



**EQUALITY IMPACT ANALYSIS ON THE
POTENTIAL LOCATION OF A
COMMUNITY HOSPITAL IN THE FOREST
OF DEAN
- FOR NHS GLOUCESTERSHIRE CLINICAL
COMMISSIONING GROUP and GLOUCESTERSHIRE
CARE SERVICE NHS TRUST**

EXECUTIVE SUMMARY

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Introduction

This report has been commissioned by NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) and sets out the Equality Impact Analysis (EIA) for the location of a new community hospital in the Forest of Dean. The focus of the EIA will be to scope out impact on the possible location of a community hospital, either in Cinderford, Lydney or Coleford.

The requirement to undertake an Equality Impact Assessment

The overarching aim of the EIA will be to establish whether there will be any specific groups or communities, within the Forest of Dean, who will be disadvantaged in any way if the hospital was to be built in any of the three potential locations identified above. As defined by the Equality Act 2010 (more information on this is in the next section of the report), the focus of this EIA will be upon the eight characteristics, which fall within the Public Sector Equality Duty (PSED).

The Public Sector Equality Duty (PSED) is part of the Equality Act 2010 and came into force in April 2011. Section 149 of the Act sets out the main duty and states that authorities must, in the exercise of their functions, “have due regards to the need to” eliminate any conduct that is prohibited by the Act. This includes discrimination, harassment and victimisation related to the ‘Protected Characteristics’;

Age

Disability

Gender reassignment

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Methodology

Underpinned by the three main facets of the PSED above, the EIA sets out information about the background and context of the review undertaken by GCCG and GCS, which has led to the position of agreeing that the two existing community hospitals will be replaced with one new hospital. The EIA also includes:

- detail around engagement and consultation activity;
- the demographics of the Forest of Dean (with specific reference to protected characteristics);
- the anticipated differential impact when looking at the three potential locations, specifically in terms of equality;
- any mitigating factors which will help to manage any risks associated with the impact.

This EIA was developed based on information and secondary data from sources, as set out below. The CCG and GCS undertook primary data collection which has fed directly into the EIA. This is set out in the section of this report on engagement and consultation.

The review of data formed part of the methodology as follows:

Function within methodology	Information or data reviewed, or method
Understanding of how inequalities are manifest in the lives of people bearing protected characteristics (as relevant to the proposals discussed herein).	Based on a combined experience of over 25years experience in the field of equalities. Review of Biennial report of the Equality and Human Rights Commission, which highlight inequalities for protected characteristics.
Mapping the distribution of protected characteristics resident across the Forest of Dean, to inform the assessment of the impact of choice of town, including travel time and cost.	Interrogation of the Instant Atlas data for Gloucestershire and the Forest of Dean in particular.
Interrogate feedback about preferences expressed by residents, in terms of location of the new hospital or concerns raised to determine any variations by protected characteristics	Output reports from the GCCG engagement process.
Review case law to identify learning to inform this methodology by anticipating what may have served as an Achilles heel in relation to assessing impact on equality, for organisations leading reviews or service configurations	Cases identified via the Consultation Institute.

Table 1: Methodology and sources of data and information

The method for assessing whether any or all of the three options of town for the new hospital would have a differential impact on any protected characteristic was as follows: key lines of enquiry were developed to maintain an absolute focus on the primary objective. There lines of enquiry are:

Q1: Does a choice of town mean that geographically based population groups (with protected characteristics) will be more disadvantaged more than others in terms of *journey times*?

- Q2: Does a choice of town mean that geographically based population groups (with PCs) will be more disadvantaged by one town more than others in terms of *journey costs*?

- Q3: Is there a difference in the inclusive design of public transport provision for people with particular protected characteristics: age (older people); gender (women, proportionately more are in caring roles); disabled people – depending on which town is chosen?

- Q4: Is there a difference in accessibility (including inclusivity of design) of ‘community transport’ provision for people with particular protected characteristics as in Q3?

- Q5: Does a choice of town mean that population groups that are not geographically based will be more disadvantaged by one site more than others in terms because of a greater distance from services targeted at specific protected characteristics?

[Example: If there was a lesbian and gay men’s counselling service close to a hospital currently and the choice of either Cinderford, Lydney or Coleford meant a greater distance from this targeted service

- Q6: Has the information from the engagement with community and stakeholders about the proposals indicated a particular set of concerns, when analysed by protected characteristics?

- Q7: Did the responses to the engagement indicate a geographical pattern which is also correlated to clusters of population groups with protected characteristics?

Result

The lines of enquiry allowed critical issues to be considered in relation to the central question of whether any one choice of town for the new hospital will have a differential impact on protected characteristics.

Overall there was no evidence to support a differential impact for any protected characteristic. It is important to note however that the absence of evidence at this stage does not mean that there will be no differential impact on equality. For example, with data missing for religion or belief or sexual orientation, there may be impacts unique to a small group but which is significant for them.

Further work

It is recommended that the following aspects of work are included in the future phases of this programme of change:

‘Relevancy Testing’

In order to manage any impact, it is imperative that at various stages of the overall change management programme relevancy testing is carried out with people bearing the protected characteristics.

In any kind of change, one cannot assume who will be affected, how and why. Therefore a discussion or dialogue on a 1:1 basis or through groups needs to take place where people with the protected characteristics are asked “this is what we are planning to do...what are your thoughts?...how do you envisage this may affect you?...why? etc.”

This kind of dialogue needs to continue as a loop throughout the process, where the particular groups are spoken to on a regular basis to ‘test out’ any change as the project evolves.

Targeted Engagement

Whilst it is appreciated that some of the numbers of minority groups are small there still needs to be efforts made to do some targeted engagement work. GCCG have begun to ‘drop-in’ to local BME businesses, for example, like the Chinese take-away. However, these

communities will have a wider support network and it is therefore important these networks are identified and utilised.

