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

Name of proposed service change
Shaping the future of Shropshire Libraries - Consultation

Name of the officer carrying out the screening
Pete Banford

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.

Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations
Through a proposed comprehensive public consultation, the council is exploring potential options regarding significant service changes to its Library Service. The proposals in the consultation focus on how residents access the library service whilst maximising efficiency. Ahead of the consultation, the purpose of this initial ESHIA is to identify and record possible equality impacts of the proposals (noted as positive, neutral or negative impacts in line with appropriate guidance). The assessment is applied in regard to people with protected characteristics across the nine groupings as set out in the Equality Act 2010. This initial assessment will be used as a basis for updating the ESHIA throughout the consultation process in line with the consultation feedback received. This assessment relates to proposals to consult on proposed service changes. At this stage they should be viewed as proposals; no final decisions have been made. Ahead of the consultation, the overall likely anticipated impact of the proposals is that these will be low negative across the whole community, with potential for

medium negative impacts for some individuals. This may also include some negative impacts specifically focusing on the nine Protected Characteristic groupings defined in the Equality Act 2010 and intersectionality across these groupings e.g. Age and Disability.

At this stage ahead of approval to commence consultation, there is also potential for negative impact for the additional groupings of people that we think about in Shropshire, of Social Inclusion, Carers, and Young People Leaving Care. The Council also considers those in the grouping of veterans and serving members of the armed force and their families, in a separate grouping, in order to visibly demonstrate that 'due regard' is being given to people in this grouping, as per the requirements of the Armed Forces Act 2021.

Our additional categories help us to seek to ensure that we consider the needs of the following: rural households; households on low incomes; households in fuel poverty; and those we may consider to be vulnerable. This includes refugee families, people living in fuel poverty, people fleeing domestic violence, and those who are rough sleepers or at risk of homelessness for what may be a variety of circumstances.

The consultation, if approved, will seek to test out the extent of impact to individuals and communities, including people with protected characteristics and other vulnerabilities. Targeted engagement methods will be used throughout the consultation process to ensure broad reach across our communities, with monitoring ongoing to both update the ESHIA and to ensure as broad a reach as possible of people responding to the consultation.

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

The overall outcome of the proposed changes as set out in the proposals presented for public consultation regarding health and wellbeing are projected to be low negative for the whole community with potential for medium negative impacts for some individuals and protected characteristics groupings.

Library services support strong connected communities by providing safe spaces where individuals and groups can come together, reducing social isolation and loneliness in our communities. Libraries provide services and events that help address health needs (e.g. some libraries offer audiology appointments), support reducing health inequalities for individuals, families and groups across all ages (through for example provision of community and family hubs at some libraries). As trusted, safe and welcoming community spaces, libraries offer opportunities for social contact and routes for other services to reach communities. Library staff are also viewed as trusted officers who communities will turn to when they need help and support with specific issues.

Shropshire Council also operates additional services through our libraries. This includes, in some libraires, our Shropshire Local Offer, where residents can receive help and guidance to access services closer to home. Community and Family Hubs also operate from some library buildings. This may include providing

residents with access to a broader range of council provision such as Early Help sessions from children's services, partner agency support from such as Health Visitors etc. A range of community events are also offered which also supports communities to come together providing safe spaces to connect and reduce social isolation.

The Council recognises that proposed closures of two libraries in areas that are more deprived within Shropshire may particularly impact on individuals who have more vulnerabilities than others. This may include children and young people. We also recognise that a proposal to close the mobile libraries may also impact particularly on individuals who may find it harder to access static libraries than others. We will seek to test out the impacts further during the consultation process if approved, and to consider further possible mitigations to support people most impacted. This could include for example expanding the Home Library service offer and working with Community transport schemes such as Dial a Ride, amongst others. Possible expansions of digital provision such a E-Library books may expand access for others.

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

Any proposed changes to Shropshire Councils Library service must be subject to a full public consultation process with as wide an audience as possible, including library users (all ages to include children and young people), staff, local community groups, town and parish councils, and other stakeholders. In addition, the Council will make efforts to engage as fully as possible with those people who do not currently use the library service.

The Consultation will be widely publicised, with targeted activities to reach people with protected characteristics, or social inclusion groups, and targeted activities for people who may be impacted by certain proposals (e.g. public meetings for libraries with proposals to close). During the 12-week consultation period the number and, where possible, demographic breakdown of returns will be monitored to ensure coverage and promotion is being effective. Children and young people will be particularly encouraged and supported to participate in the consultation.

Where it is noted through the consultation that feedback is not received from particular groupings, the Council will strengthen endeavors to seek to engage.

The Council will use information provided during the consultation to add to the evidence base and its ESHIA assessment to determine the impact levels of the proposals. The ESHIA will be updated through the consultation process and after the Consultation has concluded.

Shropshire Council has a legal duty to provide a comprehensive and efficient library service for all those who "live, work or study and want to access the service" in the Shropshire Council area. (Public Libraries and Museums Act 1964). The proposed service changes, as a result of public consultation, must consider and show how the statutory duty and the local need is being met. A comprehensive Needs Assessment has been updated annually (the Most recent

update being October 2026). The Needs Assessment provides a detailed breakdown of the library service, user demographics, accessibility and annual user statistics. The proposed service changes have been derived through the Council's statutory duties, the Needs Assessment and taking consideration of the Council's financial position.

Associated ESHIAs

Following the period of consultation, a full assessment and analysis will be made of the consultation feedback and recommendations will be presented to cabinet for determination in an additional report. At this point a second follow up Equality, Social Inclusion and Health Impact Assessment will be completed in order to record and account in detail the assessment of feedback from people across groupings and from stakeholders.

The ESHIA for the Council's Corporate Plan is also pertinent in this regard.

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

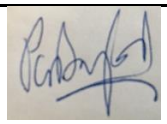
Ahead of the consultation, there is anticipated a potential low negative impact with regards to climate change, in regard to the proposals as currently presented. If there is a closure to the mobile library offer a significant number of service road miles will not be made resulting in a decrease in vehicle emissions. However, this potential positive impact is likely to be reduced to low negative due to potential additional customer car mileage as an alternative method of accessing the library service, or through expansion of the use of volunteers to deliver a Home Library Service offer.

Economic and societal/wider community

Ahead of the consultation, there is an anticipated low negative impact across the whole community in regard to the proposals as currently presented. This is due to the potential for reduced access to community libraries. In specific areas a broader impact on specific communities where libraries are proposed for closure may occu and the consultation will seek responses from a broad range of stakeholders to determine possible impacts – this could include, for example, any local businesses surrounding a library that is proposed for closure or reduced opening hours which may be impacted by reduced footfall in the locality.

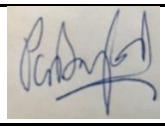
The Service will listen directly to residents and work in partnership with schools, healthcare providers, businesses, cultural groups, town and parish councils, voluntary and community sector, and other council teams.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change **Rawden Parslow**		19/10/2026
Officer carrying out the screening **Mr Pete Banford**		
*External support** **Mrs Lois Dale** *Senior Insights and Research EDI Specialist* **Mr Phillip Northfield** *Integration & Inequalities Officer – Public Health*	 	15/10/2026 26/10/2026

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 **Mr Rawden Parslow**		12/10/2026
Service manager's name **Mr Pete Banford**		12/10/2026

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

B. Detailed Screening Assessment

Aims of the service change and description
The recommended proposals for consultation seeks to strike a balance in meeting local need, preserving the value that Shropshire Council's library service holds within communities alongside legal requirements, whilst ensuring that the Council operates an efficient library service that can adopt to changing need.

The proposal is for a public consultation that considers:

1. Reduction to opening hours of 6 principal libraries to 30 hours per week (Shrewsbury, Oswestry, Market Drayton, Whitchurch, Ludlow, Bridgnorth).
2. Closure of the library at the Lantern – other services and activities that take place at the Lantern will not be impacted.
3. Closure of Gobowen library
4. Closure of the mobile library service.

Following the period of consultation, an assessment will be made of the consultation fundings, and recommendations will be presented to cabinet for determination with an updated ESHIA undertaken and presented alongside.

The proposed consultation options presented below have considered all aspects of library provision – principal libraries, rural branches, mobile provision and the core library offer, within the context of the Statutory duty.

Proposed service changes for public consultation

1. Reduction to opening hours of 6 principal libraries to 30 hours per week.
2. Closure of the library at the Lantern - this will not impact on the rest of the activities and services at the building.
3. Closure of Gobowen Library
4. Closure of the mobile library service.

Reducing the opening hours at the principal libraries seeks to ensure a balance between delivery of the principal libraries with also ensuring good access to community branches across the whole of Shropshire.

Should the consultation lead to the closure of the mobile library service, mitigations through community transport bodies to support residents to attend a static library, and/or through enhancing the Home Library Service book delivery will be considered and, where possible, implemented. Potential enhancement of the digital offer will extend access to on-line services.

Maintaining a strong static library offer across the County would also enable the service to work with local partners to maximise the use of these assets by communities. This could be for library delivery, other public service delivery (e.g. community and family hubs), and hire of the asset as a general community resource.

A strong static library offer also offers some mitigation for the poor public transport infrastructure, and the resulting times to travel to libraries and the need to ensure good levels of access for Shropshire's communities.

Shropshire Council's Static library buildings have and continue to evolve into vital community hubs that deliver public services far beyond book lending. The mobile service in comparison is more limited in what it can offer. The biggest increase in library usage has been associated with events, activities and multi-agency / service access. Event attendance at static libraries has risen a great deal since

2021/22 showing a significant upward trend from 17,149 to 82,257 in 2025/26, a rise of (379%). Community and Family Hubs have been established in some libraries which will have influenced this trend. Closure of the Lantern Library will potentially provide additional capacity for other services to be provided at this location, such as Community and Family Hub activity.

The Lantern library is located in northeast Shrewsbury, within a community building that features bookable rooms, a cafe, and on-site parking. Serving a small catchment area of 143 hectares, it falls completely under the broader catchment of Shrewsbury's main library. For those travelling between the two sites, the main Shrewsbury library is just 2.1 miles away, equating to an eight-minute drive or a 20-to-25-minute bus ride. Other nearby branches within a 25-minute drive include Pontesbury, Bayston Hill, Much Wenlock, and Wem. Shrewsbury is the only town to have two libraries.

During the 2025/26 financial year, the Lantern library recorded 801 active users, representing 2.4% of all library users in Shropshire (excluding mobile services and Stoke Heath). Many residents within the Lantern's catchment area choose to utilise alternative facilities instead; specifically, almost a third of the active library users living in the Lantern's catchment prefer to use the main Shrewsbury library.

Gobowen is a small town in the north-west of Shropshire, close to the Wrexham border, just north of Oswestry, the library is located in the centre of Gobowen.61.3% of all Gobowen library users live within the main catchment area. This proportion is amongst the lowest in Shropshire. 70.3% live within Selattyn and Gobowen Parish, which covers a much larger geographic area than the library catchment. 10.4% of the population in the catchment area are Gobowen active library users. Of the 38.7% of Gobowen library users that do not live in the catchment, the majority live in the Oswestry catchment. People that live in the Gobowen catchment but use a different Shropshire library are most likely to use Oswestry library- almost as many users in the Gobowen catchment use Oswestry library as they do Gobowen. Oswestry Library also facilitates a free-to-use public phone for contacting Shropshire Local for advice and support.

The closest library to Gobowen is Oswestry, which is located 3 miles away. According to the AA route planner, drive time between the two libraries is 8 minutes. It can also be reached via a frequent bus service between Gobowen and Oswestry which takes about 20 minutes. Although Gobowen is on the rail network, Oswestry is not.

The mobile library service is impacted and limited by drive times, vehicle maintenance and high fuel costs. Older vans break down frequently, and expensive replacement vehicle costs, annual maintenance, fuel, staffing, adverse weather and repair costs can negatively impact on the continuity of service for local communities, these impacts do not affect static libraries. However, we recognise that for the smaller proportion of library users this service is an important offer for them.

Intended audiences and target groups for the service change

Shropshire Council has a statutory duty under the Public Libraries and Museums Act (1964) 'to provide a comprehensive and efficient library service for all persons' who live, work or study in the area. Therefore, the intended audience is all those who live in, work in or study in Shropshire, across all ages, including children and young people. We will also make every effort to engage those who do not currently use the library service.

The consultation will also seek to engage with local stakeholders, specifically Town and Parish Councils, Community & Voluntary Sector organisation, Friends of Libraries Groups, and community transport and local transport groups, amongst others.

There will be additional interest in the public consultation and the outcomes at local, regional, national and central government level.

There will also be interest from other local authorities, and library, information and cultural institutions, particularly the Arts Council, Libraries Connected, Chartered Institute of Library and Information Professionals, the Department of Digital Culture Media and Sport as part of the Libraries Taskforce and the Local Government Association (LGA).

The library service is accessible to all; therefore, the proposed public consultation has implications for all Shropshire Electoral Divisions and all Elected Members.

Evidence used for screening of the service change

When considering the proposed service changes for the public consultation a comprehensive Needs Assessment has been created. This screening process serves as the legal and operational foundation to ensure Shropshire council meets its statutory duty under the Public Libraries and museums Act 1964.

The critical bodies of data and evidence screened within the library Needs Assessment includes the following datasets and methodology streams:

Community & Socio-Economic Demographics

- **Population Profiles:** Census data, population density, rurality indices, and growth projections within specific catchment areas.
- **Deprivation & Socio-economic Mapping:** Indices of Multiple Deprivation data to evaluate literacy, education levels, employment landscapes, and digital exclusion risks.
- **Health and Wellbeing Indicators:** Joint Strategic Needs Assessments (JSNA) provided by local health boards to identify how Shropshire libraries intersect with public health and community support objectives.

Internal Library Performance Metrics

Data extracted directly from the Shropshire council's Library Management Systems highlights how physical spaces are being used.

- **Usage Footprints:** Gate counts, visitor numbers, and transaction trends across distinct service segments.
- **Resource Demand:** Physical book loans versus digital/e-book issues.
- **Digital Infrastructure Capacity:** Public Wi-Fi access frequency, computer session lengths, and digital workstation utilization.
- **Event and Hub Participation:** Attendance rates for local community events, children's groups, or targeted adult education classes

Specific consultation and engagement with intended audiences and target groups for the service change
Any proposed changes to Shropshire Councils Library service must be subject to a full public consultation process with as wide an audience as possible, including library users, staff, and local community groups, across all ages, including children and young people. In addition, evidence must be provided to show that the Council has made every effort to engage those who do not currently use the library service. The consultation period will be for a minimum of 12 weeks. The Public Consultation will use a range of engagement / feedback methods, including printed and online surveys, focus groups, key stakeholder meetings and public meetings. The consultation will be clear about how feedback will be used and when decisions will be made. Targeted engagement will take place with children and young people, and those individuals and groupings who may be more impacted by certain proposals. The consultation will be primarily digital based with access to hard copies on request at all Libraries. Public meetings will be held during the consultation period at The Lantern and the principal libraries. Leaflets and posters will be available on mobile libraries during the consultation period. The literature will provide contact details for those individuals who want to discuss the proposals as set out in the consultation.

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	**High negative impact**	**High positive impact**	**Medium positive or**	**Low positive, negative, or neutral impact**

groupings locally identified in Shropshire	*Stage Two ESHIA required*	*Stage One ESHIA required*	**negative impact** *Stage One ESHIA required*	**(please specify)** *Stage One ESHIA required*
<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)				Impact expected to be low negative for the whole community with potential for medium negative impacts for some individuals and groupings impacted by specific proposals. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
<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)				Impact expected to be low negative for the whole community with potential for medium impacts for some individuals and groupings impacted by specific proposals. Intended enhancement and mitigation actions will seek to reduce

				impact and will be assessed through consultation.
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Impact expected to be neutral but will be assessed through consultation
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				Impact expected to be neutral but will be assessed through consultation
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Impact expected to be low negative due to reduced access in line with certain proposals. Parents and carers with young children may be impacted by specific proposals. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				Impact expected to be neutral but targeted engagement will take place through the consultation to assess.
Religion or Belief				Impact expected to be

(please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				neutral but will be assessed through consultation.
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Impact expected to be neutral but will be assessed through consultation.
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Impact expected to be neutral but will be assessed through consultation.
Other: Social Inclusion (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)			.	Impact expected to be low negative overall with potential for medium negative impacts for some individuals and groupings impacted by specific proposals. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
Other: Carers (please include families and friends with caring responsibilities)				Impact expected to be low negative. Intended enhancement and mitigation

				actions will seek to reduce impact and will be assessed through consultation.
Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)				Impact expected to be neutral but will be assessed through the consultation.
Other: Young people leaving care				Impact expected to be neutral but will be assessed through the consultation

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** *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? .				Low negative for the whole community, with potential for medium negative impacts for some individuals and groupings impacted by specific proposals which will be tested through consultation.

				Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .				Low negative for the whole community, with potential for medium negative impacts for some individuals and groupings impacted by specific proposals which will be tested through consultation. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
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				Low negative for the whole community, with potential for medium negative impacts for some

development, education, employment opportunities, availability of green space or climate change mitigation? .				individuals and groupings impacted by specific proposals which will be tested through consultation. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.
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?				Low negative for the whole community, with potential for some medium impacts which will be tested through consultation. Intended enhancement and mitigation actions will seek to reduce impact and will be assessed through consultation.

Initial health equity assessment

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. **Consider and record which you can control, which you can influence, and which may be out of your control**.	
Which population groups/demographics will face health impacts as a result of this change (if any)? • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – *if so, where?* • Inclusion Health & Vulnerable Groups[1] • Other	**Socio- Economically deprived** Shropshire as a County is ranked 154th most deprived authority in England out of 396 authorities. The Lantern library is located in northeast Shrewsbury. Serving a small catchment area of 143 hectares, it falls completely under the broader catchment of Shrewsbury's main library. The catchment area is home to 4,642 residents across 1,845 households, sitting within the second decile of the 2025 Index of Multiple Deprivation (IMD). This makes the Lantern library situated within one of the 20% most deprived areas in England, and for parts of the location at Harlescott situated within the 10% most deprived. Only 7.9% of the catchment's population are active library users, a figure that falls below the Shropshire average. The consultation will test out the impacts, proposed mitigations and alternative delivery suggestions to inform updates to this ESHIA through the consultation. A second ESHIA which will be produced for any service decisions recommended to Cabinet after the consultation has concluded. Gobowen Library had 262 active users in the 2025/26 financial year. This is equivalent to 0.8% of all library users. Compared with other library users, there are significantly more children and young people and fewer adults over the age of 35. Gobowen library is also within the 20% most deprived areas of England. The consultation will test out the impacts, proposed mitigations and alternative delivery suggestions to inform updates to this ESHIA through the consultation. A second ESHIA which will be produced for any service decisions recommended to Cabinet after the consultation has concluded. **Geographic Deprivation / Rurality**

	It is recognised that those individuals and groups living in rural areas may have hidden deprivation and inequalities. They may also find accessing services more difficult due to poorer public transport and longer driving times that those living in urban areas. The consultation will test out the impacts, proposed mitigations and alternative delivery suggestions to inform updates to this ESHIA through the consultation. A second ESHIA which will be produced for any service decisions recommended to Cabinet after the consultation has concluded. **Inclusion Health & Vulnerable Groups** It is recognised that specific proposals, such as the proposal to close the mobile library service may impact on individuals with health or mobility needs or other vulnerabilities. This could include for example older adults with mobility needs who currently rely on the mobile library offer to access provision. The consultation will test out the impacts, proposed mitigations and alternative delivery suggestions to inform updates to this ESHIA through the consultation. A second ESHIA which will be produced for any service decisions recommended to Cabinet after the consultation has concluded.
What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?	**The Library at the Lantern Consultation proposal** During the 2025/26 financial year, the Lantern library recorded 801 active users, representing 2.4% of all library users in Shropshire (excluding mobile services and Stoke Heath). Many residents within the Lantern's catchment area choose to utilize alternative facilities instead; specifically, almost a third of the active library users living in the Lantern's catchment prefer to use the main Shrewsbury library. For those travelling between the two sites, the main Shrewsbury library is just 2.1 miles away, equating to an eight-minute drive or a 20-to-25-minute bus ride. Other nearby branches within a 25-minute drive include Pontesbury, Bayston Hill, Much Wenlock, and Wem. The proximity of the main Shrewsbury Library is a potential mitigating factor, noting that Shrewsbury is the only market town with two libraries. Through the consultation we will also explore

	opportunities to offer a targeted outreach service to the Lantern as an additional mitigation. Further enhancement of the digital online offer may extend access for some. The Library service will continue to offer and support digital training skills at the static libraries. **Gobowen library consultation proposal** In the 2025/26 financial year, Gobowen Library served 262 active users (0.8% of Shropshire's total), representing 10.4% of its catchment population, which aligns with the county average. The library recorded 4,134 stable visits (averaging 16 per user) and 6,062 loans (averaging 23 per user), marking a 4% increase in loans from the previous year. While 61.3% of users live in the main catchment area and 70.3% reside within Selattyn and Gobowen Parish, the remaining 38.7% mostly live in the Oswestry catchment. Conversely, nearly as many local catchment residents choose to use Oswestry Library instead of Gobowen; located just 3 miles away, Oswestry is accessible from Gobowen via an 8-minute drive or a 20-minute frequent bus service, though unlike Gobowen, it lacks a rail link. The proximity of Oswestry is a potential mitigating factor and the consultation will test the views of the community to this and help us to understand the potential impacts. Further enhancement of the digital online offer may extend access for some. The Library service will continue to offer and support digital training skills at the static libraries. **Mobile Library Service** The Council recognises the seriousness of the proposal to close to the mobile library service, and the impact this could have on the current 1,100 users of this service. The consultation will explore potential mitigations. These will include discussions with the community transport providers to assess if they can support residents to attend a static library. The Council will also

	explore enhancing the Home Library Service that is currently a targeted offer in some libraries whereby volunteers deliver and collect books to peoples homes. Further enhancement of the digital online offer may extend access for some. The Library service will continue to offer and support digital training skills at the static libraries.

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 (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 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 NO_2 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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