

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 potential service change
Provider Services Redesign (In-House)

Name of the officer carrying out the screening
Daniel Pownier

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 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
Cabinet is being asked to approve: a consultation on a proposal to close Helena Lane Day Centre and a consultation on a proposal to close the Aquamira site and relocating its Day Service to another location. In addition, Cabinet is asked to approve a broader engagement about reshaping In-House
At this initial stage ahead of the proposed consultation, the potential changes to In-House Provider Day Services would have a direct impact on a diverse group of individuals, many of whom fall within the Protected Characteristic groupings defined by the Equality Act 2010, specifically Age, Disability, and Sex. There is also notable intersectionality, particularly among those with complex needs and neurodiverse conditions.
To mitigate potential negative impacts and enhance positive outcomes, the Council is committed to the following actions:
Robust and Inclusive Consultation: An eight-week public consultation and engagement process will be undertaken, ensuring that all affected individuals, families, staff, and representative groups have the opportunity to contribute their

views. This process will be designed to reach underrepresented and vulnerable groups, including those in rural areas, veterans, care leavers, and households on low incomes.

Promotion of Social Inclusion: The Council will continue to prioritise social inclusion by supporting access to community-based alternatives, employment, volunteering, and supported work opportunities through partnerships such as the Enable team. This approach aims to reduce isolation and promote independence, particularly for those who may be at risk of exclusion due to rurality or other barriers. This then takes into account those in the additional local grouping of people for whom Shropshire Council seeks to take due regard, due to their circumstances including those identified as vulnerable for what may be a range of reasons.

By taking these actions, the Council aims to ensure that the transition to new models of support does not disadvantage those who already face barriers to participation or access, and that the rights and dignity of all affected individuals are upheld throughout the process.

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

The potential redesign is underpinned by a commitment to safeguarding and enhancing the health and wellbeing of all affected individuals and the wider community. The Council recognises its statutory duties under the Care Act 2014 and the Equality Act 2010, and is committed to ensuring that any changes are implemented in a manner that upholds the rights, dignity, and wellbeing of service users.

Each individual affected by the potential changes will receive a review and transition plan where necessary, developed in partnership with the Social Work Team where appropriate. This action sets out to ensure that alternative provision is accessible, appropriate, and sensitive to the needs of all genders, backgrounds, and health conditions.

Facilities audits and individual reviews will be conducted to ensure reasonable adjustments are made, particularly for those with complex needs, neurodiverse conditions, or other vulnerabilities.

It is recognised that any change to routine and service provision is likely to have an initial impact in negative terms upon people with neurodiverse conditions, with regard to their mental well being.

The Council will work proactively with service users and their families, including self-funders, to assess needs and facilitate access to suitable alternative provision,

such as alternative day services, direct payments, personal assistants, and community or voluntary sector services.

The impact of the service changes will be regularly reviewed through feedback from service users, families, and the wider community. Where consultation feedback indicates that certain groupings have been underrepresented, targeted actions will be taken to improve engagement and representation. The Council will benchmark its approach against good practice and share learning with other rural authorities, recognising common challenges such as ageing demographic profiles and access to facilities and services.

Comprehensive transition planning and proactive engagement with service users and their families will be essential to safeguard continuity of care and support through this period of change. The Council will ensure that any changes do not disadvantage those who already face barriers to participation or access, and that the rights and dignity of all affected individuals are upheld throughout the process.

All actions will be taken in accordance with the Council's statutory duties under the Care Act 2014, the Equality Act 2010, and the Public Sector Equality Duty, ensuring that the three equality aims, eliminating discrimination, advancing equality of opportunity, and fostering good relations, are integral to decision-making processes.

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

The Council will implement a comprehensive approach to reviewing and monitoring the impacts of the potential service changes, ensuring that equality, social inclusion, and health considerations remain central throughout the transition and beyond. All individuals affected by the changes will participate in reviews of their support with members of the Social Care Team prior to any adjustments being made. Options and choices will be fully explained and discussed with each person, ensuring that decisions are informed by their needs, strengths, and wishes.

Arrangements will be put in place to continue collecting evidence and data on the experiences and outcomes of all groups affected by the service change. This will include regular feedback from service users, families, carers, staff, and the wider community, as well as ongoing engagement opportunities with local Shropshire Council councillors and relevant portfolio holders. Where consultation feedback indicates that certain groupings have been underrepresented, targeted actions will be taken to improve engagement and representation.

The Council will benchmark its approach against comparator good practice and will share learning with other rural authorities, recognising common challenges such as ageing demographic profiles and access to facilities and services.

Monitoring will be ongoing, with arrangements in place to review the overall impacts at regular intervals, ensuring that any negative impacts are mitigated and positive outcomes are maximised over time. This approach will support transparency, accountability, and continuous improvement in service delivery.

Associated ESHIAs

This is an initial stocktake ESHIA; a further ESHIA will be carried out after the proposed consultation, which will also set out to draw upon learning from a previous relocation of services from Ditton Priors Farm by an external provider.

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

Climate Change:

The potential redesign of In-House Provider Services may result in some service users needing to travel further to access alternative provision, which could increase vehicle emissions. To mitigate this, the Council will prioritise the use of local facilities wherever possible and encourage the development of community-based alternatives that minimise travel distances. Where relocation is necessary, transport arrangements will be reviewed to ensure efficiency and to explore opportunities for shared or sustainable travel options. The Council will also consider the potential for repurposing or redeveloping vacated sites in a manner that supports environmental objectives, such as energy efficiency or biodiversity enhancement.

Economic and Societal/Wider Community:

The potential closure and reprovision of day centres will be managed to minimise disruption to service users, staff, and the wider community. The Council would work closely with affected staff to identify redeployment opportunities and support workforce stability. Where facilities are withdrawn, efforts will be made to support local economic resilience, for example by exploring alternative community uses for vacated buildings or by facilitating access to employment and volunteering opportunities for service users through partnerships such as the Enable team.

The Council would monitor the impact on local businesses and community groups and will seek to enhance place-shaping approaches that promote economic growth and social inclusion. Any potential human rights impacts will be reviewed through ongoing engagement and feedback mechanisms, ensuring that the rights and dignity of all affected individuals are upheld throughout the transition process.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the potential service change</i>	D R Pownier	06-01-26
<i>Officer carrying out the screening</i>	D R Pownier	06-01-26
<i>External support*</i> Senior Insights and Research EDI Specialist		07-01-26

**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
<i>Lead officer's name</i>	Daniel Pownier	06-01-26
<i>Service manager's name</i>	Daniel Pownier	06-01-26

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

B. Detailed Screening Assessment

Aims of the service change and description

The aim of the potential service change is to ensure that Shropshire Council's In-House Provider Services remain financially sustainable, legally compliant, and aligned with best practice in adult social care. In response to the financial emergency declared by Cabinet in September 2025, the Council has undertaken a comprehensive review of non-statutory services, with a particular focus on the sustainability and suitability of current day service provision for adults with learning disabilities and older people. The potential changes include the closure of Helena Lane Day Centre, the closure and relocation of Aquamira Day Centre, and the wider reprocision of in-house day opportunities.

The purpose of these changes is to modernise day services by shifting from traditional, building-based models to more flexible, person-centred support that promotes independence, social inclusion, and access to employment and volunteering opportunities where appropriate. This approach is underpinned by the Council's statutory duties under the Care Act 2014, as well as national policy drivers such as Valuing People and the move towards personalisation and community-based care. The redesign seeks to ensure that resources are allocated

efficiently, delivering best value for money while safeguarding the rights and wellbeing of service users.

The service change is also intended to address declining attendance and rising costs at specific centres, particularly where facilities are underutilised or financially unsustainable. By reprovider services in alternative settings and strengthening partnerships with organisations such as the Enable team, the Council aims to offer a broader range of opportunities tailored to individual needs and aspirations. The process will be informed by robust consultation and engagement with all stakeholders, ensuring that the voices of service users, families, carers, and the wider community are central to decision-making.

Intended audiences and target groups for the service change

The intended audiences and target groups for the potential redesign of Shropshire Council's In-House Provider Services are broad and encompass a range of individuals and organisations. The primary groups affected are adults with learning disabilities and older people who currently access in-house day services, including those attending Helena Lane Day Centre and Aquamira Day Centre. These individuals represent a diverse cohort, with varying levels of need, including people with profound and multiple learning disabilities, neurodiverse conditions, and complex health or social care requirements.

Families and carers of service users are also a key audience, as changes to service provision will directly impact their support arrangements and wellbeing. Staff employed within the in-house day services, including those at risk of redeployment or redundancy, are another significant group, as are trade unions and professional bodies representing the workforce. Where necessary, further consultation with staff will take place.

The wider community is also an intended audience, particularly local residents, community groups, and voluntary sector organisations that may be involved in providing alternative support or community-based activities. Strategic partners, such as the Enable team, local businesses, and other service providers, will play a role in facilitating access to employment, volunteering, and social inclusion opportunities for affected individuals.

In addition, the Council recognises the importance of engaging with local elected councillors, portfolio holders, and neighbouring local authorities.

Evidence used for screening of the service change

The screening of the potential service change has been informed by a robust and multi-faceted evidence base, including:

Financial Analysis: Detailed costings and financial modelling for each in-house day centre, with particular attention to the operational deficits at Helena Lane and Aquamira Day Centres. This includes market rates for comparable services and analysis of cost drivers such as staffing, building maintenance, and utility costs. The financial emergency declared by Cabinet in September 2025 and the Council's Improvement Plan have also shaped the approach.

Service Utilisation Data: Attendance figures and trends for all in-house day services, highlighting declining demand and underutilisation at specific centres. Demographic forecasts have been used to assess the likelihood of future demand for traditional day centre provision.

Policy and Legislative Context: The review has been guided by statutory duties under the Care Act 2014, as well as national policy drivers such as Valuing People and the move towards personalisation and community-based care.

Consultation and Engagement: Feedback from previous consultations with service users, families, carers, staff, and representative groups has been considered, alongside planned robust and inclusive engagement processes for the current proposals.

Comparator and Best Practice Evidence: The Council has reviewed alternative models of provision, including community-based alternatives, supported employment, and volunteering pathways, and has compared its approach against good practice in other rural authorities.

This evidence base has enabled the Council to identify the need for change, assess the likely impacts on different groups, and develop targeted actions to mitigate negative effects and enhance positive outcomes. The approach ensures that the service change is grounded in robust analysis, transparency, and a commitment to equality, social inclusion, and continuous improvement.

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

The aim is now to gather information prior to any decisions being taken. Shropshire Council asks those who attend In-House Day Services and a wide range of other stakeholders to provide feedback to help determine what support might look like in the future, wherever that is offered.

This consultation aims to explore options, gather feedback from members of the public and stakeholders to inform future decision making. The outcome of the consultation will also need to consider relative costs of services for individuals to ensure best value for money and financial sustainability ongoing.

The consultation is currently scheduled to commence 1st February 2026 and run for a period of 8 weeks, with the results then due to be shared with key stakeholders in the Spring 2026.

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

Please rate the impact that you perceive the service change is likely to have for a grouping, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

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

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact Stage Two ESHIA required	High positive impact Stage One ESHIA required	Medium positive or negative impact Stage One ESHIA required	Low positive, negative, or neutral impact (please specify) Stage One ESHIA required
Age (please include children, young people, young 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)				Neutral to low negative: Most supported individuals are in the 30-50 age range. A small number of individuals are in the age range 50-69. All will be supported to review their present and future support arrangements
Disability (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)				Neutral to low negative. The majority of individuals present with a range of

				learning disabilities and neurodiverse conditions. All will be supported as individuals to review their present and future support arrangements. Some individuals have dementia and will be supported to review the current and future needs.
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements.
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements.

<p><u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>			<p>Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements</p>
<p><u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)</p>			<p>Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements</p>
<p><u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)</p>			<p>Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements</p>
<p><u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>			<p>Neutral. All considered options will ensure that individuals receive support to review their present and</p>

				future support arrangements
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements
<u>Other: Social Inclusion</u> (please include households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rough sleepers and those at risk of homelessness; and rural communities)				Neutral to low negative given intersecting vulnerabilities.
<u>Other: Carers</u> (please include families and friends with caring responsibilities)				Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements
<u>Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)</u>				Neutral. All considered options will ensure that individuals receive support to review their present and

				future support arrangements
<u>Other: Young people leaving care</u>				Neutral. All considered options will ensure that individuals receive support to review their present and future support arrangements

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

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

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .				Neutral to low negative. All options being considered will make arrangement for ongoing preferred support for individuals. Day Opportunities support across Shropshire plays a key role in enhancing each supported

				person's ability to live their best life.
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				<p>Neutral: All options being considered will make arrangement for ongoing preferred support for individuals.</p> <p>Day Opportunities support across Shropshire plays a key role in enhancing each supported person's ability to access health services and make informed decisions about their own wellbeing.</p>
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education,</p>				<p>Neutral: All options being considered will make arrangement for ongoing preferred support for</p>

<p>employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			<p>individuals. Day Opportunities support across Shropshire plays a key role in enhancing each supported person's ability to live their best life and involve themselves in their chosen and local communities.</p>
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>Neutral: All options being considered will make arrangement for ongoing preferred support for individuals. Day Opportunities support across Shropshire plays a key role in enhancing each supported person's ability to access health</p>

				services and make informed decisions about their own wellbeing.
--	--	--	--	---

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.

<p>Which population groups/demographics will face health impacts as a result of this change (if any)?</p> <ul style="list-style-type: none"> • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – <i>if so, where?</i> • Inclusion Health & Vulnerable Groups¹ • Other 	<p>Socio-Economically Deprived</p> <p>Individuals and households on low incomes, those experiencing poverty, and people facing health inequalities are likely to be affected. These groups may have limited access to alternative services, digital resources, or transport, increasing their vulnerability to service changes.</p> <p>Geographic Deprivation (Including Rurality)</p> <p>Residents in rural areas of Shropshire may face additional barriers due to distance from alternative provision, limited public transport, and potential social isolation. The impact may be more pronounced in specific localities where day centres are closing or relocating.</p> <p>Inclusion Health & Vulnerable Groups</p> <p>This includes people who are socially excluded and experience multiple overlapping risk factors for poor health, such as:</p> <p>People with learning disabilities, neurodiverse conditions, and complex health or social care needs Older adults, especially those with dementia Carers and families with caring responsibilities Veterans, care leavers, and those at risk of homelessness Refugees, asylum seekers, and other vulnerable or marginalised groups.</p> <p>Nature and Extent of Impacts Health-Related and Wider Inequalities</p> <p><i>Direct health impacts:</i> Changes may affect individuals' ability to access support, maintain independence, and</p>
---	---

participate in community life. For some, this could increase risks of isolation, mental health decline, or reduced wellbeing.

Indirect impacts: There may be effects on access to employment, volunteering, and social inclusion opportunities, particularly for those with fewer resources or living in remote areas.

Wider inequalities: The potential outcomes may exacerbate existing inequalities if not carefully managed, especially for those already facing multiple disadvantages.

Specific Geographical Locations

The assessment highlights that rural communities across Ludlow and Shrewsbury are particularly at risk. Specific locations are linked to the closure or relocation of Helena Lane Day Centre and Aquamira Day Centre.

Control, Influence, and Limitations

What the Council Can Control

- The design and delivery of robust, inclusive consultation and engagement processes
- The development of individual transition plans and reasonable adjustments for affected individuals
- The provision of alternative support options (e.g., community-based services, direct payments, personal assistants)
- Ongoing review and monitoring of impacts, with targeted actions to address underrepresentation or negative outcomes.

What the Council Can Influence

- Partnerships with voluntary sector organisations, local businesses, and the Enable team to enhance social inclusion and employment opportunities.
- The development of sustainable transport solutions and minimisation of travel distances for service users.
- The repurposing of vacated sites to support environmental and community objectives.

What May Be Out of the Council's Control

- Broader socio-economic trends, such as rising costs of living or changes in national policy
- Individual choices regarding uptake of alternative provision
- Wider demographic changes and their impact on demand for services.

Additional Pertinent Information

	<p>The Council is committed to upholding statutory duties under the Care Act 2014, the Equality Act 2010, and the Public Sector Equality Duty, ensuring that equality, social inclusion, and health considerations are integral to decision-making.</p> <p>The approach includes benchmarking against good practice, sharing learning with other rural authorities, and maintaining transparency and accountability throughout the process.</p>
<p>What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?</p>	<p>Robust and Inclusive Consultation</p> <p>An eight-week public consultation and engagement process is planned, designed to reach all affected individuals, families, staff, and representative groups—including underrepresented and vulnerable groups such as those in rural areas, veterans, care leavers, and low-income households. This ensures that all voices are heard and considered in the decision-making process.</p> <p>Individual Reviews and Transition Planning</p> <p>Each individual affected by the changes will receive a review and, where necessary, a transition plan developed in partnership with the Social Work Team. This ensures that alternative provision is accessible, appropriate, and sensitive to the needs of all genders, backgrounds, and health conditions.</p> <p>Alternative Support Options</p> <p>The Council will support access to community-based alternatives, employment, volunteering, and supported work opportunities through partnerships such as the Enable team. This approach aims to reduce isolation and promote independence, particularly for those at risk of exclusion due to rurality or other barriers.</p> <p>Facilities Audits and Reasonable Adjustments</p> <p>Facilities audits and individual reviews will be conducted to ensure reasonable adjustments are made, especially for those with complex needs, neurodiverse conditions, or other vulnerabilities.</p> <p>Ongoing Review and Monitoring</p> <p>The Council will implement a comprehensive approach to reviewing and monitoring the impacts of the service changes. This includes regular feedback from service users, families, carers, staff, and the wider community, as well as ongoing engagement with local councillors and portfolio holders. Where consultation feedback indicates underrepresentation, targeted actions will be taken to improve engagement and representation.</p>

	<p>Benchmarking and Sharing Good Practice</p> <p>The Council will benchmark its approach against comparator good practice and share learning with other rural authorities, recognising common challenges such as ageing demographic profiles and access to facilities and services.</p> <p>Economic and Societal Mitigations</p> <p>The Council will work closely with affected staff to identify redeployment opportunities and support workforce stability. Where facilities are withdrawn, efforts will be made to support local economic resilience, for example by exploring alternative community uses for vacated buildings or facilitating access to employment and volunteering opportunities for service users.</p> <p>Climate Change and Transport</p> <p>To mitigate increased travel and emissions, the Council will prioritise the use of local facilities and encourage community-based alternatives that minimise travel distances. Transport arrangements will be reviewed for efficiency and sustainability, and the potential for repurposing vacated sites to support environmental objectives will be considered.</p> <p>Digital and Alternative Access</p> <p>Where possible, alternatives such as digital access to services or travel to other amenities will be considered and facilitated, to ensure continuity of support for those unable to access traditional services.</p> <p>Control, Influence, and Limitations</p> <p>What the Council Can Control</p> <ul style="list-style-type: none"> • The design and delivery of consultation and engagement processes. • Development of individual transition plans and reasonable adjustments • Provision of alternative support options (community-based services, direct payments, personal assistants) • Ongoing review and monitoring, with targeted actions to address underrepresentation or negative outcomes <p>What the Council Can Influence</p> <ul style="list-style-type: none"> • Partnerships with voluntary sector organisations, local businesses, and the Enable team • Development of sustainable transport solutions and minimisation of travel distances
--	--

	<ul style="list-style-type: none"> • Repurposing of vacated sites for environmental and community objectives <p>What May Be Out of the Council's Control</p> <ul style="list-style-type: none"> • Broader socio-economic trends (e.g., rising costs of living, changes in national policy) • Individual choices regarding uptake of alternative provision • Wider demographic changes and their impact on demand for services
--	--

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 potential 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 potential 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 potential 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 potential 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 NO₂ in the atmosphere.

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

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. This can reduce the risks of cold related health effects, as well as reduce the financial burden on the population, whose ability to shoulder these costs can vary. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the potential 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

or

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