

Integrated Impact Assessment

Stage 1. Integrated Impact Assessment Checklist

The Integrated Impact Assessment (IIA) is a tool intended to support consideration of equality and diversity issues, human rights (including children and young people's rights), socio-economic disadvantage and climate change & sustainability in the design, development and delivery of policies and services. Completion of the Stage 1 Integrated Impact Assessment Checklist will determine if a further 'Full Integrated Impact Assessment' (Stage 2) is required.

Section1 General Information

Title	Grampian Children Oral Health Improvement Action Plan 2024 - 2029				
Directorate, Service or Department	Dental Public Health				
Type of document / activity <i>(mark x in the appropriate box)</i>	Policy	<input type="checkbox"/>	Plan	<input checked="" type="checkbox"/>	Strategy
	Other - describe:				
Aim					
The strategic goal of the Oral Health Improvement Action Plan is to maximise access to an equitable and responsive oral healthcare system with a focus on prevention and reduction in oral health inequalities thus ensuring children the best start in life.					
Purpose					
The vision is for universal access to high quality oral health services for children in Grampian including preventive services thus enabling them to attain the best oral health possible.					
Description of Intended Outcomes					
<p>The strategic priorities of this children's oral health action plan are as follows:</p> <ol style="list-style-type: none"> 1. Improve access and participation of children in dental services particularly in deprived communities. 2. Improve the uptake of the Childsmile programme in nurseries and primary schools. 3. Enhanced oral health promotion prior to/post general anaesthetic. 4. Closer collaboration of public health work streams on diet/child healthy weight and oral health. 5. Pre + Post-Natal Engagement (Parents and Children). 6. Improved data sharing with support from Health Intelligence. 7. Continued focus on oral health education. 8. Potential topics/areas for further research and exploration. 9. Tackle the wider determinants of oral health and inequality. <p>These priorities form the basis of an action plan for improving children's oral health in Grampian. The plan aligns with the three pillars of People, Places and Pathways of the NHS Grampian Plan for the Future. The focus on children, the emphasis on place-based health improvements programmes and the intent to strengthen partnerships and pathways leading to equitable access to quality oral and dental health services is a testament to our ambition for the future of children in Grampian.</p>					
Main Contact					

Integrated Impact Assessment

Name	Jonathan Iloya	Tel No	N/A
Job Title	Consultant in Dental Public Health	Email	Jonathan.ilya@nhs.scot
Department	Dental Public Health		

Names of colleagues or groups who contributed to the IIA

Dental Public Health Team:

Declan Cairns – Declan.cairns@nhs.scot

Heather Tennant - heather.tennant@nhs.scot

Gwen Robertson - gwen.robertson@nhs.scot

Olivia Theoret - olivia.theoret@nhs.scot

Public Health:

Kim Penman - kim.penman@nhs.scot

Equality and Diversity Manager:

Roda Bird - roda.bird@nhs.scot

DRAFT

Integrated Impact Assessment

Section 2 Groups of the Population

Which groups of the population do you think will be affected by the proposal?	
Staff Patient Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) Women and men People with mental health problems People in religious/faith groups Older people, children and young people People living on a low income / low wealth People experiencing homelessness	People with disabilities Lesbian, gay, bisexual and transgender Carers (paid or unpaid, family member) People affected by substance / alcohol use Low literacy /health literacy Living in deprived urban, remote, rural or coastal area Unskilled workers / Unemployed Lone parent families People with experience of the criminal justice system
Those the proposal / policy will affect are: <ul style="list-style-type: none"> - Staff - Patient - Minority Ethnic People - Women / Men - Children and Young People - People of low income - Disabled People - Carers (paid or unpaid, family member) - Low health literacy - Living in deprived urban, remote, rural or coastal area: - Lone Parent Families 	

When assessing impacts an **explanation is required** and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described. (If choosing 'not known' identify if further research is needed and if not, why not.)

Section 3 Equality, Diversity and Human Rights. Identify the impacts on groups with protected characteristics including human rights.

Protected Characteristic			
Brief explanation of the impact using evidence available and how it will be addressed / mitigated State if the impact is: Positive (p), Negative (n), No Adverse Impact (na) or Not Known (nk)			
	Impact	Brief Description of Impact	How will the impact be reduced or enhanced
Age (early years, children, young people, middle years, older people)	Positive	In Grampian, 21,000 children are living in poverty, which equates to one in five children, and is a picture that is worsening over time. NHS Grampian Director of Public health Report 2023 There is a consistent link between area-based socio-economic deprivation and poor dental health among children. 89.7% of primary 7 children in the least deprived decile have no obvious decay experience, in comparison to 68.1% of those living in the most deprived decile.	Childsmile involves a mixture of targeted and universal interventions aimed at improving the oral health of children. Vast improvements in the number of children with no obvious decay experience have been detected since the introduction of this programme, however, this action plan prioritises refocusing the distribution of resources to reduce inequalities by targeting areas associated with high deprivation.

Integrated Impact Assessment

		<p>(NDIP/PHS stats) National dental inspection programme 2022/2023 - National dental inspection programme - Publications - Public Health Scotland</p> <p>Poor oral health can lead to pain, infections, poor diet and impacted nutrition and growth. This can negatively impact school attendance, behaviour in school and ultimately attainment.</p> <p>Poor oral health impacts on children significantly, with dental extractions one of the most common reasons for a child to undergo an elective hospital admission for general anaesthetic. Service evaluation of the paediatric dental general anaesthesia service in NHS Lothian - PMC</p> <p>Oral Health is seen as a marker for wider health and social issues including poor nutrition and obesity.</p>	<p>The action plan prioritises the need for closer working relationships and communication pathways between the education and health sectors to ensure children with the highest level of need can access key oral health information and services.</p> <p>Pre- and post-natal engagement will ensure children and families are supported to understand the importance of good oral health, from as early a stage in the child's life as possible.</p> <p>Closer collaboration between child healthy weight services and oral health teams to utilise the common risk factor approach when developing health improvement strategies.</p>
<p>Disability (physical impairment, learning disability, neurological, sensory loss, mental health, long term conditions)</p>	<p>Positive</p>	<p>Children with Additional Support Needs (ASN) have a higher rate of tooth decay in Primary 1 in comparison to their peers with no ASN.</p> <p>Children with learning disabilities were almost twice as likely to experience tooth extraction under GA as their peers.</p> <p>Regular attendance at dental practices for children with any ASN is lower than for children with non ASN Inequalities in oral health and access to dental services in children and young people with learning disabilities Our research Scottish Learning Disabilities Observatory</p> <p>DHSW in Childsmile more likely to support children with ASN.</p> <p>Children with intellectual disabilities or autism have equal/similar access to Childsmile's nursery supervised brushing programme, however, children with social ASN were less likely to participate in the programme.</p>	<p>The impact on children living with a disability or additional support needs through the action plan will be positive through:</p> <ol style="list-style-type: none"> 1) Improved access to dental services for all children. 2) Improved uptake of Childsmile programme, including in schools that support children with additional support needs. 3) Enhanced support for children attending for extractions under general anaesthetic, delivering prevention and engaging with them while they wait for their appointment. <p>Oral health educators in Grampian also have a remit for supporting children with additional needs.</p>
<p>Gender (male, female)</p>	<p>No Adverse Impact</p>	<p>No discrimination in access to and delivery of programmes. Programme data is not classed along gender lines.</p>	

Integrated Impact Assessment

Gender Reassignment	No Adverse Impact	No impact, action plan aimed at children aged 0-12.	
Marriage or Civil Partnership	No Adverse Impact	No impact, action plan aimed at children aged 0-12.	
Pregnancy or Maternity (pregnant and/or on maternity leave, including breastfeeding)	Positive	Breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay. Breastfeeding and dental health - GOV.UK	Engagement with Pre/Post-natal services, including family nurses, health visitors and the existing peer support network, will improve uptake of oral health messaging at important developmental intervals. Evaluating the impact this engagement and oral health education has on patients in the most deprived communities will allow us to tailor the messaging delivered in the future to ensure it is effective.
Race (minority ethnic people, racial groups, national origins, gypsies/travellers, refugees, asylum seekers, migrant workers)	Positive	<p>Data from England shows there are inequalities in child toothbrushing and dental visiting linked to ethnicity. Inequalities in oral health in England: summary - GOV.UK</p> <p>A study, reviewing the Scottish Health study in 2009 found that oral health in non-white population groups was better, in spite of lower use of dental services. However, with the age of this data and the UK population made up of an increasing proportion of non-white ethnic groups, understanding of the uptake of services and prevalence of dental disease amongst these populations requires updating. Ethnic differences in oral health and use of dental services: cross-sectional study using the 2009 Adult Dental Health Survey - PMC</p>	<p>The universal and targeted elements of Childsmile have the potential to improve the oral health of children from all race/ethnicities. The action plan also promotes equity by improving access to dental services, irrespective of ethnicity, race, national origins or asylum status. The plan also highlights the need to research evidence-based delivery of oral health improvement and clinical dental services for ethnic minority groups in Grampian.</p> <p>The action plan identified the need to investigate the oral health beliefs and preferences of ethnic minority populations in Grampian as well as developing new relevant and culturally appropriate oral health education/information materials on the Grampian Dental Website and other media.</p>
Religion or Belief (different religions or beliefs, including non-belief)	Positive Impact	Cultural, spiritual and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment https://www.gov.uk/guidance/culture-spirituality-and-religion	<p>The delivery of actions will include awareness of how cultural, spiritual and religious beliefs impact on oral health care.</p> <p>The plan will incorporate a culturally sensitive approach to oral health promotion and will take into account of religious dimensions of health behaviour.</p>
Sexual Orientation (e.g. lesbian, gay,	No Adverse Impact	Universal programme – no impact regardless of sexual orientation.	

Integrated Impact Assessment

bisexual, heterosexual)			
-------------------------	--	--	--

Consider if any other human rights will be impacted by this activity Human Rights Act Articles	No Adverse impact	As per the link to the Human Rights Act 1998 – no additional human rights likely to be impacted by this activity. The action plan will contribute towards achieving “Every person has the right to have the highest attainable standard of physical and mental health conducive to living a life in dignity.”	
---	-------------------	--	--

Section 4 Health Determinants / Health in All. Identify the impacts and which population groups will be affected. State if the impact is: Positive (p), Negative (n), No Adverse Impact (na) or Not Known (nk)

	Impact	Brief Description of Impact and proposals to reduce or enhance the impact
What impact will the proposal have on lifestyles?		
Diet and nutrition	Positive	Poor diet and nutrition are widely associate as risk factors in developing poor oral health. Childsmile incorporates diet advice and information on healthy eating throughout the programme. Closer collaboration with the Child Healthy Weight team will enhance this further, tackling the common risk factors affecting poor oral health and child obesity.
Exercise and physical activity	No Impact	Attendance and concentration in school improves with good oral health, but there is no way to assess the impact of the action plan on exercise and physical activity.
Substance use: tobacco, alcohol and drugs	No Impact	No adverse impact on substance use. Target of action plan is for children aged 0-12, below age of patients supported for NRT or other substance use in NHS Grampian.
Risk taking behaviour	No Impact	No adverse impact on behaviours linked to risk taking.
Education and learning or skills	Positive	Childsmile places a focus on embedding toothbrushing and health diet habits from an early age and is delivered through working in partnership with education establishments. The action plan highlights the need to build effective, cross-sectoral pathways between health and education to ensure the programmes can be delivered in the areas with the greatest need and the focus on learning and developing new skills can be maintained
Will the proposal have any impact on the social environment?		
Social status	Positive	The action plan specifies the need to engage more effectively with those living in areas associated with higher socio-economic deprivation - who are affected most acutely by the burden of oral disease. Improving this population’s oral health has the potential to positively impact on socio-economic status in the future.
	Impact Not Known	Poor oral health can have a negative impact on young children’s development and poor dental appearance has been linked to have negative impacts on future employment.

Integrated Impact Assessment

Employment (paid or unpaid)		By improving access to dental services for all children, it is hoped the impact of this can be reduced, however it is not possible to fully assess the impact of this directly.
Social/family support	Positive	Pre/post-natal engagement – engaging carers to have key information on oral health and prioritise this messaging in the future. Potential to engage adult patients who are unregistered with a dentist through the action plan.
Stress	Positive	The action plan will reduce stress and the burden of oral disease amongst children. Dental pain is likely to have a significant impact on a child's behaviour and mood. The action plan aims to improve the engagement with children before and after they wait for a general anaesthetic to have dental extractions, which has the possibility of reducing their stress. The action plan aims to improve access and registration to General Dental Practitioners, which will reduce stress for families.
Income	Positive	Reducing the burden of dental disease amongst children through prevention results in less need for clinical treatment. As children aged 0-12 require support from parents/guardians to be brought to appointments, this is likely to have a positive impact on income by reducing the number of unpaid absences and travel costs required from work to attend appointments.
Will the proposal have an impact on the physical environment?		
Living conditions	No Adverse Impact	No adverse impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect living conditions.
Working conditions	No Adverse Impact	No adverse impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect working conditions.
Pollution or climate change	Positive	Patient travel to appointments is the single biggest contributor to of carbon emissions from a dental perspective. The action plan aims to promote prevention through Childsmile, therefore reducing the need for more interceptive treatment appointments, positively reducing carbon outputs.
Accidental injuries or public safety	No Adverse Impact	No adverse impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect accidental injuries or public safety
Transmission of infectious disease	No Adverse Impact	No adverse impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect the transmission of infectious diseases.
Will the proposal affect access to experience of services?		
Health care	Positive	The overall aim of the plan is focussed on improving the oral health of children, aged 0-12, in Grampian. Engaging with dentists to improve access to care will enhance the experience of services for both children and adults within Grampian.
Transport	Impact Not Known	No impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect transport.
Social services	Impact Not Known	No direct impact on social services, however, children at risk can be identified through routine attendance at the dentist as well as through the National Dental Inspection Programme and through Childsmile activities.
Housing services	No Adverse Impact	No impact identified, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect housing services
		The action plan specifies the need to enhance the relationship between the education and health sectors to

Integrated Impact Assessment

Education	Positive	<p>promote the uptake of the Childsmile programme, particularly in deprived communities. Improved uptake of the toothbrushing programme will help develop this important life skill at as early an opportunity as possible for children.</p> <p>The action plan prioritises a continued focus on oral health education, including producing new relevant and culturally appropriate oral health education and information materials on Grampian Dental website and other media.</p> <p>There is also a priority to increase engagement with families and communities by Dental Health Support Workers to deliver more person-centred interventions.</p>
-----------	----------	---

Section 5 Public Sector Equality Duty

Describe / Summarise How it will Contribute to or achieve:-	
Elimination of Discrimination (directly or indirectly)	The action plan is assessed as having no negative impact on discrimination, harassment and victimisation. The Childsmile programme offers a universal approach to improving the oral health of children as well as targeting children from low socio-economic backgrounds, irrespective of other protected characteristics.
Promotion of Equality of Opportunity	Childsmile promotes equality of opportunity through employing proportionate universalism. The programme delivers a mixture of universal approaches to improve the oral health of all children, simultaneously with a targeted approach to improve the oral health of children living in areas of higher socio-economic deprivation. The action plan intends to reduce inequalities by focusing on improving the oral health of children in deprived communities, whilst continuing to support children in more affluent communities to secure and maintain good oral health.
Foster Good relations between Groups	The action plan aims to maintain and enhance positive relations between a wide variety of groups and stakeholders, including: <ul style="list-style-type: none"> - Primary and secondary care dental services - Healthcare services - Education Sector - Inter-disciplinary collaboration within public health services

Integrated Impact Assessment

	The plan will be delivered to all children and will have regard to the need to eliminate prejudice and support understanding between groups with protected characteristics.
--	---

6 Children and Young People’s Rights

Children and Young People’s Rights Brief explanation of the impact, using evidence available and how it will be addressed / mitigated State if the impact is: Positive, Negative, No Adverse Impact or Not Known	
What aspects of the policy/measure will affect children and young people up to age 18?	The overall action plan is targeted at children aged 0-12, so it is intended that every aspect will have a positive impact on this population. The Action Plan fulfils the duty under the UNCRC (Incorporation) (Scotland) Act 2024 to deliver improved outcomes for children and young people. NHS Grampian recognises the right of the child to the enjoyment of highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. NHS Grampian will strive to ensure that no child is deprived of his or her right of access to health care services.
What likely impact, direct or indirect, will the policy/ measure have on children and young people?	The plan aims to improve access to high quality oral health services for children, including preventative services, for them to achieve the best oral health possible. The plan also aims to reduce oral health inequalities in children by a mixture of targeted and universal interventions to improve the oral health of the population.
Which groups of children and young people will be affected?	<ul style="list-style-type: none"> - All children aged 0-12 in Grampian - Pre- and post-natal engagement will support early years children. - Health visitors engage with children from birth until 3 years old, providing oral health packs and key information on securing and maintaining dental health. - Childsmile also engages children in categories 3-5 years old and 5 – 12 years old, through Childsmile Community and Practice, the Childsmile Fluoride Varnish programme and the Childsmile Toothbrushing programme. - Children with additional support needs - Children from areas of higher socio-economic deprivation

Section 7 Fairer Scotland Duty - People Experiencing Socio-Economic Disadvantage

The Fairer Scotland Duty places legal responsibility on NHS Grampian to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage. Activities (such as strategic plans, strategies and policies) that require a strategic decision and have potential to impact on health and widen health inequalities must have ‘due regard’ for the Duty. The Duty applies at strategic level, which normally include decisions around setting priorities and targets, allocating resources and commissioning services.

Integrated Impact Assessment

Does this activity/policy require a strategic decision? Yes No

If yes complete this section, If no go to Section 8.

People and Communities Experiencing Socio-Economic Disadvantage Describe how the following people / groups who may be vulnerable to socio-economic disadvantage might be impacted (Positive, Negative, No Adverse Impact or Not Known) using evidence available and how it will be addressed / mitigated			
	Impact	Brief Description of Impact	How will the impact be reduced or enhanced?
People Living on a Low Income and/ or low wealth	Positive	<p>Prevalence and severity of dental disease is directly linked to socio-economic deprivation. As well as strengthening the universal element of the Childsmile programme, the action plan details a targeted approach to improving the oral health of children living in the most deprived communities in Grampian.</p> <p>The cost of toothbrushing and the cost of maintaining a healthy diet are also likely to have an impact on children's oral health.</p> <p>The cost of dental treatment is mitigated by the fact that dental services are free for all patients under the aged of 26 and adults who receive certain benefits.</p>	<p>The action plan would positively impact people living on low income through: - Improved access and participation of children in dental services, particularly in deprived communities</p> <ul style="list-style-type: none"> - Increased uptake of the Childsmile programme - Pre/Post Natal engagement, including through family nurses who engage with families under 25 who require additional support. - Aiming to tackle the wider determinants of oral health and inequality through advocating for national strategies on the commercial determinants of health and improving collaboration/engagement with partners and programmes that address these issues. - Free toothbrushes are provided through the Childsmile programme and through community hubs and foodbanks.
Carers (consider Kinship carers and carers who support a family member or friend without pay)	Positive	Children taking home positive messages through engagement with Childsmile likely to impact positively on parents and carers.	<ul style="list-style-type: none"> - The action plan prioritises improved uptake of the childsmile programme across Grampian, which may have a positive impact on carers
Single Parent Household with Children	Positive	Every child living with lone parent will have fair and equitable access to oral health services in Grampian	
Households including Young Children and/or more than 3 children	Positive	The action plan is focussed on improving the oral health of all children aged 0-12, so children who live in households with 3 or more children will be included in the activities highlighted by the plan.	<ul style="list-style-type: none"> - The action plan has a positive impact on households with young children and/or more than 3 children across a range of areas.
Retirement / Pensioner (s)	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect retirement or pensioner (s).	

Integrated Impact Assessment

Unskilled Workers and Unemployed	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect unskilled workers and unemployed.	
People experiencing homelessness / are at risk of homelessness	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect homelessness.	
People affected by drug and/or alcohol use	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect people with drug and/or alcohol issues.	
People with experience of the criminal justice system	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect offenders and former offenders.	
Refugees / Asylum Seekers	Positive	Every child with refugee or asylum seeker status will receive fair access to oral health programme in Grampian.	
Remote / Rural / Coastal Communities	Positive	NHS Grampian has a diverse population and demography, comprised of both urban and rural communities.	The universal and targeted Childsmile interventions ensure that schools and nurseries in remote, rural and coastal communities have access to the same opportunities to secure and maintain good oral health as those in urban areas.
Communities in Areas of Deprivation	Positive	Improving dental access for children living in areas of deprivation is one of the central tenants of the action plan. Ensuring access is available to services is the most effective way to deliver interceptive dental care, however expanding the Childsmile to schools in areas of high deprivation will also help improve prevention and reduce the burden of disease in these communities.	The action plan will enhance the impact on children living in areas of deprivation by attempting to ensure all children can regularly attend and engage with NHS primary care dental services in Grampian. The Childsmile practice + community programme facilitates preventative advice and education through general dental practitioners for all children, irrespective of location, however the plan aims to improve access and uptake of services specifically for children in the most deprived communities. Elements of the fluoride varnish and toothbrushing programmes in Childsmile are more targeted at SIMD 1 + 2 areas to ensure children in the most deprived communities have equity of opportunity to secure and maintain good oral health.

Integrated Impact Assessment

Section 8 Climate Emergency, Sustainability and Environment. Describe how the environment and climate change will be impacted.

Climate Emergency and Sustainability			
Brief explanation of the impact, using evidence available and how it will be addressed / mitigated State if the impact is: Positive (p), Negative (n), No Adverse Impact (na) or Not Known (nk)			
	Impact	Achieving Net Zero	Adapting the health & care system to the effects of Climate
Sustainable care	Positive	The primary prevention aims of Childsmile is to reduce the prevalence of dental disease and subsequently the amount of interceptive dental treatment delivered. Evidence highlights the greatest CO2 emissions linked to dentistry are related to patient travel to and from appointments, so reducing the number of visits required would have a positive impact on achieving net zero.	Childsmile teams, particularly those in rural areas, are adapting to the effects of the climate by using electric vehicles to complete their car journeys.
Procurement	No Adverse Impact	Current national review of procurement procedures for toothbrushes used in Childsmile is underway, with a focus on sustainability and the opportunity to recycle materials.	
Circular Economy	Positive	Recycle and Smile Initiative within the Childsmile programme aims to recycle toothbrushes and toothpaste tubes for the plastic to be reprocessed.	Recycle and Smile Initiative within the Childsmile programme aims to recycle toothbrushes and toothpaste tubes for the plastic to be reprocessed.
Water Usage	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect water usage.	
Resource and Waste Management	Positive	Work is underway through Childsmile with toothpaste stock replenishment to ensure stock remains in date, reducing waste. Work is also underway reviewing the use of single use plastic mirrors vs reusable metal mirrors across the programmes.	Building an evidence base for the most effective and most environmentally friendly way to deploy resources.
Biodiversity and Greenspace	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect biodiversity and greenspace.	
Travel and Transport	Positive	As above, increased efforts to promote prevention to decrease the burden of disease will reduce the travel required to attend appointments for treatment interventions.	Childsmile teams, particularly those in rural areas, are adapting to the effects of the climate by using electric vehicles to complete their car journeys.
Facilities – buildings we own and occupy	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect facilities	

Integrated Impact Assessment

Energy Use - Efficiency and consumption	No Adverse Impact	No impact, action plan aimed at improving the dental health of children aged 0-12 and not likely to affect Energy Use.	
<p>If this activity is defined as a Plan, Programme or Strategy by the Environmental Assessment (Scotland) Act 2005 a Strategic Environmental Assessment will be required. Further information on this is provided in the supporting guidance SEA</p>			

Section 9 Other impact Assessment.

Is there other relevant impact assessments that you need to consider	Yes/No
Island and Mainland Rural Communities Impact Assessment (IMRCIA)	No
Financial Impact Assessment	No
Other, please specify	

Section 10 Action

Which of the following has the assessment been able to demonstrate?
<input checked="" type="checkbox"/> Option 1 No major change required (where no impact or potential for improvement is found) <input type="checkbox"/> Option 2 Adjust (where a potential or actual negative impact or potential for a more positive impact is found) <input type="checkbox"/> Option 3 Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified) <input type="checkbox"/> Option 4 Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issue can be addressed)
Explain Your Decision. Include all mitigating actions identified
<p>No major change required. The IIA did not identify any potential negative impacts of the Grampian Children Oral Health Improvement Action Plan 2024 – 2029.</p>

Has the IIA Checklist been checked by a Level 1 EQIA assessor? If yes please provide details:	Y	X	N	
Name	Roda Bird			
Job Title	Interim Equality and Diversity Manager			
Email	Roda.bird@nhs.scot			
Date	30/10/2024			
Authorising Director / Officer Review the Rapid IIA Checklist and <u>only</u> sign it, if the IIA Checklist has been fully completed using appropriate evidence and you are assured 'due regard' has been given.				
Name	Jonathan Iloya	Tel No		

Integrated Impact Assessment

Job Title	Consultant in Dental Public Health	Email	Jonathan.Iloya@nhs.scotland
Department	Public Health		
Signature	<i>Jonathan Iloya</i>	Date	31/10/2024

Return to Equality and Diversity at roda.bird@nhs.scot

- Completed form
- Copy of final draft/version of any documentation

To be completed by Equality and Diversity – for quality control purposes and recording

Recommendations <input checked="" type="checkbox"/> IIA Checklist Only <input type="checkbox"/> full Integrated Impact Assessment	
<i>IIA Checklist Only required.</i>	
<i>The Draft Children's Oral Health Action Plan 24-29 J14 was impact assessed. To sign off the IIA of this Plan, please submit the final version so we can update the IIA dated 30/10/2024.</i>	
Name	Roda Bird
Job Title	Interim Equality and Diversity Manager
Email	Roda.bird@nhs.scot
Date	30/10/2024

End of Impact Assessment Record.