

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Initial Screening Record 2021-2022**

**A. Summary Sheet on Accountability and Actions**

<b>Name of proposed service change</b>
PROVISION OF WHEELED BINS FOR KERBSIDE COLLECTION OF PLASTIC, METAL, AND GLASS RECYCLING

<b>Name of lead officer carrying out the screening</b>
Paul Beard

<b>Decision, review, and monitoring</b>
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<b>Decision</b>	<b>Yes</b>	<b>No</b>
Initial (part one) ESHIA Only?	Yes	
Proceed to Full ESHIA or HIA (part two) Report?		No

*If completion of an initial or Part One assessment is an appropriate and proportionate action at this stage, please use the boxes above. If a Full or Part 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.*

<b>Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations</b>
<p>As the use of bins rather than boxes will reduce the bending and lifting involved in presenting waste for recycling, this will benefit residents who have difficulty with this activity. There are therefore predicted positive impacts for the Protected Characteristic groupings of Age, Disability, and Pregnancy and Maternity. This is also the case for the collection crew, presenting positive health and well being impacts.</p> <p>There will not be a charge to be made for the move to bins from boxes, and as such there is no potential negative impact for low income households, who are a grouping considered in our additional category in Shropshire, of Social Inclusion.</p> <p>The move to bins is across the entire rural county, including households in areas where there are narrow rural roads and access without pavements. The use of bins rather than boxes will have a potential positive rather than negative impact here, as the bins will be more easy to manoeuvre.</p>

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

The positive impacts of the service change will be explained by a communications plan to encourage residents to request a bin for recycling and maximise take-up of the containers.

Residents will be asked to request a bin via an online form but the Customer Service Centre (CSC) will also be available to receive requests by or on behalf of those residents who do not have access to the internet or who have difficulty in using it. The CSC telephone number will be included on leaflets promoting the service that will be delivered to households via the residual bin lid, just as with collection calendars. The number will also be on any material including the web address/link.

The Waste Management Unit will continue to invite customer feedback on the service change directly and from the CSC and Complaints sections. Support from the Portfolio Holder and from local Shropshire Council councillors as community leaders will also aid in emphasising the positive impacts of this service change and picking up on any concerns or issues arising, as part of ongoing engagement with communities.

The Council will continue to seek out and share practice on this service change with other local authorities, particularly those which are large and sparsely populated rural unitary authorities such as ourselves.

**Associated ESHIAs**

Bring Banks ESIIA (2018)

Climate Change Strategy ESIIA (2020)

**Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of any other considerations. This includes climate change considerations**

***Climate change***

The key climate change benefit of this proposal is the opportunity to divert more waste from disposal to recycling. This move will reduce the carbon impacts of the manufacturing process for packaging by replacing the resource intensive extraction and processing of virgin raw materials with containers made entirely or in part with recycled material.

Recycling makes a very significant contribution to the Council's overall carbon performance, and this is recorded each year as part of Veolia's annual report. The measurement is made using the industry standard WRATE

monitoring tool which evaluates the positive and negative carbon impacts for all aspects of the waste management process. In 2020 this calculation identified a total carbon saving of -30,184,043 kg CO2 equivalent. This was a further improvement on the figure for 2019 ( -27,059,495 kg CO2 equivalent), largely due to an increase in the plastics, glass, and cans collected from the kerbside.

As stated previously, the provision of a bin will increase the collection capacity for this waste stream, and make the service more convenient for residents, both of which are likely to improve the carbon performance of the waste contract and of the Council as a whole. However, we cannot at this stage be definitive on the expected increase in recycling tonnage, but we can estimate the improved carbon performance in a similar scenario of a 5% increase in plastic, cans, and glass, recycling which would equate to a reduced carbon impact of -241,000 CO2 equivalent.


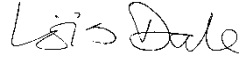
This project will have no significant impact on renewable energy generation although the diversion of more waste from the residual bin to recycling will free up more capacity in the Battlefield Energy Recovery Facility which has the potential to allow some waste to be disposed of via recovery rather than landfill.

This project will not offer opportunities for carbon off-setting or mitigation. The provision of recycling bins will have no significant contribution to the Councils resilience to climate change impacts such as bad weather.

***Health and well being***

The use of bins rather than boxes will reduce the bending and lifting involved in presenting waste for recycling and benefit residents who have difficulty with this activity, further they will assist the operational staff regarding manual handling and improve health and safety for operational crews.



**Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>		14 <sup>th</sup> December 2021
<i>Any internal service area support*</i>		
<i>Any external support**</i> <b>Mrs Lois Dale, Rurality and Equalities Specialist</b>		14 <sup>th</sup> December 2021

*\*This refers to other officers within the service area*

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

**Sign off at Part One screening stage**

Name	Signatures	Date
<i>Lead officer's name</i>		14 <sup>th</sup> December 2021
<i>Accountable officer's name</i>		17 <sup>th</sup> December 2021

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

**B. Detailed Screening Assessment**

<b>Aims of the service change and description</b>
<p>The aim of this service change is to provide a 240-litre wheeled bin for recycling to all Shropshire households that request one. The bins will be an alternative to the boxes currently used to present recyclable glass bottles and jars, metal containers, and plastic containers. Feedback from Shropshire residents indicates that this will make recycling more convenient and will also increase the basic capacity available for these waste streams. As a result, there will be a reduction in the amount of Shropshire waste sent for disposal and an increase in the amount recycled.</p> <p>Veolia operate the kerbside recycling collections on behalf of Shropshire Council. The waste is collected fortnightly in two waste streams, a paper and card mixture using a blue bag, and a plastic, glass, and metal mixture using 55 litre boxes.</p> <p>The provision of a 240-litre wheeled bin to replace the recycling boxes would:</p> <ul style="list-style-type: none"> <li>• increase the total basic container capacity for plastic, glass, and metal from 110 litres to 240 litres</li> <li>• make the separation and storage of that waste stream more convenient for residents</li> <li>• reduce the amount of windblown litter from the boxes.</li> <li>• Improve manual handling for residents and waste and recycling crews.</li> </ul>

### **Intended audiences and target groups for the service change**

The service change will be targeted at every Shropshire household where it is practical to exchange a bin for kerbside boxes to present waste for recycling. For households for whom the design or position of their property makes it impractical to use a bin for recycling, sacks will continue to be used for residual/recycling and garden waste collections.

### **Evidence used for screening of the service change**

A customer satisfaction survey for the waste service conducted in 2018 included the question “What would make it easier to recycle at home?” 45% of the responses stated that this would be achieved using a wheeled bin for recycling.

For several years there has been consistent feedback on the Council’s social media channels from residents suggesting a bin for plastics, glass, and cans would reduce wind-blown litter from the open boxes currently used to collect these waste streams from the kerbside.

Further to this local interest, the latest government recycling tables for English Local Authorities covering 2019/20, show that all of the top five performing Councils (Three Rivers, Vale of White Horse, South Oxfordshire, East Riding of Yorkshire, and St. Albans) use a bin for collecting dry recycling. This group of authorities are predominantly rural in nature, particularly the East Riding of Yorkshire which is a large and sparsely populated Unitary Authority similar to Shropshire, indicating that a move to bins can be successfully executed.

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

Whilst there has not been specific consultation with households on this matter since 2018, the consistent feedback referred to above indicates that there would be support from households for this move to bins.

Engagement at senior level with Veolia with regard to workforce health and well being indicates that the use of bins would be popular with the crews and safer due to the reduction in bending and lifting. In terms of consultation, Veolia report that two thirds of the workforce already successfully use bins to collect refuse and organic waste and that it does not therefore present any challenges due to changes in practice. An action to assess positive health and well-being impacts of the change would be to invite feedback from the workforce through established staff communication channels e.g. team meetings and report this back to the Council accordingly.

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

*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.*

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact</b> <i>Part Two ESIIA required</i>	<b>High positive impact</b> <i>Part One ESIIA required</i>	<b>Medium positive or negative impact</b> <i>Part One ESIIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Part One ESIIA 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 disability)			Y Making service easier to use by reduced bending and lifting associated with kerbside boxes	
<u>Disability</u> (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)			Y Making service easier to use by reduced bending and lifting associated with kerbside boxes	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Y This service change is not anticipated to impact specifically on this group
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Y This service change is not anticipated to impact specifically on this group
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring			Y	

responsibility, potential for bullying and harassment)			Making service easier to use by reduced bending and lifting associated with kerbside boxes	
<b><u>Race</u></b> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				Y This service change is not anticipated to impact specifically on this group
<b><u>Religion and belief</u></b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				Y This service change is not anticipated to impact specifically on this group
<b><u>Sex</u></b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Y This service change is not anticipated to impact specifically on this group
<b><u>Sexual Orientation</u></b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Y This service change is not anticipated to impact specifically on this group
<b><u>Other: Social Inclusion</u></b> (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; veterans and serving members of the armed forces and their families)				Y This service change is not anticipated to impact specifically on this group

**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.**

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>				<p>Low positive impact on individual independence as bins are easier to move than boxes.</p>
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				<p>Neutral impact</p>
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></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>				<p>Low positive impact to climate change mitigation due to diversion of waste from disposal to recycling.</p>
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community</p>				<p>Neutral Impact</p>



Services, Mental Health, Local Authority services including Social Services?				
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**Identification of likely impact of the service change in terms of other considerations including climate change and economic or societal impacts**

The key climate change benefit of this proposal is the opportunity to divert more waste from disposal to recycling. This move will reduce the carbon impacts of the manufacturing process for packaging by replacing the resource intensive extraction and processing of virgin raw materials with containers made entirely or in part with recycled material.

Recycling makes a very significant contribution to the Council's overall carbon performance, and this is recorded each year as part of Veolia's annual report. The measurement is made using the industry standard WRATE monitoring tool which evaluates the positive and negative carbon impacts for all aspects of the waste management process. In 2020 this calculation identified a total carbon saving of -30,184,043 kg CO2 equivalent. This was a further improvement on the figure for 2019 ( -27,059,495 kg CO2 equivalent), largely due to an increase in the plastics, glass, and cans collected from the kerbside.

As stated previously, the provision of a bin will increase the collection capacity for this waste stream, and make the service more convenient for residents, both of which are likely to improve the carbon performance of the waste contract and of the Council as a whole. However, we cannot at this stage be definitive on the expected increase in recycling tonnage, but we can estimate the improved carbon performance in a similar scenario of a 5% increase in plastic, cans, and glass, recycling which would equate to a reduced carbon impact of -241,000 CO2 equivalent.

**Guidance Notes**

**1. Legal Context**

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 Part 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, an 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 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 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 Part Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Part 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 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.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people or households that we may describe as vulnerable.

Examples could be households on low incomes or people for whom there are safeguarding concerns, as well as people in what are described as the nine 'protected characteristics' of groups of people in our population, e.g., Age. Another specific vulnerable grouping is veterans and serving members of the Armed Forces, who face particular challenges with regard to access to Health, to Education, and to Housing.

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.

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. Help and guidance is also available via the Commissioning Support Team, either for data, or for policy advice from the Rurality and Equalities Specialist. Here are some examples to get you thinking.**

*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

For example, there may be a planned change to a leisure facility. This gives you the chance to look at things like flexible changing room provision, which will maximise positive impacts for everyone. A specific grouping that would benefit would be people undergoing gender reassignment

*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.
- 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

For example, you may be involved in commissioning a production to tour schools or appear at a local venue, whether a community hall or somewhere like Theatre Severn. The production company should be made aware of our equality policies and our expectation that they will seek to avoid promotion of potentially negative stereotypes. Specific groupings that could be affected include: Disability, Race, Religion and Belief, and Sexual Orientation. There is positive impact to be gained from positive portrayals and use of appropriate and respectful language in regard to these groupings in particular.

### **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 individual and for communities, and as such we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021, 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 common-sense idea. It is 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.

## **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.

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 information on the use of ESHIAs: please contact your head of service or contact Mrs Lois Dale, Rurality and Equalities Specialist and Council policy support on equality, via telephone 01743 258528, or email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk).***

***For further guidance on public health policy considerations: please contact Amanda Cheeseman Development Officer in Public Health, via telephone 01743 253164 or email [amanda.cheeseman@shropshire.gov.uk](mailto:amanda.cheeseman@shropshire.gov.uk)***