introduction and the coming into force of the Regulations, than in subsequent years. The expectation is that PHW will engage with public bodies regularly to determine what their requirements are and update their supporting

activities accordingly. Welsh Government officials will work closely with PHW on the type of support that is required.

Enforcement

- 4.33 It will be the responsibility of affected public bodies to ensure they comply with the Regulations. Individuals or organisations with sufficient interest may be able to bring a judicial review against the public body in certain circumstances.

Implementation

- 4.34 Welsh Government and PHW will work in partnership to support affected public bodies and towards ensuring there is adequate support, training and capacity building in place. Under current arrangements, HIAs in Wales are often conducted with reference to guidance issued by PHW. Before the Regulations come into force on 6 April 2027, such guidance will be updated and re-published, alongside a programme of training, in order to support the implementation of the Regulations. A transition period between the Regulations being signed and coming into force will ensure there is an adequate period of time for affected public bodies to undertake training and to become familiar with the requirements of the Regulations.

5. Consultation and Engagement with key stakeholders

- 5.1 The full text of previous consultations that were undertaken in respect of the 2017 Act can be seen in the final Explanatory Memorandum and Regulatory Impact Assessment document for the 2017 Act.¹¹ The following section outlines the formal consultation and engagement that have been undertaken in relation to the Regulations.
- 5.2 Between 29 December 2023 and 31 March 2024, the Welsh Government consulted on a draft of the Regulations: [Consultation Template \(gov.wales\)](#).
- 5.3 The consultation asked respondents to consider the requirement to mandate the use of HIAs for specified public bodies. This included consideration of the circumstances in which a HIA could be required; how to carry out a HIA; the assistance required from PHW and the WHIASU; and publishing a HIA.
- 5.4 The consultation was brought to the attention of a wide range of stakeholders, including public bodies, commissioners and the Health and Social Care Committee. Young person's and easy read versions of the consultation documents were developed and published in Welsh and English. Materials for stakeholder workshops were produced bilingually.

¹¹ Public Health (Wales) Bill: [Explanatory Memorandum](#)

- 5.5 A total of 63 responses were received to the consultation:
- 16 from charities;
 - 14 responses were received from individuals, including one using the easy read version;
 - 14 from local authorities;
 - 13 from public bodies included in the draft regulations;
 - 3 from Trade Unions, including 2 health Trade Unions;
 - 3 from other public bodies and commissioners.
- 5.6 The majority of respondents supported the proposals, with 76% of respondents agreeing 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 (54 responses were received to this question).
- 5.7 The consultation showed broad support for the policy alongside concerns raised about needing clarity on when a HIA is required; additional duties being placed on public bodies; integration with existing duties that are discharged through carrying out impact assessments; and the need to ensure the Regulations are flexible enough that public bodies can take a proportionate approach, balanced against the risk they become a tick-box exercise.
- 5.8 In addition to the formal consultation, workshops were held with some public bodies and other interested parties prior to the consultation being launched. This was with the view of gathering early thoughts and contributions to inform the consultation questions. After the consultation, further workshops were held with public bodies to summarise the feedback received, gather views on key themes and update on next steps.
- 5.9 As a result of the helpful feedback from the consultation and engagement process, a number of amendments have been made to the Regulations. These include (1) updating the circumstances in which a HIA is required, in order to alleviate concerns around the scope of decisions potentially being broader than intended; (2) removing the express requirement on public bodies to consult as part of carrying out a HIA; and (3) simplifying the requirements around the format and publication of a HIA, with a view of ensuring that the mechanisms for undertaking a HIA are proportionate and not overly prescriptive. Feedback was also received about the intended role of PHW, the type of support that public bodies require to build the necessary capacity to undertake HIAs and the content of guidance. This has resulted in the Regulations requiring PHW to publish guidance. Ministerial directions have also been issued to PHW requiring PHW's assistance on the development of training and content required in the guidance. Such directions can be updated as required, which enables a more flexible framework of working between the Welsh Government and PHW, including to be able to respond to changing demands.

- 5.10 The consultation documents and a summary of the responses are available at: [Consultation on Health Impact Assessment \(Wales\) Regulations: summary of responses](#).
- 5.11 It is specified at section 108(7) of the 2017 Act that before making regulations under section 108 of the 2017 Act, the Welsh Ministers must: (a) consider whether there are persons who appear to be representative of the interests of those likely to be affected by the Regulations (“representative persons”), and (b) carry out consultation with any representative persons whom the Welsh Ministers consider it appropriate to consult. The Welsh Ministers have complied with this statutory duty by undertaking the above-mentioned consultation and engagement exercises.

PART 2 – REGULATORY IMPACT ASSESSMENT

6. Options

- 6.1 A Regulatory Impact Assessment accompanied the 2017 Act when it was introduced¹² (“the 2017 RIA”). Three options were originally considered in relation to HIAs:
- Option one – Do nothing
 - Option two – Produce additional guidance aimed at encouraging and promoting further use of HIAs in Wales
 - Option three – Legislation to require HIAs to be undertaken by public bodies in Wales in certain circumstances (preferred option).

Costs and benefits calculated for the original Public Health (Wales) Bill

- 6.2 The costs and benefits associated with each option were produced using the best information available at the time. The information was prepared through discussion with key stakeholders, including PHW. The costs and benefits associated with each option were originally assessed over a five-year period from 2017-18 to 2021-22. Where costs were expected to extend beyond the initial five-year period (i.e. recurrent costs) these were identified in the text.
- 6.3 Option three was preferred and was embodied in the 2017 Act. This preferred option has been updated to represent current procedures and costings.

Options now under consideration in this RIA

- 6.4 As the 2017 Act received Royal Assent on 3 July 2017 and provision was made under Part 6 for the carrying out of HIAs to be undertaken by public bodies, the options for consideration in this RIA are limited. The options reviewed at this current time are:

Option 1 – do nothing: i.e. do not commence any of the provisions of Part 6 of the 2017 Act and do not make the necessary subordinate legislation.

Option 2 – commence all sections of Part 6 of the 2017 Act and make the necessary subordinate legislation required (i.e. Option 3 in the 2017 RIA).

7. Costs and benefits

- 7.1 The cost assessment has been divided into two distinct sections:
- Section 1 captures sunk costs incurred from April 2022 through to end of August 2025, representing the financial investment made to date in preparing the Regulations.

¹² Public Health (Wales) Bill: [Explanatory Memorandum](#)

- Section 2 spans from September 2025 (when the Commencement Order is signed and the Regulations are laid in the Senedd) through to the end of the 2028/29 financial year. This section also outlines the costs and benefits of the two options referred to in paragraph 6.4.

7.2 The estimates presented in the RIA have been rounded to the nearest £100. Some of the totals in tables may not sum due to this rounding.

SECTION 1

8. Sunk Costs – April 2022 to end of August 2025

8.1 The Welsh Government and PHW have undertaken a substantial amount of preparatory work for the Regulations. This has included running a public consultation; a series of stakeholder engagement sessions both before and after the consultation; preparatory work to update current guidance on HIAs and the establishment of a user reference group. Public bodies and other interested parties have attended engagement sessions and provided feedback to the public consultation.

8.2 Much of this work has been completed and as such is now treated as sunk costs. These should not be considered as exhaustive, as it is not possible to itemise and cost every activity that has been pursued.

Sunk Costs - Welsh Government

8.3 The policy division taking forward Part 6 of the 2017 Act (Health Impact Assessments) commenced work on the development of the necessary regulations almost immediately following the passing of the 2017 Act. However, staff were redeployed in 2017 to work on the Brexit response, and again in early 2020 in response to the COVID-19 pandemic. Work resumed on the regulations required by Part 6 of the 2017 Act during the financial year 2022-23, which is therefore considered the starting point for costings in this RIA.

8.4 From April 2022 a Senior Executive Officer (SEO) worked on the Regulations at 0.5 of a FTE, with a Higher Executive Officer (HEO) joining from April 2025, also at 0.5 FTE. Support has also been provided from a Deputy Director at 0.1 FTE, Grade 7 at 0.3 FTE, and an EO at 0.3 FTE.

8.5 In addition, legislative work has required the deployment of Welsh Government lawyers at 0.2 FTE for Grade 7 and 0.1 FTE for Grade 6.

8.6 Costs have been calculated using Welsh Government average staff costs (including on-costs) for 2025/26 ([See Annex A](#) – staffing Costs). These costs cover all activities to develop and run the consultation, including writing, formatting and publishing all documents produced for the purpose, following internal legislative processes, advising Ministers, analysing

information and developing policy, both internally and with stakeholders. For 2025-26, these sunk costs have been calculated for five months to the end of August (inclusive). The work to pursue the legislative process from this point is costed separately in Section 2 - [Option 2](#).

- 8.7 Many other teams within the Welsh Government have also contributed to the delivery of the materials for the Regulations. These include but are not limited to Translation Services; Design Team; the Health and Social Care Web Team and others who have worked on consultation documents and other required materials. This would have been done as a part of their routine work, so it would be very difficult to apportion time/cost to processing each document. In addition, in 2022-23 the amounts of £4,782 and £2,880 were paid to secure external agencies to produce a young person's and easy read version of the consultation materials respectively.

Table 1 – Welsh Government – sunk costs

	2022-23 £	2023-24 £	2024-25 £	2025-26 (5 months to end August 2025) £
Deputy Director	13,300	13,300	13,300	5,500
Grade 7	29,500	29,500	29,500	12,300
SEO	37,500	37,500	37,500	15,600
HEO	0	0	0	12,400
EO	14,100	14,100	14,100	5,900
Grade 6 lawyer	11,800	11,800	11,800	4,900
Grade 7 lawyer	19,600	19,600	19,600	8,200
Design services for consultation materials – young person's version	4,800	0	0	0
Design services for consultation materials – easy read version	2,900	0	0	0
Totals	133,500	125,800	125,800	64,800

Sunk Costs - PHW

- 8.8 The WHIASU within PHW is funded through Welsh Government's overall budget allocation to PHW. Therefore, there have not been additional direct costs to Welsh Government. However, staff at PHW have spent a considerable amount of time supporting the development of the Regulations. This has included attendance and co-facilitation of stakeholder engagement events, liaising regularly with Welsh Government policy officials, starting to develop new guidance and training materials, providing advice and guidance to public bodies and preparing internal work such as Board papers and internal presentations.
- 8.9 Staff costs including 30% added for oncosts and the relevant Pro Rata staffing costs for the WHIASU are included in [Annex A – Staffing Costs](#). The proportion of each team member time was deployed to support the Regulations varied considerable across the time period. Calculations have been made based on information provided by PHW on their best estimate of the proportion of time spent to support the development of the Regulations.

Table 2 – PHW – sunk costs

	2022-23 £	2023-24 £	2024-25 £	2025-26 (5 months to August 2025) £
Band 8a - Principal HIA Development Officer	6,100	6,100	21,300	10,100
Band 8a - Principal HIA Development Officer	0	0	8,000	5,700
Band 7 - Senior HIA Development Officer	7,800	7,800	4,900	0
Band 7 - Senior HIA Development Officer	0	0	2,300	1,000
Band 6 - Public Health Practitioner	0	0	1,200	900
Band 6 - Public Health Practitioner	0	0	1,500	1,100
Band 9 – consultant in Public Health / Programme Director	15,000	15,000	26,300	12,500
Totals	28,900	28,900	65,500	31,300

Sunk Costs - Public Bodies

- 8.10 Public bodies have incurred costs to date through attendance at stakeholder events delivered before and after the consultation. The cost has been estimated using the ONS Annual Survey of Hours and Earnings with 30% added for on-costs at the rate of a Public Services Associate Professional role, see [Annex A – Staffing Costs](#). The estimate is based

on one member of staff from each of the 54 affected public bodies (not including Welsh Government and PHW) attending and preparing for one online session for three hours. Some public bodies have also spent time responding to the consultation, but this is regarded as being undertaken during the course of their usual work and is therefore not presented as a cost.

Table 3 – Public bodies – sunk costs

	2022-23 £	2023-24 £	2024-25 £	2025-26 (5 months to August 2025) £
Cost of attending stakeholder workshop	5,100	5,100	5,100	0
Total	5,100	5,100	5,100	0

Table 4 - Summary of representative sunk costs to end of August 2025

	2022-23 £	2023-24 £	2024-25 £	2025-26 (5 months to August 2025) £
Welsh Government	133,500	125,800	125,800	64,800
PHW	28,900	28,900	65,500	31,300
Public Bodies	5,100	5,100	5,100	0
Totals	167,500	159,800	196,400	96,100

SECTION TWO

9. Option 1 – Do nothing

Description

- 9.1 This option would maintain the status quo. The listed public bodies would not be mandated to undertake HIAs other than in the limited cases where they are already required (as outlined above).
- 9.2 Public bodies covered by the WFG Act are already required to carry out “sustainable development”, which is defined at section 2 of the WFG Act to mean *“the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle... aimed at achieving the well-being goals”*. Section 4 of the WFG Act lists a “healthier Wales” as being one of the well-being goals. Further, section 5 of the WFG Act 2015 states that in order to act *“in accordance with the sustainable development principle”, a public body must “take account” of certain things, including “the importance of involving other persons with an interest in achieving the well-being goals and of ensuring those persons reflect the diversity of the population of (i) Wales (where the body exercises functions in relation to the whole of Wales), or (ii) the part of Wales in relation to which the body exercises functions”*. HIAs would continue to be a way for public bodies to discharge their responsibilities under the WFG Act, albeit voluntarily.
- 9.3 HIAs are already used by a range of organisations in Wales as a method for assessing the potential impacts of policies or proposed actions on health and well-being. This practice would continue under this option but HIAs would not be mandatory other than in limited circumstances.
- 9.4 The WHIASU would continue to promote the use of HIAs in Wales, including providing advice and support to those carrying out HIAs and developing resources and training. Information about HIAs would also continue to be factored into relevant policy documents, as is the case currently.
- 9.5 As this is the baseline option, there are no additional costs. The following section provides an estimate of the costs currently incurred by the various parties.

Option 1 – Costs to Welsh Government

- 9.6 In the 2017 RIA, no costs were considered to be incurred by the Welsh Government under this option, as undertaking HIAs was not a requirement at that time.
- 9.7 Since 2018, as part of developing all policies, Welsh Government officials are required to undertake an Integrated Impact Assessment (IIA). There are several different impact assessments contained within the IIA,

including a HIA. All policy leads are required to complete the initial scoping stage, which considers how (either positively or negatively), and to what extent (significant/moderate/minimal impact), the proposal impacts health determinants, and if there could be a differential health impact on a particular group. If significant health impacts are identified, a more detailed HIA is required.

- 9.8 Based on the number of HIAs undertaken between 2022-23 and 2024-25, it is estimated that around 40 HIAs are carried out annually by Welsh Government, with the majority completing a HIA scoping stage assessment. A scoping stage assessment takes approximately 12 hours of a HEO's time to complete, spread over several months, with around 2 hours of a SEO's time to review and clear.
- 9.9 A fuller HIA may take up to 30 hours of an SEO's time, which includes research, meeting with a steering group if required, and preparing a report, with 4 hours of a Grade 7 policy officer's time to review and clear.
- 9.10 Between 2022-23 and 2024-25 at least 4 fuller HIAs were carried out by Welsh Government, although the exact number may be higher as it is not currently a requirement to publish HIAs. An estimate of 2 fuller HIAs per year has been included in the baseline costs to Welsh Government.
- 9.11 There is also a team within Welsh Government that leads on HIAs and provides advice to officials completing them as and when required. In the last 12 months advice has been provided on 8 HIAs, which has ranged from being part of a steering group to providing comments via email (for the majority of HIAs). It is estimated that around 5 hours of an SEO's time is required for advice on full HIAs (this includes attending meetings, background preparation and reviewing documents), and around one hour to review and provide comments.
- 9.12 As well as internal advice on HIAs, the team liaises regularly with PHW, keeping up to date on HIA developments, training and guidance. Under this option, it is expected this would require around six hours per year of an SEO's time, six hours per year of HEO's time and 2 hours per year of Grade 7 time.

Table 5 – Option 1 - Welsh Government costs

	2025-26 (7 months Sept – March) £	2026-27 £	2027-28 £	2028-29 £
Cost of completing a HIA scoping stage assessment	12,400	21,300	21,300	21,300
Cost of completing a full HIA	1,900	3,200	3,200	3,200

Cost of providing advice on a HIA – scoping	1,100	1,800	1,800	1,800
Cost of providing advice on HIA - full	300	500	500	500
Cost of liaising with PHW on HIA developments	400	600	600	600
Totals	16,100	27,400	27,400	27,400

Option 1 – Cost to PHW

9.13 The WHIASU, within PHW, would continue to provide support on HIAs to the public sector in Wales. Typically, this would be expected to involve activities such as giving advice on HIAs, undertaking HIAs, providing training, signposting to resources and evidence, undertaking research on HIAs and presenting at conferences. In the calendar year 2024, the WHIASU logged 202 queries and requests for advice from a range of sources including other teams within PHW, universities, local authorities, Local Health Boards and other public bodies.

9.14 There is significant variation in costs associated with providing advice on a HIA depending on the level of involvement, complexity and type of HIA. The costs could vary from £300 for an email response, to £5,000 capacity support for a HIA workshop or series of workshops, or to attend multiple meetings and reviewing time as part of a steering group to support a comprehensive HIA.

9.15 The WHIASU would also continue their regular training and support to public bodies, which includes in person training sessions twice a year, maintenance of an e-learning platform and facilitation of HIA network.

9.16 The majority of costs associated with the WHIASU's activities are staffing costs. These have been outlined in Table 6 along with some additional costs incurred such as the e-learning platform. Staffing costs have been estimated using the NHS pay scales for 2025-26 at the intermediate step point with 30% added for on-costs. (See [Annex A – staffing costs](#)). Whilst support on HIAs to Public Bodies in Wales forms the majority of the WHIASU role within PHW, the function also undertakes other duties, therefore the only proportion of time spent supporting public bodies in Wales are reflected in Table 6.

Table 6 – Option 1 - PHW costs

	2025-26 (7 months, Sept – March) £	2026-27 £	2027-28 £	2028-29 £
Band 8a - Principal HIA Development Officer	23,100	42,600	42,600	42,600

Band 8a - Principal HIA Development Officer	3,800	0	0	0
Band 8a - Principal HIA Development Officer	27,900	54,700	54,700	54,700
Band 7 - Senior HIA Development Officer	13,100	31,400	31,400	31,400
Band 7 - Senior HIA Development Officer	21,300	35,300	35,300	35,300
Band 6 - Public Health Practitioner	19,800	34,000	34,000	34,000
Band 6 - Public Health Practitioner	18,600	42,500	42,500	42,500
Band 3 - Team Support Officer	9,600	16,500	16,500	16,500
Band 9 – consultant in Public Health / Programme Director	28,500	48,900	48,900	48,900
Staff CPD and training	2,300	4,000	4,000	4,000
E-learning platform licenses (renewed every three years)	4,000	0	0	4,000
Translation and maintenance of e-learning	3,500	6,000	6,000	6,000
Totals	175,500	315,900	315,900	319,900

Option 1 – Cost to Public Bodies

9.17 Public bodies would continue to incur the costs of completing HIAs (either where they are currently mandated or where they voluntarily chose to undertake a HIA), which the WHIASU estimate is approximately £5,000 to complete a standard HIA, including design and translation of the report, staff time and venue hire, with around 10 undertaken each year.

9.18 Public bodies will also continue to attend HIA training sessions delivered by the WHIASU, e-learning sessions, and to participate in the HIA Network sessions online as part of their CPD. The cost has been estimated using the ONS Annual Survey of Hours and Earnings with 30% added for on-costs ([See Annex A – staffing costs](#)). This accounts for four hours of a Public Services Associate Professional role to attend an in-person workshop, and eight hours of a Local Government Administrative role for online CPD.

Table 7– Option 1 - Public body costs – (Excluding Welsh Government and Public Health Wales)

	2025-26 (7 months September-March) £	2026-27	2027-28	2028-29
Cost of completing standard HIA;	29,200	50,000	50,000	50,000
Cost of CPD related to HIA	10,100	17,300	17,300	17,300
Totals	39,300	67,300	67,300	67,300

Table 8 - Summary of costs associated with Option 1 – Do nothing

	2025-26 (7 months September- March) £	2026-27 £	2027-28 £	2028-29 £
Welsh Government	16,100	27,400	27,400	27,400
PHW	175,500	315,900	315,900	319,900
Public Bodies	39,300	67,300	67,300	67,300
Totals	230,900	410,600	410,600	414,600

Benefits of Option 1

9.19 There are no additional benefits from this option and the current situation would continue, WHIASU would continue to support organisations to conduct voluntary HIAs and promote their benefits. The use of HIAs across Wales would remain patchy and inconsistent.

9.20 In the Explanatory Memorandum for the 2017 Act it was anticipated there may be an increase in demand for HIA due to both the continued work of the WHIASU raising the profile of HIA, and an increase through public bodies using HIAs to discharge their responsibilities under the WFG Act. However, according to the WHIASU, the number of HIAs carried out since 2017 has remained fairly static.

10. Option 2 – Commence all sections of Part 6 of the 2017 Act and make the necessary subordinate legislation

Description

- 10.1 This option fulfils the provisions of Part 6 of the 2017 Act, where the Welsh Ministers are required to introduce regulations which make provision about the carrying out of HIAs by relevant public bodies.
- 10.2 In developing options to determine the circumstances in which the relevant public bodies should be required to carry out a HIA, the following criteria was considered:
- Potential impact on improving the mental and physical health of the people of Wales;
 - Maximum clarity for public bodies;
 - Value for money including:
 - delivering a proportionate approach by ensuring the duty to carry out a HIA applies where the resources involved in producing the HIA are proportionate to the possible benefit;
 - insofar as possible, securing the longevity of the coverage of the Regulations.
- 10.3 In pursuance of this option, the Regulations will require that specified public bodies must undertake a HIA in certain circumstances. Such bodies must identify the relevant decision and population groups and conduct an assessment of the intended effects of the decision, and any unintended effects of the decision that the public body reasonably considers are likely, on physical and mental health. Public bodies will be required to have regard to the wider determinants of health and health inequity factors. Affected public bodies will also be required to identify measures that it reasonably considers may prevent, reduce or mitigate any negative effects identified, and how to increase any positive effects identified.
- 10.4 By virtue of 2017 Act, the public body must take the HIA into account when exercising those functions in connection with which the assessment was carried out. In doing so, the public body must act in accordance with the sustainable development principle, as construed in accordance with section 5 of the WFG Act. Public bodies must also publish their assessment.
- 10.5 PHW will publish guidance to assist public bodies carrying out a HIA. PHW have also been directed to provide a programme of support to public bodies that will include training, toolkits, maintenance of a HIA practitioner network and other activities beneficial to public bodies.
- 10.6 Future costs of the Regulations have been calculated from September 2025, when the Regulations will be laid in the Senedd.

10.7 It is proposed the Regulations will come into force from 6 April 2027 to allow for a transition period before the public bodies are required to comply with them. The first phase of this transition period will focus on finalising guidance to be published by PHW, confirming training needs and undertaking awareness raising activities with affected public bodies. This is expected to be followed by the second phase of the transition period, being the rollout of training and capacity building activities.

Option 2 – Costs to Welsh Government

10.8 The costs incurred by Welsh Government in [Option 1](#) are not included in this option.

10.9 It is expected that by the end of a four-year period, costs will have reached a steady state.

10.10 Costs to Welsh Government will largely be incurred through ongoing staff costs to support the passage of the Regulations in the Senedd and development of the associated guidance and training activities. These are opportunity costs, with resource from the Public Health Policy Division and Legal Services being deployed to support the Regulations rather than utilised elsewhere. It is anticipated to be highest from the point the Regulations are laid in the Senedd until they come into force on 6 April 2027.

10.11 Additional costs incurred by the Policy Team are estimated as Deputy Director – (0.1 FTE) until end of 26/27, Grade 7 until end of 26/27 (0.3 FTE) and then (0.15 FTE), SEO until end of 26/27 (0.3 FTE) and then (0.15 FTE), HEO (0.5 FTE) until end of 28/29, EO until end of 26/7 (0.3 FTE) and then (0.15 FTE).

10.12 These costs will cover additional activities such as policy officials establishing and running a user reference group for affected public bodies to provide feedback on the guidance and training materials. A project board, run jointly by Welsh Government and PHW has been convened to ensure oversight and joined up governance for the transition to, and implementation of, the requirements in the Regulations. Although development of the guidance document will be led by PHW, officials in Welsh Government will be required to review and provide feedback. Other teams within Welsh Government may also be involved in reviewing the guidance and engaging with public bodies, but this will be in the course of their everyday work and so has not been costed below.

10.13 Supporting resources for the legislative process and resources for awareness raising and communications activities will also be developed by the Policy Team in Welsh Government, with support required from the web team, translation services and communications teams as required. A

design agency will be commissioned to produce an infographic that will serve as a short explainer to the Regulations to support stakeholder engagement and awareness raising.

- 10.14 There will also be Legal Services costs until end of 26/27 Grade 6 (0.1 FTE) and Grade 7 lawyer (0.2 FTE).
- 10.15 It is also anticipated that the Regulations will lead to additional advice being sought from Policy officials within the Public Health Division and an increase in Government business, another opportunity cost which has been factored into the ongoing staff costs.
- 10.16 As Welsh Ministers are subject to the Regulations, there will also be work undertaken by the Public Health Policy Division to ensure that policy officials across Welsh Government are sufficiently supported and trained ahead of the Regulations coming into force. This will include updating internal guidance, awareness raising, staff familiarisation and running a series of internal training sessions.
- 10.17 Health impacts are already considered as part of Welsh Government's Integrated Impact Assessment process, so it is not envisaged that the number of HIAs will increase. However, the level of detail required to be included in HIAs by the Regulations is higher than the current scoping stage assessment.
- 10.18 Welsh Government currently carries out around 40 scoping stage HIAs per year and two more detailed HIAs, which have been accounted for in the costs for [Option 1](#). The Regulations HIAs to be carried out when proposing to make a decision of a strategic nature about how to exercise functions, and in these cases it is expected that the Welsh Government will take longer than it does currently, when carrying out a HIA.
- 10.19 By estimating that a quarter of the decisions currently subject to a scoping HIA will be in scope of the Regulations, Welsh Government will be required to carry out approximately 10 HIAs per year under the Regulations at an estimated average cost of £5,000 per HIA (based on information provided by PHW). This is an opportunity cost as policy officials would be deployed elsewhere if not completing the HIA.
- 10.20 Additional costs for an independent evaluation to assess the effectiveness of the Regulations are also reflected in Table 9.

Table 9 – Welsh Government costs from September 2025 – March 2029 inclusive

	2025-26 – (7 months from September to March) £	2026-27 £	2027-28 £	2028-29 £
Grade 6 lawyer	6,900	9,800	0	0
Grade 7 lawyer	11,500	19,600	0	0
Deputy Director	7,800	13,300	0	0
Grade 7	17,200	29,500	14,700	14,700
SEO	13,100	22,500	11,200	11,200
HEO	17,400	29,900	29,900	29,900
EO	8,200	14,100	7,000	7,000
Evaluation	0	15,000	30,000	45,000
Communications and Design work	2,500	5,000	2,500	0
Awareness raising session	1,700	0	0	0
Familiarization with new guidance	0	4,400	0	0
Additional training session	0	4,400	0	0
Additional mandatory HIA	0	0	50,000	50,000
Totals	86,300	167,500	145,300	157,800

Option 2 – Costs to PHW

10.21 Costs to PHW will largely be incurred by allocating staff to develop the resources and support necessary to enable relevant public bodies to acquire the skills, competencies and behaviours that are needed for them to undertake HIAs in accordance with the requirements of the Regulations. These are opportunity costs as existing resources from the WHIASU will be deployed to support implementation of the Regulations, which may mean they have less capacity for other work (such as (1) providing advice on HIAs internationally or to organisations not covered by the Regulations; and (2) undertaking research on HIAs).

10.22 It is also anticipated that PHW will contribute to an evaluation on the effectiveness of the Regulations. This is expected to entail PHW undertaking general monitoring activities on an ongoing basis, such as collating information on the number of HIAs undertaken by public bodies after the Regulations come into force.

10.23 There will be costs incurred by PHW in developing guidance, including design and translation. A training needs assessment, and staff time to

deliver two training sessions per year, have also been considered in assessing additional staffing costs. It is expected that there will be an additional cost of £5,000 for translation and £5,000 for design of the guidance.

10.24 It is also anticipated that the Regulations will result in an increase in the number of requests from affected public bodies for advice on HIAs from PHW. This has also been factored into the additional staff costs in Table 10. It is also expected that PHW will be required to undertake HIAs of their own to meet their obligations under the Regulations.

Table 10 – Option 2 PHW costs

	2025/26 – 7 months (Sept – March £	2026/27 £	2027/28 £	2028/29 £
Band 8a - Principal HIA Development Officer	1,800	3,000	0	0
Band 8a - Principal HIA Development Officer	4,000	0	0	0
Band 7 - Senior HIA Development Officer	2,700	0	0	0
Band 6 - Public Health Practitioner	3,100	0	0	0
Guidance costs – translation and design ¹	10,000	0	0	0
Cost of completing mandatory HIAs on behalf of PHW	0	0	5,000	5,000
Totals	21,600	3,000	5,000	5,000

Option 2 – Costs to Public Bodies

10.25 Costs to public bodies in Wales have been largely replicated and updated from the analysis in “the 2017 RIA”. Each public body covered by the Regulations will need to spend some time familiarising themselves with the new legislation and updated guidance published by PHW. It is estimated this familiarisation work will take on average, eight hours by two people per organisation, using the ONS Annual Survey of Hours and Earning for a Public Services Associate Professional role including on-costs (see [Annex A – staffing costs](#)). It is expected that these costs would

be incurred in 2026/27 to coincide with the expected launch of guidance by PHW and ahead of the Regulations coming into force.

10.26 Whilst it is not envisaged that the additional training sessions would attract a delegate fee for attendees from public bodies, public bodies may incur some limited costs in releasing staff to attend relevant training sessions. While the number and grade of staff likely to attend such sessions are likely to vary, it has been estimated that (1) two attendees from each affected public body will attend a three-hour online awareness raising session during the second half of 2025/26; and (2) two attendees from each affected public body will attend an eight hour training session in the first year before the Regulations come into force until the implementation reaches a steady state at the end of 28/29.

10.27 A user reference group will be established to ensure guidance published, and training provided, by PHW meets the needs of the affected public bodies. It is estimated that there will be three sessions of the group, lasting around three hours each, in order to allow for attendance and preparation. It is estimated that there will be approximately 35 attendees with an estimated level of seniority of a Public Services Associate Professional role, with some attendees representing more than one public body.

10.28 Public bodies already incur costs from completing around 10 standard HIAs per year. Under the Regulations, affected public bodies will be required to undertake HIAs when proposing to make a decision of a strategic nature about how to exercise their functions. Due to their nature, strategic decisions can span a number of years and there may be more undertaken by public bodies in some years than others due to political cycles. If on average, each public body makes one strategic decision per year, the number of HIAs carried out would increase to around 54 per year, an increase of 44.

Table 11 – Option 2 - Public body costs (excluding Welsh Government and PHW)

	2025/26 – Sept - March (7 months) £	2026/27 £	2027/28 £	2028/29 £
Cost of attending User Reference	9,900	0	0	0
Attendance at one awareness raising session	10,200	0	0	0
Cost of familiarisation time	0	27,300	0	0

Attendance at one additional training session per year	0	27,300	27,300	27,300
Cost of completing mandatory HIA	0	0	220,000	220,000
Totals	20,100	54,600	247,300	247,300

Table 12 - Summary of costs associated with Option 2

	2025/26 – Sept – March (7 months) £	2026-27 £	2027-28 £	2028-29 £
Welsh Government	86,300	167,500	145,300	157,800
PHW	21,600	3,000	5,000	5,000
Public Bodies	20,100	54,600	247,300	247,300
Totals	128,000	225,100	397,600	410,100

Benefits of Option 2

- 10.25 The Regulations are intended to embed health considerations into strategic decision-making across the public sector in Wales. Mandating HIAs in certain circumstances will play a critical role in reducing health inequalities by ensuring that public bodies systematically assess the health and well-being impacts of certain decisions, particularly on vulnerable and disadvantaged groups. This approach supports the Welsh Government's commitment to promoting health equity and addressing the wider determinants of health.
- 10.26 HIAs provide a structured, evidence-based framework for evaluating the potential health effects of policies, programmes and projects. By identifying both positive and negative impacts early in the decision-making process, HIAs enable better-informed choices and help to avoid unintended consequences. This supports a preventative approach to public health and aligns with the Welsh Government's long-term health strategies.
- 10.27 The process also enhances transparency and accountability, requiring public bodies to act in accordance with the sustainable development

principle. In doing so, HIAs contribute directly to the goals of the WFG Act, particularly ‘A Healthier Wales’ and ‘A More Equal Wales’. The Regulations aim to ensure that health impacts are not an afterthought, but a core consideration in strategic planning.

10.28 Mandating HIAs in a wider set of circumstances is also expected to foster greater collaboration across the public sector. PHW will support implementation through tailored guidance and training, helping public bodies build the necessary skills and knowledge to conduct effective assessments. This collaborative approach has already been evident in the development of the Regulations, which involved extensive engagement with stakeholders.

10.29 Standardising the use of HIAs across certain public bodies will ensure consistency in practice and help embed the process meaningfully into existing decision-making frameworks. This will mitigate the risk of HIAs becoming a “tick-box” exercise and instead promote their use as a valuable tool for improving public health outcomes.

10.30 There is strong evidence supporting the effectiveness of HIAs. The World Health Organisation has noted a number of benefits of HIAs, including:

- Provision of the best available evidence to decision makers.
- Improvement of health and reduction of inequalities.
- Opportunities to strengthen features of a proposal which will positively impact on population health.
- The promotion of cross-sectoral cooperation.
- A participatory approach which values community views.
- Flexibility.
- Links with sustainable development and resource management.¹³

10.31 In Wales, research and case studies, including those from the WHIASU, demonstrate that HIAs have influenced policy decisions, strengthened positive health outcomes, and helped mitigate negative impacts. Wales is increasingly recognised internationally for its leadership in applying HIAs to public policy and mandating HIAs in certain cases will deliver significant public health benefits, particularly for the most disadvantaged groups, and reinforce Wales’s position as a leader in health equity and preventative policy-making.

11. Competition Assessment

11.1 The competition assessment filter is required if the legislation affects business, charities and/or the voluntary sector. As the legislation will affect public bodies it is not required.

¹³ World Health Organization, 2024: [HIA: Reasons for using HIA \(who.int\)](https://www.who.int/publications/m/item/hia-reasons-for-using-hia)

12. Post implementation review

12.1 An independent evaluation will be carried out to assess the effectiveness of the Regulations. It is anticipated that this will be an ongoing process both before and after the Regulations come into force.

12.2 It is expected that the evaluation will consider whether the overall objectives of the Regulations (which includes to improve the health and well-being of the people of Wales, and to position Wales as a world leader in the application of public health policy and legislation), have been (or can be) achieved, and assess whether the Regulations:

- provide clarity (insofar as possible) to relevant public bodies on the circumstances in which HIAs are legally required;
- ensure public bodies are suitably supported in conducting HIAs;
- ensure greater consistency in the approach of public bodies in undertaking HIAs;
- avoid the HIA process being excessively bureaucratic or burdensome for relevant public bodies;
- avoid engendering a perception that HIAs are only to be carried out when they are mandatory and to continue to encourage their use more generally as a matter of good practice.

12.3 In addition to a formal evaluation process, PHW will undertake ongoing monitoring to collate information from public bodies on the number and type of HIAs that have been conducted. This will enable a more comprehensive picture to be built of the changing HIA landscape in Wales.

Annex A – Staffing Costs

Welsh Government Staffing Cost

	Weighted Monthly £	Weighted Annual £	Weighted Hourly costs
TS	3,297	39,559	24
EO	3,903	46,839	29
HEO	4,979	59,751	37
SEO	6,245	74,943	46
G7	8,182	98,186	60
G6	9,816	117,797	72
Deputy Director	11,078	£132,938	82

- *Hourly costs are based on 44 working weeks in a year / 37 hours in a week*

PHW Staffing Cost

Staffing costs taken from [Pay scales for 2025/26 | NHS Employers](#) – intermediate step point and added 30% for on costs and rounded

- Band 8a intermediate step point £58,487 plus 30% = £76,033
- Band 7 intermediate step point £50,273 plus 30% = £65,355
- Band 6 intermediate step point £40,823 plus 30% = £53,070
- Band 9 intermediate step point £115,763 plus 30% = £150,492
- Band 3 top step (no intermediate) £26,598 plus 30% = £34,577

Pro Rata Staffing Costs

Band 8a - Principal HIA Development Officer (0.8 FTE)	£60,826
Band 8a - Principal HIA Development Officer (0.2 FTE)	£13,071
Band 8a - Principal HIA Development Officer (0.9 FTE)	£68,430
Band 7 - Senior HIA Development Officer (0.6 FTE - mat leave from 29/04/2025 - paid until 26/01/2026)	£39,213
Band 7 - Senior HIA Development Officer (0.7 FTE until Mar 26 then 0.6 FTE)	£45,749 (0.7) £39,213 (0.6)
Band 6 - Public Health Practitioner (0.8 FTE)	£42,456
Band 6 - Public Health Practitioner (1 FTE)	£53,070
Band 3 - Team Support Officer (0.53 FTE)	£18,326
Band 9 – consultant in Public Health / Programme Director (0.5 FTE)	£75,246

Public Bodies Staffing Costs

Costs – taken from Annual Survey of hours and earnings 2024: [Employee earnings in the UK - Office for National Statistics](#) (figure 7 – annual full-time gross earning by occupation)

- Local government administrative occupations - £30,295 gross, per annum – additional 30% on costs = £39,383 - Hourly cost = £24
- Public services associate professionals - £39,537 gross, per annum – additional 30% on costs = £51,400- Hourly Cost = £32
- *Hourly costs are based on 44 working weeks in a year / 37 hours in a week*