

Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Initial Screening Record 2024

A. Summary Sheet on Accountability and Actions

Name of proposed service change
New model for delivery of Shrewsbury’s CCTV monitoring service and Shropshire Council’s Out of Hours emergency contact service

Name of lead officer carrying out the screening
Nigel Newman

Decision, review, and monitoring

Decision	Yes	No
Initial (part one) ESHIA Only?	X	
Proceed to Full ESHIA or HIA (part two) Report?		X

If completion of an initial or Part One assessment is an appropriate and proportionate action at this stage, please use the boxes above. If a Full or Part 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.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations
<p>The provision of non-statutory council services is currently under review as part of the Council’s need to make savings of £62m this year, and there is potential for the CCTV monitoring service for Shrewsbury to be affected by this.</p> <p>Therefore, a more sustainable delivery model is being sought that will safeguard this service with minimised risk to performance and with neutral impact for communities including people that are considered to be vulnerable.</p> <p>The preferred option to be presented for public consultation is to continue with a passive monitored CCTV system. Cameras will still record 24 hours a day, 365 days a year but with no active monitoring. The Police will still be able to request footage to be reviewed and downloaded. Shropshire Out of Hours calls, including Emergency Social Work Team calls, would be triaged and dealt with by CCTV team.</p> <p>Adoption of this preferred option would bring an anticipated neutral impact for people across Protected Characteristic groupings in the community, as defined in the Equality Act 2010, with a likely neutral to low negative impact for those that may be considered to be vulnerable or consider themselves to be vulnerable.</p>

This is because, alongside the monitoring of CCTV to promote community safety, the CCTV team also answers calls to the council made outside office hours and would continue to do so.

These are emergency calls that cannot reasonably or safely wait until offices are next open, mainly calls for urgent highways issues that may involve risk to health or safety, calls from people who face immediate homelessness that night and the overflow of calls to social care where vulnerable adults or children may be at risk. This is a service that needs to continue.

Withdrawing this calls service would bring an anticipated negative impact for those that may present as vulnerable or be considered to be vulnerable.

It is imperative that we continue this service to support those in crisis. The preferred option for consultation accordingly maintains the out of hours calls service along with the passive CCTV system recording 24/7 in Shrewsbury town centre.

Overall impact may therefore be anticipated to be neutral. However, as it would be at a different level to the current 'gold standard' service, there may be perceptions amongst communities and groupings in communities that they will become more vulnerable as a result of any changes to the service. Assessment of any such perceptions would be a useful element of the consultation, as it would enable the council to gauge depth of views and utilise the findings to aid decision making processes.

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

The preferred option would impact on the provision of a CCTV service for the town of Shrewsbury as whilst cameras would still be recording, there would be no active monitoring to support the Police and partners for "live" incidents.

There would be no impact on providing an out of hours call service for Shropshire Council residents.

CCTV would remain an important partner in Team Shrewsbury Bronze Tasking activities that brings together relevant services including the police, Town Council, businesses and Shropshire Council services, to address crime and anti-social behaviours in the town. This will provide ongoing scrutiny of both the effectiveness and integration of CCTV alongside other responders and an opportunity to further develop the service alongside relevant partners.

Associated ESHIAs

Associated ESHIAs of note are the ESHIAs completed in relation to regeneration of Shrewsbury, along with ESHIAs carried out for the Public Space Protection Orders in place for the town centre.

The ESHIA completed for the Shropshire Plan also provides overall policy context

Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of any other considerations. This includes climate change considerations

Climate change

New arrangements for the delivery of a CCTV service for the town of Shrewsbury and of Shropshire Council's out of hours emergency contact triage is not expected to generate any direct impacts for the generation or capture of carbon emissions, the generation of renewable energy, or for adaptation to the impacts of climate change.

Health and well being

The impact on health and wellbeing is expected to be neutral.

We do not envisage any change to the ability to answer and appropriately triage public and professional contacts received for our out of hours service which will still be handled by experienced and appropriately skilled staff.

Under the preferred option, there would still be a CCTV system for Shrewsbury town centre but no active monitoring support for "live" incidents. The Police would still be able to request footage to be reviewed and downloaded.

Economic and societal/wider community

Retaining a live monitored CCTV system for the majority of the day and night and that is linked with ground-based responders such as the police and shop security staff is advantageous to the businesses in the town and contributes to the town's Purple Flag status which recognises standards of excellence in managing the evening and night-time economies.

CCTV supports both community safety and economic growth agendas, around crime reduction and Shrewsbury town centre businesses through links to Shopwatch, Pubwatch and Ranger schemes to reduce crime and increase the effectiveness of shop security and public safety.

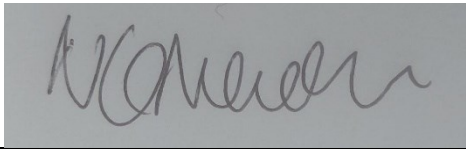

With a passive monitored CCTV system where cameras record 24 hours a day, 365 days a year, the Police will still be able to request footage to be reviewed and downloaded.

Home Office research into public perception of CCTV installation suggests that a high percentage (76% or above) of the public have a positive perception of CCTV and feel safer as a result of installation.

(Source: Home Office Report 10/05 "Public attitudes towards CCTV")

The report includes identification of the risk that there is a perception of a reduction in public safety and increase in crime in Shrewsbury town centre, should the move be made to a passive monitored CCTV system.

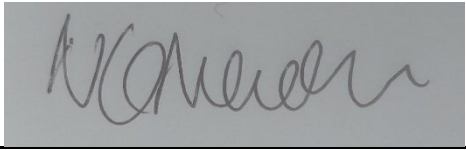
Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening Nigel Newman		22 nd May 2024
Any internal service area support*		
Any external support** Mrs Lois Dale		16 th May 2024

*This refers to other officers within the service area

**This refers to support external to the service but within the Council, e.g., the Rurality and Equalities Specialist, the Feedback and Insight Team, performance data specialists, Climate Change specialists, and Public Health colleagues

Sign off at Part One screening stage

Name	Signatures	Date
Lead officer's name Nigel Newman		22 nd May 2024
Accountable officer'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

Since the change to Unitary status in 2009, Shropshire Council has maintained an actively monitored CCTV service for Shrewsbury town centre. This is a CCTV system that is monitored in real time by appropriately skilled or experienced staff and that works in partnership with other teams on the ground, namely shop and pub security, Town Rangers and the police themselves.

Providing a CCTV service is not a statutory duty on councils and as such, due to the pressures on the council's budgets due to rising demand in social care and rising costs, the service as it exists now is not sustainable in the future.

Given the Council's financial challenges and need to make £62m in savings [24/25](#) to remain within budget, the Council must review all non-statutory services it provides. The Medium Term Financial Strategy agreed by the Council in February 2024, identifies a £334,000 saving against a new model for the delivery of Shrewsbury Town Centre CCTV monitoring and out of hours call triage. In addition, Shropshire Council provides active monitoring of CCTV for Shrewsbury and under contract to Craven Arms.

In other locations in Shropshire, it is run by the town or parish council, who also meet the costs of this. Shrewsbury is the only area in Shropshire where the council both provides and funds this service.

The CCTV team also answer calls to the council made outside office hours. These are emergency calls that cannot reasonably or safely wait until offices are next open, mainly calls for urgent highways issues that may involve risk to health or safety, calls from people who face immediate homelessness that night and the overflow of calls to social care where vulnerable adults or children may be at risk. This is a service that needs to continue.

Despite the considerable financial challenges posed by the continuation of a non-statutory function in the current financial climate, the council has sought ways in which future delivery of CCTV might continue.

The dual nature of the role of the CCTV team has acutely narrowed the potential for alternative providers able to deliver both.

A number of options were considered which ranged from maintaining a passive CCTV system; not staffed, with automatic recording only; and a volunteer run system possibly operating at key times, with out of hours contacts handled via an alternative, potentially commercial and out of county supplier.

The preferred option that has emerged is to continue with a passive monitored CCTV system, where the cameras will still record 24 hours a day, 365 days a year but where there will not be active monitoring. The Police will still be able to request footage to be reviewed and downloaded.

Shropshire Out of Hours calls including Emergency Social Work Team (ESWT) will be triaged and dealt with by one team.

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<p>Intended audiences and target groups for the service change</p> <p>General Public, Elected Shropshire Councillors, Shrewsbury businesses Shrewsbury Town Council Local Bronze Tasking partners – Team Shrewsbury (Police, Shrewsbury Town Council, Shrewsbury BID, Shropshire Council teams and community responders) Social Work staff and Highways staff at the Council Police and Crime Commissioner for West Mercia Neighbouring local authorities</p>

<p>Evidence used for screening of the service change</p> <p>Stakeholder opinion – police, Shrewsbury BID, Shrewsbury Town Council CCTV information request statistics External research, effectiveness of CCTV in crime prevention and reduction Out of hours contact statistics – call numbers and purpose of call</p>

<p>Specific consultation and engagement with intended audiences and target groups for the service change</p> <p>The purpose of this action is to preserve a CCTV service in Shrewsbury on a sustainable footing going forward as opposed to potentially facing having to cease what is a non-statutory CCTV service.</p> <p>A number of options outlining changes to CCTV arrangements are proposed for public consultation prior to any decision. This will be open to stakeholders and the wider community to take part and will be publicised across a number of council channels. The six week consultation would take place after cabinet meets on 5 June and the results of this consultation will be reported back to Cabinet for final decision early in the Autumn.</p> <p>Working with partners, specific actions will take place to ensure that groups such as the business community, are informed about the consultation.</p>

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

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.

Protected Characteristic groupings and other	High negative impact	High positive impact	Medium positive or negative impact	Low positive, negative, or neutral impact

groupings in Shropshire	<i>Part Two ESIIA required</i>	<i>Part One ESIIA required</i>	<i>Part One ESIIA required</i>	(please specify) Part One ESIIA required
<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 disability)				X neutral
<u>Disability</u> (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)				X neutral
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X neutral
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				X neutral
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X neutral
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				X neutral
<u>Religion and belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)				X neutral
<u>Sex</u> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X neutral
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				X neutral

<p><u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)</p>				<p>X neutral to low negative due to perceptions of vulnerability</p>
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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.

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

<p>Health and wellbeing: individuals and communities in Shropshire</p>	<p>High negative impact <i>Part Two HIA required</i></p>	<p>High positive impact</p>	<p>Medium positive or negative impact</p>	<p>Low positive negative or neutral impact (please specify)</p>
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>				<p>neutral</p>
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				<p>neutral</p>
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p>				<p>neutral</p>

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? .				neutral

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 Part 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, an 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 Protected Characteristic groupings and our tenth additional category of Social Inclusion. 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 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 significant negative impacts for groupings within the community, the service area would need to carry out a full report, or Part Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Part 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.
- 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 positive effects for a group or groupings; and
- What actions you are planning to 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.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people or households that we may describe as vulnerable. It is not a requirement under the Equality Act to do so, more an illustration of our good practice endeavours.

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.

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. Here are some examples to get you thinking.

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove 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 an 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 individuals and for communities, and as such we are asking service area leads to consider health and wellbeing impacts, much as they have been doing during 2020-2021, 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 common-sense idea. It is 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 well being.

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 well being 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.