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<u>Item</u>
<u>Public</u>

Programme Approach to the Purchase of Temporary Accommodation

Responsible Officer

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1. Synopsis

- 1.1. This report sets out a proposed programme to use £1.5m of S106 contributions to deliver up to 60 units for use as temporary accommodation, held in the HRA and managed by STaR Housing. It is estimated to deliver annual savings of £1m to the Council.

2. Executive Summary

- 2.1 In recent years the Council has seen an increase in homelessness and the associated need to provide temporary accommodation either whilst applications are being investigated or whilst households owed a homeless duty are awaiting an offer of suitable settled accommodation. The pressure on temporary accommodation by single homeless persons has been further intensified since the Government's Covid 19 pandemic response which changed homeless legislation to widen the definition of priority need based on vulnerability. Limited availability of suitable social and private housing for temporary accommodation use has led to reliance on the use of bed and breakfast accommodation which is both unsuitable and costly. Consequently, on 16 July 2020 the Council was presented a report, Sustainable Temporary Housing Solutions in Shropshire, which requested the use of Section 106 commuted sums of £1.500m to acquire property for temporary accommodation to reduce the use of bed and breakfast.
- 2.2 Most households accommodated by the Council in bed and breakfast accommodation are single people; all are vulnerable. Approximately

fifty per cent of these need a form of supported temporary accommodation with on-site management and support, with the remainder able to live in dispersed supported housing.

2.3 Therefore, it is proposed that a programme to deliver temporary accommodation using the £1.500m of previously approved Section 106 funds comprises two elements:

- the delivery of supported accommodation schemes for single homeless people who require on-site management and support; and
- the “purchase and repair” of one- and two-bedroom dwellings across Shropshire to provide a dispersed temporary accommodation scheme.

2.4 In order to maximise the level of accommodation delivered it is proposed that the Council operates this scheme using a combination of Section 106 and HRA prudential borrowing. This accommodation will form part of the HRA stock, be ring-fenced for temporary accommodation and managed by STaR Housing.

3. Recommendations

3.1. Approve the proposed programme of delivery of temporary housing solutions outlined in this report, which seeks to utilise the commuted Section 106 sums of up to £1.500m.

3.2. To widen the terms of the report of 16th July 2020 to include expenditure of works to existing assets owned by Shropshire Council.

3.3. Approve that capital investment of £1.500m of S106 contributions and prudential borrowing of £3.500m in the Housing Revenue Account is used to fund the Housing Revenue Account to deliver up to 60 units of temporary accommodation.

3.4. Delegate authority to the Executive Director of Resources, the Assistant Director of Homes and Communities, and Head of Property and Development to approve a final business case and financial appraisals setting out the financial arrangements to support the acquisitions of appropriate properties to the Housing Revenue Account, utilising sums from the approved £1.500m of Section 106 funds.

3.5. Delegate to the Head of Property and Development, in consultation with the Portfolio Holder for Physical Infrastructure, the authority to agree and complete appropriate freehold acquisitions.

- 3.6. Delegate to the Head of Property and Development, in consultation with the Portfolio Holder for Physical Infrastructure, the authority to enter into leases / contracts with partners / providers to manage facilities on the Council's behalf, where applicable, if deemed relevant and necessary.

REPORT

4. Risk Assessment and Opportunities Appraisal

- 4.1. The provision of temporary accommodation in the form of supported housing, either with on-site or floating management and support, is most appropriate form of accommodation the Council can provide to vulnerable homeless households, including those with children.
- 4.2. With respect to the acquisition of dispersed units by the Council, the "purchase and repair" scheme, the main risk is that STaR Housing is unable to source sufficient suitable one-and two-bedroom properties due to the limited availability in the housing market.
- 4.3. An alternative option is to procure a private sector partner to source appropriate accommodation. However, this would create increased revenue costs to the General Fund compared to an in-house programme, without adding assets to the Council's housing stock.
- 4.4. An Equality, Social Inclusion and Health Impact Assessment (ESHIA) initial screening record has been completed; this is at Appendix 1.

5. Financial Implications

- 5.1. The proposed programme will seek to deliver up to 60 units of shared, one-and two-bedroom accommodation, through the acquisition of accommodation and the use of existing Council assets. All accommodation will be held in the HRA and will be managed by the Council's ALMO, STaR Housing.
- 5.2. As can be seen from the below tables in 5.4, it is anticipated that the programme of up to 60 units will have a total scheme cost of approximately £5.000m. It is proposed that this is funded using the £1.500m commuted sums allocation, this representing 30% of the total scheme cost, with the balance being HRA borrowing on rental income.

- 5.3. Although this proposal results in a scenario whereby there is a cost to the General Fund of circa £0.090m per annum, the savings generated through the reduction in the use of bed and breakfast are estimated to in excess of £1.000m when all 60 units have been delivered. This would be a reduction of over 90% of the potential bed and breakfast expenditure that would be required should these units not be delivered.
- 5.4. In addition to this, there will be a full cost recovery Housing Benefit eligible service charge levied to tenants, with any shortfall to be covered by the General Fund.

Capital - HRA

Acquisition costs (including SDLT)	£3,235,000
Works cost	£1,675,000
On costs	£90,000
Total scheme cost	£5,000,000
Commuted sums	£1,500,000
Borrowing on rental income	£3,500,000
Total scheme cost	£5,000,000

Revenue - HRA

	2022-23	2023-24	2024-25	2025-26
Depreciation (sinking fund)	£44,100	£58,800	£58,800	£58,800
Interest on borrowing	£73,413	£87,500	£87,500	£87,500
Indicative rental income (net of service charges)	(£199,872)	(£547,241)	(£563,659)	(£580,568)
Income to support future revenue spend	(£82,360)	(£400,941)	(£417,359)	(£434,268)

Revenue - General Fund

	2022-23	2023-24	2024-25	2025-26
Indicative non-eligible HB service charges	£44,251	£54,764	£56,407	£58,099
Management fee	£30,000	£30,900	£31,827	£32,782
B&B savings	(£402,887)	(£1,105,515)	(£1,138,681)	(£1,172,841)
Net savings	(£328,635)	(£1,019,851)	(£1,050,447)	(£1,081,960)

6. Climate Change Appraisal

6.1. Energy and fuel consumption:

- The sustainability and energy performance of accommodation will be reviewed as each individual unit or scheme of units is considered in its business case. An average works allowance of just under £0.028m per unit has been assumed which, along with works to bring the properties up to a letting standard, will fund upgrades to reduce carbon emissions. The intention is to seek to improve properties so that they reach net zero by 2030. The energy efficiency rating of these properties, post improvement will be reported in line with STaR Housing key performance indicators. It is the intention to purchase accommodation in market towns with access to services and public transport, wherever possible. Reduction in the reliance on

out of county bed and breakfast will reduce travel distances for service users and staff.

6.2. Renewable energy generation:

- Each individual unit or scheme of units will be considered for opportunities for renewable energy generation. The average works allowance of just under £0.028m has been assumed for each unit to enable additional works in respect of renewables to take place.

6.3. Carbon offsetting or mitigation:

- Given the nature and type of accommodation to be delivered under this programme, it is unlikely that there will be opportunities for carbon offsetting or mitigation.

6.4. Climate Change adaptation:

- The selection of additional accommodation sites and the scope of any retrofit upgrade will take into account the potential need for climate change adaptation to manage the effects of more extreme weather.

7. Background

- 7.1. On 16 July 2020 the Council received a report, Sustainable Temporary Housing Solution, which requested that Section 106 Commuted Sums up to £1.500m be used to acquire property to provide temporary accommodation to reduce the use of bed and breakfast accommodation. That report set out the background and case for the proposals for the Council to purchase or lease properties to house those to whom the Council owes a housing duty. The situation as presented in the report remains broadly the same. The Council remains short of temporary accommodation and is still using bed and breakfast placements across the county. As at end October 2021 95 households were in bed and breakfast accommodation. This position is unsuitable for households placed in such accommodation as well as financially costly to the Council.
- 7.2. The average number of people in bed and breakfast accommodation remains at 70 at any time, with approximately fifty percent requiring supported temporary accommodation with on-site management and support. Most placements are single households who struggle to move on due to the lack of one-bedroom properties in the County. Homelessness cases currently continue to rise and show no signs of abating.
- 7.3. The approval of Section 106 Commuted Sums to be used to acquire property to provide temporary accommodation has allowed for the development of the proposed programme, which will significantly

reduce the dependence on the need to place individuals and households in bed and breakfast accommodation. The programme will run for approximately 18 months and aims to deliver circa 60 units of shared, one- and two-bedroom accommodation to be owned by the Council (held in the HRA).

- 7.4. STaR Housing has a strong track record in supporting the Council in its duty to provide temporary accommodation to individuals and households in housing need, with 96 homes made available to those in need of temporary housing during the pandemic. Arrangements for homes held by the HRA to be used for temporary accommodation are well understood and successfully implemented. The acquisition of one and two bed properties into the HRA, although initially ringfenced for temporary accommodation, could in the future, if the numbers of people requiring such accommodation reduce, be used as general needs housing, meeting the demand for much needed smaller properties. Once acquired these would remain as affordable housing in perpetuity and would be available for immediate occupation by those in urgent need of temporary accommodation.
- 7.5. There is an urgent need to secure accommodation for residents and to reduce reliance on unsuitable and costly bed and breakfast placements. The proposed programme will ideally place the Council to respond to this challenge, using its own assets to provide supported schemes with on-site management for those with the highest level of need, coupled with a stock of dispersed properties across the county.

8. Additional Information

- 8.1. Delivery of the programme will be monitored by the Temporary Accommodation Board, which meets monthly and is chaired by the Executive Director of People. The board is comprised of officers from departments including Homes and Communities; Assets and Estates; Finance; Housing, Resettlement and Independent Living and Planning Policy.

9. Conclusions

- 9.1. The need to reduce rising costs of temporary accommodation for the homeless and to find a satisfactory solution for the Council continues to be a significant issue. The proposed programme provides a sustainable solution which maximises the use of Section 106 funds by supplementing them with HRA funds. The programme will deliver circa 60 units of supported accommodation to vulnerable individuals and households in urgent housing need.

9.2. The proposed programme of delivery will ensure that appropriate offers of temporary accommodation, to people to whom the authority has a statutory duty, can be made and when complete will result in annual savings to the General Fund of circa £1.000m.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

16 July 2020. Sustainable Temporary Housing Solutions in Shropshire.

Cabinet Member (Portfolio Holder)

Cllr Dean Carroll

Cllr Simon Jones

Local Member

Appendices

Appendix 1: Equality, Social Inclusion and Health Impact Assessment (ESHIA)

APPENDIX 1

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

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Provision of temporary accommodation for single homeless people and couples without children.

Name of lead officer carrying out the screening
Laura Fisher

Decision, review, and monitoring

Decision	Yes	No
Initial (part one) ESHIA Only?	x	
Proceed to Full ESHIA or HIA (part two) Report?		x

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.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations

Additional self-contained and shared supported temporary accommodation in Shropshire will be positive for all client groups requiring housing assistance. Currently we have to utilise B&B placements which have no access to cooking facilities and can be out of county and away from support networks. Self-contained and shared units in County will give clients who are already homeless a more settled future as they will be able to remain in accommodation until more permanent, accessible accommodation can be secured for them.

Having wheelchair accessible rooms within units, will enable us to better accommodate those with disabilities as we will no longer have to rely on hotels with accessible rooms. As each hotel only has limited numbers of accessible rooms they are often booked out when we require them meaning placements are out of the County. We cannot book out indefinitely due to the cost this would incur when there is a void period.

The impacts are therefore anticipated to be medium to high positive for the groupings of Disability and Social Inclusion, and medium positive across all groupings.

There is potential to further enhance the positive impact of this change, if data is collected on actual usage by people within groupings, including those for whom the opportunity to cook for themselves will better fit with their cultural and other dietary needs, and in so doing also provide benefits for their mental health and well-being.

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

Housing need to deliver a number of units in the County to better provide suitable accommodation for those in emergency housing need. In planning this we will analyse current housing need data, capital and revenue costs, as well as ensure local Member involvement.

We will closely monitor those clients who require temporary accommodation in terms of their age, disability, race, religion and other protected characteristics to aid the service area in further assessing positive impacts in equality and social inclusion terms. We will work with The Food Poverty Alliance to collect data related to the use of cooking facilities by people of different cultures and religions who are in emergency housing need. We will also work with public health colleagues to look at the increased wellbeing brought about by being placed both in county and in accommodation where cooking facilities are available.

We will also continue to work collaboratively with other local authorities, particularly those with whom the Council shares commonalities in terms of geographical size and sparsity of the population, and similar challenges in regard to costs of service delivery to be balanced with environmental and social inclusion considerations.

Associated ESHIAs

This ESHIA follows the ESIA carried out in May 2020 in support of the Sustainable Temporary Housing Solutions in Shropshire report that went to full Council.

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

The utilisation of more suitable temporary accommodation is aligned to the Council’s strategic approach, specifically in relation to Shropshire Council’s Corporate Plan priorities “More people with a suitable home” and “Sustainable places and communities”

Climate change

The selection of additional accommodation sites and the scope of any retrofit upgrade will take into account the potential need for climate change adaptation to

manage the effects of more extreme weather. With the ultimate aim of low carbon reestablishment.


Health and well being

Cabinet gave approval in February 2020 to the use of health impact assessments. Interim guidance was subsequently developed and included within the template, in order to start to capture the health and wellbeing benefits anticipated. With the fuller revision of the template, please outline any potential actions in this regard. There is a table included in section B of this screening document for you to record anticipated impacts with regard to individuals and with regard to the wider public.

Economic and societal/wider community

This may be actions to enhance place shaping approaches and efforts to promote and sustain economic growth for the wider community in an area, e.g., as part of a Levelling Up Fund bid, or actions to mitigate negative impacts if a facility or service is being withdrawn or altered such as a public transport offer, an education offer or a library or cultural offer.


Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening Laura Fisher		13/12/2021
Any internal service area support*		
Any external support**		

**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
Laura Fisher		13/12/2021
Accountable officer's name		

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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

Homelessness is an increasing national problem. In Shropshire we have seen the numbers of households in housing need increase meaning the number to whom we have a duty to accommodate also increase. It is important to note that the number of households placed in B&B (snapshot on 31 March each year) has risen from 2 in 2010 to 133 in 2020.

Since 2013/14 there has been an increase in costs of approx. £1m regarding the provision of temporary accommodation, in the main due to the council's reliance on B&B's. This is due to the majority of B&B costs being unclaimable by either Housing Services or Housing Benefit and so having to be funded from the Council's budgets rather than being repaid by central government. It is important we utilise different types of temporary accommodation where we can reclaim a larger percentage of the costs back.

As of the 31.03.2020 there were the following households in temporary accommodation:

- Temporary Accommodation overall =236
- Of which 133 were in B&B's
- Of which 2 were in accessible rooms

The Council is short of accommodation options for those who require temporary accommodation, especially those in need of an assessable room, the majority having to be accommodated in a hotel placement or in care home placements, all of which are costly to the Council.

A reduction in loss of subsidy to the Council presents an opportunity for the Council to not only save money, which may be then utilised in further assistance to our communities, but also be in a position to provide more appropriate housing for homeless households.

The aim is to reduce the number of placements into B&B accommodation.

Intended audiences and target groups for the service change

Stakeholders and people/ groups who will have an interest in the outcome of this project include:

- Local Councillors
- Parish Councils
- STAR Housing (Council's ALMO)

- Households who are homeless or at risk of homelessness and require temporary accommodation
- Local MPs
- Registered Housing Providers
- Local Businesses
- Local employers
- Service providers
- Housing Developers
- Utilities companies
- Neighbouring local authorities
- DLUHC (Department for Levelling Up, Housing and Communities)

Evidence used for screening of the service change

- Homepoint Data
- HCLIC statistical returns
- Right Home Right Place data
- Housing Need statistics and analysis
- Housing Strategy and Homeless & Rough Sleeping Strategy

We will closely monitor those clients who require temporary accommodation in terms of their age, disability, race, religion and other protected characteristics to aid the service area in further assessing positive impacts in equality and social inclusion terms. A further action will also be to work with The Food Poverty Alliance to collect data related to the use of cooking facilities by people in emergency housing need and whether these are cultural or not. We will also work with public health colleagues to look at increased wellbeing brought about by being placed both in county and in accommodation where cooking facilities are available, rather than reliance on 'take out' food as an additional positive impact.

We will also continue to liaise with and share approaches with other local authorities, both who are neighbouring us and so whom we have worked with in regard to sharing placements but particularly those with whom the Council shares commonalities in terms of geographical size and sparsity of the population, and similar challenges in regards of costs of service delivery to be balanced with environmental and social inclusion considerations.

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

Discussions will be carried out with local Councillors and the portfolio holder for Housing along with relevant council teams/ departments.

The service will ensure they work across the client groups to ensure feedback on the use of types of accommodation on client mental and physical wellbeing. This engagement will assist us when setting up similar projects elsewhere in the county and would enable equalities information to be collected and help to assess what we all hope will be really positive impacts.

We will also continue to share approaches with neighbouring LA's through the WMHOG (West Midlands Housing Officers Group)

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.

Protected Characteristic groupings and other groupings in Shropshire	High negative impact Part Two ESIIA required	High positive impact Part One ESIIA required	Medium positive or negative impact Part One ESIIA required	Low positive, negative, or neutral impact (please specify) Part One ESIIA required
<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)			<input checked="" type="checkbox"/>	
<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)			<input checked="" type="checkbox"/>	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			<input checked="" type="checkbox"/>	
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)			<input checked="" type="checkbox"/>	
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			<input checked="" type="checkbox"/>	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)			<input checked="" type="checkbox"/>	
<u>Religion and belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)			<input checked="" type="checkbox"/>	

<p>Sex (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>			<input checked="" type="checkbox"/>	
<p>Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>			<input checked="" type="checkbox"/>	
<p>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; veterans and serving members of the armed forces and their families)</p>				

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)
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation?</p>		<input checked="" type="checkbox"/>		
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p>		<input checked="" type="checkbox"/>		
<p>Will the policy have a <i>direct impact</i> on the community - social,</p>			<input checked="" type="checkbox"/>	

<p>economic and environmental living conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .</p>				
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .</p>				<input checked="" type="checkbox"/>

Identification of likely impact of the service change in terms of other considerations including climate change and economic or societal impacts

It is expected that any impact arising from this project will be positive for both the residents of the proposed temporary accommodation and the communities in which it is provided.

There are health and wellbeing benefits anticipated for homeless households in moving from B&B arrangements to more suitable temporary accommodation; this is due to households being able to more in control, including the ability to cook their own meals. In addition, households in this proposed accommodation will receive intensive housing management and appropriate person-centred support. This management and support will provide residents with life skills, for example, financial skills, support for mental ill health or addiction, therefore, promoting social inclusion and improving health and wellbeing. The wider societal impacts will include reduced crime and anti-social behaviour. The accommodation will all be subject to the need to meet EPC level C by 2030, therefore, investment will be undertaken at refurbishment stage to improve the energy efficiency of the properties, thus reduce carbon emissions.

Guidance Notes

10. 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 equity 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.

11. 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 Ruralities 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.

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