

Appendix C
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2024

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Draft Strategic Equality Objectives Action Plan 2024-2028

Name of the officer carrying out the screening
Lois Dale, Rurality and Equalities Specialist

Decision, review, and monitoring

Decision	Yes	No
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.

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations
<p>The draft Strategic Equality Objectives Action Plan 2024-2028 is being presented to Cabinet for approval in order to enable compliance with specific duties under the Equality Act 2010. Approval will also facilitate demonstration of good practice in regard to equality.</p> <p>The screening carried out indicates that, for the draft action plan 2024-2028, a medium positive impact is anticipated for all groupings within the community and thus for the whole community, as the Council’s equality objectives action plan sets out to meet the three national equality aims set out in the general equality duty placed upon local authorities under the Public Sector Equality Duty (PSED).</p> <p>The draft action plan builds upon the progress made during the reporting term 2020-2024, also presented to Cabinet, which indicates that there have been positive equality impacts across groupings and for specific groupings, in a number of action areas.</p> <p>An action area which has contributed to efforts to make progress in relation to all three national aims was to publish materials more visibly.</p>

Within this, there has been increased publication of press releases and digital materials to mark celebrations and commemorations, and to raise awareness and understanding amongst the community and amongst the workforce of what these events and dates mean to different groupings. This has included material to mark religious festivals and dates, such as around Chinese New Year, Christmas, Diwali, Easter, Hanukkah, Ramadhan and Vaisakhi. The Council has also publicised the efforts of Community Pride volunteers during Pride Month, promoted UN International Women's Day and UN International Day for People with Disabilities, and used payslips to promote Show Racism the Red Card Day and the White Ribbon campaign against domestic violence

There is intersectionality across the Protected Characteristic groupings as well as for the additional groupings we consider in Shropshire. This term is growing in usage, to indicate that a person will perform belong to at least three groupings, ie Age and Ethnicity, and the Sex to which they were assigned at birth; and that during the course of their lives they may then describe themselves as belonging at one time or another to one or more other groupings as well, eg Religion or Belief eg Marriage or Civil Partnership.

This strategic-level ESHIA also notes that, within the Disability grouping, conscious efforts are being made by service areas for ESHIAs, in regard to service change proposals, to consider the likely impacts for people with sensory disabilities, people with neurodiverse conditions, and those with hidden physical disabilities including Crohn's disease. Examples include the Shrewsbury Movement and Public Realm Strategy.

In relation to the Religion and Belief grouping, and the grouping of Age, a key action area is to promote national Holocaust Memorial Day every year. Activities are focussed on work with primary schools and interfaith forums and with local councillors as community leaders.

There are now 19 trees in the HMD memorial cherry tree orchard being grown with schools across Shropshire, with a further tree to be planted in January 2025. These are sourced by the County Arboriculturists. Details about activities are published as press releases, as well as on the Council website, and via the national Holocaust Memorial Day Trust website.

Commemorations now include annual services to Remember Srebrenica, at a cherry tree planted at Shirehall in 2021 to commemorate the role of the armed forces in their humanitarian efforts. Further information for this was provided by Archives Team. Interfaith forums have also returned to the cherry tree at Woodside School in Oswestry to remember Anne Frank's birthday.

The Council's efforts on Holocaust and genocide commemoration work with children have been recognised by the national HMD Trust with a feature in their 2023 annual publication. These efforts are not only around ensuring that the Holocaust and other genocides are never forgotten but also around providing opportunity for children to work with representatives of a range of faith communities and grow their own understanding of world faiths.

The action plan for 2024-2028 sets out to make the most of the feedback we gain from communities, allied to local and national digital resources, and emerging intelligence and data on inequalities, and to utilise events, celebrations and commemorations through which to raise awareness of the rich diversity of our communities. Along with our partners, and through our workforce, we are in a position to frame our proposed actions for the next four years in ways that will utilise the data and evidence that we already hold about groupings and their needs, continue to collect and analyse and share this and use this in our decision making processes, and do all that is possible to engage with and support our communities to live their best lives, wherever they live, study and work in our large rural county.

In so doing, we may make more local progress over the next four years, with regard to the three national equality aims, as well as improving the health and well being of the communities that we all serve.

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

A key action for 2020-2024 was to incorporate health and well-being assessments into equality and social inclusion impact assessments for service areas, in order to equip service areas to have due regard to health and well being as well as to the three aims when considering and planning service changes, and to link in with climate change appraisals to form a coherent suite of materials.

Significant progress has been made.

- In **May 2020**, following Cabinet decision in the February, we added in a request to service areas to consider health and well being within overall economic and environmental considerations;
- In **November 2020**, we added in specific references within our social inclusion category to the needs of veterans and serving members of the armed forces, as a vulnerable grouping;
- In **December 2021**, we made a further change, adding in an impacts table on health and well being, which affected not only the content but also the title for the impact assessment template, to now refer to it as the Equality, Social Inclusion and Health Impact Assessment, or ESHIA.
- In **June 2023**, we updated it further, in order to amplify not only the health and well being element but also the duty that now applies in law to have due regard to the needs of veterans and serving members of the armed forces and their families.
- This brings us to **April 2024**, with changes to now show armed forces as a distinct grouping, and care leavers as a distinct local grouping.
- The current templates are available on the website and on the Council intranet, together with examples and latest Government guidance.

Future plans include further assessment of inequalities (both health and otherwise) through the embedding of select aspects of the Health Equity Assessment Tool

within the ESHIA process. A review/refresh of the wider Shropshire Inequalities Plan is also due for 2025, which will include bi-yearly reports to the Health & Wellbeing Board.

The above actions, those completed and those planned, should contribute towards ensuring that health and well being remains an integral element of screening and that in so doing every opportunity is taken to maximise positive health and well being impacts across and within communities.

ESHIA support and promotion will continue to take place across the organisation to raise awareness. Training sessions have been and will continue to be provided.

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

The three broad local action areas have served us well over the last eight years altogether but now warrant changing whilst retaining intent. This is partly as we have made progress and partly as efficiencies may be gained through scoping things more toward use of what we have already and use to be made of online resources, as well as maximising potential for more partnership working. The proposals are to recast to the following:

- Publish information in ways that are visible and accessible
- Analyse and utilise data in ways that are consistent and coherent
- Work together in ways that are collaborative and cost efficient

Proposals for 2024-2028 include the below:

Work together in ways that are collaborative and cost efficient

Actions: to work with local NHS organisations and Telford and Wrekin Council through the Integrated Care System, on the following areas:

For the workforce: equip managers with the confidence and competencies to recognise and tackle racism and other forms of discrimination, including sexism and misogyny, through targeted training and briefing, and equip all employees to act as allies.

For service users and the community: implement communication campaigns to address misinformation and raise awareness of how to recognise and report hate crime in all its forms, allied to communications about standards of respectful behaviour and language towards the workforce.

In a joint agency action during the last reporting term, the Council acted swiftly in Bridgnorth in November 2022 to remove antisemitic graffiti, with a follow up press release stating commitment to always act upon this. A decision was taken with the portfolio holder for children and young people to then plant two HMD trees at

Bridgnorth schools the following January 2023 in order to help educate younger children in the area.

Further one off action will be taken wherever needed, and future ongoing activity will be usefully targeted at overall actions for the workforce as well as for service users and members of the public, to help people to recognise, tackle and report racism and other forms of discrimination, harassment or victimisation. This may be through formal hate crime incident reporting or through other joint and organisational action, including place- based activity and activity linked to rural hate crime.

Officers will continue to additionally make use of opportunities to submit evidence to UK Parliamentary Inquiries and to Government Departments in order to seek to influence national policy. This is pertinent to our situation as a rural authority with physical and digital connectivity issues for a range of groupings. Examples during 2020-2024 include evidence on local bus transport issues to the DfT and to the HC Transport Committee, with such issues exacerbated by the impact of the pandemic on user numbers.

Comparison work into rural authority approaches continues to utilise opportunities to contribute to data collection through collective and collaborative working eg on fairer funding for rural authorities with the CCN and RSN. This represents best use of pooled resources including scant officer capacity.

An action for calendar year 2025 is to produce an inhouse diversity calendar. This will expand this action from promoting events to supporting a range of commemorations and celebrations. Further energy will also be focussed upon continuing collaborative efforts across the ICS.

The actions outlined above will then form an ongoing strategic activity area which continues at no cost beyond officer time.

Externally, the Council website main page will continue to be used to mark Holocaust Memorial Day and the Srebrenica genocide. A watching brief is being maintained in regard to any local emergence of religious hatred and extremism, as with other forms of hate crime.

Associated ESHIAs

ESHIA's and previous iterations of the impact assessment template in relation to the Shropshire Plan, to the Strategic Equality Objectives Action Plans 2012-2016 and 2016-2020, and to Council wide policy and strategy, including the Economic Growth Strategy 2022-2027.

The ESHIA in relation to the SAND (Safe Aging No Discrimination) Covenant proposal (November 2023) is also of pertinence. This is because 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.

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

With regard to the planting of trees, there is a complementary action to carbon offsetting in that there is anticipated to be a low positive outcome in relation specifically to the growing of a Holocaust Memorial cherry tree orchard of remembrance across Shropshire. One tree is planted each year, with a primary school, and the aim over time is for a cherry tree orchard covering all quadrants of the county. This is by definition a gradual process, initiated in 2015, notwithstanding a growth spurt in 2016 that saw an additional five trees planted with secondary schools. The trees are sourced from a local supplier and procured through the County Arboriculturist Team. The 20th tree will be planted in 2025.

There is anticipated to continue to be a neutral to low positive outcome in relation to the following aspects of climate change mitigation, with efforts to introduce and maximise online resources matched by efforts to improve digital connectivity and reduce social isolation across the county. Any energy efficiency changes to the fabric of community assets and buildings that improves their energy and fuel outputs will be of benefit to the communities that make use of them, as well as to the wider environment, just as better use of local buildings that reduces or obviates the need to travel other than on foot or by bicycle will also be of benefit to the wider environment. This also thus links into Active Travel policy.

- Energy and fuel consumption
- Renewable energy generation
- Climate Change adaptation

Economic and societal/wider community

The dominant theme in feedback from our communities, gained through public consultation exercises, is rural inequality and concerns about the impact of service changes on older people, people with disabilities and/or limited mobility and people on low incomes. With rural issues to the fore of the minds of respondents, this indicates that the Council's efforts as a rural authority to seek equity of funding are not misplaced. Additionally, in seeking to factor social inclusion and socio-economic considerations into decision-making processes, the Council's endeavours again appear to align to community needs and aspirations as well.

An emphasis on inequalities within society and within communities, including access to decent and energy efficient housing, healthcare, education and employment, whether by public or private transport or via digital means, should also include better national recognition of geographical and societal interdependencies rather than a separation out of different strands of policy. Equality legislation necessitates compliance but also provides opportunity for reflection on local progress and recalibration towards where we want to go in addressing inequalities and achieving equity of opportunity for all our communities, whether they live in rural areas or in our market towns.

We will continue to publish information in ways that are visible and accessible, seek to take due regard of needs in particular recognising intersectionality between groupings, and target efforts at finding out where there may be barriers to accessing particular services, and how this might be addressed in ways that will promote health and well being. This will be reported upon in the annual Service User and Workforce Diversity Reports published online.

With the continuance of the ESHIA as a single use impact assessment template, our additional efforts to record that we have considered impacts of decisions through the screenings that we undertake thus involve considerations around social inclusion, around health and well being, linked to health impact considerations; around environmental impacts, linked to climate change considerations; and around economic impacts.



None of these are currently legal requirements under the Equality Act 2010. Together, they add value or at least ensure that the Council is visibly seeking to take an holistic view of impacts: and as importantly for our service areas is taking a proportionate and time efficient way in which to do so through use of a single template.

Nationally, it is likely that the Government will enact the element of Equality Act legislation requiring us to have due regard to socio economic considerations. The Council has, however, been doing so since 2018 and also seeks to factor rural impact within such considerations.

The workforce of the Council is a key target group in the Council's equality endeavours, as are the elected Members of the Council as community leaders. The assistance of all staff across all service areas, in taking account of equality considerations in their everyday actions and in applying such considerations to planned changes to services, will help the Council to proactively meet its PSED as well as mitigate against any risks of non-compliance.

Scrutiny at Stage One screening stage



People involved	Signatures	Date
<i>Lead officer for the proposed service change</i>	<i>Lois Dale</i>	31 st October 2024

Lois Dale Rurality and Equalities Specialist		
<i>Officer carrying out the screening</i> Lois Dale Rurality and Equalities Specialist		31 st October 2024
<i>Any other internal service area support*</i>		
<i>Any external support**</i> Phil Northfield Public Health Development Officer		3 rd November, 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> Lois Dale Rurality and Equalities Specialist		31st October 2024
<i>Service manager's name</i> Sam Williams Assistant Director, Workforce and Improvement		4th November 2024

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

B. Detailed Screening Assessment

Aims of the service change and description

Shropshire Council seeks to ensure that, like other public authorities, it is compliant with the **Public Sector Equality Duty (PSED)** set out in the Equality Act 2010. This includes publication of the Strategic Equality Objectives Action Plan every four years.

The PSED may be described as the duty on a public authority, when carrying out its functions, to have what is called ***due regard*** to three equality aims.

These equality aims are listed below.

- Eliminating discrimination, harassment and victimisation;
- Advancing equality of opportunity;
- Fostering good relations.

The Armed Forces Act 2022 is also of pertinence in terms of the Council giving 'due regard' in decision making processes to the needs of veterans and serving members of the armed forces and their families.

As a local authority, we must comply with both a general equality duty and with specific duties, as set out in the Act.

- To demonstrate full compliance with the **general duty**, we are required to publish annual information about our workforce and about service user diversity. These are published on the website every year, enabling progress to be charted against the three national aims and our own local objectives.
- To demonstrate full compliance with the **specific duties**, we are required to publish one or more equality objectives which we think we should achieve. The frequency for these objectives to be published is a minimum of every four years. Publication enables us to review overall progress and set objectives for the next four years.

If the Council did not publish this action plan for 2024-2028, it would not be in a position to readily demonstrate compliance with the PSED. This would represent a major risk, not least in reputational terms, as it would involve breach of legal obligation, affect more than one group of stakeholders, attract the medium-term attention of legislative or regulatory bodies and potentially attract significant adverse media interest.

Another risk, were the Equality Objectives Action Plan to not receive endorsement, is that the Council could be seen as ignoring the needs of the vulnerable and those at risk of social exclusion, including rural communities and those on low incomes. This is despite the fact that such individuals form wider groupings of people who need to be identified and who may need support either as individuals or as groupings.

We currently have three main strategic action areas

- Publish more visibly
- Collect data more proactively
- Work together more jointly

As may be seen from the update table for 2020-2024, progress has been made in each action areas.

Highlights include:

The proposals are to now recast to the following:

- Publish information in ways that are visible and accessible
- Analyse and utilise data in ways that are consistent and coherent
- Work together in ways that are collaborative and cost efficient

Proposed actions are set out in the draft action plan for 2024-2028 accordingly.

Intended audiences and target groups for the service change

- All those who live in, work in, and visit the county
- All members of the workforce
- All elected members
- Community and voluntary sector organisations
- Equality and Human Rights Commission
- Government Departments and agencies
- Neighbouring local authorities
- Shropshire and Telford and Wrekin ICS
- Strategic partnerships and networks including the County Councils Network and Rural Services Network
- Town and Parish Councils

Evidence used for screening of the service change

The following actions link in as evidence used

Action 2020-2024

Publish and present contextual equality information in a range of ways and through local and national opportunities that arise, in order to visibly develop collective understanding about issues and needs, and to optimise use to be made

in Council and service area policy and strategy development of all opportunities to aid understanding of equality, diversity and social inclusion issues.

Progress

This was identified in 2020 as an area for development in order to demonstrate to a range of audiences that the Council is seeking to better understand different equality issues for different groupings. This was particularly through learning to be gained from Covid impacts upon different groupings, and through evidence anticipated from Census 2021. The aim was to use mechanisms including engagement with communities, and to share that learning with the wider general public.

The Council has now moved from area profiles shared with Members as community leaders to a wider range of in depth analyses published on the website, including Census 2021 analyses and public health data. There is also a greater awareness of the complexities of health inequalities for different groupings, including those which emerged during the pandemic; and those which remain for people we may describe as vulnerable. This includes people who are homeless or at risk of homelessness; veteran and serving members of the armed forces and their families; and young people leaving care.

The annual service user and workforce diversity reports required to be published as part of our PSED are added to the website each year. These provide extra depth and layers of information about not only the needs of people across and within groupings but also the heritage and cultures of diverse communities in Shropshire, including amongst our workforce.

Action 2020-2024

Consolidate and draw upon service user and community profile evidence base and report back in annual service user diversity reports, using all opportunities that present themselves to add to the evidence base and utilise robust up to date data in decision making processes.

Progress

The proactive gathering of intelligence from local and national sources is now linked into the priorities within the Shropshire Plan and to the use to be gained through input to and findings from public consultation exercises. As such, data and analyses now form a more in-depth resource for service areas and for reports to Members as well as for publication on our website. This remains an area where efforts need to continue to minimise any duplication of efforts and ensure accurate analysis of data and findings.

Data and findings form an integral part of ESHIAs in terms of helping to assess the likely impact of proposed service changes upon people in different groupings. Service areas have made use of ESHIAs in order to collate and present evidence about the communities, service users and stakeholders with whom they work, and demonstrate ongoing engagement with specific target groups and stakeholders.

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

The following action area links in with ongoing Council-wide engagement efforts as well as with specific consultation to be undertaken by service areas and reported upon within ESHIAs.

Proposed Action 2024-2028

Ensure that the analysis and utilisation of EDI intelligence from local and national sources is undertaken in ways that are consistent and coherent, and that link into the Council's strategic priorities and to the use to be gained through input to and findings from public consultation exercises and ongoing engagement with communities

The Council uses EDI questions within public consultation exercises to aid in analysis of who is responding, ascertain whether views are representative of the wider community, identify gaps where further engagement work is warranted, eg views of young people, and provide opportunity for views to be expressed on EDI issues.

Where such views indicate that there may be misinformation or a level of misapprehension about a local service change proposal or a national issue, or where views are being expressed contrary to the three national equality aims, the findings will be used to develop communication campaigns.

In so doing, this will help the Council and partners to take regard of feedback and views to be gained from service users and the wider community, and also demonstrate efforts to counteract views that are for example regarded as discriminatory against a group or grouping.

This remains an area where efforts need to continue to ensure accurate analysis of data and findings, using upto date sources and methods to present intelligence and statutory performance information in ways that will be meaningful to a range of audiences

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.

Protected Characteristic groupings and other	High negative impact	High positive impact	Medium positive or	Low positive, negative, or neutral impact
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groupings locally identified in Shropshire	<i>Stage Two ESHIA required</i>	<i>Stage One ESHIA required</i>	negative impact Stage One ESHIA required	(please specify) Stage One ESHIA required
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Medium positive	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)			Medium positive	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium positive	
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)			Medium positive	
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium positive	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)			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)			Medium positive	
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Medium positive	

<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)			Medium positive	
<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)			Medium positive	
<u>Other: Veterans and serving members of the armed forces and their families</u>			Medium positive	
<u>Other: Young people leaving care</u>			Medium positive	

Initial health and wellbeing impact assessment by category

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

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

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .			Medium positive (improved wellbeing)	
Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically			Medium positive (improved opportunities to achieve wellbeing)	

active, choose healthy food, reduce drinking and smoking? .				
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and 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>			Medium positive (improved opportunities to achieve wellbeing)	
<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>			Medium positive (reduced demand)	

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

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