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
Future Options for Shropshire Schools Library Service

Name of the officer carrying out the screening
Dr Sarah Browne

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	YES	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		NO

If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations
A recommendation for Shropshire Schools Library Service to cease trading under Council control is proposed. Provision of a School Library Service is not a statutory duty that the Council must provide under statute: schools have a duty to provide library resources as part of their curriculum offer. The recommendation allows for alternative options to be explored, namely the possibility of a third-party organisation assuming operational control of the service. If a feasible alternative cannot be found, the service would close with all existing resources offered to state schools in Shropshire to enable them to assist in establishing an on-site library. In September 2025, the DfE announced a Government commitment to fund libraries in all state primary schools in England by the end of this parliament. In light of the DfE's announcement that it will be mandatory for all state schools to have an on-site library, the potential closure of the service means that SLS and Shropshire Council would be uniquely placed to assist schools across the county in establishing on-site libraries. The current stock of resources would be offered free-of-charge to schools in Shropshire, enabling them to kickstart their own

library. Children in Shropshire would still have access to a range of resources that help them understand the world around them.

The proposal ensures that children and young people in Shropshire continue to have access to valuable resources that benefit them, their role in society and their understanding of the wider community. Retaining the service under a third-party organisation means that schools will still have access to buy-in resources. Potential closure also ensures that schools have access to keep resources to assist in kickstarting their on-site libraries wherever these may be across our rural county, ensuring that children have access to resources in familiar surroundings.

This is particularly important for SEND children including neurodivergent children, and those with additional learning needs, for whom familiar surroundings are important in aiding their learning, reducing the academic attainment gap with their peers, and supporting their inclusion in mainstream education. Locally accessible resources are also of importance for children learning about diversity and gaining greater awareness and understanding of themselves and of others in regard to gender reassignment, to race, to religion or belief, and to sexual orientation.

Overall, therefore, the likely equality impact has potential to be low to medium positive for those in the Protected Characteristic groupings of Age and Disability, with potential to be medium positive in impact; and to be low to medium positive in regard to the other groupings given intersectionality between these and the main grouping of consideration, ie Age.

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

Exploring the potential of moving the service to a third-party organisation would ensure resources which help children understand wellbeing and how to live healthy lives could be kept for continued use in schools across the county.

This may also serve to mitigate against potential negative impacts on the health and wellbeing considerations of staff, in regard to potential closure of the service. HR will conduct a thorough consultation period to support staff appropriately and seek redeployment opportunities where they exist. Closure of the service would also place significant pressure on any remaining staff who would be responsible for estates and resource management. Suitable support would be allocated to these tasks.

Overall, the focus needs to remain upon children and therefore to Age and to Disability as the principal Protected Characteristic groupings, with regard to intersectionality between these and to other Protected Characteristics groupings to which children may consider that they belong. This will be of benefit to their mental well being and to their social, emotional and mental health (SEMH) needs, provided that resources are available to them in familiar surroundings of their own

schools, and that access is ensured to assistive technology resources as well. This access will need to be kept under review whichever option proceeds.

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

In restructuring and relaunching the Schools Library Service offer in 2024, following consultation with schools and with the public, the focus was on ensuring the service retained the elements most valued by schools. The results of the school and public consultations had indicated that topic collections, artefact collections and group reading sets were of most value to staff and children. These elements were all retained. The school consultation indicated that a proposed increase of 40% would be unaffordable: the service had taken this into consideration and offered a range of fixed-fee packages to allow schools to choose their level of engagement in-line with affordability. The public consultation response had illustrated a desire for the library service to continue to serve isolated, rural communities in particular: the service has kept free delivery of resources as part of its core offer in recognition that this is a key element to improve inclusion for rurally isolated schools.

The restructuring of the core offer had allowed for the service to consider how it promoted and marketed its topic collections and artefacts. Topic collections were regrouped by key stage and topics are now more inclusive, for example collections relating to Black history now include resources on the African diasporic experience. In reconsidering the artefact collections, adding an artefact plus experience to the service's offer focuses on fostering a broader understanding and appreciation of culture by allowing children and young people to experience a more diverse approach to a curriculum topic. This offer aligns appropriately to topics directly related to some Protected Characteristics (e.g. Race and Religion or Belief) and packages will be useful tools to foster appreciation of – for example – Black History Month, Holocaust Memorial Day.

Removal of the subscription fee allowed for more schools to engage on a 'pay-as-you-go' basis: it was anticipated that this will help schools purchase single packages that will enhance curriculum delivery for children.

The revised tariff was launched in January 2025 with a lead-in time of two months to allow schools to place orders using the new online system. Although several schools that had not engaged with SLS for two or more years started to buy-in, there was a further decrease in orders being placed. Across Shropshire, there are 13 schools that consistently use the service out of 152 state funded schools.

The previous ESHIA impact included an indication that a formal review of the service would take place in spring term 2025, with a view to planning for 2025/26. Given that despite best efforts made following the consultation, and a reduction in overheads, the uptake has remained low, this data has to also be considered

alongside the DfE announcement in regard to requirement for schools to establish on-site libraries and the Council's own financial constraints.

If recommendation for closure is approved, the Director of Children's Services will instigate and lead consultation with potential parties who may be interested in assuming leadership of the service. The HR business partner will be responsible for monitoring the impact of potential closure on the workforce.

The Director of Children's Services and relevant members of his team will consider estates implications of potential closure and removal of stock and allocate suitable resources to this task. A detailed operational timeline will be produced to ensure oversight.

Associated ESHIAs

The ESHIA carried out in September 2024 forms Appendix B to the Cabinet report due to be considered in December 2025. It provides further detail on the decisions at that time, and the commitment to keep these under review.

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 proposal would provide a positive impact as the carbon footprint would be significantly reduced. Should the service be retained by another organisation, the carbon footprint could still be reduced through consideration of fuel emissions and energy usage. Closure of the service would remove fuel consumption entirely. Useful climate change resources would still be offered to schools to assist in establishing on-site libraries.

Economic and societal/wider community

The proposal ensures that children and young people in Shropshire continue to have access to valuable resources that benefit them, their role in society and their understanding of the wider community. Retaining the service under a third-party organisation means that schools will still have access to buy-in resources. Potential closure also ensures that schools have access to keep resources to assist in kickstarting their on-site libraries.

Further actions taken to mitigate likely negative impact include commencing a thorough and detailed consultation period to assess the viability of the service

being transferred to a third-party organisation. This ensures resources are retained in-county to allow schools to access as required.

Potential closure of the service will result in a staff consultation period of 45 days. It is acknowledged that there is a likely negative impact for staff currently employed, ahead of what may become neutral or positive impacts such as may be achieved through redeployment. During this time HR will ensure that redeployment opportunities are comprehensively explored. One member of staff is currently on maternity leave: extended protections are in place. The employee is entitled to be offered a suitable alternative vacancy where one exists. The work to be done in that post must be suitable and appropriate, the capacity and place in which they are to be employed, and their terms and conditions of employment are not substantially less favourable to them than if they had been able to return in the job in which they were originally employed.
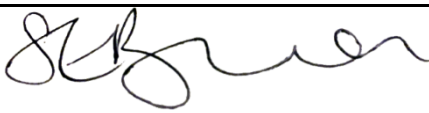
Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change		
Officer carrying out the screening **Doctor Sarah Browne**		28/10/2025
*Any other internal service area support**		
*Any external support*** **Mrs Lois Dale** **Senior Insights and Research EDI Specialist** **Phil Northfield** *Public Health Integration & Inequalities Officer*		02/11/2025 03/11/2025

*This refers to other officers within the service area
**This refers to support external to the service but within the Council, e.g, the Senior insights and Research EDI Specialist, 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
Lead officer's name		

Service manager's name **Doctor Sarah Browne**	*[signature]*	28/10/2025

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

B. Detailed Screening Assessment

Aims of the service change and description

The aim of the service change is to enable Shropshire Council to focus its limited resources on statutory services and the service should therefore cease trading under Council control.

Cease trading the service under Council control

It is proposed that, pending cabinet approval, the Director of Children's Services starts a period of engagement with external agencies to ascertain the viability of the service being maintained by a Multi-Academy Trust, Federation or other third-party organisation (for example, town or parish councils), in order to keep the resource in the county. This would enable interested organisations the opportunity to explore the possibility of assuming operation of the service. It should be noted that if there was no interest by Multi-Academy Trusts, Federations or other third-party organisations to run the service, the SLS would cease trading and close. In this event, the statutory 45-day consultation period with the 4 members of staff would commence.

Given the DfE announcements made in September 2025, schools will be required – and centrally funded by Government – to establish an onsite library. If no external stakeholder expresses an interest in maintaining the service, current SLS stock could be utilised to support this, offering schools in Shropshire the opportunity to build their library – free of charge – from existing stock in the service with resources allocated equitably across the county.

Associated costs:
The costs of transferring to a third-party organisation are to be determined through appropriate processes (e.g. TUPE)
In the event that the service ceases trading, total costs:
    £102,102.06 (inc. Pension strain)

Implications:
- Potential loss of staff expertise and traded service if no third-party organisation identified
- Children and young people benefit from free resources to help establish an on-site library

- Risks to SEND/Assistive Technology programme if no suitable delivery alternative is found
- Some further costs associated with estates expenditure to remove items from site will be incurred.

In conclusion, the continued uncertainty of traded income means that the service is likely to end future financial years in a deficit position: the Council has insufficient reserves to cover a non-statutory service. This proposal allows wider engagement with third party groups to explore interest in retaining the service to ascertain the viability of maintaining school library resources for the county.

Intended audiences and target groups for the service change

Children and Young People in Shropshire, teachers, governors, and parents. The service is also offered to schools in Telford and Wrekin and independent schools.

Evidence used for screening of the service change

Results of School and Public Consultations – closed June 2024.
Cabinet paper – September 2024
Data on uptake of the service offer, following changes made as a result of the September 2024 decisions by Cabinet (showing only 13 Shropshire schools are now regularly buying into the service)
Informal discussions with headteachers including further promotion of the offer at Schools Forum in September 2025.

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

The intended audience is children and young people in Shropshire, and also in Telford and Wrekin, in primary school age groups. Engagement will be with those who act on their behalf in terms of their education, ie teachers, support staff, governors, and parents, as well as potentially secondary schools linked to primary schools due to MAT status.

Additional consideration will need to be given to engagement with those acting on behalf of children with SEND needs, in regard to the assistive technology 'lending library' and where that might be located if the SLS closes.

Consultation will take place with potential interested third-party organisations in regard to proposed service changes.

Engagement will also need to take place with Council staff.

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)				Low to medium positive impact for children and young people
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 and/or sensory disabilities or impairments)				Low to medium positive impact for SEND children and those with additional learning needs if resources are within their own schools and therefore accessible and in familiar surroundings
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Low positive impact if resources are within their own schools and therefore accessible and in familiar surroundings.
Marriage and Civil Partnership				Neutral

(please include associated aspects: caring responsibility, potential for bullying and harassment				
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				Low to medium positive impact if resources are within their own schools and therefore accessible and in familiar surroundings
Religion or Belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				Low to medium positive impact if resources are within their own schools and therefore accessible and in familiar surroundings
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Low to medium positive impact if resources are within their own schools and therefore accessible and in familiar surroundings.
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; people with health inequalities; refugees and asylum seekers; rural communities)				Low to medium positive impact if resources are within their own schools including rural settings and therefore

				accessible and in familiar surroundings
Other: Veterans and serving members of the armed forces and their families				Low to medium positive impact for services children if resources are within their own schools and therefore accessible and in familiar surroundings
Other: Young people leaving care				Neutral

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? .				Neutral for CYP.
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,				Low to medium positive impact if resources are within their own

reduce drinking and smoking? .				schools and therefore accessible and in familiar surroundings.
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? .			Medium positive impact. Reduction of carbon footprint and enhanced opportunities for education in local settings in familiar surroundings.	
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? .				Neutral.

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.

<u>**Individuals**</u>

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.

<u>Communities</u>

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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Phil Northfield via email Phillip.Northfield@shropshire.gov.uk