

Doc 1

From: REDACTED S40 (HSCEY - Population Health - Public Health) <REDACTED S40@gov.wales>

Sent: Friday, September 27, 2024 12:19 PM

To: PS Cabinet Secretary for Health & Social Care < REDACTED S40@gov.wales >; PS Cabinet Secretary for Education < REDACTED S40@gov.wales >

Cc: REDACTED S40 (HSCEY - Population Health - Public Health) < REDACTED S40@gov.wales >; REDACTED S40 (HSCEY - Population Health - Public Health) < REDACTED S40@gov.wales >; REDACTED S40 (HSCEY - Population Health - Public Health) < REDACTED S40@gov.wales >; REDACTED S40 (FMG - Office of the First Minister - Cabinet Division) < REDACTED S40@gov.wales >; REDACTED S40 (FMG - Office of the First Minister - Cabinet Division) < REDACTED S40@gov.wales >; REDACTED S40 (ECWL - Education Directorate - School Improvement & Quals Policy) < REDACTED S40@gov.wales >; REDACTED S40 (CSI - Continuous Improvement - Sustainable Futures Division) < REDACTED S40@gov.wales >

Subject: Health Impact Assessment Regulations - update on discussions with Qualifications Wales

Good afternoon,

This email is to update the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Education with regards to recent discussions with Qualifications Wales about their proposed inclusion as a public body subject to the Health Impact Assessment Regulations.

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The key areas that Qualifications Wales have raised are summarised below:

- **REDACTED**
- Concerns that the regulation themselves and in particular the obligation to consult as part of carrying out a HIA will add undue burden and cost

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We acknowledge the need for proportionality and are working closely with Public Health Wales to clarify this in the guidance document and capacity building work as part of the coming into effect period.

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Please let us know if you would like any further detail or to discuss.

Kind regards,

REDACTED S40

REDACTED S40

**Gwella, Atal a Hyrwyddo Iechyd y Choedd / Public Health Improvement,
Prevention and Promotion Division
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Health, Social
Care and Early Years Group
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Doc 2

1. Issue

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2. Context

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3. Background

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4. Qualification Wales (QW)

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5. Scope of public bodies to be included in the Regulations

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6. QW rationale for exclusion from the Regulations

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7. Advice

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Proportionality and existing process

QW are of the view that the requirement of conducting a HIA is disproportionate to their work as they already consider impacts on health as part of their processes to satisfy the requirements of the WFG Act and have provided **(Doc 3)** an overview of the impact they feel a HIA requirement would have had on their programme of reform.

Whilst the decisions QW have referenced will not be subject to the Regs, QW are using these to illustrate that going forward WG would need to accept that if QW are subject to HIAs (as they interpret the draft regulation), both the time to deliver and associated resources will be impacted. It is expected QW will continue to raise this requirement in future discussions on budgets and delivery.

The policy intent behind the Regulations is for the HIA process to be flexible, within the confines of the 2017 Act and to allow for the HIA process to be incorporated within existing processes.

Whilst there are some good examples of organisations considering the impact of their work on the health of the population they serve in some way or another, HIAs are currently mandated only in limited circumstances and engagement with public bodies have shown there is an inconsistent approach adopted in this area. The Regulations are therefore intended to be a significant step forward in ensuring a

more uniformed way of fully maximising positive health impacts of decision making and minimising the negative.

Further, with the view of ensuring the requirements are proportionate, the Regulations would not require a HIA to be prepared in relation to actions or decisions on routine operational or administrative matters. Instead, the requirement for a HIA will apply only for actions or decisions of a “strategic nature”, meaning those which are in connection with the exercise of a function affecting how a public body fulfils its statutory functions and objectives. The use of the terminology ‘strategic decision’ is in line with Socio Economic Duty and the Social Partnership Duty.

It is anticipated that further information on what constitutes a “strategic decision”, as well as how the HIA process can be incorporated within existing processes, will be provided in guidance on the Regulations prepared by Public Health Wales (“PHW”).

It is also noted that QW and the advice they have obtained express concern about the requirement in the Regulations of having to consult with stakeholders. The policy view is that ensuring engagement and participation over the course of carrying out a HIA is essential to ensuring relevant issues are identified and considered in a meaningful and transparent way. We are working with PHW so that guidance can provide further context on engagement with relevant stakeholders and how a public body is able to conduct a HIA in a way which is proportionate to the decision being made and the resources available. There is no expectation that a standalone consultation exercise is undertaken specifically for the purpose of conducting a HIA.

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Costs and the requirement for additional resources

QW have expressed concern around the specificity of the Regulations bringing additional cost and delay to their work. Policy officials acknowledge there will be additional costs, and similar concerns have been raised by other public bodies, especially given the current financial climate and significant pressure on resources.

Costs incurred by public bodies associated with the requirements of the Regulations, would include costs associated with the process of becoming familiar with the requirements (to include training), carrying out the HIAs and publishing. Cost implications will be considered further as part of the Regulatory Impact Assessment.

It is to be noted that public bodies will be able to access support via PHW who intend offering training to public bodies and will be issuing guidance on the Regulations. We are working towards allowing a period of approximately one year before the Regulations come into force in order that public authorities have appropriate time to become familiar and prepare for the requirements of the Regulations. This will enable capacity and capability building and supported shared learning and HIA networks, which is reflective of feedback we have received from public bodies.

Policy officials also consider that concerns raised in relation to costs and delay in decision making should be offset against the primary benefit of conducting a HIA which is to help reduce health inequalities and in turn, generate long-term cost savings.

For example, a report produced by PHW in 2021 estimated the total annual cost associated with inequality in hospital service utilisation to the NHS in Wales to be £322 million, equivalent to 8.7% of the total hospital service expenses, in 2018/19.¹

8. Options

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9. Recommendation

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¹ Public Health Wales, 2021: [Cost of Health Inequality to the NHS in Wales](#)

JMHSC-10503-24 Qualifications Wales – Further Advice

Purpose of paper:

- Is to provide further advice and to seek an agreed position from the CSHSC on the areas where Qualifications Wales (QW) have expressed the most concern. (Namely, in relation to the term 'strategic decision' as being the trigger point for conducting a HIA; the additional resources required to undertake a HIA, the requirement to consult and the requirement for publication of HIAs.)

Next steps:

- If the CSHSC is content with the policy positions proposed in this paper, officials will engage with QW to test how far the proposed changes to the draft Regulations assuage their concerns around the proportionality of the proposed requirements on them under the HIA regulations
- We will then provide final advice on the options available to the CSHSC, taking account of this further engagement with QW and their response.

1. Circumstances which require a HIA.

The policy intent behind the draft regulations is that public bodies should only be required to carry out a HIA in respect of high-level, strategic decisions and actions.

It will ultimately be for public bodies to determine what is an action or a decision of a strategic nature, in line with the definition in the Regulations.

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Whilst we acknowledge that some bodies may take a defensive approach to ensure that they are complying with the requirements in the Regulations, we consider that the language in the Regulations is clear. Furthermore, specific provision is made in Regulations that makes it expressly clear that HIAs do not apply to any action or decision on routine operational or administrative matters. Support in understanding an organisations' obligations to ensure that HIAs are only undertaken when necessary is something that will be covered clearly in the PHW guidance.

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2. Additional resources

Officials acknowledge that the Regulations will place an additional requirement on public bodies.

There are two main types of HIAs (**rapid or comprehensive**) which can be carried out depending on the **significance** to the population's mental and physical health, the **scale** i.e. size of population affected, and **complexity** of the decision being assessed for example when the decision has multiple impacts across a range public bodies and communities.

Rapid HIAs are a quicker, less resource-intensive method, usually relying on existing data, expert knowledge, and stakeholder input. Comprehensive HIAs are a more thorough process that may include new data collection, detailed analysis, and extensive stakeholder engagement.

The table below sets out the differences between the two types of HIAs

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

Again, it would be a decision of individual public bodies which type of HIA to undertake. Officials consider that in Qualifications Wales' case it is unlikely that they would benefit from a comprehensive HIA and provided they conduct a rapid HIA they will have met the requirements of the Regulations.

3. Requirement to consult

The draft regulations currently state that before carrying out a HIA, a public body must consult with both (1) any stakeholders the public body considers appropriate;

and (2) any persons who appear to be representative of the interests of those likely to be affected by the proposed action or decision referred to in Regulation 3.

Legal Services advise that there is no general duty for public authorities to consult those affected by their decisions and the obligation to consult can arise either where there is a statutory requirement on a public body to do so or where it is implied by other means. The regulations as currently drafted would impose a statutory duty to consult on public bodies to consult. There would be no discretion or doubt as to whether the duty arose.

QW have shared advice expressing concern that as the Gunning Principles (the legal principles from which the legitimacy of public consultation is assessed) will be engaged for every decision for which a HIA is required, that will result in the public body's decision-making process being slowed and more costly.

It is acknowledged that imposing a duty to consult stakeholders before undertaking an HIA will create potentially onerous obligations on public bodies in comparison to some of their other duties. In turn, this could mean increased litigation as a result of the consultation requirement applying to a wider-ranging set of decisions.

Legal Services have therefore suggested alternative drafting options for the Regulations which aim to meet the original policy intention of ensuring engagement and participation with stakeholder over the course of carrying out a HIA, see [Annex B](#) for options provided.

Policy officials have considered these options and revisited the original policy intent behind the requirement for consultation. Whilst engagement and participation over the course of carrying out a HIA is considered essential to ensuring relevant issues are identified and considered in a meaningful and transparent way, we consider that the mechanisms for engaging stakeholders in the HIA process should not be overly prescribed. Therefore, officials consider that the current requirement 'to consult' should be removed from the Regulations and the process for engaging stakeholders in the HIA process is expanded upon within the guidance produced by PHW.

4. Publication of HIA

In relation to publishing the HIA, the requirement to publish the HIA has been set out in the primary legislation, therefore we are unable to offer any alternatives to this aspect of the HIA process.

Annex A - Rationale for use of ‘strategic decision or action’

An action or decision of a strategic nature means *‘take an action or make a decision in connection with the exercise of a function affecting how a public body fulfils a statutory function or objective, or if it does not have a statutory function or objective, either a legal responsibility, legal objective or core legal function.’* The duty does not apply to actions or decisions on routine operational or administrative matters.

A list of examples of actions or decisions of a strategic nature was included in the consultation document. This will be updated and expanded upon as part of the guidance issued by PHW and there will be additional capacity building and training as part of the implementation period.

Qualification Wales and others as part of the consultation exercise have raised concerns that the term ‘strategic decision or action’ is too broad, with some of the view that it would relate to a high number of decisions, and conversely, that it would allow public bodies to avoid the need to carry out a HIA by labelling decisions and actions as operational. Respondents also felt there was a lack of clarity on the difference between a strategic decision or action and routine operational or administrative matters. We also had feedback there may be decisions and actions of a strategic nature that do not have any impact on health, and therefore carrying out a HIA would be inappropriate and disproportionate. These factors are considered in turn.

i) Decision or action of a strategic nature is too broad

Previous policy instructions considered the option of linking the duty to carry out a HIA with specific functions of each of the public bodies. This would provide maximum clarity for public bodies; however, this option was discounted as it was considered too prescriptive to capture the full range of instances where a HIA would be beneficial, and likely that ongoing resource would be required to keep the Regulations updated. The rationale for using this term is to set a high threshold for when HIAs are mandatory that maintains flexibility, rather than being prescriptive on the exact circumstances, due to the wide range of public bodies and differing functions.

ii) Decision or action of a strategic nature lacks distinction between routine operational or administrative matters

It will ultimately be for public bodies to determine what is an action or a decision of a strategic nature, in line with the definition in the Regulations. There will be instances where a decision may start off as operational and develop into strategic. For example, a temporary hospital closure due to a fire, which is then closed permanently. In this circumstance we would consider that a HIA would not need to be carried out on the initial decision to close, but that it should be part of the decision-making process for the permanent decision.

The use and definition of the term 'action or decision of a strategic nature' is intended to closely align with the Socio-Economic Duty, which places a legal responsibility on specified bodies when they are taking strategic decisions, to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. There is also alignment to the social partnership duty under the Social Partnership and Public Procurement (Wales) Act 2023, which applies when a public body is setting its well-being objectives under the WFG Act and when it is taking decisions of a strategic nature about the reasonable steps it needs to take to meet those objectives. It does not apply to the day- to-day decisions of a public body. Although limited to the health sector, there is further alignment with the Duty of Quality, which requires Welsh Ministers and NHS bodies to ensure that strategic decisions are made through a quality lens.

It is also important that HIAs continue to be carried out on a voluntary basis, and we do not think that further specifying and prescribing the circumstances in which an HIA is to be carried is in line with supporting public bodies to think differently about the decisions they are making and consider health impacts as a matter of course.

iii) Where decisions and actions of a strategic nature do not have an impact on health

To address this scenario, we considered introducing a two-step process whereby a public body would first determine whether the decision or action was of a strategic nature, and then whether there are health impacts. If the answer to both was yes, it would then be necessary to carry out a HIA. However, to assess whether there are health impacts one first has consider those impacts, a central purpose of the HIA.

A HIA ensures a systematic process to considering health impacts, and the two types of HIA (rapid and comprehensive) allows public bodies to take a proportionate approach. Therefore, we do not think this additional step should be introduced, but the guidance should set out which type of HIA a public body should undertake.

In summary to the points raised above, we do not recommend any changes to the threshold for public bodies needing to carry out a HIA when they propose to take an action or make a decision of a strategic nature. There is alignment to other duties, the approach builds in consideration of health impacts, maintains flexibility and is not overly prescriptive. We will work with public bodies to set out further examples and scenarios in the guidance.

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**Welsh Government meeting with Qualifications Wales
to discuss Health Impact Assessment Regulations
21 January 2025 - 16:00-17:00 hrs**

Minutes of Meeting

Attendees

- **REDACTED S40**, Chair, Welsh Government
- **REDACTED S40**, Welsh Government
- **REDACTED S40**, Welsh Government
- **REDACTED S40**, Welsh Government
- **REDACTED S40**, Welsh Government
- **REDACTED S40**, Welsh Government
- **REDACTED S40**, Qualifications Wales
- **REDACTED S40**, Qualifications Wales
- **REDACTED S40**, Qualifications Wales

1. Introductions and purpose of meeting

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2. Background to HIA and development of the Regulations

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3. Challenge from QW

3.1 **REDACTED S40** advised that following receipt of the letter from Qualifications Wales in October 2024 initial discussions had taken place and that both the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Education had been consulted. Extensive discussions with lawyers and policy officials had also taken place.

3.2 **REDACTED S40** summarised the main areas of concern as:

- **REDACTED**
- the term 'strategic decision' as being the trigger point for conducting a HIA
- the additional resources required to undertake a HIA and the requirement to consult, and
- the requirement to publish HIAs

4. Overview and discussion of proposed changes in response to QW feedback and concerns

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- 4.1 **REDACTED S40** discussed the definition of strategic decisions and acknowledged the need for more guidance and examples to help organisations understand when HIAs are required. **REDACTED S40** explained that in developing the policy position for the circumstances by which a HIA was required, they had to find a balance between being broad enough to cover the range of public bodies covered by the Regulations whilst being clear enough to help organisations understand when HIAs are required.
- 4.2 **REDACTED S40** mentioned that based on feedback from the consultation exercise and engagement with public bodies, the guidance being developed with Public Health Wales will include more examples of strategic decisions to help organizations interpret the requirements. Based on **REDACTED S40** limited knowledge of Qualifications Wales core functions **REDACTED S40** thought their 5-year corporate plan would be considered a strategic decision, but the annual plans which set out how these would be delivered would likely be more operational.
- 4.3 **REDACTED S40** noted that some strategic decisions may not have a direct health link. Consideration had been given to building a step into the process so that only those decisions which had a health impact should fall within the scope of the Regulations, however in order for public bodies to understand if there was a health impact then public bodies would need to undertake an HIA so it became a circular and unnecessary additional step in the process.
- 4.4 **REDACTED S40** requested that QW work with WG colleagues to understand in more detail which decisions would fall within the scope of the Regulations, using the example of a recent decision by QW to increase the financial due diligence undertaken when they decide whether awarding bodies meet their regulatory conditions. Further clarity should also be provided in the guidance for those strategic decisions where the affected population would likely be organisations rather than individuals for example students.
- 4.5 **REDACTED S40** explained that they had discussed the concerns raised about proportionality and in particular the requirement to consult extensively with their legal advisors and had considered a number of options. She advised that following these discussions the advice to the Cabinet Secretary for Health and Social care would be to drop the requirement to consult from the Regulations. Guidance would also be provided on how public bodies could conduct HIAs in a proportionate manner dependent on the resources available to them.
- 4.6 **REDACTED S40** also advised that there would be other minor changes to drafting the Regulations to make them clearer and to avoid any unnecessary confusion.
- 4.7 **REDACTED S40** and **REDACTED S40** expressed their appreciation for the changes, noting that the removal of the consultation requirement would help address their concerns about the impact on decision-making timelines.

4.8 **REDACTED S40** confirmed that the requirement to publish HIAs is mandated by the 2017 and cannot be changed, but guidance will be provided on publishing requirements.

4.13 **REDACTED S40** requested flexibility on the publishing format, **REDACTED S40** advised that this would be taken into account when developing the guidance.

5. Next Steps

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Annex A – Actions Table:

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Doc 5

Informal Advice Note – update on Health Impact Assessment Regulations and Qualifications Wales

To: Cabinet Secretary for Health and Social Care

Cc: Cabinet Secretary for Education

Background

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Qualifications Wales

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By way of brief summary, the main areas of concern expressed by QW were in relation to the following:

- **REDACTED**
- the definition as to when a public body proposes to take an action or decision of a strategic nature that would trigger the requirement for a HIA to be undertaken;
- the additional resources required to undertake a HIA, particularly in relation to the requirement on public bodies to consult; and
- the requirement on public bodies to publish HIAs.

On 21 January 2025, policy officials from the Welsh Government’s Health and Education departments met with officials from QW to discuss their concerns in further detail, including the potential ways those concerns could be alleviated. QW has also since held a board meeting to discuss their concerns on 30 January.

The table below summarises each of their concerns and the proposed changes in WG policy approach (if any), together with QW’s current position in relation to the same.

Summary of QW concern raised with WG	Proposed changes to the WG policy position	QW current position
REDACTED	REDACTED	REDACTED
The test around a HIA being required for actions or decisions of a strategic nature: The policy intent behind the Regulations is that public bodies should only be required to carry out a	Changes proposed: Alternative drafting for this provision is currently being considered in detail by Legal Services. In the meantime, proposed alternative	Feedback from QW that the proposed change to the term and definition addresses their concerns. QW will be supported by training sessions alongside the guidance being produced by PHW.

<p>HIA in respect of decisions or actions of a strategic nature.</p> <p>Concerns QW have raised are in relation to the perceived ambiguities around how the Regulations describe the capacity in which strategic decisions or actions are made by a public body, rather than the general principle of HIAs being required for strategic decisions or actions. For example, the Regulations refer to actions or decisions in connection with the exercise of a function affecting how a public body fulfils a statutory function or objective, which prompted concerns from QW that this could extend to a wider range of decisions or actions than intended.</p> <p>QW are also concerned that the requirement to undertake a HIA may encompass decisions that do not have an impact on health.</p>	<p>drafting was shared with QW for their comment with the view of simplifying the requirement as to when a public body will take an action or make a decision of a strategic nature. Subject to further advice from Legal Services, the alternative drafting is considered to be more accessible and better achieves the policy intention by placing greater emphasis on the decision or action having to be “strategic”.</p> <p>It also more closely aligns with the language used for the socio-economic duty at section 1 of the Equality Act 2010.</p> <p>Guidance to be published by Public Health Wales NHS (PHW) will also expand on the types of decisions and actions that require a HIA.</p> <p>No changes are proposed in relation to QW’s concern that the requirement to undertake a HIA might cover decisions that have no health impact. This is because a key purpose of a HIA is to encourage public bodies to assess whether a decision or action has an impact on health, which may not be immediately obvious to the public body before a HIA is undertaken.</p>	
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<p>The additional resources required to undertake a HIA and the requirement to consult:</p> <p>QW were particularly concerned by the requirement in the Regulations to consult stakeholders and persons who appear likely to be affected by the proposed action or decision subject to the HIA. They argued this would have significant resource and time implications for their decision-making process and may leave them exposed to a higher risk of legal challenge.</p>	<p>Changes proposed:</p> <p>Remove the requirement to consult from the Regulations.</p> <p>Guidance to be published by PHW will outline a recommended process for engaging with stakeholders, but it would not be written into the Regulations. This is in line with the intention for HIAs to be integrated into an organisation's existing processes.</p>	<p>QW are content their concerns have been addressed. In particular, they noted that the removal of a requirement to consult would help address their concerns about the impact on decision-making timelines.</p>
<p>Requirement to publish HIAs:</p> <p>QW do not routinely publish their integrated impact assessments in full, and sometimes do so in different formats suitable for different audiences. QW were concerned there was limited flexibility and that the HIA must be published in a certain format.</p>	<p>The requirement to publish HIAs is mandated by the 2017 Act and cannot be avoided in the Regulations. However, updates are proposed to the Regulations so there is flexibility on the format most appropriate for the audience and the public body. Further assistance on this will also be included in the PHW guidance.</p>	<p>QW welcome additional flexibility on format and understand the rationale for publication requirement remaining in place.</p>

Next steps

REDACTED

Doc 6

Ein cyf/Our ref JMHSC/10503/24

REDACTED S40

Chief Executive

Qualifications Wales

REDACTED S40@qualifications.wales

28 April 2025

Dear **REDACTED S40**

I am writing about Qualifications Wales' inclusion in the forthcoming Health Impact Assessment Regulations (the Regulations).

Under Part 6 of the Public Health (Wales) Act 2017 (the 2017 Act), Welsh Ministers have a duty to make regulations about the carrying out of health impact assessments (HIA) by public bodies in specified circumstances.

We know that health impacts are already considered by many organisations, however this is not done consistently across Wales. Therefore, the regulations are intended to build on what already exists and provide a more structured way to ensure that public bodies have a stronger understanding of the impact of their decisions on people's health. In many cases these impacts are already being considered, where relatively minor changes will be required to comply with the regulations.

There is strong alignment between the Wellbeing of Future Generations (Wales) Act 2015 and the 2017 Act, with the two intended to complement each other. The policy position now and at the time the 2017 Act was enacted was that the list of public bodies required to carry out HIAs should mirror those bodies covered by the Wellbeing of Future Generations Act. As you know, the list of bodies has increased since the 2017 Act was enacted, to include Qualifications Wales.

I understand that your concerns were in relation to the proportionality of the regulations, rather than the principle of systematically considering potential health impacts. We are not proposing to change our approach about the alignment of public bodies covered by the Wellbeing of Future Generations Act and the regulations – the

two intended to complement each other in supporting organisations to carry out sustainable development.

Officials have considered the concerns you have raised and appreciate the constructive discussions held with yourself and your team. Officials are now working towards developing the regulations to include proposed changes in relation to the three areas of concern identified by Qualifications Wales in relation to scope, consultation and publication requirements:

1. Scope

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2. Consultation

Engagement and participation over the course of carrying out a HIA is considered important to ensure relevant issues are identified and considered in a meaningful and transparent way. At the same time, we do not want mechanisms for engaging stakeholders in the HIA process to be overly prescribed or onerous. The public bodies it is proposed will be subject to the regulations are already required to take account of the five ways of working whilst acting in accordance with the sustainable development principle under the Wellbeing of Future Generations Act.

On that basis and taking into account feedback received on the requirement to consult, it is currently expected that the express requirement to consult will be removed from the Regulations, and that guidance will provide advice for public bodies around how to identify and engage with relevant population groups when carrying out a HIA.

3. Publication

By virtue of section 109(1) of the 2017 Act, the affected public bodies will be required to publish a HIA they carry out in accordance with regulations. As this is a requirement in primary legislation, we cannot depart from it in the regulations.

However, you raised concerns that the supplemental publication requirements in the regulations were overly rigid, and we intend to amend the regulations so there is more flexibility for public bodies to decide on the format most appropriate for their audience.

I understand officials have shared the above proposals with you which you and your Board have considered and find acceptable.

I am pleased that we appear to have found a way forward and would like to thank you and your colleagues for the helpful engagement. I'd also like to restate that we will be working closely with relevant public bodies on the implementation of the

Regulations. I anticipate there will be an adequate period of preparation before the new requirements come into force to include the publication of guidance and rollout of a training programme.

Yours sincerely,

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Cabinet Secretary for Health and Social Care