## **Integrated Impact Assessment Screening Form – Appendix A**

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

Which service area and Service Area: Lord Mayor Directorate: Corporate Se	's Office	re you from?			
Q1 (a) What are you scre	ening for rel	levance?			
New and revised policies Service review, re-orgatusers and/or staff Efficiency or saving profice Setting budget allocation New project proposals construction work or additional Large Scale Public Event Local implementation of Strategic directive and Board, which impact or Medium to long term plimprovement plans) Setting objectives (for employed Major procurement and Decisions that affect the services x Other  (b) Please name and Honorary Freedom	posals po	cial year and strate ommunities or accesting buildings, moving buildings, moving y/Plans/Legislation those developed at functions e, corporate plans, coing objectives, equal decisions ag external partners	gic financial pla ssibility to the b ing to on-line se n Regional Partn development pla ality objectives, ) to offer Welsh	nning uilt environment, e.g. ervices, changing local ership Boards and P ans, service delivery a Welsh language stra language opportunit	, new ation ublic Services and tegy)
Q2 What is the poten (+) or negative (-)	tial impact o	n the following	: the impact	s below could b	e positive
( ) ( )	High Impact	Medium Impact	Low Impact	Needs further Investigation	No Impact
Children/young people (0-18) Older people (50+) Any other age group Future Generations (yet to be b Disability Race (including refugees) Asylum seekers Gypsies & travellers	orn)				□x □x □x □x □x □x
Religion or (non-)belief Sex Sexual Orientation Gender reassignment Welsh Language Poverty/social exclusion Carers (inc. young carers) Community cohesion Marriage & civil partnership Pregnancy and maternity Human Rights					x   x   x   x   x   x   x   x

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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						
	Consultation has taken place with the recipient.						
Q4	Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:						
a)	erall does the initiative support our Corporate Plan's Well-being Objectives when considered ether?						
b)	Yes No n/a  Does the initiative consider maximising contribution to each of the seven national well-being goals?  Yes No n/a						
c)	Does the initiative apply each of the five ways of working?  Yes  No  n/a						
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						
Q6	Will this initiative have an impact (however minor) on any other Council service?						
[	Yes No x If yes, please provide details below						
Q7	Will this initiative result in any changes needed to the external or internal website?						
[	Yes No x If yes, please provide details below						
decis	What is the cumulative impact of this proposal on people and/or communities considering all the impacts identified within the screening and any other key sions affecting similar groups/ service users made by the organisation?  Intring an honorary title will have no cumulative impact on people or communities.						

#### **Outcome of Screening**

- Please describe the outcome of your screening using the headings below:

   Summary of impacts identified and mitigation needed (Q2) Q9

  - Summary of involvement (Q3)
  - WFG considerations (Q4)

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- Any risks identified (Q5)
- Cumulative impact (Q7)

#### Conferring an honorary title has no identified impact.

(NB: This summary paragraph should be used in the 'Integrated Assessment Implication of corporate report)	ations'
☐ Full IIA to be completed	
$\square \times$ Do not complete IIA – please ensure you have provided the relevant information above to supposutcome	rt this
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 email.	
Screening completed by:	
Name: J Jones	
Job title: Corporate Marketing Manager	
Date: 14/10/22	
Approval by Head of Service:	
Name:	
Position:	
Date:	

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