

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
Shropshire Enhanced Bus Partnership Scheme

Name of lead officer carrying out the screening
Andy Evans

Decision, review, and monitoring

Decision	Yes	No
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.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations
<p>The initial Assessment has highlighted that there is potential for a Low Positive impact across all nine Protected Characteristic groupings set out in the Equality Act 2010, as well as the tenth grouping of people that we think about in Shropshire, of Social Inclusion. This is of particular relevance to Shropshire as a large and sparsely populated rural county, as this tenth category is there to help us to seek to ensure that we consider the needs of rural households, households on low incomes, households in fuel poverty, and those we may consider to be vulnerable. For these households, public transport via bus needs to present as a safe and economically viable proposition, as well as one on which they may reasonably depend in order to access education and training, employment, health care, and cultural, leisure, shopping and sporting facilities and services</p> <p>Should the Council be successful with its £98 million funding submissions through its BUS Service Improvement Plan (BSIP) a new ESHIA will be undertaken. Shropshire has an ageing population: and an increasing proportion of bus journeys are made by concessionary pass holders, with a corresponding decline in use by fare paying passengers.</p> <p>The equality impact upon the intersecting groupings of Age, Disability and Social Inclusion may therefore present the greatest potential to move from Low Positive</p>

to Medium Positive. This is also the case with regard to health and well being impacts.

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

A Customer Charter is being developed to sit alongside the Enhanced Partnership Plan to hold accountable the members of the partnership against the improvements that have been cited in the plan itself. This of course is dependent upon funding from Government to put in place improvements within the plan itself.

ADD

The Plan has set out the following with regard to review and monitoring. It will be important to ensure that these measures themselves incorporate due regard to the needs of people within the nine Protected Characteristic groupings, as well as to our tenth grouping in Shropshire of social inclusion.

- Once the EP Plan and Scheme are made, they will be reviewed by the Bus Partnership Board annually, following the review of the BSIP. Shropshire Council will initiate each review and it will take no longer than 3 months to complete.
- The review will include consideration of:
- The arrangements for consulting passenger representatives on the effectiveness of the EP
- The objectives set for improving the quality and effectiveness of bus services
- A public engagement exercise will be undertaken each year, to gather the views and opinions of both bus users and non-users. This will take the form of an online survey. Some of the same questions asked in the survey undertaken to inform the development of the BSIP will be used, in order to track the impact of any measures introduced. Also, there will be questions to help monitor progress towards BSIP targets, particularly in respect of levels of satisfaction with different elements of service. The opportunity will also be taken to gauge how effective the Enhanced Partnership has been and the impact it has made.
- Furthermore, the Bus Passenger Charter will invite feedback from bus users on an on-going basis. Again, this will be collated to inform future developments. There will also be on-going dialogue with the bus user representative group, Shropshire Bus Users.

- All insights and feedback will be reported regularly to the Bus Partnership, in order that consideration can be given to new measures and facilities to be included in the EP Scheme.
- Monitoring reports for the BSIP will be produced every 6 months to demonstrate progress towards the objectives and targets set.

Associated ESHIAs

None at this stage, but again, should we be successful with our funding bid then it is very likely that this service change could have a positive impact across a number of the Council's strategies. ***A second assessment will take place once the funding outcome is known.***

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

Our Bid for funding would if successful positively impact on all 3 areas, ie Climate Change, Health & Well Being and have a wider Social, Community and Economic benefit.

In its recently published Decarbonising Transport Plan, the government set out its vision for a net zero transport system. In the plan, public transport and active travel will be the natural first choice for residents' daily activities. We will use our cars less and be able to rely on a convenient, cost-effective and coherent Shropshire public transport network. The bus can be the most efficient user of road space and a vital part of an environmentally friendly local sustainable transport system.

In order to meet this ambition, funding through the Department of Transport's Bus Back Better Strategy will be crucial and a statutory requirement to attract that funding is to have an Enhanced Partnership Scheme in place.

It will need to be recognised that high car ownership and use, coupled with dispersed population, make for challenging conditions for bus services in Shropshire. The bus is not viewed as an attractive option for those with a choice.

The Enhanced Partnership seeks to facilitate the delivery of the BSIP vision and objectives, as follows, and in so doing to enhance the potential positive social, community and economic benefits.

Objectives

Develop an understandable and integrated public transport network that is attractive to use.

- Provide a quality experience in respect of all aspects of using the bus.

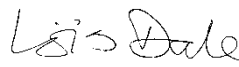
- Tackle the perceived and actual deficiencies of the bus compared to the car.
- Allow the bus to play a greater role in supporting wider policies and strategies relating to economy, environment, health and wellbeing.
- Increase the commercial viability of bus services.

Whilst the current draft Enhanced Partnership is not a reflection of the potential that could be achieved should we be successful with our funding bid, below are some of the main areas of our BSIP submission that we believe will have a positive impact.

- Recover funding from the DfT to continue tapered support for bus services as they recover, and passenger numbers remain depressed.
- 30 minute service frequencies on key inter urban routes
- Improved service frequencies in our towns
- Longer operating hours
- Monday to Sunday bus operations on key services
- More affordable fares
- Bus priority
- Real time passenger information
- Rural Connect (DRT)
- Green Buses
- Additional Services
- Shrewsbury Connect (operational costs)
- Multi operator ticketing
- Passenger information improvements (website, app & branding).
- Greater integration with the Rail Network.
- Passenger Hub Improvements

Scrutiny at Part One screening stage

People involved	Signatures	Date
<i>Lead officer carrying out the screening</i> Andy Evans		28/02/22
<i>Any internal service area support*</i>		

<i>Any external support**</i>		14 th March 2022
Mrs Lois Dale, Rurality and Equalities Specialist		

**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>		
<i>Accountable officer's name</i>		

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

B. Detailed Screening Assessment

Aims of the service change and description
<p>In March 2021 the government published 'Bus Back Better, a National Bus Strategy for England', which highlighted a general decline in bus patronage since the 1950s whilst traffic congestion and emissions have continued to increase. COVID-19 has caused a significant shift from public transport to the private car. To avoid the worst effects of a car led recovery the government wants the country to shift back quickly, by making radical improvements to local public transport as normal life returns. Government considers buses are the quickest, easiest and cheapest way to do that.</p> <p>Greater emphasis will now be placed on partnership working, where Local Transport Authorities (LTAs) and bus operators form statutory partnerships to define bus networks, service levels, and fares strategies. The government expects all LTAs to develop Bus Service Improvement Plans (BSIPs) and set up Enhanced Partnerships (EPs), as defined in the Bus Services Act 2017. The strategy represents the greatest change since 1985 and provides the opportunity to give LTAs more control.</p>

Through the strategy, LTAs and bus operators are asked to commit to forming a statutory Enhanced Partnership (EP) and to jointly develop a Bus Service Improvement Plan (BSIP). Dependent on how ambitious the BSIP is, LTAs and bus operators could benefit from £3bn of total government funding.

Bus Partnership Schemes are partnerships between the Council and Local Bus Operators to improve the quality of public transport

The National Bus Strategy provided a welcome focus on improving bus services across the country. The requirement to develop a Bus Service Improvement Plan (BSIP) gave a real opportunity for Shropshire Council to come together with its local bus operators to collectively consider the current bus service offer to residents and how it could be enhanced. The formation of a Bus Partnership that meets regularly has been a useful forum to highlight issues, discuss ideas and put forward potential solutions.

The Shropshire Bus Partnership has provided the focus for collaborative working and forms the basis of the Enhanced Partnership. This will in turn facilitate the successful implementation of the planned measures, once levels of funding secured from Government are known.

With a relatively modest injection of funds sought through the BSIP, significant improvements can be made to the bus network in Shropshire. More buses, running to more places at more times, with cheaper fares and quicker journey times, will improve the image of buses and increase their contribution towards the better economic, social and environmental well-being of Shropshire's residents.

Drawing on the BSIP, the document being taken to Cabinet fulfils the statutory requirements set out by the Bus Services Act 2017 of an Enhanced Partnership (EP) Plan for Shropshire. Initially, this will facilitate the introduction of an EP Scheme aimed at supporting and developing bus services across Shropshire, to achieve the objectives set out in the BSIP.

In accordance with the statutory requirements for an EP Plan, the document includes:

- Overview and map of the geographical area covered
- Factors affecting the local bus market
- Summary of passengers' experiences in using bus services and the priorities of users and non-users for improvements
- Trends in bus use and service offer
- Objectives that are sought for bus service provision
- Interventions needed to achieve the desired outcomes
- Governance arrangements
- Competition test

Intended audiences and target groups for the service change

All those who live in, work in and visit Shropshire
Current and potential future bus and public travel operators
House of Commons Select Committee on Transport
National Government
Neighbouring local authorities
Shropshire Community Transport Consortium
Strategic partnerships including the County Councils Network (CCN), the Rural Services Network (RSN), and the West Midlands Combined Authority (WMCA)

Evidence used for screening of the service change

- Shropshire's Bus Service Improvement Plan Prospectus, submitted to the Department for Transport.
- 'Bus Back Better, a National Bus Strategy for England' (March 2021)

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

On 30 June 2021 the Council committed to forming an Enhanced Partnership with the bus operators across the area. In line with government's tight timescale, on 31 October 2021, the Council published its Bus Service Improvement Plan (BSIP), developed jointly with the bus operators., community transport organisations, based upon the comprehensive customer engagement survey and the resulting ambitions of local people and visitors.

The survey undertaken during summer 2021 provided useful insights into residents' views of bus services. 2,555 responses were received from people across all parts of Shropshire

As required by the EP guidance, the following were formally consulted on this Plan:

- Transport Focus
- Traffic Commissioner
- Chief Officer of Police
- Competition and Markets Authority
- Neighbouring authorities
- Local MPs

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

(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)				Low Positive
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)				Low Positive

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)
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?				Low Positive
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?				Low 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>				Low 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>				Low Positive

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

In March 2021 the government published ‘Bus Back Better, a National Bus Strategy for England’. This followed a general decline in bus patronage since the 1950s whilst traffic congestion and emissions have continued to increase. COVID-19 has caused a significant shift from public transport to the private car. To avoid the worst effects of a car-led recovery – cities and towns grinding to a halt; pollution, road injuries, respiratory illness and carbon emissions all rising – the government wants the country to shift back quickly, by making radical improvements to local public transport as normal life.

ADD from the EP Plan

There are a number of challenges for the Shropshire bus network, as follows:

- Shropshire is the second largest inland county in England, with 330,000 people spread over 1250 square miles.
- As a significantly rural area, travel demands are sparse and diverse and many journeys quite long. This means that there is a high dependence on journeys by car.
- There is an ageing population; an increasing proportion of bus journeys are made by concessionary pass holders, with a corresponding decline in use by fare paying passengers.

- Bus provision is not commercially viable, meaning that many services rely on local authority support.
- Resources are spread thinly, so services are limited, offering poor levels of connectivity and limited access to facilities and services, and there is a lack of investment in infrastructure and buses.

The Enhanced Partnership seeks to facilitate the delivery of the BSIP vision and objectives, as follows.

Vision

Buses are excellent; they play a significant role in the life of Shropshire and its people, offering convenience and choice for all.

Overall goal

To revitalise bus travel in Shropshire, by improving its image and useability, and so increasing use and underpinning a positive cycle of growth and development of bus services.

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.

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