Integrated Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form.

Servic	n service area and one see Area: Legal orate: LDBS	directorate a	re you from?			
Q1 (a)	What are you scre	ening for rel	evance?			
	New and revised policies Service review, re-organusers and/or staff Efficiency or saving proposation New project proposals a construction work or adalarge Scale Public Ever Local implementation of Strategic directive and in Board, which impact on Medium to long term plaimprovement plans) Setting objectives (for emajor procurement and Decisions that affect the services Other	s, practices or phisation or services of phisation or services of phisation or services of the	rocedures ce changes/reduction cial year and strate communities or acces ting buildings, moving gy/Plans/Legislation chose developed at functions , corporate plans, cong objectives, equa decisions g external partners	gic financial pla ssibility to the bi ing to on-line se n Regional Partn development pla ality objectives,) to offer Welsh	nning uilt environment, e.g ervices, changing loc ership Boards and P ans, service delivery Welsh language stra	., new ation ublic Services and ategy)
cound	Please name and fis a for information cil constitution and nittee following leg What is the potent (+) or negative (-)	report for coin particular islative chan	ouncil to be aw the terms of rages coming in	vare of further eference of to force on	the Governance 5 May 2022	and Audi
	., .	High Impact	Medium Impact	Low Impact	Needs further Investigation	No Impact
Older p Any oth Future Disabili Race (ii Asylum Gypsies Religior Sex Sexual Gender Welsh I Poverty Carers	n/young people (0-18) eople (50+) her age group Generations (yet to be boty ncluding refugees) seekers s & travellers n or (non-)belief Orientation reassignment anguage r/social exclusion (inc. young carers) unity cohesion	orn)				x

Q3 What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches?
Please provide details below – either of your activities or your reasons for not undertaking involvement

None is required as this report reflects legislative change

Q4 Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:

a)	together?	ve support our Corporate Plan's Well-being Objectives when considered
	Yes x□	No
b)	Does the initiative cons	ider maximising contribution to each of the seven national well-being goals?

Yes x No

c) Does the initiative apply each of the five ways of working?

Yesx No

d) Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?

Yesx No

Q5 What is the potential risk of the initiative? (Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc...)

High risk Medium risk Low risk

Q6 Will this initiative have an impact (however minor) on any other Council service?

Yes x No If yes, please provide details below

Q7 Will this initiative result in any changes needed to the external or internal website?

Yes x No If yes, please provide details below

Q8 What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?

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The change is a legislative requirement and will introduce more representation from the community into the committee which is positive for the council.

Outcome of Screening

- Q9 Please describe the outcome of your screening using the headings below:
 - Summary of impacts identified and mitigation needed (Q2)
 - Summary of involvement (Q3)
 - WFG considerations (Q4)
 - Any risks identified (Q5)
 - Cumulative impact (Q7

Full IIA to be completed	
x ☐ Do not complete IIA – please ensure you have provided the relevant information above to sup outcome	port this
NB: Please email this completed form to the Access to Services Team for agreement to obtaining approval from your Head of Service. Head of Service approval is only require email.	
Screening completed by:	
Name: Tracey Meredith	
Job title: Chief Legal Officer	
Date: 18/6/22	
Approval by Head of Service:	
Name:	
Position:	
Date:	

Please return the completed form to <u>accesstoservices@swansea.gov.uk</u>