

APPENDIX 2; EQUALITY, SOCIAL INCLUSION AND HEALTH IMPACT ASSESSMENT (ESHIA)**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**

Shropshire Local Cycling and Walking Infrastructure Plan (LCWIP) – Consultation

Name of lead officer carrying out the screening

Rose Dovey, Active Travel Manager

Decision, review, and monitoring

Decision	Yes	No
Initial (part one) ESHIA Only?	x	
Proceed to Full ESHIA or HIA (part two) Report?		x

If completion of an initial or Part One assessment is an appropriate and proportionate action at this stage, please use the boxes above. If a Full or Part Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations

The Shopshire LCWIP is expected to present the following positive impacts:

1. Increased physical and mental health outcomes

Increasing walking and cycling is an important policy goal of the Government who has set a national target for half of all journeys in towns and cities being cycled or walked by 2030 ([Gear Change – A Bold Vision for Walking and Cycling](#)). Increased provision of high quality walking and cycling infrastructure will encourage more uptake of active travel modes due to the increased (actual and perceived) safety benefits, convenience and comfort of walking and cycling in the area.

Physical inactivity costs the NHS up to £1 billion each year, with additional indirect costs of £8.2 billion according to a report by the Department for Transport (DfT) in 2014 on the economic benefits of walking and cycling¹. This report also highlights a link between adult

¹ Active travel: local authority toolkit - GOV.UK (www.gov.uk)

obesity levels and travel behaviour as countries with the highest levels of cycling and walking generally have the lowest obesity rates.

The Local Government Association (LGA), in its Growing Cycle Use report, stated that if cycling rates were elevated to London levels across other UK cities, this would avoid at least 34,000 incidences of 8 life-threatening conditions between 2017 and 2040. Regular commuting by bike is also linked to a lower risk of cancer, asthma, diabetes and heart disease² compared to other forms of transport.

Increased levels of walking and cycling amongst a community can also have positive mental health outcomes. According to the NHS, physical activity can protect against anxiety and depression, in particular, exercising outdoors has been shown to have additional benefits³. Research in the British Medical Journal suggests that exercise can also help reduce stress. Guidance from the UK Chief Medical Officers' on physical activity suggests that 30 minutes of moderate activity per day almost halves the odds of experiencing depression. Additionally, the Gear Change Strategy states that completing 20 minutes of exercise each day cuts the risk of depression by 31% and increases worker productivity.

2. Enable increased levels of social inclusion.

A key output of the LCWIP is the provision of a good quality and interconnected network of cycle infrastructure and walking routes which will enable residents to choose active modes for more journeys. This will help tackle inequalities, particularly for those households who don't have access to a car as it will enable people on lower incomes to access education, workplaces and training opportunities as well as leisure and retail facilities on foot or by cycle.

3. Reduced carbon emissions and air pollution

Increased levels of walking and cycling, as an anticipated output of the Shropshire LCWIP, will help contribute to modal shift and therefore reduced carbon emissions and air pollution in communities. Sustrans, the national travel charity, estimates that 28,000 to 36,000 early deaths occur each year in the UK due to air pollution worsening heart and lung disease. As more of our short journeys (43% of all urban and town journeys are under 2 miles) are cycled or walked, the carbon and air quality benefits will be complemented by significant improvements in public health and wellbeing⁴

4. Reduced noise

Evidence for other changes in health impacts resulting from the implementation of new and improved cycle networks (including 20mph speed zones) and walking routes include likely reductions in noise as a result of modal shift from the car to walking and cycling.

² Active travel: local authority toolkit - GOV.UK (www.gov.uk)

Active travel: local authority toolkit - GOV.UK (www.gov.uk)

⁴ Active travel: local authority toolkit - GOV.UK (www.gov.uk)

Research suggests that less motor traffic or slower traffic speeds result in reduced noise which contributes to positive physical and mental health outcomes including lowering hypertension.

5. An increase in independent mobility for children

In surveys of children's school travel mode repeatedly across the UK the top concern of parents/ guardians is fear of motor traffic⁵. This then leads to the vicious spiral of increased danger as more people drive their children to school – which amplifies health inequalities. Minimising a child's independent transport is associated with substantial loss of physical, mental and social health benefits and can establish habitual sedentary behaviours across the life-course. High quality walking and cycling routes can play an important part in tackling road danger at source which may lead to reducing parents/guardians fear of motor traffic and allowing their children to travel to school by bike or on foot.

The Shropshire LCWIP is expected to present the following neutral or negative impacts:

1. Delayed journey times and increased exposure to air pollution

In relation to points 4.2 and 4.3 above, the often narrow historic street layouts typical of Shropshire's market towns may necessitate reallocation of road space for improved pedestrian and cycle facilities or, designation of 20mph speed limit zones or Low Traffic Neighbourhoods to enable all users to safely share the carriageway. This will be likely to result in slower traffic speeds across the study area or traffic diversions which may cause delayed journey times for some motorists and/or an increase in traffic flows on some roads. This may result in increased exposure to carbon emissions and air pollution for both residents and people travelling on these roads.

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

Specific actions proposed to enhance the anticipated positive impacts will focus upon communication of the benefits of implementing LCWIP walking and cycling network improvements across a range of potential audiences.

Monitoring of the following potential impacts of implementing the LCWIP walking and cycling schemes will be undertaken six-monthly (in accordance with DfT Guidelines) and will be assessed across a longer term (5 –10 year) period

- Mode share of pedestrians and cyclists

⁵ Welsh 20mph Task Force Group Final Report (July 2020), page 8.

- Increases in number of pedestrians and cyclists
- Average and 85th percentile speeds
- Number of traffic collisions and the severity of collisions involving pedestrians and cyclists.
- Carbon emissions and air pollution levels
- Community satisfaction levels
- Numbers of children walking and cycling to school
- Bike ownership and usage levels
- Numbers and frequency of residents walking and cycling for everyday trips
- Area-wide traffic levels

The proposed public consultation process will help identify any additional potential negative impacts of the LCWIP in terms of equality, social inclusion and health considerations. This feedback, in turn, will help officers to develop mitigation measures.

Associated ESHIAs

Relevant associated ESHIAs and ESIIAs include those undertaken for pedestrianisation measures during lockdown, as well as those in relation to economic growth initiatives in Shrewsbury.

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

The Shropshire LCWIP is expected to present the following positive impacts in terms of the following other considerations:

1. Climate change

As per the relevant section in the committee report, the draft LCWIP will likely have numerous positive outcomes in terms of climate change through encouraging modal shift from vehicular modes to active modes of transport.

2. Economic and societal/wider community:

Streets that enable more walking and cycling produce more cohesive and safe communities for people to live, work and socialise in. The Shropshire LCWIP will help enhance the liveability of communities by seeking to reduce the domination of vehicular traffic thereby encouraging both individuals and families to walk and cycle both for leisure and for transport purposes. This, in turn, means there is enhanced surveillance of the area thereby reducing the likelihood of crime. More pedestrians and cyclists on streets may also encourage motorists to be more vigilant and adhere to lower speed limits as they will expect to encounter more pedestrians and cyclists.

A key focus of the Shropshire LCWIP is on the provision of improved walking and cycling routes to local shops and facilities which will

encourage the local community to visit local shops and services rather than drive to shops further afield. This, in turn, provides an economic benefit for the community as active travel improvements can lead to an increase in shopping footfall, increased spend and increased frequency of return visits.

Increased levels of active travel in the community may lead to the longer-term benefit of reducing road congestion through modal shifts, particularly at peak times. This, in turn, leads to increased productivity and improved movement of goods and services. Sustrans estimated that congestion costs £10 billion per year in 2009 in urban areas, and that this cost could rise to £22 billion by 2025⁶.

Scrutiny at Part One screening stage

People involved	Signatures	Date
<i>Lead officer carrying out the screening</i>	Rose Dovey	27 th February 2023
<i>Any internal service area support*</i>		
<i>Any external support**</i> Mrs Lois Dale, Rurality and Equalities Specialist		

**This refers to other officers within the service area*

***This refers to support external to the service but within the Council, e.g., the Rurality and Equalities Specialist, the Feedback and Insight Team, performance data specialists, Climate Change specialists, and Public Health colleagues*

Sign off at Part One screening stage

Name	Signatures	Date
<i>Lead officer's name</i>	Rose Dovey	27 th February 2023
<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

The Shropshire Local Cycling & Walking Infrastructure Plan (LCWIP) has been developed to provide a cohesive approach to the delivery of a high-quality walking and cycling network across the county. The purpose of the LCWIP is to

⁶ Active travel: local authority toolkit - GOV.UK (www.gov.uk)

identify and prioritise long term investment over a ten-year period (to 2032) in new and upgraded walking and cycling provision across Shropshire

The purpose of this Cabinet report is to seek Cabinet’s endorsement for the draft Shropshire LCWIP to go out to public consultation.

This report explains central government’s requirement of local authorities to prepare LCWIPs that set out a 10-year plan for delivering new or improved infrastructure for walking and cycling. If local authorities do not have an LCWIP in place, they will no longer be eligible to receive funding from the DfT (administered through Active Travel England) for walking and cycling schemes.

An LCWIP for Shropshire will enable the Council to:

- Demonstrate a clear commitment to walking and cycling by identifying and prioritising infrastructure improvements.
- Respond appropriately to demand from communities for better walking and cycling facilities.
- Provide high quality infrastructure to meet the demand of a growing population.
- Ensure that consideration is given to active modes through integration of the LCWIP with local planning and transport strategies and policies.

Intended audiences and target groups for the service change

The Shropshire LCWIP will affect all people in the given area, both residents and visitors

Evidence used for screening of the service change

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

See Appendix 3: Shropshire LCWIP Public Consultation Plan

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

- A. *Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.*
- B. *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	High negative impact	High positive impact	Medium positive or negative impact	Low positive, negative, or neutral
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groupings in Shropshire	<i>Part Two ESIIA required</i>	<i>Part One ESIIA required</i>	<i>Part One ESIIA required</i>	impact (please specify) Part One ESIIA required
<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)			X	
<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)			X	
<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)			X	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				Neutral
<u>Religion and belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				Neutral
<u>Sex</u> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Neutral
<u>Other: Social Inclusion</u> (please include families and friends)			X	

Meeting date and Report Title

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)				
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Initial health and wellbeing impact assessment by category

- A. 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.**
- B. 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 <i>direct impact</i> on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .			X medium positive: improvements to perceived safety, road safety and community cohesion.	
Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .			X medium positive: improved opportunities for safer walking and cycling	
Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .			X medium positive: improved opportunities for safer walking and cycling	

<p>Will there be a likely change in <i>demand</i> for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p>				X neutral
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Identification of likely impact of the service change in terms of other considerations including climate change and economic or societal impacts

In terms of **climate change**, a range of mitigation measures could contribute towards improving the health and well-being of Shropshire’s residents by facilitating more walking and cycling, in response to the improving perceived safety, and by facilitating the increased use of more sustainable and active modes of transport that can help people to become fitter and healthier.

In terms of **Human Rights**, the proposed Copthorne and Porthill 20mph speed limit zone is likely to be most relevant to Article 2 of the Human Rights Act– The Right to Life. The presence of a 20mph speed limit zone will be likely to have a favourable impact on the likelihood of injury crashes occurring, particularly injury crashes involving pedestrians and motor vehicles and cyclists and motor vehicles (see section 4.1.4).

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

¹ Office for National Statistics (ONS), Road transport and air emissions - Office for National Statistics

APPENDIX 3: SHROPSHIRE LCWIP PUBLIC CONSULTATION PLAN