Appendix A - Integrated Impact Assessment Screening Form

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

Which service area and directorate are you from?

Service Area: Place Directorate: Place

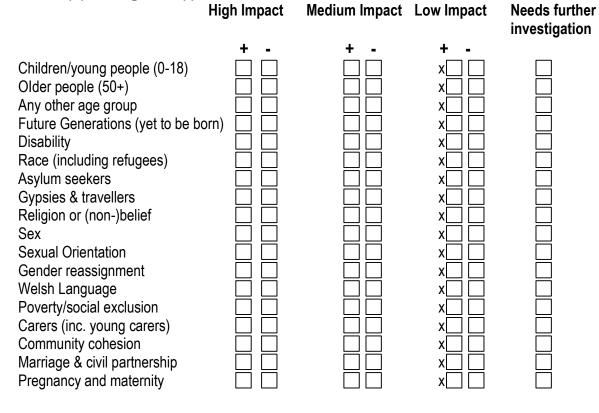
Q1 (a) What are you screening for relevance?

x	New and revised policies, practices or procedures Service review, re-organisation or service changes/reductions, which affect the wider community, service
	users and/or staff Efficiency or saving proposals
	Setting budget allocations for new financial year and strategic financial planning New project proposals affecting staff, communities or accessibility to the built environment, e.g., new
	construction work or adaptations to existing buildings, moving to on-line services, changing location
x	Large Scale Public Events Local implementation of National Strategy/Plans/Legislation
	Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
x	Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
	Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy) Major procurement and commissioning decisions
	Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services

(b) Please name and fully <u>describe</u> initiative here:

Draft workplan for "Transforming our Economy & Infrastructure" CDC consideration.

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)



Appendix A - Integrated Impact Assessment Screening Form

 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

The report proposes a draft work plan for the CDC's consideration.

- Q4 Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:
 - a) Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?
- Yes x No 🗌 b) Does the initiative consider 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? Yes x No 🗌 d) Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs? Yes x 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 хП **Q6** Will this initiative have an impact (however minor) on any other Council service? ☐ Yes x No If yes, please provide details below

Q7 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? (You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and

whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

Low Impact.

Appendix A - Integrated Impact Assessment Screening Form

Outcome of Screening

Q8 Please describe the outcome of your screening below:

- Summary of impacts identified and mitigation needed (Q2)
- Summary of involvement (Q3)
- WFG considerations (Q4)
- Any risks identified (Q5)
- Cumulative impact (Q7)

Subject to agreement of the work plan, future reports on substantive items will be screened.

(NB: This summary paragraph should be used in the relevant section of corporate report)

Full IIA to be completed

x Do not complete IIA – please ensure you have provided the relevant information above to support this outcome

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:	
Name: Phil Holmes	
Job title: HoP&CR	
Date: 14.7.22	
Approval by Head of Service:	
Name: N/A	
Position:	
Date:	

Please return the completed form to accesstoservices@swansea.gov.uk