

**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>
Update of the Workforce Strategy (covering the period 2022/23 to 2024/25)

<b>Name of lead officer carrying out the screening</b>
Sam Williams Assistant Director, Workforce

<b>Decision, review, and monitoring</b>
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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.*

<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><i>This is the section in which to outline what the initial assessment indicates in terms of likely impacts for different groupings in the community. For the groups who may be affected, what actions will you currently anticipate taking, to mitigate or enhance impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected. If you have recently carried out consultation and there are groupings whose views appear to have been underrepresented, please comment here on the consultation feedback received, and outline what actions you are taking to develop engagement with these groupings.</i></p> <p><i>This section will be the basis for the paragraph that you then need to add into the committee report about what the initial assessment indicates in terms of impacts.</i></p> <p>The Council's Workforce Strategy provides assurance that as an organisation we take a proactive approach to workforce issues, identifying areas of risk and</p>

implementing mitigating actions to address these. It identifies the capacity, capability and diversity of workforce and how it needs to operate to deliver outcomes for the residents of Shropshire.

It impacts all of the workforce delivering all of our services which is approximately 5778 (4,203 FTE). A large proportion of our workforce are also residents of Shropshire. Whilst there are no direct equalities, social inclusion and health considerations, the nature of the strategy and its impact on the workforce has indirect implications from these perspectives.

The council has appropriate policies in place to support employees who feel aggrieved or are being treated unfairly which meet employment legislation as well as equality considerations.

The action plan for the next 3 years is aligned to the high level priorities of the Shropshire Plan, as well as closely aligning to the Integrated Care System (ICS) People Plan:

**Growing for the future:** Attract, Recruit & Retain, Apprenticeships & Career Pathways, Workforce Planning

**New Ways of Working:** Agile & Mobile Working

**Belonging in the Council:** Equalities, Diversity & Inclusion, Leadership Development, Management Essentials

**Looking After Our People:** Health, Wellbeing & Resilience

In delivering these actions, specifically which will result in policy change, a separate EHSIA will be undertaken to ensure the impacts are positive.

The first Workforce Strategy was created in 2016 and reviewed again in 2019 (signed off in 2020). Informal consultation has taken place with colleagues across the organisation as well as recognised Trade Unions.

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

*This is the section in which to outline what actions the service area will be taking to review and monitor the impacts of the service change, and with what frequency. What arrangements will you have in place to continue to collect evidence and data and to continue to engage with all groups who may be affected by the service change, including the intended audiences? For example, customer feedback and wider community engagement opportunities, including involvement of elected Shropshire Council councillors for a locality. Have you looked at comparator good practice? Could you share learning with other rural local authorities, given commonalities around challenges such as ageing demographic profiles, access to facilities and services?*

*This section will be the basis for the paragraph that you then need to add into the committee report about what reviewing and monitoring arrangements you will have in place to mitigate negative impacts or enhance positive impacts of the proposed service change for groupings in the community.*

The Workforce Strategy and associated Action Plan will be reviewed on an annual basis to ensure that it is still relevant and aligned to the overall priorities.

As actions are developed the impact will be monitored through data captured via:

Feedback:

- from managers and employees, individually and via forums
- staff survey(s) – regular ‘pulse’ surveys, skills surveys, wellbeing surveys
- Customer/client/ partner organisation feedback

Data reporting: (from the quarterly HR Balanced Scorecard):

- Staff turnover
- Vacancy rates/Unfilled vacancies
- Staff sickness/Absence levels
- Recruitment campaigns
- Performance Development Reviews and Training Plans
- Employee learning and development
- Employee volunteer days
- Annual Leave balances
- Employee Surveys

Workforce data is also published as part of the council’s annual diversity monitoring report and annual Equality Action Plan.

In addition, the council is required to publish an annual pay and reward policy, alongside information relating to the Gender Pay Gap.

### **Associated ESHIAs**

*Please use this section to note any associated ESHIAs and timelines, including previous impact assessments using the Equality and Social Inclusion Impact Assessment template. For example, this may be the second screening ESHIA carried out at the end of a period of consultation: it will be helpful for the public to be able to refer to the initial ESHIA. This will also serve to demonstrate ongoing approaches to continuous engagement with Protected Characteristic groupings.*

*It will be helpful to the public to show how a proposed service change fits into the policy approach of a service area and of the Council, e.g. the Culture Strategy ESIIA made reference to the “Shropshire Great Outdoors Strategy” as well as to the Economic Growth Strategy 2017-2021.*

N/A

**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**

*This is the section in which to please outline any actions to mitigate negative or enhance positive impacts in terms of economic, environmental, or wider societal considerations, and actions to review and monitor the overall impact of the service change accordingly.*

**Climate change**

*Please use this section to insert the Climate Change Appraisal completed for the committee report associated with this ESHIA, or internal record of appraisal if this is a working document.*

Whilst there are no direct environmental or climate change requirements or consequences, the nature of the strategy and its impact on the workforce has indirect implications related to the future new ways of working, particularly in relation to the use of council buildings and associated business travel for the workforce and this is acknowledged and outlined in the strategy action plan. This work will be undertaken working with the Climate Change team in the council.

**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.*

The Strategy outlines achievements and interventions around health, wellbeing and resilience of the workforce and identifies future actions to take forward over the next 3 years. The strategy recognises the importance of maintaining and enhancing the health, wellbeing and resilience of the workforce to deliver high quality services to residents.


**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.*

Shropshire Council is the largest employer in the county with the majority of the workforce living in the county. Achievements and actions outlined in the strategy, particularly around recruitment, retention, skills development and health and

wellbeing will therefore have an indirect positive impact on the economic and societal/wider community.

**Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>  Sam Williams Assistant Director, Workforce		10.5.22
<i>Any internal service area support*</i>		
<i>Any external support**</i>  Lois Dale Rurality & 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**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<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**

*Please use this box to describe the aims and purpose of the service change. This ESHIA may well be the only document associated with a service change that the service user or advocates may read, rather than any committee reports or other associated documents. Please therefore regard it as a stand-alone document. It is a good plan to put more into it rather than less, even if it may feel like duplication to you. Use content from your committee report to help you in this regard.*

*Include any background that you think is helpful for someone reading this ESHIA, e.g., if there is a new policy, why is it being introduced? If there is a change to an existing service, what are the reasons for this? For example, a redesign and rationalisation of Customer Service Points may seek to concentrate provision strategically on areas where there is a mix of population density and customer need.*

*Further details giving context would also always be helpful here and might include tables and charts. For example, a planned reduction of opening hours for a library or a leisure centre might be helpfully viewed alongside comparative analysis of usage across a number of libraries, leisure centres, etc, including any known and anonymised data about numbers of service users and potential service users likely to be affected, and whether or not people are in Protected Characteristic groupings.*

*This will also help to demonstrate objectivity of the approach and show that, even where difficult decisions might be being planned or made, they are being made in the light of careful consideration of the negative or positive consequences for all groupings. It is not about changing the decision, it is about showing the thought given to the anticipated impact, and also showing that data will continue to be collected about service usage and actual impact to help develop and deliver any mitigating actions.*

The Workforce Strategy links to and supports the Council's strategic priorities, outlined in The Shropshire Plan, by identifying what capacity, capability and diversity of workforce and how it needs to operate to deliver outcomes for the residents of Shropshire.

The strategy helps provide the direction and to ensure that we have the right people, with the right skills, in the right place, at the right level and at the right cost.

It is driven by but also enables the overall Organisation Strategy – [The Shropshire Plan](#)

It is a 3 year plan that aligns with other key strategies for the organisation but will be reviewed each year to ensure it is still fit for purpose. It also looks further into the future than just the next 3 years to ensure that our people related policies can adapt and be flexible to the changing world of work.

As a public sector body that delivers over 600 services to our communities, the majority through people, a talented, engaged and aligned workforce is crucial for bringing the strategic priorities to life and ensures the organisation delivers on its objectives.

Direct people costs make up 23% of the council's organisational costs. The cost of getting it wrong can therefore be significant.

We first published our Workforce Strategy in 2016 when we were embarking on a major transformation programme across the council. We then reviewed and published our updated strategy for the period 2019/20 to 21/22.

This review of the strategy has taken stock of the last 2 years, in particular the challenges brought about by Covid 19, what we have achieved since that time, where we are now and where we need to go (and how we get there). The Covid 19 pandemic has an enormous impact on the workforce who responded to the challenges and ensured that existing services, as well as new ones, continued to be delivered in very difficult times.

### Our Workforce

The number of staff we employ is 5,778 (4,203 Full Time Equivalents)

2016	2019	2021
7,911	5,911	5,778

Our workforce has decreased by 27% since 2016.

Of the 5,778 employees, 2,197 employees are in Schools and 3,581 are employed in non-schools functions.

#### **How our workforce is made up:**

60% are Part Time, 40% Full Time

Males make up 19% of the workforce and females 81%.

For non Schools this is slightly different at 24% males compared with 76% females.

The % of the workforce from Black and Minority Ethnic origin is 1.66%. This has increased by 0.34% since 2019.

The % of the workforce who have declared a disability is 1.94%, remaining at similar levels to previous years.

#### **Our levels of Absence:**

Average lost days of 8.01 for all employees.

For non-schools employees this is 7.8 days.

Overall, rates have reduced since 2019

#### **Retention Rates (turnover):**

For all our employees this is a rate of 7.36%

For non-schools this is 7.37%

### The Future

Shropshire Council faces major challenges with regards to how our services are funded, despite additional funding from government due to Covid. Meanwhile, demand for some of our services such as adult social care and children's social care is growing all the time.

The pandemic has seen us work in different ways and has opened our eyes as to what's possible and what we're all capable of. It has undoubtedly accelerated our adoption of

new technology, changing the way that we communicate, collaborate and deliver our services.

We also need to be mindful of the changing demographics of the workforce – working lives are lengthening as the UK population ages. As the UK state pension age rises, more older people will be in employment. By 2030, the number of economically active people aged 65 and over is projected to increase by one third. The UK is also now seeing emergence of a four generational workforce (baby boomers, generation X, millennials and the first of generation Z). This brings about fresh challenges to motivate a very diverse workforce.

There is also an increase in non-linear careers rather than ‘careers for life’. People are continuing to work later in life. This shift is likely to lead to people having more stages in their career and making changes to new sectors or having ‘portfolio careers’, where they work in more than one area simultaneously. This, in turn, may lead to higher expectations of employers to make it easier for people to move in and out of roles and to create more opportunities for non-linear progression<sup>1</sup>. Again this brings out a challenge to the traditional progression routes within local authorities and the flexibility of roles within them.

### Workforce Priorities

Below are the actions to be taken as outlined in the strategy:

Theme	Project/Activity	What we will do	When by
Growing for the Future	Attract, Recruit & Retain	Review our approaches to recruitment activity to attract a wider and more diverse audience. Ensuring our brand is one of an Employer of Choice.	31 <sup>st</sup> July 2022
		Induction and onboarding to take account of new ways of working, engaging our future workforce earlier and in different ways.	30 September 2022
		Review and reduce our reliance on the agency and interim workforce but where we do require these, ensuring that we engage skilled, engaged workers that provide value for money.	31 March 2023
	Apprenticeships and Career Pathways	Adopt an ‘Apprenticeship First’ approach to recruitment and development, creating growth and career pathways within the organisation, to retain talent.	30 September 2022
		Increase the numbers of young people within the organisation through Kickstart and Apprenticeship opportunities.	31 March 2023

<sup>1</sup> The future of NHS resources and organisation development, Prerana Issar



	Workforce Planning	<p>Embed workforce planning into service planning to ensure right people, right skills, right time, right place at right cost.</p> <p>Planning for the 'future workforce' and what this will mean for 5, 10 and 20 years time.</p>	<p>31 March 2023</p> <p>31 March 2023</p>
New Ways of Working	Agile/Mobile working post covid	<p>Review our temporary homeworking arrangements and agree permanent future working arrangements.</p> <p>Review of key policies to meet future ways of working:</p> <ul style="list-style-type: none"> <li>• Home Working</li> <li>• Smarter Working</li> <li>• Flexible Working</li> </ul> <p>Undertake 3<sup>rd</sup> full Staff Survey Plus smaller 'pulse' surveys</p> <p>Ensure we have an agile/ flexible workforce able to adapt and respond. Continuously improving our performance through reviews and lessons learned.</p> <p>Regular testing of our business continuity arrangements to ensure the organisation can respond to emergency situations effectively.</p>	<p>31 August 2022</p> <p>31 August 2022</p> <p>Spring 2022</p> <p>31 March 2023 then ongoing as part of regular reviews.</p> <p>Ongoing</p>
Belonging in the Council	Equality, Diversity & Inclusion	<p>Improve awareness of Equality, Diversity and Inclusion across the organisation. Encouraging and role modelling Allyship amongst our workforce.</p> <p>Set up a council wide Workforce Diversity &amp; Inclusion forum.</p> <p>Review of our recruitment strategies to ensure these are inclusive.</p> <p>Become accredited to the White Ribbon campaign and review our policies around Domestic Violence and Bullying and Harassment.</p>	<p>1 April 2022 onwards</p> <p>30 June 2022</p> <p>30 June 2022</p>

		Working with the Integrated Care System (ICS) to develop a system wide employee network, representing all strands of equalities.	30 June 2022  31 March 2023
	Leadership Development	Investment in our Leaders at every level across the organisation to equip them with the skills to engage, empower and develop talented people.  Embedding the Getting it Right philosophy with teams as well as role modelling the characteristics and behaviours we expect of all our employees.	31 March 2023  31 March 2023
	Management Essentials	Continue to develop our Management Essentials Handbook and training offer – supporting managers to undertake their roles effectively aligned to new ways of working.	Ongoing
	Development of Performance	Embed a new Employee Performance Development Review process aligned to priorities set out in The Shropshire Plan and Getting it Right philosophy.  Clarity of objectives for teams and individuals that directly link with our overall purpose and ambitions.  Regular reviews taking place to monitor performance and adapt to changes	July 2022 onwards  2022/23 Cycle of Performance Reviews  Ongoing
	Reward & Recognition	Review and develop Reward and Recognition strategies fit for the future workforce, rewarding high performance.  Development of a Talent Academy where talent is nurtured and supported, with defined career pathways in place to support progression.	31 March 2023  31 March 2023
Looking After our People	Health, Wellbeing & Resilience	We will continue to provide supportive health, wellbeing and resilience interventions to our employees through our Wellbeing Plan (Looking After our People).	Ongoing

		<p>Roll out the Trauma Resilience &amp; Management (TRiM) to targeted teams / individuals across the organisation.</p> <p>Achieve the next level of the Thrive At Work Wellbeing Accreditation.</p> <p>Regular engagement surveys of the workforce undertaken with feedback on 'We Said We Have, We Will'.</p> <p>Roll out of mandatory Display Screen Equipment (DSE) Workstation Assessment training for office, home and hybrid workers.</p>	<p>31 March 2023</p> <p>1 September 2022</p> <p>Ongoing</p> <p>31 August 2022</p>
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### Intended audiences and target groups for the service change

*This box relates to the people or groupings of people concerned, organisations involved, any other interested parties, etc. For example, if the change will affect people receiving adult social care services and their families and carers, please say so here. If the change will affect the whole population, please say so here.*

*If the change could affect strategic partnership working, or work with our neighbouring local authorities, or other rural authorities, for example by the West Midlands Combined Authority, or through the Rural Services Network or County Councils Network, please mention such partnerships and authorities as well.*

*It is a good idea to include local elected councillors due to their community leadership roles.*

The Workforce Strategy and action plan will impact on the following audiences/groups:

- All Employees of the council
- Temporary workforce (i.e. agency workers)
- Trade Unions
- Integrated Care System (ICS) partners
- Apprenticeship Training Providers
- Elected Members

### Evidence used for screening of the service change

*This box relates to use made of evidence in developing the change to the service. This could be Census analyses, community demographic profiles, results of surveys, or previously collected evidence material. The contextual comparator data tables you may have featured above could equally be inserted here, or referred to here, to show use made of such evidence.*

*If the evidence is on the Council website, please insert hyperlinks. Please comment on the use of evidence in enabling the service area to identify its proposed policy or service change.*

*If this ESHIA is a screening one carried out at the end of a period of consultation, please use this box to outline the feedback and whether as a consequence there are any adjustments now envisaged to what was originally proposed.*

In undertaking the review of the existing Workforce Strategy, the following evidence has been used:

Workforce Strategies:

[Layout 1 \(shropshire.gov.uk\)](https://www.shropshire.gov.uk):

Annual diversity monitoring reports/Gender Pay Gap:

[Equality, diversity and social inclusion | Shropshire Council](#)

Pay & Reward Policy

[Pay and reward policy | Shropshire Council](#)

Quarterly HR Balanced Scorecard - information contained within the on trends over the period of time since the last Workforce Strategy was approved has been analysed to inform the review of the strategy and creation of the action plan.

Staff Surveys – information from the 2 staff surveys undertaken since 2020 have been used to inform the review of the strategy and subsequent action plan.

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

*This box relates to any specific consultation with the audiences for the service. This could be online surveys, use of social media, one off focus groups, events, drop-in sessions, meetings with stakeholder groups, etc.*

*Please also use this box to say if you have not carried out consultation but are planning to do so. For example, this might be an ESHIA at the beginning of a proposed consultation period. You could therefore give timelines and intended methods of communication and engagement.*

In reviewing the strategy and action plan, informal consultation has taken place with the following:

- Cross section of managers across the organisation
- Trade Unions

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

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

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

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact</b> <i>Part Two ESIIA required</i>	<b>High positive impact</b> <i>Part One ESIIA required</i>	<b>Medium positive or negative impact</b> <i>Part One ESIIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Part One ESIIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with disability)		<b>X</b>		
<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>X</b>		
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)		<b>X</b>		
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)			<b>X</b>	
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			<b>X</b>	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)		<b>X</b>		
<u>Religion and belief</u>		<b>X</b>		

(please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				
<b>Sex</b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)		<b>X</b>		
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)		<b>X</b>		
<b>Other: Social Inclusion</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)		<b>X</b>		

### **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>
<b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b>  For example, would it cause ill health, affecting social inclusion, independence and participation? .		<b>X</b>		
<b>Will the proposal <i>indirectly impact</i> an individual's ability to</b>		<b>X</b>		

<p><b>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><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><b>X</b> (neutral)</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, Local Authority services including Social Services?</p> <p>.</p>				<p><b>X</b> (neutral)</p>

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

*This is the section in which to please outline any other considerations, which may be in terms of economic impact, environmental and climate change assessments, or any wider societal considerations. We are not looking for financial or legal impacts, which will be picked up in committee reports. This section is more a record of other likely impacts that may adversely or positively affect those who live in, work in, and visit Shropshire.*

*Please use this section to insert background to any Climate Change Appraisal completed for the committee report associated with this ESHIA, or internal record of appraisal if this is a working document*

*You could also usefully indicate at this point*

- *if there are any potential Human Rights implications. For example, is there a potential breach of one or more of the human rights of an individual or group?*
- *If the service change as proposed may have a positive or negative impact on fostering good relations and/or on promoting social inclusion.*

Whilst there are no direct environmental or climate change requirements or consequences, the nature of the strategy and its impact on the workforce has indirect implications related to the future new ways of working, particularly in relation to the use of council buildings and associated business travel for the workforce and this is acknowledged and outlined in the strategy action plan. This work will be undertaken through the New Ways of Working group, working with the Climate Change team in the council.

The Strategy outlines achievements and interventions around health, wellbeing and resilience of the workforce and identifies future actions to take forward over the next 3 years. The strategy recognises the importance of maintaining and enhancing the health, wellbeing and resilience of the workforce to deliver high quality services to residents. As we move forward with different ways of working, the health and wellbeing of the workforce needs to be at the forefront of any changes made and the workforce engaged in any decisions that will impact on them

Shropshire Council is the largest employer in the county with the majority of the workforce living in the county. Achievements and actions outlined in the strategy, particularly around recruitment, retention, skills development and health and wellbeing will therefore have an indirect positive impact on the economic and societal/wider community.

## **Guidance Notes**

### **1. Legal Context**

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

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on



us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

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

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

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

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

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

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

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called due regard of the needs of people in protected characteristic groupings

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

In practice, Part Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may

occasionally need to be undertaken, but this would be very much the exception rather than the rule.

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

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government.

The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

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

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

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

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

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

We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views

when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

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

**Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council. Help and guidance is also available via the Commissioning Support Team, either for data, or for policy advice from the Rurality and Equalities Specialist. Here are some examples to get you thinking.**

*Carry out an ESHIA:*

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

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

*Carry out an equality and social inclusion approach:*

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

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

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

This is a relatively new area to record within our overall assessments of impacts, for individual and for communities, and as such we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021, and to look at these in the context of direct and indirect impacts for individuals and for communities. A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

#### **Health in All Policies – Health Impact Assessment**

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

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

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

## **Individuals**

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

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

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

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

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

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

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

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

## **Communities**

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

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

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

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

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

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

### **Demand**

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

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

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

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

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