Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2025

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Charging for telecare: proposals for consultation

Name of the officer carrying out the screening
Faith Jones and Emma Valducci

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
The consultation regarding the telecare service charges aims to understand the impact of proposed changes on residents. The survey includes questions to understand individuals in terms of their Protected Characteristics and how these changes might affect people in and across different groupings. The consultation will help identify additional negative and positive impacts.
This new approach would clarify when people should be charged for using these services, potentially leading to increased contributions for some and new contributions for others. It would also streamline the financial assessment process for the Telecare Service.
Given the intersectionality across the nine Protected Characteristics as defined in the Equality Act 2010, a medium positive impact is predicted for individuals and households, particularly those in the Age and Disability groups. Increased accessibility of telecare without a social care assessment is expected to have additional positive impacts for these groups.
The initial screening process has indicated likely low to medium positive impacts for individuals and households at risk of social exclusion in Shropshire, including vulnerable individuals such as those living in fuel poverty and refugee households. The Council will seek to maximise positive equality impacts for vulnerable

individuals, including those with disabilities. There will also be neutral to positive impacts for veterans and serving armed forces members and their families, whom the Council considers under Social Inclusion, an additional category not defined by the Equality Act.

A potential negative impact identified is the ability to pay for the service. During the financial assessment, the Council may provide advice on benefit entitlement and refer or signpost individuals to relevant agencies and services. The consultation process aims to obtain feedback from a wide range of people and organisations to assess the potential negative impact and enhance predicted positive impacts.

Ahead of consultation, potential negative impacts have been identified for older adults (Age), people with disabilities (Disability), and low-income households (Social Inclusion) due to proposed budget cuts that may reduce service access and increase costs.

While the Council considers the impacts on individuals and households based on factors like low income or rurality, these are not Protected Characteristics under the Equality Act 2010. The Council follows good practice by considering these factors but is not legally bound by them. The Council must also consider the needs of serving armed forces members, their families, and veterans, as required by separate legislation. Feedback from this group will be sought with help from Armed Forces Covenant officers.

Regarding telecare charges, the following measures aim to mitigate potential negative impacts on low-income households:

Affordability: The proposed cost is £3.45 per week, subject to consultation.

Payment methods: Options like Direct debit, Pay Point and Post Office will be considered to aid accessibility.

Opt-in: Website and phone system accessibility will be considered to support those without digital skills or with sensory, emotional, or physical needs.

Several non-statutory services (services the Council is not obliged to provide) are commissioned to meet individuals' eligible needs, including Telecare. Some of these services are part of a person's Support Plan to meet their eligible care needs, but currently, some people with no eligible needs receive these services without charge.

The proposal aims to consistently apply the following principles to non-statutory services such as telecare:

If a non-statutory service meets eligible needs, it will be part of the overall Support Plan and financial assessment and there will be no charge.

If a non-statutory service is provided to someone without eligible needs, the cost will be charged.

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

The consultation on charging for telecare aims to understand the impact of proposed service changes on residents. The survey includes questions to understand individual and protected characteristics and how people may be differently impacted. It will help identify additional positive and negative impacts. Potential impacts include:

Cancellation of Service
If someone cancels their service due to the assessed contribution, they must contact the financial assessment team, who will notify the social worker team. A risk assessment may be conducted to identify any risks due to unmet needs, and measures will be taken to mitigate these risks wherever possible.

Benefit Maximisation
During the financial assessment process, the Council may advise on benefit entitlement, including referrals or signposting to relevant agencies and services.

Appeals and Complaints
If someone disagrees with their financial assessment outcome, they can request a review by explaining why they believe the decision is incorrect. If additional information needs to be considered, people will be advised that they should contact the Financial Assessment team. In some cases, this may involve completing a new financial assessment form. If the person remains dissatisfied, they will be advised that can file a complaint via the Shropshire Council website or via the first point of contact.

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

After the public consultation, the ESHIA will be updated based on community feedback. The authority will also share approaches with comparator authorities, especially other rural unitary authorities and those in the West Midlands, to promote good practice.

Additionally, the proposed action plan will undergo regular monitoring, and the charging policy will be reviewed annually. This will build on ongoing engagement with people in the Protected Characteristic groups of Age and Disability, as well as with vulnerable groups, including people with dementia, veterans, and serving members of the armed forces and their families.

When evaluating the charging policy's impact on independent living, mental and physical health, and social inclusion, opportunities to enhance positive impacts will be prioritised. Regular monitoring and ongoing engagement will help ensure that such impacts are identified, and adjustments are made to project delivery.

People affected by the proposed charges are expected to be predominantly older adults. There are concerns that increased contributions to their care packages could lead some individuals to cancel services. To mitigate this, Social Workers will conduct risk assessments if a person decides to cancel services they have been assessed as needing, ensuring that appropriate safeguards and/or mitigations are in place. Cases of individual hardship will be reviewed on a case-by-case basis, and we may adjust contributions temporarily. Charges will only be imposed on those deemed able to afford them, following an individual financial assessment in line with the Council's policy. Consultations will be conducted with those impacted by the proposals to ensure they are fully informed of the changes and their implications.

A committee report will be produced in 2025, outlining the reviewing and monitoring outcomes, which will mitigate negative impacts or enhance positive impacts of the proposed service change for groupings in the community and the wider community.

Associated ESHIAs

The ESHIA carried out for the Shropshire Plan highlights strategic objectives for Healthy People, as follows;

We'll support Shropshire residents to take responsibility for their own health and wellbeing, choosing healthy lifestyles and preventing ill-health, reducing the need for long-term or hospital care.

We'll work with partners to develop, commission and deliver the right services and support that meet the needs of children, young people, adults and families in the right place, at the right time.

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 following measures aim to enhance positive impacts related to climate change:

- Reduced Face-to-Face Assessments: By minimising in-person assessments for telecare services, travel time and carbon emissions from transport will be significantly reduced.

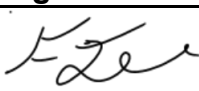***Economic and Societal/Wider Community***

Shropshire Plan 2022-2025 Strategic Objectives:

- This service aligns with all Strategic Objectives within the Shropshire Plan 2022-2025. It supports strategic priorities such as a proactive and preventative approach, promoting healthier communities, reducing inequalities, and improving outcomes.

Positive Impact on Unpaid Carers

- Increased Accessibility Without Assessment: Telecare can provide essential support to caregivers by taking on some monitoring responsibilities, allowing them respite and peace of mind to seek employment.
- Enhanced Independence: Increasing the number of telecare users can positively impact individuals' independence, enabling them to stay at home longer and avoid the costs associated with face-to-face care. It may also support and ease demand on beds and care home attendance within the county for those who do not require such in-depth care/support at this stage in their lives. The mental health impacts of maintaining this independence and remaining within their local community are substantial.
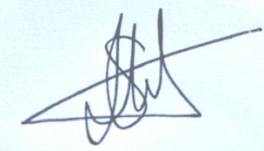
Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change		16/01/2025
Officer carrying out the screening		16/01/2025 16/01/2025
Any other internal service area support*		
Any external support** *Mrs Lois Dale* *Rurality and Equalities Specialist*		15/01/2025 16/01/2025

*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.*

<u>Sign off at Stage One screening stage</u>

Name	Signatures	Date
Lead officer's name		16/01/2025
Commissioning manager's name		16/01/2025

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

B. <u>Detailed Screening Assessment</u>

Aims of the service change and description
Telecare is a service designed to support individuals in living independently, providing an additional layer of assistance that enables clients and their carers to access emergency support 24/7. Shropshire Council is now consulting on proposals to introduce a subsidised charge for the Telecare service. Despite our ongoing commitment to delivering excellent care services for local residents, the current financial situation for local councils necessitates exploring ways to recover some of the operational costs of the Telecare services. We are dedicated to continuing funding the service for those who are eligible for care (i.e., have a social care package) following assessment. For individuals with lower-level needs or as a preventative measure, we propose a minimal payment towards the service. We are inviting Telecare clients, carers, health and social care professionals, and the wider public to provide feedback on the proposals to introduce charges for the Telecare service. In Shropshire Council, we support around 2,000 people with Telecare. Like most councils, there is no set criteria to determine "Telecare eligibility", with support dealt with on a case-by-case basis, often alongside other forms of care. However, as the Council is not the only Telecare issuing body within the county, and individuals are able to purchase these devices themselves direct from suppliers, the total number using Telecare across the county is likely to be much higher. Shropshire Council's main reasons for issuing Telecare are to support someone who is at risk of falling, someone with cognitive impairment (dementia, learning difficulties etc), or as part of managing conditions such as epilepsy. Whilst these

reasons still hold true for the wider population who privately purchase Telecare devices, a significant number are bought simply to give individuals and their families peace of mind.

Where that wider population is one with an ageing demographic and/or a significant rural component, as is the case in Shropshire, communication regarding the proposed charges, or appropriate alternatives needs to be made through the channels that people are likely to use.

Telecare provides a way for people to signal for help if they are in need in their homes. Anyone can use it, including older adults, disabled and vulnerable people. You may have heard of them being called 'Careline', 'Care Alarm' or 'Lifeline' systems.

A standard telecare alarm package usually comes with a base unit. This either plugs into your telephone line or connects to the internet. It also comes with a call button, which you can wear as a pendant around the neck, wrist strap, and sometime includes falls detectors worn on the wrist and sensor matts.

The call button is the part used call for help when needed or some equipment can generate automatic alerts in the event of particular issues arising such as a fall. When activated the call will be picked up by a response centre. The response centre will assess the situation and make a decision about the help is needed. This might be to call an emergency contact such as a family member or friend, call a service listed on the persons record or might be to calls emergency services. In some areas, the Telecare Responder service provides 24/7 assistance and home visits to check on clients' wellbeing. While this service is not currently available in Shropshire, we are seeking your feedback through the consultation to determine if it would be beneficial.

Telecare offers several benefits, including:

- Ensuring individuals can summon help in an emergency.

- Helping individuals maintain independence while living at home.

- Providing reassurance to family and carers that a service user can quickly access help in an emergency.

Due to central government funding restrictions, the Council has been exploring alternative methods to recover some costs for running services. One option under consideration is introducing charges for previously free services.

Shropshire Council must operate with a reduced budget while facing rising costs and increased demand for services, which further strain financial resources. Approximately 77% of the Council's day-to-day budget is allocated to adults and children's social care services, which support the county's most vulnerable residents.

Shropshire Council is consulting on the proposal to introduce a charge of £3.45 per week for the Telecare service. This charge would apply to both existing and new users. We are proposing this reduced charge in recognition that the majority of Telecare clients are older adults who may be less able to afford the full charge. Residents receiving a care package from Shropshire Council would be exempt from the proposed changes and would not need to pay the charge. Additionally, we propose a one-off start-up fee of £35.00 for new users. Those people who are in receipt of reablement services will also receive a six-week free trial as part of the proposal.

Shropshire is one of the few councils that do not currently charge residents for the Telecare service. Charges for Telecare services in other councils range from £1.50 to £19 per week. Introducing a charge in Shropshire would align the Council with other areas, helping to recover some operational costs and sustain and develop the service. If the proposed charge is introduced and all users pay the relevant fee, it is estimated that the Council could recover £75,000 of the £240,000 annual cost of running the Telecare service. Therefore, the proposed charges would contribute towards covering the service's full cost, whilst being at the lower end of the range of charges across the country.

Given that the proposed charges will predominantly affect older people, there are concerns that increased financial contributions to care packages could lead some to cancel services. To mitigate this, Social Workers will conduct risk assessments if individuals decide to cancel services they have been assessed as needing, ensuring appropriate safeguards and/or mitigations are in place. Cases of individual hardship will be considered on a case-by-case basis, and we may adjust contributions temporarily. Charges will only be applied to those who can afford to pay them, following an individual financial assessment in line with Council policy. We will carry out consultations with those impacted to ensure they are fully informed of the changes and their implications.

Key features of the charging proposal include:

- The charge remains the same regardless of how frequently the alarm system is used.

- All Telecare equipment remains the property of the Council.

- The charge will be reviewed annually in line with the Council's budget, fees, and charges.

If the Council decides to implement the charge, everyone affected will be notified in writing with information on payment procedures and the expected amount.

Intended audiences and target groups for the service change

The consultation is directed at the public, including communities, service users, and their representatives, such as town and parish councils, and Shropshire

Council councillors serving as community leaders. All Shropshire Councillors will be informed about the public consultation and proposed changes.

There is a higher proportion of older individuals receiving care and support services, including Telecare, compared to younger individuals. As such, the proposal is likely to have a greater impact on older people as a target audience.

A greater number of people with disabilities receive care and support services, including Telecare, compared to those without disabilities. Therefore, the policies may have a more significant impact on people with disabilities than on those without disabilities. Policies will be made available in alternative formats upon request. Reasonable disability-related expenses (DREs) will be disregarded in the financial assessment to ensure the Minimum Income Guarantee (MIG) does not cover DREs. Charges will only be levied against those deemed able to afford them, following a financial assessment in line with the Council's policy. Individuals will be supported in obtaining advice and assistance from the welfare support team.

Positive: Removing the eligibility threshold criteria is expected to increase the number of people using the Telecare service, providing additional income to support the service's ongoing sustainability and investment.

Evidence used for screening of the service change

The consultation document and proposal has been shaped by a variety of data sources, which include strategies that have been closely aligned to the adopted Local Plan and in the emerging Shropshire Local Plan. These documents collectively form the foundation of the Council's planning approach and provide valuable insights. Utilising this information is important not only for justifying funding and planning priorities but also for the continuous monitoring of our strategy and priorities.

Evidence used to develop the service change proposals includes:
- Population and household type/composition data for Shropshire Council area.
- The principles of The Care Act 2014
- Shropshire Council Shropshire Plan
- Shropshire Council's financial modelling data.
- Council submission to Ofcom inquiry in 2018 (**Ofcom Consultation on Protecting access to emergency services in power cuts at customer premises: Shropshire Council Response for 050718)**
- Public consultations and reports produced by other local authorities.

The public consultation will result in more data and an update will be provided when results of the feedback are available.

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

The consultation will take place over eight weeks while the proposal is still at a formative stage. The proposal includes sufficient reasons for consideration and response, and an eight-week timeframe has been given for this. The results of the consultation will be conscientiously considered and presented to Cabinet ~~the cabinet~~ in 2025 for a decision. Consultation documents will be made available in other formats and in an easy-read version. The consultation will take place over eight weeks while the proposal is still at a formative stage. The proposal includes sufficient reasons for consideration and response, and an eight-week timeframe has been given for this. The results of the consultation will be conscientiously considered and presented to Cabinet in 2025 for a decision.

Consultation documents will be made available in other formats and in an easy-read version.

Members of the co-production team will be asked to review the consultation results and make recommendations. Continued regular engagement will update the group on any impacts should the proposal be approved as introduced.

A briefing sheet for elected members will be developed and distributed, enabling them to explain the proposal to their constituents.

The proposed eight-week public consultation will include consultations with town and parish councils, as well as provide opportunities for feedback from the general public and partner organisations. All Shropshire residents are invited to participate in the consultation.

Where the population is one with an ageing demographic and/or a significant rural component, as is the case in Shropshire, communication on these proposed changes to service provision needs to be made through the channels that people are likely to use.

We especially encourage current Telecare service users and those who may be affected by the proposed changes to provide their feedback. To ensure broad awareness and participation, we will contact a variety of groups, including:

- Members of the public (through general communications and updates to users of the service)

- Town and Parish Councils

- Elected Councillors

- Officers of Shropshire Council from various departments

- Local businesses

- Voluntary and community sector groups and organisations

- Other public sector organisations

- Anyone with an interest in this issue

Provisions are in place for those unable to respond online to request alternative versions of the consultation materials. Responses can also be submitted via email, letter, paper surveys available at local libraries, and tailored formats upon request. An easy-read version of the consultation will be available on the Shropshire Council website and upon request.

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 identified in Shropshire	High negative impact *Stage Two ESHIA required*	High positive impact *Stage One ESHIA required*	Medium positive or negative impact *Stage One ESHIA required*	Low positive, negative, or neutral impact (please specify) *Stage One ESHIA required*
Age (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 – negative impact; ability to pay Positive: Increased accessibility of telecare without a social care assessment	
Disability (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			Medium – negative impact: ability to pay	

and/or sensory disabilities or impairments)			Positive: Increased accessibility of telecare without a social care assessment	
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				neutral/minimal impact
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				neutral/minimal impact
Religion or Belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				neutral/minimal impact
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				neutral/minimal impact
Other: Social Inclusion (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;			Medium – negative impact: ability to pay	

people with health inequalities; refugees and asylum seekers; rural communities)			Positive: Increased accessibility of telecare without a social care assessment	
Other: Veterans and serving members of the armed forces and their families				neutral/minimal impact
Other: Young people leaving care				neutral/minimal impact

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 *Part Two HIA required*	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a *direct impact* on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .			Medium/high impact should users decide to cancel service due to charge. Positive impact on individuals mental wellbeing if able to remain within their homes/community, maintaining pre-existing social links for new users who may otherwise require care home services and be moved.	

Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .			Medium/high impact should users decide to cancel service due to charge.	
Will the policy have a *direct impact* 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? .				Low community impact.
Will there be a likely change in *demand* 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? .			Medium positive impact due to increased accessibility of the service without the need for an assessment Potential reduction in immediate demand for care home or beds due to remaining independent if there is an increase in users.	

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 (ESHIAs) 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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