



WORCESTERSHIRE HEALTH AND CARE NHS TRUST

A Strategic Approach to Co-Production 2018/23

Version 12

27th June 2018

Version: 12

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Owner	
Client	

Document History

Version	Date	Changes
11	5.12.14	Ratification
12	13.12.17	Various amends from Age UK
	30.1.18	
	6.2.18	
	20.2.18	Various suggested amends and additions throughout
	26.2.18	Various amends throughout
	6.3.18	Various suggestions
	13.3.18	Various amends
	April/May 2018	Inclusion of actions around staff engagement, training and support
	21.5.18	Minor amends
	27.6.18	Minor amends
	11.7.18	Development of Action Plan 5 year term Link to Big Recovery
	25.7.18	Detailed Action Plan

Distribution Record

Version	Date	Distributed to :
11	5.12.14	Quality and Safety Committee
12	13.12.17	Director of Strategy
	30.1.18	Worcestershire Association of Carers, Healthwatch, Age UK Herefordshire and Worcestershire
	6.2.18	Trust volunteers
	20.2.18	Working group comprised of Patient Representatives
	26.2.18	Patient Panel
	6.3.18	Youth Board
	13.3.18	Equality Advisory Group
	April/May 2018	Staff events
	21.5.18	All Executive Directors All Non-Executive Directors

		All Service Delivery Unit Leads Head of Communications Deputy Director of Strategy Deputy Directors of Nursing Deputy Chief Operating Officer Head of Business Development, Planning and Programmes Head of Organisational Development Strategic Lead, New Models of Care Associate Director of Workforce Equality and Inclusion Practitioner Staff Side
	27.6.18	Quality and Safety Committee
	11.7.18	Trust Board
	25.7.18	Workforce Committee
	26.9.18	Workforce Committee – Action Plan

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1. What is Co-production?

'As a delivery model for health services, co-production is based on the sharing of information and on shared decision making between the service users and providers (Bettencourt, Ostrom et al, 2002; Needham and Carr, 2009). It builds on the assumption that both parties have a central role to play in the process as they each contribute different and essential knowledge (Cahn, 2000).'

(From Realpe and Wallace, 2010)

'Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective

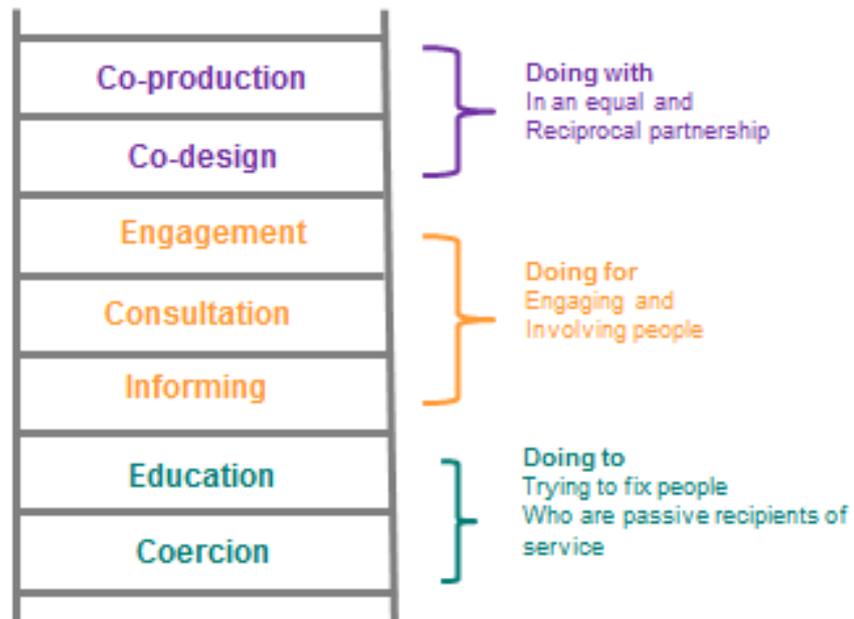
(Coalition for Collaborative Care)

'Co-production – when we work together, we find better solutions'

Co-production challenges the traditional approach towards health and care which presumes a professional expert and a passive patient, and replaces it with equally empowered patients and professional facilitators of care, who share information and decisions and who engage in a relationship based on mutual respect.

Co-production takes us into new realms in our interactions that are beyond organisational hierarchy and the strict bounded professional and patient relationship. Co-production is more than patient involvement or person-centred, collaborative working. Co-production is about shared humanity, generative conversations, and ultimately transformation that strengthens the asset base contained within both individuals and communities.

Co-production is not a method. Co-production is a philosophy; a theory or attitude that acts as a guiding principle for behaviour that can inform all our interactions and hence the delivery of services across the spectrum from the clinical meeting, through to the re-design, development and organisation of services.



Co-production is underpinned by certain principles and it delivers particular outcomes:

- It recognises that we all have expertise and knowing. These may be gained in different ways, for example through work experience and/or through lived experience, and all are equally important.
- It is based on equality. When we recognise and celebrate each other's expertise and knowing and see that it is not greater or lesser just different, from our own, we embrace equality
- The recognition of the expertise and knowledge of others and of equality allows us to have relationships based on mutual respect. Respect means we listen as well as share, and we are open to new ways of thinking about things
- Recognition, equality and respect provide the platform for creativity. We have our ideas and we value those of others. When we share and explore our ideas we often see new connections and possibilities
- The interaction is positive. It generates trust, growth, learning, well-being, confidence and a real sense of being valued in all who engage with it.

Patients who experience a co-production approach say they feel empowered, influential, listened to, valued, and that they have increased confidence and an improved sense of well-being

Staff who adopt a co-production approach say they feel more effective, empowered, trusted, fulfilled and a greater sense of job satisfaction

Organisations who use co-production say services become more relevant, effective, and flexible and the organisation is more robust, responsive, trusted and sustainable.

(Adapted from Co-producing services – Co-creating health, 1000 Lives Improvement)

2. Why is this strategic approach needed?

Co-production is the Trust Vision and Values in operation:

It is fundamentally about 'working together for outstanding care'.

It requires courage because it is about sharing power and it calls for trust

It requires ambition in that it focuses on strengths and what can be done rather than on weaknesses and what can't

It calls for a level of responsiveness that moves listening to a place that is truly empathic with patient need

It is empowering in that it is based on equality and recognises the expertise and knowing of all

It is supportive because it is about mutual respect

This strategic approach underpins all other Trust policies and strategies and shows how our vision and values will be operationalised in our work and interactions.

This strategic approach reflects the values of the NHS Constitution, the priorities of the Five Year Forward View (2014) and the Next Steps for the Five Year Forward View (2017) and the Prevention, Self-Care and Promoting Independence priorities of the Herefordshire and Worcestershire Sustainability and Transformation Plan, which focuses on the development of asset rich communities.

3. Definitions

For the purpose of this document, the term 'individuals and communities' includes: Patients, Carers, Service Users, our partners and the wider community of Worcestershire

4. Scope

The Strategic Approach to Co-production applies to all Trust staff and volunteers, and across all sites and all services.

5. Co-production – achievements to date

- Co-production is now recognised and embraced by the Trust as an approach to underpin all our interactions. It aligns fully with Trust values, to provide a theory or attitude that acts as a guiding principle for interactional behaviours exhibited by Trust staff.

- A statement of intent to co-produce health and care is now included in all Trust policies and strategies
- Co-production is the preferred approach to all service developments and re-designs, and is utilised fully as a pre-engagement approach ahead of consultations.
- Individuals who use or have used our services are now involved as active change agents in a range of Trust processes including the recruitment of new staff, in quality surveys and inspections, and as members of a range of committees and working groups. Patient Panels, the Youth Board and an extensive database of members ensures the patient voice informs and challenges a range of discussions and work programmes. Peer Support Workers in some services ensure lived experience supports recovery, and the strong patient and carer voice at the centre of care planning, at end of life, and post bereavement ensures services are led by patient and carer needs at these very vulnerable times.
- Established internal and external networks mean that integration, collaboration, and appreciation for the expertise of others are central to the way the Trust works across its services and with its system partners.
- The Trust brings its good understanding of co-production to a range of STP programmes and initiatives. This includes: the development of best practice engagement guidance that all workstreams will adopt; specific projects such as the Building Health Partnership Programme where the system is seeking to work in new, co-productive ways with carers; and strategies and policies, such as the People Strategy that will see the organisation and staff working in new ways with volunteers, individuals and the community.

6. Our development areas – where do we want to get to?

A new approach to relationships

Our development areas are both Strategic and Operational. In terms of both, the work requires us all to focus on four areas:

- Roles – the recognition that individuals, communities, patients, carers and staff all have a role and bring expertise, which is of equal value to the health issue
- Responsibilities – staff as facilitators of care who work to empower and transform, and individuals and communities who are empowered to become active co-creators of health
- Resources – the recognition and utilisation of individual, family and voluntary and community resources that can support and promote health
- Relationships – based on equality, empathy and respect.

A focus on these four areas will mean:

- Individuals and communities will move from a position where they see health care professionals as in charge of their health, through to doing more, seeing themselves as part of their health-care team, and eventually becoming their own advocates.
- The organisation will increasingly work in new, integrated ways with partners in the development, design and delivery of services.
- Staff will be empowered to influence the direction of their work, their working practices and other decisions that affect patient care

The knowledge and skills of patients, volunteers, carers and the wider community will be built upon to promote self-care and to ensure the right decisions around which services to access are made

6.1 Strategic Levels – the development and redesign of services, and partnerships

Some progress has been made around the use of co-production principles at more strategic levels, for example where the Trust is developing or re-designing services or in how it works with partners.

Co-production has been adopted as the preferred and first approach to service development and re-design. To date, the approach has been used to re-design a range of Adult Mental Health services and a Community service, and the expertise of a number of interested and impacted groups and individuals has resulted in the creation of some radical but meaningful service changes that has seen the development of service structures and provision that truly responds to community need. The approach has now been adopted by the Sustainability and Transformation Partnership in terms of service developments and redesigns.

The development of the Sustainability and Transformation Partnership is also seeing the organisation work in new ways with partners in terms of how services are developed, organised and delivered. The Neighbourhood Teams are one example of this where a range of clinical and care knowledge and expertise is being brought together to work in new ways to promote patient independence.

Work on these levels will continue and, as it does, it will offer us more learning about how best to organise services; how to make best use of the local asset and resource; and how to continue to refine and develop our approach to service co-design. The Trust will also be proactive in helping to bring about a system change and the standardisation of strategic principles, so that co-production becomes an embedded approach across the local economy.

6.2 Workforce – staff, volunteers and carers

The development of the Sustainability and Transformation Partnership has also seen changes to how the workforce is viewed that reflect co-production principles. The recognition that volunteers, carers and families are an essential and knowledgeable source of expertise and hence a crucial part of the delivery of health and social care, has led to initiatives to both draw upon and also up skill this resource so that we can work together in new ways. These initiatives include programmes that are exploring how we can work in new ways with carers and how the system can provide volunteers with new training opportunities.

The importance of good engagement with staff is also now recognised to ensure staff are informed and involved in key decisions that affect them and the services they provide, in the ways that are meaningful to them.

Work across the system that reflects these changes will be progressed through the People Strategy, and organisational development work. These will be reflected within the organisation through the Workforce Strategy and through organisational development work programmes.

6.3 Operational Levels – the clinical interaction

There are some good examples of co-production in some clinical services, for example work that has been undertaken around the Big Recovery in Mental Health. On-going work is required to embed the approach operationally across all services to ensure it underpins and shapes every clinical interaction.

Co-production and true partnership working in operational terms requires a cultural transformation and a shift in power and control. When we co-produce health and care the clinical goal is not just about symptom reduction and/or the cure of illness but the recognition, development and strengthening of the resource within the person. Co-production is more than person-centred, collaborative working that is limited to shared decision making. Co-production takes us to a place where professional-patient relationships move into new spaces that are active, generative and ultimately transformative. When we co-produce health and care in clinical services, the interaction respects and recognises individual strengths. Our conversations have a new energy that is about new solutions and a level of empowerment that is tangible.

As we move forward, the expectation is that individuals, communities, patients and carers will become equal partners, and that staff will help grow and develop the resource inherent within. In so doing, the staff will become real facilitators of care. In a practical sense, this will be achieved by staff elevating their expectations of patients; by them entering into conversations that empower; and by imparting the skills, confidence and knowledge that patients need, so that they can interact in new ways.

6.3.1 Individuals and Communities as equal partners

Individuals and communities, who are also equal partners, are active co-creators of health who:

- Reflect on the reality of their illness, and communicate the impact it has on their lives and their needs and wishes in relation to it;
- take responsibility for their own health and well-being, making informed lifestyle choices that aid prevention and self-care;
- take action, find information, organise their questions and map their options and choices;
- make informed decisions and choices with staff about their treatment and care;
- understand and can draw on their personal, family and community resources;
- help co-design services;
- And engage with staff on the basis of equality, reciprocity and trust.

It is recognised that certain cognitive, emotional, intellectual, psychological, social, spiritual and physical factors may sometimes restrict the extent to which some individuals and communities may be willing or able to engage in a co-productive dialogue. This might include all adults, children and young people, people with learning disabilities or difficulties, or those for whom co-production is a

very new way of approaching health conversations. The capacity or willingness to co-produce may also vary according to what is occurring for the individual at any given time and may be affected at times of stress or change.

In such circumstances staff will demonstrate a respect for diversity and a capacity to respond with flexibility. Through approaching their conversations with individuals and communities with empathy and knowledge of different communication approaches or adapted literature, staff will be best placed to communicate in ways that best empower individuals to develop and use their potential, at a level that is right for each individual, and to respond with more or less support as needs change.

6.3.2 Growing patient and carer strengths and abilities

Patients and carers who co-produce health and care with professionals have the skills, confidence and knowledge to actively engage. Staff play a crucial role in helping patients and carers become more active in the following ways:

- By seeing the patient or carer as a person first
- By recognising that the person has a personal, family and community resource available to them
- By enquiring into the nature of that asset base
- By engaging, promoting and encouraging the knowledge, skills and resources of the person
- By adding to the knowledge, skills and confidence of the individual through imparting information about the health situation or by signposting to other services
- By encouraging and supporting individuals who use services to practice prevention and self-care
- By using communication skills that enable and empower people who use services to recognise and develop their own resource, for example coaching skills
- By engaging in shared decision making and involving the individual in all the decisions that affect them
- By giving patients and carers permission to step into a more active role
- By recognising that both health care professionals and people who use services have expertise that is essential and equally important

6.3.3 Staff as Facilitators of Care

As facilitators of care, staff recognise themselves as privileged invitees on the patient journey and that they are needed to be and walk alongside patients, at all times placing the person at the heart of the interaction.

As facilitators, Trust staff work with patients and carers to help them understand their prognosis, diagnosis and treatment options. Listening to patient partners and their carers and understanding their experience, they help frame decision making so patients, with the support of staff, can determine the way forward.

Trust staff recognise that their role is to bring a facilitative context to the patient interaction, and that their professional knowledge and expertise is essential to both enable and empower individuals to make the right choices for themselves.

6.4 Established internal and external networks

Co-production needs all who contribute to health and care outcomes to work together better, in more joined up ways, that recognise, respect, and draw upon the assets and resources within the community network. This includes:

- Staff working with colleagues across services and organisations in integrated or collaborative ways
- Staff working in new ways with carers, volunteers and families
- Staff working with voluntary and community sector organisations through appropriate signposting and referral

Examples of joined up, integrated working across the three areas outlined currently exist and these will be further developed so that all staff understand the information and support available to patients across the system, and work in a variety of ways to connect patients to this so that the patient experience is positive and seamless. This will ensure that patients are better able to link into and access the expertise, care and support available across the community and that is most appropriate to them at any given time.

7. How will the future look?

Co-production will bring new ways of interacting and working that will fundamentally challenge and change our traditional approaches. The relationship between the organisation, individuals and the community will be characterised by a new level of equality and shared responsibility. The contribution of patients will be an intrinsic and essential part of the work of the organisation at every level. The organisation will increasingly work in integrated and collaborative ways with its partners to offer health and care services that support patients to achieve the outcomes important to them, and a system change will see co-production and standardised strategic principles fully embedded in the local economy.

8. What difference will this make?

- Co-production will empower individuals, staff and the wider community.
- Co-production will develop patients' health knowledge and capacities for personal responsibility and self-care. It will promote patient choice and control.
- Co-production will help the Trust deliver an improved patient experience
- Co-production will help improve health outcomes
- Co-production will ensure services are relevant, effective and sustainable
- Co-production will support an integrated health and care economy across Worcestershire that places the patient at the centre.
- The Sustainability and Transformation Partnership requires that we implement a fundamental change in the way health and care services are delivered. The adoption of co-production throughout the organisation, and across the system, will help us meet these requirements.

9. Conclusion

Co-production is an approach based on sharing which has, at its centre, an acknowledgement and respect for the contribution that both staff and patients can bring to health care. Ultimately, co-production is about transformation – within the individual, organisations and communities. This strategic approach outlines what we have achieved and how we as a Trust will build on our work to date to further embed this approach across and within the organisation to bring about a fundamental transformation that is empowering to all.

Issue (why you need the action)	Action Required (Be SMART - define exact, realistic requirements)	Action Owner (Job Title)	By When (exact date)	Progress Update (to be provided by action owner at prescribed intervals)
Apply co-production principles to the workforce	<ul style="list-style-type: none"> Develop an STP People Panel 	Head of Stakeholder Engagement	31 st August 2019	July 2019
	<ul style="list-style-type: none"> Develop an STP Co-production portal 	Head of Stakeholder Engagement	30 th November 2018	November 2018
	<ul style="list-style-type: none"> With system provider partners review, and where possible align, processes around the recruitment, induction, training and development of volunteers 	Head of Stakeholder Engagement	31 st August 2019	July 2019
	<ul style="list-style-type: none"> Produce a paper outlining gaps in support and alignment of volunteer processes so that the LWAB can take a decision on this 	Head of Stakeholder Engagement	31 st August 2019	July 2019
	<ul style="list-style-type: none"> Work with system partners through the 'Integrated Working and End of Life Care' Project to ensure all appropriate training identified by the project is made available to Trust volunteers 	Head of Education and Clinical Development	30 th November 2019	September 2019
	<ul style="list-style-type: none"> Through co-production, explore current community involvement in recruitment and selection to identify what is working well and what can be improved 	Head of Stakeholder Engagement	31 st December 2018	November 2018
	<ul style="list-style-type: none"> Review and refresh community recruitment and selection training package 	Head of Stakeholder Engagement	31 st December 2018	November 2018

Issue (why you need the action)	Action Required (Be SMART - define exact, realistic requirements)	Action Owner (Job Title)	By When (exact date)	Progress Update (to be provided by action owner at prescribed intervals)
	<ul style="list-style-type: none"> • Recruit additional community members for training • Deliver recruitment and selection training to community members • Include co-production in recruitment and selection training delivered to recruiting managers • Embed co-production in Trust recruitment and selection guidelines so that where a role involves working with patients, recruiting managers give consideration to a patient representative being involved in the recruitment process • Ensure inclusion of co-production in Trust induction by reviewing slides and handbook • Review staff training offer to identify trainings that need to include co-production, and which could be usefully co-delivered by staff and the community • Embed co-production in all identified trainings 	<p>Head of Stakeholder Engagement</p> <p>Head of Stakeholder Engagement</p> <p>Head of Stakeholder Engagement and Associate Director of Human Resources</p> <p>Associate Director of Human Resources</p> <p>Head of Education and Clinical Training and Head of Stakeholder Engagement</p> <p>Head of Education and Clinical Training and Head of Stakeholder Engagement</p> <p>Head of Education and Clinical Training and</p>	<p>31st December 2018</p> <p>31st December 2018</p> <p>31st December 2018</p> <p>31st March 2019</p> <p>30th November 2018</p> <p>30th November 2018</p> <p>31st August 2019</p>	<p>November 2018</p> <p>November 2018</p> <p>November 2018</p> <p>January 2019</p> <p>November 2018</p> <p>November 2018</p> <p>July 2019</p>

Issue (why you need the action)	Action Required (Be SMART - define exact, realistic requirements)	Action Owner (Job Title)	By When (exact date)	Progress Update (to be provided by action owner at prescribed intervals)
	<ul style="list-style-type: none"> • Include co-production in Team and Senior and Medical Leadership Development Programmes • Undertake to engage medical clinicians around the action plan • Assure and co-ordinate staff engagement undertaken by SDU leads throughout service re-designs to include early workshops and other communications for all affected staff, involvement of staff in co-production events and post implementation 12 month reviews with all impacted staff • Review of Go Engage action plan to ensure evidence of co-production • Undertake pilot work with Neighbourhood Teams to provide staff with opportunities to influence the direction of their work, changes made to working practices and other decisions 	<p>Head of Stakeholder Engagement</p> <p>Leadership Manager and Head of Stakeholder Engagement</p> <p>Head of Stakeholder Engagement</p> <p>Head of Project Management Office</p> <p>Associate Director of Human Resources and Head of Stakeholder Engagement</p> <p>Integrated Community Services Manager and Head of Stakeholder Engagement</p>	<p>30th April 2019</p> <p>30th November 2018</p> <p>31st December 2018</p> <p>31st December 2019</p> <p>31st March 2019</p>	<p>March 2019</p> <p>November 2018</p> <p>November 2018</p> <p>September 2019</p> <p>January 2019</p>

Issue (why you need the action)	Action Required (Be SMART - define exact, realistic requirements)	Action Owner (Job Title)	By When (exact date)	Progress Update (to be provided by action owner at prescribed intervals)
	that affect patient care			
Ensure co-production underpins and shapes every clinical interaction	<ul style="list-style-type: none"> • Establish Patient Self-Management approaches in Neighbourhood Teams • Embed Making Every contact Count across operational teams • Develop staff co-production training package • With SDU leads agree delivery of co-production training to teams according to priority • Commence delivery of training package to staff teams 	<p>Integrated Community Services Manager and Head of Stakeholder Engagement</p> <p>Staff Wellbeing Lead and Physical and Mental Health Improvement Practitioner</p> <p>Head of Stakeholder Engagement</p> <p>Head of Stakeholder Engagement</p> <p>Head of Stakeholder Engagement</p>	<p>31st August 2019</p> <p>31st March 2019</p> <p>30th November 2018</p> <p>31st December 2018</p> <p>31st January 2019</p>	<p>July 2019</p> <p>January 2019</p> <p>November 2018</p> <p>November 2018</p> <p>November 2018</p>
Provide information and knowledge to patients and carers so that they can access information, knowledge and resources and so become equal partners in their health and care	<ul style="list-style-type: none"> • Develop one local NHS well-being website 	Head of Communications	30 th November 2019	July 2019

11. References

Aked, J. and Stephens, L., on behalf of Action for Children. 'A guide for co-producing children's services' London: New Economics Foundation – available at the following link:

http://b3cdn.net/nefoundation/d745aadaa37fde8bff_ypm6b5t1z.pdf

Coalition for Collaborative Care – <http://coalitionforcollaborativecare.org.uk>

ImROC, Nottinghamshire Healthcare NHS Foundation Trust 'Co-production – Sharing our experiences, reflecting on our learning'

NHS England's Commitment to Carers - <https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

NHS Constitution, published 2012, updated 2015

Realpe, A. and Wallace, L. M., on behalf of the Coventry University Co-creating Health Evaluation Team, (2010). 'What is co-production?' London: The Health Foundation pp5

[1000 Lives Improvement – www.1000livesi.wales.nhs.uk](http://www.1000livesi.wales.nhs.uk)

Worcestershire Health and Care NHS Trust – Trust Strategy 2017- 2021

Herefordshire and Worcestershire Sustainability and Transformation Plan 'People Strategy' 2017-2021

12. Equality Impact Assessment

Equality Impact Analysis Screening Form

Title of Activity	<i>A Strategic Approach to Co-production</i>		
Date form completed	<i>26th June 2018</i>	Name of lead for this activity	<i>Jane Thomas, Head of Stakeholder Engagement and Patient Involvement</i>

Analysis undertaken by:			
Name(s)	Job role	Department	Contact email
<i>Jane Thomas</i>	<i>Head of Stakeholder Engagement and Patient Involvement</i>	<i>Strategy Directorate</i>	<i>Jane.thomas30@nhs.net</i>
<i>Claire Salter</i>	<i>Executive Assistant – Director of Strategy and Partnerships</i>	<i>Strategy Directorate</i>	<i>Claire.salter6@nhs.net</i>
<i>Julie Richardson-Abraham</i>	<i>Community Engagement Panel Member</i>	<i>Strategy Directorate</i>	<i>Via Community Engagement Team</i>

What is the aim or objective of this activity?	<i>To outline how the Trust will co-produce health and care with patients, carers, partners and the wider community</i>
Who will this activity impact on? E.g. staff, patients, carers, visitors etc...	<i>Staff, Patients, Carers, Partners, the Voluntary and Community Sector and the wider Community we serve</i>

Potential impacts on different equality groups:

Equality Group	Negative Potential	Neutral Potential	Positive Potential	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what)		
				Yes	No	
Could this impact be considered direct or indirect discrimination?						
If yes, how will you address this?						
Disability						
If the impact could be discriminatory, please contact the Equality Action Plan Team to discuss actions						
				High	Medium	Low
What level do you consider the potential negative impact to be?						
Marriage & civil partnerships						
If the negative impact is high, a full equality impact analysis will be required As above						
Action Plan						
How could you minimise or remove any negative impact identified, even if this is rated low?						
How will you monitor this impact or planned actions?						
Future Review Date: <i>Three years at document refresh</i>						
Sexual Orientation						
Once completed, please attach this form to the relevant proposal, strategy, policy etc. and submit for approval via normal channels						
Additional Impacts (What other groups might this activity impact on? e.g. carers, homeless, travelling communities etc.)						
The document makes particular mention of carers and hence there is a positive impact for this group. It is considered that the impact on the homeless or travelling communities would be neutral						

Level of impact