

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

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

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Approval of Shropshire Hills National Landscape Management Plan 2025-30 and new Shropshire Hills National Landscape Advisory Committee Terms of Reference

Name of the officer carrying out the screening
Phil Holden, Shropshire Hills National Landscape Team Manager

Decision, review, and monitoring									
<table border="1"><thead><tr><th>Decision</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Initial (Stage One) ESHIA Only?</td><td>✓</td><td></td></tr><tr><td>Proceed to Stage Two Full ESHIA or HIA (part two) Report?</td><td></td><td>✓</td></tr></tbody></table>	Decision	Yes	No	Initial (Stage One) ESHIA Only?	✓		Proceed to Stage Two Full ESHIA or HIA (part two) Report?		✓
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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 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
The statutory Shropshire Hills National Landscape Management Plan 2025-30 is going forward for formal approval by Cabinet. The plan is delivered in partnership, and so also presented for approval are new Terms of Reference for a re-formed Joint Advisory Committee for the National Landscape. The Plan's Vision is that: <ul style="list-style-type: none">• Nature is restored and natural processes regenerated,• Climate is stabilised through decarbonising, and we are resilient to change,• Land is nurtured so it can sustain us,• Water is clean, and its flows and cycles support our lives, and all life,• People are healthy and connected to nature – in vibrant communities and as welcome visitors,• The Shropshire Hills are valued and cared for as a special Place.

Policies, recommendations and actions (for a wide variety of implementers) are put forward in the Plan under each of these headings. Diversity and Inclusion is a strong theme within the Plan and proposals build on recent good practice and initiatives in the Shropshire Hills and within the National Landscapes network. The National Landscape team employed by the Council exists to support and advise others as well as for direct delivery.

Some parts of society do experience barriers to accessing and enjoying the high quality landscape of the Shropshire Hills and efforts are being made to overcome these where possible. These efforts are being made in partnership with other organisations, as the Plan does not solely relate to Shropshire Council services.

At this stocktake moment, the initial assessment of likely equality and social inclusion impacts of the Management Plan is for these to be positive for people across all nine Protected Characteristics as set out in the Equality Act 2010, as well as for people in our additional local groupings of Carers, Social Inclusion, and Young People Leaving Care. The anticipation is also that impacts would be neutral to low positive for people in the grouping set out in the Armed Forces Act 2023, ie veterans and serving members of the armed forces and their families.

There is potential for the impacts to move from neutral to low positive to low to medium positive, where partnership efforts may achieve positive outcomes for those in the groupings of Age and Disability, particularly people with neurodiverse conditions or sight or hearing loss. This would draw upon good practice around use of signage and wayfaring materials, and link with related policy work across the Council around accessing the built and natural environment.

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

The Plan contributes importantly to people's physical and mental health and wellbeing, acting as a preventative measure to improve people's quality of life and to save money on services to address problems that would otherwise arise or be worse. This links in to joined-up approaches across Shropshire and Telford and Wrekin, including through the Integrated Community Services, around the positive impacts and the likely increase in walking/hiking and physical/mental benefits.

The Plan will have positive implications for health, but delivery depends on a wide range of partners, it is not just for particular Council services. The National Landscape team act mainly in an advocacy role regarding access to nature with health benefits, but do make some small scale direct provision. The Plan supports continuation of this, but it is very funding dependent. The operation of the Advisory Committee itself has no identified implications for health.

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

In recruitment for the new Advisory Committee a high priority will be given to equality, diversity and inclusion. In this advisory function of the Committee, a broad range of perspectives and lived experiences will help ensure the best delivery by the team and advice to the Councils. The recruitment materials and processes are being prepared to help ensure that some new audiences are reached and hopefully some people from previously under-served groups may participate. We have had advice on this from the Equity, Diversity and Inclusion (EDI) Lead for the Protected Landscapes Partnership (through Natural England).

The Council is already working with the Shropshire and Telford and Wrekin ICS at national level, with the University of Leicester and with Cornwall Council and Natural England, to co-produce a national policy briefing paper during 2026 on anti-racism actions in the countryside and develop case studies and associated materials for wider use.

This follows a University of Leicester research report* around rural racism in the countryside, which identified myths including that “minoritised communities have no respect for or affinity with the countryside”, that “racism in the countryside is a figment of people’s imagination”, that “there are no genuine barriers to accessing the countryside” and that “forming Black and Muslim walking groups is unnecessary and divisive”.

(*“*The rural racism project: towards an inclusive countryside*”).

Through this high profile work, building upon recommendations including the need to make rural spaces welcoming and accessible, there is potential for the impacts for people in the groupings of Race and of Religion and Belief to move from neutral to low positive to low to medium positive, serving to strengthen overall outcomes in the Management Plan for everyone.

The Council and partners will also build upon positive work through Shropshire Archives and through awareness raising about our diverse communities and their long historical associations with and contributions to the countryside, e.g. Gypsy Roam and Traveller Communities and e.g. Black gardeners and botanists in Shropshire.

Progress with Management Plan activity will be monitored through reporting at the meetings of the Advisory Committee and Forum, and the Management Plan Actions will be updated and progress reported widely on a regular basis. This is in addition to continued monitoring of indicators through the national Protected Landscapes Targets and Outcomes Framework. The Framework includes a section of metrics on ‘Access for All’.

Associated ESHIAs

A previous impact assessment was carried out in 2019 for the Shropshire Hills AONB Management Plan 2019-24 and Shropshire Hills AONB Partnership Terms of Reference.

Related impact assessments have also been carried out for Acton Scott Historic Working Farm, Cultural Strategy work, Leisure Services, the Shropshire Great Outdoors Strategy, and the Shropshire Museums Strategy.

Reference may also usefully be made to the screening impact assessments carried out in relation to the various stages of the Local Plan Partial Review and the Council's Economic Growth Strategy.

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

Climate change is one of the six core topics of the Plan and runs right through it. The Climate section of the Plan includes content on reducing greenhouse gas emissions, carbon storage and sequestration, adaptation, renewable energy, attitudes and behaviour change, just transition, and nature-based solutions. The National Landscape team is very active on the topic of climate change and at the forefront of knowledge on carbon storage and sequestration in land, soil and vegetation. The connections of climate change to the Plan relate much less to the Council's corporate carbon footprint and more to influencing the footprint of the whole county. This is valuable as this aspect has received less attention by the Council.

The Plan also has important content on climate change adaptation. Protected landscapes have provided input collectively to the Government's National Adaptation Programme, and content in the Plan draws on this work. At present the Council centrally has not undertaken Adaptation risk assessment or planning, and content in the Plan should be of assistance to this process, which is a legal requirement.

Economic and societal/wider community

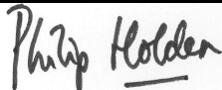
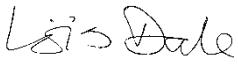
The high quality landscape of the Shropshire Hills National Landscape supports the economy of Shropshire and people's wellbeing. Care and stewardship of the landscape, guided and supported by the Management Plan, is good for the prosperity of Shropshire.

It also contributes importantly to people's physical and mental health and wellbeing, acting as a preventative measure to improve people's quality of life and to save money on services to address problems that would otherwise arise or be worse.

Impacts for communities will potentially also be themselves enhanced through complementary actions around local transport planning.

Where possible and appropriate, this could involve action to support and inform the priorities of the Local Transport Plan 4 on matters pertaining to access to, and promotion of the National Landscape.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the proposed service change</i> Phil Holden Shropshire Hills National Landscape Team Manager		8 th January 2026
<i>Officer carrying out the screening</i> Phil Holden Shropshire Hills National Landscape Team Manager		8 th January 2026
<i>External support*</i> Mrs Lois Dale Senior Insights and Research EDI Specialist		7 th January 2026
Phil Northfield Public Health Integration & Inequalities Officer		8 th January 2026

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

Sign off at Stage One screening stage

Name	Signatures	Date
<i>Lead officer's name</i> Phil Holden Shropshire Hills National Landscape Team Manager		8 th January 2026

Service manager's name



12/01/2026

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

B. Detailed Screening Assessment

Aims of the service change and description

The statutory Shropshire Hills National Landscape Management Plan 2025-30 is going forward to Cabinet for formal approval. The plan is delivered in partnership, and so also presented for approval are new Terms of Reference for a re-formed Joint Advisory Committee for the National Landscape.

A Management Plan for the Shropshire Hills National Landscape is required every five years under the Countryside & Rights of Way Act 2000. The new Plan has been prepared over the last two years by the National Landscape Team and Partnership, and the draft Plan was out for public consultation between mid-May and mid-July. The National Landscape covers 23% of Shropshire and also extends into Telford & Wrekin, whose Council must also approve the Plan.

The Plan is for the area and not for any particular organisation. It sets out policies, recommendations and aspirations to guide a wide variety of stakeholder organisations and individuals. Implementation is through a large range of mechanisms, and there is no single budget or programme for delivery of the Plan. The Shropshire Hills National Landscape Team is hosted by Shropshire Council but majority funded by DEFRA. The Team have an important role to support delivery of the Plan, but have roles to animate, facilitate and co-ordinate partner activity in addition to direct delivery.

Following a review during 2025 to modernise partnership structures, Terms of Reference have been drawn up and consulted on for a new Joint Advisory Committee of 12 members. The new Advisory Committee will include representatives appointed by Shropshire Council and Telford & Wrekin Council, plus open seats appointed through an application process. The Committee will provide scrutiny and advisory oversight of work of the National Landscape Team and provide advice to the two local authorities in relation to the National Landscape as necessary. The Committee will operate in close co-ordination with other partnership arrangements for the National Landscape, including collaboration arrangements with key delivery partner organisations (including those with a statutory duty) and a new Shropshire Hills Forum. The Forum will engage a wide and inclusive range of stakeholders, including all Ward Councillors, Parish & Town Councils, community groups and individuals, in a flexible and more informal format. The new structure will provide stronger governance as well as targeted collaboration and broader general engagement.

Intended audiences and target groups for the service change

The Shropshire Hills National Landscape is a nationally recognised asset, so stakeholders include the public nationally and visitors from all parts including abroad, as well obviously as Shropshire residents and especially those who live and work in the Shropshire Hills.

A wide variety of organisations have an interest in the National Landscape, and many of these are represented on the Partnership through which the Plan was prepared.

The Plan is relevant to a range of service areas across the two local authorities – including countryside and environment, economic development, education and community, highways, leisure and culture, planning, public health and public protection, and public health.

Evidence used for screening of the service change

The review resulting in this new Management Plan has followed national guidance and been influenced by policy directions and by community consultations and experience at a local level.

A detailed 'State of the Shropshire Hills report was commissioned from consultants, and its findings have informed the Plan.

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

A scoping stage involved gathering data, and information on community views through a public survey carried out during 2024. The Plan review was brought to every meeting of the Partnership through 2023 and 2024, which proved very useful for sense checking. The Sustainability Appraisal process has been carried out alongside as detailed below. A meeting of a new key partner delivery group was held in January 2024.

The main review stage involved looking at existing policies and plan content, creating a new vision and new topic sections. Two meetings of topic groups were held in July 2024 – for 'Landscape, Natural Beauty and Land Management' and for 'Planning'.

After a delay due to the local government elections, the public consultation period for the Plan ran from mid-May to mid-August 2025. Significant efforts were made to engage people with the Plan - a 2 minute audio introduction was produced and the Summer Forum event on 5th June acted as a launch of the draft Plan with 85 people in attendance. A 20 minute presentation on the Plan was given by members of the Team to around 10 groups reaching several hundred people. This included four online sessions with 'key delivery partners'. The presentation was also made available on YouTube. An online questionnaire was opened, along with

a new web page communicating the Vision and main themes of the Plan. A workshop was held on Doughnut Economics and regenerative approaches on 24th July which was a useful addition to the consultation process. A face to face meeting was held with representatives of the NFU and Clee View Farmers Group. An informal consultation was held with the Young Rangers group.

In making changes to the draft Plan, the balance of all the comments received were considered. Some partner organisations were involved in further discussions on the matters raised.

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)			✓ low to medium positive	
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)			✓ low to medium positive	
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ neutral to low positive

<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				✓ neutral to low positive
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ neutral to low positive
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)			✓ low to medium positive through partnership efforts	
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)			✓ low to medium positive through partnership efforts	
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				✓ neutral to low positive
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				✓ neutral to low positive
<u>Other: Social Inclusion</u> (please include households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rough sleepers and those at risk of homelessness; and rural communities)			✓ low to medium positive	
<u>Other: Carers</u> (please include families and friends with caring responsibilities)				✓ neutral to low positive
<u>Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)</u>				✓ neutral to low positive

<u>Other: Young people leaving care</u>				✓neutral to low positive
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Initial health and wellbeing impact assessment by category

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

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

Health and wellbeing: individuals and communities in Shropshire	High negative impact Part Two HIA required	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a <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
Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking? .				Yes. Helping to maintain a high-quality environment in the Shropshire Hills and giving people access to this. Availability of green space is well evidenced to support mental wellbeing.
Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living				Support for active travel, climate change

conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .				mitigation, connection to nature. Provision of free opportunities to exercise and improve both physical and mental wellbeing.
Will there be a likely change in demand for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				No

Initial health equity assessment	
For the following categories, please complete with the expected impacts of this service change on wider inequalities, not just those that are health-related (whether positive, negative, or neutral) – include any additional information you feel is pertinent or useful.	
Consider and record which you can control, which you can influence, and which may be out of your control.	
Which population groups/demographics will face health impacts as a result of this change (if any)? <ul style="list-style-type: none"> • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – if so, where? • Inclusion Health & Vulnerable Groups¹ • Other 	All parts of society may benefit.
What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?	There are no negative impacts so no mitigation needed. Enhancing the benefits depends on good delivery of the Plan, which rests with a wide range of partners.

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

Guidance Notes

1. Legal Context

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding. It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision-making processes. These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Stage One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the national Protected Characteristic groupings and our additional local categories. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second Stage One ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive.

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement

across groupings and to thus visibly show we are taking what is called 'due regard' of the needs of people in Protected Characteristic groupings.

If the screening indicates that there are likely to be high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

2. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government. The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIAs) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet or to Strategic Licensing Committee.
- What target groups and audiences you have worked with to date.
- What actions will you take in order to mitigate any likely negative impact upon a group or groupings, and enhance any likely positive effects for a group or groupings; and
- What actions you are planning to monitor and review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief. We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then a wider additional local category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, or people that we might consider to be vulnerable, such as refugee families or rough sleepers.

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

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

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.-You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council.

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove or reconfigure a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

Carry out and record your equality and social inclusion approach:

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

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

This is an area to record within our overall assessments of impacts, for which we ask service area leads to consider health and wellbeing impacts, and to look at these in the context of direct and indirect impacts for individuals and for communities.

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

Health in All Policies – Health Impact Assessment

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

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

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

Individuals

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

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

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

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

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

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives. It could also involve virtual support sessions/appointments to avoid unnecessary travel and provide greater flexibility with individuals work schedules. It may involve greater internet connectivity, to improve remote working opportunities and air pollution concerns, or improved communications coverage through closer partnership working – targeting those most in need of specific information.

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

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

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

Communities

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

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

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk or engage in active travel. Increasing physical activity and minimising the time spent sitting down helps to maintain a healthy weight and reduces the risk of cardiovascular disease, type 2 diabetes, cancer, and depression. The UK Chief Medical Officers recommend that adults should do at least 150 minutes of moderate activity, or 75 minutes of vigorous activity, each week. At a wider level, reductions in vehicular emission lead to better air quality, and a reduction in NO₂ in the atmosphere.

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

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

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

Demand

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

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

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

For further advice: please contact
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