

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2023**

**A. Summary Sheet on Accountability and Actions**

<b>Name of proposed service change</b>
Public Space Protection Order, Dog constraints

<b>Name of the officer carrying out the screening</b>
Steve Holdaway

<b>Decision, review, and monitoring</b>
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Decision	Yes	No
Initial (Stage One) ESHIA Only?	✓	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		✓

*If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage 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 and social inclusion considerations</b>
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Following a series of audits into the Dog Warden service and an increasing nuisance from dog fouling it has been concluded that the service can be improved with the introduction of a county wide Public Space Protection Order (PSPO). This will allow the service to take enforcement action against pet owners who allow their animals to foul pavements and public amenity spaces.

The overall equality impact will be anticipated to be positive across the nine Protected Characteristic groupings set out in the Equality Act 2010 and across the whole county, due to health and well-being benefits for everyone in the community, if there is less dog fouling as a result of this policy being implemented.

There is potential for positive equality impact for the groupings of Age, Disability, Pregnancy and Maternity, and Sex, in particular. As with other policies in relation to the public realm, this is in terms of mental well-being opportunities arising for people in these groupings to feel safer when outdoors for health benefits, education, work or leisure, or simply walking to their local shops and amenities. This is particularly so for families with young children, wheelchair users, and older

people who may consider themselves to be vulnerable and less likely to venture out without pavements that can be navigated safely by them and their carers, and that are clear of detritus and dog faeces.

An additional grouping for whom there may be positive impacts are people with less visible disabilities or conditions, including people with neurodiverse conditions, and for people with visual impairments. The presence of dog fouling, which may be allied to fear around dogs, can cause distress for some children and young people with attachment disorders, and overstimulation for some people with autism.

There are specific positive impacts anticipated for children under five, and therefore, for all those associated with caring for this grouping, bringing in the groupings of Pregnancy and Maternity and Sex.

The overall impact on carers is likely to be positive.

With the control in place in some public open spaces, the caring of an individual may be made easier, especially children, adults with learning disabilities, and people with visual and/or physical disabilities.

Mitigation of negative impacts is also anticipated to be necessary, as for some groupings, removing dog fouling presents as a challenge. These are the groupings of Age, Disability, Pregnancy and Maternity, and people in these and other groupings who have caring responsibilities, for the following reasons.

Age:

Older people (over 65 years) may have physical limitations and impairment of reduced mobility and dexterity, causing an inability to remove dog fouling.

Disability:

People within this grouping who have a physical disability may find it difficult to remove dog fouling, due to physical impairment. Wheelchair users and mobility scooter users could be particularly affected by dog fouling on streets and pathways, due either to difficulty picking up dog faeces if it has been caused by their own dog, or to difficulty dealing with dog fouling that they encounter which may go onto the wheels of their wheelchair or mobility scooter.

People within this grouping who have a cognitive disability either may not understand the concepts around the restrictions that are proposed, or may not be able to carry out the task of picking up dog faeces caused by their dog and disposing of it appropriately.

Pregnancy and maternity:

Individuals within this grouping could find themselves less physically able to remove dog fouling.

Additionally, the initial introduction of the PSPO, if this proceeds, could without mitigation have a negative impact for those in the grouping of Race, where there may be dog owners with limited understanding of English.

**Actions to mitigate negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations**

The grouping for whom there are positive health and well-being impacts is Age, specifically children under 5 but also children who are being encouraged to walk to school or to leisure activities and are put off from doing so due to dog fouling. For the grouping of Disability, there may also be particular distress for those with neurodiverse conditions or attachment disorder, for whom the presence of dog fouling can cause visible and physical distress.

Children (Under 5) will have less potential to be harmed by un-cleared faeces or distressed by coming into contact with it. Young children are most likely to be exposed to dog fouling through their outside play activities and potential health impacts, if personal hygiene has not fully developed.

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

The PSPO Exempts assistance dogs in certain circumstances.

The order will exempt people with certain characteristics from complying with relevant restrictions. The PSPO should not apply to a registered blind person or someone who has a dog trained by a charity to support a person suffering from mobility, manual dexterity disability or deafness.

Where there may not be adequate understanding of written English used on signage, the Council could use internationally recognised symbols with simple, clear font of a suitable and appropriate size, to mitigate against this communication challenge.

Where a penalty notice is served, there may also be insufficient or inadequate understanding of the content of the penalty.

In order to mitigate negative impact or enhance positive impact, the Council will ensure that all officers involved in enforcement activities are familiar with requirements of the PSPO. Officers will be trained in Conflict resolution. They will be suitably trained in dealing with vulnerable people and/or disabilities and understand when discretion should be applied to achieve fair and consistent outcomes.

## **Associated ESHIAs**

ESHIAAs in relation to PSPOs have been carried out for Shrewsbury Town Centre, whilst ESHIAAs in relation to the public realm have been carried out for a number of Shrewsbury regeneration initiatives, and for the Ironbridge Gorge WHS SPD.

## **Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of climate change considerations and any other impacts with regard to economic and societal implications**

### ***Climate change***

The introduction of a county wide Public Space Protection Order to encourage responsible dog ownership is not expected to generate any direct impacts for the generation or capture of carbon emissions, the generation of renewable energy, or for adaptation to the impacts of climate change. There may be some indirect positive effects for carbon reduction if the mitigation of the existing negative impact of dog fouling leads to more extensive use of local open space.

If additional signage is needed, there will be carbon associated with the construction of the sign.

Actions to mitigate negative impact: Recommend carbon neutral signage.

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

The implementation of this order would mean grass from council managed sites, could be composted after it has been cut. As it will be clear from dog faeces. This will present an environmental benefit.

### **Strategic Plan - Implications**


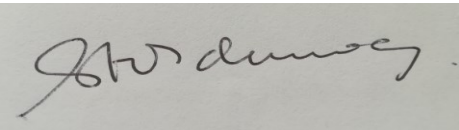
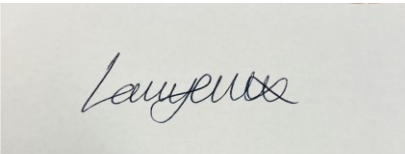
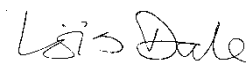
Healthy Living – supporting residents to take responsibility for their dogs and the health of others, and preventing ill health

Healthy Economy – ensuring that Shropshire is a healthy destination for tourists

Healthy Environment – enabling safer communities by reducing anti-social behaviours and risk of harm from stray dogs

Healthy Organisation – ensuring Shropshire's internal capacity and capability is complemented effectively and that internal resources are organised efficiently and effectively to take the necessary enforcement to encourage responsible behaviour.


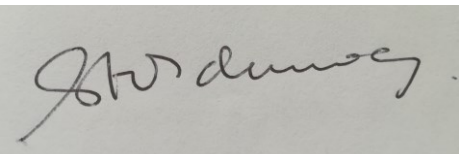
**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change – Andy Wilde</i>		17 <sup>th</sup> October 2023
<i>Officer carrying out the screening – Steve Holdaway</i>		17 <sup>th</sup> October 2023
<i>Any other internal service area support* - Laura Howells</i>		17 <sup>th</sup> October 2023
<i>Any external support**</i> <b>Mrs Lois Dale</b> <b>P&amp;R Specialist for Rurality and Equalities</b>		22 <sup>nd</sup> September 2023

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

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

**Sign off at Stage One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name - Andy Wilde</i>		17 <sup>th</sup> October 2023
<i>Service manager's name</i>		17 <sup>th</sup> October 2023

*\*This may either be the Head of Service or the lead office*

## **B. Detailed Screening Assessment**

### **Aims of the service change and description**

The purpose of this report is to seek Cabinet Approval to consult on a Public Space Protection Order for Shropshire to control dog fouling and to help control the risk of harm from stray dogs.

Following a series of audits into the Dog Warden service and an increasing nuisance from dog fouling it has been concluded that the service can be improved with the introduction of a county wide Public Space Protection Order (PSPO). This will allow the service to take enforcement action against pet owners who allow their animals to foul pavements and public amenity spaces. The report therefore seeks Cabinet approvals to consult on proposals to introduce a PSPO which will allow the issue of fixed penalty notices for dog fouling.

The Anti-Social Behaviour, Crime and Policing Act 2014 introduced Public Spaces Protection Orders (PSPOs) which are intended to provide the means of preventing individuals or groups committing anti-social behaviour in a public space. Section 59 of the Act sets out the test which must be satisfied before a local authority make a PSPO...where the behaviour is having, or likely to have, a detrimental effect on the quality of life of those in the locality; be persistent or continuing in nature; and be unreasonable.

It has been concluded that both a public information campaign together with enforcement is likely to achieve the best results in terms of encouraging pet owners to act responsibly. This will help to protect those members of the public who use the Council's open recreation areas and their health from the adverse effects of dog nuisance.

The service development will enhance the Dog Warden service and provide strategic direction for the control of dogs and enforcement of nuisance behaviours

The conclusions reached are also considered to be ones that will best meet the themed aspirations of the Strategic Plan and align the service with the Plan.

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

The intended audiences and target groups are:

- All those who live in, work in or visit the county, so that they are aware of the proposals and have opportunity to respond to consultation
- Dog owners, to act more responsibly and to make sure the public space they use remains safe.
- Town Councils and Parish Councils as they have interest and concerns on dog fouling.

We will also be consulting with other statutory bodies, eg Police, to seek any concerns or experience they will have had with these types of orders in other authorities.

### Evidence used for screening of the service change

Dog fouling enquiries from April 2021 to March 2023:

Month	Number of enquiries
April 2021	28
May 2021	16
June 2021	17
July 2021	12
August 2021	10
September 2021	10
October 2021	15
November 2021	30
December 2021	16
January 2022	45
February 2022	22
March 2022	20
April 2022	21
May 2022	34
June 2022	26
July 2022	22
August 2022	16
September 2022	31
October 2022	30
November 2022	21
December 2022	18
January 2023	46
February 2023	91
March 2023	50
Total	647

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

It is proposed that the Dog Warden service be authorised to undertake the consultation and that the results of an eight-week consultation be brought back to Cabinet for further consideration and if required amendment.

That publicity materials be produced to raise awareness with the public about the reasons for the initiative and introduction of PSPO to encourage responsible dog ownership.

And that these materials be presented to Cabinet when the consultation results are considered and to be introduced in advance of making the PSPO

Details of specific consultation materials are contained in Appendix B of the Cabinet Report 18<sup>th</sup> October 2023 – Public Space Protection Order, Dog Constraints 06092023 - 1407

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

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

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

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact <i>Stage Two ESHIA required</i></b>	<b>High positive impact <i>Stage One ESHIA required</i></b>	<b>Medium positive or negative impact <i>Stage One ESHIA required</i></b>	<b>Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i></b>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Medium positive	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's)			Medium positive	



disease; physical and/or sensory disabilities or impairments)				
<b><u>Gender re-assignment</u></b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Low positive
<b><u>Marriage and Civil Partnership</u></b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Low positive
<b><u>Pregnancy and Maternity</u></b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium positive	
<b><u>Race</u></b> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				Low positive
<b><u>Religion or belief</u></b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				Low positive
<b><u>Sex</u></b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium positive	
<b><u>Sexual Orientation</u></b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Low positive
<b><u>Other: Social Inclusion</u></b> (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; and veterans and serving members of the armed forces and their families)				Low positive

**Initial health and wellbeing impact assessment by category**

**Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column. Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.**

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>		X		
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>		X		
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			X Positive	
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p>			X Positive	

For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?				
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## **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 Stage 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, a Stage One 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 Stage One 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 Stage Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage 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 monitor and 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.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief.

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.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then the wider additional category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

Please note that the armed forces are now a grouping to whom we are required to give due regard under new Armed Forces legislation, although in practice we have been doing so for a number of years now.

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.**

*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

*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

### **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 which we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021 and 2021-2022, 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 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 advice: please contact  
Lois Dale via email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk), or  
Sue Lloyd via email [susan.lloyd@shropshire.gov.uk](mailto:susan.lloyd@shropshire.gov.uk)***