

Shropshire Council
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
Approval of Air Quality Action Plans (AQAPs) for Bridgnorth and Shrewsbury Air Quality Management Areas

Name of the officer carrying out the screening
Joanne Chanter Public Protection Officer (Professional)

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>It is a statutory requirement for the Council to produce an air quality action plan (AQAP) for any designated air quality management areas (AQMAs) and to consult relevant people on these plans. There are two AQMAs in the Shropshire local authority area: one in Shrewsbury and one in Bridgnorth. An action plan has been produced for each area and aims to detail measures that will be taken to improve air quality in these areas.</p> <p>The reports outline the actions that Shropshire Council proposes to deliver between 2024 and 2029 to reduce concentrations of air pollutants and exposure to air pollution. The initial screening had indicated that there will be an anticipated low to medium positive equality impact across all nine Protected Characteristic groupings as defined in the Equality Act 2010, as well as for the grouping of veterans and serving members of the armed forces and their families, as defined in the Armed Forces Act 2021.</p>

This is due to the anticipated health impact benefits of better air quality for individuals across all groupings, particularly for children and younger people, older people, and people with a range of disabilities and/or limiting long term illnesses including respiratory conditions.

Additionally, there will be the same positive impacts were anticipated for those for whom the Council seeks to have due regard to need through our tenth category of consideration of Social Inclusion. This is not an Equality Act category, rather representing our efforts as a Council to consider the needs of households in Shropshire and the circumstances in which they may find themselves. We similarly anticipate positive impacts for any young people leaving care who may be affected by and through these AQAP actions, as they are also a local grouping for whom we have consideration.

The draft action plans went through a consultation process and feedback on the proposed actions from people within the AQMA and from people/businesses etc have been taken into account in the final plans. Details of the consultation comments and the relevant responses have been included in the Appendices.

Officers have ascertained following the consultation that overall, the anticipation remains, for positive equality and social inclusion impact on the health and quality of life of people who live in, work in, or study in Bridgnorth, Shrewsbury, and the wider Shropshire area, as well as visitors.

There will need to be ongoing efforts, in this and future related projects, to engage with people in the Protected Characteristic groupings, particularly where low levels of responses to public consultation have been received to date.

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

The reports outline the actions that Shropshire Council proposes to deliver between 2024 and 2029 to reduce concentrations of air pollutants and exposure to air pollution.

As noted in the draft reports, air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.

The indications are that there will be an anticipated low to medium positive health and wellbeing impact, due to the benefits of better air quality for individuals across all groupings, particularly for children and younger people, older people, and people with a range of disabilities and/or limiting long term illnesses including respiratory conditions.

Actions within the two AQAPs may also benefit neurodiverse individuals through public space improvements that make such spaces safer and more accessible for

everyone including those with neurodiverse conditions, for whom sense of smell and anxieties over traffic noise and speeding traffic may be heightened.

Furthermore, there could be a potential drop in referrals to health and social care services arising from better physical and mental health because of better air quality.

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

Legislation and Statutory Guidance sets out the procedure by which the AQAPs must be produced including requirements around the content and then a statutory consultation process.

The public and stakeholder consultation provided feedback which was accounted for in the final action plans. There, will be additional consultations as part of the detailed design and implementation process for each specific measure.

The national Air Quality Strategy encourages local authorities to collaborate on the development of measures to improve Air Quality. This includes involving Directors of Public Health at all stages throughout the discussions of Air Quality Action as Air Quality is a public health concern. The Air Quality Strategy also pushes for measures to detail the costs and benefits to help determine the feasibility of a measure.

To promote effective local action, a wider range of bodies are brought into the process of the Air Quality Action Plan, this includes any neighbouring local authorities, The Environment Agency and National Highways. Progress with implementing the measures detailed in the action plan and the effectiveness of the measures is reviewed and reported annually via the Annual Status Report.

The AQAPs will be reviewed every five years at the latest implementation of the AQAP measures is anticipated to achieve the relevant objectives by 2025 in Shrewsbury and 2027 in Bridgnorth. Following compliance of the Air Quality Objectives, the Air Quality Management Areas will be revoked and then Shropshire Council will develop an Air Quality Strategy detailing the ongoing measures to continue to keep NO₂ concentrations below the AQO. The latest 2024 ASR for Shropshire Council is available to the public on the website.

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Associated ESHIAs

This ESHIA is a follow up to the initial ESHIA carried out as part of the consultation process.

During the earlier phases of the Covid-19 pandemic, a range of temporary highway measures were developed by Shropshire Council to facilitate social distancing in

areas with high levels of pedestrian footfall or cycling activity and to promote active travel, including a set of measures in Shrewsbury Town Centre and measures in Bridgnorth. The learning around positive equality and health and wellbeing impacts feeds into this ESHIA, as does that recorded in related ESHIAs around pedestrianisation, the Shrewsbury Movement and Public Realm Strategy, active travel including the Shropshire Local Cycling and Walking Infrastructure Plan (LCWIP), Bus Service Improvement Plan and that being collected in relation to School Streets pilots.

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

The action plans propose a number of measures to reduce emissions of NO_x through reducing congestion and encouraging a modal shift towards more environmentally friendly methods of transportation, such as walking and cycling. These measures will reduce energy and fuel consumption and hence have a positive impact in terms of climate change.

Economic and societal/wider community

In England, the total cost due to NO₂ to the NHS and social care is estimated to be £60.8million by 2025, and £230million by 2035. This increases to £2.7billion and £9.2billion respectively when diseases with less robust evidence are included. The highest cost burden due to NO₂ was for social care (£1.2billion and £3.8billion by 2025 and 2035 respectively)¹. Shropshire Council is committed to reducing the exposure of people in Shropshire to poor air quality to improve health.



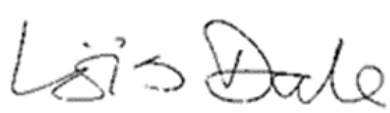

Many of the measures proposed within the AQAPs are part of wider strategic measures that already have been agreed in principle and have already obtained complete or partial funding i.e. the Station Gyratory scheme, NWRR, Riverside development, LCWIP and school travel plans. These associated plans will also go through the ESHIA process specific to the proposals.

Measures such as the Shropshire Local Cycling and Walking Infrastructure Plan (LCWIP) sets out policy intentions around improved active travel infrastructure, which will enhance access to educational, employment, leisure and shopping facilities. This will in turn have a positive impact on wellbeing.

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 as well as through better air quality.

Public space improvements, improvements to crossings, and upgrades to existing paths (including widening, signage and lighting improvements), allied to better air quality, will make public spaces safer and more accessible for everyone.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the proposed service change</i> Kieron Smith, Environmental Protection Service Manager		14/11/24
<i>Officer carrying out the screening</i> Joanne Chanter Public Protection Officer (Professional)		14/11/24
<i>Any other internal service area support*</i>		
<i>Any external support**</i> Mrs Lois Dale Rurality and Equalities Specialist		13/11/24
Phillip Northfield <i>Public Health Development Officer</i>		13/11/24

**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> Kieron Smith, Environmental Protection Service Manager		14/11/24
<i>Service manager's name</i>		

**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 have a statutory obligation to take necessary action to reduce air pollution to below the national objectives at relevant receptors.

It is a statutory requirement for the Council to produce an air quality action plan (AQAP) for any designated air quality management areas (AQMAs) and to consult relevant people on these plans. There are two AQMAs in the Shropshire local authority area: one in Shrewsbury and one in Bridgnorth. An action plan has been produced for each area and aims to detail measures that will be taken to improve air quality in these areas.

An air quality action plan (AQAP) details the potential options available to improve air quality and details the preferred actions that the Council intends to take to bring pollution levels below the objective level. The process for identifying relevant receptors, assessing the air quality impacts and the potential air quality benefits of various options has to follow approved guidance.

The implementation of any of the proposed actions (unless they involve minor changes) would require a separate consultation process.

For example, the Shrewsbury North West Relief Road (NWRR) has been through a planning consent process and the Shrewsbury Railway Station gyratory works also had a separate consultation. These two projects are the main actions detailed in the Shrewsbury AQAP. Although they are detailed in the plan as actions that will reduce NO₂ levels to below the objective level, both projects have already been approved and works have already started on the gyratory works.

Whilst there were a lot of objections to the NWRR and the gyratory works, these were dealt with during the relevant consultation process, and both projects were approved.

The draft Shrewsbury AQAP identifies priorities in relation to traffic management at Castle Foregate, the NWRR, increases in parking charges, and promotion of sustainable modes of transport.

The draft Bridgnorth AQAP identifies priorities in regard to traffic management, variable messaging signs, and school travel plans.

The national Air Quality Strategy is designed for local authorities in England to focus on actions to reduce three main pollutants, PM_{2.5}, NO_x and NH₃. The Air Quality Strategy is also designed to support and provide relevant information to those local authorities that are preparing AQAPs.

The two Air Quality Action Plans (AQAPs) outline the actions that Shropshire Council will deliver between 2024 and 2029 to reduce concentrations of air pollutants and exposure to air pollution; thereby positively impacting on the health

and quality of life of residents and visitors to Shrewsbury and the wider Shropshire area.

They have been developed in recognition of the legal requirement on the local authority to work towards Air Quality Strategy (AQS) objectives under Part IV of the Environment Act 1995 and relevant regulations made under that part and to meet the requirements of the Local Air Quality Management (LAQM) statutory process.

Intended audiences and target groups for the service change

- All those who live in, work in and visit Shropshire
- People living in residential properties in areas of exceedance
- All businesses within the AQMAs
- Bridgnorth and Shrewsbury Town councils
- Shrewsbury Friends of the Earth
- The Shrewsbury BID
- Future Bridgnorth Partnership
- Shropshire Council portfolio holder and local councillors for relevant areas
- LTP Project Steering Group
- Highways Authority
- Environment Agency
- Secretary of State for DEFRA (this is a legal requirement)

Evidence used for screening of the service change

Statistics and data including:

- ONS statistics
- Indices of Multiple Deprivation analyses
- Air Quality Annual Status Report

Shropshire Council plans and strategies, including

- Climate Change Strategy and Action Plan
- Local Plan Partial Review
- Shropshire Local Cycling and Walking Infrastructure Plan (LCWIP)
- Shropshire Local Transport Plan 2011-2026
- Shropshire, Telford and Wrekin – Health Protection Strategy 22-27

National legislation and guidance, including

- Environment Act 1995 Part IV
- Clean Air Strategy 2019
- Air Quality Strategy 2023
- 'Air Quality: a briefing for Directors of Public Health'
- Public Health Outcomes Framework (England)

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

There was a tri-part approach to the consultation, intended to demonstrate efforts to reach not only all those who live in, work in and visit Shropshire, but also those directly affected in the AQMAs, and in so doing also ensure compliance with statutory requirements.

As well as public consultation via the Council website, letters were sent directly to properties in areas where the current air quality is expected to exceed (or be close to exceeding) the national objectives.

In addition, the consultation aimed to reach relevant people/businesses etc who could be impacted by the actions.

The range of mechanisms used were:

- Letter to residential properties in areas of exceedance
- Hard copies in Bridgnorth and Shrewsbury Libraries
- Bridgnorth and Shrewsbury Town councils
- Shrewsbury Friends of the Earth
- The Shrewsbury BID
- Future Bridgnorth Partnership
- Shropshire Council website
- Shropshire Council portfolio holder and local councillors for relevant areas
- Public Health
- LTP Project Steering Group
- Highways Authority
- Secretary of State (this is a legal requirement)

A total of 56 responses were received in relation to the consultation. The feedback from the consultation process is contained within appendices to the Cabinet report for December 2024

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 groupings locally	High negative impact	High positive impact	Medium positive or negative impact	Low positive, negative, or neutral impact (please specify)
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identified in Shropshire	<i>Stage Two ESHIA required</i>	<i>Stage One ESHIA required</i>	<i>Stage One ESHIA required</i>	<i>Stage One ESHIA 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 a disability)			X 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)			X medium positive	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X low to medium positive
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				X low to medium positive
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X low to medium positive
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				X low to medium positive
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				X low to medium positive
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X low to medium positive

<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				X low to 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)			X medium positive	
<u>Other: Veterans and serving members of the armed forces and their families</u>			X medium positive	
<u>Other: Young people leaving care</u>			X 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? .			X positive as it will lead to better air quality	
Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?			X positive as it will facilitate encouragement of active travel	

For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .				
Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .				X positive, promotion of active travel and improved air quality.
Will there be a likely change in <i>demand</i> for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				X neutral to low positive as increased physical and mental health could lead to a drop in referrals

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.

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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