

# INTEGRATED IMPACT ASSESSMENT

## Areas for Consideration of Impact

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

**Health Inequality** (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.
<b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

**Human Rights** (note only the relevant ones are included below)

<b>Article 2 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
<b>Article 3 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) - which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
<b>Article 5 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
<b>Article 6 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.
<b>Article 8 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
<b>Article 9 - The right to freedom of thought, belief and religion</b> (qualified right) - including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
<b>Article 10 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference
<b>Article 14 - The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

**UNCRC**

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture

<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

### Specific groups and duties

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff: full/part time; voluntary; delivering/accessing services.</b>
<b>Consumer Duty</b>
<b>Armed Forces Covenant</b>

## ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	Relocation of teams/services currently operating within the Middlefield Hub building. Incorporated within the overall ACHSCP Premises Review.
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Gordon McDade, Senior Project Manager, Infrastructure
<b>Date of Completion</b>	3 <sup>rd</sup> February 2026
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	<p>The Premises Review is seeking to ensure ACHSCP effectively utilises the buildings that services operate from. This process has also considered possible efficiency savings that can be made without affecting the delivery of services.</p> <p>ACHSCP do not own any buildings as such, these are owned by partners organisations (NHSG and ACC). The review has established associated running costs of the buildings where ACHSCP services operate from. It has also explored how the space in the buildings is used, how that space is allocated, and sought to identify any potential savings and efficiencies that could be achieved.</p> <p>As part of the Premises Review the Middlefield Hub building has been identified as being under utilised. With the current level of utilisation by teams/services currently operating within the building, showing that they are only utilising the available rooms within the building 30% of the time.</p> <p><b>Aims to be achieved.</b></p> <ul style="list-style-type: none"> <li>• <b>Achieve a financial saving for ACHSCP by a reduction in charges for utilities, running costs &amp; rent.</b></li> <li>• <b>These could be achieved by relocating the Children’s Immunisations service to another premises and avoiding disruption in the delivery of that service.</b></li> <li>• <b>These could be achieved by relocating the Link Worker service to another premises and avoiding disruption in the delivery of that service.</b></li> </ul>
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	<p>Effective engagement with all patients and staff who would be affected by these changes is essential.</p> <p>A suitable alternative location for the Children’s Immunisations service to operate from needs to be identified as part of this process and a course of action agreed.</p>

	<p>A suitable alternative location for the Link Worker service to operate from needs to be identified as part of this process and a course of action agreed.</p> <p>Good communication to all affected patients and staff will be essential and at the forefront of any move. In addition to this, close working between ACHSCP's Infrastructure Team, Business Support Team and also with NHS Grampian's Finance and Property &amp; Asset Development Team will be required to facilitate such a move.</p> <p>Close liaison and good communication with all affected teams will also be essential for this change to happen smoothly.</p>
<p><b>If the policy or practice has a neutral or positive impact, please describe it here.</b></p>	<p>As Children's Immunisations is a citywide service, any move of Children's Immunisations services to another building could make it more easily accessible for some people in parts of the city. However, a move may also make it less accessible for some people in other parts of the city.</p> <p>It should be noted that initial exploratory discussions with the Children's Immunisations service, have indicated that Northfield would be the most suitable alternative location. Which would see the Children's Immunisations service operate alongside CTAC service that currently operates from the Northfield building. The Northfield building is a 10 minute walk from the current location within the Middlefield Hub. Northfield is also within the same locality as the current location and is readily accessible via public transport. Something which the popularity of the CTAC service currently based there underlines.</p> <p>As a result of the close proximity of the current location and the potential new location, it would be fair to state that current patients would not be impacted significantly, by travelling to the new proposed location of Northfield. As the Northfield building is closer to some areas within the locality, it can also be stated that any move of service could equally potentially make it easier/less expensive for some people to access Children's Immunisations services.</p> <p>A suitable alternative location for the Link Worker service to operate from needs to be identified as part of this process and a course of action agreed. As the Link Worker service is a citywide any move of services to another building could make it more easily accessible for some people in parts of the city. However, a move may also make it less accessible for some people in other parts of the city.</p>

	<p>Other locations across the city and within the same locality could be potential alternative locations for the Link Worker service.</p> <p>Remote working could also be a possibility for the Link Worker service.</p> <p>As would potentially finding capacity within either the Northfield Building or the Mastrick Building that ACHSCP currently operate services from.</p> <p>This would need to be investigated further to ensure the best option for patients &amp; staff is identified and then a process put in place to facilitate the move to the new location.</p> <p>A suitable alternative location for the Receptionist/Support Staff member to operate from needs to be identified as part of this process and a course of action agreed. This would be determined by service requirements and be designated by the Business Support Service.</p> <p>This would deliver budget savings for ACHSCP through no longer having to pay rent or running costs for the Middlefield Hub building.</p>
<p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b>  <i>Note – if multiple assessments are required, please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</i></p>	<p>Yes, as a result of potential impacts on health inequalities; in particular:</p> <ul style="list-style-type: none"> <li>• <b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.</li> </ul> <p>Any move of service could potentially make it harder/more expensive for some people to access Children’s Immunisations and/or Link Worker services.</p> <p>Any move could also potentially impact age and disability from the protected characteristics due to changes in accessibility and familiarity.</p> <p>The patients seen by Children’s Immunisations at Middlefield each month, would be affected by any move. The exact amount of patients is currently being identified by the service and will be included as soon as this figure is available.</p> <p>In addition to this would be the number of Children’s Immunisations staff that currently operate from the Middlefield Hub and would be affected by any move.</p> <p>The patients seen by the Link Worker service at Middlefield each month, would be affected by any move. The exact amount of patients is currently being identified by the service and will be included as soon as this figure is available.</p> <p>In addition to this would be the number of Link Worker service staff that currently operate from the Middlefield</p>

	<p>Hub and would be affected by any move, which is 1 member of staff.</p> <p>The number of support staff affected by any move is 1. This is a reception based member of support staff who works 3 days per week.</p>
<p><b>Rationale for Decision</b>  <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> <li>• <b>Why are a person's rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p><u>How many people is the proposal likely to affect?</u>  The patients seen by Children's Immunisations at Middlefield each month, would be affected by any move. The exact amount of patients is currently being identified by the service and will be included as soon as this figure is available.  In addition to this would be the number of Children's Immunisations staff that currently operate from the Middlefield Hub and would be affected by any move.</p> <p>The patients seen by the Link Worker service at Middlefield each month, would be affected by any move. The exact amount of patients is currently being identified by the service and will be included as soon as this figure is available.  In addition to this would be the number of Link Worker service staff that currently operate from the Middlefield Hub and would be affected by any move, which is 1 member of staff.</p> <p>The number of support staff affected by any move is 1. This is a reception based member of support staff who works 3 days per week.</p> <p><u>Have any obvious impacts been identified?</u>  Any move of service could potentially make it harder/more expensive for some people to access Children's Immunisations or Link Worker services. It can also be stated that as both Children's Immunisations and Link Workers are citywide services. As such, any move of service could equally potentially make it easier/less expensive for some people to access Children's Immunisations and Link Workers services.</p> <p>Any move could also potentially impact age and disability from the protected characteristics due to changes in accessibility and familiarity.</p> <p><u>How significant are these impacts?</u>  With good communication and planning these impacts should be minor and can be mitigated through appropriate project and risk management.</p>

	<p><u>Impact on rights</u>  There are no impacts on rights. People do not have a right to receive a health and care service in a particular building. However, ACHSCP endeavours to provide the widest range of services in each of the three localities. Every effort would be made to ensure that Children’s Immunisations and Link Workers are moved to alternative accommodation within the same locality.</p>
<b>Decision of Reviewer</b>	
<b>Name of Reviewer</b>	
<b>Date</b>	

**Scottish Specific Public Sector Duties (SSPSED)**

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

An external contractor could be used to move services, but this would have no impact on the service being provided to patients.

**ACHSCP Impact Assessment – Stage 2 – Impact Assessment**

<b>Description of Policy or Practice being developed including intended aim.</b>	The Premises Review is seeking to ensure ACHSCP effectively utilises the buildings that services operate from. This process has also considered possible efficiency savings that can be made without affecting the delivery of services.
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	<p>ACHSCP do not own any buildings as such, these are owned by partners organisations (NHSG and ACC). The review has established associated running costs of the buildings where ACHSCP services operate from. It has also explored how the space in the buildings is used, how that space is allocated, and sought to identify any potential savings and efficiencies that could be achieved.</p> <p>As part of the Premises Review the Middlefield Hub building has been identified as being under utilised. With the current level of utilisation by teams/services currently operating within the building, showing that they are only utilising the available rooms within the building 30% of the time.</p> <p><b>Aims to be achieved.</b></p> <ul style="list-style-type: none"> <li>• <b>Achieve a financial saving for ACHSCP by a reduction in charges for utilities, running costs &amp; rent.</b></li> <li>• <b>These could be achieved by relocating the Children’s Immunisations service to another premises and avoiding disruption in the delivery of that service.</b></li> <li>• <b>These could be achieved by relocating the Link Worker service to another premises and avoiding disruption in the delivery of that service.</b></li> </ul>
<b>Is this a new or existing policy or practice?</b>	Existing practice.
<b>Name of Officer Completing Impact Assessment</b>	Gordon McDade, Senior Project Manager, Infrastructure, ACHSCP
<b>Date Impact Assessment Started</b>	3 <sup>rd</sup> February 2026
<b>Name of Lead Officer</b>	
<b>Date Impact Assessment approved</b>	

## Summary of Key Information

<p><b>Groups or rights impacted.</b></p>	<p><u>Impact on rights</u></p> <p>There are no impacts on rights. People do not have a right to receive a health and care service in a particular building. However, ACHSCP endeavours to provide the widest range of services in each of the three localities. Every effort would be made to ensure that Children’s Immunisations and Link Workers are moved to alternative accommodation within the same locality.</p> <p>Potential impacts on health inequalities; in particular:</p> <ul style="list-style-type: none"> <li>• <b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.</li> </ul> <p>Any move of service could potentially make it harder/more expensive for some people to access Children’s Immunisations or Link Worker services.</p> <p>It can also be stated that as both Children’s Immunisations and Link Workers are citywide services. As such, any move of service could equally potentially make it easier/less expensive for some people to access Children’s Immunisations and Link Workers services.</p> <p>Any move could also potentially impact age and disability from the protected characteristics due to changes in accessibility and familiarity.</p> <p>With good communication and planning these impacts should be minor and can be mitigated through appropriate project and risk management.</p> <p>In line with factors outlined above, through the premises review process, all buildings that ACHSCP operate from were looked at.</p>
<p><b>Feedback from consultation and engagement and how this informed development of the policy or practice</b></p>	<p>Taken into consideration was that the location was the only factor that would change in this move. The service received and the staff delivering that service, would remain the same. As would the fit for purpose nature of any new location.</p> <p>Mitigation around the change of location is highlighted previously within this document.</p>

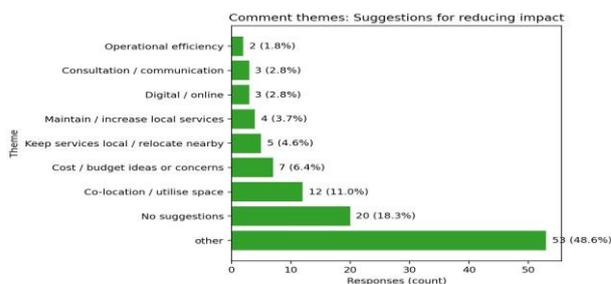
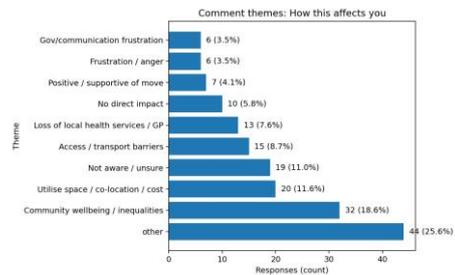
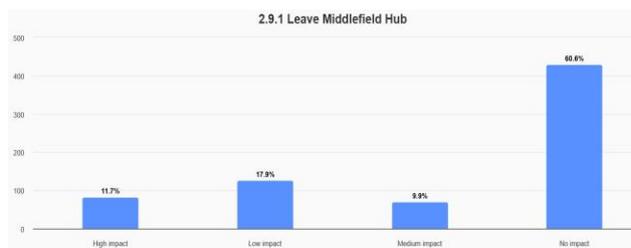
Financial position of ACHSCP has necessitated the review of premises, to establish where any efficiencies can be made.

This has been communicated to all ACHSCP staff and their engagement in finding possible solutions/savings has been sought and received throughout the financial review process.

In addition to this, this IIA is informed by the patient feedback survey that was carried out to gather information on the proposed Budget Savings Options, put forward by ACHSCP in late 2025. Of which the premises review and the vacating of Middlefield Hub was one of the proposed options.

A breakdown of the feedback relating to the Middlefield Hub is shown below.

## Leave Middlefield Hub



Total responses: 786 valid impact  
2.9.2 (effects) comments analysed: 127  
2.9.3 (suggestions) comments analysed: 101

### Effects

**Inequalities:** Concern that leaving the hub worsens health inequalities in a priority area.

**Access/transport:** Travel distance and relocation increase barriers for families/older residents.

**Health services:** Risk of reduced local GP/nurse/immunisation access.

### Suggestions:

**Utilise space:** Rent/hire rooms, co-locate other NHS/council/commissioned services, and run clinics to offset costs while keeping local access.

**Stay local:** Relocate nearby rather than across the city to maintain reach.

**Maintain/increase local services:** Requests to retain or expand health presence (e.g., GP on site, nurse-led clinics, immunisations, day centre for elderly) as a way to mitigate impact.

**Performance Measures identified, where these will be reported and how impact will be monitored.**

These will be set by the services themselves. In line with their service delivery standards.

This will include, but will not be limited to, the following:

Number of patients attending new location, in comparison to current location.

Number of DNA's at new location compared to current location.

Patient feedback – building issues, access

	issues, parking issues etc Again, these would be compared to current location.
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**Review**

<b>Date the Impact will be reviewed</b>	<p>This IIA will be reviewed in February 2027.</p> <p>Any further review required will established at that time.</p>
<b>Rationale for Date</b>	<p>An interim review of this IIA will be undertaken to ensure that all factors are still relevant and accurate before any moves are completed. Also to take cognisance of any additional patient or staff feedback that may be submitted after February 2026.</p> <p>The timescale stated for the full review is to let the services settle into their new location, to work out any initial “teething problems” and to ensure there are no obvious impacts deterring patients from attending the new location or causing patients undue worry or problems in attending the new location. Also to ensure that reviews are not dominating service focus and rather carried out as and when they are required, as opposed to set times during the initial period of relocation.</p> <p>This will ensure a good overall picture is built up through all seasons, weathers and times of the year, ie; periods of higher than usual pressure on the overall system and the service in particular.</p>

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	<b>Yes/No</b>	<b>Details</b>	<b>Evidence</b>
Protected Characteristics	Yes	<p><b>Age:</b> older people; middle years; early years; children and young people.</p> <p><b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.</p> <p>There could potentially be an impact from a move of locations. Due to new travel arrangements requiring to be planned, new travel routes, new location, Unfamiliar surroundings once arriving at the new location. Which may lead to heightened confusion or anxiety for some patients who may have a mental health condition or cognitive decline. Anxiety, dementia, etc.</p>	<p>Service delivery would continue in the same manner, with the same staff, same standards, etc.</p> <p>Mitigation of this possible impact would be managed via comms in advance of any move to ensure patients are aware.</p> <p>Making them aware of any changes in location, outlining suitable transport routes, both public &amp; private, including a guide to accessing the new location.</p>
Fairer Scotland Duty	Yes	<p><b>Area of Deprivation/Communities of Place -</b> consider where people live and where they work (accessibility and cost of transport)</p> <p>There could potentially be an impact from a move of locations. Due to new travel arrangements requiring to be planned, new travel routes, etc. Which may incur a higher cost for some patients.</p>	<p>If a change of location meant higher transport costs for some patients, as the new location was further from their home, or required more than one bus for example.</p> <p>It is possible that for other patients the reverse would be true. As the new location could be closer to their home, resulting in lower transport costs.</p> <p>This possible impact would be managed via comms in advance of any move to ensure patients are aware.</p>

			<p>Making them aware of any changes in location, outlining suitable transport routes, both public &amp; private, including a guide to accessing the new location.</p> <p>Which could include information on public transport pricing and possible options to limit costs.</p>
Health Inequality	Yes	<p><b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.</p> <p><b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.</p> <p>Any move of service could potentially make it harder/more expensive for some people to access Children's Immunisations or Link Worker services.</p>	<p>If a change of location meant higher transport costs for some patients, as the new location was further from their home, or required more than one bus for example.</p> <p>There is a very high likelihood that for other patients the reverse would be true. As the new location could be closer to their home, resulting in lower transport costs.</p> <p>This possible impact would be managed via comms in advance of any move to ensure patients are aware.</p> <p>Making them aware of any changes in location, outlining suitable transport routes, both public &amp; private, including a guide to accessing the new location.</p> <p>Which could include information on public transport pricing and possible options to limit costs.</p>
Specific Groups	Yes	<p><b>Staff: full/part time.</b></p> <p>There may be an impact on staff working for the service in the current location, due to a move. Potential issues could be – geographic location and additional travel. Although these would be expected to be minimal, given the proposed new location is geographically close to the current location.</p>	<p>Mitigation for this could be through discussion with ACHSCP.</p>

Human Rights	No	There are no impacts on rights. People do not have a right to receive a health and care service in a particular building.	<p>The Partnership endeavours to provide the widest range of services in each of the three localities. Every effort would be made to ensure that services are moved to alternative accommodation within the same locality.</p> <p>It can also be stated that as Link Workers are a citywide service, with no sites allocated for patients from specified areas of the city. As such, any move of service could equally potentially make it easier/less expensive for some people to access Link Worker services.</p>
UNCRC	No	The moving of location of the service would not alter anything in relation to any children that use the service or attend the location of the service.	As all children in Scotland receive free bus travel, if a move of location entailed the need to get more than one bus, or more buses than are currently required for the current location. This would be mitigated by the travel being free of charge.

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>	Yes	<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>	This proposed move is part of the overall ACHSCP Review of Premises, and as such will be linked to other potential moves within the overall review.			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

<b>Stakeholder Groups</b>	<b>Feedback Received</b>	<b>Influence on Policy or Practice/Mitigating Actions</b>
Patients / Service Users	Feedback was sought through the consultation on ACHSCP budget proposals, which was undertaken in December 2025.	With the proposed new location for Children's Immunisations being within the same locality and also being geographically not a great distance from the Middlefield Hub, it is unlikely that any patients would be significantly impacted by the move.  Also taken into consideration was that the location was the only factor that would change in this move. The service received and the staff delivering that service, would remain the same. As would the fit for purpose nature of the location. Mitigation around the change of location is highlighted previously within this document.
Service Staff	Through discussion with service staff, it has been ascertained that there are no specific aspects of the proposed move that are causing any anxiety amongst the staff affected by the proposed move.	



## ACHSCP Impact Assessment – Stage 4 – Review

<b>Name of Impact Assessment being reviewed</b>	
<b>Name of Officer completing review</b>	
<b>Date Review Commenced</b>	
<b>Reason for Review (scheduled or accelerated)</b>	
<b>Reason for Accelerated Review</b>	
<b>Name of Lead Officer</b>	
<b>Date Review Completed</b>	

### Summary of Key Information

<b>What amendments have been identified to the original Impact Assessment?</b>	
<b>What evidence do you have for these amendments?</b>	
<b>What actions have you taken to review the policy or practice in light of the review?</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions