
Healthcare in New Developments

Committee considering report:	Executive
Date of Committee:	3 July 2025
Portfolio Member:	Councillor Denise Gaines
Report Author:	Laura Callan
Forward Plan Ref:	EX4687

1 Purpose of the Report

- 1.1 The purpose of this report is to provide a response to the recommendations made in the report from the Health Scrutiny Committee Task and Finish Group Healthcare in New Developments, which was presented to Members at the Health Scrutiny Committee on 12 June 2024.
- 1.2 The Task Group was set up to look at healthcare provision in new development, addressing the working relationships and planning processes that impacted on healthcare in new developments and to consider the work that had taken place by public health on the healthy planning protocol and health impact assessments. This task group was identified as part of the Health in All Policies Approach agreed by Council in 2021 which is an approach that systematically and explicitly takes into account the health implications of decisions, targets the key social determinants of health, looks for synergies between health and other core objectives and our work with partners and seeks to avoid causing harm with the aim of improving the health of the population and reducing inequity.

2 Recommendations

- 2.1 To support the implementation of the Task and Finish Group's recommendations summarised below and the associated actions set out in **Appendix B**
- 2.2 1a) The Development Manager, Planning Policy Manager, Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to meet regularly to review their engagement on applications and that responses are timely and evidenced. To seek out and together review best practice regularly and make improvements in their ways of working. To hold each other to account and communicate effectively. To work closely on negotiations and to think broadly about the needs of the community and involve other stakeholders.
- 2.3 1b) The West Berkshire Council Planning Team to work with GP practices directly to understand their needs and requirements for new developments.
- 2.4 1c) The ICB to review how they work with GPs regarding the primary care needs of new developments and to consider any improvements that could be made.

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- 2.5 2a) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to consider how they can input into the CIL charging structure when it is next reviewed. To be prepared through seeking best practice elsewhere to provide evidence requested and to be clear how much is needed for new developments.
- 2.6 2b) The Planning Policy Manager to consider a review of the CIL spending strategy.
- 2.7 2c) The Council, in collaboration with key stakeholders, to consider the opportunity of health hubs or multipurpose community facilities. This could be owned by the local authority and leased to the ICB or GP's, or created by developers in the first phase of development and sold to GP practices for a nominal fee. To consider best practice, the local approach and new ways of delivering provisions. The NHS requirements to be built into the Council's wider thinking around multipurpose hubs.
- 2.8 2d) The ICB to continue work on workforce planning and staffing to support any infrastructure and to work closely with the local authority. The Berkshire West Place Director to keep the Health Scrutiny Committee updated.
- 2.9 3a) The Senior Programme Officer for the Wider Determinants of Health to request a peer review of the Healthy Planning Protocol from relevant colleagues at the Department for Health and Social Care (DHSC) that specialise in healthy place shaping and the planning process. Consider implementing any changes and recommendations that arise through the review.
- 2.10 3b) Further collaboration by Senior Programme Officer for the Wider Determinants of Health, the Development Manager and Planning Policy Manager with developers to finalise guidance and supporting documents with developers. To consider how to guide developers when consulting with the public for HIAs
- 2.11 3c) The Health Scrutiny Committee to endorse the Healthy Planning Protocol, including Health Impact Assessments and any associated Service Level Agreements, to Heads of Service and Corporate Board.
- 2.12 4a) The Health Scrutiny Committee to endorse an application to Corporate Board/Financial Review Panel to approve a new Officer post for implementing the HPP
- 2.13 4b) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to work with the Senior Programme Officer for the Wider Determinants of Health to ensure the HPP is suitable for the ICB and staffed accordingly. The ICB to ensure there is suitable resource to implement this effectively in collaboration with stakeholders.
- 2.14 4c) The Planning Policy Manager and Development Manager to review if Planning have adequate resources needed to implement HIAs, improve collaboration and deliver the appropriate training. National guidance is available which can begin to strengthen the approach whilst the HPP is in development.
- 2.15 4d) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning Policy Manager to consider how best to engage with developers, for example via the developers' forum, to encourage them to use healthy design, provide

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health features in developments, and remind them that such actions help to fulfil their own companies' ESG commitments.

- 2.16 4e) Public Health to deliver a public health prevention approach workshop for all elected Members, including public health data skills (the West Berkshire Observatory and Public Health Outcomes Framework data) and the HPP.
- 2.17 4f) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning Policy Manager to consider further training on healthy places in planning for all Members.
- 2.18 5a) The Council to explore 'design guides' or frameworks to supplement the HPP and supporting documents for prospective developers. These to be shaped around public health and council priorities.
- 2.19 5b) The Council to consider community engagement and engagement with town and parish councils and West Berkshire Council Members for continuity and accountability in design and in keeping the communities sustainable.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	There will be financial implications arising from the requirement to align resources to implement the recommendations. Public Health Reserves Funding is available to support necessary additional resources. Should the council implement a new CIL spending strategy, this will not impact upon the amount of CIL collected, but will have implications regarding how the funds can be allocated. It will be necessary to ensure any change does not impact unacceptably on existing spending commitments.
Human Resource:	Any required dedicated resource will be sourced appropriately having regard to Human Resourcing policy. There is Public Health Reserves Funding available to support necessary additional resources
Legal:	No significant legal considerations anticipated. Where proposals necessitate legal advice, this will be sought.
Risk Management:	Should appropriate resources not be available to implement the recommendations, there are risks that further development and implementation of the proposals may take longer than expected or not materialise. It will be necessary to prioritise

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	actions according to resources available and to regularly review projects and proposals.			
Property:	No direct impacts.			
Policy:	The proposal is supported by the National Planning Policy Framework, National Planning Practice Guidance Local Plan Policy.			
	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			The core purpose of enhancing the councils approach to health in new development is to reduce health inequality.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			Positively addressing health inequalities has the potential to lead to positive outcomes for people with protected characteristics.
Environmental Impact:	x			It is anticipated that implementation will lead to positive environmental impacts.
Health Impact:	x			It is anticipated that implementation will lead to positive health impacts.
ICT Impact:		x		Neutral
Digital Services Impact:		x		Neutral

Council Strategy Priorities:	x			The proposals support delivery of the Council Strategy related to 'A prosperous and Resilient West Berkshire' and 'Thriving Communities with a strong local voice'
Core Business:	x			Support core business activities within planning and public health
Data Impact:		x		There are no data impacts associated with this report.
Consultation and Engagement:	<p>The task group included BOB ICB, public health and planning colleagues.</p> <p>Consultation has taken place with the Community Services Team – who are generally supportive of exploring opportunities to link with the Community Hub Model.</p> <p>Finance – CIL funds have already been committed to the capital programme for the next 10 years and as of March 2025, £11m of CIL is held, with £55m capital expenditure works shown as funded via CIL. Any change to the CIL spending strategy will need to take into account the existing spending programme.</p>			

4 Executive Summary

- 4.1 This report responds to the recommendations made by the Health Scrutiny Committee's Task and Finish Group on improving healthcare provision in new developments across West Berkshire. The recommendations aim to enhance collaboration between planning and health services, ensure sustainable healthcare infrastructure, and promote health-conscious urban design.

Purpose

- 4.2 To seek Executive support for implementing the Task and Finish Group's five key recommendations, which focus on integrating health considerations into the planning processes, in summary:
1. For planning, public health and ICB to collaborate
 2. To explore opportunities for funding primary healthcare
 3. To complete the healthy planning protocol
 4. To implement the healthy planning protocol

5. To explore design guides and community engagement

Key Recommendations & Progress

Improved Collaboration Between Planning and Health

- 4.3 Planning and Public Health have set up a working group to further develop the Councils approach to health in new development.
- 4.4 Regular meetings between Planning and Berkshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) are underway.
- 4.5 A review of how planning can engage with GP practices is proposed.

Funding and Delivery of Primary Care

- 4.6 Proposals include revising the Community Infrastructure Levy (CIL) spending strategy and exploring the possibilities for integration of health provision into community hubs, aligning with the Councils community outreach hub model 'Lets Talk West Berkshire'.

Healthy Planning Protocol (HPP)

- 4.7 Planning policy in the newly adopted Local Plan Review will require Health Impact Assessments (HIAs) to accompany major planning applications.
- 4.8 The Healthy Planning Protocol (HPP) provides further guidance on how to address health in new development. Development of the HPP is ongoing through the Planning and Public Health working group and peer review and collaboration with developers is planned.
- 4.9 Resource planning and a training and awareness programme for stakeholders is in progress.
- 4.10 Public health workshops and member training are being developed as part of the Health in All Policies (HiAP) programme.

Wider Approach to Healthy Places

- 4.11 Through the Planning and Public Health working group, utilisation of existing design guide and best practice resources will be promoted across the planning service through Planning Applications and Policies. New design guides are not planned to be developed immediately due to the existing availability of guidance and whilst forthcoming changes to the planning system are still in progress, but work programmes will be reviewed and further consideration given as necessary.

Conclusion

- 4.12 The report outlines a collaborative, phased approach to embedding health into planning and development. The Executive is asked to endorse the recommendations and support ongoing and future actions.

5 Supporting Information

Introduction

- 5.1 This report outlines the recommendations of the Health Scrutiny task and finish group which have been further explored and developed by the relevant services and in some instances implementation has commenced. The purpose of this report is therefore to seek support for implementation of the recommendations arising from the Health Scrutiny Task and Finish group.

Background

- 5.2 The Health Scrutiny Task and Finish Group was established to review the council's approach to healthcare in new developments. One of the key concerns of residents and stakeholders regarding proposed new development is ensuring adequate healthcare services are provided to serve the development and that places are designed and planning applications granted where they promote good health and prevent ill health. There is a need to ensure that healthcare commissioners are adequately consulted on requirements for primary care services to serve new development and that developers engage with health commissioners and planners.
- 5.3 There is also opportunity to ensure that new developments are designed to promote health and wellbeing and therefore prevent future demand on primary care services. The scope of the Task Group review was broken down into three key areas:
- (a) Part 1: Assessment of health needs in new developments
 - (b) Part 2: Health in Planning Policy and Planning Consultations
 - (c) Part 3: Funding and delivery of primary care and public health care services in new developments.
- 5.4 Following the review by the Task Group, five recommendations were put forward to Health Scrutiny Committee at their meeting of 11 June 2024 and it was agreed that these recommendations should be referred to the Executive and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) for consideration. The Task and Finish Group Final Report is linked as a background paper below and provides further information.
- 5.5 Since the recommendations were considered by the Health Scrutiny Committee the Planning and Public Health Teams have been further exploring the recommendations to establish the feasibility of the associated actions and to ensure that there would be an appropriate policy basis, particularly those connected with the Local Plan Review Policies. Now that the Inspector has concluded the examination and it is clear which policies are considered sound and capable of adoption, the recommendations of the Task Group are now put to the Executive for consideration and endorsement.

Proposals

- 5.6 The Task and Finish Group put forward five recommendations for consideration by the Executive and BOB ICB all of which were supported by the Health Scrutiny Committee. A response to the recommendations from Planning, Public Health and BOB ICB is set out in summary below and is also contained within **Appendix B** where it has been confirmed Agree/Not Agree/Agree in part with further explanation.
- 5.7 **Recommendation 1: Planning and Health to continue to improve collaboration on planning consultations and in developing flexible ways of working well together.**
- a) The Development Manager, Planning Policy Manager, Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to meet regularly to review their engagement on applications and that responses are timely and evidenced. To seek out and together review best practice regularly and make improvements in their ways of working. To hold each other to account and communicate effectively. To work closely on negotiations and to think broadly about the needs of the community and involve other stakeholders. **Response from ICB and Planning - Agreed and Actioned.**
 - b) The West Berkshire Council Planning Team to work with GP practices directly to understand their needs and requirements for new developments. **Response from ICB - Not Agreed - as it is the role of the ICB to understand GP needs and communicate this to West Berkshire. Planning colleagues to explore how best to engage with GP's across the district in terms of engaging with the planning process.**
 - c) ICB to review how they work with GPs regarding the primary care needs of new developments and to consider any improvements that could be made. **Response from ICB - Agree in part (see appendix B for further details)**
- 5.8 **Recommendation 2: New opportunities in funding and delivery of primary care in the community.**
- a) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to consider how they can input into the CIL charging structure when it is next reviewed. To be prepared through seeking best practice elsewhere to provide evidence requested and to be clear how much is needed for new developments. **Response from ICB – Agreed - not yet actioned.**
 - b) The Planning Policy Manager to form a working group to review the CIL spending strategy. **Response from Planning - to be explored - not yet actioned.**
 - c) The Council, in collaboration with key stakeholders, to consider the opportunity of health hubs or multipurpose community facilities. This could be owned by the local authority and leased to the ICB or GPs, or created by developers in the first phase of development and sold to GP practices for a nominal fee. To consider best practice, the local approach and new ways of delivering provisions. The NHS requirements to be built into the Council's wider thinking around multipurpose hubs. **Response from Planning - Agree in part.** The Council has launched its new community outreach hub model – Let's Talk West Berkshire which proposes

that residents will be able to access trusted, high-quality information and advice in existing venues such as leisure centres, libraries, village halls and community group settings. Where possible and relevant, incorporating health provision into these community hubs will be explored. If any need and opportunity for new-build hubs are identified, these would be considered on their individual planning merits and advice provided accordingly on a site by site basis taking into account the aspirations to achieve multi-purpose community facilities that include health provision.

- d) The ICB to continue work on workforce planning and staffing to support any infrastructure and to work closely with the local authority. The Berkshire West Place Director to keep the Health Scrutiny Committee updated. **Response from ICB - Not Agreed – however liaison will continue between Planning and ICB on primary care matters.**

5.9 Recommendation 3: The Healthy Planning Protocol.

- a) The Senior Programme Officer for the Wider Determinants of Health to request a peer review of the Healthy Planning Protocol from relevant colleagues at the Department for Health and Social Care (DHSC) that specialise in healthy place shaping and the planning process. Consider implementing any changes and recommendations that arise through the review. **Response from Planning - the Healthy Planning Protocol is still under development. It is not considered necessary for a formal peer review to be undertaken at this stage. Other review mechanisms are being explored including implementation advice and sharing of best practice from other councils.**
- b) Further collaboration by Senior Programme Officer for the Wider Determinants of Health, the Development Manager and Planning Policy Manager with developers to finalise guidance and supporting documents with developers. To consider how to guide developers when consulting with the public for HIAs. **Response from Planning – Agreed and this action is in progress.**
- c) The Health Scrutiny Committee to endorse the Healthy Planning Protocol, including Health Impact Assessments and any associated Service Level Agreements, to Heads of Service and Corporate Board. Action in progress. **Response from Planning – Agreed. Health Impact Assessments are a policy requirement of the local plan review and will accompany relevant planning applications. Planning and public health are continuing to develop the protocol and guidance documents to assess HIA's.**

5.10 Recommendation 4: Implementation of the Healthy Planning Protocol.

- a) The Health Scrutiny Committee to endorse an application to Corporate Board/Financial Review Panel to approve a new Officer Post for implementing the HPP. **In Action. Resource requirements and funding arrangements are under consideration.**
- b) The Senior Primary Care Estate Manager and Senior Programme Manager (Primary Care Estates) to work with the Senior Programme Officer for the Wider Determinants of Health to ensure the HPP is suitable for the ICB and staffed accordingly. The ICB

to ensure there is suitable resource to implement this effectively in collaboration with stakeholders. **ICB to discuss further with Public Health to understand the options available.**

- c) The Planning Policy Manager and Development Manager to review if Planning have adequate resources needed to implement HIAs, improve collaboration and deliver the appropriate training. National guidance is available which can begin to strengthen the approach whilst the HPP is in development. **Funding is available through the public health reserves for additional resource to support this.**
- d) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning Policy Manager to consider how best to engage with developers, for example via the developers' forum, to encourage them to use healthy design, provide health features in developments, and remind them that such actions help to fulfil their own companies' ESG commitments. **Response from Planning – Agreed and to be actioned post consideration of adoption of the Local Plan.**
- e) Public Health to deliver a public health prevention approach workshop for all elected Members, including public health data skills (the West Berkshire Observatory and Public Health Outcomes Framework data) and the HPP. **Response from Public Health – Agreed.**
- f) The Senior Programme Officer for the Wider Determinants of Health, Development Manager and Planning Policy Manager to consider further training on healthy places in planning for all Members. **Response from Planning - Agreed and further consideration being given into incorporation into Member Training on the Local Plan policies post consideration of the adoption of the Local Plan or options to merge with 4(e).**

5.11 Recommendation 5: Wider approach to Healthy Places. The task group have heard evidence regarding the importance of creating a health-promoting legacy in new developments. In addition to the HPP, the below are recommended for further consideration:

- a) The Council to introduce 'design guides' or frameworks to supplement the HPP and supporting documents for prospective developers. These to be shaped around public health and council priorities. **Response from Planning - there is existing design guidance available which supports healthy places. There is no plan to develop a new design guide for WBC at present due to other essential priorities and resource pressures. However, when work programmes are reviewed, further consideration will be given to the need and opportunity for a revised local design guide should it be deemed necessary.**
- b) The Council to consider community engagement and engagement with town and parish councils and West Berkshire Council Members for continuity and accountability in design and in keeping the communities sustainable. **Response from Planning - Agreed. Planning Team will seek to achieve good community engagement on future planning policy and supplementary guidance following best practice in terms of design and healthy places. In particular, this will be a consideration in the development of a supplementary planning document for the proposed development of up to 2,500 homes at North East Thatcham.**

6 Other options considered

- 6.1 The Executive may choose not to approve some or all of the recommendations and where this occurs it will be necessary to give reasons.

7 Conclusion

- 7.1 The proposed actions and the response from the ICB, Public Health and Planning set out the progress made to date, the actions in development and future actions that may require further exploration. The recommendation is for the Executive to endorse the recommendations and associated actions.

8 Appendices

- 8.1 Appendix A – Equalities Impact Assessment
- 8.2 Appendix B – Response to Health Scrutiny Report Recommendations

Background Papers:

Health Scrutiny Commission [Agenda](#) and [Minutes](#) 12 June 2024

Subject to Call-In:

Yes: ☒ No: ☐

- | | |
|---|--------------------------|
| The item is due to be referred to Council for final approval | <input type="checkbox"/> |
| Delays in implementation could have serious financial implications for the Council | <input type="checkbox"/> |
| Delays in implementation could compromise the Council's position | <input type="checkbox"/> |
| Considered or reviewed by Scrutiny Commission or associated Committees, Task Groups within preceding six months | <input type="checkbox"/> |
| Item is Urgent Key Decision | <input type="checkbox"/> |
| Report is to note only | <input type="checkbox"/> |

Wards affected: All

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West Berkshire Council
Equity Impact Assessment

TEMPLATE

March 2023

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Section 1: Summary details

Directorate and Service Area	Place Planning Service and Public Health
What is being assessed (e.g. name of policy, procedure, project, service or proposed service change).	Approach to Health in New Developments
Is this a new or existing function or policy?	A new planning policy is proposed in the Local Plan which requires Health Impact Assessment for major development or those which have implications for health. The proposals are also linked to the Councils Health in All Policies strategic approach
Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).	<p>The purpose of the report is to endorse the following;</p> <ul style="list-style-type: none"> • For planning and public health to collaborate – positive impact • To explore opportunities for funding primary healthcare – positive impacts, full EQIA to be carried out on any specific proposals arising as they are developed • To complete the healthy planning protocol – positive impacts • To implement the healthy planning protocol – positive impacts • To explore design guides and community engagement – positive impacts - EQIA to be carried out should specific guides/policies arising from this work be developed <p>The intention is that all of the above will work towards reducing health inequality which would result in a positive impact.</p>
Completed By	Laura Callan
Authorised By	
Date of Assessment	02/06/2025

Section 2: Detail of proposal

Context / Background Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.	<p>The proposals are also linked to the Councils Health in All Policies strategic approach and the Local Plan Review Policies which have been through Examination in public and the Inspector has considered the plan would have a positive impact on people with protected characteristics.</p>
Proposals Explain the detail of the proposals, including why this has been decided as the best course of action.	<p>The purpose of the report is to endorse the following actions;</p> <ul style="list-style-type: none">• For planning and public health to collaborate – positive impact• To explore opportunities for funding primary healthcare – positive impacts, full EQIA to be carried out on any specific proposals arising as they are developed• To complete the healthy planning protocol – positive impacts• To implement the healthy planning protocol – positive impacts• To explore design guides and community engagement – positive impacts - EQIA to be carried out should specific guides/policies arising from this work be developed <p>The intention is that all of the above will work towards reducing health inequality which would result in a positive impact.</p>
Evidence / Intelligence List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact	<p>The Health Scrutiny Task Group recommendations were informed in collaboration with stakeholders such as GP's, BOB ICB, Members, planning and public health colleagues and used best practice in public health and planning to identify the necessary courses of action.</p> <p>The proposal is to develop actions that will inform the consideration of planning applications and improved outcomes for residents through new development.</p>

Equity Impact Assessment

on different individuals, communities or groups and our ability to deliver our climate commitments.	
Alternatives considered / rejected Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.	Do nothing. This would result in a neutral impact as it would retain the status quo, whereby health considerations remain a part of decision making but without a structured approach to implementation.

Section 3: Impact Assessment - Protected Characteristics

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Gender Reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Marriage & Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Pregnancy & Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Religion or Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		

Section 3: Impact Assessment - Additional Community Impacts

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Areas of deprivation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Displaced communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
Care experienced people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		
The Armed Forces Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A		

Section 4: Review

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

Review Date	N/A
Person Responsible for Review	N/A
Authorised By	N/A

EDI employee related EQiA's should now be sent to Human Resources hrenquiries@westberks.gov.uk