

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2024**

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

<b>Name of proposed service change</b>
<b>SHREWSBURY NORTH WEST RELIEF ROAD COMPULSORY PURCHASE ORDER</b>

<b>Name of the officer carrying out the screening</b>
<b>Matt Johnson</b>

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

*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 likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations</b>
<p>A range of economically focussed proposals and ongoing initiatives are in train around the regeneration of Shrewsbury, including directly identifiable positive equality impacts for the community, and for the nine Protected Characteristic groupings within the community as defined in the Equality Act 2010. Stage One initial screening Equality, Social Inclusion and Health Impact Assessments (ESHIA) have already been carried out in this regard</p> <p>The construction of the North West Relief Road (NWRR) is a key element in such endeavours to create and foster a resilient economy and help Shrewsbury to become a better place to visit, to live in, and in which to do business. These endeavours also include a focus upon efforts to encourage and improve individual and community physical health and well being, through active travel initiatives.</p> <p>Given the importance of the NWRR itself as a critical component in the regeneration of Shrewsbury, the risks around not proceeding with the CPO deemed necessary for the construction of the NWRR are such that to not proceed would impact negatively and adversely across Protected Characteristic groupings</p>

as well as inhibiting the success of the regeneration initiatives for Shrewsbury. This is particularly in relation to the groupings of Age, Disability, Pregnancy and Maternity, and Sex, for whom individuals stand to gain the most in the longer term from the construction of the NWRR.

Should the CPO proposal be approved, action has been identified as needing to be taken during the construction phase, in order to mitigate the low to negative equality and health and wellbeing impacts that are anticipated in regard to air quality, noise levels, and the effects of temporary changes to bus services, congestion, and loss of access to public facilities (such as schools and the Royal Shrewsbury Hospital) during the course of construction.

This is across all groupings, particularly those for Age, Disability and Sex, with intersectionality between these groupings. There is recognition that air quality and noise levels adversely affect people in all the Protected Characteristic groupings, particularly within Disability, including those with neurodiverse conditions as well as those with dementia and with conditions such as respiratory illnesses, and within the Age grouping, for children and families and for older people.

The mitigating actions identified will include the Council accounting for sensitive areas in the "*Construction Environmental Management Plan*" (as part of the planning process) together with ongoing consultation with affected services to explore solutions. It is considered that these effects are likely to be reversible once construction of the Scheme is complete.

Residents of any land within the CPO area that is currently occupied are a target grouping in relation to consideration of Articles 1, 6, 8 and 14 of the European Convention of Human Rights. In order to assess impact upon them in terms of such considerations, and in the related consideration of equality impacts, the Council is recommended to find out about any specific needs of these residents in relation to particular groupings eg Age eg Disability, and intersectionality across these. This will then aid assessment of likely negative, neutral or positive equality impacts for the individuals affected, and identification of actions to then take should the CPO be approved.

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

The long term equality and health and well being impacts to be realised through the completion of the NWRR are anticipated as positive across all groupings, particularly those of Age, Disability, and Sex. This is due to the health and well being opportunities afforded by the cycleway and pedestrian and running opportunities, likely to encourage greater numbers of men to undertake outdoor exercise, and the improved access to schools, likely to bring positive benefits for

children and families for whom women remain more likely to carry out escort duties to schools and nurseries.

In terms of permanent changes to the road layout, the opportunity presents itself to assist those with conditions and disabilities including sight loss, other physical disabilities, dementia, learning disabilities, and neurodiverse conditions, for all of whom positive equality and health and well being impacts may be accrued through enhancements to and clarity in signage and road and pathway layouts.

The CPO if approved will enable the NWRR to proceed as an integral element of policy efforts to enhance the pedestrian and cycle environment across Shropshire. As documented within the Chief Medical Officers annual report, active travel can achieve significant health benefits for children and adults, boosting people's mood and reducing feelings of anxiety. Other potential health and well-being impacts are evident in terms of road safety, with proposals to reduce through traffic within towns and reduce vehicular speeds, benefiting pedestrians and cyclists across age demographics from a safer streets perspective.

Explicit recognition may also be given to the positive impact that enabling greater active travel can have for future mental health and wellbeing challenges which are likely to arise as a direct result of climate change (by virtue of both physical exercise and engagement with the natural environment).

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

Ahead of approval of the CPO, it should be recognised that CPO powers are rarely used by the Council, and this re-inforces the importance of NWRR in delivering significant regeneration. A proposal for CPO was last brought for what became subsequent approval in April 2022, in relation to land at Shrewsbury Flaxmill (Road Frontage)

As the Scheme progresses, further ESHIAs will need to be carried out at stocktake moments, in order to incorporate any design changes, any further information gathered, and the outcomes of any consultation undertaken. This would usefully include reference to consultation and engagement with residents currently occupying land for which the CPO is sought. It is intended that a further revision will be prepared as the detailed design of the Scheme is finalised.

On the opening of the NWRR, the Council will undertake ongoing usage surveys. These will include traffic monitoring and walking and cycling counts along the new road.

It is expected that these will be reported annually going forward to Council and also to DfT, as the external funder of the NWRR.

In order to maximise the connectivity and Active Travel benefits of the NWRR, the Council will continue to advocate walking and cycling to all user groups through its ongoing development of the Local Cycling and Walking Infrastructure Plan, and the Local Transport Plan.

The collation of Active Travel and walking usage statistics will also be integrated into wider annual traffic, walking and cycling counts undertaken across Shrewsbury, in order to accurately assess the positive impacts of the NWRR in relation to wider strategic priorities such as the Shrewsbury Big Town Plan Movement Strategy.

This then links into the overarching health priorities within the Shropshire Plan and within the joint aims of partner organisations within the Shropshire and Telford and Wrekin Integrated Care System.

### **Associated ESHIAs**

Shropshire Local Cycling and Walking Infrastructure Plan (LCWIP)

Associated ESHIAs of note are the ESHIAs completed in relation to regeneration of Shrewsbury, along with ESHIAs carried out for the Public Space Protection Orders in place for the town centre.

The ESHIA completed for the Shropshire Plan also provides overall policy context

A detailed Equality Impact Assessment was also carried out by WSP in 2021, on behalf of the Council, which utilised an approach adopted by Highways England. An ESHIA in regard to request to seek a CPO was carried out for a report to Cabinet in April 2022: "Land at Shrewsbury Flaxmill (Road Frontage) CPO"

### **Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts**

#### ***Climate change***

February 2024 Northern Planning Committee, Planning Condition no.41 requires the NWRR to undertake the following.

*41. No development shall commence until the Carbon Assessment Plan has been submitted for approval to the Local Planning Authority. The Carbon Assessment Plan shall include in its scope, the built design, construction phase impacts and future use scenarios for the project and how the project will demonstrate achievement of a net-zero carbon outcome. Particular attention should be paid to minimising the release of carbon embodied in the vegetation cleared from the*



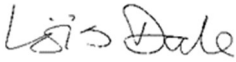
route. Any carbon offsetting or removal activity should be within Shropshire or nearby area. Development shall not commence until the Carbon assessment plan has been approved in writing by the Local Planning Authority. The development shall be carried out in accordance with the approved Carbon Assessment Plan. Reason: To allow the Council to meet its declared climate change objectives in accordance with Policies SC6 "Sustainable Design and Development Principles" of the Shropshire Core Strategy, MD2 "Sustainable Design" and MD8 "Infrastructure Provision" of the Shropshire Council Site Allocations and Management of Development (SAMDev) Plan.

**Economic and societal**

The NWRR offers several positive economic and societal impacts across communities and groupings within communities, particularly around physical connectivity within the Shrewsbury area. These could not be achieved without the CPO being approved.

Additionally, employment opportunities arising through the overall regeneration of Shrewsbury will be anticipated to increase social mobility prospects for young people, including care leavers, who are now a grouping to whom the Council has accorded local Protected Characteristic recognition.


**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
Lead officer for the proposed service change <b>Matt Johnson</b>		14 May 2024
Officer carrying out the screening <b>Matt Johnson</b>		14 May 2024
Any other internal service area support*		
Any external support** <b>Lois Dale</b> <i>Performance and Research Specialist for Rurality and Equalities</i>		19 <sup>th</sup> May 2024

\*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>Matt Johnson</b>		14 <sup>th</sup> May 2024
<i>Service manager's name</i> <b>Tracy Darke</b>		

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

**B. Detailed Screening Assessment**

<b>Aims of the service change and description</b>
<p>Cabinet is being invited to resolve, subject to the grant of planning permission for the Scheme (hereafter referred to as “the Planning Permission”), to make a compulsory purchase order (CPO) to acquire land to construct a new highway in order to deliver the Scheme which in turn will contribute to the social and economic well-being of the Council’s administrative area; and to make a related side roads order.</p> <p>In terms of likely impacts of the CPO, the following Articles of the European Convention of Human Rights are relevant in determining whether the Compulsory Purchase Order should be made.</p> <ul style="list-style-type: none"> <li>• Article 1 of the First Protocol: This provides all natural and legal persons with the entitlement to the peaceful enjoyment of their possessions. Nobody can be deprived of their possessions except if it is in the public interest and subject to the relevant national and international laws.</li> <li>• Article 6: This entitles those affected by the proposed Compulsory Purchase Order to a fair and public hearing within a reasonable time by an independent and impartial tribunal;</li> <li>• Article 8: This protects the right of all individuals to respect for their private and family life, his home and his correspondence. A public authority can only interfere with these rights if it is in accordance with the law, in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or</li> </ul>

crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

In discharging its duty under Article 8 of the Convention, the Council confirms it is aware of the below:

- The proposed application to the CPO for the NWRR is being made under a due process and in accordance with the law.
- The Council understands that in determining whether engagement with Convention rights under Article 8 amounts to an interference rests on whether such acts are proportionate. The question of proportionality requires us to conduct a balancing exercise of the public benefit sought by obtaining the CPO, and the conflicting Article rights engaged by the compulsory purchase of land.
- The Council considers that the public benefits arising out of the NWRR, as described in paragraph 7 above, would be greater than the disadvantages to those whose private rights are interfered with. Our justification for engaging Article 8 rights is set out in detail in the Statement of Reasons which constitutes our statement of case for the Secretary of State granting the CPO.

Benefits of the NWRR can be summarised as.

- Access to c. 7km of new, segregated pedestrian and cycleway to the north of the town. This will offer considerable new opportunities around public health, physical activity and increased uptake of Active travel modes (walking, cycling, scooting etc)
- For Public Transport users, the NWRR will offer greatly reduced journey times both through the town centre and across the northern arc of the town.
- For users (and employees) of the Royal Shrewsbury Hospital, including blue light response times, there will be greatly reduced journey times from the NW to the NE of the town.

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

All those who live in, work in or visit Shrewsbury

All those who travel through Shropshire via routes around and across Shrewsbury

Residents of any land within the CPO area that is currently occupied, who are thus a target group in relation to consideration of Articles 1,6, 8 and 14 of the European Convention of Human Rights

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

- Legislation, guidance and case law in relation to planning powers and to Compulsory Purchase Orders (CPOs)
- Legislation, guidance and case law in relation to Human Rights and to Equality
- Shropshire Council Local Plan 2011 and Local Plan Partial Review
- Data from consultation and engagement exercises carried out in relation to Shrewsbury town centre regeneration, to active travel, and to proposals around construction of a relief road, indicating the need for the NWRR to be constructed
- Evidence contained within the detailed Equality Impact Assessment carried out by WSP in 2021, on behalf of the Council, which utilised an approach adopted by Highways England.

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

Residents of any land within the CPO area that is currently occupied are a target grouping in relation to consideration of Articles 1,6, 8 and 14 of the European Convention of Human Rights. In order to assess impact upon them in terms of such considerations, and in the related consideration of equality impacts, the Council is recommended to find out about any specific needs of these residents in relation to particular groupings eg Age eg Disability, and intersectionality across these, and to engage with them accordingly. This approach was utilised in the instance of the previous CPO for land at Shrewsbury Flaxmill.

**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 locally identified in Shropshire</b>	<b>High negative impact</b> <i>Stage Two ESHIA required</i>	<b>High positive impact</b> <i>Stage One ESHIA required</i>	<b>Medium positive or negative impact</b> <i>Stage One ESHIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Stage One ESHIA required</i>



<p><b><u>Age</u></b>          (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)</p>				Negative should the CPO not proceed
<p><b><u>Disability</u></b>          (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)</p>				Negative should the CPO not proceed
<p><b><u>Gender re-assignment</u></b>          (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				Neutral
<p><b><u>Marriage and Civil Partnership</u></b>          (please include associated aspects: caring responsibility, potential for bullying and harassment)</p>				Neutral
<p><b><u>Pregnancy and Maternity</u></b>          (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				Negative should the CPO not proceed
<p><b><u>Race</u></b>          (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)</p>				Neutral
<p><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)</p>				Neutral
<p><b><u>Sex</u></b>          (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				Neutral
<p><b><u>Sexual Orientation</u></b>          (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				Neutral

<u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities)				Negative should the CPO not proceed
<u>Other: Veterans and serving members of the armed forces and their families</u>				Neutral
<u>Other: Young people leaving care</u>				Negative should the CPO not proceed

### **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? .				Negative should the CPO not proceed
<b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b> For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?				Negative should the CPO not proceed

<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>Negative should the CPO not proceed</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>Negative should the CPO not proceed</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 national Protected Characteristic groupings and our additional local categories. 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.

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 high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but 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 or to Strategic Licensing Committee.
- 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 likely 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 a wider additional local 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 recent Armed Forces legislation, although in practice we have been doing so for a number of years now.

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

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 or reconfigure 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 and record your 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, 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***

***Phil Northfield via email [Phillip.Northfield@shropshire.gov.uk](mailto:Phillip.Northfield@shropshire.gov.uk)***