

Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Initial Screening Record 2021-2022

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Review of Customer Service Centre opening times

Name of lead officer carrying out the screening
Chris Westwood

Decision, review, and monitoring

Decision	Yes	No
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.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations
<p>The Council's policy intention is to free up time to be able to use our existing staff resource, to make higher value and more preventative outbound calls to Shropshire's more vulnerable residents and families.</p> <p>The reason for choosing to make contact by telephone are not immediately clear from the data we hold but there is a suggestion that a sizeable proportion of callers do so through preference. Additionally, not everyone is able to use online services instead, for reasons including lack of assured digital connectivity across this very rural county, lack of confidence and competencies in terms of digital skills, or disinclination to use online services.</p> <p>It is essential to retain a sufficient level of telephone service to cater for those residents unable to access services another way but against this must be balanced the drive to encourage as many people as possible to use more cost-effective online channels particularly where the request is for more transactional council services.</p>

It has been suggested through programmes such as the Good Things Foundation's "*Nobody in the Dark*" that an estimated 1 in 7 of UK citizens might be digitally excluded. In Shropshire, that would suggest around 46,000 residents with either no access to the internet or lacking the skills to use online services and Shropshire Council's own Digital Skills Programme estimates that over 11,000 of these will be aged 65 or over.

The desired outcomes of this consultation are therefore to find a way to reduce the opening times of the CSC to a point where it still remains sufficient to meet the needs of those residents not able to transact online, and still supports the various council services for whom we handle contact, whilst encouraging and supporting people to use online services as an alternative.

Achieving this will free up sufficient staff time for them to make more involved outbound calls to identify and deal early with issues arising for Shropshire's more vulnerable residents.

As such, there will be a likely positive equality impact across the Protected Characteristic groupings as set out in the Equality Act 2010, together with positive impacts for those individuals and households who find themselves in circumstances where they may be considered to be vulnerable and at risk of social exclusion. This particularly includes intersectionality with regard to Age and to Disability, for individuals within these groupings, for example young people who are care leavers and may also have a learning disability, and with regard to the circumstances in which people may find themselves, for example veterans and serving members of the armed forces and their families, and people in low income households.

From the call statistics we monitor, which show the busier days of the week and the busier times of each day, we believe a reasonable opening hours availability would equate to 30 hours per week across a 5 day week, Monday to Friday and this consultation therefore seeks to inform the public and our partners of how we might do this with the minimum of call disruption.

Whilst it means calls to the Customer Service Centre would be affected by revised opening times, the positive effects of working in this different way, especially for individuals and households more susceptible to financial and health inequalities, are expected to outweigh these.

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

The Customer Service Centre continually monitors the number of calls we receive for each service across each day. This includes typical wait times across each day and the number of callers that abandon their call.

We are also able to configure the recorded messages and advice on using alternative online services that a caller hears during any wait time and at the end

of a call, our advisers ask “wrap up” questions to find out why a telephone call was preferred.

This will enable us to review demand and our subsequent response, to determine whether impact is being disproportionately felt, as well as identify where improvements can be made to online services according to our callers.

Outbound calls that we are able to make as a result of freeing up staff time through reduced opening hours will be closely scrutinised to show the value of the contact in terms of who has been contacted, any issues identified, the advice, solutions or signposting given in return and the likely outcomes of this more proactive approach.

As now, we will work closely with Shropshire Local as the council’s presence in the community to determine any adverse impact as well as to provide an inclusive alternative to those genuinely unable to carry out transactional requests online.

Associated ESHIAs

There are no earlier associated Equalities Impact Assessments

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

There are no direct implications for climate change as a result of this proposal and full implications and considerations of climate change as a result of any changes to the approved approach will be reviewed at that time.

Health and well being

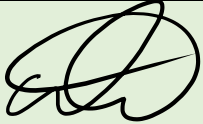
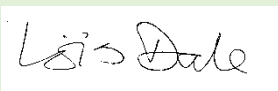
These proposals only affect the opening times for more transactional general service requests, especially as most council services have developed online alternatives to telephoning. These are things like highways issues or waste and planning enquiries.

There would be no change to the availability of the Council’s First Point of Contact service that handles Adult and Children’s concerns calls and the initial contact for Adult Social Care nor to the opening times of the Welfare Support Team that handle calls for homelessness and administer grants from the council’s Local Welfare Fund.

In reducing the opening times for these transactional services, we will release staff time to make proactive contact with Shropshire’s more vulnerable residents who

will be identified from across various council data systems. As was first developed during the Covid pandemic, these calls will help us to identify any emerging needs amongst our most vulnerable residents before these reach any point of crisis or concern. We know from our experience during Covid that these contacts are well received and help identify and mitigate a range of emerging health and wellbeing issues.

Scrutiny at Part One screening stage

People involved	Signatures	Date
<i>Lead officer carrying out the screening</i>		24 January 2023
<i>Any internal service area support*</i>		
<i>Any external support**</i> Mrs Lois Dale, Rurality and Equalities Specialist		4 th 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

Name	Signatures	Date
<i>Lead officer's name</i>		
<i>Accountable officer's name</i>		

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

B. Detailed Screening Assessment

Aims of the service change and description

Shropshire Council continues to develop its online service offer as a very effective alternative to more traditional contact and one that is not restricted to office hours, being quite literally available all day and every day to suit the user.

It is however essential to retain a sufficient level of telephone service to cater for those residents unable to access services another way but against this must be balanced that drive to encourage as many people as possible to use more cost-effective online channels particularly where the request is for more transactional council services.

We need to do this to increase the efficiency of how people do business with the council but also to enable us to use our existing highly skilled staff resource to make higher value and more preventative outbound calls to Shropshire's more vulnerable residents and families.

Therefore, the desired outcome of this consultation is to find a way to reduce the opening times of the CSC to 30 hours across the week, Monday to Friday, so that it still provides for the needs of those residents not able to transact online, and still supports the various council services for whom we handle contact, whilst encouraging and supporting people to use online services as an always available alternative.

Achieving this must free up sufficient staff time to enable them to make more involved outbound calls to identify and deal early with issues arising for Shropshire's more vulnerable residents.

The general calls section in the Customer Service Centre handles around 200,000 enquiries from residents over a typical year.

Around 160,000 contacts are over the telephone and of these, 45% are from people requesting services from Waste and Recycling, Highways, Registrars and Planning, all of which have an online service available.

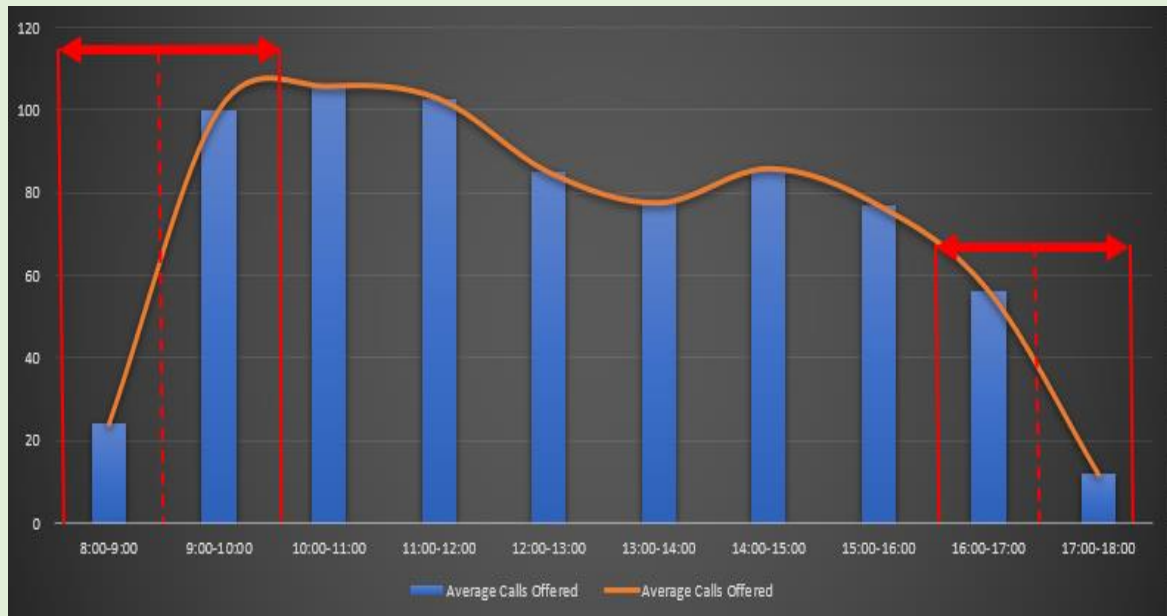
A further 37,000 enquiries are made online, either through E mail, Web Chat or social media.

The level and intensity of these contacts is not uniform and varies throughout a year and indeed throughout a typical day with peaks and troughs in contact within certain months, across different days of a week and across different times of a typical day.

The following graphs illustrate the levels of telephone contact we experience across specific periods and support our suggestions for opening hours including the preferred option that form the basis of the proposals on which we are consulting with the public:

Table 1

Average calls received throughout the day (Period 1 January to 31 August 2022)



The average number of calls over a normal day over this period is 725, the profile shows that calls reach a peak between 10am and 12 noon and remain relatively stable until a sharp drop off from 4pm onwards. The red lines illustrate the volume of calls handled from 8-10am and again from 4-6pm

Revising CSC opening times to 9am to 5pm would affect around 36 calls

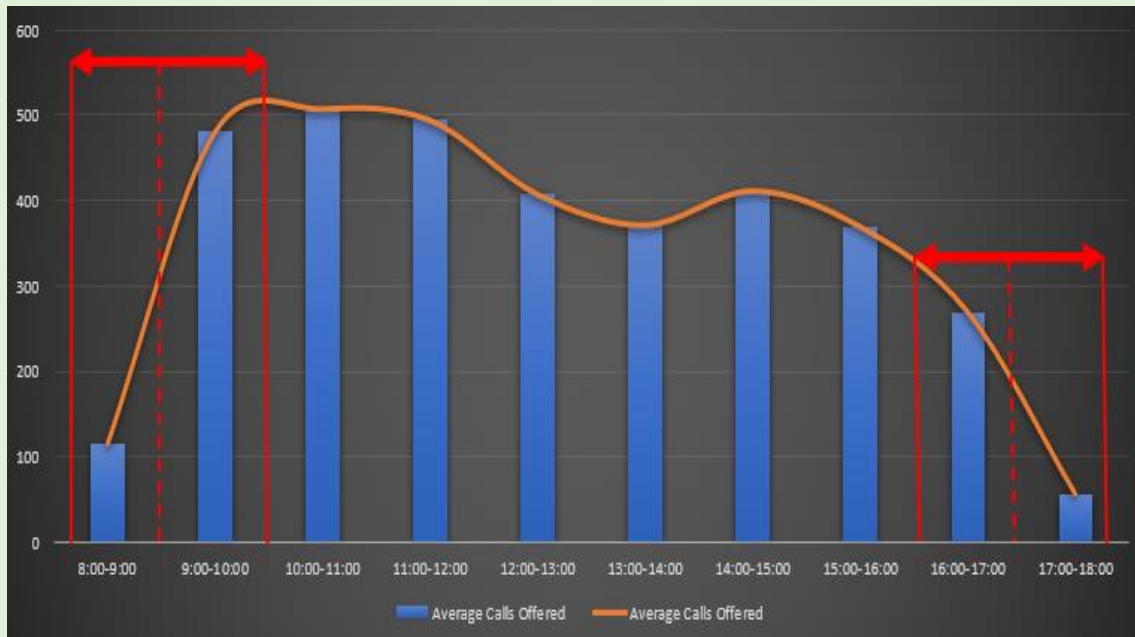
Revising CSC opening times to 9am to 4pm would affect around 92 calls

Revising CSC opening times to 9am to 3pm would affect around 170 calls

Revising CSC opening times to 10am to 4pm would affect around 192 calls

Table 2:

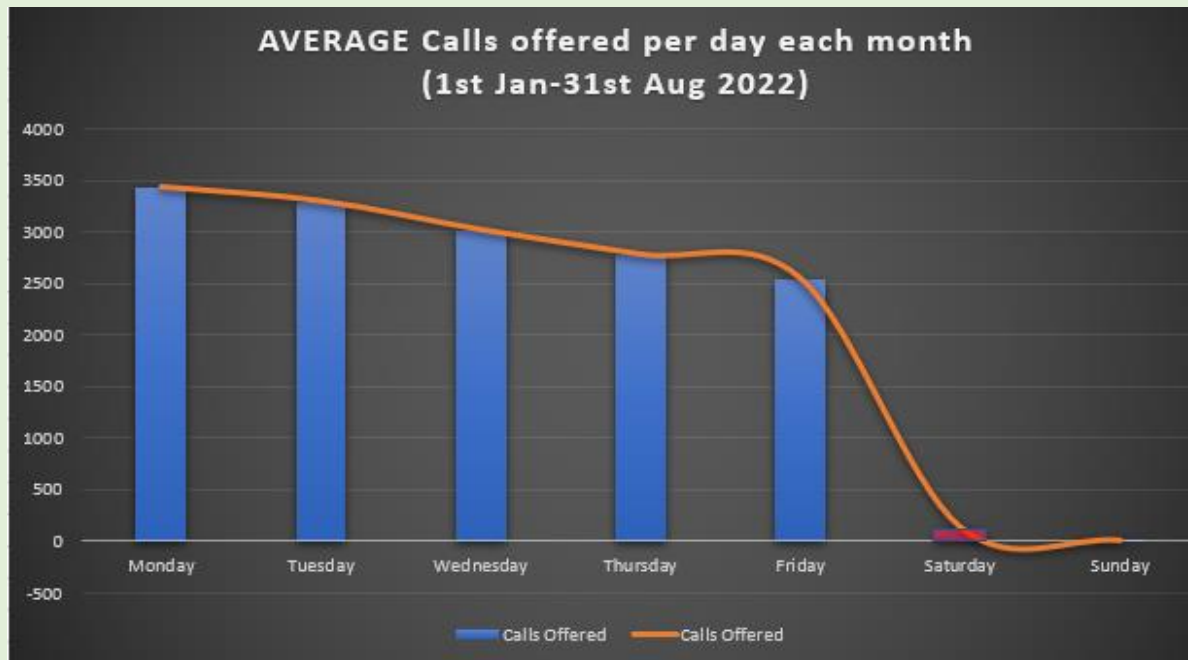
Average number of calls received over a week (Period 1 January to 31 August 2022)



This graph extends the first to show the numbers of calls we handle in one week. The total number of calls in the week is 3486. Again, the red lines show the volumes of calls associated with the period 8-10am and 4-6pm.

- Revising CSC opening times to 9am to 5pm would affect around 182 calls
- Revising CSC opening times to 9am to 4pm would affect around 442 calls
- Revising CSC opening times to 9am to 3pm would affect around 810 calls
- Revising CSC opening hours to 10am to 4pm would affect around 923 calls

Table 3:
Average call profile over a working week for CSC



When we compare the volume of calls across a typical week we see some differences in numbers as the week progresses. Whereas the calls throughout the day itself follow a typical pattern as in tables 1 and 2, the actual volume of calls compared day by day show a definite decline in numbers as the week progresses received on each day with calls on Saturday mornings reaching a bare minimum.

Mondays and Tuesdays are clearly busier than the rest of the week showing a “storing up” of customer enquiries over the weekend. We notice this especially after Bank Holidays.

Options for revised opening times

Option 1

Monday to Friday 9am to 3pm, closed Saturdays. Total opening hours per week: 30 (55.5% of current opening times)

Positives:

Uniform opening times easily recognised by residents
 Few calls received before 9am therefore minimal disruption to calls in the morning
 Releases up to 108 staff hours to dedicate to preventative outbound calls – afternoons only

Negatives:

Still relatively high numbers of calls currently received between 3pm and 5pm before they tail off, a period of disruption for residents during adjustment where waiting times will be longer.

Does not address the higher call numbers at the start of a week, again a period of adjustment for residents

No outbound calls envisaged prior to 9am

Option 2

Monday to Friday 10am to 4pm, closed Saturdays. Total opening hours per week: 30 (55.5% of current opening times)

Positives:

Uniform opening times easily recognised by residents

Frees up a maximum of 54 staff hours to dedicate to preventative outbound calls – afternoons only

Negatives:

Disruption to relatively high call numbers between 9am and 10am, risk that these calls may then present at 10am leading to long wait times in the morning. Possible disruption for the resident during period of adjustment.

Releases up to 65 staff hours per week for outbound calls.

Outbound calls prior to 10am is possible but success rate and effectiveness is questionable.

Option 3

Monday and Tuesday 9am to 3.30pm

Wednesday and Thursday 9am to 3pm

Friday 10am to 3pm

Total opening hours per week: 30 (55.5% of current opening times)

Positives:

Slightly longer opening times Monday and Tuesday to address higher call levels earlier in the week

Releases up to 97 staff hours per week for outbound calls

Negatives:

Complex opening times for residents to remember

Still some possible disruption to calls attempted after 3/3.30pm meaning a period of adjustment for resident.

Outbound calls prior to 10am on the Friday is possible but success rate and effectiveness is questionable

Option 4

Monday and Tuesday 9am to 5pm

Wednesday to Friday 9am to 3pm

Total opening hours: 34 (63% of current opening hours)

Positives:

Longer opening times on Monday and Tuesday address the heavier call volumes at the start of the week.

Minimal disruption to calls in the mornings

Potentially easier opening pattern for residents to remember

Releases up to 54 staff hours per week for outbound calls

Negatives:

Still some possible disruption to calls attempted after 3pm Wednesday to Friday

Possible bias towards transactional calls over outbound wellbeing calls

Only able to make outbound calls later in the week

Intended audiences and target groups for the service change

The Customer Service Centre is the point of contact for over 50 Council services and serves a diverse range of users including Shropshire's residents, organisations, local councils and Elected Members

The First Point of Contact service for both Adult and Children's Services and the contact point for homelessness and Local Welfare Fund applications, used by residents and organisations alike, are not affected by these proposals and would retain their normal operating times.

Stakeholders for whom it would be useful to be made aware of the proposals and kept informed of developments include the Shropshire and Telford and Wrekin ICS, Members of Parliament, neighbouring local authorities, the County Councils Network and the Rural Services Network

Evidence used for screening of the service change

These proposed changes reflect the increasing take up of online services, especially in the wake of the Covid pandemic lockdowns but also takes into account also what we know and can assume about digital exclusion in our county as detailed earlier in this assessment.

In arriving at this proposal, we have referred to existing research and information presented to the Health and Wellbeing Board by Shropshire's Social Task force, covering in particular the effects of the current cost of living crisis for Shropshire's residents. Full details can be found here:

<https://shropshire.gov.uk/committee-services/documents/b15906/8.%20Health%20Protection%20update%2011.%20Social%20Action%20Task%20Force%20report%2014th-Jul-2022%2009.30%20Health%20and%20We.pdf?T=9>

Such information is instrumental to the intention to use existing staff resource, time and expertise not only to provide a support line for inbound calls but also to be

more proactive in contacting households across Shropshire to identify emerging need before it reaches crisis point and advising on potential solutions available.

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

This assessment has been drawn up in advance of any consultation period. Consultation, together with accompanying information and questionnaires, will be made available online, with links to surveys published via social media. It will also be available via E mail and on paper on request to the Customer Service Centre, through Shropshire Local branches, and local library branches. Appropriate publicity will point people to the different sources available to suit. In addition, we will inform all stakeholders and partner organisations with invitation to comment.

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

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

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

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

potential for bullying and harassment)				
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓
Race (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				✓
Religion and belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				✓
Sex (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				✓
Other: Social Inclusion (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)			✓	

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.

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

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a direct impact on an			✓	

<p>individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>				
<p>Will the proposal indirectly impact an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			✓	
<p>Will the policy have a direct impact on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			✓	
<p>Will there be a likely change in demand for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			✓	

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

These proposals attempt to balance the direct demand on the Council's Customer Service Centre of service requests for our more transactional services and where

workable alternatives exist, with using the skilled resources freed up to be more instrumental in supporting the diverse health and wellbeing needs of our residents.

Whilst it means calls to the Customer Service Centre would be affected by revised opening times, the positive effects of working in this different way, especially for households more susceptible to financial and health inequalities, are expected to outweigh these.

We would work closely with our Data and Information Governance teams to ensure that any personal data accessed to support a more proactive and preventative approach to our residents, was used in accordance with the principles of the General Data Protection Regulations

Guidance Notes

1. Legal Context

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

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

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

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

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

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

For example, an ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify

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

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

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

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

In practice, Part Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

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

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

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

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

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

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

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

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

We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

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

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

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove a service.
- If you are consulting on a policy or a strategy.

- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

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

Carry out an equality and social inclusion approach:

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

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

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

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

Health in All Policies – Health Impact Assessment

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

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

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

Individuals

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

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

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

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

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

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

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

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

Communities

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

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

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

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

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

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

Demand

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

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

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration

of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

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

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