

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

A. Summary Sheet on Accountability and Actions

<p>Name of proposed service change</p> <p>Development of Shropshire’s Healthier Weight Strategy 2023-2028.</p> <p>The strategy sets out our system-wide approach and priorities to improve health and promote healthier weight among the Shropshire population. Its focus is on promoting healthier weight for people of all ages, tackling the broader factors that impact people’s health and wellbeing through working in partnership to adopt a whole systems approach.</p> <p>This is a new Strategy informed by formal engagement and consultation with public and stakeholders and includes a high-level action plan which has been co-produced with partners across the system. The action plan describes how the strategic priorities and objectives can be achieved and includes identified indicators to monitor progress, impact, and outcomes. <i>Please use this box for the full formal name of the proposed service change, whether it is a policy, a procedure, a function, a project, an update of a strategy, etc. The term “service change” is used in this form as shorthand for whatever form the changes may take.</i></p>

<p>Name of lead officer carrying out the screening</p> <p>Berni Lee, Public Health Lead Health Improvement Team, Health and Wellbeing Directorate</p>

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.

<p>Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations</p> <p><i>This is the section in which to outline what the initial assessment indicates in terms of likely impacts for different groupings in the community. For the groups who may be affected, what actions will you currently anticipate taking, to mitigate or enhance 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. If you have recently carried out consultation and there are groupings whose views appear to</i></p>
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have been underrepresented, please comment here on the consultation feedback received, and outline what actions you are taking to develop engagement with these groupings.

This section will be the basis for the paragraph that you then need to add into the committee report about what the initial assessment indicates in terms of impacts.

A comprehensive health needs assessment (HNA) including public and stakeholder engagement and consultation was undertaken to inform the strategy development with specific objectives of i) understanding the scale and impact of obesity in Shropshire, ii) understanding the health inequalities related to overweight and obesity and, iii) identifying the factors that lead to unhealthy weight, as well as the barriers to achieving a healthy weight and the existing opportunities to drive improvement. Public and stakeholder engagement to inform the strategy development involved a range of community-based organisations including Parish and town councils.

HNA findings highlighted that locally unhealthy weight is a significant concern, affecting both children and adults including those in early parenthood. There is evidence that the most socioeconomically deprived groups are most affected. This is compounded by evidence that the drivers of unhealthy weight in Shropshire are complex. Higher than average vulnerability to the cost-of-living crisis and food insecurity as well as rising child poverty are all indicators that the drivers of obesity are structural rather than simply individual. People in Shropshire tell us that the abundance of unhealthy food as well as a lack of affordable or easily accessible options for eating healthily or being physically active are serious barriers. This is intensified by a general increase in sedentary living, reduced amounts of time or energy available in stressful lives for healthy habits and a rural county where active travel can be more challenging.

The Healthier Weight Strategy acknowledges Shropshire's distinct geographies as a rural county, and the challenges this can present for residents within less populated, more isolated communities. It also recognises that the county's rural communities are not homogenous, and their needs vary. The importance of rural proofing in the context of healthier weight has been reflected where possible across the strategy development process.

A key strategic priority is to maximise existing assets and increase awareness and uptake of universally available resources to enable equitable access, with particular attention paid to those most vulnerable to excess weight, and those for whom barriers may exist as a result of for example rurality. The strategy acknowledges the key role of infrastructure in supporting healthier weight for those living in rural communities, including public transport as well as exploiting digital support and promoting non-digital support to the public and those who support them. The latter recognises the challenges that may exist with digital connectivity for more rural communities, and within the context of cost of living vulnerability.

Shropshire's Social Prescribing programme is available in all GP Practices in Shropshire and provides behavioural support for patients with social, emotional, or practical needs. Its support model allows for potential to reach Shropshire's more

rural communities, working alongside general practice and the voluntary sector to enable access to a wide range of non-clinical activities available at community level.

A core principle of the strategy is to support those whose health and wellbeing could be improved through physical activity. Whilst Shropshire offers great opportunities for outdoor recreation, the strategy recognises the challenges that rural communities can face in accessing active travel in the same way as more urban settings.

The work of Shropshire's Shaping Places for Healthier Lives Programme is helping our understanding how to tackle food poverty in rural areas and enable access to fresh, affordable, and sustainable food. It's learning can be used to address food poverty in other areas across Shropshire.

The accompanying high-level action plan includes identified metrics to monitor progress, impact, and outcomes. The metrics include existing nationally and locally available data monitoring tools. These can be expanded to include further local monitoring tools and measurement frameworks as and when these become available across the life of the strategy

The Strategy and accompanying high-level Action Plan acknowledge its focus on reducing inequalities and supporting more vulnerable groups including SMI, LD, SEND, physical disability and other key groups including older people. As an illustration, specific engagement through the SEND Board has been undertaken to ensure findings from their consultation on healthy weight among the PACC community are reflected in the strategy. Priority will also be given to ensuring existing services and support are incorporated into pathways for those most vulnerable to excess weight. The Strategy development process has actively sought to engage with key system partners through a series of communication and meetings to enhance where possible the impact of the strategy locally.

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

This is the section in which to outline what actions the service area will be taking to review and monitor the impacts of the service change, and with what frequency. What arrangements will you have in place to continue to collect evidence and data and to continue to engage with all groups who may be affected by the service change, including the intended audiences? For example, customer feedback and wider community engagement opportunities, including involvement of elected Shropshire Council councillors for a locality. Have you looked at comparator good practice? Could you share learning with other rural local authorities, given commonalities around challenges such as ageing demographic profiles, access to facilities and services?

This section will be the basis for the paragraph that you then need to add into the committee report about what reviewing and monitoring arrangements you will have in place to mitigate negative impacts or enhance positive impacts of the proposed service change for groupings in the community.

actions the service area will be taking to review and monitor the impacts of the service change, and with what frequency.

The strategy includes an iterative high-level action plan co-produced with colleagues across the system which sets out the key initial actions which will be taken to deliver on the strategic objectives. The Plan also includes the rationale for including each action as well as the indicators which will be used to monitor progress. It is anticipated that over the life of the 5 year strategy, actions will be further detailed prior to implementation. As the action plan is finalised additional indicators and assessment methods will be incorporated including qualitative approaches. In addition, the indicators of impact will be disaggregated so the effect on groups experiencing the highest levels of obesity (for example those from more deprived communities or where certain communities including those living in more rurally isolated areas might be more disproportionately impacted) can be specifically evaluated where this is possible.

Associated ESHIAs

Please use this section to note any associated ESHIAs and timelines, including previous impact assessments using the Equality and Social Inclusion Impact Assessment template. For example, this may be the second screening ESHIA carried out at the end of a period of consultation: it will be helpful for the public to be able to refer to the initial ESHIA. This will also serve to demonstrate ongoing approaches to continuous engagement with Protected Characteristic groupings.

It will be helpful to the public to show how a proposed service change fits into the policy approach of a service area and of the Council, e.g. the Culture Strategy ESIIA made reference to the “Shropshire Great Outdoors Strategy” as well as to the Economic Growth Strategy 2017-2021.

The imperative to prevent obesity aligns with a number of ShIPP and ICS priorities including diabetes, cancer, and CVD prevention; improving the health of children and young people; and improving mental health.

The strategy includes a clear focus on tackling the broader factors that impact people’s health and wellbeing and involves working in partnership with Council and wider system colleagues to adopt a whole systems approach. As such, its key themes and strategic objectives resonate with several relevant strategies including Shropshire’s Joint Health and Wellbeing Strategy, Local Maternity and Neonatal System (LMNS) Infant Feeding Strategy and Early Help Strategy. Its development and delivery have also sought to reflect and where possible align with relevant frameworks and toolkits such as rural proofing for health.

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

This is the section in which to please outline any actions to mitigate negative or enhance positive impacts in terms of economic, environmental, or wider societal

considerations, and actions to review and monitor the overall impact of the service change accordingly.

Climate change

Please use this section to insert the Climate Change Appraisal completed for the committee report associated with this ESHIA, or internal record of appraisal if this is a working document.

There are a number of climate change co-benefits of interventions which reduce overweight and obesity in the population. These include for example, active travel and its reduction on vehicle-associated emissions.

Health and well-being

Cabinet gave approval in February 2020 to the use of health impact assessments. Interim guidance was subsequently developed and included within the template, in order to start to capture the health and wellbeing benefits anticipated. With the fuller revision of the template, please outline any potential actions in this regard. There is a table included in section B of this screening document for you to record anticipated impacts with regard to individuals and with regard to the wider public.

The Healthier Weight strategy and accompanying action plan address health inequalities associated with living with excess weight, as well as the social and environmental factors which contribute to obesity. Excess weight is related to inequalities and implementing an effective strategy should lead to a reduction in health inequalities. The Strategy presents a number of opportunities, through:

- Strengthening approach to obesity prevention reducing the future disease burden and the need for treatment
- Assisting in embedding a 'Health in All Policies Approach' across the council through raising awareness of the impact of wider council policies and services on our residents' health and wellbeing
- Strengthening current multi-agency work focused on reducing food poverty
- Aligning with carbon reduction strategies (e.g. through promoting active travel)
- Raising awareness of the drivers of obesity among the population in general and among staff groups, reducing stigma and discrimination

Economic and societal/wider community

This may be actions to enhance place shaping approaches and efforts to promote and sustain economic growth for the wider community in an area, e.g., as part of a Levelling Up Fund bid, or actions to mitigate negative impacts if a facility or service is being withdrawn or altered such as a public transport offer, an education offer or a library or cultural offer.

In the long term, preventing obesity and reducing the scale of excess weight in the population will impact positively on costs associated with the health and care of people living with obesity-related health conditions, as well as by mitigating the wider socioeconomic impact of unhealthy weight in the population.

Scrutiny at Part One screening stage

People involved	Signatures	Date
<i>Lead officer carrying out the screening</i> Public Health Lead Officer, Health and Wellbeing Directorate		
<i>Any internal service area support*</i> Public Health Development Officer support, Health and Wellbeing Directorate		
<i>Any external support**</i> Feedback and Insight Team, Public Health Analyst team, Engagement with and support of a range of relevant cross- Directorate colleagues including for example CLT, planning, education, early years.		

**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> Berni Lee, Public Health Lead Health Improvement Team, Public Health, Health and Wellbeing Directorate		
<i>Accountable officer's name</i>		

Berni Lee, Public Health Lead Health Improvement Team, Public Health, Health and Wellbeing Directorate		
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**This may either be the Head of Service or the lead officer*

B. Detailed Screening Assessment

Aims of the service change and description

Please use this box to describe the aims and purpose of the service change. This ESHIA may well be the only document associated with a service change that the service user or advocates may read, rather than any committee reports or other associated documents. Please therefore regard it as a stand-alone document. It is a good plan to put more into it rather than less, even if it may feel like duplication to you. Use content from your committee report to help you in this regard.

Include any background that you think is helpful for someone reading this ESHIA, e.g., if there is a new policy, why is it being introduced? If there is a change to an existing service, what are the reasons for this? For example, a redesign and rationalisation of Customer Service Points may seek to concentrate provision strategically on areas where there is a mix of population density and customer need.

Further details giving context would also always be helpful here and might include tables and charts. For example, a planned reduction of opening hours for a library or a leisure centre might be helpfully viewed alongside comparative analysis of usage across a number of libraries, leisure centres, etc, including any known and anonymised data about numbers of service users and potential service users likely to be affected, and whether or not people are in Protected Characteristic groupings.

This will also help to demonstrate objectivity of the approach and show that, even where difficult decisions might be being planned or made, they are being made in the light of careful consideration of the negative or positive consequences for all groupings. It is not about changing the decision, it is about showing the thought given to the anticipated impact, and also showing that data will continue to be collected about service usage and actual impact to help develop and deliver any mitigating actions.

Supporting Shropshire's population to achieve a healthier weight and reducing obesity is a local priority with commitments for healthy weight and physical activity included in the Health & Wellbeing Strategy 2022-27. Delivering and implementing a Healthier Weight Strategy aligns with the interim Integrated Care Strategy for Shropshire, Telford & Wrekin, and supports delivery of the Shropshire Plan, through its focus on early intervention and reducing inequalities. Achieving a

healthier weight for our population is linked closely with food insecurity (lack of access to good quality food to meet needs), the cost-of-living crisis and children and young people's health and wellbeing.

The drivers of obesity are multiple and complex and includes the 'obesogenic environment' in driving rates of obesity/excess weight across the population. The obesogenic environment includes a poor food environment whereby some population groups face limited access to good quality food. An effective Whole System Approach (WSA) to supporting the prevention of obesity– both across the life course and through addressing environmental and economic barriers to healthy lifestyles is reliant on all partners contributing to delivery of the strategy through leading specific actions or supporting implementation being led by partner agencies.

A comprehensive health needs assessment including public and stakeholder engagement and an evidence review of the effectiveness of interventions to support obesity prevention and treatment was undertaken to inform the healthier weight strategy development.

Key findings relate to both the scale of the issue, and factors that lead to unhealthy weight in Shropshire:

- two-thirds of adults are overweight or obese in Shropshire, as well as almost one third of children aged 10–11-year-old.
- majority of children who start school overweight or obese will remain that way, significantly increasing the risk of unhealthy weight in adulthood.
- rates are particularly high among people in early pregnancy as well as the most deprived groups.
- significant numbers of both adults and children in Shropshire are not eating enough fruit and vegetables and are too inactive for good health.

This in the context of high cost-of-living vulnerability and food insecurity as well as rising child poverty reinforces a need to focus on the factors that lead to unhealthy weight within our wider social, economic and cultural environment. It is clear from our public engagement and consultation that people in Shropshire care about healthy weight and want to consider it within a broader view of their overall health and wellbeing. Understanding this will be crucial for reducing the harms associated with weight stigma and discrimination.

The draft strategy was revised in light of feedback received from the public and stakeholder consultation, and key changes included:

- some language changes to aid clarity of key terms and concepts (an example of this is 'excess weight' which replaced the term 'unhealthy weight').
- inclusion of a glossary of terms to clarify terminology used.
- context and rationale for the Strategy amended to include reference to concepts such as personal responsibility and recognition that whilst many factors for addressing weight are outside control of the council, many local levers exist and should be optimised.
- additional context and detail provided in relation to the strategic objectives and current activities to support their delivery.

- A high-level action plan has been included to provide clarity around the specific actions and measures that will underpin delivery of the strategic objectives.
- Inclusion of summary of currently available information, support and services.

The Healthier Weight Strategy for Shropshire focuses on promoting healthier weight for people of all ages, tackling those broader factors that impact people's health and wellbeing through working in partnership known as "whole systems approach". There has been a focus on reducing inequalities and supporting more vulnerable groups across the development of the strategy.

The strategy identifies five key priorities along with core underpinning principles to direct, inform and frame actions to deliver the Strategy in a way that aligns with experiences and views on healthy weight in Shropshire. The priorities are delivered under three delivery themes framed by seven strategic objectives.

The three themes focus on:

- 1) building a healthy food and physical environment
- 2) prevention of unhealthy weight in the early years
- 3) enabling and empowering partners across the system to use their levers to promote and enable healthy living.

The strategy is supported by a high-level action plan, developed with system partners, and setting out the key initial actions which will be taken to deliver on the strategic objectives whilst recognising the iterative nature of the action plan.

Intended audiences and target groups for the service change

This box relates to the people or groupings of people concerned, organisations involved, any other interested parties, etc. For example, if the change will affect people receiving adult social care services and their families and carers, please say so here. If the change will affect the whole population, please say so here.

If the change could affect strategic partnership working, or work with our neighbouring local authorities, or other rural authorities, for example by the West Midlands Combined Authority, or through the Rural Services Network or County Councils Network, please mention such partnerships and authorities as well.

It is a good idea to include local elected councillors due to their community leadership roles.

The action plan sets out the key initial actions that will be undertaken to deliver on the strategic objectives. It has been co-produced with colleagues across the system and includes the rationale for each action and the indicators which will be used to monitor progress. Public Health, Social Care, wider council departments and the NHS need to work together with communities, town and parish councils, voluntary and community groups, schools, employers, and other partners to deliver the Strategy adopting a 'whole-system approach'.

Evidence used for screening of the service change

This box relates to use made of evidence in developing the change to the service. This could be Census analyses, community demographic profiles, results of surveys, or previously collected evidence material. The contextual comparator data tables you may have featured above could equally be inserted here, or referred to here, to show use made of such evidence.

If the evidence is on the Council website, please insert hyperlinks. Please comment on the use of evidence in enabling the service area to identify its proposed policy or service change.

If this ESHIA is a screening one carried out at the end of a period of consultation, please use this box to outline the feedback and whether as a consequence there are any adjustments now envisaged to what was originally proposed.

A comprehensive health needs assessment including public and stakeholder engagement and an evidence review of the effectiveness of interventions to support obesity prevention and treatment was undertaken to inform strategy development. A formal public and stakeholder consultation process on the draft strategy took place to inform the final strategy and action plan.



Health Needs
Assessment Summary



Healthy Weight
Engagement Research

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

This box relates to any specific consultation with the audiences for the service. This could be online surveys, use of social media, one off focus groups, events, drop-in sessions, meetings with stakeholder groups, etc.

Please also use this box to say if you have not carried out consultation but are planning to do so. For example, this might be an ESHIA at the beginning of a proposed consultation period. You could therefore give timelines and intended methods of communication and engagement.

Public and stakeholder engagement included a combination of online surveys and face-to-face conversations (via formal workshops, stakeholder team, leadership meetings and formal partnership board) to inform development of the draft Healthier Weight Strategy. Identification of key stakeholders reflected national guidance consistent with objectives of a whole system approach, including informal scoping exercise to identify wider system stakeholders across Shropshire, including local NHS, voluntary and community sector partners, and local collaborative partnership representatives. There was specific engagement with groups focussed on meeting the needs of population groups facing the greatest challenges with excess weight such as those with mental illness, a Learning Disability or Special Educational Needs.

A formal public and stakeholder consultation process on the draft strategy took place to inform the final strategy and action plan.

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

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

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

Protected Characteristic groupings and other groupings in Shropshire	High negative impact <i>Part Two ESIIA required</i>	High positive impact <i>Part One ESIIA required</i>	Medium positive or negative impact <i>Part One ESIIA required</i>	Low positive, negative, or neutral impact (please specify) <i>Part One ESIIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with disability)			Implementation of the Healthier Weight Strategy and action plan, with focus on prevention and intervention for those most at risk, is expected to have a positive impact on health across the life-course	
<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)			As above.	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				No differential impact anticipated
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				No differential impact anticipated
<u>Pregnancy and Maternity</u> (please include associated aspects: safety,			As above. A key theme within the Healthier Weight strategy is early	

<p>caring responsibility, potential for bullying and harassment)</p>			<p>years prevention, co-produced with the local maternity and neonatal system partners</p>	
<p>Race (please include ethnicity, nationality, culture, language, Gypsy, Traveller)</p>			<p>Some ethnic minority groups are at increased risk of excess weight and as such are more likely to receive targeted support as a consequence of the strategy.</p>	
<p>Religion and belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)</p>				<p>No differential impact anticipated</p>
<p>Sex (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>No differential impact anticipated</p>
<p>Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				<p>No differential impact anticipated</p>
<p>Other: Social Inclusion (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)</p>			<p>As above. A key focus within the Healthier Weight strategy is its recognition of disproportionate impact of unhealthy weight on key vulnerable groups including for example those with SMI, LD, physical disability, SEND, older people. There are also groups for whom barriers may exist for example those living in rural settings, The strategy should lead to such groups having their needs</p>	

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Initial health and wellbeing impact assessment by category

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

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

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>		Implementation of the Strategy and action plan have the potential - across the strategy duration - to improve physical and mental health and wellbeing.		
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>		Implementation of Strategy and action plan have potential to improve environment in which Shropshire residents live, access and availability of healthy, nutritious food and physical activity opportunities. Improved information should enable improved access to existing services and support.		
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and</p>		Whole system approach provides opportunity to		

<p>environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>		<p>address wider determinants that impact on individual's ability to achieve healthy weight.</p>		
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>		<p>Collaborative development of the strategy and delivery of the action plan through WSA. Key principle includes working together to 'join the dots' to increase awareness of current services and support available. Over time the expectation would be reduced demand on health and care services.</p>		

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

This is the section in which to please outline any other considerations, which may be in terms of economic impact, environmental and climate change assessments, or any wider societal considerations. We are not looking for financial or legal impacts, which will be picked up in committee reports. This section is more a record of other likely impacts that may adversely or positively affect those who live in, work in, and visit Shropshire.

Please use this section to insert background to any Climate Change Appraisal completed for the committee report associated with this ESHIA, or internal record of appraisal if this is a working document

You could also usefully indicate at this point

- *if there are any potential Human Rights implications. For example, is there a potential breach of one or more of the human rights of an individual or group?*
- *If the service change as proposed may have a positive or negative impact on fostering good relations and/or on promoting social inclusion.*

There are a number of climate change co-benefits of interventions which reduce overweight and obesity in the population. For example, active travel reduces vehicle-associated emissions.

The Strategy and action plan provide a number of opportunities through strengthening the following: the approach to obesity prevention reducing the future disease burden and the need for treatment; current multi-agency work focused on reducing food poverty; alignment with carbon reduction strategies (e.g., through promoting active travel); awareness of the drivers of obesity among the population in general and among staff groups, reducing stigma and discrimination.

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