

**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>
<i>Implementation of new Adult Social Care Debt Recovery Policy</i>

<b>Name of lead officer carrying out the screening</b>
Cheryl Sedgley

<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>Failure to have a clearly defined policy for debt collection will leave the Council vulnerable to complaints about process and debt outcomes. It is important to have clearly defined actions to protect both staff and debtors.</p> <p>The policy sets out the following commitments:</p> <ul style="list-style-type: none"> <li>• The Council will deal with you sensitively, professionally and courteously regardless of your age, disability, gender reassignment, marriage and civil partnership arrangement, pregnancy, race, religion or belief, sex, or sexual orientation.</li> <li>• The Council will take steps to ensure that we have made the appropriate checks to ensure inappropriate enforcement action is not taken against potentially vulnerable individuals.</li> </ul> <p>The Equality, Social Inclusion and Health Impact Assessment, carried out in order to assess the likely impacts of the revised policy for Protected Characteristic groupings as set out in the Equality Act 2010, and for people in our tenth category in Shropshire, of Social Inclusion, indicates that the overall impacts should be neutral or positive across groupings.</p>

The implications of this policy for vulnerable individuals and households are of particular relevance and may apply either in rural households or in our market towns. There is a further recognition warranted that there may be issues for individuals and households ranging from personal circumstances affecting income such as loss of employment, low wages, irregular income, relationship breakups, fuel poverty, etc, to practical difficulties in accessing facilities and services across our large county, either in person or online.

The policy sets out that the Council will ensure that it does not take inappropriate enforcement action in respect of vulnerable persons. Debtors who may be considered vulnerable may include persons

- With medical conditions such as mental ill health, terminal illnesses
- With a learning disability
- With a physical disability or who may be housebound
- Who are illiterate or unable to speak English
- With an alcohol/drugs or gambling addiction
- Fleeing domestic violence or other violence and have the support of either the police, or a statutory or voluntary agency
- Who are prison leavers being supported by an appropriate organisation or agency
- Who have a temporary change in their life such as a relationship breakdown or bereavement which may mean they need support on a short-term basis
- Who have severe debt problems
- That are subject to mortgage possession proceedings
- Suffering any form of harassment

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

Actions to increase the positive impacts in equality terms need to include ensuring that a range of communication channels are used to encourage people to have the confidence to approach the Council if they are in debt or fear that they may find themselves in such circumstances. This will usefully include working with local elected Shropshire Council councillors as community leaders, for example through councillor surgeries, and setting out the recourse that people may have to impartial advice and guidance as well, through the community and voluntary sector. The policy lists a number of such advice channels as well as a glossary of terms.

#### **Associated ESHIAs**

Related ESHIA for Corporate Debt policy

**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***

While there are no direct climate change impacts arising from this report the Finance team are committed to encouraging all service users to sign up for paperless direct debts and to receive invoices and reminders through digital channels rather than via paper and post.

***Health and well being***

The Council will also seek to factor in the potential negative mental health impacts for people of falling into debt, which this policy sets out to recognise and address through encouraging people to make contact at the earliest opportunity and through setting out the impartial advice and guidance that is available from external agencies.

***Economic and societal/wider community***

Having a clearly outlined, transparent and fair approach to debt collection removes uncertainty and challenge which can have a detrimental effect on collection rates. The policy will help to enhance the Council's income collection, reduce the level of debt owed to the Council and minimise the level of unrecoverable debt. The Adult Social Care debt recovery policy will ensure that the Council remains focussed on collecting debt in a positive and ethical way.

**Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>	Cheryl Sedgley	25 August 2022
<i>Any internal service area support*</i>	<i>Carole Croxford, Service Manager Operations, Adult Social Care</i>	25 August 2022
<i>Any external support**</i>		

*\*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>	Cheryl Sedgley	25 August 2022
<i>Accountable officer's name</i>		

*\*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>It is good practice for Shropshire Council to detail its approach to collection of debt. This will ensure clarity to taxpayers, businesses, members, other residents, and advice agencies about the Council's approach to debt collection. It also ensures a fair and consistent view is taken to debt enforcement, and that the Council is committed to identifying and assisting more vulnerable groups in society to manage their payments.</p> <p>The introduction of Breathing Space regulations in May 2021 provide legal protections to customers that may have a problem debt, and the Government intention to introduce Statutory Debt Repayment Plans, will enable a person in problem debt to enter into a formal agreement with their creditors to repay all of their eligible debts over a manageable time period, whilst receiving legal protection from their creditor.</p> <p>The key message for customers in arrears/debt with their Adult Social Care Debt has to be that they need to get in contact with the Debt Recovery Team as soon as possible in order to:</p> <ul style="list-style-type: none"><li>• Make us aware of their situation</li><li>• Enable us to evaluate their situation by completing an income and expenditure form</li><li>• Refer to an appropriate advice agency for any third-party assistance.</li><li>• Decide on the most appropriate course of action to take. This may result in making an appropriate payment arrangement or in applying for an attachment of benefit or attachment of earnings order.</li><li>• The most important thing is that the debtor must show willing to work with the debt recovery team to take responsibility and improve their situation.</li><li>• They may be in arrears due to different circumstances such as<ul style="list-style-type: none"><li>- Poor money management</li></ul></li></ul>

- Inappropriate expenditure on non-priority items
  - Reduced earnings requiring an evaluation of lifestyle
  - Illness/disability
  - Low wage
  - Irregular income
  - Relationship break up
  - Money tied up in assets
  - Any combination of the above
- We are aware that people fall into arrears for a number of different reasons. We are conscious that some people fall regularly into arrears, and other people are in arrears for the first time due to losing employment for example. We are committed that everyone will be treated sensitively, fairly, and realistically. We would stress that this is a two-way process and that taxpayers need to be confident enough to approach us and are willing to take steps to sort out their problems themselves, if we are going to have any chance of helping them.

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

All Council debtors  
 All those who may find themselves in such circumstances in the future  
 Councillors  
 Council Officers  
 All debtor advice agencies  
 Council partners e.g. Enforcement Agents

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

When developing this policy, the Council has considered national best practice guides including:

- The Care Act 2014, sections 69 – 70 - <https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/enforcement-of-debts/enacted>
- Ministry of Justice – Taking Control of Goods: National Standards. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/353396/taking-control-of-goods-national-standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353396/taking-control-of-goods-national-standards.pdf)
- Debt Respite Scheme (Breathing Space) guidance for creditors. Available at <https://www.gov.uk/government/publications/debt-respite-scheme-breathing-space-guidance/debt-respite-scheme-breathing-space-guidance-for-creditors>

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

None  
*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.*

**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 <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)				✓ 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)				✓ Positive
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ Positive
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				✓ Positive

<b>Pregnancy and Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ Positive
<b>Race</b> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				✓ Positive
<b>Religion and belief</b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				✓ Positive
<b>Sex</b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ Positive
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				✓ Positive
<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)				✓ 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.***

<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 direct impact on an individual's health, mental health and wellbeing?</b>				Positive

<p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>				
<p><b>Will the proposal indirectly impact 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>				Positive
<p><b>Will the policy have a direct impact 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>				Positive
<p><b>Will there be a likely change in demand 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>				Neutral

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

The other considerations set out in this policy relate to the standards of behaviour expected towards Council staff, as follows, which complement zero tolerance stance with regard to racism and other forms of discrimination:



- our staff expect to be treated with courtesy and respect. Our staff and other customers should not be expected to deal with violent, rude or disruptive customers.
- Where staff are met by violent, rude or aggressive behaviour they will ask the customer to refrain from further behaviour of that type. If behaviour continues then the interaction may be terminated.

## **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)***