



# Integrated Impact Assessment – Joint Strategic Plan 2026-31

## About the proposal

### Title of Proposal

Argyll & Bute Integration Joint Board Joint Strategic Plan 2026-2031

### Intended outcome of the proposal

The Joint Strategic Plan (JSP) is a high level strategy. The JSP establishes the mission, vision, values and strategic priorities to which the HSCP commits to over the next 5 years. It provides direction for how health, social work and social care services should be developed in Argyll & Bute over the next 5 years (2026-2031) and describes the transformation required to achieve this vision. Overall the JSP aims to support people in Argyll & Bute to live healthy, independent lives in resilient communities. Individuals should be enabled and supported to thrive and fulfil their potential through integrated, person-centred health and social care that is delivered close to home, focused on prevention, and informed by the people who use it.

The plan is also intended to support the HSCP to become a more effective and efficient organisation that leverages innovation and cross-sector collaboration to provide timely, high-quality, safe and sustainable care.

### How does your proposal align with strategy?

The JSP sets out the HSCP Strategic Priorities for the next 5 years. It does this by drawing on relevant Scottish Government and local policies, these are:

Scottish Government:

- Population Health Framework 2025–2035
- Health and Social Care Service Renewal Framework
- Realistic Medicine
- Public Bodies (Joint Working) (Scotland) Act 2014
- Care Reform (Scotland) Bill
- Self-Directed Support (Scotland) Act 2013
- Procurement Reform (Scotland) Act 2014
- Health and Care (Staffing) (Scotland) Act 2019
- Local Government in Scotland Act 2003 (Best Value framework)
- Best Value Statutory Guidance
- Fairer Scotland Duty
- Islands (Scotland) Act 2018
- United Nations Convention on the Rights of the Child (UNCRC)
- The Promise
- Expected Community Wealth Building legislation

**Argyll & Bute specific policies:**

- Local Housing Strategy 2022–2027
- Argyll & Bute Outcomes Improvement Plan 2024–2034
- Argyll & Bute Economic Strategy 2024–2034
- Child Poverty Action (with Argyll & Bute HSCP and NHS Highland)
- Manifesto for Rural Change
- Housing Contribution Statement for the Joint Strategic Plan

## Description of proposal

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a JSP for integrated functions and budgets that they control, reviewing the plan at least every three years.

The new JSP covers a period of five years, setting out the vision, high-level strategic priorities and actions within a national and local policy framework.

A Joint Strategic Needs Assessment (JSNA) and Housing Contribution Statement (HCS) (Appendix 1) were prepared to support the development of the JSP.

The plan is grounded in a population health approach, recognising that health is shaped by social, economic and environmental factors as much as by services, and aligns with national frameworks.

Argyll & Bute faces significant challenges, including an ageing population, rural and island geography, workforce shortages, health inequalities, rising demand and costs, and a forecast financial gap that requires fundamental service change.

Six strategic priority areas are set out, covering:

- Financial and system sustainability
- Preventative and community based care
- Integrated and person centred care
- Access to care and tackling health inequalities
- Supporting and valuing health and social care staff
- Digital transformation

Strong emphasis is placed on partnership and whole system working, including collaboration with NHS Highland, Argyll & Bute Council, the third and independent sectors, communities and other NHS boards.

Delivery will be supported by clear governance, performance management and implementation planning, including transformation programmes, commissioning oversight, service level plans, annual reporting and ongoing engagement using “you said, we did, we learned” approaches.

## **Lead and Appropriate Officers**

Lead officer: Kristin Gillies

Lead officer job title: Head of Service

Lead officer service: Strategic Planning, Performance and Technology

Appropriate officer: Anke Roexe

Appropriate officer Job title: Senior Service Planning Manager

## **Who will deliver proposal**

The HSCP's Senior Leadership Team and the Joint Integrated Board are the owners of the JSP.

Signed off by: Kristin Gillies

Date: 18 May 2026

## Evidence

### Data – What data have you used to inform the IIA?

A Joint Strategic Needs Assessment (JSNA) was carried out:

<https://www.nhshighland.scot.nhs.uk/media/hm5k0d54/argyll-and-bute-hscp-joint-strategic-needs-assessment-2024.pdf>.

The Argyll & Bute Joint Strategic Needs Assessment (JSNA) aims to identify the health and social care needs of the population of Argyll & Bute (A&B) in order to inform the Health and Social Care Partnership's (HSCP) JSP. The JSNA includes consideration of the wider determinants of health, including socioeconomic, cultural and environmental factors.

Further population profiles for smaller areas, together with bespoke analysis for island communities, are also available.

A Housing Contribution Statement (HCS) was also prepared by Argyll & Bute Council to support the development of the JSP.

**Other information – This may include reference to reports by other people / organisations relevant to the impacts identified via consultations.**

See list of Scottish Government and other strategies listed above.

### Consultation – What consultation / engagement have you carried out to inform the IIA?

Public engagement was carried out between October 2025 and January 2026:

<https://nhsh.uk.engagementhq.com/argyll-and-bute-joint-strategic-plan-consultation>.

A consultation draft of the JSP was published on the NHS Highland Engagement Hub alongside a questionnaire asking the public and staff for their views and key questions asking how people keep themselves well.

Community events for residents and staff took place across localities in October and early November. These included Islay, Dunoon, Helensburgh, Rothesay, Campbeltown, Oban and Lochgilphead.

An online event was held for third and independent sector stakeholders.

A further questionnaire was developed to ask independent, third sector commissioned providers their views on the draft Commissioning Intentions and Key Market Messages.

The Planet Youth Young People Conference was attended by planning colleagues and questions on health and wellbeing were incorporated into the facilitated discussions. Young Carers groups facilitated discussions on what was important to them.

Feedback from the engagement was reported to SPG and SLT and the JSP was updated accordingly. The full engagement report will be published alongside the JSP.

### Gaps in evidence

A desk-based research and analysis of information was carried out for the JSNA. The resulting JSNA is a snapshot of currently available information. Small area information for many areas is limited. Data aggregated to higher geographical levels may fail to identify localised trends and characteristics of the population.

National datasets do not always apply consistent definitions of sex and gender, and the terms may sometimes be used interchangeably. National datasets do not always apply consistent definitions of sex and gender, and the terms may sometimes be used interchangeably. This limitation applies to the JSNA report as it uses those data sources.

The JSNA is a continuous and iterative process that allows us to identify gaps in our intelligence and areas that need further in-depth analysis moving forward.

### Knock on effect?

Yes

### Knock on effect details

As highlighted throughout the JSP, demand for health and social care services is outstripping available funding and rising costs continue to put pressure on the HSCP and our providers. Ensuring financial viability and maintaining safe will shape the HSCP's approach to service planning and commissioning for the foreseeable future.

The HSCP remains committed to supporting residents, communities and a thriving voluntary and third sector. We may not be able to do this as a funder or main funder of non-statutory services. Over the course of this strategic plan, the HSCP may have to reduce funding for some services and cease funding others altogether.

### Monitoring – How will you monitor the impacts of your proposal?

Performance against national integration indicators and other national datasets will be reported through the HSCP's Integrated Performance Management Framework (IPMF). The partnership will review the additional indicators that are reported through the IPMF to ensure the framework supports proactive monitoring of performance, impact and transformation. We will also report against the plan's deliverables as part of the HSCP's annual performance report and review.

The HSCP will also use data to understand and address inequalities. Specific commissioning and service decisions will be assessed using Integrated Impact Assessments. The HSCP will track and report progress against its published Equality Outcomes. Data will be used to identify local actions most likely to reduce health inequalities and improve outcomes, particularly for vulnerable groups and remote or island communities.

## Fairer Scotland Duty

### Impact on service users

Service users	Impact
Mainland rural population	Don't Know
Island population	See Island Assessment
Low income	Don't Know
Low wealth	Don't Know
Material deprivation	Don't Know
Area deprivation	Don't Know
Socio-economic	Don't Know
Communities of place	Don't Know
Communities of interest	Don't Know

### Don't Know's

The plan aims to ensure the long term sustainability of health and social care services for the population of Argyll & Bute. The overall impact of the JSP on all Fairer Scotland Duty categories is difficult to assess in its entirety due to the scope of the JSP and the scale of the required transformation. It is for this reason that 'don't know' has been selected for all categories. At a strategic level the aim of the plan is to have a positive impact in relation to the Fairer Scotland Duties. In addition, it is a stated strategic priority of the HSCP to reduce health and wellbeing inequalities and ensure access to services based on need for all residents in Argyll & Bute.

The JSP commits to shifting resources towards those with the greatest need over time. This is referred to as proportionate universalism. The plan states that fairness must include equitable geographic access across all of Argyll & Bute. The plan explicitly links fairness to children's rights and poverty reduction.

The requirement for a balanced budget paired with growing demand for our services, means that the HSCP will have to transform the way services are delivered to realise significant savings. This will be achieved through service redesign. It is likely that the partnership will have to disinvest from some services or change how we deliver them. Fees may have to be introduced in some areas. The HSCP will carry out

individual IIAs for each specific proposal to assess the impact on the Fairer Scotland Duties and any mitigating actions.

### Impact on service deliverers

Service deliverers	Impact
Mainland rural population	Don't Know
Island population	See Islands Assessment
Low income	Don't Know
Low wealth	Don't Know
Material deprivation	Don't Know
Area deprivation	Don't Know
Socio-economic	Don't Know
Communities of place	Don't Know
Communities of interest	Don't Know

### Don't knows

See the rationale above for selecting 'don't know' for all categories.

### Service providers - external

The JSP makes clear that external providers, including voluntary and third sector organisations, are essential to the delivery of health and social care in Argyll & Bute. However, the financial context means the HSCP's relationship with providers is likely to change over the next five years. Some commissioned providers could be negatively impacted. The document acknowledges that this creates risks for financially fragile providers, particularly in the third sector. Any specific proposals will undergo a separate IIA.

### Impact on service providers – external

At this point, there are no plans to reduce the number of staffing levels. The HSCP commits to service redesign, including review of operating and service models. A separate IIA would need to be undertaken for each concrete proposal.

### Due regard

Through this IIA, and other IIAs linked to individual transformation proposals, the HSCP is actively considering the impacts of our strategy on groups who are socially

and/or economically disadvantaged. It is the stated strategic priority of the JSP to ensure that residents can access the services that they need and to mitigate the impact of inequalities on health and wellbeing outcomes for people in Argyll & Bute.

Given the scale of the savings that the HSCP is required to find, it may not be possible to fully mitigate all potential negative impacts. The HSCP will work with partner organisations to ensure that the most vulnerable people are protected and that negative impacts are reduced as far as possible.

The HSCP will engage proactively with external providers on review and redesign, particularly where funding pressures require change. It will prioritise work on preventative and community-based models, as well as reablement, self-management and hybrid and digital approaches.

The HSCP will also seek to support co-production and collaborative commissioning arrangements, such as providers working together in consortia, to improve sustainability and achieve economies of scale.

## Consumer duty

**Does your proposal affect individuals, businesses or both?**

Both

**On the basis of your assessment, what are the likely impacts of your proposal?**

Consumer	Impact
Choice	No Impact
Fairness	Positive
Redress	No Impact
Safety	Positive
Information	Positive
Access	Positive
Representation	Positive

### Representation

Service user and provider views, needs and experiences were sought as part of the public consultation for the new Joint Strategic Plan. The HSCP follows Planning with People Guidance for specific service change or redesign proposals. Throughout the JSP, the HSCP commits to involving service users and external providers in the design of services.

### Fairness

The plan states that fairness and equity are central to the purpose, strategy and vision of the HSCP. It recognises that although many health and social care services are offered universally, they are often disproportionately used by people with lower levels of need, while people with the greatest needs may experience poorer access.

The JSP commits to addressing health inequalities by shifting resources towards those with the greatest need over time, an approach referred to as proportionate universalism. It also states that fairness must include equitable geographic access across all of Argyll & Bute. The plan explicitly links fairness to children's rights and poverty reduction.

The plan states that service planning and commissioning decisions will be subject to Integrated Impact Assessment to ensure fairness. It also commits to using evidence and data to identify local actions most likely to improve outcomes and reduce inequalities, rather than applying uniform solutions.

### **Safety**

Keeping people safe is a priority of the JSP, particularly in the context of financial pressure, service change and transformation. The HSCP acknowledges that demand pressures, workforce shortages and constrained resources create risks, and that safety must shape decisions about service planning and commissioning. While services will need to change, and some may need to be scaled back, the plan is explicit that essential care must remain safe and change must be managed carefully to maintain quality and protect people.

### **Access**

The JSP aims to improve access by shifting care closer to home (where that is feasible), by shifting care away from hospital-centred models and increasing community-based and home-based care and digital solutions where appropriate. The HSCP will collaborate with other health boards to decrease waiting times for specialist interventions and treatments.

### **Choice**

The plan promotes self-management and independence, supporting people to manage long-term conditions and make informed choices about their health and wellbeing. It also highlights the importance of making decisions in partnership with families and individuals.

The plan explicitly references the Self-Directed Support (SDS) Act, stating that commissioning approaches will align with the Scottish Government's principles and

values of SDS, which are intended to support choice and control for people receiving social care.

Overall, choice in the context of health and social care applies to assessed needs and how they can be realistically met. There are services with limited scope for choice due to operational or safety considerations.

### **Information**

The plan recognises that poor information and unclear signposting are barriers to access, particularly for people facing vulnerability, inequality or complex systems. It commits to improving how information about services is communicated, shared and made accessible, so that people can more easily understand what support is available and how to access it.

### **Redress**

Complaints procedures for the HSCP are in place.

### Negative impacts you have identified

The requirement for a balanced budget paired with growing demand for our services, means that the HSCP will transform the way we deliver our services to realise savings. This may include increasing fees or introducing new fees in some areas. The JSP also acknowledges proposed changes to commissioning arrangements may negatively impact some providers, creating risk for financially fragile organisations, particularly in the third sector

### What alternatives have you considered that can improve outcome for customers and/or reduce harm?

All change projects will include options appraisal.

### How have you reduced harm to consumers through the development of your proposal?

All change projects will be subject to Integrated Impact Assessments including consideration of feasible and reasonable mitigations for any specific proposal with negative impact under the consumer duty.

### If you have not been able to reduce harm to your consumers, why not?

See above.

## Children's rights and wellbeing

### DIRECT and INDIRECT impacts on children and young people

Direct refers to policies or measures where children are the focus of the proposed changes. Examples include childcare, school breakfast clubs, child protection, looked after children or youth sports activities.

Indirect refers to policies/measures that are not directly aimed at children but will have an impact on them. Examples include local welfare support schemes, work preparation classes for parents, housing supply and design, policies on air quality, or local transport schemes.

Are there any aspects to your proposal which directly impact on children?

Yes

### Direct impact on children details

The JSP sets the overall strategic direction for the HSCP and describes how its services should develop over the coming years. This includes services for children and young people. A detailed service plan for services for children and young people is currently in development.

Are there any aspects to your proposal which indirectly impact on children?

Yes

### Indirect impact on children details

As the JSP covers the whole population of Argyll & Bute, including adults that live in households with children, it is likely that there may be indirect impacts on children. As previously outlined in the Fairer Scotland Duties section, the HSCP undertakes to protect the most vulnerable and to address health inequalities.

In addition, the HSCP is in the process of developing its new Children and Young People's Service Plan for 2026 to 2029 which makes commitments about supporting whole families.

## Children's rights

This section asks you to think about how your proposal affects children's rights, first by considering the UNCRC 'general principles' articles, and then by thinking about the rest of the articles. Complete the options relating to the general principles.

You should check against these whether your proposal contributes in a positive or negative way to the rights of children, whether the impact will be neutral / won't have an impact at all, or whether you don't know what the impact will be.

Children rights	Impact
Article 2: (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	Positive
Article 3: (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.	Positive
Article 6: (life, survival and development) Every child has the right to life. The council must do all it can to ensure that children survive and develop to their full potential.	Positive
Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.	Positive

In addition to the General Principles, you should consider whether any of the other articles are relevant to your proposal.

We have provided you with a list of UNCRC articles and descriptions of what they are. If you do not identify any of the other Articles as being of relevance, the assumption will be made that the proposal's impact on this right will be neutral.

Have you identified any other article as being relevant to your proposal?

Yes

Which articles are relevant to your proposal?

All articles. The HSCP commits to implementing the UNCRC.

If you have identified any positive impacts, describe what these are?

The JSP states that the HSCP will meet the requirements of the United Nations Convention on the Rights of the Child. It also commits to implementing The Promise, Scotland's national commitment to ensure care-experienced children grow up "loved, safe and respected".

If you have identified any negative impacts, describe what these are?

The JSP's positive intentions for children and young people are clear. However, the financial context means that transformation of services may have indirect impacts on children and young people, for example, where changes to adult or carer services affect households with children. These impacts cannot be fully assessed at a strategic plan level and will be identified and mitigated through Integrated Impact Assessments for individual transformation proposals.

What options have you considered to reduce negative impacts?

See above.

If you cannot implement measures to mitigate impact why not?

See above.

If you have identified relevant articles for which you don't know what the likely impact will be, how will you monitor impact as your proposal progresses?

Indirect impacts on children and young people will be monitored through the IIA process for individual service change proposals, and through the HSCP's Children and Young People's Service Plan 2026–2029 which is currently in development.

## Children's wellbeing

For each wellbeing indicator, review whether your proposal will result in an improvement to children's wellbeing or not.

Children wellbeing	Impact
Safe	Positive
Healthy	Positive
Achieving	Positive
Nurtured	Positive
Active	Positive
Respected	Positive
Responsible	Positive
Included	Positive

For the indicators where you believe your proposal will result in reduced children's wellbeing, explain what these reductions will be

N/A

For the indicators where you believe your proposal will result in improved children's wellbeing, explain what these improvements will be

The intended outcome of the JSP is to enable people in Argyll & Bute, including children and young people, to live healthy, independent lives in resilient communities and to ensure that individuals are enabled and supported to thrive and fulfil their potential. The intended impact of the JSP on all indicators is positive. The HSCP is in the process of finalising Children and Young People's Service Plan (2026) to align with these outcomes.

If you have identified any indicators as being relevant to your proposal, but you do not know what the impacts will be, explain how you will monitor impact as your proposal progresses.

Indirect impacts on children and young people will be monitored through the IIA process for individual service change proposals, and through the HSCP's Children and Young People's Service Plan 2026–2029 which is currently in development.

## Island Communities

How many islands does your proposal affect?

All inhabited islands in Argyll & Bute.

Which islands are affected by your proposal?

All 28 inhabited islands in Argyll & Bute. Roughly 17% of our population live on islands. According to the 2022 Census, 14,976 people live on the 14 most populated islands.

### Impact on Island communities

Island community	Impact
Demography	Positive
Economy	Positive
Society	Positive

Describe any positive impacts you have identified

The JSP commits to reducing reliance on hospital-based care and expanding community-based, preventative and home-based services (where feasible), which is particularly beneficial for islands where travel to hospital is often difficult or disruptive. The plan sets out a clear commitment to digital transformation as a means of improving access and avoiding unnecessary travel, including for island residents. By prioritising prevention, community capacity-building and self-management, the plan supports more sustainable models of care that are better suited to small, remote and island populations.

Describe any negative impacts you have identified

N/A

If you do not know what the impacts will be, you should reflect this in your monitoring arrangements for the proposal.

The JSP's positive intentions for island communities are clear but improving geographic access for island communities to all health and social care services may not be feasible at all times. In addition, while our island communities face many common challenges, needs may differ across the inhabited islands. All

transformation proposals will need to be assessed for their impact on Argyll & Bute's islands population.

Describe how your proposal affects the island communities you have identified differently from other communities including other island communities and mainland areas.

The plan explicitly recognises that island communities have unique needs and service delivery models. It contains a commitment to equitable access for island residents, recognising the additional costs, risks and challenges associated with geography. It states that the needs of islands will be considered through Integrated Impact Assessments when commissioning and service decisions are made.

How will you ensure your proposal delivers equivalent levels of service to the island communities you have identified compared to other areas, including mainland areas?

The JSP states that the needs of islands will be considered through Integrated Impact Assessments when commissioning and service decisions are made.

If you have not been able to mitigate impacts, why not?

## Equality impact

### Equality impact on service users

Service users	Impact
Disability	Don't Know
Race	Positive
Marriage and civil partnership	Positive
Religion or belief	Positive
Sex	Don't Know
Pregnancy and maternity	Don't Know
Age	Don't Know
Sexual orientation	Positive
Gender reassignment	Positive

### Impact on service users

Argyll & Bute HSCP recognises the need to promote equality of opportunity across our population and ensure that people are not disadvantaged due to direct or indirect discrimination.

The HSCP's published Equality Outcomes for 2025-2029 are:

Outcome 1: Work towards fairer health and social care for everyone: We want to improve access to care for everyone, especially people who face extra barriers or have worse health outcomes than others.

Outcome 2: Communities in shaping services. We want to work alongside people, especially those often left out of decision-making, to help shape local services.

Outcome 3: Build services that feel safe, inclusive and respectful. We want everyone, patients and staff, to feel welcome, respected and supported in our services.

Outcome 4: Work together to reduce inequality. We will work with others to tackle the wider issues that affect people's health, inclusion and access to services.

### Don't knows identified

#### Age

27.2% of the Argyll & Bute population is aged 65 and over, compared with 20.1% nationally. Argyll & Bute has a significantly older population profile than the Scottish average, with implications for intergenerational inequality, service access and unpaid caring responsibilities. The overall intention of the JSNA is to have a positive impact on all protected categories. Due to the age profile of the HSCP, any service change as a result of the JSP is likely to impact older residents more. At the same time, a shrinking younger population may mean that the needs of younger residents get sidelined.

### **Sex**

The JSNA reports broadly similar male/female population proportions, consistent with national patterns.

However, women are more likely to live longer and provide unpaid care. Changes to services may indirectly affect women more than men due to the gendered dynamics of unpaid caregiving.

### **Disability**

23.6% of people in Argyll & Bute report having a long-term illness, disease or condition, compared to 21.4% across Scotland. Again, given the population profile, more people with long-term illness, diseases, conditions or other disabilities may be affected by any decisions about service change. The long term ambition to embed prevention and shift resources to the community is meant to positively impact outcomes.

### **Pregnancy and maternity**

Birth data is included within population and health sections of the JSNA. Lower overall birth rates are evident, consistent with an ageing population and challenges in accessing maternity and early years services due to geography and rurality.

## Equality impact on service deliverers

Service deliverers	Impact
Disability	Don't Know
Race	Positive
Marriage and civil partnership	Positive
Religion or belief	Positive
Sex	Don't Know
Pregnancy and maternity	Positive
Age	Don't Know
Sexual orientation	Don't Know
Gender reassignment	Positive

## Impact on service deliverers

See narrative on HSCP Equality Outcomes in previous section.

## Don't knows identified

### Age profile

As of July 2024 830 (51%) of NHS Highland staff members in Argyll were 50 years or older, 302 (18.6%) were 60 years or older, and 75 (4.6%) were 65 years and older.

As of the end of March 2024, 386 (49%) council employed staff were 50-64 years of age and 36 (5%) were 65 years of age or older.

### Sex distribution

As of July 2024, 85% of the NHS Highland workforce in Argyll & Bute was female.

As of the end of March 2024, 84% of the HSCP A&B council workforce was female.

### Disability

There is no data on staff with a disability. Overall information about sickness absence pulled for the JSNA indicates, that HSCP NHS employees were slightly less likely to be off sick than the overall NESH workforce. Data for council employees is not comparable. However, 2.2 working days were lost per full time employee in 2024.

The demographic composition of the HSCP workforce means that service change is likely to affect older staff, staff with existing health conditions and women.

It is vital that NHS Highland and Argyll & Bute Council protect the health and social care workforce in Argyll & Bute against stress and fatigue related mental ill health

and support those experiencing burnout. Service transformation can be an additional stressor. The JSNA commits to supporting workforce wellbeing.

## Due regard

The JSNA was produced to ensure the HSCP has the information required to plan health and care services. It is a tool to help the HSCP and partners to understand the population composition of the area, including groups of people who experience poorer outcomes and why.

This ensures that information about protected characteristics and vulnerable groups is visible and provides the evidence needed to meet equalities duties in later decision-making.

We will track and report progress against our equalities outcomes through:

- regular equality and mainstreaming reports
- staff and workforce data
- community feedback and engagement
- Integrated Impact Assessments for specific programmes and initiatives.