

**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2023**

**A. Summary Sheet on Accountability and Actions**

<p><b>Name of proposed service change</b></p> <p><i>Please use this box for the full formal name of the proposed service change. This should match the title used on the committee report</i></p> <p><i>This applies whether it is a policy, a procedure, a function, a project, an update of a strategy, etc. The term “service change” is thus used in this template as shorthand for whatever form the changes may take.</i></p>
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<p><b>Name of the officer carrying out the screening</b></p> <p><i>This should be the person actually carrying out the screening, not the service area lead, unless these are one and the same person.</i></p>
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**Decision, review, and monitoring**

<b>Decision</b>	<b>Yes</b>	<b>No</b>
Initial (Stage One) ESHIA Only?		
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		

*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.*

<p><b>Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations</b></p> <p><i>This is the section in which to outline what the initial assessment indicates in terms of likely impacts for individuals in different groupings in the community. There are nine Protected Characteristic groupings defined in the Equality Act 2010</i></p> <p><i>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.</i></p> <p><i>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.</i></p>
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*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 the wider additional category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.*

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

*This section will be the basis for the first paragraph that you then need to please add into the committee report about what the initial assessment indicates in terms of impacts.*

*There is a table included in section B of this screening document for you to record anticipated impacts with regard to individuals in Protected Characteristic groupings.*

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

*This is the section in which to outline what the initial assessment indicates in terms of likely health and wellbeing impacts for individuals and for the wider community. For those who may be affected, ask yourself what actions you currently anticipate taking, to mitigate or enhance likely impact of the service change.*

*This section will be the basis for the second paragraph that you then need to please add into the committee report about what the initial assessment indicates in terms of impacts.*

*There is a table included in section B of this screening document for you to record anticipated impacts with regard to individuals and with regard to the wider community.*

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

*This is the section in which to outline what actions the service area will be taking to review and monitor the overall likely impacts of the service change, and with what frequency.*

*If you have recently carried out consultation and there are groupings whose views appear to have been underrepresented, please comment here on the consultation feedback received, and outline what actions you are taking to develop engagement with these groupings.*

*What arrangements will you have in place to continue to collect evidence and data and to continue to engage with all groups who may be affected by the service change, including the intended audiences? For example, customer feedback and wider community engagement opportunities, including involvement of local Shropshire Council councillors and relevant portfolio holders. Have you looked at comparator good practice? Could you share learning with other rural local authorities, given commonalities around challenges such as ageing demographic profiles, access to facilities and services?*

*This section will be the basis for the third paragraph that you then need to please add into the committee report about what reviewing and monitoring arrangements you will have in place to mitigate negative impacts or enhance positive impacts of the proposed service change for groupings in the community and for the wider community.*

**Associated ESHIAs**

*Please use this section to note any associated ESHIAs and timelines, including previous impact assessments using previous versions of the assessment template.*

*For example, this may be the second screening ESHIA carried out at the end of a period of consultation: it will be helpful for the public to be able to refer to the initial ESHIA. This will also serve to demonstrate ongoing approaches to continuous engagement with Protected Characteristic groupings.*

*It will be helpful to the public to show how a proposed service change fits into the policy approach of a service area and of the Council, e.g. the Culture Strategy ESHIA made reference to the "Shropshire Great Outdoors Strategy" as well as to the Economic Growth Strategy 2017-2021. Reference should also be made to alignment with priorities within the Shropshire Plan.*

**Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of climate change considerations and any other impacts with regard to economic and societal implications**

*This is the section in which to please outline any actions to mitigate negative or enhance positive impacts in terms of climate change, economic considerations, or wider societal considerations, and actions to review and monitor the overall impact of the service change accordingly.*

**Climate change**

*Please use this section to insert the Climate Change Appraisal completed for the committee report associated with this ESHIA, or internal record of appraisal if this is a working document.*

**Economic and societal/wider community**

*This may be actions to enhance place shaping approaches and efforts to promote and sustain economic growth for the wider community in an area, e.g., as part of a Levelling Up Fund bid, or actions to mitigate negative impacts if a facility or service is being withdrawn or altered such as a public transport offer, an education offer or a library or cultural offer. If there are potential human rights impacts, please add in here how you might seek to review and monitor them.*

**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change</i>		
<i>Officer carrying out the screening</i>		
<i>Any other internal service area support*</i>		
<i>Any external support**</i>		

**\*This refers to other officers within the service area**

**\*\*This refers to support external to the service but within the Council, e.g, the Performance and Research Specialist for Rurality and Equalities, Public Health colleagues, the Feedback and Insight Team, performance data specialists, Climate Change specialists, etc.**

**Sign off at Stage One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name</i>		
<i>Service manager's name</i>		

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

**B. Detailed Screening Assessment**

<b>Aims of the service change and description</b>
<p><i>Please use this box to describe the aims and purpose of the service change. This ESHIA may well be the only document associated with a service change that the service user or advocates may read, rather than any committee reports or other associated documents. Please therefore regard it as a stand-alone document. It is a good plan to put more into it rather than less, even if it may feel like duplication to you. Please use content from your committee report to help you in this regard.</i></p> <p><i>Include any background that you think is helpful for someone reading this ESHIA, e.g., if there is a new policy, why is it being introduced? If there is a change to an existing service, what are the reasons for this?</i></p> <p><i>Further details giving context would also always be helpful here and might include tables and charts. For example, a planned reduction of opening hours for a library or a leisure centre might be helpfully viewed alongside comparative analysis of usage across a number of libraries, leisure centres, etc, including any known and anonymised data about numbers of service users and potential service users likely to be affected, and whether or not people are in Protected Characteristic groupings.</i></p> <p><i>This will also help to demonstrate objectivity of the approach and show that, even where difficult decisions might be being planned or made, they are being made in the light of careful consideration of the negative or positive consequences for all groupings. It is not about changing the decision, it is about showing the thought given to the anticipated impact, and also showing that data will continue to be collected about service usage and actual impact to help develop and deliver any mitigating actions.</i></p>

### **Intended audiences and target groups for the service change**

*This box relates to the people or groupings of people concerned, organisations involved, any other interested parties, etc. For example, if the change will affect people receiving adult social care services and their families and carers, please say so here. If the change will affect the whole population, please say so here.*

*If the change could affect strategic partnership working, or work with our neighbouring local authorities, or other rural authorities, for example by the West Midlands Combined Authority, or through the Rural Services Network or County Councils Network, please mention such partnerships and authorities as well.*

*It is a good idea to include local elected councillors due to their community leadership roles.*

### **Evidence used for screening of the service change**

*This box relates to use made of evidence in developing the change to the service. This could be Census analyses, community demographic profiles, results of surveys, or previously collected evidence material. The contextual comparator data tables you may have featured above could equally be inserted here, or referred to here, to show use made of such evidence.*

*If the evidence is on the Council website, please insert hyperlinks. Please comment on the use of evidence in enabling the service area to identify its proposed policy or service change.*

*If this ESHIA is a screening one carried out at the end of a period of consultation, please use this box to outline the feedback and whether as a consequence there are any adjustments now envisaged to what was originally proposed.*

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

*This box relates to any specific consultation with the audiences for the service. This could be online surveys, use of social media, one off focus groups, events, drop-in sessions, meetings with stakeholder groups, etc.*

*Please also use this box to say if you have not carried out consultation but are planning to do so. For example, this might be an ESHIA at the beginning of a proposed consultation period. You could therefore give timelines and intended methods of communication and engagement.*

**Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)**

*Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact</b> <i>Stage Two ESHIA required</i>	<b>High positive impact</b> <i>Stage One ESHIA required</i>	<b>Medium positive or negative impact</b> <i>Stage One ESHIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Stage One ESHIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)				
<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)				
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				

<u>Religion or belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				
<u>Sex</u> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
<u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; and veterans and serving members of the armed forces and their families)				

**Initial health and wellbeing impact assessment by category**

***Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.***

***Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.***

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b>  For example, would it cause ill health, affecting social inclusion, independence and participation?  .				



<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></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><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>				

## **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 Protected Characteristic groupings and our tenth category of Social Inclusion. 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. Examples of this approach include the Great Outdoors Strategy, and the Economic Growth Strategy 2017-2021

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 significant negative impacts for groupings within the community, the service area would need to carry out a full report, or Stage Two assessment. This 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.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any 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 the wider additional category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

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

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 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 an equality and social inclusion approach:*

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

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

This is a relatively new area to record within our overall assessments of impacts, for which we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021 and 2021-2022, and to look at these in the context of direct and indirect impacts for individuals and for communities.

A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

#### **Health in All Policies – Health Impact Assessment**

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

#### **Individuals**

#### **Will the proposal have a *direct impact* on health, mental health and wellbeing?**

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

**Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?**

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

## **Communities**

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

## **Demand**

### **Will there be a change in demand for or access to health, local authority and social care services?**

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

***For further advice: please contact  
Lois Dale via email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk), or  
Sue Lloyd via email [susan.lloyd@shropshire.gov.uk](mailto:susan.lloyd@shropshire.gov.uk)***