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
Department for Transport Funding: Local Transport Delivery Plan for 2026-2027 and 2027 onwards.

Name of the officer carrying out the screening
Victoria Merrill – Highway Policy and Strategy Manager

Decision, review, and monitoring

Decision	**Yes**	**No**
Initial (Stage One) ESHIA Only?	✓	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		✓

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

Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations
Age: Children and Elderly people are unlikely/unable to drive. Active travel and accessibility schemes in this plan are likely to benefit people in these groups. Disability: Accessibility schemes and road maintenance schemes in this plan are likely to benefit people in these groups. Gender Reassignment: There are neutral impacts in this plan for people in these groups. Marriage and Civil Partnership: There are neutral impacts in this plan for people in these groups. Pregnancy and Maternity; Accessibility schemes in this plan are likely to benefit people in these groups.

Race: There are neutral impacts in this plan for people in these groups.

Religion or Belief: There are neutral impacts in this plan for people in these groups.

Sex: Men are more likely to cycle than women; however improvements in active travel schemes are likely to benefit both groups.

Sexual Orientation. There are neutral impacts in this plan for people in these groups.

Social Inclusion

The proposed plan includes support for a range of projects that support an accessible and inclusive highway and transport network; this will benefit many vulnerable groups.

A significant proportion of the plan is made up of highways maintenance activity. This delivers benefits for all people making journeys on Shropshire Council's network through increased safety, reduced journey times and greater comfort.

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

A significant proportion of the plan is made up of highways maintenance activity. This delivers benefits for all people making journeys on Shropshire Council's network through increased safety, reduced journey times and greater comfort.

Active travel schemes promote walking, wheeling and cycling. All these modes of travel are linked to a positive impact on health and wellbeing.

There are schemes dedicated to mitigation of noise and air pollution in local areas which will have a benefit for health and wellbeing.

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

The Department for Transport have set out specific requirements for the Council that are conditional to the ongoing allocation of funding authorities around the adoption of inclusive policy making and embedding active consideration of accessibility within the development and delivery of policies funded through the consolidated funding settlement.

This report recommends the formation of a Local Transport Consolidated Funding Board and it will be part of the responsibility of this Board to determine how these requirements are met within the Highways and Transport Service.

Associated ESHIAs

There are no associated ESHIAs.

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

LTAs are required to report on the forecast carbon emissions estimates of their LTDP as an indicator in the Local Transport Outcomes Framework. To achieve this, Shropshire Council must use the Quantifiable Carbon Guidance (QCG) specified by the DfT to provide carbon metrics for their proposed programme of interventions.

The DfT acknowledges that the process of embedding QCG methodologies for carbon analysis and quantitative reporting may take time and therefore, as a minimum, the DfT will expect a quality update on how Shropshire Council is planning to onboard QCG and develop robust carbon emission estimates. This will be led by the Local Transport Consolidated Funding Board.

Biodiversity and environmental implications will be considered for specific schemes where appropriate and in line with standard highways and transport scheme design and construction processes.

Economic and societal/wider community

The plan contains significant investment in infrastructure as well as revenue support for schemes.

Investment in infrastructure can provide increased opportunities for employment in the management and delivery of schemes.

Revenue support could be for specific roles in and supporting the Council which are likely to be taken up by people living in the Shropshire area.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change	[ANDY WILDE]	
Officer carrying out the screening		24th July 2026
*External support**		

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
Lead officer's name		
Service manager's name		

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

B. Detailed Screening Assessment

Aims of the service change and description
Please use this box to describe the aims and purpose of the service change. *This ESHIA may well be the only document associated with a service change that the service user or advocates may read, rather than any committee reports or other associated documents. Please therefore regard it as a stand-alone document. It is a good plan to put more into it rather than less, even if it may feel like duplication to you. Please use content from related committee report to help you in this regard.* *Include any background that you think is helpful for someone reading this ESHIA, e.g., if there is a new policy, why is it being introduced? Is it due to changes in national legislation and guidance? If there is a change to an existing service, what are the reasons for this?* *Further details giving context would also be helpful here and might include tables and charts. For example, a planned reduction of opening hours for a library might be helpfully viewed alongside comparative analysis of usage across a number of libraries, etc, including any known and anonymised data about numbers of service*

users and potential service users likely to be affected, and whether or not people are in Protected Characteristic groupings.

This will help to demonstrate objectivity of the approach and show that, even where difficult decisions might be being planned or made, they are being made in the light of careful consideration of the negative or positive consequences for all groupings. It is not about changing the decision, it is about showing that thought has been given to the anticipated impact, and that data will continue to be collected about service usage and actual impact to help develop and deliver any mitigating actions.

Intended audiences and target groups for the service change

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

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

Please include local elected councillors due to their community leadership roles.

Evidence used for screening of the service change

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

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

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

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

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

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

Consider and record here which methods of engagement with the local population have been used or will be used. Have you utilised feedback from relevant Joint Strategic Needs Assessments (JSNA) or other local intelligence? - has this included various means of obtaining responses that avoids digital exclusion, or the voices of those who may otherwise not be heard?

Review who else can support/ provide further advice – have you considered other sources for relevant advice/information? (whether internal or external). Has the VCSE Sector or relevant town/parish council been engaged if appropriate?

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)				

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)				
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				
Pregnancy and Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Race (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				
Religion or Belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
Other: Social Inclusion (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)				

Other: Carers (please include families and friends with caring responsibilities)				
Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)				
Other: Young people leaving care				

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 *direct impact* on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .				
Will the proposal *indirectly impact* 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? .				
Will the policy have a *direct impact* on the community - social, economic and				

environmental living 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? .				
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? .				

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)? • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – *if so, where?* • Inclusion Health & Vulnerable Groups[1] • Other	*Please add information regarding relevant affected groups here, and how/to what extent they are likely to be impacted by this proposal., or refer back to data already provided under previous sections in this impact assessment, e.g. the Evidence section* *In here, please also include any specific geographical locations if not picked up elsewhere*
What mitigations/enhancements are already in place, or what mitigations/enhancements do you	*Please add information in here about what steps you propose to take to either mitigate/enhance the positive/negative effects of this proposal, on all affected*

plan to include for the foreseeable consequences of these changes?	*groups, not just inclusion groups. These can either be already in place or planned for delivery.* *If alternatives are available, e.g. if residents or groups could access this service via digital means or access it via travel to another amenity, please add this in here.*

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 NO_2 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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or
Phil Northfield via email Phillip.Northfield@shropshire.gov.uk