

Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2026

Please note that part A and part B of this document should be completed.

A. Summary Sheet on Accountability and Actions

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| Name of proposed service change |
| Proposed extension of Shrewsbury Town Centre Public Spaces Protection Order (No. 1) 2017 |

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| Name of the officer carrying out the screening |
| Lisa Gardner |

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| Decision, review, and monitoring |
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| 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.

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| Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations |
| <p>The Shrewsbury Town Centre Public Spaces Protection Order (No.1) 2017 ('the Order') has been in operation since 1 August 2017. It was determined in the original ESHIA that the implementation of the Order would be considered to have an overall 'low positive impact' for the community and for Protected Characteristic groupings.</p> <p>The requirement to extend the Order is a requirement within the Anti-Social Behaviour, Crime and Policing Act 2014 ('the Act'), which specifies that an Order cannot last for more than three years unless it is extended by the Council. The Act is intended to benefit the community as a whole by providing a number of mechanisms to address anti-social behaviour (ASB) and to assist communities to find solutions to resolve issues quickly and efficiently. The proposed extension to the Order is one such mechanism and it will be of benefit to the community as a whole as well as the nine Protected Characteristic groupings as defined in the Equality Act 2010 plus the additional local groupings of consideration in Shropshire.</p> |

The Order, along with other initiatives, form part of the toolkit to tackle ASB challenges within Shrewsbury town centre and not extending the Order will remove a mechanism that has successfully addressed individual incidents of ASB in the town centre; this clearly benefits the majority of the community.

It is anticipated that the impact for the community and for and across Protected Characteristic groupings and local groupings, as a result of the proposed extension to the Order will remain 'low positive' as it is remaining the same. There is potential to move to medium positive for the groupings of Age, Disability, Carers, and Social Inclusion. This is in relation to those who are vulnerable or consider themselves vulnerable when out in the public realm. By way of example, consultation feedback was given by a parent in their caring role with an adult son who has learning disabilities, in regard to intimidation experienced. Further actions through the PSPO could minimise this for them and for other individuals, including those who may have neurodivergent conditions or those with caring responsibilities such as for carers of young children.

The likely positive impact of a renewal of the PSPO for those who are vulnerable by virtue of their circumstances, for example rough sleepers and those at risk of homelessness, may also rise to medium positive. Here, the groupings of particular regard are Social Inclusion, and Veterans and Serving Members of the Armed Forces and their families, for whom we are required to show 'due regard' under the Armed Forces Act 2021.

An action to mitigate any perceived negative impact of the measures on vulnerable people, including rough sleepers, will be to advise and reinforce the message, both directly and through groups like 'Team Shrewsbury' and the Community Safety Partnership Safer Stronger Board that the Order is not a mechanism that sets out to punish poverty related issues; it is designed to punish unacceptable behaviours caused by individuals acting inappropriately, irrespective of status or wealth, and applies equally to a wide range of ASB commonly associated with the evening and night time economy and caused by a variety of groups of people.

There are many measures in place to help vulnerable people who are homeless and rough sleeping. This includes support from a variety of agencies including the Council, Shrewsbury Ark, Shropshire Recovery Partnership, RESET, Police and the medical profession, many of whom are represented on 'Team Shrewsbury' and the Safer Stronger Board. In addition the Council and 'Team Shrewsbury' support the secure cash donation boxes that are in three locations in Shrewsbury. This allows people to provide donations which are specifically used to assist homeless people.

Assessment of likely neutral, negative or positive impact of the service change in terms of health and wellbeing considerations

The proposal to extend the Order is anticipated to have a positive direct impact on health, mental health and physical wellbeing of those who are currently sleeping rough, when they are assisted to find accommodation.

It is also anticipated to have a positive impact on social, economic and environmental living conditions that would indirectly affect health, given that it relates to the built and green environment of Shrewsbury town centre. There is likely to be a cleaner and safer street scene, which brings broader health benefits for all who live, work and visit Shrewsbury, encouraging usage of public spaces and facilities, improving social inclusion and uptake of physical activity, particularly through usage of the Quarry park

There may be opportunities for individuals to improve their own health and wellbeing, particularly in relation to reducing drug use and alcohol consumption; however, to do so, individuals are likely to require support from other health and social care services, including housing services, mental health services and also from the Shropshire Recovery Partnership.

There was an anticipated positive environmental and public health impact associated with the original decision to implement the Order through a reduction in urinating/defecating in the street and the public not leaving their personal belongings in the town centre remains. The data available indicates there has been a 48.1% reduction in these behaviours (urinating/defecating), which will have had a positive impact on the environment, and this can be influenced if the Order remains in effect. A decrease in the usage of substances within the town centre will also lower the risk of environmental contamination caused by drug paraphernalia (such as syringes) littering the environment.

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

The use of the Order continues to be strongly supported by West Mercia Police. The Shrewsbury Business Improvement District ('BID') remains committed and involved in the collation and sharing of data from the business community with 'Team Shrewsbury' to help capture intelligence and monitor impact. This multi-agency approach is key to addressing anti-social behaviour in the town centre as it is recognised that such behaviour will continue to be a significant challenge. The extended Order will be one part of a wider co-ordinated response to deal with the root causes of anti-social behaviour in Shrewsbury town centre.

The Order is intended to tackle low level ASB where the behaviour is having, or likely to have, a detrimental effect on the quality of life of those in the locality; be persistent or continuing in nature; and be unreasonable. The way that the Order has been used and will continue to be used is as a mechanism to stop lower level ASB without necessarily resorting to criminal action. It is reported by police and town rangers that the order has a deterrent effect on those whose behaviour requires challenge and this often mitigates the need for further action. Where further action is necessary the Council considers other sanctions including warnings and simple cautions as opposed to resorting straight to fixed penalties or legal proceedings.

Evidence of the issues affecting the town centre will continue to be gathered by the Police, Shrewsbury BID and the range of 'Team Shrewsbury' partners. This will be used to inform 'Team Shrewsbury' of the issues being experienced within the restricted area. The 'Team Shrewsbury' data is collated by Shrewsbury Town Council and, together with Council data reflecting the extent to which the Order has been used, is presented at each 'Team Shrewsbury' meeting. Representatives are able to review the data, raise issues and suggest actions for consideration that would benefit the community and the Protected Characteristic groupings.

The Order will only be valid until 27 July 2026, after which time it must be reviewed if it is proposed to extend the order. Also, if necessary, the Order can be amended, at any time within the period for which it is in force, to remove specific elements where the evidence demonstrates that the prohibitions/requirements have been sufficiently effective or indeed to include new prohibitions/requirements to tackle emerging problems. 'Team Shrewsbury', through the monitoring of the data collated and the data relating to the Order's use, are able to address whether any variations or extending the Order is considered appropriate. Extending or varying the order will need to be undertaken in accordance with legislative requirements and be undertaken by the Council having demonstrated the evidential need and having undertaken the appropriate consultation.

The Trading Standards and Licensing Service will continue to work with the Police where enforcement is required and will monitor any offences reported by the Police. Shropshire Council is the only Authority able to prosecute a case in the Court where a breach of the Order is identified. Any such case will be assessed in line with the Council Better Regulation and Enforcement Policy which can be found on the Shropshire Council website at: <https://next.shropshire.gov.uk/media/wcyhsqg3/better-regulation-and-enforcement-policy.pdf> This will ensure that any enforcement action undertaken in respect of the Order is consistent and in line with that of any other enforcement process undertaken by the Council.

Under the Act, an appeal to the High Court, by anyone who lives in, or regularly works in or visits the restricted area, could have been lodged in respect of the validity of the Order for a period of up to six weeks after the Order was brought into effect in 2017; no such challenge was received. Furthermore, in the six years the Order has been operating there have been no complaints or representations received by the Council in relation to the implementation or use of the Order. An appeal cannot be lodged when an Order is simply extended, which is the proposal in this case; however, if the extension was considered unreasonable or flawed, it can always be the subject of a Judicial Review.

Going forward, the Trading Standards and Parking Enforcement Team will consider and address any complaint or representation made to the Council in respect of the operation of the extended Order. This will also include any feedback from local members covering the geographical area for the Order along with the Portfolio holder, local MP and the Police and Crime Commissioner. It is anticipated that they will, therefore, be able to help to feedback on the

effectiveness and continued need or otherwise of the Order, along with ongoing liaison with Shrewsbury Town Council, local businesses and residents. This will help us to consider the ongoing impact on the local community as these are key engagement channels for the community alongside direct feedback to the service area.

Associated ESHIAs

Associated ESHIAs that demonstrate the timeline and ongoing approaches to continuous engagement with Protected Characteristic groupings in relation to the implementation and use of the Shrewsbury town centre PSPO are:

- Proposed Consultation on a Public Spaces Protection Order for Shrewsbury Town Centre (November 2016), considered by Cabinet on 21 December 2016.

<http://shropshire.gov.uk/committee-services/ieListDocuments.aspx?CId=130&MId=3260&Ver=4>

- Proposed Public Spaces Protection Order for Shrewsbury Town Centre (May 2017), considered by Cabinet on 21 June 2017.

<https://shropshire.gov.uk/committee-services/ieListDocuments.aspx?CId=130&MId=3417&Ver=4>

Proposed Amendment and/or Extension of Shrewsbury Town Centre Public Spaces Protection Order (No.1) 2017 considered by Cabinet on 19 August 2023. <https://shropshire.gov.uk/committee-services/ieDecisionDetails.aspx?Id=1544>

A related ESHIA that demonstrates the proposed extension to the PSPO fits into the policy approach of the Licensing Service is:

- Licensing Act 2003 Statement of Licensing Policy 2019 – 2024 and associated 'Premises Licence Applications – Completing the Operating Schedule and Plan of the Premises Guidance' (October/November 2018), considered by Council on 13 December 2018. <http://shropshire.gov.uk/committee-services/ieListDocuments.aspx?CId=125&MId=3757&Ver=4>.

Additionally, other related ESHIAs of particular relevance are those carried out in relation to Shrewsbury Town Centre regeneration and matters regarding safety and movement around the public realm for all members of the public, as well as those carried out in relation to the Council's policy approaches around rough sleeping, homelessness, and temporary accommodation.

Assessment of likely neutral, negative or positive impact, and actions to review and monitor overall impacts, with regard to climate change impacts and with regard to economic and societal impacts

Climate change

The Order, and any extension of it, will have no effect in respect of energy and fuel consumption, renewable energy generation, carbon offsetting or mitigation or climate change adaptation.

Economic and societal/wider community

The feedback within the consultation report includes concerns expressed around safe access to and usage of Shrewsbury Library due to anti-social and intimidating behaviour of persons outside the Library. To not renew the PSPO could cause such issues to be exacerbated and lead to a decline in usage of the library, particularly by people who are either vulnerable, such as children and young people, or who consider themselves to be vulnerable. Further targeted action in this location through the PSPO if renewed, could minimise this current negative societal and cultural impact.

Shrewsbury town centre businesses and the Shrewsbury BID are represented on 'Team Shrewsbury' and are encouraged to report examples of ASB to 'Team Shrewsbury' to better inform the impact of the ASB on businesses' abilities to trade successfully, including any adverse impacts on their customers that may inhibit economic growth and prosperity.

To help members of the public to more easily understand the overall strategic direction of the Council, the Council's Corporate Plan is a helpful guide to the Council's corporate approach towards prioritising and measuring overall economic, environment and community outcomes. The Plan can be found on the Council's website at


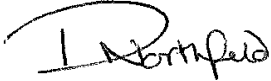
<https://next.shropshire.gov.uk/media/k23l3w2w/corporate-plan-2026-2030.pdf>

The Order, and any extension, has the potential to adversely impact human rights. However, Cabinet properly had regard to the rights of freedom of expression and freedom of assembly set out in the European Convention on Human Rights and the Human Rights Act 1998 during the process that led to the initial implementation of the existing Order.

The Council has not received any human rights challenges or complaints since the Order was brought into effect. As a result, it is reasonable to conclude that the original decision to implement the Order has not led to adverse human rights breaches, and that an extension to the existing Order is also unlikely to be at variance with the Human Rights Act 1998 or result in any adverse human rights implications.

Scrutiny at Stage One screening stage

| People involved | Signatures | Date |
|------------------------|-------------------|-------------|
|------------------------|-------------------|-------------|

| | | |
|---|--|------------|
| Lead officer for the proposed service change Lisa Gardner |  | 12.06.2026 |
| Officer carrying out the screening As above | | |
| External support* Mrs Lois Dale Senior Insights and Research EDI Specialist | | 22.06.2026 |
| Phillip Northfield <i>Integration & Inequalities Officer – Public Health</i> |  | 22.06.2026 |

**This refers to support external to the service and within the Council, e.g., the Senior Insights and Research EDI specialist, the Integration & Inequalities Officer – Public Health, other Insights and Research or Public Health colleagues, the Feedback and Insight Team, Climate Change specialists, etc.*

Sign off at Stage One screening stage

| Name | Signatures | Date |
|--|---|-------------|
| Lead officer's name Lisa Gardner |  | 12.06.2026 |
| Service manager's name Rachel Robinson | | |

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

B. Detailed Screening Assessment

| Aims of the service change and description |
|---|
| <p>The Shrewsbury Town Centre Public Spaces Protection Order (No.1) 2017 ('the Order') was implemented in accordance with the Anti-Social Behaviour, Crime and Policing Act 2014 ('the Act') to help target anti-social behaviours (ASB) that were having a detrimental impact on the lives of individuals and businesses within the Shrewsbury town centre community.</p> <p>The Order was introduced to help improve the commercial nature of the town (including the evening and nighttime economy and visitor experience), whilst ensuring that public spaces are enjoyed by the majority and not spoiled by the actions of the minority; this remains the core purpose of the Order.</p> |

The Order can only remain in force for a maximum of three years after which time the Council must consider whether or not to extend the Order. The proposal is to now seek that extension on the basis that we are satisfied, on reasonable grounds, that doing so is necessary to prevent an occurrence or recurrence of the ASB identified in the Order and/or an increase in the frequency or seriousness of the ASB, after the date the Order would ordinarily cease to have effect. In seeking the extension, there are no proposed changes to be made to the Order itself or to the behaviours the Order is seeking to address. The provisions of the Order will remain the same and will simply be extended from 1st August 2026 for a period of up to three years.

Tackling ASB was and remains a Shropshire Council priority and is often linked with other core council services around social care, vulnerable adults, safeguarding, hate crime, highways and public health. The extension, as with the implementation of the Order, is seen as a measure to continue to help reduce ASB and to assist the Council to achieve its corporate aims in relation to this community issue.

The intention behind the Order continues to provide a mechanism to allow the Police and authorised officers of the Council to address behaviours that are causing concern. The Order does not target any particular group in the community and, in particular, does not target those that may be considered vulnerable or in need of help. The extension of the Order does not alter this position; the focus remains on targeting individuals whose behaviour is causing or likely to cause nuisance, alarm, harassment or distress to others in the community.

In extending the Order, the original prohibitions will remain unaltered:

- a) No person shall urinate or defecate in a public area not being a facility intended for such use.
- b) No person shall, for any duration of time, leave unattended in a public area any personal effects or belongings or any other material or paraphernalia including anything that may be considered discarded or waste material.
- c) No person shall refuse to stop drinking alcohol or hand over any containers (sealed or unsealed) which are believed to contain alcohol, when required to do so by an authorised officer, provided that officer has reason to believe that that person is causing or is likely to cause nuisance, alarm, harassment or distress to any other person.
- d) No person, who is sitting or lying on any footpath or pedestrian area or in any fire escaper, stairway or other entrance or exit to any premises within the protected area, shall refuse to move when required to do so by an authorised officer, provided that officer has reason to believe that that person is causing or likely to cause nuisance, alarm, harassment or distress to any other person
- e) No person shall refuse to leave a public toilet when required to do so by an authorised officer, provided that officer has reason to believe that that person is causing or likely to cause nuisance, alarm, harassment or distress to any other person
- f) No person shall refuse to stop using a device intended to amplify sound when required to do so by an authorised officer, provided the officer has

reason to believe that the person is causing or likely to cause nuisance, alarm, harassment or distress to any other person

- g) No person shall refuse to disperse from a public area and not to return to that public area for 48 hours when required to do so by an authorised officer, provided that officer has reason to believe that that person is causing or likely to cause nuisance, alarm, harassment or distress to any other person.

The Order does not stop any activity, where that activity is being undertaken in an appropriate manner and does not criminalise specific activities (although some activities may already be a criminal act by virtue of other legislation) other than urinating and defecating and leaving belongings in a public place for which there are strong arguments to prohibit outright.

The Order was originally implemented to assist the Police and the Council to engage with individuals or groups who are committing anti-social behaviour in a public space where the behaviour is having, or likely to have, a detrimental effect on the quality of life of those in the locality; be persistent or continuing in nature; and be unreasonable. In accordance with the Council's Better Regulation and Enforcement Policy, the Order has primarily been used to effectively resolve anti-social behaviour issues by modifying or changing the behaviour of individuals using the lowest level of enforcement intervention, rather than seeking to criminalise those acting inappropriately. Extending the Order will provide for this approach to carry on and it will provide a practical tool that the Police and the Council can continue to use to help address ASB in Shrewsbury town centre as part of a partnership approach through the multi-agency group known as 'Team Shrewsbury'.

Whilst the Council is responsible for making, varying and extending PSPOs, they must do so in consultation with the Police, the Police and Crime Commissioner (PCC) and other relevant community representatives and land owners who may be affected. A PSPO can be created to cover any public space within the Council's administrative boundary and this will include any place to which the public or any section of the public has access, on payment or otherwise, as of right or by virtue of express or implied permission. The area covered by a PSPO is referred to as the 'restricted area'.

The restricted area in the Order covers the Shrewsbury town centre area within the river loop and a part of Mountfields, which includes Frankwell car park and the adjacent playing fields. A detailed map of the restricted area forms part of the Order.

Having established the Order, appropriate signs are already installed and displayed on entry points to the restricted area and within the said area in accordance with the requirements of the Act and regulations made thereunder. Further, the Order has been available to view on the Council's website since its implementation on 1 August 2017.

Enforcement of the Order can be undertaken by both the Police and authorised Council officers. However, when the Order was originally implemented, a

Memorandum of Understanding was signed between the Council and the Police to agree that the main responsibility and resource for enforcement would rest with the Police. This Memorandum of Understanding is still in place but will be reviewed later this year.

A breach of a PSPO can be dealt with through the issuing of a Fixed Penalty Notice (FPN) of up to £100, or a level 3 fine (max £1000) on prosecution. Prior to the Order coming into effect in 2017, Cabinet set the FPN level at £75, reduced to £50 if paid within 10 days. There are no proposals to amend the financial level of the FPN if the Order is extended.

Where a FPN is not considered appropriate or where a FPN is not paid then consideration is given to the commencement of legal proceedings. Only the Council may bring proceedings for a breach of the Order; the Police (Crown Prosecution Service) cannot do so even where enforcement is undertaken by police officers. Ultimately, the Council considers any such breaches and, where appropriate, having taken into account the Council's Better Regulation and Enforcement Policy, pursue matters through the Courts. Any costs associated with legal proceedings, which are not recovered, are borne by the Council.

Intended audiences and target groups for the service change

The intended audiences and target groups are considered to be:

- Residents of Shrewsbury town centre
- Visitors to Shrewsbury town centre
- Local businesses operating within Shrewsbury town centre
- Shrewsbury Town Council
- Shropshire Council
- Chief Inspector of West Mercia Police
- West Mercia Police and Crime Commissioner
- Shrewsbury MP
- Shrewsbury BID
- Shrewsbury Colleges Group
- Shrewsbury Town Centre Residents Association
- The Ark (Outreach Service)
- Team Shrewsbury
- Street Pastors
- Accommodation providers
- Shropshire Fire and Rescue Service.
- Shropshire Tourism
- The Marches Local Enterprise Partnership
- Shropshire Community Health Trust
- Midlands Partnership NHS Foundation Trust
- The Shrewsbury and Telford Hospital NHS Trust
- Integrated Care Board (ICB)
- Voluntary Groups

This above list is not intended to be exhaustive or in order of priority

Evidence used for screening of the service change

Risk assessment and monitoring of the way in which the Order has been enforced has provided reassurance that the legal and financial risks to the Council associated with enforcing the Order have been extremely low, and whilst there is always a risk with any form of enforcement activity, the evidence strongly indicates that these risks will continue to be low and will be financially managed within existing service delivery budgets. In the last three years of the Order being in place 4 prosecutions have been pursued due to unpaid Fixed Penalty Notices and these costs have been borne by the Council within existing service budgets.

No complaints or representations have been received by the Council in relation to the implementation or use of the Order whilst it has been in operation since 1 August 2017.

An Evaluation report relating to ASB incidents recorded by 'Team Shrewsbury' (including Police data) covering the period from 1 March 2023 to 31 March 2026. Which includes enforcement actions taken under the Order for the period 1 April 2023 to 31 March 2026 has been compiled.

The full evaluation report and details of the enforcement actions referred to above, which were provided as part of the consultation package, can be found [PSPO Evaluation Report 2026](#). A summary is provided below.

Evaluation Report

Between 1 March 2023 and the 31 March 2026, there were 10.407 ASB incidents reported by 'Team Shrewsbury' under 27 separate categories. Since 2020, the number of incident type categories has increased, making direct comparisons to figures from previous years unreliable.

The **top five** reported incident types were alcohol related behaviour, congregation, rough sleepers, shoplifting.

The incident types that have seen the most significant **decreases** in reporting related to aggressive begging, alcohol litter and dog control; the greatest **increases** were seen in respect of nuisance busking, urinating/defecating and graffiti.

Incident types – decrease in recorded incidents

| Incident Type | Total reported (01.03.23 – 31.03.26) | 3 year % change (decrease) |
|---------------|--|-------------------------------|
|---------------|--|-------------------------------|

| | | |
|-------------------------------|------|--------|
| Alcohol Litter | 197 | 34.1% |
| Alcohol related behaviour | 1133 | 45.9% |
| Aggressive begging | 8 | 100.0% |
| Begging | 84 | 94.1% |
| Busking - nuisance | 28 | 91.3% |
| Congregation | 703 | 96.4% |
| Dog control | 16 | 83.3% |
| Damage/Arson | 248 | 90.9% |
| Drug Litter - Rubbish | 638 | 47.2% |
| Drug misuse (needles) | 595 | 89.2% |
| Drug dealing | 83 | 45.5% |
| Excrement/Urinating | 277 | 48.1% |
| Fly tipping/Littering | 590 | 39.6% |
| Graffiti | 111 | 23.1% |
| Rough Sleepers | 2387 | 83.8% |
| Suspicious Individuals | 242 | 51.2% |
| River Safety | 76 | 53.1% |
| Left Belongings (was removed) | 6 | 100.0% |
| VAWG Incidents | 176 | 93.8% |
| Aggressive behaviour | 943 | 45.6% |
| Refuse to leave toilets | 5 | 100.0% |
| Amplified Music | 48 | 6.3% |
| Returning within 48 | 15 | 100.0% |
| Sitting on Floor | 329 | 84.9% |

Incident types – increase in recorded incidents

| Incident Type | Total reported (01.03.23 – 31.03.26) | 3 year % change (increase) |
|---------------------|--------------------------------------|----------------------------|
| Dog fouling | 7 | 50% |
| Personal items left | 425 | 72.5% |
| Shoplifting | 1037 | 57.7% |

Summary of enforcement action

Over the three-year period (2023-2026) reported enforcement statistics indicate that the Police and/or Authorised Council Officers took enforcement action to address breaches of the prohibitions set out in the Order. Follow up action over the three-year period included Police and Council issued 9 warnings, 7 fixed penalty notices were issued and the successful institution of legal proceedings through 5 prosecutions pursued for unpaid fixed penalty notices. In adopting this

approach, the Police and the Council have made best use of their resources to deal with lower-level anti-social behaviour.

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

A public consultation was undertaken in accordance with the Anti-social Behaviour, Crime and Policing Act 2014 Statutory Guidance.

Shropshire Council sought the views and comments from the public on extending the Order for a further 3 years from August 2026. Anti-social behaviour data has been collected in Shrewsbury Town Centre between 1 April 2023 and 31 March 2026 by Shrewsbury Town Council, through the multiagency operational group 'Team Shrewsbury'.

This consultation ran from 2nd June 2026 to 16th June 2026, which whilst is a short consultation period it gained 31 online responses and 1 email response. The survey was promoted weekly via Shropshire Council's Get Involved website and on social media channels, to ensure there was widespread visibility

Overall, the online respondent feedback indicates clear support for the continuation of the Shrewsbury Town Centre PSPO. Most respondents had read the accompanying Evaluation Report, and there was strong agreement that the purpose of the PSPO, the reasons for extension, and the consultation process were clearly explained. Respondents also showed strong support for the seven existing PSPO categories, with many reporting direct negative experiences linked to anti-social behaviour, particularly around safety concerns, drinking and drug use, urination and defecation, intimidation, littering, and groups congregating in public spaces.

Although many respondents felt that the PSPO has helped reduce anti-social behaviour and contributed to a safer and more pleasant town centre, the feedback also highlights continuing concerns about enforcement, reporting processes, displacement of issues to surrounding areas, and the need to consider vulnerable people, public toilet provision, seating and wider support services. The overall balance of feedback is that the PSPO is valued and should be extended, while also being reviewed and implemented in a way that is clear, proportionate, consistently enforced and linked to wider partnership responses.

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 for a grouping, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

| Protected Characteristic groupings and other groupings locally identified in Shropshire | High negative impact <i>Stage Two ESHIA required</i> | High positive impact <i>Stage One ESHIA required</i> | Medium positive or negative impact <i>Stage One ESHIA required</i> | Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i> |
|---|--|--|--|--|
| <u>Age</u> (please include children, young people, young carers, 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 including those who are vulnerable or consider themselves vulnerable when out in the public realm |
| <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) | | | | Low to medium positive including those who are vulnerable or consider themselves vulnerable when out in the public realm |
| <u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment) | | | | Low to medium positive |
| <u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment) | | | | Low to medium positive |
| <u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring | | | | Low to medium positive |

| | | | | |
|---|--|--|--|--|
| responsibility, potential for bullying and harassment) | | | | |
| <u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller) | | | | 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) | | | | Low to medium positive |
| <u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment) | | | | Low to medium positive |
| <u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment) | | | | Low to medium positive |
| <u>Other: Social Inclusion</u> (please include 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; rough sleepers and those at risk of homelessness; and rural communities) | | | | Low to medium positive including support to rough sleepers and those at risk of homelessness |
| <u>Other: Carers</u> (please include families and friends with caring responsibilities) | | | | Low to medium positive |
| <u>Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)</u> | | | | Low to medium positive including support to vulnerable individuals |
| <u>Other: Young people leaving care</u> | | | | Low to 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, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

| 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) |
|--|---|-----------------------------|---|---|
| <p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p> | | | | <p>Low to medium positive. Reduced potential for environmental contamination and associated health risks.</p> |
| <p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p> | | | | <p>Low to medium positive</p> |
| <p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p> | | | | <p>Low to medium positive. Cleaner, and perceived safer environments may lead to greater use of outdoor spaces.</p> |
| <p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> | | | | <p>Neutral to low positive where admission to health care services are directed towards early</p> |

| | | | | |
|--|--|--|--|---|
| | | | | help minimising emergency admissions e.g. for drug and alcohol misuse |
|--|--|--|--|---|

| Initial health equity assessment | |
|---|---|
| <p>For the following categories, please complete with the expected impacts of this service change on wider inequalities, not just those that are health-related (whether positive, negative, or neutral) – include any additional information you feel is pertinent or useful.</p> <p>Consider and record which you can control, which you can influence, and which may be out of your control.</p> | |
| <p>Which population groups/demographics will face health impacts as a result of this change (if any)?</p> <ul style="list-style-type: none"> • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – <i>if so, where?</i> • Inclusion Health & Vulnerable Groups¹ • Other | <p><i>In particular, people experiencing homelessness, individuals with substance dependency (including street drinkers), and those with mental health conditions may be adversely affected by restrictions on street presence, and the ability to remain in public spaces or store belongings.</i></p> <p><i>These measures lead to displacement from the town centre, which without careful mitigations can lead to reduced access to support services, and increased stress and marginalisation. Referrals onto appropriate support services are a crucial mitigation to avoid potential relocation of issues.</i></p> |
| <p>What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?</p> | <p><i>Council wide programmes across the organisation are moving towards early intervention and prevention and aim to identify at-risk groups and individuals before the need for enforcement action, ensuring that support is available without dispersing anti-social behaviour to harder to reach locations.</i></p> |

1- *Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. Health impacts for this wide grouping will therefore potentially be the same as those recorded under the Social Inclusion category in the equality impact table.*

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 will you 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, or people that we might consider to be vulnerable, such as refugee families or rough sleepers.

Please note that veterans and serving members of the armed forces and their families are a grouping to whom we are required to give due regard under Armed Forces legislation, although in practice we have been doing so for a number of years now.

We also identify two further distinct separate local groupings due to their circumstances: care leavers, as vulnerable individuals, and carers, due to the support they give and the support they need.

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, we need to demonstrate a community leadership approach

3. Council wide and service area policy and practice on health and wellbeing

This is an area to record within our overall assessments of impacts, for which we ask 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.

Provision or change to a service that allows greater reach to those most in need, this can involve relocation, pooling of resource/efficiency changes, or digitisation of some provision. It may also involve greater opportunities for employment, decreasing socio-economic inequality. Physical alternatives to be made available (where practical) to be offered wherever possible to avoid digital exclusion and reduce social isolation. These changes can be either positive or negative depending on the proposal.

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. It could also involve virtual support sessions/appointments to avoid unnecessary travel and provide greater flexibility with individuals work schedules. It may involve greater internet connectivity, to improve remote working opportunities and air pollution concerns, or improved communications coverage through closer partnership working – targeting those most in need of specific information.

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 wellbeing.

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 or engage in active travel. Increasing physical activity and minimising the time spent sitting down helps to maintain a healthy weight and reduces the risk of cardiovascular disease, type 2 diabetes, cancer, and depression. The UK Chief Medical Officers recommend that adults should do at least 150 minutes of moderate activity, or 75 minutes of vigorous activity, each week. At a wider level, reductions in vehicular emission lead to better air quality, and a reduction in NO₂ in the atmosphere.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and wellbeing 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. This can reduce the risks of cold related health effects, as well as reduce the financial burden on the population, whose ability to shoulder these costs can vary. 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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