



Date: Monday, 20 October 2025

Time: 10.00 am

Venue: Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### TO FOLLOW REPORT (S)

#### **6 Health in All Policies (Pages 1 - 12)**

To explore how health considerations and prevention should be embedded across the Council.

Contact – Rachel Robinson, Executive Director for Public Health

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**Committee and Date**  
Health Overview Scrutiny  
Committee – 20<sup>th</sup> October,  
2025

## Item

Health in All Policies (HiAP)  
Briefing & Update

Public



## Health in All Policies (HiAP) – Briefing & Update

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<b>Cabinet Member (Portfolio Holder):</b>	Cllr Bernie Bentick		

### 1. Synopsis

Shropshire Council has reaffirmed its commitment to Health in All Policies (HiAP); a collaborative approach to improving the health of all people by incorporating health considerations into all Council decision-making. This was first agreed in February 2020.

### 2. Executive Summary

- 2.1. Shropshire Council has reaffirmed its commitment to Health in All Policies (HiAP) in September 2025; a collaborative approach to improving the health of all people by incorporating health considerations into all Council decision-making.
- 2.2. The vision and objective being to embed health in future Shropshire Council policies and strategies. Implementation of Health in All Policies was initially delayed via agreement due to the COVID-19 pandemic. The approach was re-initiated in July 2021, with some work undertaken and successfully implemented, but due to staffing changes and capacity further work was stalled but now has a renewed focus moving into 2026 following Council commitment.
- 2.3. Health in All Policies (HiAP) has been defined by the World Health Organisation as “an approach to public policies across sectors that systematically considers the health and wellbeing implications of decisions, seeks synergies between organisational policies and strategies, and avoids harmful health impacts to improve population health and reduce health inequalities.” – Simply put, it is a method for allowing everyone to think about the health impacts of their work when they create their plans, policies and strategies.
  - 2.3.1. By influencing high level wider or social determinants of health, such as housing quality, transport, education and employment, HiAP can support to prevent illness, reduce healthcare costs, and improve overall wellbeing. It is estimated that 90% of

[impacts on our health](#) are from outside of the healthcare system, including lifestyle factors and these 'wider determinants' (45%).

- 2.3.2.** HiAP is not a standalone policy, but an approach and framework to embed positive health outcomes within existing structures and departments and to encourage a more collaborative way of working across an organisation.
- 2.4.** The financial benefits of a HiAP approach and interventions are well evidenced. Correct implementation of mitigations and enhancements is often a win-win for both the council and residents. It encourages and/or allows for healthier lifestyles and reduces avoidable costs in healthcare services or reductions in productivity or economic output. It encourages opportunities for residents to live healthier, happier and longer lives.
- 2.4.1.** The potential return on investment is dependent on the specific intervention, return on investment for return to employment is approximately £3.00 for every £1.00 spent; return on investment for social care, reduction in social isolation £3.75 for every £1.00 spent; and the benefit of getting one more child walking to school could be up to £768.
- 2.5.** This paper updates Health Overview and Scrutiny Committee on the progress on Health in All Policies implementation since the last report in 2022, and on future plans, proposals, and suggestions on next steps for progressing this approach.
- 2.6.** Previously implemented Health in All Policies work within Shropshire Council include the introduction and adopted use of a screening tool called the ESHIA ([Equalities, Social Inclusion and Health Impact Assessment](#)) as a guidance document for all cabinet reports to inform decision making by members.
- 2.6.1.** A full Health Impact Assessment was completed for the next iteration of the Local Transport Plan (LTP4) – resuming work on this stalled plan is currently a key priority of this administration. This assessment informs the work undertaken by the external consultants (WSP) and transport colleagues on this project, and Public Health maintains a role on this working group.
- 2.6.2.** Where appropriate and capacity allows, Public Health maintains representation at various boards and delivery groups across the council in order to input into relevant decisions from a health perspective (such as the Internal Infrastructure Group [IIG] and advocating for health-positive development such as green spaces, active travel opportunities and leisure facilities amongst others.).
- 2.6.3.** An initial training session was delivered to 43 council officers by the Wales Health Impact Assessment Support Unit (WHIASU) in December 2021. A further training workshop session has been arranged (funded by the LGA) and is to be delivered by the Local Government Association on the 6<sup>th</sup> of November, open to all elected members.
- 2.7.** Future priorities include the proposed creation of a Health in All Policies Task & Finish group of Health Overview and Scrutiny members, with an established process to challenge, evidence, review and assess the impact of proposed policy in areas of priority to the committee. Other areas of work are outlined below, and potential future areas of work, however, these would be capacity and resource dependent:
- 2.7.1.** Within this group, following the workshop session on the 6<sup>th</sup> of November, it is proposed for members to decide upon their key lines of enquiry (KLOE) and areas of focus for the coming year. This will allow development of an approach to embed HiAP across the organisation, reduce silos and enable cross portfolio and departmental working.

- 2.7.2.** Further priorities extend to the inclusion and rollout of an organisation wide mandatory HiAP training module for all relevant officers involved in the creation and implementation of wider strategies, policies and plans to ensure HiAP is embedded across all teams.
- 2.7.3.** The creation of and embedding of a new Health & Wellbeing supplementary planning document (SPD), within the current Local Plan is in the very early stages currently. Aligning this with the amended National Planning Policy Framework (NPPF), as well as wider council health (and related) strategies where appropriate would be a priority within capacity available. Work to develop this is currently ongoing, and information/opportunities to feedback and contribute will be shared in due course. This proposed workstream will also extend to a developer-completed Health Impact Assessment (HIA) document within the next iteration of the Local Plan, for planning officers to review as part of planning submissions.
- 2.7.4.** Potential other areas of priority, with a substantial impact on health outcomes include for consideration might include, housing, transport, and the crucial work undertaken with key partners.
- 2.7.5.** Pending capacity, additionally, there is the opportunity to embed and align HiAP with plans currently under development or those being refreshed, as well as the priorities outlined by the new administration including the new Shropshire plan. These include greater utilisation of Community Infrastructure Levy (CIL) monies for potential health and community infrastructure, improving transport related health concerns (both public and private) via the Local Transport Plan 4, and partnership working through Community & Family, or Neighbourhood Hubs.

### 3. Recommendations

- 3.1.** For the Health Overview Scrutiny Committee to note the progress on HiAP implementation to date and approve the proposed action plan below.
- 3.2.** That the Health Overview Scrutiny Committee continue to review any policies or strategies within their areas or range of influence and suggest potential health-positive inclusions. To advocate and champion for the approach and principles of health in all across the wider estate and where possible attend training or workshop sessions to utilise this knowledge and understanding in doing so.
  - 3.2.1.** At the time of writing, training for all members has been arranged, free of charge with the Local Government Association, who have arranged specialist training providers for an all-member Health in All Policies training session. This workshop is due to be delivered on the 6<sup>th</sup> of November.
  - 3.2.2.** For members to approve the creation, promotion and rollout of a mandatory Health in All Policies training module on Leap into Learning for all relevant officers involved in policy, strategy and plan development or implementation.
- 3.3.** That the Health in All Policies approach is underpinned by a Health Impact Assessment process that includes a checklist/approval box into the Cabinet report and is supported with training and awareness raising.
- 3.4.** That members approve the creation and implementation of a HiAP Task & Finish group, with a view to establishing a process (Challenge, Evidence, Review, Assess Impact) to look at priority area strategies, plans and policies and ensure health is considered as a key component across the breadth of Council, including the development of the new Corporate and Partnership Plans.

# Report

## 4. Risk Assessment and Opportunities Appraisal

- 4.1. Children and vulnerable adults** the Equality, Social Inclusion and Health impact assessment (ESHIA) that has been introduced as an output of this initiative supports the inclusion of health outcomes for all. Through the health impact assessment process, a risk assessment process is undertaken. In that risk assessment children **and Vulnerable adults, human rights, equalities, communities – rural and urban, and other needs** are addressed. The aim is to remove any unintended negative health consequences of the policy / strategy. These risk assessments are completed by the service area filing the ESHIA and then reviewed by additional support.
- 4.2. Inclusion Health Groups** – From October 2025 – the ESHIA has been amended to include elements of the [Health Equity Assessment Tool](#) (HEAT) – in particular this provides an enhanced look at [Inclusion Health groups](#). These are individuals at greater risk of health inequalities due to being socially excluded (such as traveller communities, the homeless, or those with substance misuse problems amongst others). Additional questions have also been added to encourage wider thinking, and to challenge each policy or strategy and provide a greater insight into the screening work undertaken by internal council teams.

## 5. Financial Implications

- 5.1.** Shropshire Council continues to manage unprecedented financial demands as budgeted for within the Medium-Term Financial Strategy approved by Council on 27 February 2025 and subsequent updates. It is also addressed in our monitoring position presented to Cabinet on a monthly basis. Significant management action has and continues to be undertaken to ensure the Council's financial survival. While all reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve
- scaling down initiatives,
  - changing the scope,
  - delaying implementation, or
  - extending delivery timescales.
- 5.2.** A World Health Organisation review/analysis of the Health in All Policies approach revealed that it is a cost-effective intervention. HiAP requires transformation of pre-existing systems, and a mindset change within interorganisational and intersectoral working. As Shropshire Council moves towards reducing siloed working through new management structures, and departments and service areas have greater crossover and connectivity, embedding Health in All Policies becomes a simpler and more efficient process.
- 5.3.** The return on investment is dependent on the intervention, return on investment for return to employment is approximately £3.00 for every £1.00 spent; return on investment for social care, reduction in social isolation £3.75 for every £1.00 spent; and the benefit of getting one more child walking to school could be up to £768. In addition, potential returns from implementing HIAP correctly across the wider estate would also see a largely non-quantifiable but definite net positive financial return and support the current priorities and focus of the organisation in trending towards early intervention and prevention way of working.
- 5.4.** Additionally, there are wider, non-tangible social and wellbeing impacts as a result of Health in All Policies, such as improved individual and community resilience. There are also improvements towards an increase in both life, and healthy life expectancy (LE/HLE).

These improvements are long term focused, and whilst not immediately apparent or quantifiable in the wider community or financial position, the value cannot be understated. The cost of not intervening at an earlier stage is likely to be far more substantial in the medium to long term for the individual, the council, and wider partners. Cost avoidance is a key benefit of a HiAP approach.

- 5.5.** Resource and finance requirements around implementation of Health in All Policies are predominantly staffing/member time, attendance, and delivery of training, and the potential subsequent changes to governance processes. Financial risks are minimal and would be limited to the specific potential interventions suggested by scrutiny (with support from Public Health) to any plans, policies or proposals that are reviewed. An initial training workshop to all members is to be provided via the Local Government Association free of charge through membership of the national Health in All Policies Network. A mandatory e-learning training module is also proposed to be developed for wider officers directly involved in the creation of, or implementation of council plans, policies or strategies.

## 6. Climate Change Appraisal

- 6.1.** Health in All Policies as an approach is not expected to have any direct climate change impacts itself, and these impacts would lie with the policies and strategies assessed. Some examples of how this may function through a health lens for information however are below.
- 6.2.** As climate change continues to have an impact on temperatures, the subsequent health impacts need suitable and appropriate mitigations. These impacts can range from heat related issues such as exhaustion and heatstroke, but also to cold related health impacts (often tied to poor quality housing, or fuel poverty caused by ongoing financial pressures, largely impacting those most at risk) such as pneumonia, cardiovascular disease, negatively exacerbating muscular-skeletal issues or more. Health in All Policies aims to identify positive and negative impacts of proposed policy and strategy interventions to be adopted by Shropshire Council, and mitigations, based on data and evidence, will be recommended to council and service areas. The list below is indicative of the approach but by no means exhaustive.
- 6.2.1.** There may be opportunities to promote and encourage green space through various housing and planning policies, leading to a contribution towards carbon capture through the planting of shading trees and other foliage. Additionally, encouragement and promotion of energy efficiency works due to their close link with health conditions and financial resilience could also be encouraged through health and housing workstreams.
- 6.2.2.** Increased flooding frequency and severity is also a direct climate change concern, particularly within Shropshire due to its geography. These associated health impacts are also considered under HiAP, particularly within the areas of planning and housing. These impacts include but are not limited to mental distress and potential impact on future financial resilience (e.g. lack of insurance or emergency funds) through to physical impacts such as mould, and transfer of potential illness/infection through river water.
- 6.2.3.** Active travel options, public and sustainable transport and good neighbourhood design would also be promoted through HiAP wherever possible, reducing the output of greenhouse gases whilst simultaneously encouraging healthier lifestyles.

## 7. Background

- 7.1.** Shropshire Council Cabinet approved the Health in All Policies Approach in February 2020, aimed at embedding health within all policies and strategies moving forward. Health in All

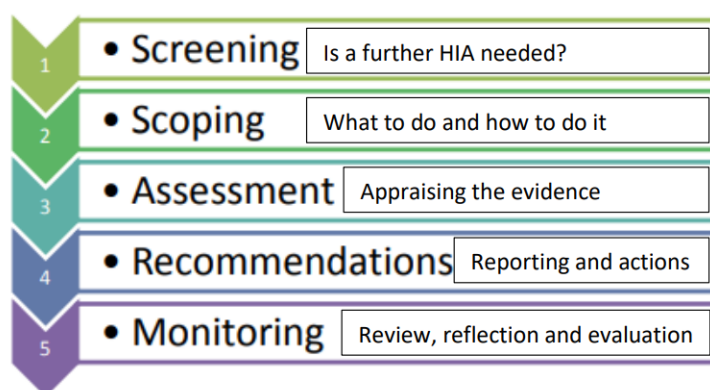
Policies is a priority within the “[New Direction for Shropshire](#)” and will additionally feature within the new corporate strategy.

**7.2.** Health in All Policies (HiAP) has been defined by the LGA as:

*“Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.” – Local Government Association, 2016*

**7.3.** This paper updates Health Overview and Scrutiny Committee on the progress on Health in All Policies to date, as well as a proposed way forward for further implementation of this method across the wider organisation, the benefits to doing so, as well as providing a brief example of some of the Shropshire-specific areas of focus.

**7.4.** The Health in All Policies approach is underpinned by Health Impact Assessment (HIA) process. Health Impact Assessment is split into 5 stages



- **Stage 1: Screening** – determining whether or not a full Health Impact Assessment is necessary. A HIA will not be required for every policy or programme. The **ESHIA** tool was created to introduce the screening process and has been in place since December 2021. **ESHIA's** are documents for cabinet and councillors to inform decision making. They are also public documents available and published alongside agendas and minutes with each cabinet sitting.
- **Stage 2: Scoping** - Identifying health impacts – developing a long list of potential impacts on the health of the population. Identification of stakeholders, resources and evidence bases.
- **Stage 3: Assessment** – Appraising the evidence available and identifying impacts with important health outcomes – determining whether these impacts are universal: affect some community groups disproportionately; are permanent or reversible; are short, medium, or long-term; could be publicly sensitive; or could have cumulative and combined effects. Quantifying or describing important health impacts – reaching a qualitative and / or quantitative judgement about the important health impacts and their potential costs and benefits.
- **Stage 4: Recommendations** - Recommendations to achieve the most health gains – setting out how the policy or project could be amended to maximise health benefits and reduce health inequalities/inequity. Within this stage is the opportunity for cross department or portfolio holder working, bringing in relevant expertise across the organisation to support the best health outcomes within a given strategy or policy.

- **Stage 5: Monitoring** – Reviewing of impacts of suggestions, and evaluation of the outcomes achieved by the strategy, lessons learned, and adapting the process as required.

7.5. To date, the following progress has been made/delivered:

<u>Delivered</u>	<u>Action</u>	<u>Date</u>
Training	<b>Training:</b> Deliver Health in All Policies training, specifically HIA training with Welsh Health Impact Assessment Support Unit (WHIASU)	Delivered to 43 council officers in November 2021
Health in All Policies Screening tool	<b>Introduction of a screening tool:</b> ESHIA – Equality, Social Inclusion and Health Impact Assessment	Introduced 1 <sup>st</sup> Dec 2021 - ongoing
ESHIA + HEAT	Amendments and inclusion of HEAT (Health Equity Assessment Tool) features into ESHIA screening tool.	Amended for use and implemented - October 2025
Health Impact Assessment	<b>Full Health Impact Assessment:</b> Health impact Assessment (HIA) – Local Transport Plan 4 (LTP4)	HIA Completed and shared with transport colleagues and external consultants WSP – June 2022
Web presence	<b>Webpage:</b> Intranet web page development Health in All Policies <a href="https://staff.shropshire.gov.uk/policies-and-guidance/health-in-all-policies-hiap/how-do-we-address-health-in-all-policies-hiap/">https://staff.shropshire.gov.uk/policies-and-guidance/health-in-all-policies-hiap/how-do-we-address-health-in-all-policies-hiap/</a>	
Wider Determinants/Health Impact Training Module	Development and launch of an introductory Health & Wellbeing and Health Impact training module on Leap into Learning	Live – available to all staff via eLearning <a href="#">here</a>
Substitutions	The process works alongside public health advocacy and health in all (HiAP) in local policies, to tackle the wider determinants of health and ensure that wellbeing is embedded in Shropshire Council services to achieve improved public health outcomes at scale.	Ongoing. Reviewed by Committee in September 2021

7.6. Future proposals/plans include:

<u>Planned</u>	<u>Action</u>	<u>Date</u>
Health Overview & Scrutiny Committee – HIAP Task & Finish Group Established	Creation and implementation of a HiAP Task & Finish Group of HOSC members	Q1 2026
Forward plan	KLOE (Key Lines of Enquiry) and priorities/areas of focus to be decided by committee for review by this group. To utilise local area knowledge of members where relevant.  Agree which corporate policies should be reviewed and supported by the limited capacity with suggestions to be added to the training workshop on 6 <sup>th</sup> November.	Q1 2026
Training (Officers)	<b>Training:</b> Development and delivery of a mandatory Health in All Policies training module on Leap into Learning for all officers involved in policy creation or delivery.	Timeframe TBC
Training (Members)	Arrange delivery of a Health in All Policies workshop for all members.	November 2025
Integrated Impact Assessment	Joint working with the Integrated Care System to develop an Integrated Impact Assessment	On going

<b>Communications</b>	Engagement with Members – promotion of refreshed ESHIA tool with officers	Q1 2026
<b>Evaluation and review</b>	Embed evaluation and review into the HiAP process to assess impact over a 12-month period, with findings reported by HiAP Task & Finish Group to council at agreed schedule.	Q1 2027

- 7.7.** The combined Equality, Social Inclusion and Health Impact Assessment (ESHIA) has been in place since December 2021, and has been completed for policies, strategies and proposals that have been submitted to cabinet. This document was updated in September 2025 with aspects of the [Health Equity Assessment Tool](#) (HEAT) to further develop answers given by service areas, as well as an increased focus on [Inclusion Health](#) groups (those that are more likely to socially excluded due to various factors, such as homelessness, travelling communities, those with drug and alcohol issues among others) – which is a focus of the wider health system moving forward through the ICB Healthcare Inequalities and Prevention Group.
- 7.8.** A training session was delivered by the Welsh Health Impact Assessment Support Unit (WHIASU) in November 2021 to a cross-organisation collection of 43 Council officers. Further training is proposed for members in 2025, to be arranged without cost by the Local Government Association (LGA) through membership of the Health in All Policies National Network.
- 7.9.** Health Impact Assessment – Local Transport Plan 4 (LTP4): In September 2021 an ESHIA screening process indicated that a full HIA was necessary to mitigate any health risks linked to the Local Transport Plan 4. A completed Health Impact Assessment (HIA) was shared with the LTP working group in June 2022, and external consultants WSP to inform the delivery of the plan. Whilst this plan has currently stalled, picking this work up again is a key priority in the “[New Direction for Shropshire](#)” proposals and Public Health maintains regular attendance at working and development groups.
- 7.10.** Shropshire has specific areas of major concern to be addressed through the HiAP process due to its rural geography, ageing demographics and predicted future trends. Data to inform these is largely through the [Joint Strategic Needs Assessment](#) (JSNA) – as well as evidence bases from VCSE and wider partners both internal and external. These more localised issues include, but are not limited to:

#### **7.10.1. Ageing Population/Demographics**

A review of expected demographics by [Shropshire 2050](#) predicts that the size of the 80+ population in Shropshire is expected to more than double to 48,000 (+24,000). Including those 65+, this increase is predicted to be around 44,500 people. The population at large is expected to increase by approximately 61,000. HiAP can support with enabling healthier lifestyles (through active travel, nutritional education and policy etc.), encouraging good design (through planning and housing), and through policy that enables individuals to remain physically and mentally active (e.g. via neighbourhood hubs and community support services). It supports people to remain in their own homes and communities for longer, therefore requiring support for less time than they otherwise would have, had these interventions and mitigations not been implemented.

For comparison, within this same timeframe, the increase in working-age individuals is expected to increase by only 11,800, with only another 3,700 aged 0 – 16 and therefore in education settings.

Demand and costs of social care are well known issues within Shropshire, with approximately £4 in every £5 spent delivering social care. Increased demand on care and health services for the elderly can be partially mitigated through a HiAP approach

via improving health and encouraging healthier lifestyles, as well as policies that support and encourage younger people to live and work within the county. This could be done for example via employment opportunities and housing affordability/availability, both of which are key determinants of health – which additionally would also allow pre-existing family support structures and community resilience to remain in place.

### 7.10.2. Rurality

Shropshire is the second largest inland county in the country, and one of the most sparsely populated with a population of less than 1 per hectare (compared to the national average of 4.3). [Nearly ¾ \(74.45%\) of Shropshire is classified \(by Government metrics\) as rural.](#)

When compared to urban centres, overall data typically indicates better health outcomes in rural areas. These indicators however mask small pockets of significant deprivation, rural exclusion and poor health and wellbeing. Some of the impacts of rurality on health outcomes are below ([data from 2023 Annual DPH Report](#)):

- 7.10.2.1. Access to services (both healthcare, wider support and social/lifestyle) is a particular issue in rural areas especially when public transport is required (directly impacting those on lower incomes, those with disabilities or young/elderly persons unable to drive). Data shows that 37% of Shropshire's population cannot access a GP within a 15-minute public transport journey. Public transport links (both bus and train services) between non-major settlements within the county are also limited and restrictive. Involvement with the Local Transport Plan 4 (LTP4), and Bus Service Improvement Plan (BSIP) are examples of how HiAP can influence these factors.
- 7.10.2.2. The sparse population of rural areas in Shropshire leads to a greater potential of social isolation (for all ages) as well as issues with loneliness, although these issues are more likely in the older population. The mental health impacts and increased likelihood of suicide of this isolation, particularly in male farmers are worrying for Shropshire especially, as agricultural communities have some of the highest suicide rates of any occupation in the UK. Shropshire has the largest number of farm holdings (3,686) of all counties and Unitary Authorities in England. Lack of community facilities, third spaces and the above transport issues can lead to individuals feeling severely socially excluded, lonely and isolated. HiAP can advocate for and evidence the importance of community infrastructure development (such as Neighbourhood and Community Hubs), and to safeguard pre-existing sites and facilities. It can also ensure that any policies do not worsen these underlying issues, as well as to evidence and support programmes that tackle these problems, such as outreach programmes working directly with farmers and [workplaces](#).
- 7.10.2.3. Internet coverage is not fully consistent across the county, with a lack of infrastructure to provide stable and fast speed connections in more rural areas. This limits and impacts individuals' ability to access digital information (leading to digital exclusion), access electronic services (such as virtual wards or telecare, increasing demand on physical services) and greatly impacts work from home opportunities in local communities, encouraging relocation of younger cohorts to larger urban centres, exacerbating current issues around rural sparsity. Around 10,000 residents in the county are at a higher risk of digital exclusion.
- 7.10.2.4. Shropshire Council have been proactive in this issue through implementation of the Rural Proofing Toolkit, and the Health Overview and Scrutiny Committee's [Task & Finish Group report on the subject](#). Rurality must remain a key priority of all HiAP work undertaken by service areas.

### 7.10.3. Housing & Planning

7.10.3.1.1. HiAP can help to evidence and support the need for minimum space standards ([NDSS](#)), appropriate Energy Performance Certificate (EPC) requirements (Grade C and above), soundproofing in communal properties/Houses of Multiple Occupancy (HMO's) where appropriate, and futureproofing new builds through the ability to fit solar panels, heat pumps or electric vehicle (EV) charge points. All of which are factors in improving the health outcomes of residents by supporting to build financial resilience via reduced energy bills, as well as avoiding cold weather health impacts in winter, or mental stress from noise & light pollution.

7.10.3.1.2. The location of where housing is built, and the design and structure of our immediate neighbourhood are key determinants of health. Ensuring that new estates are designed to allow for community cohesion, a reduction in the reliance of cars, provision of green space and other community infrastructure/facilities enables individuals to live healthier, happier lives. HiAP can work within planning to enable these desired outcomes, encouraging greater use of active travel, promoting both physical activity as well as contributing towards climate goals.

Work is currently ongoing to develop a Health & Wellbeing Supplementary Policy Document (SPD) to address the HiAP concerns of planning policy as well as support Section 8 of the amended [National Planning Policy Framework](#). Members of the Health Overview Scrutiny Committee will be invited to contribute and feed into the development of this document, as well as the required public consultation.

**7.11.** Health in All Policies has direct links to both pre-existing and upcoming workstreams, strategies and plans. Elements of the approach have already been implemented or can be done so at pace and can be seen in the below strategies. Further promotion and embedding of HiAP across the entire council will lead to even greater synergy between service areas as well as improved health outcomes.

**7.12.** The new NHS 10-year plan "[Fit for the Future](#)" outlines the current proposals and main key themes, which HiAP is able to align and potentially support with:

- The main component of this strategy is the transition towards preventative work to improve health outcomes and a reduction in Health Inequalities. HiAP is crucial in supporting this approach at a local level through adding a health lens to all council policy and moving to a preventative and early intervention way of working.
- The development of neighbourhood health centres, for community healthcare. HiAP informs the approach taken by Shropshire Council's [Community & Family Hubs](#), with cross working across all service areas key to delivery in these sites.
- A transition from analogue to digital services, via the introduction of new technologies. At a Shropshire level, HiAP can inform and evidence how programmes such as these can avoid digital exclusion and promote health literacy.

**7.13.** The [Shropshire Inequalities Plan](#) demonstrates embedding of HiAP across the organisation at an even greater level. The ongoing Inequalities Plan outlines work currently undertaken by various service areas across the organisation and strongly demonstrates both how health outcomes can be improved and inequalities reduced outside of both public health and the wider healthcare system. A [report to Health & Wellbeing Board](#) in September 2024 updated on the implementation of this plan and the success of cross service area and organisation working.

## 8. Additional Information

- 8.1. Health in All Policies supports the outcomes and priorities of the current (*at the time of writing*) [Shropshire Plan](#), and will be a component of the new corporate strategy as a priority in the [New Direction for Shropshire](#) proposals. Health in All Policies, especially in the current financial environment allows for reduced costs, improved outcomes and a happier, healthier population. Early intervention and prevention remain far better than the cure, and by ensuring that impacts and mitigations are considered as soon as possible in strategies and policies across the wider council, the best outcomes and scenarios can be realised for the residents of Shropshire, reducing demand on the wider health and social care system, and costs for both the public, the council, and wider partners.

## 9. Conclusions

- 9.1. Health in All Policies, as approved by Shropshire Council Cabinet, is to be embedded in the operations of Shropshire Council through the overview and scrutiny committee task & finish group, the Equality, Social Inclusion and Health Impact Assessment process, and within all new policies, strategies and plans.
- 9.2. HiAP is a key priority within the [New Direction for Shropshire plan](#).
- 9.2.1. The proposals outlined in this paper will enable HiAP to be included across all council domains, improving health outcomes, reducing inequalities and providing an early intervention and prevention approach.
- 9.2.2. From a governance perspective, it will enable overview and scrutiny to members, cabinet and the wider public, as well as support in evidencing the priorities outlined by the new administration, such as housing, transport, social care, leisure and economic growth.

### List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

1. [Equality, Social Inclusion and Health Impact Assessment \(ESHIA\) Template \(from October 2025\)](#)
2. [Health in all policies: a manual for local government - LGA](#)
3. [Shropshire 2050](#)
4. NHS 10 Year Plan - [Fit for the future: 10 Year Health Plan for England](#)
5. [Shropshire Inequalities Plan 2022-2027](#)
6. [Director of Public Health Annual Report \(2023\)](#)

**Local Member:** *N/A – Organisational Policy*

### Appendices/References

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