

CHIA Pilot Evaluation Report

January 2026

1. Background and Introduction

Following the conclusion of the funded period, the Economies for Healthier Lives work moved into the ‘early embedding’ phase. During this stage, work was taken forward to utilise the [CHIA toolkit](#) in business-as-usual within Glasgow City Region capital spend projects.

Two focus groups were conducted with those making use of the toolkit on their live capital spend projects at local authority and Glasgow City Region level. The purpose was to gather feedback on the process and materials related to the toolkit. Participants were encouraged to share their experiences freely, recognising that all views and opinions were valid and welcome.

The focus groups were held on Teams and were guided by a pre-defined question set (see [Appendix 1](#)):

- 9 June 2025: North Lanarkshire Council, Glasgow City Region Programme Management Office (PMO) – Electric Vehicle Charging Infrastructure Programme, and Public Health Scotland;
- 18 August 2025: South Lanarkshire and East Renfrewshire Councils, and Public Health Scotland.

The Economies for Healthier Lives Programme Manager participated in both focus groups. The groups were facilitated by an officer from the Glasgow City Region PMO. For the purposes of reporting, the findings from both groups are set out together, below.

2. Focus Group Findings

Experience

Participants were asked to describe their involvement with the toolkit and the piloting process, including their initial impressions. They were also prompted to indicate how and when the toolkit had been introduced into their project planning or business case development.

Overall, participants felt the format of the toolkit and the resources were good and valuable, providing a method that had been useful. One stated that it was “**easy to use**” and allowed the capture of information from colleagues and consultants.



One participant had been involved in testing the toolkit, with early feedback noting that the content was “**a bit wordy**” – with a lot of reading required to get to the key points. It was reported that others had felt the same: while the information provided was seen as useful, there could have been some summary information or bullet points up front to support the reading of longer sections and improve accessibility.

This view was supported by others, who acknowledged that while more detailed information is necessary and must remain, project managers may also appreciate shorter summaries to sit alongside.

Moving onto early use of the toolkit, there was a shared perception that the CHIA toolkit was going to be an extra piece of work for already stretched project managers who were routinely completing Equalities Impact Assessments (EqIA). However, this proved less of a concern as it was found that most points had already been addressed in project planning and nothing that arose was a surprise.

Overall, the tool was described as “**helpful**”. One participant described “**coming full circle**” as an initial sceptic – having had a positive experience of the toolkit and subsequently planning to use the toolkit again on future projects.

Early fears about the toolkit unearthing an issue that could be difficult to deal with were described – although this was caveated with a realisation that using the CHIA to reveal these issues at an early stage would be a positive outcome: discovering such issues later in a project would be undesirable.

In terms of the workshop element, this encouraged stakeholders who may not usually meet to get together while “**...other consultations have been separate**”. One participant felt that stakeholders had “**...bounced off each other in a way that we didn’t expect and that was useful**”. For larger projects with many stakeholders, it was felt that consideration would need to be given to how to involve all; perhaps running two workshop sessions would be required. Another felt that a second workshop later in the development of the project could also be helpful, when more of the detail is available. This suggestion was supported by the group.

There was some concern regarding future use in that the CHIA is not a mandatory assessment and may not be routinely used. Also, depending on the stage of a project, an issue may arise that is difficult to deal with. The view that the CHIA may feel like an additional piece of work for a project manager persisted to a certain extent, with participants expressing the need for understanding in terms of the importance and the timing of use. If using the toolkit alongside equalities work, the link was felt to be supportive.

Effectiveness

Participants were asked how effective they felt the toolkit had been in their project and prompted to consider both impacts and challenges.

Participants felt that the background information provided as part of the toolkit had supported its effectiveness. Not all participants who are engaged in the toolkit (and the workshop in particular) are directly involved in the delivery of the project, but each participant has a role to play or may be impacted by the work. The information provided was felt to have been well understood and engaging.

In support of earlier points regarding timing, it was reported that most of the projects were City Deal projects which already had a preferred option in place at the time of piloting the toolkit. Ideally the CHIA would be utilised earlier in the business case process to shape investment.

Using the toolkit alongside an Environmental Impact Assessment (EIA) helped one project to cross reference on suicide prevention measures and prompted a check in with design consultants. In this way, the CHIA acted as a useful flagging tool at the design stage. Another reported focusing on asylum seekers housed in a hotel, which had not previously been a consideration; more research into longer term housing needs and the impact on refugees and those seeking asylum had been the result.

Yet another expressed that the toolkit had provided confidence and reassurance around decisions made and drew out conversations about responsibility for areas of the project that had not yet been decided. However, a point was raised about who the workshop reports are for, as the issues raised may be best dealt with in-house to some degree prior to sharing more widely.

One participant, while agreeing on early-stage use, emphasised that there could still be value in picking up the toolkit for use further into a project, if it had not been embedded in the earlier stages of the work.

It was also felt that repeated use of the CHIA would lead to more efficient and effective use. The toolkit may support conversations between partners, and it was thought that stakeholders would develop an improved understanding of its value over time.

In terms of influencing change in a project, it was agreed that the toolkit has the potential to bring about fundamental change to a project plan – although concerns were raised about lack of budget to deal with such alterations.

Importance was placed on having “**the right stakeholders**” around the table when using the toolkit so that they might appreciate and take comfort from the process – particularly on areas such as environmental impacts, which can raise concern. The process provides an opportunity to voice such concerns.

The toolkit could help to justify decisions in and changes to a project. One participant said that use of the CHIA had helped with refining scope and had leveraged more funding from a private sector budget. Another felt that it could help in a competitive funding environment by demonstrating commitment to addressing health inequalities.

A suggestion was made that the GCR PMO check in with toolkit users at a future point to gather feedback, taking a continuous improvement approach.

Suitability of materials

Turning to whether the materials provided were suitable to support the objectives, participants were asked about how clear and user-friendly they found the materials, and whether they felt the materials supported them in identifying potential health impacts of their projects.

Having the help of Public Health Scotland (PHS) for facilitation skills was felt to have been useful. One participant reported that “**...we wouldn't need this in the future, but when you're doing a big project of this scale it gave the process weight**”. There was a concern that the project teams

themselves would have found it challenging to facilitate without this support, as the PHS input had allowed the work to progress at pace and had provided a steer to stakeholders.

It was agreed that some ongoing input of this kind, from PHS, would be helpful depending on the size of the project and the experience of those involved in delivering the toolkit.

The checklist was found to be valuable, and nothing was felt to have been missing in terms of materials.

Time was perhaps a limiting factor – “**...you want to do these things justice when asking people for their time**” – and resourcing was a potential issue.

Feasibility and sustainability

When asked whether the CHIA process could be feasible and sustainable moving forward, participants stressed the need for human and financial resource. Having had additional support from PHS and the Economies for Healthier Lives Programme Manager, including help with report writing, the project managers involved felt that some “**hand holding**” had been important. The impartial input of both PHS and the Programme Manager from the GCR had also added value from the view of the local authorities.

It was reported that the PHS input had “**added weight to the conversations**” and stimulated thinking about health inequalities: “**...we could have cobbled through, but this was definitely better**”. The public health perspective was also welcomed in terms of generating questions and recommendations that would not have arisen from those with a local authority background alone.

The issue of repeated use of the toolkit potentially involving the same stakeholders was raised: projects would have to be staggered to some degree as asking for input too frequently from key partners would not be welcome.

3. Final Reflections

Before closing the focus group sessions, participants were encouraged to share any further reflections or points of note.

The point regarding timing – utilising the toolkit from the earliest possible point of a capital spend project – was reiterated.

Integration of Health Impact Assessment (HIA) and Equality Impact Assessment (EqIA) was considered to be important both for efficiency and to break down barriers and build support for use of the toolkit.

One participant reflected on the opportunity that use of the toolkit had provided to open discussions between their local authority and the NHS Board on a related project which may not have happened otherwise, which helped to develop shared ownership of some outcomes. It was suggested that there may be a role for health improvement colleagues in use of the toolkit going forward.

Again, emphasis was placed on the usefulness of the input from Public Health teams from the two NHS boards, particularly their presentation on health inequalities which was felt to have “**focused the minds**” and set the tone for the workshops.

The Community Wealth Building Bill may provide a vehicle for embedding the CHIA via public sector duties, one participant suggested.

4. Conclusion

In summary, participants highlighted the usefulness of CHIA. In particular, they valued the screening workshop process to engage with key stakeholders who may not always be in the same room at the same time, and to flag potential issues in relation to the project proposal. This helped to foster discussions with partners about key project elements and areas of shared responsibility.

Participants reiterated the importance of input from PHS and NHS health improvement teams to support CHIA use, proportional to the size of project and to knowledge or experience of the project team in relation to impact assessments.

Finally, participants suggested that, although the CHIA process is useful and beneficial at any stage of a capital investment project, it would be most useful in the earlier stages to shape investment decisions. However, capacity and resource may be barriers to its sustained use. Some participants called for continued GCR engagement.

Appendix 1

Focus Group Topic Guide

EfHLs project evaluation: 'early embedding' phase

1. Introduction (5 minutes)

- Welcome and introductions
- Explain purpose of the focus group: to gather feedback on the process and materials related to the CHIA toolkit.
- Emphasise confidentiality and voluntary participation.
- Obtain verbal consent to record the Teams meeting, giving reassurance that use for summarising only and will not be shared.
- Ground rules: one person speaks at a time, raise virtual hand, respect others' views, no right or wrong answers.

2. Experience with the Toolkit and Process (10 minutes)

Prompt questions:

- Can you describe your involvement with the toolkit and the piloting process?
- What were your initial impressions of the toolkit and its purpose?
- How and when was the toolkit introduced in your project planning or business case development?

Probes:

- At what stage in your project did you engage with the toolkit?
- Who led or facilitated the process?
- Were there any particular inputs or resources that were helpful?

3. Effectiveness (10 minutes)

Addresses: *Does the 'early embedding' process support the objectives?*

Prompt questions:

- How effective has the toolkit been in your project?
- Did the timing of the process help you consider health impacts more meaningfully?
- Were there challenges in the process? If so, what were they?

Probes:

- Did it influence decision-making? Or is it likely to? What type of decisions?
- Were relevant stakeholders engaged at the right time?

4. Suitability of Materials (10 minutes)

Addresses: Are the materials provided suitable to support the objectives?

Prompt questions:

- How clear and user-friendly did you find the materials (e.g., guidance documents, templates)?
- Did you feel the materials supported you in identifying potential health impacts?

Probes:

- Were there any materials that were particularly helpful or unhelpful?
- What improvements would you suggest?
- Was anything missing? If so, what?

5. Value Added to Business Case or Project Planning (10 minutes)

Addresses: Is the process adding value to business case development and/or project planning?

Prompt questions:

- Do you think the toolkit has contributed to the development of your business case or project plans?
- Did it result in any changes to project design or delivery? Is it likely to?

Probes:

- Did it help you justify decisions or secure funding?
- How was the process perceived by other stakeholders (e.g., finance, operations)?

6. Feasibility and Sustainability of the Process (10 minutes)

Addresses: Is the process feasible and sustainable moving forward?

Prompt questions:

- How easy or difficult has it been to implement the toolkit in practice?
- Do you think this process could be sustained in future projects?

Probes:

- What would support or hinder ongoing use?
- What changes would make it more feasible or easier to adopt across different types of capital projects?

7. Final reflections (5 minutes)

Prompt questions:

- Overall, what's your view on the usefulness of the toolkit and associated processes?
- What's one thing you would change or improve?
- Is there anything we haven't covered that you think is important?

8. Wrap-up and thank you

- Thank participants for their insights
- Explain what happens next with the data
- Offer contact for follow-up if needed