Table of Contents of Citizens' Jury Materials – Thu 2 August

- 1. Welcome
- 2. Public Observer Guidance
- 3. The Jury Questions
- 4. Event information
- 5. Planned Schedule
- 6. Guidelines for Productive Discussion & Asking Good Questions
- 7. Simulation Exercise
- 8. List of witnesses (and presentation title)

Monday

9. Candace Plouffe slides

Tuesday

- 10. Lydney slides
- 11. Coleford slides
- 12. Cinderford slides
- 13. Becky Maclean and Julie Goodenough slides

Wednesday

- 14. Malcolm Oswald slides
- 15. Anna-Marie Daniels slides
- 16. Nigel Gibbons and Neil Troughton slides
- 17. Paul Weiss slides

Thursday

- 18. Caroline Smith and Katie Parker slides
- 19. Hari Sewell slides

General

20. Presenter note-taking sheets

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Location of a new Community Hospital in the Forest of Dean

Feedback from engagement

Caroline Smith, Senior Manager Engagement & Inclusion, Gloucestershire CCG

Katie Parker, Community Partnerships Manager Gloucestershire Care Services NHS Trust

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Overview of Engagement

- Where people think the **best location** for the new hospital is in or near Cinderford, Coleford or Lydney.
- It is **not** a vote we want to understand **why** people think a particular location is best.
- If people don't have a preference, what is important?
- Six weeks engagement with public, community partners and health and care staff.
- Engagement closed on 3 July 2018.



Engagement Activity

- Approx. 9,000 engagement booklets (with feedback form) were distributed.
- · Engagement material available online.
- 17 events spread across Forest of Dean District.
- · Newspaper campaign.
- · Social media.
- 1680 responses in total.



Presenting the data

We cannot say: "this reflects the views of population X".

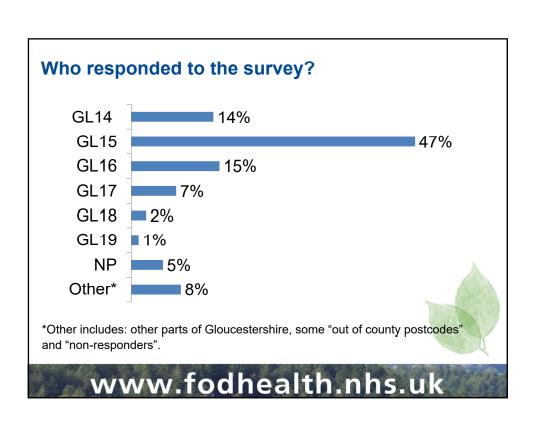
- Anyone could respond to the survey.
- Not a controlled statistical sample.
- Self-selection bias (just those who want to respond).
- · No controls on:
 - One person responding multiple times.
 - People misrepresenting facts (e.g. their postcode)
 - Demographics of those who respond.

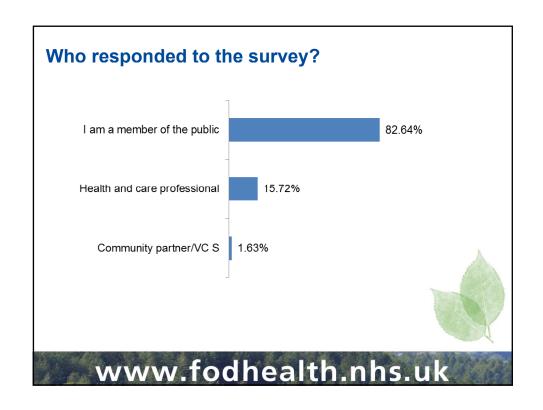
We can say: "the people who chose to respond said Y".

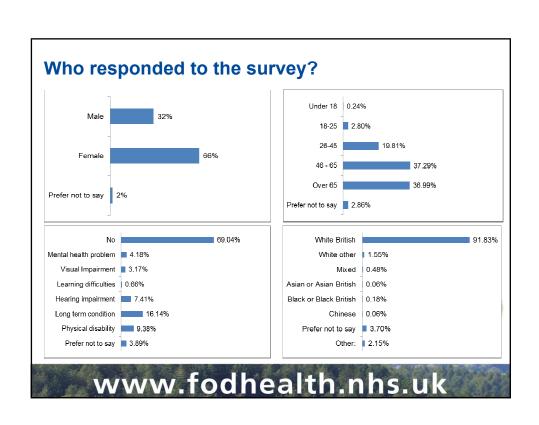


Presenting the data

- Demographics some did not complete this section
- People did not always complete the questionnaire as expected:
 - Some wrote in each of the "location boxes".
 - Sometimes their comments did not give a preference
 - Sometimes their comments contradicted their choice –
 eg. They said Coleford would be best, but wrote that in the "prefer Lydney" box.
 - The software counts each of response and the figures can therefore only act as a guide.







Feedback - The Public



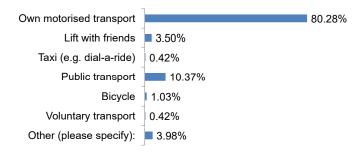
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Common themes

- · Preference for the location nearest to their home
- · Needs to be a central, accessible location.
- · Public transport is difficult everywhere
- Population growth i.e. housing development, needs to be considered
- · Some people suggested specific sites
- Some people wanted to keep one, or both, of the existing hospitals



How do people travel around the Forest of Dean?



Access/transport is a significant concern, with lots of comments:

- People often reported transport to their "preferred town" to be the best.
- Road infrastructure and parking are as important as public transport.

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I think the new hospital should be in or near Cinderford because:

- · Central to the Forest of Dean with good access.
- · Better public transport than other areas.
- Alignment with other new infrastructure eg new GP practice / college.
- Opportunity for economic regeneration and reduction in deprivation.

"it is central to all Forest areas"

" a transport hub to other parts of the district"

"by having a hospital here it will give a much needed boost to the economy of Cinderford"

I think the new hospital should be in or near Coleford because:

- · Central to the Forest of Dean with good access.
- Better public transport than other areas.
- · Opportunity to support economic regeneration.

"It is between Lydney and Cinderford"

"furthest town from Gloucester facilities, highest population of at risk groups eg youngsters and elderly"

"links from Lydney, Cinderford and most locations within the Forest are good"

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I think the new hospital should be in or near Lydney because:

- · Good access (including the train station), even in bad weather.
- Population growth i.e. housing development, impact of Severn Bridge tolls.
- A48 = fast access to service centres such as Bristol/ Wales.
- Largest population in the Forest.
- Supportive League of Friends.

"Lydney has good transport links to rest of Forest and is closer to main A48"

"highest population, best road and rail links to rest of county"

"It isn't usually affected by bad weather"

I don't have a preference

- · Central location, with good access.
- · Keep two hospitals.
- · Anywhere in the Forest of Dean.

"all the towns have pros and cons. As long as we have a hospital somewhere in the Forest it will benefit all that live here"

"winter weather conditions would make it impossible to visit any location"

"it needs to be central to the radius of the Forest of Dean, plus ease of travel and access"

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Feedback – Health and Care Professionals



Health and Care Professionals

- 260 responses from health and care professionals.
- Mix of professions and organisations responded:161 (62.4%) from Gloucestershire Care Services who deliver services at community hospitals and care based in the community.
- 77% of respondents work in Forest of Dean.



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Common themes

- Central to the Forest of Dean District.
- Public transport links and road access very important
- Accessibility for all people living across the Forest of Dean.
- Staff want a new facility that meets the existing and future needs of all patients.
- · Consider increased local housing development
- Consultants will need to travel to the new hospital from Gloucester.
- Consider how it will work alongside other health care facilities in the Forest of Dean.
- Location is not relevant focus on sustainable services, good parking and access and flexibility.
- Consider surroundings and environment.

Community and Healthcare Partners

27 responses to the survey, plus written responses from:

- · Aneurin Bevan University Health Board
- Forest of Dean Primary Care Group
- Gloucestershire Hospitals NHS Foundation Trust
- Great Oaks Hospice
- Newent Town Council.
- South Western Ambulance Service NHS Trust
- Similar themes (to public and staff) emerging from the survey responses
- Central, accessible location is most important.

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Summary slides

- 1680 responses, including 260 health and care staff
- Not a referendum and not representative of Forest of Dean residents – just those who wanted to respond.
- Most people (staff and public) had a preference for the hospital to be in the town nearest to where they live.
- · A central, accessible location is required.
- Public transport is difficult everywhere and important to consider in deciding on a location.



Does the Equality Act have an impact on the choice of town?

Mina Jesa Hári Sewell Independent Equality Consultants

What is the Equality Act?

- Equality Act 2010 (given Royal assent on 8th April 2010) brought all existing equalities legislation within one legal framework.
- Protects people bearing one of more of 9 characteristics from discrimination, harassment and victimisation.

Protected characteristics

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- · Religion or belief
- Sex
- Sexual orientation

Public Sector Equality Duty

 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 regard" to the need to eliminate any conduct that is prohibited by the Act.

PSED Exclusion

Whilst 'Marriage and civil partnership' is also a
protected characteristic, under the Equality Act
2010, it is not covered by the PSED in the same
manner as the other protected characteristics, listed
above and is for the purposes of the duty to
eliminate discrimination.

Having Due Regard

The PSED has three main facets and these are to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Meeting PSED – Equality Impact Assessments (EIAs)

- The Equality Act 2010 does not create a legal requirement to complete something called an Equality Impact Assessment.
- The Act creates a legal duty to show 'due regard' with documented evidence.
- Case law shows that an EIA is the most defensible way of doing this.

What are the questions the jury should be considering so that the requirements of the Equality Act are met?

Questions and responses are presented on the following slides

How does the Equality Act affect the choice of town?

Background on Transport Review

- Eight locations were plotted at a spread of locations across the Forest of Dean as part of the transport review. Differential impact (depending on chosen town for the hospital) was measured again 5 agreed acceptable journey time models for each potential chosen eight locations:
- · A. driving time;
- B. travelling by public transport within 90 minutes to get to the town 30 minutes before a 9 AM appointment;
- C. Arriving home by public transport in 90 minutes to at (say) 10.30 AM after your 9AM appointment;
- D. as for 2 above, but for a 2pm appointment;
- E. as for 3 above but for a 2pm appointment.

To assess travel access, we used the same public transport and driving time maps as you with the 8 reference places spread across the Forest of Dean District

Our conclusions are that:

- There are differences in car and public transport access provided by the three towns but the differences are not very great
- The people in the north of the Forest of Dean District are not well served by any of the three locations, although they are best served by Cinderford
- People in Sedbury cannot easily reach the hospital by public transport, especially if in Cinderford and Coleford
- The relatively poor access available to the people in the north of the Forest of Dean District and Sedbury is mitigated by access to other hospitals and community transport

- 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?
- A: The transport mapping exercise summarised on previous slide showed that any of the three choices of town would mean only some of the eight plotted locations could achieve the acceptable travel times modelled as A-E. No choice of town would increase the number of locations unable to achieve the modelled journeys A - E.

Response to Q1 continued

A secondary question was explored: Though the *number* of locations unable to achieve the modelled journeys A – E is not affected by the choice of town, is the a particular difference in the *demographics* of the locations unable to achieve the modelled journeys A – E? (For the purpose of this exercise, by demographic we mean the make-up of the locations according the numbers of people with the protected characteristics)

 A: No. The protected characteristics (for which data are available, namely age, gender, disability, race)) are spread across the FoD in a way that means that no particular protected characteristic is disadvantaged by 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?
- A: No. Because of the spread of the PCs (as discussed in response to Q1), there is not a particular disadvantage to any PC in terms of journey cost, depending on the choice of town.

Question 3

- 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?
- A: No. The public transport providers service that serve the area and therefore there are no differences in the fleet.

- Q4: Is there a difference in accessibility (including inclusivity of design) of 'community transport' provision for people with particular protected characteristics as in Q3?
- A: No. The transport review as part of this process noted: "The choice of hospital location will not make any difference to the service that community transport providers will be able to provide to FoD District residents"

Question 5

- Q5: Does a choice of site 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?
- A: There are no targeted services for protected characteristics in the FOD for which there would be a difference in proximity.

- Q6: Has the information from the engagement with community and stakeholders about the proposals indicated a particular differences when analysed by protected characteristics?
- A: No. The overall public response first choice of town is Lydney (55.86%). Data for all protected characteristic available also shows Lydney as first choice. The next side shows percentages by different groups.

Choices of towns (Public)

	Preferred Cinderford	Preferred Coleford	Preferred Lydney	No preference of location
Males	39%	43%	34%	38%
Females	58%	55%	64%	61%
Aged 65+	43%	36%	43%	51%
Aged 18-25	<1%	4%	2%	<1%
Under 18	0%	<1%	<1%	<1%
Not disabled	60%	61%	67%	64%
Learning disabled	1%	<1%	<1%	<1%
Disabled	34%	35%	29%	31%
White	85%	89%	93%	85%
Non-white	8%	6%	4%	9%

- Q7: Did the responses to the engagement indicate a geographical pattern which is also correlated to clusters of population groups with protected characteristics?
- A: No.

Summary

The EIA has not found conclusive evidence of differential impacts according to protected characteristics for which data was provided by, or on behalf of GCCG, nor data investigated by the equality consultants.

There are gaps in the data in relation to gender reassignment, sexual orientation and religion and belief, which is not atypical in this type of work.

Further engagement work is recommended to target specific communities including these, in the work following the decision about the choice of town.