Impact Assessment Information

NHS
South Yorkshire
Integrated Care Board

This is Version 1 of this tool - current as of 03/11/23

QEHSIA	This tool has been developed for use by NHS South Yorkshire Integrated Care Board If you have any feedback, experience any problems or require advice on completion, please contact: Where there is a red corner marker please hover over with mouse for instructions to guide completion of the QEHSIA tool The Project Lead should review the QEHSIA monthly during the development phase in order to identify any potential quality impacts not previously considered. If there are any changes required to the QEHSIA please update the QEHSIA tool - identifying that the update is V2 (or subsequent version if indicated) - make any changes in red but keep original details in place. When completing the assessment: - Be proportionate to your work, i.e. the more significant the change, the more rigorous you will need to be. - Be honest in the actions you state that you will undertake to address any negative issues. - Use intelligent information for your analysis that helps you to understand who your service users/patients are and how they will be affected by the change. - Work in collaboration with others. - An QEHSIA is a live document that should be reviewed and developed at intervals throughout the life of the project and beyond. - If you would like any support please email:

Organisation Impact Assessment Review Group	All QEHSIA forms must be reviewed and signed off by the Impact Assessment Review Group with you in attendance. Please email xx to arrange attendance Once agreed by the IA Reivew Group a completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. All QEHSIA forms will be published on the ICB website

Quality, Equality, Health Inequality and Sustainability Impact Assessment

Intro and Context

Name of the proposal (policy, proposition, programme, proposal, project or initiative)	Proposals to relocate PCS City and Mulberry practices to new Health Centre in Sheffield City Centre			**Version Number**	1
Project Lead Name:	Jackie Mills				
Project Lead Job Title:	Director of Finance				
Project Lead Directorate	Sheffield Place				
Project Lead Contact Details	**Phone**				
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Project Manager (if applicable):	**Name**	Mike Speakman	**Email**	mike.speakman1@nhs.net	
Project Sponsor/SRO:	**Name**	Jackie Mills	**Email**	jackiemills@nhs.net	
Summary of Proposal (more detail to be provided below)	A proposal has been put forward for two GP practices based in Sheffield City Centre to relocate to a new site, which will be renovated and remodelled to meet the needs of the practices. The site is located within 300 metres of the current practice sites.				
Who has been consulted to support and inform completion of this QEHSIA - i.e. Clinical Lead, relevant commissioning lead, provider, stakeholder, patient experience leads	Sheffield Primary Care Estates programme team including Director fo Finance (SRO), Programme Manager, Deputy Director of Primary Care, Primary Care Contract and Commissioning Manager, Finance Manager, and Head of Involvement				

Have any key involvement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings, with whom and when the engagement and consultative activities were undertaken		Name of activity undertaken	Details of activity undertaken, including with which citizen group and breadth of activity	Month/ Year
	1	Pre-consultation involvement	Survey, public meetings, funded community organisations to engage with registeted patients	Mar-22
	2	Public consultation	Survey, public meetings, funded community organisations to engage with registeted patients	Aug-23
	3			

Project Overview

Current Service

PCS City and PCS Mulberry operate from Central Health Clinc, Mulberry Street.
PCS Mulberry has 1596 registered patients. It is also a specialist Centre for patients living in Sheffield that are seeking asylum in the UK, homeless, or living in a hostel or temporary accommodation
PCS City has 4930 registered patients. It also hosts 47 Special Allocation Scheme patients.

Planned Changes

A proposal has been put forward for two GP practices based in the City Centre to relocate to this new site. The site is located on Church Street, the former Royal Bank of Scotland building. It is within 300 metres of the current practice sites. It benefits from bus and tram stops directly outside the building offering good access by public transport.

Future Services

The new site will be renovated and remodelled to meet the needs of the practices as well as providing a modern healthcare experience for patients.

Quality Impact Assessment

Stage 1

NHS South Yorkshire Integrated Care Board

Domain		Criteria	Answer (select from drop down list)	Score	Next Stage required	Rationale (Please provide rationale for scoring for each question ie. If the project might increase number of admissions then there may be more incidence of HCAI)
Patient Safety	Q1	Is there an impact on avoidable harm / incidents?	Reduction of harm/incidents possible	+ 1		There is a dedicated SAS suite.
	Q2	Is there an Impact on Health Care Associated Infection (HCAI)?	Reduction of HCAI possible	+ 1		Better compliance with ICP guidance and improved facilities.
	Q3	Will there be an impact on the number of safeguarding incidents?	Reduction of safeguarding incidents possible	+ 1		Separate child waiting area, better facilities for vulnerable patients & additional space for services.
	Q4	Does the Business Decision impact on ability to follow current guidance from professional bodies?	Increase in ability to follow current guidance from professional bodies possible.	+ 1		See points above.
Patient Experience	Q5	Is there an impact on patient experience (complaints / PALS)?	Improved patient experience likely (decrease in complaints)	+ 2		Gathered/ based on consultation responses.
	Q6	Is there an impact on patient and staff consent and confidentiality?	Improvements in consent and confidentiality likely	+ 2		Has better designed facilities and more space.
	Q7	Is there an impact on informed choice and involvement in care planning?	Increase in choice and involvement possible	+ 1		Has opportunity for other services co-located including ARRS roles.
	Q8	Is there an impact on personalised care?	Increase in personalised care and involvement possible	+ 1		As above.
	Q9	Is there an impact on quality of the environment for patients?	Improved quality of patient environment expected	+ 3		Areas have been designed with patient experience in mind.
	Q10	Has there been involvement of patients / carers in Business Decision development?	There has been some patient / carer involvement	+ 2		A full consultation was undertaken however, responses have been low despite a range of additional strategies employed to obtain feedback.
	Q11	Have lessons learned from patient experience been used to develop scheme?	Lessons learned from patient experience have been fully utilised	+ 3		Informed development of the scheme.
Clinical Effectiveness	Q12	Has evidence based practice been utilised?	Project fully developed using EBP	+ 3		We have used a Health Care Planner and is in line with the Estates Healthcare Developmnet.
	Q13	Does the Business Decision have clinical leadership / engagement?	Clinical leader / engagement in place	+ 3		At practice, PCN level anf ICB level.
	Q14	How does the Business Decision reduce variations / improve consistency in care?	Reduction in variation / improvement in consistency possible	+ 1		Provides facilities for practices and network workforce and encourages shared working arrangements.
	Q15	Will quality metrics that measure outcomes be used to measure success?	Quality metrics in development that will identify success	+ 1		Scheme will be fully evaluated to demonstrate VfM and patient benefit.
	Q16	Does the Business Decision impact on ability to follow current NICE guidance?	None available	+ 0		
	Q17	How will the Business Decision impact upon re-admission to inpatient facilities?	Not applicable/no impact	+ 0		
Productivity & Sustainability	Q18	Does the Business Decision help to eliminate inefficiency and waste?	Improved efficiency / reduction in waste expected	+ 3		Improved environment sustainability and more efficient space.
	Q19	Does the Business Decision support sustainable development e.g. low-carbon pathways, efficient energy use, reduced waste?	Favourable environmental impact expected	+ 3		
	Q20	Will the Business Decision help to improve organisational performance?	Improvement in provider performance is expected	+ 3		
	Q21	Will the Business Decision improve care pathways?	Improvement in care pathways expected	+ 3		
	Q22	Will the Business Decision promote people to stay well?	Promotion of wellness likely	+ 2		Additional wrap around care.

Prevention	Q23	Will the Business Decision promote self care for long term conditions?	Promotion of self care for LTC likely	+ 2		
	Q24	Will the Business Decision help reduce health inequalities?	Reduced health inequalities expected	+ 3		Targeted investment in areas of inequality.
	Q25	Will the Business Decision prevent inappropriate hospital admissions or A&E attendance/ use of emergency services?	Decrease in inappropriate hospital admissions or A&E attendance/ use of emergency services possible	+ 1		Opportunity for better access to PC services.
	Q26	Will the Business Decision prevent people dying prematurely?	Reduction in people dying prematurely likely	+ 2		
Operational Impact	Q27	Will staff have relevant capability, knowledge and skills?	Not applicable	+ 0		
	Q28	Will this Business Decision impact upon the level of violence & aggression experienced by patients, service users and staff?	Reduced level of violence and aggression expected	+ 3		
	Q29	Could there be impact on service reputation / media coverage	Positive impact on service reputation / media coverage possible	+ 1		
	Q30	Does the Business Decision affect effective support in the community?	Improved effective support in the community expected	+ 3		
	Q31	Does the Business Decision impact on waiting times?	Improved waiting times possible	+ 1		
	Q32	Will the Business Decision impact on current Clinician availability?	Increase in current Clinician availability possible (more time)	+ 1		
	Q33	Are staff engaged in the scheme?	All staff are engaged	+ 3		
	Q34	Any impact on staff (e.g.Staff experience, Staff wellbeing, terms and conditions, base change, role change etc.)?	Positive impact expected	+ 2		Staff are positive about the proposed change due to improvement in workplace environment.
	Q35	Any impact on any other services or stakeholders. If yes, this QEIA should be escalated to the JUCD QEIA panel.	No impact	+ 0		
Data Security	Q36	Will this Business Decision change the way data is used in the organisation.	No impact	+ 0		
	Q37	Could the Business Decision pose a risk to the confidentiality, integrity or availability of data?	No impact	+ 0		
COVID 19	Q38	Is the proposed business decision a result of new ways of working developed in response to the COVID-19 pandemic	NO	+ 0		
RISK	Q39	Does this business decision reduce a recognised risk as contained on the Provider risk register?	NO	+ 0		

There are still 19 rationales you have not answered

RISK LEVEL

NO Risk

No negative scores for any of the criteria

No further action required

The Equality Duty has three aims. It requires public bodies to have due regard to the need to:
- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- foster good relations between people who share a protected characteristic and people who do not share it.

NHS
South Yorkshire
Integrated Care Board

Having due regard means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how services are commissioned and procured.

When completing this assessment:

- Be proportionate to your work, i.e. the more significant the change, the more rigorous you will need to be.
- Be honest in the actions you state that you will undertake to address any negative issues.
- Use intelligent information for your analysis that helps you to understand who your service users/patients are and how they will be affected by the change.
- Work in collaboration with others.

This EHIA is a two stage process. There are occasions where there is no impact on people accessing the service in which case a stage 2 is not needed. For anything with a negative impact then stage 2 needs to be completed.

	Protected Groups	Impact	Score	Rationale (completed for all protected characteristics)
Q1	**Sex** - In the Equality Act, sex can mean either male or female, or a group of people like men or boys, or women or girls	**No impact on inequality**	0	No significant differences in impacts for men and women were identified, although larger rooms for gynaecological examinations was raised as improving the experience for women.
Q2	**Race/Ethnic group** - Under the Equality Act 2010, the Protected Characteristic of Race means: A person's skin colour, nationality, ethnic or national origin	**Reduction of inequality expected**	3	The potential ability to locate additional services for interpretation and local community organisations that support asylum seekers would benefit
Q3	**Disability/Long term condition** - In the Equality Act a disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities	**Reduction of inequality expected**	3	Respondents to the consultation stated that the proposed location, and a more accessible building would be beneficial for those with a disability. Some concerns were raised with regard to making the change manageable for those with mental health conditions, neurodiversity, and learning disabilities.
Q4	**Sexual orientation** - This is in relation to who a person is, or in the case of asexual is not, attracted to	**No impact on inequality**	0	No impacts were identified for this group.

Q5	**Gender reassignment** - When a person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex	**No impact on inequality**	0	No impacts were identified for this group.
Q6	**Age** - Individuals are protected from discrimination on the basis of their age and/or because they are part of an age group - this can be specific (e.g. people in their mid-30s) or broader (e.g. people under 50)	**No impact on inequality**	0	No impacts were identified for this group.
Q7	**Faith or belief** - This is when someone is treated differently because of their religion or belief, or lack of religion or belief	**No impact on inequality**	0	No impacts were identified for this group.
Q8	**Maternity or pregnancy** - This is when someone is treated unfairly because they are pregnant, breastfeeding or because they have recently given birth	**Reduction of inequality expected**	3	The hosting of additional services to support maternity due to flexible rooms will be a benefit. The inclusion of a children's waiting area, changing facilities, and private rooms will improve the experience for individuals with children.
Q9	**Marriage or civil partnership** - This means someone who is legally married or in a civil partnership. Marriage and civil partnership can either be between a man and a woman, or between partners of the same sex. People do not have this characteristic if they are: single	**No impact on inequality**	0	No impacts were identified for this group.
Q10	**Geographically isolated** - rural communities or other geographical barriers	**No impact on inequality**	0	The proposed location is centrally based within Sheffield City Centre, 300 meters from the current site.
Q11	**Carers**	**Reduction of inequality possible**	1	The potential ability to include additional services within the proposed new site could benefit those who require support for wider determinants of health.
Q12	**Looked after children**	**No impact on inequality**	0	No impacts were identified for this group.
Q13	**Digitally excluded** - those unable to access digital services	**Reduction of inequality possible**	1	The potential ability to include additional services within the proposed new site could benefit those who require support for wider determinants of health.

Q14	**Socio-economically deprived** - those with low incomes, low education, unemployed or unstable employment, or unstable housing situations	**Reduction of inequality likely**	2	The potential ability to include additional services within the proposed new site will benefit those who require support for wider determinants of health.
Q15	**Inclusion health groups** - Including Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders/former offenders, and sex workers	**Reduction of inequality expected**	3	The potential ability to include additional services within the proposed new site will benefit those who require support for wider determinants of health.
All questions completed Thanks				

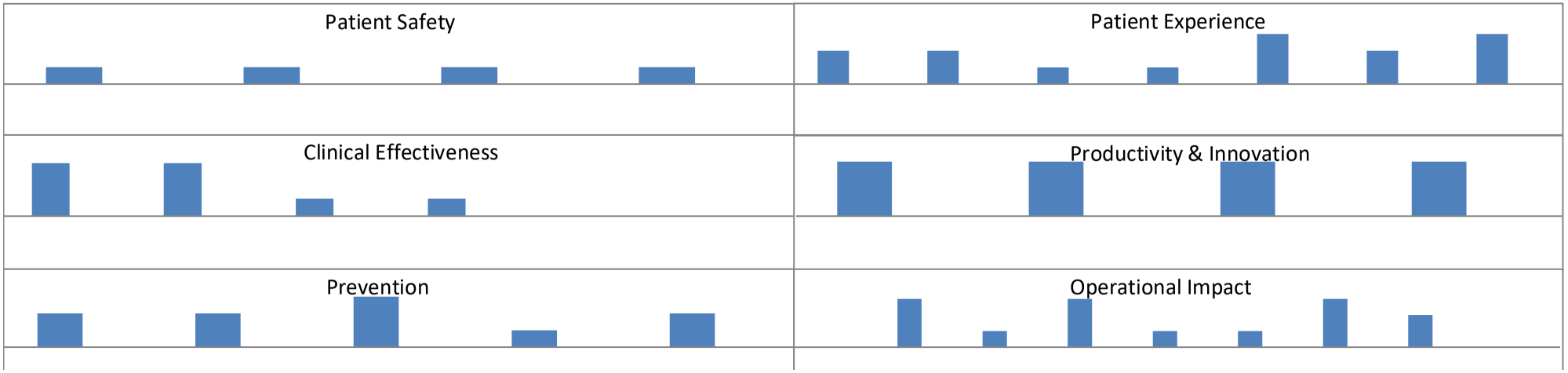
IMPACT LEVEL
NO negative impacts *No negative scores for any of the criteria* *No further action required*
Please summarise your next steps:
QEIA Recommendations (If negative impacts cannot be mitigated the project must be escalated to Governance Committee)
1 the EIA demonstrates that the proposal is robust. The evidence shows no potential for discrimination and opportunities to promote equality have been taken.
2 Adjust the project/proposal/plan to remove barriers or to better promote equality. This might mean introducing measures to mitigate the potential effect.
3 Continue the proposal, project or policy – adopting the proposal, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully
4 Stop and remove the proposal, project or policy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the proposal, project or policy altogether. If a proposal, project or policy shows a potential for unlawful discrimination, it must be removed or changed to remove such discrimination.
Please note:
An EIA is a live document that should be reviewed and developed at intervals throughout the life of the project and beyond.
Version 1 - when it is agreed a change needs to happen this EIA outlines the potential impact of moving from the status quo. Provides information to inform discussion and debate. Identifies gaps in knowledge and understanding to inform the comms and involvement plan.
Version 2 - continues from version 1, and takes place after discussion and debate about solution exploration to help agree options. Need to update potential impacts and mitigating actions based on this further discussion and debate. Takes into account insight from any planned involvement.
Version 3 - updated prior to any public involvement process and outlines an accumulation of what has been learned and considered and what the actual, likely and potential impacts might be on each characteristic, for each option proposed, to allow these to be discussed, debated and considered.
Version 4 - should include everything that has been learned, all the impacts that should be considered alongside mitigating actions putting decision makers in a position where they can make an informed decision and display due regard.
Version 5 - this should be completed after the decision has been made to reflect the decision made, how it was made (considered) and detail and explain any mitigations for negative impacts.

NHS
South Yorkshire
Integrated Care Board

PLEASE NOTE: Panel are unable to consider incomplete QEHSIAs

Summary - Stage 1 Assessment

	Questions Answered	*Questions NOT*	Positive Scores	Neutral Scores	Negative Scores
Patient Safety	4	*0*	4	0	0
Patient Experience	7	*0*	7	0	0
Clinical Effectiveness	6	*0*	4	2	0
Productivity & Innovation	4	*0*	4	0	0
Prevention	5	*0*	5	0	0
Operational Impact	9	*0*	7	2	0
Data Security	2	*0*	0	2	0
COVID 19	1	*0*	0	1	0
Risk	1	*0*	0	1	0
Equality / Inequalities	15	*0*	7	8	0
WHOLE PROJECT	39	0	31	8	0



QIA RISK LEVEL

NO Risk

No negative scores for any of the criteria

No further action required

Who will own this risk? (e.g. Organisation. Committee, Individual)

POST MITIGATION (MODERATED) RISK LEVEL

NO Risk

JUSTIFICATION FOR MODERATED RISK LEVEL

EQUALITIES AND HEALTH INEQUALITIES IMPACTS

NO negative impacts

No negative scores for any of the criteria

No further action required

POST MITIGATION (MODERATED) IMPACT LEVEL

NO negative impacts

JUSTIFICATION FOR MODERATED IMPACT LEVEL

REVIEWS

Planned Review Date

Actual Review Date

1. Have the anticipated quality impacts been realised?

2. Have there been any unanticipated negative quality impacts?

Comments:

Quality Impact Assessment

Stage 2 Assessment

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Integrated Care Board

		Question	Answer	Score	Stage 2 required?	What are the issues?	How will they be mitigated?	When can this be completed by?	Who will own it?
Patient Safety	Q1	Is there an impact on avoidable harm / incidents?	Reduction of harm/incidents possible	+ 1	NO				
	Q2	Is there an Impact on Health Care Associated Infection (HCAI)?	Reduction of HCAI possible	+ 1	NO				
	Q3	How will the reporting of safeguarding incidents be affected?	Reduction of safeguarding incidents possible	+ 1	NO				
	Q4	Does the Business Decision impact on ability to follow current guidance from professional bodies?	Increase in ability to follow current guidance from professional bodies possible.	+ 1	NO				
Patient Experience	Q5	Is there an impact on patient experience (complaints / PALS)?	Improved patient experience likely (decrease in complaints)	+ 2	NO				
	Q6	Is there an impact on consent and confidentiality?	Improvements in consent and confidentiality likely	+ 2	NO				
	Q7	Is there an impact on informed choice and involvement in care planning?	Increase in choice and involvement possible	+ 1	NO				
	Q8	Is there an impact on personalised care?	Increase in personalised care and involvement possible	+ 1	NO				
	Q9	Is there an impact on quality of the environment for patients?	Improved quality of patient environment expected	+ 3	NO				
	Q10	Has there been involvement of patients / carers in project development?	There has been some patient / carer involvement	+ 2	NO				
	Q11	Have lessons learned from patient experience been used to develop scheme?	Lessons learned from patient experience have been fully utilised	+ 3	NO				
Clinical Effectiveness	Q12	Has evidence based practice been utilised?	Project fully developed using EBP	+ 3	NO				
	Q13	Does the project have clinical leadership / engagement?	Clinical leader / engagement in place	+ 3	NO				
	Q14	How does the project reduce variations / improve consistency in care?	Reduction in variation / improvement in consistency possible	+ 1	NO				
	Q15	Will quality metrics that measure outcomes be used to measure success?	Quality metrics in development that will identify success	+ 1	NO				
	Q16	Does the Business Decision impact on ability to follow current NICE guidance?	None available	+ 0	NO				
	Q17	How will the project impact on re-admission?	Not applicable/no impact	+ 0	NO				
Productivity & Innovation	Q18	Does the project help to eliminate inefficiency and waste?	Improved efficiency / reduction in waste expected	+ 3	NO				
	Q19	Does the project support sustainable development e.g. low-carbon pathways, efficient energy use, reduced waste?	Favourable environmental impact expected	+ 3	NO				
	Q20	Will the project help to improve provider performance?	Improvement in provider performance is expected	+ 3	NO				
	Q21	Will the project improve care pathways?	Improvement in care pathways expected	+ 3	NO				
Prevention	Q22	Will the project promote people to stay well?	Promotion of wellness likely	+ 2	NO				
	Q23	Will the project promote self care for long term conditions?	Promotion of self care for LTC likely	+ 2	NO				
	Q24	Will the project help reduce health inequalities?	Reduced health inequalities expected	+ 3	NO				
	Q25	Will the Business Decision prevent inappropriate hospital admissions or A&E attendance/ use of emergency services?	Decrease in inappropriate hospital admissions or A&E attendance/ use of emergency services possible	+ 1	NO				
	Q26	Will the project prevent people dying prematurely?	Reduction in people dying prematurely likely	+ 2	NO				

Operational Impact	Q27	Will staff have relevant capability, knowledge and skills?	Not applicable	+ 0	NO					
	Q28	Will this project impact upon the level of violence & aggression experienced by patients, service users and staff?	Reduced level of violence and aggression expected	+ 3	NO					
	Q29	Could there be impact on service reputation / media coverage	Positive impact on service reputation / media coverage possible	+ 1	NO					
	Q30	Does the project affect effective support in the community?	Improved effective support in the community expected	+ 3	NO					
	Q31	Does the project impact on waiting times?	Improved waiting times possible	+ 1	NO					
	Q32	Will the Business Decision impact on current Clinician availability?	Increase in current Clinician availability possible (more time)	+ 1	NO					
	Q33	Are staff engaged in the scheme?	All staff are engaged	+ 3	NO					
	Q34	Any impact on staff (e.g.Staff experience, Staff wellbeing, terms and conditions, base change, role change etc.)?	Positive impact expected	+ 2	NO					
	Q35	Any impact on any other services or stakeholders. If yes, this QEIA should be escalated to the JUCD QEIA panel.	No impact	+ 0	NO					

	Protected groups	Impact- carried across from stage 1	Score- carried across from stage 1	Rationale. Must include Impact Source - How have you assessed the impact or potential impact? Is it from research, or other evidence? Data on user trends? Has a member of the public or a stakeholder made you aware?	What are the issues? Must include if there been any specific engagement with this group. If no engagement, will this need to be done?	How will they be mitigated? Must include information about if the mitigations need to be discussed, debated and considered. If this is the case, please indicate how this will happen. Include evidence of how this will solve the issue	When can this be completed by?
Q1	**Sex/Gender-** In the Equality Act, sex can mean either male or female, or a group of people like men or boys, or women or girls.	**No impact on inequality**	**0**				
Q2	**Race/Ethnic group-** Under the Equality Act 2010, the Protected Characteristic of Race means: A person's skin colour, nationality, ethnic or national origin.	**Reduction of inequality expected**	**3**				
Q3	**Disability/Long term condition-** In the Equality Act a disability means a physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.	**Reduction of inequality expected**	**3**				
Q4	**Sexual orientation-** This is in relation of who you a person is or in the case of asexual us not attracted to.	**No impact on inequality**	**0**				
Q5	**Gender reassignment-** When a person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.	**No impact on inequality**	**0**				
Q6	**Age-** Individuals are protected from discrimination on the basis of their age and/or because they are part of an age group - this can be specific (e.g. people in their mid-30s) or broader (e.g. people under 50).	**No impact on inequality**	**0**				
Q7	**Faith or belief-** This is when someone is treated differently because of their religion or belief, or lack of religion or belief.	**No impact on inequality**	**0**				
Q8	**Maternity or pregnancy-** This is when someone is treated unfairly because they are pregnant, breastfeeding or because they have recently given birth.	**Reduction of inequality expected**	**3**				

Q9	**Marriage or civil partnership-** This means someone who is legally married or in a civil partnership. Marriage and civil partnership can either be between a man and a woman, or between partners of the same sex. People do not have this characteristic if they are: single.	**No impact on inequality**	**0**				
Q10	**Geographically isolated** - rural communities or other geographical barriers	**No impact on inequality**	**0**				
Q11	**Carers**	**Reduction of inequality possible**	**1**				
Q12	**Looked after children**	**No impact on inequality**	**0**				
Q13	**Digitally excluded** - those unable to access digital services	**Reduction of inequality possible**	**1**				
Q14	**Socio-economically deprived** - those with low incomes, low education, unemployed or unstable employment, or unstable housing situations	**Reduction of inequality likely**	**2**				
Q15	**Inclusion health groups** - Including Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders/former offenders, and sex workers	**Reduction of inequality expected**	**3**				

Recommendation (in chronological order (first to last))	Date of Recommendation	BLANK
IA Review Group recommendation (*to be completed by RG*):		
IA Review Group recommendation (to be completed by RG):		
IA Review Group recommendation (to be completed by RG):		
IA Review Group recommendation (to be completed by RG):		
IA Review Group recommendation (to be completed by RG):		

IA Review Group Comments (***to be completed by RG***)

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