

**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>
Shropshire Plan

<b>Name of lead officer carrying out the screening</b>
Tom Dodds

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

*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 an overarching plan, the Shropshire Plan sets out high-level views of what the Council will be focusing on delivering. It has strong links to the Council's current and emerging strategies, and actions identified in the delivery plans may require ESHIAs of their own.</p> <p>Delivery of the Shropshire Plan should have positive impacts across all areas of the community, and this initial Assessment has accordingly 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.</p> <p>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. Such households and individuals also include veterans and serving members of the armed forces and their families, and young people leaving care.</p>

The likely positive impacts include mitigation and prevention of poor health outcomes, better paid jobs and carbon reduction. Priorities include efforts to address inequalities; to identify and support vulnerable children, young people, adults and families; to ensure there is a range of affordable and appropriate and specialised accommodation; and to achieve shared priorities with partners around transport; digital and mobile connectivity, employment, skills and the economy; and the environment.

Delivery plans will set out the actions that will be taken to achieve the priorities. These will be reviewed when completed to identify any gaps relating to equalities issues arising from the circumstances in which people and households find themselves, including changes in circumstance as a result of the pandemic or the significant rise in fuel costs and/or location in the county such as living in more rural areas, as well as challenges for individuals and their families, including hidden or more visible disabilities.

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

The delivery of the Shropshire Plan priorities is a central component of the Council's Performance Management Framework. The delivery plans will set out the key deliverables and the associated high-level actions that will be taken, when they will be taken (milestones – demonstrating progress), and the relevant performance indicators (measures of impact).

There will be thematic dashboards for each of the four high-level priorities (Healthy People, Healthy Economy, Healthy Environment, Healthy Organisation). These will be maintained as the data becomes available, providing a rolling view of the progress and impact of the delivering the Council's priorities for officers and Members.

As well as the visibility of progress and impact from the dashboards there will also be regular committee reports planned on a quarterly basis that will highlight key points by exception, as well as offer a thematic view focusing in more detail on one of the high-level priorities, providing the opportunity to identify any positive or negative impacts and any mitigating actions that will be taken.

The delivery of the priorities will also be a central feature of the Service Delivery Plans that will be completed at Assistant Director level, that will have more detail on the actions being taken. These will be shared with the relevant Overview and Scrutiny Committees who will be able to identify topics that they would like to look at in more detail.

Projects progressing the key deliverables for the priorities are likely to require their own ESHIA and carry out engagement with the groups and communities within their scope. The completed delivery plans will be reviewed to identify the actions and key deliverables that are expected to require an ESHIA.

There will be ongoing efforts to engage with people in the Protected Characteristic groupings, particularly where low levels of responses to public consultation have been received to date and where responses are limited to particular demographics.

### **Associated ESHIAs**

Because the Shropshire Plan sits at the top of the Council's golden thread, all strategies and plans of the Council will link to it, as will their associated ESHIAs.

These include:

- A Vibrant Shropshire: Cultural Strategy 2021-2031
- Climate Change Strategy Plan ESIIA
- Leisure Facilities Strategy 2020-2038
- Libraries Strategy 2018-2023
- Local Plan Partial Review ESIIAs
- Shropshire Great Outdoors Strategy
- Shropshire Housing Strategy ESIIA
- Economic Growth Strategy ESHIA (New Strategy 2022)
- Homelessness Strategy ESHIA (New Strategy 2022)

### **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***

Climate change has been given extensive consideration in the Shropshire Plan, both in terms of current plans and progress, and in the actions that will be taken over the coming years. There is a strong forward focus driven through a Healthy Environment being one of the four priorities and carbon reduction and the delivery of the Council's wider Climate Change Strategy as defining characteristics.

The achievement of the Shropshire Plan priorities through the delivery of the high-level actions should support the Council and its partners to realise their climate change ambitions and targets. Because the Shropshire Plan is at the top of the Council's 'Golden Thread', this focus and delivery actions will be written through the organisation in Service Delivery Plans and Team Plans.

The spotlight on tackling climate change in Shropshire will be maintained through the Council's Performance Management Framework with a focus on progress with the actions, projects and initiatives and the impact achieved with the measures and targets that will be in the Shropshire Plan delivery plan. These will be monitored, reviewed, and reported, with action taken as required when the data is published, and they will be a feature of the Council's regular performance reporting and performance management work.

As progress is made and actions are completed, and new projects and programmes are developed, there will be scope within the delivery plan and the performance management framework to include them. They can be refreshed as an when required with new actions, measures and milestones added so that progress with and the impact of tackling climate change will always be current.

**Health and well being**

As a strategic document for the Council the priorities in the Shropshire Plan have specific points of focus for health and wellbeing, as well as actions and key deliverables that will contribute positively to the wider determinants of health.

There is a strong focus on:

- Preventing poor health and improving healthy life years
- Addressing inequalities in all forms, including rural inequalities
- Appropriate, affordable, specialised and key worker housing
- Employment, skills and better paid jobs
- Maintaining and improving the environment and people’s use of the environment for physical and mental wellbeing


Once completed the delivery plans will be reviewed to identify the actions and deliverables that will contribute positively and/or could go further or need to be considered in more detail to minimise any negative impacts on health and wellbeing.

**Economic and societal/wider community**

The Shropshire Plan priorities include specific focus on economic growth, housing, infrastructure, and enabling cohesive and sustainable communities in both more rural and more urban areas of the county. Place shaping is a central feature of the plan, recognising that the benefits arising from this work reach into enabling improved health and wellbeing and protecting and enhancing the environment.

These aspects are intrinsically linked and ensuring that the interdependencies are balanced and managed through the delivery of the actions that achieve the priorities of the Council and Shropshire communities, will be a consistent area of attention. The regular review and update of the delivery plans over the lifetime of the Shropshire Plan will provide the mechanism to do this.

**Scrutiny at Part One screening stage**



People involved	Signatures	Date
Lead officer carrying out the screening		28 <sup>th</sup> April 2022

Any internal service area support*		
Any external support** Mrs Lois Dale, Rurality and Equalities Specialist	Lois Dale	4 <sup>th</sup> May 2022

\*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
Lead officer's name		4 <sup>th</sup> May 2022
Accountable officer's name		6 <sup>th</sup> May 2022

\*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 Shropshire Plan brings together the key strategic plans for the Council that set out the vision, mission, priorities and strategic objectives, the key actions that will be taken and the measures and targets what will be used to demonstrate progress and impact.</p> <p>The Shropshire Plan suite includes</p> <ul style="list-style-type: none"> <li>• the Strategic Plan which sets out the Priorities to be delivered,</li> <li>• the associated delivery plans which set out how the priorities will be delivered,</li> <li>• the Council's Performance Management Framework which sets out how the Council will be reviewing performance to ensure that the priorities are delivered,</li> <li>• and the Council's Financial Strategy, making the link between the priorities of the Council and how resources are allocated to deliver them</li> </ul> <p>The plan sits at the top of the golden thread of strategies, plans and policies that run through the organisation, providing the direction of travel and focus of the Council for the three years to 2024/25. A refreshed plan will be developed</p>

introducing new projects and programme, and taking forward those that will continue to be implemented for 2025/26 onwards.

The delivery of the key deliverables that will realise the Council's priorities and strategic objectives will develop as projects and programmes of work. These are likely to require their own ESHIA's and programmes of engagement including with communities, service users, partners, providers.

The Shropshire Plan suite also includes the Financial Strategy which will be shaped year on year by the actions that will be taken and where the Council's resources will need to be focused.

Together, the different elements of the Shropshire Plan provide clarity over what the Council will be doing to deliver its priorities within its financial envelope.

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

As an overarching strategic plan that sets the direction for the whole council the Shropshire Plan and the actions to deliver it will reach into **all communities, groupings of people, providers, partners and other organisations, including through and with the community and voluntary sector.**

**Local Shropshire Councillors** will have a role as community leaders, linking into their communities as ambassadors for the council and back to the council and to partners as the representatives of their electorate.

Liaison will also be ongoing with **local MPs**.

We are clear in the plan that the priorities will be best achieved through the council working together with the **relevant stakeholders** for the programmes and projects being delivered. This will require effective and sustainable engagement that is accessible to all who need to and want to be involved.

On a more strategic level of partnership working the delivery of the plan will also require working with **national Government and its agencies, neighbouring councils including those in Wales, other similar rural authorities eg through the County Councils Network and the Rural Services Network, the West Midlands Combined Authority, other public sector organisations and the private sector.** Their involvement will be directly linked to the programme and projects that are being progressed.

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

This is an initial ESHIA for the Shropshire Plan.

As part of the development of the Strategic Plan a period of engagement on the draft plan of over 6 weeks was undertaken with feedback received from members of the public, Council staff, partners and local businesses. This ran from mid-January to the end of February 2022 and was followed by two online briefing sessions for Members to understand the plan in more detail.

The response indicated that there were no concerns expressed in relation to the protected characteristics, although the impact of living in rural areas and rurality was highlighted. Low responses from younger age groups, which is not untypical for surveys of this nature, indicate a need for other forms of engagement with these age groups, which has already been acknowledged.

As the Shropshire Plan is implemented through the different programmes and projects these will need their own specific ESHIAs to be completed.

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

Implementation of the Shropshire Plan priorities and strategic objectives through programmes and projects will require identification and application of the most effective methods and approaches to communication and engagement for different communities and groupings. For example:

- As an area with an ageing population, for some in these age groups would they prefer a phone call, letters, emails, local radio or newspapers?
- What is the best way to reach men to seek their views and potentially increase their involvement?
- How should people aged 0-19 and their families be engaged, what are the suitable topics, mediums and locations e.g. could schools and colleges be suitable channels?

**Initial equality impact assessment by grouping**

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

**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>✓</p> <p>Strategic Objectives on tackling inequalities (inc rural), and people taking more control/responsibility for their health and lifestyle choices</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>✓</p> <p>Strategic Objectives on tackling inequalities (inc rural), and people taking more control/responsibility for their health and lifestyle choices</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>✓</p> <p>Strategic objectives include the economy and jobs and skills, appropriate housing, managing and enhancing Shropshire's environment, and tackling climate change.</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 Services, Mental Health,</p>			<p>✓</p> <p>Strategic objectives include early intervention and prevention, with demand management being a design principle through the</p>	

Local Authority services including Social Services?			Council's Target Operating Model.	
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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 Shropshire Plan Strategic Plan is built around the Council's four priorities:

- Healthy People
- Healthy Economy
- Healthy Environment
- Healthy Organisation

Through these priorities, the Strategic Objectives that sit beneath them, and the delivery plans that will set out the actions, delivery milestones, KPIs and targets there is a strong focus on climate change, tackling inequalities (including rural inequalities), the economy, housing and social inclusion.

The impacts of implementing the Shropshire Plan should be positive, but each key deliverable/programme of work included in the delivery plan should see more focused ongoing engagement with communities, service users, customers, partners, and providers as the pieces of work are scoped, planned delivered and reviewed. In addition, based on previous experience, the individual key deliverables will likely require their own ESHIA to look in detail at their likely impact.

**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. A 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](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)***