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Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2023

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Gambling Act 2005 Policy Statement 2025 to 2028

Name of the officer carrying out the screening
Mandy Beever, Transactional Management and Licensing Team Manager

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	✓	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		✓

If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations
<p>There have not been any significant changes to the revised policy. This should not be perceived as a negative; rather it demonstrates that the fundamental principles that were established in the 2016 – 2025 policies and continued within the 2025 – 2028 policy are sound and remain relevant.</p> <p>Across all nine national Protected Characteristic groupings as set out in the Equality Act 2010, based on feedback from the previous formal consultation, the impact is predicted to be ‘low positive’. The impact in reality is anticipated as being neutral – neither positive nor negative – with no anticipated need to take specific actions to mitigate or enhance the impact. From an intersectionality perspective, the assessment seeks to take into account children and young people who are looked after by Shropshire Council and the families of children in need, when considering the ‘Age’ grouping as well as adults with care and support needs, e.g. adults with learning disabilities and their carers, when considering the ‘Disability’ grouping.</p>

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The changes to the policy do not breach any individual or group's human rights; the policy sets out processes and procedures that aim to protect human rights, in particular those rights that relate to a right to a fair trial, no punishment without law and right to respect for private and family life. If the policy were not followed, there is a risk that human rights may be breached.

There will be ongoing efforts to engage with people in the Protected Characteristic groupings, particularly where low levels of responses to consultation have been received.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations

It is recognised nationally that there is a greater need to focus on understanding and mitigating gambling related harm more broadly, rather than focussing on problem gambling alone. In this respect, the revised policy statement emphasises the Council's focus on protecting children and young people, particularly in relation to child exploitation, and also young people and adults with care and support needs.

The Gambling Commission has emphasised the need to incorporate the work of Public Health colleagues to further support the greater need to identify areas of concern and focus on gambling related harm. An informal consultation has been undertaken with Shropshire Councils Public Health Team, including the Director of Public Health, their formal response will be incorporated into the draft Gambling Act 2005 Policy Statement 2025 to 2028 at the end of the consultation.

There are additional potential impacts around gambling, for society as a whole, in terms of antisocial behaviour and crime and disorder. The Council is accordingly setting out within the policy how the Council intends to proactively promote the three Gambling Act licensing objectives, namely:

- preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime;
- ensuring that gambling is conducted in a fair and open way; and
- protecting children and other vulnerable persons from being harmed

The Council's ten Organisational Principles will also impact on the approach taken to implement and deliver the revised policy over its three-year lifetime. The following four Principles are of particular relevance:

- Put Shropshire back in the community
- Make digital the preferred way to work and transact
- Focus on outcomes for customers

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- Make decisions based on current data and intelligence

Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations

The policy will be the subject of continuous evaluation and, if necessary, formally reviewed at any time. At the time of review all relevant stakeholders will again be consulted. Any gambling industry representative may request a review of the policy at any time. This is made clear in the policy itself. In addition, the Council's 'local area profile' will continue to develop over time and will be influenced by information and intelligence gathered from key partners and other stakeholders. This links into our strategic equality action to proactively collect equality data, as well as our organisation objective to make decisions based on current data and intelligence. As a result, the local area profile will be the subject of additional review and revision outside the wider policy review process.

There will be ongoing dialogue with all stakeholders and, in particular, with gambling industry representatives through direct contact with the Licensing Team. This will provide the opportunity for stakeholders to provide feedback on any matter. A dedicated telephone number and email address is and will continue to be generally publicised on the Council's website for all stakeholders, including members of the public, to provide feedback on the impact of the changes made to the policy. All feedback will be recorded either on the Idox system (or any subsequent replacement system) used to administer the licensing regime or in appropriate electronic files maintained by the Transactional Management and Licensing Team Manager. This approach is likely to advance equality of opportunity and foster good relations on an ongoing basis.

With respect to 'age' and 'disability' groups, in particular around the Council's safeguarding responsibilities, there will be ongoing dialogue with the Shropshire Safeguarding Children Board and the Keeping Adults Safe in Shropshire Board. In addition, dialogue with West Mercia Police and those service areas within the Council that have particular responsibilities for the care of children, young people and adults with care and support needs, i.e. currently Children Services and Adult Services, will occur as a result of the increasing role that officers from these services play in the licensing processes.

The ESHIA screening carried out in 2021/2022 has been updated only to clarify the groupings for whom there will be anticipated direct impacts, and with whom there will continue to be efforts made to ensure that impacts are kept under review, remain as follows: Age, in relation to children and young people; and Disability, in relation to vulnerable adults. From a good practice angle, we have also given consideration to impacts for those individuals and households whom we may describe as vulnerable, within an additional grouping we term 'social inclusion'. This includes armed forces service personnel and ex-armed forces

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personnel. It continues to be the case that, across all nine national Protected Characteristic groupings and this tenth grouping in Shropshire, based on feedback from the formal consultation, the impact is predicted to be 'low positive'. The impact in reality is anticipated as being neutral – neither positive nor negative – with no anticipated need to take specific actions to mitigate or enhance the impact.

Ongoing consideration will be given to the definition of 'vulnerable', as it relates specifically to gambling, through working with the Council's Feedback and Insight Team and taking account of the outcomes of the Local Government Association supported research, being led by Westminster and Manchester Councils, which aims to assess and map area vulnerability to gambling related harm. As and when the outcomes of this research are made available, together with other emerging information, trends and risks, the Council will have to consider the implications for the definition of 'vulnerable' and also the impact on its 'local area profile' and policy statement accordingly.

Elected Member involvement will continue through the Strategic Licensing Committee and the Licensing Act Sub-Committee, with issues brought before these Committees as appropriate.

Associated ESHIAs

ESIIAs directly linked to the Gambling Act 2005 Policy Statement

- Gambling Act 2005 Policy Statement 2022 to 2025 (Consultation June 2021)
- Gambling Act 2005 Policy Statement 2019 to 2022 (June 2018)
- Gambling Act 2005 Policy Statement 2016 to 2019 (February 2016)

ESIIAs linked by general association demonstrating the approach adopted over time to address equality and social inclusion as it relates to licensing matters

- Licensing Act 2003 Statement of Licensing Policy 2019 – 2024 and associated 'Premises Licence Applications – Completing the Operating Schedule and Plan of the Premises Guidance' (October/November 2018)
- Licensing Act 2003 Statement of Licensing Policy 2024 – 2029 and associated 'Premises Licence Applications (November 2023)
- Hackney Carriage and Private Hire Licensing Policy 2015 – 2019 (January 2015)
- Hackney Carriage and Private Hire Licensing Policy 2019 – 2023 (September 2022)

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- Hackney Carriage and Private Hire Licensing Policy 2023 – 2027 (March 2019)
- Proposed Removal of the Existing Five Hackney Carriage Zones (November 2018)
- Equality Act 2010 – Shropshire Council List of Designated Wheelchair Accessible Vehicles (June 2018)
- Amendment to the Hackney Carriage and Private Hire Licensing Policy 2015 – 2019 (March 2018)
- Street Trading Policy 2018 to 2023 (November 2017)

Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of climate change considerations and any other impacts with regard to economic and societal implications

There are currently no direct climate change implications relating to this service/policy change; however, this will be kept under review by the Strategic Licensing Committee in their ongoing oversight role in relation to the administration and enforcement of the Gambling Act 2005.


Of the ten Council Organisational Principles, the four listed below are a key focus in respect of delivering the objectives of the Gambling Act 2005 and the Council's Gambling Act 2005 Policy Statement. These Principles will drive the approach that the Council takes over the lifetime of the revised Policy and beyond and will be used to review and monitor the overall impacts.

- Put Shropshire back in the community
- Make digital the preferred way to work and transact
- Focus on outcomes for customers
- Make decisions based on current data and intelligence

In relation to health and well-being impacts, the Gambling Commission has emphasised the need to incorporate the work of Public Health colleagues to further support the greater need to identify areas of concern and focus on gambling related harm. Informal consultation has been undertaken with Shropshire Council's Public Health Team, including the Director of Public Health, and their response will be submitted during the formal consultation.

Scrutiny at Stage One screening stage


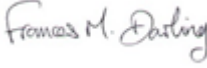
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People involved	Signatures	Date
<i>Lead officer for the proposed service change</i> Mandy Beever – Transactional and Licensing Team Manager		13 February 2024
<i>Officer carrying out the screening</i> Mandy Beever – Transactional and Licensing Team Manager		13 February 2024
<i>Any other internal service area support*</i> Jessica Moores – Public Protection Officer (Professional)		15 February 2024
<i>Any external support**</i> Lois Dale – Rurality and Equalities Specialist		19 February 2024

*This refers to other officers within the service area

**This refers to support external to the service but within the Council, e.g, the Performance and Research Specialist for Rurality and Equalities, Public Health colleagues, the Feedback and Insight Team, performance data specialists, Climate Change specialists, etc.

Sign off at Stage One screening stage

Name	Signatures	Date
<i>Lead officer's name</i> Mandy Beever – Transactional and Licensing Team Manager		13 February 2024
<i>Service manager's name</i> Frances Darling - Head of Business and Consumer Protection		15 February 2024

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**This may either be the Head of Service or the lead officer*

B. Detailed Screening Assessment

Aims of the service change and description

The Council's existing Gambling Act policy statement ('the policy') was adopted from the 31 January 2022 and ceases to have effect on 30 January 2025. The policy requires updating to take account of the latest guidance issued to licensing authorities by the Gambling Commission.

The Gambling Act 2005 requires that local authority Gambling Act Policy Statements give specific consideration to three key licensing objectives. The format and content of the Council's policy aims to ensure these objectives are being met in order to:

- to ensure that safeguarding provisions in relation to children, young people and adults with care and support needs remain robust;
- provide ongoing practical clarity to existing and potential licence holders; and
- assist council officers to correctly apply the legal provisions of the Gambling Act 2005.

In particular:

- There is a need to set out the overarching principles that the Council intends to consider when exercising its functions under the Gambling Act, including those that the Council will specifically consider in relation to each of the three licensing objectives (see additional notes below).
- Nationally, there is a greater need to focus on understanding and mitigating gambling related harm more broadly, rather than focussing on problem gambling alone. In this respect, the policy needs to emphasise the Council's focus on protecting children and young people, particularly in relation to child exploitation, and also adults with care and support needs.
- Nationally, gambling policy and the regulatory environment overall has an increasing focus on risk. Whilst not compulsory, it is now recommended that the Council creates a 'local area profile' to inform its understanding of risk and to allow appropriate decisions to be made and steps taken to mitigate these risks. From April 2016, gambling establishment operators have been required to undertake 'local area risk assessments' before submitting a premises licence application or variation and will be expected to give due consideration to the information available in the Council's 'local area profile'.

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- The Gambling Act singles out children, young people and vulnerable persons for special regulatory attention; consequently, the policy has a focus on protecting these particular groups. In considering this, specific attention has been given to adults with care and support needs.
- The application processes applicable to each different type of licence is clearly set out to ensure that the requirements that must be satisfied before an applicant can obtain and then retain any such licence are met.
- The premises licence review process is clearly set out to ensure all stakeholders understand when and how this process may be utilised in accordance with the provisions of the Act.
- The way in which the Council deals with the exchange of information is robustly addressed.
- The Council's overarching approach to inspection, compliance, enforcement and complaints is clearly set out and appropriate links made to the Council's Better Regulation and Enforcement Policy.

The policy also sets out how the Council intends to proactively promote the three Gambling Act licensing objectives, namely:

- preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime;
- ensuring that gambling is conducted in a fair and open way; and
- protecting children and other vulnerable persons from being harmed or exploited by gambling.

Intended audiences and target groups for the service change

- Persons who wish to apply for gambling licences and permits
- Persons who hold existing licences and permits, including those that are the subject of review
- The Council, in its capacity as the licensing authority, including licensing officers and members of the relevant licensing committees
- Shropshire's Safeguarding Children Board
- Keeping Adults Safe in Shropshire Board (KASiS)
- The Gambling Commission
- Licensing consultants, solicitors and barristers advising and/or representing applicants and licence/permit holders
- Magistrates and judges hearing appeals against Council decisions
- Members of the public who access gambling premises and activities
- Other local authorities, particularly those that border the Shropshire Council area
- Shropshire Voluntary and Community Sector Assembly (VCSA)

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- Police forces, in particular West Mercia Police
- West Mercia Police and Crime Commissioner
- Shropshire Clinical Commissioning Group
- Local NHS Trusts
- Shropshire Council Public Health
- Public Health England

The above list is not intended to be exhaustive or in order of priority and will be added to and amended as and when appropriate.

Evidence used for screening of the service change

- Legal requirement contained in the Gambling Act 2005 that the policy can only last for a maximum period of three years and then it must be reviewed, consulted upon, approved and re-published by the Council.
- The emphasis on the safeguarding role that local authorities have, which has strong links to all licensing regimes, including those applicable to gambling.
- The Council's drive to increase the robustness of safeguarding practices, particularly with respect to children and adults with care and support needs.
- The Gambling Act 2005
- The Gambling Act 2005 (Licensing Authority Policy Statement) (England and Wales) Regulations 2006 (SI 2006 No. 636)
- Shropshire Council's Gambling Policy Statement (effective 31 January 2019) <https://shropshire.gov.uk/media/12775/gambling-act-2005-policy-statement-2019-to-2022-final.pdf>
- Guidance to Licensing Authorities published by the Gambling Commission <https://www.gamblingcommission.gov.uk/for-licensing-authorities/GLA/Guidance-to-licensing-authorities.aspx>
- Statement of gambling licensing policy – A Councillors Guide, March 2018 published by the Gambling Commission <https://www.gamblingcommission.gov.uk/PDF/quick-guides/Councillors-guide.pdf>
- Gambling Regulation Councillor Handbook (England and Wales) June 2015 published by the Local Government Association
- <https://www.local.gov.uk/sites/default/files/documents/L15-230%20Councillor%20handbook%20-%20gambling%20regulation%20FINAL.pdf>
- Gambling Regulation Councillor Handbook (England and Wales) Updated Guidance 2019 published by the Local Government Association [Gambling regulation: Councillor handbook \(England and Wales\) | Local Government Association](https://www.local.gov.uk/sites/default/files/documents/L15-230%20Councillor%20handbook%20-%20gambling%20regulation%20FINAL.pdf)
- The Council's own Local Area Profile – Gambling Premises, which will form part of the actual policy document.
- Exploring area-based vulnerability to gambling-related harm: Who is vulnerable? July 15

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- Exploring area-based vulnerability to gambling-related harm: Developing the gambling related harm risk index (2016)
- Updated Gambling Commission Guidance April 2021
<https://beta.gamblingcommission.gov.uk/guidance/guidance-to-licensing-authorities>
- The Shropshire Plan 2022 to 2025

Specific consultation and engagement with intended audiences and target groups for the service change

It is proposed that formal consultation will be undertaken from the 18 March 2024 to the 9 June 2024, which involved a number of key internal and external stakeholders, including Public Health representatives and gambling industry representatives in order to produce the existing policy.

Officers are currently of the opinion that there will be no need for significant changes. However, Officers will maintain ongoing dialogue with the Gambling Commission and other key stakeholders to ensure any changes that become necessary are captured and addressed accordingly during the lifetime of the policy.

The Local Area Profile has been refreshed and has been incorporated into the draft Gambling Act 2005 Policy Statement 2025 to 2028. The profile maps local areas of concern, including actual and future emerging evidence-based risks that may impact on the licensing of gambling premises and activities. Operators are encouraged to use the profile to help inform them of specific risks prior to submitting licence applications.

The Gambling Commission has emphasised the need to incorporate the work of Public Health colleagues to further support the greater need to identify areas of concern and focus on gambling related harm. Informal consultation has been undertaken with Shropshire Council's Public Health Team, including the Director of Public Health, and their response will be incorporated into the draft Gambling Act 2005 Policy Statement 2025 to 2028 after the formal consultation has been concluded.

The formal consultation process will involve a variety of communication mechanisms including publishing full details on the 'Get involved' web page of the Council's website, together with a press release on the Council's news web page also distributed through corporate and service social media platforms. Direct emails will be sent to key stakeholders alerting them to the consultation on the Council's website.

Following the formal consultation process, an analysis of the responses received will be undertaken and the results collated for the SLC to consider at their meeting on 9 October 2024. A revised policy document is required to be in force by 31 January 2025.

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A full list of the organisations formally consulted will be included in the ESHIA for the final report to full Council.

Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)

Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.

Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Protected Characteristic groupings and other groupings in Shropshire	High negative impact <i>Stage Two ESHIA required</i>	High positive impact <i>Stage One ESHIA required</i>	Medium positive or negative impact <i>Stage One ESHIA required</i>	Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)				✓
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)				✓
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				✓

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Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				✓
Religion or belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				✓
Sex (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓
Sexual Orientation (please include associated aspects: safety, caring responsibility; potential for bullying and harassment)				✓
Other: Social Inclusion (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; and veterans and serving members of the armed forces and their families)				✓

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.

Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
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<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			✓ positive	
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			✓ positive	
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			✓ positive	
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			✓ positive	

Guidance Notes

1. Legal Context

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It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding. It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Stage One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the Protected Characteristic groupings and our tenth category of Social Inclusion. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second Stage One ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive. Examples of this approach include the Great Outdoors Strategy, and the Economic Growth Strategy 2017-2021

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement

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across groupings and to thus visibly show we are taking what is called due regard of the needs of people in protected characteristic groupings

If the screening indicates that there are likely to be significant negative impacts for groupings within the community, the service area would need to carry out a full report, or Stage Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

2. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government. The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any positive effects for a group or groupings; and
- What actions you are planning to monitor and review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

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There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief.

We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then the wider additional category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

Please note that the armed forces are now a grouping to whom we are required to give due regard under new Armed Forces legislation, although in practice we have been doing so for a number of years now.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.–You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council.

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

Carry out an equality and social inclusion approach:

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.

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- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

3. Council wide and service area policy and practice on health and wellbeing

This is a relatively new area to record within our overall assessments of impacts, for which we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021 and 2021-2022, and to look at these in the context of direct and indirect impacts for individuals and for communities.

A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

Health in All Policies – Health Impact Assessment

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

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Individuals**Will the proposal have a *direct impact* on health, mental health and wellbeing?**

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

Communities

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

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An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

Demand

Will there be a change in demand for or access to health, local authority and social care services?

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

***For further advice: please contact
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