

**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>
<b>Proposed designation of a Conservation Area for West Felton - Request for approval to consult.</b>

<b>Name of lead officer carrying out the screening</b>
Andy Wigley

**Decision, review, and monitoring**

<b>Decision</b>	<b>Yes</b>	<b>No</b>
Initial (part one) ESHIA Only?	<b>X</b>	
Proceed to Full ESHIA or HIA (part two) Report?		<b>X</b>

*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>The impact of the proposal in equality terms is likely to overall be neutral across Protected Characteristic groupings as defined in the Equality Act 2010, as the proposal relates to the designation of a conservation area where the primary impact is to protect the character and appearance of the village and manage development within the designated area such that it does not impact adversely on this. The creation of the conservation area is not considered likely to impact adversely on any specific Protected Characteristic groupings of people within the designated area, as defined in the Equality Act 2010, or those who may work in or visit the area.</p> <p>There is considered to be potential for the impact to in fact be Low Positive with regard to the Disability grouping, as the designation will promote the protection, and enhancement of the local environment aiming to thereby create a well-cared for natural and historic environment that helps to promote good mental health.</p>
<b>Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations</b>

There will be a 28 day period of formal public consultation, carried out using a range of communication methods.

It is envisaged that any issues relating to equality, social inclusion, and health considerations that are raised during the consultation will be reviewed at the end of the consultation process and considered/incorporated as necessary, though given the nature of the designation it is not considered that there would be impacts, either negative or positive, in regard to equality and social inclusion. A further ESHIA will also be carried out following formal consultation, which will enable people in Protected Characteristic groupings to provide feedback. Any adjustments will be considered in the light of such feedback and inform the final draft of a conservation area appraisal, which would in due course be brought back to Cabinet.

The Local SC councillor has been appraised of the proposal and will be kept engaged throughout, along with the portfolio holder.

### **Associated ESHIAs**

A similar ESHIA was carried out in relation to the designation of a Conservation Area at Tilley, whilst ESHIAs in relation to the Local Plan Partial Review also indicate the overall strategic planning policy context for this proposal.

### **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***

The proposed West Felton Conservation Area seeks to protect the character and appearance of the village and manage development accordingly though this would not limit renewable energy or energy efficiency measures as such, where consideration to the siting, scale and design of proposals would be considered within the context of the designation where the local planning authority would work with applicants pro-actively in this regard.

Therefore the proposal is considered to have a neutral outcome on the climate change impacts listed below:

- energy and fuel consumption (buildings and/or travel)
- renewable energy generation
- carbon offsetting or mitigation, and
- climate change adaptation.

#### ***Health and well being***

From a health and well-being perspective, it is anticipated that the proposed conservation area will encourage the submission of well-designed development that will protect the character and appearance of the area. In this regard it would

contribute to improved consideration given to local spaces, built and natural environment providing the potential for enhanced environmental experiences which contribute to health and wellbeing. However, given the nature of the designation it is likely this will be a neutral/minor beneficial impact overall.

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

See above in respect of the protection and enhancement of local character and well designed sustainable development, and its potential contribution to local ownership and community. The designation has some potential to increase tourism in the local area, and in so doing links in with the wider aspirations of the Council around culture and leisure, as well as the national Levelling Up policy agenda for local communities.

**Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>  Andy Wigley Policy and Environment Manager		15 <sup>th</sup> November 2022
<i>Any internal service area support*</i>  Joe Crook Historic Environment Technical Officer		15 <sup>th</sup> November 2022
<i>Any external support**</i>  Mrs Lois Dale Rurality and Equalities Specialist		14 <sup>th</sup> November 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**

<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**

Proposal to formally consult on the designation of West Felton conservation area.

West Felton is a village in the north west of the County, located to the south of Oswestry and of early Medieval/Saxon origin, and further colonized in the late Norman era, and features a motte and bailey castle and Norman church. Its layout, enclosures and development from the 16<sup>th</sup> to 19<sup>th</sup> centuries also contributes to its historic significance.

Designation of a conservation area would place a duty in respect of relevant planning decisions to pay special attention to the preservation or enhancement of the conservation area, providing additional planning protection from unsympathetic development which might otherwise spoil the area's special character and significance, including the safeguarding of important trees and open spaces.

Conservation area legislation emphasises the importance of the character of an area as a key consideration when decisions are made in respect of development proposals. A conservation area is defined as 'an area of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance'. Conservation is a more dynamic approach which allows change, but change that is managed so that the character and appearance of a place is maintained or enhanced

Other consequences of conservation area status of note:

- In most circumstances outline planning applications are not acceptable. This is because it is not possible to “pay special attention” to the desirability of preserving or enhancing the character or appearance of the area without seeing the details of what is proposed to enable assessment and surety regarding acceptability of proposed development.
- Planning permission is required for demolition of buildings and structures over 115 cubic metres in size.
- It is an offence to cut down, top, lop, uproot, wilfully damage or destroy a tree in a conservation area without having given 6 weeks’ notice to the Local Planning Authority. During this period, the LPA may consider whether to make a Tree Preservation Order.
- Some restrictions on Permitted Development rights which result in slightly more restriction with regard to proposals than elsewhere (outside of conservation areas).
- Rights to display advertisements are more limited.

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

The proposed designation will affect those living in the village should they come forward with development proposals. All residences would be consulted as part of the proposal. The Consultation would include the following:

- Written letter notification of the proposed conservation area to all buildings affected including proposed boundary plan and information sheet.
- Advertisement via the Shropshire Council website.
- Laminated posters would be put up on or near the village shop, as well as the Parish Council’s notice board in the village.
- The Local Member will be informed of the proposals by email.
- Relevant Council departments will be consulted including Trees, Planning Policy and Development Management.
- Historic England will be consulted.

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

-Shropshire Council adopted Development Plan (consisting of the Core Strategy; Site Allocations and Management of Development (SAMDev) Plan; and any adopted formal Neighbourhood Plans).

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

See above.

**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)				Y This service change is not anticipated to impact specifically on any of these groups listed
<u>Disability</u> (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)				√ Low Positive (The designation will promote the protection, and enhancement of the local environment aiming to thereby create a well-cared for natural and historic environment that helps to promote good mental health).
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				√ Neutral
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				√ Neutral
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				√ Neutral
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				√ Neutral

<b>Religion and belief</b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				√Neutral
<b>Sex</b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				√Neutral
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				√Neutral
<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 asylumseekers; rural communities; veterans and serving members of the armed forces and their families)				√Neutral

**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?				√Neutral
<b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b>  For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?				√ Low Positive (The designation will promote the protection, conservation and enhancement of the local environment aiming to thereby create a well-cared for environment that helps people maintain active

				lifestyles and good mental health).
<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>				√Low Positive (The conservation area will promote well-designed, sustainable development that seeks to conserve and enhancing the local area and its associated green spaces, cultural heritage and encouraging visitor attraction.)
<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>				√Neutral

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

It is considered that the proposal will have a positive impact on the character and appearance of the village in terms of helping inform future development, a neutral impact in considering climate change and a low positive impact in terms of economic and societal impacts.

It is not considered that the human rights of any individuals will be affected as a consequence of these proposals.

**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)***