

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

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

<b>Name of proposed service change</b>
<b>Adoption of the Shrewsbury Town Centre Design Code</b>

<b>Name of the officer carrying out the screening</b>
<b>Emma Williams</b> <b>Claire Evans</b>

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

*If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.*

<b>Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion and health and wellbeing considerations</b>
<p>Following the completion of the public consultation, the equality impacts of the Shrewsbury Town Centre Design Code continue to be assessed as neutral to medium positive across the nine Protected Characteristic groupings defined by the Equality Act 2010, with strengthened positive impacts arising from updates made in response to consultation feedback.</p> <p>Enhancements have been made to reflect the importance of inclusive and accessible design, including updates to the movement principles to explicitly reference the needs of wheelchair users, pushchair users, and mobility scooter users, as well as recognising Shrewsbury’s steeper gradients. Additional requirements have been added for new development to connect meaningfully with existing walking and cycling networks, and for early engagement with emergency services to ensure safe and inclusive access for all. These refinements are anticipated to increase positive equality impacts for groups including older people, disabled people, families with young children, and individuals with neurodiverse conditions, supporting safer, more comfortable, and more navigable journeys throughout the town centre. The design code promotes excellent quality of design which not only supports social inclusion, and enhancing health and wellbeing, but mitigates any negative impacts of design that is not inclusive for all.</p>

The ESHIA records that there would also be a projected neutral impact or low positive impact for those individuals and households that we may consider to be vulnerable by virtue of their circumstances, by improving the area of the town Centre for the benefit of all. Whilst these are not defined as Protected Characteristics within equality legislation, it has been a matter of good practice in Shropshire for us to consider their needs as well, within a tenth grouping termed Social Inclusion. This includes low-income households, households in rural areas, and individuals at risk of or experiencing homelessness. The Council also seeks to have due regard to the needs of veterans and serving members of the armed forces and their families, and to the needs of young people leaving care.

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

Following completion of a positive and engaging public consultation, in which we received feedback across represented groups; the Shrewsbury Town Centre Design Code has been reviewed in detail. The code has then been revised to reflect representations received, including matters relevant to equality, social inclusion and health and wellbeing. Cabinet approval is now being sought to adopt the Design Code as amended.

In particular, and in response to consultation feedback, the Design Code has been strengthened in relation to inclusivity and accessibility. The movement principles have been updated to more explicitly embed inclusive design considerations, including specific reference to the needs of wheelchair users, people using pushchairs and mobility scooters, and the implications of Shrewsbury's steeper gradients for safe and convenient movement.

In addition, requirements have been introduced to ensure that new development connects meaningfully to established walking and cycling networks, supporting coherent and accessible routes, and to set an expectation for early engagement with emergency services to inform design and access arrangements.

Collectively, these amendments are anticipated to support more inclusive and accessible environments and to contribute positively to equality of opportunity and perceptions of safety for a broad range of users.

The Council has also drawn upon the learning from design schemes across our market towns in Shropshire, which include the Heritage Action Zone (HAZ) scheme in Oswestry, that promotes and endorses excellent quality design and place shaping at the heart of regeneration schemes. This in turn leads to improved physical

access, sense of place around towns by people in protected characteristics groupings, as those we may describe as vulnerable.

Through the consultation process the council has drawn upon strategic policy, around public transport infrastructure, including Active Travel, and best alignment with economic growth strategy development and with the implementation of leisure and cultural strategy actions. These strategies include efforts to promote social inclusion, and in doing so achieve equality of opportunity for people in protected characteristic groupings, to safely access economic, leisure and cultural opportunities in Market Towns.

## Associated ESHIAs

The previous ESHIA for this strategy went to cabinet in September 2025 for approval to undertake public consultation on the Shrewsbury Town Centre Design Code. Prior to this an ESHIA went to cabinet for the Shrewsbury Movement and Public Space Strategy in December 2024. The overlap between the design code and the Movement Strategy is important to recognise as both will provide positive impact for Shrewsbury. The involvement in delivering the Shrewsbury Big Town plan for each of these ESHIAs ensures that future public consultations in Shrewsbury continue to engage with Protected Characteristic Groupings.

ESHIA's were also previously carried out in relation to the development of the Council's Economic Growth Strategy 2022 - 2027, before and following public consultation. These provide useful additional context for the overall strategic policy of the Council towards economic growth as an integral element of place shaping approaches across the County.

An initial Equality, Social and Health Impact Assessment (ESHIA) completed for the Shrewsbury Big Town Plan was signed off on 17th October 2018 with a follow up ESHIA in January 2021

## Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts

The Design Code outlines a comprehensive approach to climate resilience, sustainability and social inclusion and place shaping through the following measures noted within the document:

### Nature & Green Infrastructure

- **Green Infrastructure:** Encourages integration of green spaces, street trees, rain gardens, and riverfront enhancements to support biodiversity, reduce urban heat, provide cover in summer from sunlight/UV, and manage flood risk
- **Green, Brown Roofs and Walls:** Promotes urban greening and biodiversity net gain, with emphasis on microclimates and water attenuation
- **Sustainable Drainage:** Advocates for SuDS including permeable surfaces, rain gardens, and rainwater harvesting to reduce runoff and flood risk
- **Biodiversity:** Encourages habitat creation (e.g. bee bricks, bird boxes, hedgehog highways) and ecological networks to enhance resilience

## Resources & Energy

- **Passive Design:** Optimises building orientation and massing to reduce overheating and improve daylighting
- **Solar Energy:** Encourages integration of photovoltaics (PVs) with sensitivity to roofscape and townscape character
- **Retrofitting:** Promotes reuse of existing buildings and materials to reduce embodied carbon
- **Embodied & Whole Life Energy:** Advocates for fabric-first approaches, sustainable sourcing, and low-carbon heating systems like ground source heat pumps
- **Water Saving:** Recommends greywater recycling and rainwater reuse systems

## Economic and Societal Impacts

### Public realm and Safety

- **Inclusive Public Spaces:** Promotes accessible, safe, and sociable environments with high-quality street furniture and planting.
- **Safety and Security:** Embeds principles of natural surveillance, lighting, and clear boundaries to foster community confidence and reduce crime and encourage social inclusion (and reduction in isolation), interaction and events.
- **Hostile Vehicle Mitigation:** Integrates passive security features (e.g. planters, seating) to protect public spaces without visual clutter

### Active Travel and Movement

- **Active Travel:** Prioritises walking and cycling infrastructure to improve health, reduce emissions, and support local economies. Combining with the safety and security mentioned above to encourage outdoor exercise and movement during the darker and less active winter months.
- **Street Typologies:** Redesigns streets to balance movement and placemaking, enhancing pedestrian experience and business frontage.

### Homes and Mixed Use

- **Residential Quality:** Ensures accessible, adaptable, and well-lit homes that promote wellbeing and community interaction
- **Active Frontages:** Encourages visible, engaging ground-floor uses to animate streets and support local commerce.

## **Social Value and Engagement**




- The Design code promotes meaningful community engagement, including co-design and consultation with underrepresented groups, to ensure developments reflect local needs and aspirations.
- A design review process is proposed to assess social value, including job creation, skills development and inclusive access.

## **Review and Monitoring of overall impacts**

The design code includes a structured approach to monitoring and accountability

- **Self-Assessment Checklist** – Applicants must complete a detailed checklist, demonstrating how their proposals, comply with the code's guidance, including climate, economic, and social criteria.
- **Planning Conditions** – The council will use planning conditions to secure design quality, and adherence to sustainability principles throughout the development lifecycle.
- **Design Review Panel**- A multidisciplinary panel with assess proposals for design quality and social value.


**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change</i>	Edward West 	
<i>Officer carrying out the screening</i>	Claire Evans 	26/03/26
<i>Any other internal service area support*</i>		
<i>Any external support**</i>  Phillip Northfield (Public Health – Integration & Inequalities Officer)	Phillip Northfield 	<b>26.03.26</b>
<i>Lois Dale</i> Senior Insights and Research EDI Specialist		

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

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

**Sign off at Stage One screening stage**

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

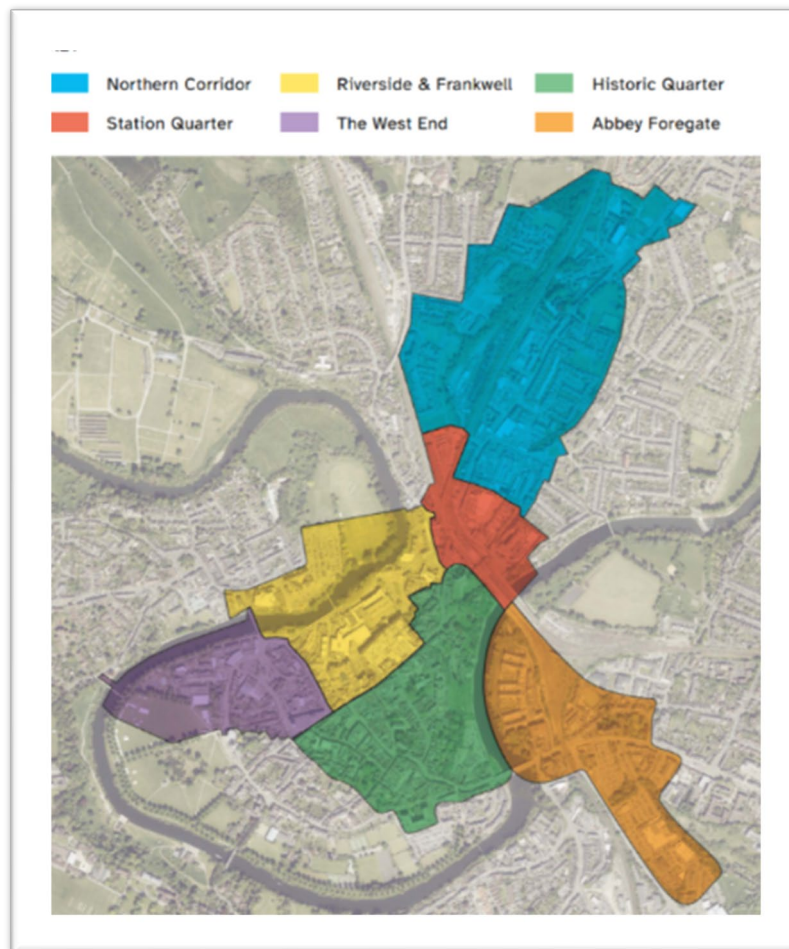
*\*This may either be the Head of Service or the lead officer*

## B. Detailed Screening Assessment

### Aims of the service change and description

The Shrewsbury Town Centre Design Code sets out an aspiration for high quality design throughout Shrewsbury town Centre, establishing a new standard for placemaking. The areas of the town Centre that it covers are detailed below and had been previously defined by the Shrewsbury Big Town Plan.

Its primary purpose is to ensure new development respects and enhances the character whilst setting a benchmark for design quality and placemaking. This report is designed to be read alongside the High-Quality Design SPD for Shropshire which seeks to provide design guidance for the areas of Shrewsbury outside of these referenced below.



This Design Code sets out how design can contribute to the delivery of an equitable, sustainable, and beautiful town centre. Design in Shrewsbury should be approached positively, focused around delivering a great place to live, visit and work.

Design in Shrewsbury should be:

***Characterful - Healthy - Connected - Green - Varied - Sustainable – Engaged***

A key element within the Draft Design Code is the inclusion of Shrewsbury Character, and guidance on how to address these characteristics is set out in the rest of the document. This is significant to ensure any future development positively contributes to Shrewsbury's Character.

These include:

1. Landform and topography
2. Strong Relationship to the River Severn
3. Fine urban grain
4. A 'Green' Town
5. A network of public spaces
6. Human Scale
7. Celebration of Landmark Buildings
8. Variety and Contrast
9. Verticality
10. Varied Roofscape
11. Definition of the base, middle and top
12. Intricate patterning and detailing

## Intended audiences and target groups for the service change

The Shrewsbury Town Centre Design Code is intended for a wide range of users and stakeholders involved in shaping, using, and accessing the town centre. The public consultation engaged with the following key audiences to ensure that all the intended audiences and target groups were consulted on prior to adoption of the Design Code:

- **Statutory and technical bodies**, including Historic England, Highways Development Control, and organisations with relevant assets or responsibilities, providing specialist input on heritage, movement, and safety.
- **Local government and civic groups**, Meeting's took place with Shrewsbury Town Council, and the Civic Society, and ongoing discussions were had with community associations (e.g. STCRA). This ensured that we represented local democratic, heritage, and community interests.
- **Development and design professionals**, engagement took place with the following organisations including architects, developers, and planning agents, education providers who rely on the Code in preparing development proposals and assessing design quality.
- **Residents and town centre users**, through the public consultation we received responses back from several residents who raised concerns for disabled people, older adults, families with young children, mobility aid users, and those also concerned with safety, movement, and access. Their responses reflected a wide range of experiences and needs.
- **Businesses and cultural or community organisations**, whose interests relate to vitality, sustainability, and the quality of the public realm.

[https://shropshirecouncil.sharepoint.com/sites/stcrpr/\\_layouts/15/Doc.aspx?sourcedoc={234CCD49-A6B7-4D9A-BD73-368935D88083}&file=Overview of Consultation Responses for Shrewsbury Design Code.docx&action=default&mobileredirect=true](https://shropshirecouncil.sharepoint.com/sites/stcrpr/_layouts/15/Doc.aspx?sourcedoc={234CCD49-A6B7-4D9A-BD73-368935D88083}&file=Overview of Consultation Responses for Shrewsbury Design Code.docx&action=default&mobileredirect=true)

These audiences represent the groups most affected by, and most active in shaping, the final Design Code, ensuring that its guidance supports inclusive, accessible, and high-quality development across the town centre.

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

- Public Consultation on the Shrewsbury Town Centre Design Code
- Shrewsbury Big Town Plan 2018
- Economic Growth Strategy 2022-2027
- Shrewsbury Movement and Public Space Strategy 2024

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

A public consultation was undertaken on the Draft Shrewsbury Town Centre Design Code, which ran from 17<sup>th</sup> October 2025 to 14<sup>th</sup> January 2026 (13 weeks in total) and drew on responses from statutory consultees, community groups, professional stakeholders, and members of the public. Feedback was received from a broad range of intended audiences, including heritage bodies, design professionals, disability and access-focused respondents, business and civic groups, local residents, and organisations with a technical or operational interest in the town centre.

Engagement reached the following key groups:

#### **Statutory and Professional Stakeholders**

Consultation responses were received from statutory consultees such as Historic England, Highways Development Control, and the Canal & River Trust. Historic England provided detailed comments on heritage and sustainability, including the integration of embodied energy considerations. Highways Development Control contributed technical feedback on parking standards and movement guidance, reflecting accessibility and operational concerns.

#### **Local Authority and Civic Bodies**

Shrewsbury Town Council, the Shrewsbury Civic Society, and community representative groups such as STCRA engaged actively with the consultation. Their submissions highlighted issues of local identity, heritage sensitivity, placemaking, and the need for clear governance arrangements for applying the Code.

#### **Community Groups and Members of the Public**

Twenty-five public responses were received through the online consultation,

representing a wide spectrum of views, with notably polarised responses across all design themes. Respondents raised issues affecting protected groups, including disabled residents, older people, rural residents reliant on car access, and families. Key accessibility concerns related to movement, carparking, pavement quality, trust in planning processes, and safety.

### **Industry and Development Sector**

Architectural practices, developers and design professionals provided detailed feedback regarding the practical application of the Code, proportionality, and the need for flexibility for complex urban development sites. They also commented on accessibility standards, viability, and the balance of prescriptive and discretionary guidance.

### **How Consultation Informed Inclusive and Accessible Outcomes**

Across all respondent groups, concerns relating to accessibility, inclusive movement, and the needs of people with disabilities, older residents, users of mobility aids, families with young children, and those reliant on mixed mode travel were consistently raised. These concerns directly informed amendments to the Design Code, including:

- strengthening the movement principles to explicitly reference wheelchair users, pushchair users, mobility scooters, and Shrewsbury's steeper gradients.
- enhanced requirements for new development to connect with existing walking and cycling networks.
- inclusion of an expectation for early engagement with emergency services to support safe and inclusive access and movement.

These changes respond directly to consultation evidence where accessibility, car movement, pedestrian safety and active travel concerns featured prominently across both supportive and critical responses.

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

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

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

<b>Protected Characteristic groupings and other groupings locally identified in Shropshire</b>	<b>High negative impact <i>Stage Two ESHIA required</i></b>	<b>High positive impact <i>Stage One ESHIA required</i></b>	<b>Medium positive or negative impact <i>Stage One ESHIA required</i></b>	<b>Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i></b>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Low to medium positive	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)			Low to medium positive	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Neutral
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				Neutral
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				Neutral

<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive	
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				Neutral
<u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; 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; rural communities)				Low positive
<u>Other: Veterans and serving members of the armed forces and their families</u>				Low positive
<u>Other: Young people leaving care</u>				Low positive

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

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

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

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b>  For example, would it cause ill health, affecting social inclusion, independence and participation? .				Low Positive Impact – potential for greater social inclusion due to accessible and well-designed public spaces.
<b>Will the proposal <i>indirectly impact</i> an</b>				Low Positive Impact –

<p><b>individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p>				<p>improvements to active travel routes and additional retail and other facilities will encourage greater walking and cycling uptake across the wider town centre.</p>
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p>				<p>Low Positive Impact – increase in potential employment opportunities, as well as additional housing availability</p>
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p>				<p>Neutral to no impact</p>

## **Guidance Notes**

### **1. Legal Context**

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding.

It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision-making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

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

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

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

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the 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 e.g. 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 (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet or to Strategic Licensing Committee.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any 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, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

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

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

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, where we need to demonstrate a community leadership approach

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

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

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

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

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

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

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

## **Individuals**

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

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

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

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

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

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

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

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

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