

**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>
Safe Aging No Discrimination (SAND) Covenant Proposal

<b>Name of the officer carrying out the screening</b>
Mrs Lois Dale, Performance and Research Specialist: Rurality and Equalities

**Decision, review, and monitoring**

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

*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>
<p>Safe Ageing No Discrimination CIC (SAND) is a group working to improve the experience of older and old lesbian, gay, bisexual and trans people in Shropshire as they access health and social care - and related - services.</p> <p>Groups and organisations in Shropshire, Telford &amp; Wrekin are invited to sign up to five broad commitments, through a Covenant, and agree an annual action plan for change. Participating groups and organisations are then invited to feedback on progress and share their next year plan at an annual event.</p> <p>Joining the campaign would involve an overall commitment by the Council to: “champion the rights of the older and old LGBTQ+ individual and keep encouraging everybody to Embrace a Culture of Inclusion.”</p> <p>SAND has described itself as working with the LGBTQ+ community and service providers to develop inclusive practice in general, while focussing on the particular experiences and needs of LGBTQ+ people.</p>

Officer support has been given to the SAND Covenant with colleagues meeting on a regular basis to work through ways in which the aspirations set out in the Covenant may be realised through potential embedding of these within Council policy and practice.

A tangible early positive outcome has been the support that the group has given toward raising the profile of LGBTQ+ communities, within the workforce and within the wider community, by sharing ideas and supporting ongoing efforts to raise awareness of and celebrate a range of initiatives and events.

To sign the Covenant would enable the Council to continue with these efforts within our overall strategic equality policy framework.

It may therefore be assessed at this stage that the equality impacts of operational efforts are likely to be medium positive not only for the groupings of Age, Sex and Sexual Orientation but also for the grouping of Disability, given mental well being aspects.

The impacts may be assessed as low to medium positive for other groupings, in the absence of further detail at this stage, given that support for the Covenant would be seen as a way in which to make local progress towards achieving the overarching three national equality aims.

There is a potential negative impact in terms of perceptions that a narrow number of Protected Characteristic groupings are receiving additional recognition or achieving undue prominence, and that this may then become a precursor to creating a budget and/or drawing upon finite resources to meet the needs of people in these groupings.

The mitigation would be that, rather than creating a call upon budgets, the SAND Covenant would help to create greater awareness and understanding, across the workforce, partner organisations, and the wider community, with regard to diversity and intersectionality across all groupings and within all groupings. In so doing, the Council will be explicitly meeting its national equality aims, around fostering good relations, advancing equality of opportunity, and seeking to eliminate discrimination, harassment, and victimisation.

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

As the five commitments within the Covenant include a commitment to “providing the best possible quality services for older and old LGBT+ people”, there is an anticipated medium positive health and wellbeing impact for the groupings of Age, Sex, and Sexual Orientation. Additionally, the further commitments, when taken together and if acted upon, are likely to enhance mental and physical wellbeing across these groupings and therefore lead to positive impacts for the grouping of Disability as well.

This anticipated medium positive, in regard in particular to access to health and social care services for old and older people who are LGBTQ+, will potentially lead to service users in these intersecting groupings being able to make informed decisions about their current and emerging care needs from an informed and engaged perspective, leading to a more efficient and effective use of officer time and better quality health and social care outcomes.

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

The signing of the SAND Covenant will be anticipated to complement ongoing partnership work to achieve not only positive equality and social inclusion impacts but also positive economic and societal impacts.

SAND as an organisation has described itself as taking a targeted approach to increasing LGBTQ+ inclusion, challenging discrimination, and promoting accessibility and equality of opportunity for LGBTQ+ people ageing in Shropshire, Telford and Wrekin.

The stated policy intention of SAND is to value diversity and to highlight the relevance of different life experiences and associated needs, together with the policy intention to increase awareness of equality and diversity issues at all levels.

The intention of the Council as a proposed signatory would be to work with SAND, as with others in the voluntary and community sector, not only in regard to health and social care needs but also in regard to overall social inclusion endeavours that will value diversity and promote cultural and social efforts in so doing.

This includes opportunities such as Pride Month and LGBTQ+ History Month, events such as Ludlow Pride and Shrewsbury Pride, and ongoing activities and resources such as monthly family activities at the Museum in Shrewsbury. Shropshire Libraries are already Safe Spaces for all, with LGBTQ+ interest books available at all Shropshire Libraries, a dedicated LGBTQ+ interest section on the Library Service's free E-book system, and LGBTQ+ emagazines also available. Uptake of such resources and participation in such events and activities, would be evaluated and feedback sought via organisers and service areas.

The Culture Leisure and Tourism service area will also draw upon the Cultural Compact for Shropshire, set up in December 2022. This is a cross-sector partnership, made up of a broad membership, is independent of the Council and brings together culture, business, education, health, social care and other sectors. It sets out to deliver Vibrant Shropshire, the county's cultural strategy, to ensure that culture thrives in Shropshire and enhances the county's health, wellbeing, resilience, economic prosperity and environmental sustainability.

**Associated ESHIAs**

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The main ESHIAs to be associated with this policy proposal are those carried out for the Council's Strategic Equality Objectives Action Plan 2020-2024, and for the Shropshire Plan.

**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 initial appraisal would be that climate change impacts would be neutral in terms of signing up to the Covenant

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

The commitments within the Covenant could be considered to have potential positive economic and societal impacts for the wider community as well as for people who may identify as LGBTQ+ at any life stage, as the signing of the Covenant may be taken to signal the policy intentions of the Council to foster and create an inclusive and welcoming county.

In so doing, this may lead more people from a diverse range of backgrounds to not only come here to live and work or as visitors, but also remain here into older life stages. This will then potentially assist the Council to realise a range of aspirations within the Shropshire Plan, as well as make progress towards achieving the three national equality aims.

**Scrutiny at Stage One screening stage**



<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change</i> <b>Mrs Lois Dale</b> <b>Performance and Research Specialist: Rurality and Equalities</b>	<i>Lois Dale</i>	4 <sup>th</sup> October 2023
<i>Officer carrying out the screening as above</i>		
<i>Any other internal service area support*</i>		
<i>Any external support**</i>		

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*\*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**

Name	Signatures	Date
<i>Lead officer's name</i>  <b>Mrs Lois Dale</b> <b>Performance and Research Specialist: Rurality and Equalities</b>		4 <sup>th</sup> October 2023
<i>Service manager's name</i> <b>Sam Williams</b> <b>Assistant Director – Workforce &amp; Improvement</b>		6 <sup>th</sup> November 2023

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

**B. Detailed Screening Assessment**

Aims of the service change and description
<p>Safe Ageing No Discrimination CIC (SAND) is a group working to improve the experience of older and old lesbian, gay, bisexual and trans people in Shropshire as they access health and social care - and related - services.</p> <p>SAND</p> <p>As part of SAND’s Campaign to “EMBRACE A Culture of Inclusion”, they encourage pledges from health and social care providers and other organisations, groups and services which people may need or want to access as they age</p> <p>These ‘pledges’ set out to be practical actions to ensure that services are welcoming and inclusive. These pledges take the form of a Covenant.</p> <p><u>What is The Covenant?</u></p> <p>Groups and organisations in Shropshire, Telford &amp; Wrekin sign up to 5 broad commitments and agree an annual action plan for change. Participating groups and organisations are then invited to feedback progress and share their next year plan at an annual event.</p> <p>The 5 Commitments are:</p>

- Commit to providing the best possible quality services for older and old LGBT+ people
- Commit to learning what life can be – and has been – like for different LGBT+ people
- Commit to vocally and visually supporting groups working with and for older and old LGBT+ people
- Commit to creating meaningful opportunities for LGBT+ people and groups to “influence” what you do
- Commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisations and outside it)

### The Background

SAND started when a group went to see the same film. As part of LGBT+ History Month 2012, the [Shropshire Rainbow Film Festival](#) screened [Gen Silent](#) and hosted a Q & A with senior staff from the public, voluntary and private sectors working in social care in Shropshire, Telford & Wrekin. Gen Silent revealed, a thought provoking, sometimes shocking picture of the fears and experiences of LGBT+ elders accessing care services. The film consisted of a set of interviews with LGBT+ elders in Boston, USA and got the group thinking about how things might be for older & old LGBT+ people in this country, and particularly in Shropshire, Telford & Wrekin.

After a few informal gatherings, SAND established a core group on 15th July 2013 (an Action Group), which comes together monthly to gather feedback from older & old LGBT+ people and plan future actions. There are also a broader collection of people who want to keep in touch with us, to know what we are doing and perhaps take part in different ways at different times, a growing number of [Named Supporters](#) and a Campaign which encourages us all to [EMBRACE A Culture of Inclusion](#).

In 2017 SAND won a National AgeUK Spirit of Age Award in the Equality & Diversity Category; in March 2018, SAND registered as a Community Interest Company and, in 2019, SAND was awarded a 5 year Reaching Communities Grant from the National Lottery Community Fund for our project [EMBRACE A Culture of Inclusion!](#)

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

- All those who live in, visit or work in Shropshire
- Shropshire Council councillors, as community leaders
- Shropshire Council officers, as representatives of the Council
- Shropshire Council SAND Covenant working group of officers
- Safe Aging No Discrimination (SAND) Community Interest Company
- Ludlow Pride and Shrewsbury Pride organisers
- LGBTQ+ advocates and allies

- Current signatories to the SAND Covenant
- Other local authorities

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

- SAND evidence base as drawn from their website
- Shropshire Council SAND Covenant officer working group documentation
- Shropshire Council protocol for covenants and campaigns
- ONS Census Data with regard to people in Protected Characteristic groupings, including those self-identifying with regard to Sex and Sexual Orientation

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

SAND outline on their website that the action plan required as part of the Covenant should be based on what is realistic in terms of size, capacity and available resources. It would also outline specific actions, identify the changes that would result from these actions, and identify the evidence to be collected to illustrate the changes.

In so doing it would facilitate collection of evidence about the needs of people in these groupings, to add to the overall evidence base about the needs of communities in Shropshire.

Officer support was given to the SAND Covenant in June 2022. Since this time, colleagues have been meeting on a regular basis to work through ways in which the aspirations set out in the Covenant may be realised through potential embedding of these within Council policy and practice. This input has been in terms of officer time as the key resource.

It would be anticipated that the officer group would continue to engage with SAND itself and to share and develop joint good practice with other organisations in regard to engagement with SAND and other advocacy organisations.

### **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</b>	<b>High negative impact</b>	<b>High positive impact</b>	<b>Medium positive or</b>	<b>Low positive, negative, or neutral impact</b>
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<b>groupings in Shropshire</b>	<i>Stage Two ESHIA required</i>	<i>Stage One ESHIA required</i>	<b>negative impact Stage One ESHIA required</b>	<b>(please specify) Stage One ESHIA required</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)			X medium positive in regard to access to services for old and older people who are LGBTQ+	
<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 disease; physical and/or sensory disabilities or impairments)			X medium positive for physical and mental well being of old and older people who are LGBTQ+	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				x low to medium positive
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				x low to medium positive
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X low to medium positive
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				X low to medium positive
<u>Religion or belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				x low to medium positive
<u>Sex</u> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring			x medium positive in	



responsibility, potential for bullying and harassment)			regard to access to services for old and older people who are LGBTQ+	
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)			x medium positive in regard to access to services for old and older people who are LGBTQ+	
<u>Other: Social Inclusion</u> (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)			x medium positive in regard to access to services for old and older people who are LGBTQ+	

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

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

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

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b> For example, would it cause ill health, affecting social inclusion, independence and participation?			X medium positive in regard to access to services for old and older people who are LGBTQ+	
<b>Will the proposal <i>indirectly impact</i> an individual's ability to</b>			X medium positive in	

<p><b>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>			<p>regard to access to services for old and older people who are LGBTQ+</p>	
<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>			<p>X medium positive in regard to access to services for old and older people who are LGBTQ+</p>	
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>				<p>x neutral to low positive as access to health and social care will be anticipated to be from an informed and engaged service user perspective</p>

## **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)***