Tamworth Borough Council

Community İmpact Assessment

| Part 1 – Details | | | |
|--|---|--------------------|--|
| What Policy/ Procedure/ Strategy/Project/Service is being assessed? | Annual Statement of Accounts 2023/24 | | |
| Date Conducted | 06/11/24 | | |
| Name of Lead Officer and Service Area | Jo Goodfellow, Interim ED Finance | | |
| Commissioning Team (if applicable) | | | |
| Director Responsible for project/service area | Jo Goodfellow, Interim ED Finance | | |
| Who are the main stakeholders | Councillors External auditors, Azets Members of the public Employees of the council Government bodies | | |
| Describe what consultation has been undertaken. Who was involved and what was the outcome | Our external auditors Azets accounts | s have audited the | |
| Outline the wider research that has taken place (E.G. commissioners, partners, other providers etc) | N/A | | |
| What are you assessing? Indicate with an 'x' which applies | A decision to review or change a service | | |
| | A Strategy/Policy/Procedure | □х | |
| | A function, service or project | | |
| What kind of assessment is it? Indicate with an 'x' | New | □х | |
| which applies | Existing | | |
| | Being reviewed | | |
| | Being reviewed as a result of budget | | |



| constraints / End of | |
|----------------------|--|
| Contract | |

| Give a | | | | | |
|--|--|------------------------------|-------------------------------|---|------------|
| | | | | out the aims/ objectives/ purposes | : / |
| | utcomes of the area ment of Accounts | you are i | mpact | assessing. | |
| State | ment of Accounts | | | | |
| | will be affected and h | now? | | | |
| N/A | | | | | |
| | | | | | |
| Are th | nere any other function | ons, polic | ies or s | services linked to this impact | |
| asses | ssment? | | | | |
| V | П | NI- | г | ⊐X | |
| Yes | ш | No | L | | |
| If vou | answered 'Yes', plea | ase indic | ate wh | at they are? | |
| , | , р | | | , | |
| | | | | | |
| | | | | | |
| | | | | | |
| Do-4 | 0 | . 0 | • • | | |
| Part | 3 — Impact on th | | | | |
| This | 3 – Impact on th | | | | |
| | king about each of t | he Areas | s belov | w, does or could the Policy | |
| | | he Areas | s belov | w, does or could the Policy | |
| funct | king about each of t ion, or service have | he Areas | s belov t_impa | w, does or could the Policy ct on them? | |
| funct | king about each of t | he Areas e a <u>direc</u> | s belov t_impa | w, does or could the Policy | |
| funct | king about each of t ion, or service have | he Areas e a <u>direc</u> | s belov t_impa | Reason (provide brief | |
| Impa Age | king about each of to ion, or service have act Area | Yes | No | Reason (provide brief | |
| Impa Age Disab | king about each of to ion, or service have act Area | he Areas a direct | No | Reason (provide brief | |
| Impa Age Disab Gend | cing about each of to ion, or service have act Area willity er Reassignment | Yes | No | Reason (provide brief | |
| Impa Age Disab Gend Marria | ing about each of to ion, or service have act Area illity er Reassignment age and Civil | Yes | No | Reason (provide brief | |
| Age Disab Gend Marria Partne | cing about each of to ion, or service have act Area wility er Reassignment age and Civil ership | Yes | No X X X X X | Reason (provide brief | |
| Age Disab Gend Marria Partne | ing about each of to ion, or service have act Area illity er Reassignment age and Civil | Yes | No X X X X X X | Reason (provide brief | |
| Age Disab Gend Marria Partne Pregr | cing about each of to ion, or service have act Area illity er Reassignment age and Civil ership hancy & Maternity | Yes | No X X X X X | Reason (provide brief | |
| Age Disab Gend Marria Partne Pregr | cing about each of to ion, or service have act Area wility er Reassignment age and Civil ership | Yes | No X X X X X X | Reason (provide brief | |
| Age Disab Gend Marria Partne Pregr Race Religi | cing about each of to ion, or service have act Area illity er Reassignment age and Civil ership hancy & Maternity | Yes | No X X X X X X X | Reason (provide brief | |
| Age Disab Gend Marria Partne Pregr Race Religi | cing about each of to ion, or service have act Area cility er Reassignment age and Civil ership hancy & Maternity on or belief | Yes | No X X X X X X X X X | Reason (provide brief | |



Gypsy/Travelling Community

Those with caring/dependent responsibilities

ПΧ

ПΧ

| Those having an offer past | ending | | $\Box X$ | |
|--|--|---------------------------|----------|--|
| Children | | | ПΧ | |
| Vulnerable Adults | I | | ПΧ | |
| Families | I | | ПΧ | |
| Those who are home | eless | | ПΧ | |
| Those on low income | 9 | | $\Box X$ | |
| Those with drug or a problems | Icohol | | ПΧ | |
| Those with mental he issues | ealth | | ПХ | |
| Those with physical issues | nealth | | ПΧ | |
| Social inclusion Please include refug and asylum seekers, | ees | | ПΧ | |
| Social inclusion: Arm Forces The Armed Forces | | | ПΧ | |
| Covenant is a pledge together we acknowl and understand that who have served in the control of t | edge those | | | |
| armed forces, and the families, should be tr | eated | | | |
| with fairness and res and any impact shou considered | • | | | |
| Health and Wellbeing | 9 | | ПΧ | |
| Climate Change | | | ПΧ | |
| Part 4 – Risk Assessment From evidence given from previous question, please detail what measures or changes will be put in place to mitigate adverse implications. this includes climate change considerations | | | | |
| This is the section in which to please outline any actions to mitigate negative or enhance positive impacts in terms of economic, | | | | |
| environmental or wider societal considerations, and actions to review | | | | |
| and monitor the ov | | | the c | |
| Impact Area | Details of Impact | or the | | Action to reduce risk |
| Eg: Families | Families supporte may lead reduced of living | ed whi d to a stand | ch | Signposting to other services. Look to external funding opportunities. |



| subsequent health issues | |
|-----------------------------|--|
| | |
| | |



Part 5 - Action Plan and Review

Detail in the plan below, actions that you have identified in your Community Impact Assessment, which will eliminate discrimination, advance equality of opportunity and/or foster good relations.

If you are unable to eliminate or reduce negative impact on any of the impact areas, you should explain why

| Impact (positive or negative) identified | Action | Person(s) responsible | Target date | Required outcome |
|--|---|-----------------------|-------------|------------------|
| | Outcomes and Actions entered onto Pentana | | | |
| | | | | |
| | | | | |
| | | | | |

| Date of Review (If applicable |) |
|-------------------------------|---|
|-------------------------------|---|

Guidance and form updated July 2023 following CMT approval.



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