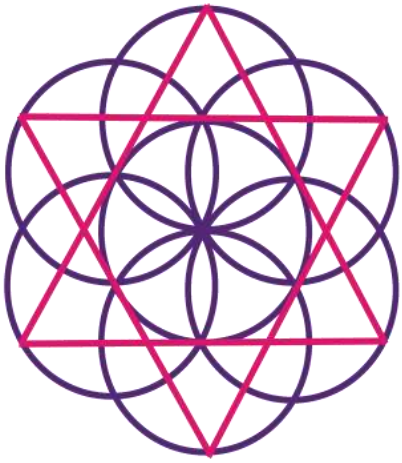

EQUALITY IMPACT ANALYSIS ON THE POTENTIAL LOCATION OF A COMMUNITY HOSPITAL IN THE FOREST OF DEAN

FOR NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP and GLOUCESTERSHIRE CARE SERVICES NHS TRUST

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JULY 2018

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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 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). However due to the demographics of the Forest of Dean consideration will also be given to any impact the current transport infrastructure may have by way of highlighting issues relating to access of services specifically for these groups and any issues relating to deprivation will also be considered.

Whilst this piece of work is a small part of a broader piece of work developed as part of the wider One Gloucestershire Sustainability and Transformational Partnership, it is an intrinsic part of the decision-making process which will help an independent Citizens Jury decide on the location of the new hospital.

BACKGROUND AND CONTEXT OF THE REVIEW

As part of the Forest Health and Care review, following extensive engagement and consultation, a decision was taken by GCCG and GCS to replace the two existing hospitals in the Forest of Dean with a newly built one. The reasons for this decision were that Dilke Memorial Hospital and Lydney and District Hospital were increasingly unable to provide modern, efficient, effective and high-quality care. Other reasons included:

- maintenance of the two hospitals was becoming increasingly difficult;
- there were ongoing challenges of recruiting and retaining staff with the right skills;
- the current physical environment of both hospitals was not fit for purpose;
- some care provision, such as endoscopy services, were only available outside of the local area;
- the current set up was proving to be fragmented and disjointed.

Whilst the two community hospitals currently provide a range of services which include outpatients services, some diagnostic services, minor injury and illness services and inpatient beds it was deemed that overall the healthcare needs of local residents were not being met effectively.

In developing future community hospital provision GCCG and GCS have agreed a set of objectives which they will endeavour to meet by 2021/2022. These are to:

- Support the delivery of new models of care
- Improve local access to services
- Ensure appropriate service capacity
- Provide a high quality physical environment

These objectives will be underpinned by the following criteria:

- Flexibility and adaptability
- Support new ways of working
- Achievability
- Affordability
- Acceptability

The overarching benefits GCCG and GCS envisage will come from this service change are;

- a new community hospital facility for local people, fit for modern healthcare;
- significantly improved facilities and space for patients and staff:
- more consistent, reliable and sustainable community hospital services, e.g. staffing levels, opening hours;
- a wide range of community hospital services including beds, accommodation to support outpatient services and urgent care services;
- services and teams working more closely together;
- better working conditions for staff and greater opportunities for training and development so they can recruit, retain the best healthcare professionals in the Forest of Dean.

EQUALITY IMPACT ASSESSMENT: THE LEGAL CONTEXT

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

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.

The PSED has three main facets and these are to:

1. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;

2. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

3. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to 'advance equality of opportunity' between those who share a protected characteristic and those who do not includes having due regard to the need to remove or minimise disadvantages suffered by them. Having due regard also means public bodies, such as GCCG and GCS, have to ensure steps are taken to meet the needs of such persons where those needs are different from persons who do not have that characteristic, and encourage those who have a protected characteristic to participate in public life.

As an essential part of meeting their PSED public authorities have to ensure an Equality Impact Analysis ("EIA") is carried out. An EIA is an analysis of a proposed organisational policy, or a change to an existing one so that it can be determined whether the policy has a disparate impact on persons from the protected characteristics. Whilst there is no longer a prescriptive way of doing this, case law has provided guidance in how to undertake an equality impact analysis, namely:

- ensure there is a written record of the equality considerations taken into account;
- ensure any decision-making included consideration of the actions that would help to avoid or mitigate any negative impacts on particular groups;
- ensure the decisions made are done so on evidence;
- ensure the decision-making process is more transparent.

METHODOLOGY

Underpinned by the three main facets of the PSED above, this EIA will set out information about the background and context of the review undertaken by GCCG and GCS, which has led to the position of agreeing the two existing community hospitals will be replaced with one new hospital; 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. The report will then conclude with recommendations and as the work on this project will continue to evolve, in turn so will this EIA.

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 20 year's experience in the field of equalities. Review of the two biennial reports of the Equality and Human Rights Commission and the landmark Equalities Review, which informed the Equality Act 2010[1], 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 and GCS 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.
Use key lines of enquiry to maintain an absolute focus on the primary objective which is to determine if the choice of town for location the new hospital would have a detrimental impact on one or more protected characteristic.	•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

[1] https://www.equalityhumanrights.com/en/publication-download/how-fair-britain and https://www.equalityhumanrights.com/en/britain-fairer and http://webarchive.nationalarchives.gov.uk/20100806180051/http://archive.cabinetoffice.gov.uk/equalitiesreview/upload/assets/www.theequalitiesreview.org.uk/equality_review.pdf

	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?

Table 1: Methodology and sources of data and information

CASE LAW

To date there are three cases in law which have shaped the way Equality Impact Analysis need to be carried out. The first is the Brown case, the second; the Branwood case and the third; the Bracking case.

The Brown case is a well-known case, which was important solely for its ruling on Impact Assessments and the promulgation of the six 'general principles'. These are:

- **Knowledge** – Those in the public authority who have to take decisions must be made aware of their duty to have due regard to the need to eliminate unlawful discrimination, advance equality and foster good relationships across all protected characteristics.
- **Proportionality** – A higher or lower level of "due regard" must be exercised, depending on volume and severity.

- **Consultation** – This must be timely, based on giving clear information and asking the right questions.
- **Timeliness** – "Due regard" must be exercised before and at the time the policy is being considered.
- **Sufficient information** – All relevant factors must be taken into account, so in other words the decision must be exercised in substance, with rigour and an open mind.
- **Real consideration** – Considering the duty in substance, with rigour and an open mind; it is not a question of 'ticking boxes'.
- **No delegation –** The duty will always remain the responsibility of the public body subject to the duty.

The judge in the Branwood case sought to supplement and update the 'Brown Principles' and in the Bracking case the judge set out yet another promulgation of a set of Principles, some of these based on the "Browns Principles". Whilst the latter two cases have added some confusion to the process, equality leads on the whole tend to veer towards the 'Browns Principles' by way of ensuring the robustness of the Equality Analysis process.

FOREST OF DEAN DEMOGRAPHICS

The Forest of Dean is predominately a rural locality and has a population of 85,385. Various documents, produced by the Local Authority (Gloucestershire County Council), as well as the 2011 Census have informed this section. Whilst specific references are included in footnotes some of the documents looked at include:
https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/03/FOD-Understanding.pdf

http://www.fodhealth.nhs.uk/wp-content/uploads/2017/09/Understanding-the-FOD-July-16.pdf

https://www.gloucestershire.gov.uk/media/2846/gcc_1217_ph-annualreport-v2-64076.pdf

http://www.maiden.gov.uk/instantatlas/equalities2018/district/atlas.html

http://www.nomisweb.co.uk/reports/localarea?compare=1946157374

Forest of Dean Profile.doc

Research and various studies have evidenced that health issues and needs of those within some of the Protected Characteristics will differ from the wider population. The following information addresses each Protected Characteristic in turn and looks at what the prevalence of the issues and numbers of individuals may be in the Forest of Dean. Where information specifically about the Forest of Dean has been unavailable statistics for Gloucestershire as a whole has been used to help form a view about Forest of Dean residents, although it should be noted that there will be some specific differences. For example, upon speaking with colleagues from the local NHS, it became apparent that access to a car was possibly more likely in the Forest of Dean than for Gloucestershire residents in

general and certain geographical areas where BME residents live are amongst the most affluent.

AGE

The age of an individual, when accompanied with additional factors such as other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Analysis of the 2008 European Social Survey[2] in 2012 found that age discrimination was the most common form of prejudice experienced in the UK, with 28% of respondents saying they had experienced prejudice based on age. In this section the age category to which most attention is given is 65+, as this is the age band that faces the most age-based discrimination.

In the Forest of Dean there are a higher proportion of people aged 65+, when compared with countywide and national figures. If looked at in terms of a broader age group, figures for 2016[3] show 21.5% fall within the 0-19yr age bracket, 54.8% fall within the 20-64yr bracket and 23.7 fall within the 65+yr bracket.

In terms of future growth, by 2039, Gloucestershire's 65+ population is projected to experience the greatest growth, Gloucestershire's 0-19yr olds is also projected to increase, but at a slower rate and the working population (20-64yr olds) is projected to increase by very little. It can therefore be anticipated this will be similar for the Forest of Dean.

Analysis of the 2011 Census shows that Gloucestershire residents aged 65 or over were more likely than those under 65 to:

- have a long-term limiting illness;
- be in poor health;
- be living on their own;
- be without access to a car;
- be providing unpaid care of 50 hours or more a week;
- be living in a household without central heating;

People aged 50 or over were more likely than those under 50 to:

- be living on their own;
- be providing unpaid care;
- have no qualifications.

[2] European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey https://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism .pdf Accessed 18/12//2017.

[3] ONS Mid Year Population Estimates 2016, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland Accessed 01/12/2017.

The ageing population will have financial and resource implications, as this will likely be the age at which health and social care needs of individuals will increase.

DISABILITY

Under the Equality Act (2010) a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. This is consistent with the Census definition of a limiting long-term health problem.

According to 20ll census figures the Forest of Dean has 19.6% of the total population reporting a long term limiting health problem and, in Gloucestershire as a whole, is the only district exceeding the national figure of 17.6%

Dementia is one of the major causes of disability in older people with approximately 1,410 individuals predicted in 2018[4]. If broken down further it is estimated there would be:

76 (65-69yr age range),
159 (70-74yr age range)
232 (75-79yr age range)
322 (80-84yr age range)
322 (85-89yr age range)
299 (90+ age range).

Evidence shows that people with learning disabilities have poorer health than the general population, much of which is avoidable, and that the impact of these health inequalities is serious; people with learning disabilities are three times as likely as people in the general population to have a death classified as potentially avoidable through the provision of good quality healthcare[5]. Men with learning disabilities die on average 13 years younger than men in the general population and women with learning disabilities die on average 20 years younger than women in the general population[6]. These inequalities result to an extent from the barriers which people with learning disabilities face in accessing health care[7].

The predicted number of people, in the Forest of Dean, with learning disabilities in 2018 is likely to be approximately 1,600.

With the ageing population increasing it is likely the number of people with limiting long-term health problems will also increase in the future and it is evident that there are differences in outcomes in areas such as employment, housing and caring between people who have a long-term illness and those who don't.

[4] Poppi, http://www.poppi.org.uk/ Accessed 18/12/2017
[5] Learning Disability Profile, Public Health England Ibid
[6] ibid
[7] ibid

GENDER

The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their gender. A report by the European Social Survey found 24% of respondents had experienced prejudice based on gender. Discrimination on the grounds of gender was reported by more respondents than discrimination based on ethnicity[8].

The population by gender for the Forest of Dean in 2016[9] was 49.2% male and 50.8% female. Statistics for Gloucestershire as a whole have shown that as age increases gender differences also become more noticeable, with females outnumbering males by an increasing margin. This said the proportion of men in the older population is increasing as life expectancy of these men increases. With such statistics not readily available specifically for the Forest of Dean one may anticipate a similar trend for residents of the Forest too.

Further analysis, for Gloucestershire, of the 2011 Census shows;

- Women were more likely than men to head lone parent households with dependent children. In Gloucestershire, 89.9% of such households were headed by a woman, a figure which was in line with the national figure.

- Women were more likely than men to be living in a household without access to a car, and to be living in a single person household.

- Amongst people aged 50-64, women were more likely than men to be providing unpaid care. Amongst people aged 65 and over, men were more likely than women to be providing unpaid care.

- Amongst people aged 16-24, men were more likely than women to have no qualifications. Amongst people aged 25-34, women were more likely than men to have a level 4 qualification (a degree or higher).

- Amongst people aged 25-64, men were more likely than women to be in higher managerial, administrative or professional qualifications.

Analysis of health data for Gloucestershire shows that:

- men have a shorter life expectancy than women;

- healthy life expectancy was the same for men and women in 2013-15

[8] European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions _of_ageism.pdf Accessed 29/11/2016..

[9] ONS population estimates 2016 and 2006 https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2002 accessed 18/12/2017

- the difference in life expectancy between men and women is greater in the most deprived decile of Gloucestershire compared with the least deprived decile;
- men have higher mortality rates than women from causes considered preventable;
- men have higher suicide rates than women;
- women over 80 have higher rates of hospital emergency admissions due to falls than men over 80

GENDER REASSIGNMENT

Gender reassignment is defined by the Equality Act 2010 as a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

Evidence shows that when transgender people reveal their gender variance, they are exposed to a risk of discrimination, bullying and hate crime[10]. Transgender people are more likely to report mental health conditions and to attempt suicide than the general population[11]; one study found that 48% of 16-24 transgender people had attempted suicide[12]. Research has also found that transgender people encounter significant difficulties in accessing and using health and social care services due to staffs' lack of knowledge and understanding and sometimes prejudice[13]. Research carried out by Stonewall in 2015 found that a quarter of health and social care staff were not confident in their ability to respond to the specific care needs of transgender patients and service users[14]
An increasing number of trans people are accessing Gender Identity Clinics; it is unclear if this represents an increase in the trans population or an increasing proportion of the trans population accessing Gender Identity Services[15].

Whilst there are no official estimates of gender reassignment at either national or local level, in a study funded by the Home Office and the Gender Identity Research and Education Society (GIRES) estimated that between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same

[10] Gender Identity Research and Education Society (2009) Gender Variance in the UK. http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf Accessed 18/12/2017
[11] House of Commons Women and Equalities Committee, 2016, Transgender Equality . www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf Accessed 18/12/2017
[12] Nodin, N. et al, 2015, The Rare Research Report: LGB&T Mental Health – Risk and Resilience Explored. www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf Accessed 18/12/2017
[13] Stonewall (2015) Unhealthy Attitudes www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf Accessed 18/12/2017
[14] Ibid

[15] LGBT Foundation (2017), Transforming Outcomes: A Review of the Needs and Assets of the Trans Community http://lgbt.foundation/transformingoutcomes Accessed 18/12/2017

proportions to the Forest of Dean's 16+ population, we can estimate that there may be somewhere between 430 and 710 adults in the district that are experiencing some degree of gender variance.

PREGNANCY AND MATERNITY

The Equality Act protects women who are pregnant, have given birth in the last 26 weeks (non-work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

There were 844 live births in the Forest of Dean in 2016[16]**.** The largest proportions of these deliveries were in the 25 to 29 year old age group compared to the national trend where the highest proportion of live births is within the 30 to 34 year old range.

RACE

The Equality Act states that race includes colour, nationality, ethnic or national origins and the Census of 2011 found that the Forest of Dean had the lowest proportion of people from Black and Minority Ethnic communities, at a total of 1.5% of the total population.
Broken down even further the ethnic breakdown of the Forest of Dean is;

Ethnicity	**Number**	**Percentage**
White	80,699	98.5
English/Welsh/Scottish/Northern Irish/British	79,227	96.7
Irish	277	0.3
Gypsy/Irish Traveller	78	0.1
Other White	1,117	1.4
Black and Ethic Minority	1,262	1.5
Mixed/Multiple Ethnic group	528	0.6
Asian/Asian British	473	0.6
Black/African/Caribbean/Black British	199	0.2
Other ethnic group	62	0.1

A recent report by the Equality and Human Rights Commission[17] found that people from Black and Minority Ethnic groups continue to experience discrimination and inequality in education, employment, housing, pay and living standards, health, and the criminal justice system;

- Amongst people aged 65 and over, Asian/Asian British people and Black African/Caribbean/Black British people were more likely than people from other ethnic backgrounds to have a long-term limiting illness and to be in poor health;

[16] ONS, 2016, Live Births by Area of Usual Residence https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk Accessed 11/01/2018

[17] Equality and Human Rights Commission (2016), Healing a divided Britain: the need for a comprehensive race equality strategy

- People of Gypsy or Irish Traveller origin were considerably more likely to be in poor health compared with all other ethnic groups (15.9% of Gypsy/Irish Travellers compared with 4.6% of White British people).

- Households headed by people from 'other White', mixed/multiple, Asian/Asian British, Black African/Caribbean/Black British and 'other' ethnic backgrounds were all more likely than households headed by people from White British backgrounds to have fewer bedrooms than was required;

- People from mixed/multiple and Black African/Caribbean/Black British backgrounds were more likely than other ethnic groups to live in social housing;

- People from White British and White Irish backgrounds were less likely than other ethnic groups to be living in private rented housing;

- People from all groups which were not White British were more likely than White British people to be living in a household without access to a car or van;

- Amongst people aged 25-34, people from White backgrounds were less likely to be unemployed than people from Black and Minority ethnic backgrounds.

- Amongst people aged 25-34, people from White Irish and Asian/Asian British backgrounds were more likely to have level 4 qualifications (a degree or higher) than White British people, whilst people from Black African/Caribbean/Black British, 'other' White, and 'other' ethnic backgrounds were less likely than White British people to have this level of qualification;

- Amongst people aged 16-24, people from mixed multiple, White Irish, 'other' White and 'other' ethnic backgrounds were all more likely than people from White British backgrounds to have no qualifications. In the same age group, people from Asian/Asian British backgrounds were less likely than White British people to have no qualifications. The percentage of people in this age group with no qualifications was similar for Black African/Caribbean/Black British people and White British people;

- Amongst people aged 25-49, people from White Irish, White British and 'other' White backgrounds were less likely to be unemployed than people from Black and Minority ethnic backgrounds;

- Amongst people aged 25-49, White Irish and Asian/Asian British people were more likely to be in higher managerial, administrative and professional occupations than White British people, whilst people from Black African/Caribbean/Black British, 'other' White, mixed/multiple, and 'other' ethnic backgrounds were less likely than White British people to be in such occupations.

Whilst specific figures for the Forest of Dean are not available the 2011 Census showed differences in outcomes in a number of areas in Gloucestershire as a whole.

RELIGION/BELIEF

According to the 2011 Census, Christianity is the most common religion within all ages in the Forest of Dean and represents 65.8% of the population. Whilst the next main group stated they had no religion at 25.2%, statistics show 1.1% of the population account for people who follow Buddhist, Hindu, Jewish, Muslim and Sikh religions. 7.9% of people chose not to state their religion or belief.

In summary then the Forest of Dean has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the district.

MARRIAGE AND CIVIL PARTNERSHIP

As mentioned earlier in the report Marriage and Civil Partnership do not fall under the PSED in the same way as the other protected characteristics, however the Equality Act 2010 does protect individuals who are in a civil partnership, or marriage, against discrimination.

Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships[18].

The statistics for Forest of Dean are reflected in a similar way in that there is considerable variation in marital status between age groups. As you would expect, people aged 16-24 are the most likely to be single, while those aged 65+ are the most likely age group to be widowed or a surviving partner from a same sex civil partnership. Same sex civil partnerships are most common amongst 35-49 year olds, where they account for 0.2% of the total age group. The proportion of people that are married, separated or divorced increases with age, until 65+ when it begins to fall, to take into account the increasing proportion of people who have lost a partner.

LANGUAGE

According to the 2011 Census, 949 people in the Forest of Dean or 1.2% of the population did not speak English as their main language. In addition to this those people not able to speak English at all were unable to speak English well, accounted for 226 people or 0.3% of the population.

Gloucestershire figures show Polish is the most common language, followed by Gujarati, and then Chinese. Whether this is the same for the Forest of Dean it is unclear.

[18] Department of Health (2011), No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages - Analysis of the Impact on Equality (AIE)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf Accessed 18/12//2017

DEPRIVATION

The Indices of Deprivation are a national measure of deprivation and provide a means of comparing areas relative to one another and are based on Lower Super Output Area (LSOA) geography.

According to a 'District Profile' produced by the Strategic Needs Analysis team there are 50 LSOAs in Forest of Dean and according to the overall Index of Multiple Deprivation, 6 of Forest of Dean's LSOAs are amongst the least deprived 20% in England, none are in the most deprived 20% in England.

The Indices of Deprivation also provide a measure of deprivation for various themes including Income Deprivation Affecting Children and Income Deprivation Affecting Older People. With this 3 of Forest of Dean's LSOAs are amongst the least deprived 20% in England in terms of In- come Deprivation Affecting Children, none are in the most deprived 20% in England. Two of Forest of Dean's LSOAs are amongst the most deprived 20% in England in terms of Income Deprivation Affecting Older People, while 4 are in the least deprived 20% in England.

HOW INEQUALITIES ARE MANIFEST IN THE LIVES OF PEOPLE BEARING PROTECTED CHARACTERISTICS

In carrying out the EIA, whilst interrogating any evidence of activity carried out by way of engagement, equality data etc. the following table provides a summary of the information which was considered when looking at variations and inequalities that may manifest for people with Protected Characteristics - as relevant to this project.

Protected characteristic	**Examples of variations and inequalities** (Compared with people who do not share the particular protected characteristic)
Age	Being physically disabled or with LTLI Sensory disability leading to communication problems Frailty (for older, older adults) Reliance on carer (e.g. for transport)
Disability	Learning disabled: diagnostic overshadowing Experiencing communication barriers Facing physical barriers
Gender reassignment	Face stigma Lack of knowledge Bias

	Confusion about policies Scale of need is unknown due to poor monitoring
Pregnancy & maternity	Unique needs are often overlooked in services and design of estate Exclusions made about what is possible for pregnant women based on assumptions rather than individual capability
Race	Overlooking of dietary requirements Communication barriers, where literal translations do not capture meaning or create understanding. Exclusions based on misunderstanding about NRPF (No recourse to public funds) Unfamiliarity leads to lack of understanding (e.g. sickle cell) Some communities (e.g. Eastern Europeans) are likely to present at Emergency Departments
Religion or Belief	Needs for diets not always considered Prayer facilities Lack of understanding around bereavement
Sex	Men are more likely to present late (acute) Women are more likely to: Have more caring roles Be more socio-economically disadvantaged Be more at risk of sexual and other violence perpetrated by men Present conditions related to the reproductive system
Sexual orientation	Have their specific needs overlooked (e.g. lesbians not offered cervical smear test as assumptions are made about their needs as non-participants in heterosexual sex) Needs as gay men not considered for services related to HIV screening, for example. Scale of need is unknown due to poor monitoring

TABLE 2: Inequalities faced by people who bear specific protected characteristic and the potential impacts

KEY FINDINGS OF THE TRAVEL ANALYSIS – THE IMPACT IN RELATION TO ACCESSIBILITY

GCCG and GCS commissioned an independent transport analysis, which will received alongside this document by the Citizens' Jury and the Governing Body of GCCG and GCS Board. This EIA is concerned specifically with a) whether there are clusters of any group with a protected characteristic and b) therefore whether a choice of town for the hospital will have a disproportionate impact on one or more populations groups as a consequence of a higher proportion of these or this groups being adversely affected in relation to travel from home to the hospital and back. Three dimensions of travel impact were considered in relation to protected characteristics: time, cost and availability of public transport with adaptations to cater for needs such as being physically disabled.

METHODOLOGY OF THE TRAVEL ANALYSIS

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.

The high-level findings of the transport review were:

- 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 outside the District and community transport.

These findings indicate that unless any of the protected characteristics were proportionately more densely resident in the north of the Forest of Dean District or Sedbury there would be no differential impact, based aspects of equality. The review of demographic data in relation to the protected characteristic does not show any clustering in these areas. Population data was analysed on the Inform website (Instant Atlas Dynamic Report at http://www.maiden.gov.uk/instantatlas/equalities2018/district/atlas.html). The filters on the website enable combinations of analysis such as viewing statistics on protected characteristics in specific locations. The only protected characteristics for which this can be done however are: age, disabled people, race and religion or belief.

An additional conclusion is that there is no detriment in terms of transport cost for any protected characteristic. With regard to availability of public transport with adaptations to cater for needs, the providers of public transport serve the Forest of Dean. There is therefore, no detriment to any protected characteristic as a result of choice of town, on this dimension.

As stated in the introduction to this report, despite not being a protected characteristic in its own right under the Equality Act 2010, potential inequitable impact based on deprivation is being considered. A factor to take account of is that within the Forest of Dean, Cinderford is the town with the highest clusters of deprivation (the most deprived Lower Super Output Area in the Forest of Dean is in Cinderford West[19]). There is likely therefore to be a more adverse impact on people in Cinderford if the hospital was located in one of the other towns because the cost of transport will be a more significant obstacle for a greater proportion of residents.

PREVIOUS ENGAGEMENT AND CONSULTATION ACTIVITY

The Forest Health and Care Review was established in 2015 and since then GCCG together with GCS have carried out extensive engagement and consultation in relation to the proposed service changes.

The engagement and consultation activity has included conducting a stakeholder analysis at the outset to establish who the engagement team would need to engage with and in what manner. A copy of the Communications & Consultation Plan is attached at Appendix 1.

The team also used data from the Joint Strategic Needs Assessment (JSNA) to inform their earlier engagement work, as this report details demographic information for the Forest of Dean, as at 2015.

As part of the preliminary work, a 'Locality Reference Group' was established comprising of local stakeholders, (including members of the local voluntary sector organisations, carer/patient forums and partner organisations) who are well informed and connected to their local community. A Forest of Dean Locality Group ensures local GP's were also engaged from the outset. Members of both of these groups have attended meetings, briefings and the latter group specifically participated in two workshop style sessions.

Whilst the Locality Reference Group have not been regarded as representative of the Forest of Dean population, they have played an active role in shaping CCG and GCS engagement and consultation plans and their members have been proactive in eliciting feedback from their respective networks.

Stakeholder Engagement 2016: Stakeholder engagements events were also hosted across 26 locations and in addition to feedback from the other sources Gloucestershire CCG also received 73 completed online questionnaires.

[19] The indices of deprivation:// https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015 This data set codes for Lower Super Output Areas rather than names, the code for Cinderford West 1 is E01022238.

Gloucestershire Care Services ran 18 engagement sessions for their staff and also encouraged other staff to provide feedback via an online questionnaire similar to one used for other stakeholders. In addition to this engagement drop-ins were held for staff from Gloucestershire Hospitals Foundation Trust, South West Ambulance NHS Foundation Trust (Forest Division) and the Palliative Care/Hospice at home team.

Other engagement activity has comprised of a section of the website being dedicated to the review, which has been regularly updated and the production of 1500 "business cards" to promote engagement and encourage feedback using the on-line questionnaire. GP surgeries also encouraged feedback through the use of their patient information screens in the waiting areas and updates outlining progress were published in both the Forest & Wye Valley Review and The Forester newspapers.

The link to the report summarising the outcomes of the engagement is as follows; http://www.fodhealth.nhs.uk/wp-content/uploads/2017/09/Stakeholder-Engagement-Report-July-16.pdf

Consultation 2017: 52 Consultation events were hosted (1318 face-to-face contacts) There were 3,456 individual visitors to the consultation website, 27,498 Twitter impressions 3,779 Facebook impressions, Facebook consultation advertisement, total number of people reached15,420, of which 11,918 was a result of paid-for advertising, and 3,502 as a result of organic sharing. There were 38,720 Facebook consultation advertisement impressions.

3344 surveys (including 354 Easy Read surveys) were submitted between 12 September and 10 December (receipt of postal surveys extended by 2 extra days to account for inclement weather conditions at the end of the consultation period). 28 items of Correspondence received (emails and letters)

Attendees at the events were encouraged to fill out survey forms either on the day, post event and these could be either sent in by freepost or submitted online. Individuals also had the option of writing letters outlining their views

Regular monitoring of consultation activity resulted in the consultation team hosting additional events, namely with Vantage Point for working age adults and also the Parents and Teacher Association (PTA) meeting in Huntley.

All quantitative data gathered was read and coded using a simple theme code. In addition, by way of an assurance exercise Healthwatch Gloucestershire attended sample Consultation events and sent a report of their observations in which they stated '...Healthwatch Gloucestershire was impressed by the level of preparation that had gone into the consultation which provided a good opportunity for residents of the Forest of Dean to participate and share their views…'

The Gloucestershire Health and Social Care Overview & Scrutiny Committee (HCOSC) were kept informed and engaged via an initial presentation, outlining the plans, and then through Accountable Officer's reports.

The link to the report summarising the outcomes of the consultation is as follows: http://www.fodhealth.nhs.uk/wp-content/uploads/2018/01/FoD-Health-Community-Hospitals-in-the-Forest-of-Dean-Outcome-of-Consultation-Report-Jan-2018.pdf

As can be elicited from this report the consultation team works very closely with their colleagues in the communication team and other relevant teams to ensure information on any activity was disseminated as widely as possible and citizens of the Forest of Dean were encouraged to respond.

ENGAGEMENT AND CONSULTATION WITH SPECIFIC EQUALITY GROUPS

During the 2017 consultation some equality monitoring questions were included as part of the questionnaire. These were namely questions about gender, age, disability and ethnicity. A breakdown of respondents is included at Appendix 2.

Upon conferring with the CCG the decision not to include all of the Protected Characteristics was based on a matter of proportionality and relevance. The consultation team, having considered the scope of the review and service change decided to only include the Protected Characteristics listed above.

In order to ensure accessibility issues were addressed the consultation team produced an Easy Read version of the consultation booklet to encourage individuals with a learning disability and those with low literacy skills to partake in the consultation. These documents were also widely circulated and copies were delivered to the Camphill Village Trust, who have a number of supported living facilities in the Forest of Dean for people with learning disabilities.

Further discussions have led to an awareness that whilst the Black, Asian and Minority Ethnic (BAME) communities are relatively small in the Forest of Dean alternative methodology has to be employed to reach members of these communities and some work has already begun on this. The consultation team have made concerted efforts to visit local BME businesses in parts of the Forest of Dean to develop relationships and encourage engagement, something they identified they needed to do through gap analysis of their equality monitoring data.

During the course of the engagement and consultation activity the engagement team also ensured they targeted their efforts by visiting and engaging with specific groups they realised would be affected directly by the proposed service changes. These included carers, people with disabilities, a parent group, school and college.

RECENT ENGAGEMENT REGARDING LOCATION OF A NEW HOSPITAL

Following the GCCG Governing Body and GCS Board meetings on 25th January 2018, work on the consideration of a preferred location was initiated by the engagement and

communications teams. With criteria, to enable an objective consideration, already agreed the team produced a public engagement booklet with relevant information to aid residents of the Forest of Dean and others including staff to offer their views on a preferred location.

A print run of 10,000 booklets were distributed to locations such as GP surgeries, Pharmacies, Libraries, Post Offices, all of the venues where drop in sessions were going to take place and information about the consultation was also promoted using local media. Whilst Gloucestershire Healthwatch, took a very active role in the last consultation and engagement activity this time they retained the role of "critical friends'. A representative of Healthwatch Gloucestershire was a member of the Citizens' Jury Oversight Panel, whose role is to ensure the information provided to the jury contains no bias.

Fifteen drop-in sessions were arranged at various locations across the Forest and additional dates added in the Newent area in response to feedback from residents.

The engagement was promoted to staff, and engagement materials made available. Staff engagement events were held at Lydney and Dilke Hospitals.

Visits to the website during the six week engagement period: 1,427 sessions. Articles were placed in local newspapers and information shared using social media. A two-page feature article was included in a local newspaper delivered free to households across the Forest of Dean. This article included a Freepost feedback form. Twitter activity: 16,283 impressions; Facebook activity: 1,441 impressions.

A total of 1680 surveys were completed, including 509 booklet surveys and 59 newspaper article surveys. KEY FINDINGS FROM RECENT ENAGAGEMENT ACTIVITY REGARDING LOCATION OF A NEW HOSPITAL

Following the first phases of engagement and consultation GCCG moved towards engaging about the options regarding the location for a new hospital (which are the subject of this EIA). A public engagement took place between 21 May and 3 July 2018 (deadline extended to allow for receipt of freepost surveys).

Appendix 3 provides a summary of the proportions of responses by protected characteristic for which data is available. It should be noted that not all people who completed a survey completed the demographic information questions.

There is no straightforward summary of the pattern of responses, across all protected characteristics. Key points to note are:

- As an overall proportion of those who responded, the combined total of those who identified a specific ethnicity amounted to 0.66%
- Women accounted for 63% of responses
- A third of people who responded were disabled and this is significantly higher than the population percentages (9% identified as having a disability that limited their activities a lot)
- The over 65 age group accounted for 41.80% of responses though they account for 5.3% of the general population.

Both disabled people, older people and women were proportionally more represented in the cohort of those who responded to the engagement work. Black and Minority Ethnic (BAME) groups were less represented amongst those who responded but numbers are small and do not lend themselves to making interpretations with confidence.

With regard to the choice of town, Table 4 shows the percentages of responses from the protected characteristics.

	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%

Table 4: Preferences expressed for each town analysed by protected characteristics

FINDINGS OF THE EQUALITY IMPACT ANALYSIS

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. Each question is set out and responded to here.

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*?

Finding:
The transport mapping exercise summarised on page 18 showed that any of the three choices of town would mean that only some of the eight plotted locations could achieve the modelled journeys with acceptable travel times. No choice of town would increase the number of locations unable to achieve the modelled journeys.

Though the *number* of locations unable to achieve the modelled journeys is not affected by the choice of town, the EIA explored whether there is a particular difference in the *demographics* of the locations unable to achieve the modelled. The EIA found that the protected characteristics (for which data are available, namely age, gender, disability, race) are spread across the Forest of Dean 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 protected characteristics will be more disadvantaged by one town more than others in terms of journey *costs*?

Finding:
There is not a particular disadvantage to any protected characteristic in terms of journey cost, depending on the choice of town, because the protected characteristics are spread across the Forest of Dean.

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?

Finding:
The EIA found that public transport providers serve the Forest of Dean 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?

Finding:
The travel review undertaken alongside this EIA noted in its findings that: "*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"*

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?

Finding:
The EIA investigated whether there were any services targeted at any particular protected characteristic, associated with a current hospital that would, as a consequence of the hospital moving to a new town, be further away or dislocated from the hub of services at the hospital. The investigation into availability of local services as part of this EIA identified that there was no evidence of any targeted services that would be affected this way.

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?

Finding:
The analysis in this report indicated that there were differences in the proportions of protected characteristic that responded to the engagement work but that in many cases the numbers were small and not enabling meaningful judgements to be made. There was no evidence that the pattern of responses by protected characteristics affected the choice of town. There are however gaps in the engagement data with regard to protected characteristics other than age, disability, race and sex.

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

Finding:
The main interpretation of the findings from the engagement activity considered as part of this EIA is that each town and surrounding area expressed a preference for the new hospital to be located in its area. There was no evidence of patterns of preferences relating to the location of clusters of any protected characteristic.

Overall there was no evidence to support a finding of 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. Some lines of inquiry have required knowledge about local services. For example: *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?* This was explored in a roundtable between the equality consultants leading this work and engagement team. Inclusion of targeted engagement with groups bearing protected characteristics in a further iteration of this work will offer more assurance.

The summary table of the EIA is found on the following page.

Protected	ADVERSE IMPACT IN RELATION TO THE LINES OF ENQUIRY						
Characteristic	Q1[20]	Q2[21]	Q3[22]	Q4[23]	Q5[24]	Q6[25]	Q7[26]
Age	No	No	No	No	No	No	No
Disability	No	No	No	No	No	No	No
Gender reassignment	No	No	No	No	No	No	No
Marriage or Civil Partnership	No	No	No	No	No	No	No
Pregnancy and maternity	No	No	No	No	No	No	No
Race	No	No	No	No	No	No	No
Religion of Belief	No	No	No	No	No	No	No
Sex	No	No	No	No	No	No	No
Sexual orientation	No	No	No	No	No	No	No

Table 5: Equality Impact Assessment summary table

MITIGATING POTENTIAL ADVERSE IMPACTS ON EQUALITY

Discussions took place with members of the engagement team in relation to creating and populating a table outlining any adverse impact and examples of how these would be managed or mitigated. It was agreed this piece of work is the beginning of an ongoing project and the Equality Impact Analysis will be built upon as the work progresses therefore any work on mitigating factors will be carried out as part of the next phase.

[20] 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*?

[21] 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*?

[22] 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?

[23] Is there a difference in accessibility (including inclusivity of design) of 'community transport' provision for people with particular protected characteristics as in Q3?

[24] 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?

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

[26] Did the responses to the engagement indicate a geographical pattern which is also correlated to clusters of population groups with protected characteristics?

CONCLUSION & RECOMMENDATIONS

It is clear to see that the Forest of Dean has an increasingly elderly population, who have a higher incidence of long-term conditions such as heart failure and diabetes. There is also recognition that compared to Gloucestershire as a whole there are pockets of higher level of economic inactivity, deprivation and social isolation in the Forest of Dean District. These kinds of issues are important in understanding health inequalities, however, having analysed the data for this EIA it is clear there is no differential impact between the three locations. There are pros and cons for each that are just as valid as they are for the others. It is inevitable that different individuals and groups will experience change differently as a result of factors associated with their identity however there is no evidence that people bearing any particular protected characteristic will be disadvantaged by either of the three options of town.

MOVING FORWARD

In light of the work carried out it is clear that the Equality Impact Analysis will be developed further as the project evolves. With this there are specific issues which will need to be addressed. These include:

'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 members of 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 members of 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 need to continue to be efforts made to do some targeted engagement work. GCCG have begun to 'drop-in' to local BME businesses, for example, the Chinese take-away. However, these communities will have a wider network they will be getting their support from and it is therefore important these networks are identified and utilised as fully as possible.

Due to the small numbers it may be that instead of focussing on the Forest of Dean, focus is turned to larger communities in other parts of Gloucestershire, such as Gloucester or Cheltenham and 'gate-keepers' identified who can then help create links into the smaller communities within the Forest of Dean. Having someone from a similar background to the

communities being targeted is always helpful as the nuances of language and culture will be less of a barrier.

EIA ON STAFF

Staff are part of the network of stakeholders whose perspectives have been captured in the engagement work. The equality analysis of the impact of changes for employees needs to be undertaken as part of any Staff Affected by Change process related to the changes. It will be imperative that this is done to demonstrate due regard.

EQUALITY MONITORING

Monitoring of equality data requires a two-stage process: data collection and analysis. Often organisations will struggle at the first stage where they will only gather information on some of the protected characteristics and not all of them.

Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. Whilst no-one is obliged to answer monitoring questions, often because they may be viewed as very personal, the quality of monitoring is only as good as the quality of data. This is why it is really important to provide and explanation that the process is worthwhile and necessary. With this the following is an example of an explanation which may be used to assure members of the public and staff that data collected will not only be confidential but there is a purpose behind doing so;

"We know from what people report to us and from formal research papers, that people with particular identities have different experiences of accessing and using services, and often derive potential benefits of services differently. The differences are usually negative compared with those who do not share those particular identities. As a result, we are asking people about aspects of identity so that we can know who is using services [or responding to engagement] so that we can take account of unique needs, with an understanding of the numbers of people from particular groups who respond. We do this to try and be fair and to comply with the law"

Appendix 1

Forest of Dean Community Services Review
Communication Strategy and Consultation Plan

1. Introduction

This Communication Strategy and Consultation Plan has been produced to support the Forest of Dean Community Services Review. It will ensure comprehensive communication and widespread public consultation over a period of at least 12 weeks.

This document has been informed following several months of local stakeholder engagement. Details of the engagement activity, feedback received and key themes can be found in the Stakeholder Engagement Report published on the CCG website: (http://www.gloucestershireccg.nhs.uk/ForestHealth-YourSay//).

2. Purpose

- Ensure that there is a clear framework for communication and consultation activity in place, which can be enhanced by the Forest of Dean Locality Reference Group.
- Ensure that information about the consultation is clear, easy to understand and widely available to the local community.
- Ensure that people know how they can have their say and influence the work of the programme.
- Ensure that information is presented in a consistent and coherent way, with an agreed set of key messages.
- Ensure information is regularly updated and that mechanisms are in place to respond to questions from stakeholders and people in our local communities e.g. Q/A summary.
- Ensure that stakeholder groups are communicated with in the right way and in a timely manner e.g. staff and community partners are aware of developments before media publication.
- Demonstrate and inform stakeholders of the outcome of the consultation and the impact that their feedback has made.

3. Our stakeholders

Strategic Partners	Closest to the project
• Gloucestershire Sustainable Transformation Plan (STP) Board • Gloucestershire Health and Care	• Locality Ref Group: including representatives from hospital league of friends, Forest Health Forum, VCS

Overview and Scrutiny Committee (HSOSC) • Healthwatch Gloucestershire • Mark Harper MP • Forest of Dean District Council • Gloucestershire Health & Wellbeing Board • NHS England • NHS Improvement	organisations, FODDC • CCG GB member, Dr Lawrence Fielder • Forest of Dean Primary Care Group • Forest of Dean GPs • GCSNHST Exec • GHNHSFT Exec • [2]GNHSFT Exec • Great Oaks Hospice
Keep informed • SWAST • NHS 111 • Arriva • Aneuin Bevan Health Board • Welsh GPs with branch surgeries in the Forest of Dean • Community Health Council (ABHB Area) • Gloucestershire Local Medical Committee (LMC) • G-DOC • CareUK	**Proactive two-way communication** • The public – via media • League of Friends – Dilke & Lydney hospitals • Forest of Dean Health Forum • Forest of Dean Carers Forum • Forest of Dean Practice Participation Group • Forest Voluntary Action Forum (FVAF) • GCSNHST staff • GHNHSFT staff • [2]GNHSFT staff • SWAST staff • Social Care staff • Gloucestershire Care Providers Association • Transport providers

4. Key messages:

Overall:

- We owe a debt of gratitude to people of vision and generosity who have helped develop healthcare facilities and services in the Forest of Dean over many generations.
- Now, mindful of changes in healthcare, population and health, we need to create a provision for today and the future.

- We believe that residents in the Forest of Dean deserve the very best healthcare. There is a need to invest in new modern infrastructure to support health and care services and to meet local needs into the future.
- We have set out our preferred option for a single state of the art community hospital facility for local people, fit for modern healthcare.

Challenges:

- The two existing community hospitals are reaching the stage where they can no longer support the provision of modern, efficient, effective, high-quality care;
- The ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- There are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- The current physical environment within the hospitals makes it difficult to ensure privacy and dignity for all patients and manage infection control;
- Too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- The current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- Healthcare needs within the Forest of Dean are not always being met effectively.

Benefits:

We want to achieve the following benefits for patients, health and care staff and the Forest of Dean community:

- a state of the art community hospital facility for local people, fit for modern healthcare;
- significantly improved facilities and space for patients and staff;
- more consistent, reliable and sustainable community hospital services, e.g. staffing levels, opening hours;
- a wide range of community hospital services, including beds, accommodation to support outpatient services and urgent care services;
- services and teams working more closely together;
- better working conditions for staff and greater opportunities for training and development so we can recruit and retain the best health and care professionals in the Forest of Dean.

5. Approach

This section describes the key communication methods/tools that will be used and sets out our approach to public consultation. It builds on the engagement work undertaken from September 2015:

Communication:

- Face to face pre consultation briefings: Community Hospital staff, Forest of Dean DC, MP, Locality Ref Group (including League of Friends), Media
- Written staff, stakeholder and media briefings issued
- Dedicated public webpage (and CCG website) – to host consultation materials/provide on-line feedback options
- Hardcopy and on-line consultation booklet
- Published FAQs that are updated in real time during the consultation
- Use of social media (twitter and FB) – to support the consultation process
- Consultation video – setting out the story/key messages
- Talking heads video promotion – encouraging participation in the consultation process
- Info cards and posters to promote the consultation process and feedback opportunities
- Regular media promotion/coverage to highlight consultation feedback opportunities
- Posters, media and social media to promote consultation events/information bus availability.

Consultation:

- Follow S14Z2 statutory consultation: 12 weeks
- Continued work with the Forest of Dean Locality Reference Group
- On-line survey and hardcopy booklet with centre page tear out pre-paid survey
- pre-paid options feedback postcard (as part of consultation booklet)
- Deliberative workshops with key stakeholder groups, including those identified through the Equality Impact Assessment
- Community outreach via the Information Bus and drop-in style events.

6. Key Considerations

Communication and consultation activity will ensure that all audiences are treated equally in terms of access to information and opportunities to provide feedback.

The Forest of Dean Locality Reference Group will be asked to monitor the effectiveness of our communication and range of consultation opportunities as part of their role in the review work.

The effectiveness of our Consultation will ultimately be reflected in the outcome report.

7. Timetable, key milestones and Action Plan

Pre Consultation and Consultation

Milestone	Detail	Date	Lead
Engagement Report completed	Publically available	Summer 2016	CS
Communication and Consultation Plan updated		March 2017	AD/CS
Commissioner case for change produced		April/May 2017	AH/ER//MH
Forest of Dean Locality Exec – full locality meeting		June 2017	MD/ER/AH
Strategic Outline Case (SOC) finalised		July 2017	KN/ER/MH
Begin work on Public consultation document	Based on final SOC	July 2017	AD/CS/ER/KN
HCOSC agenda planning meeting	Decision made on date of HCOSC for presentation of consultation	3 August 2017	BP
NHSE SC Stage 1 & 2 assurance meeting		9 August 2017	MH/ER/KN
Design of consultation document		18 August 2017	AD/ML
Production of consultation presentation	For use pre and during consultation	21 August 2017	AD
Production of written briefings	Staff, stakeholder and media release	22 August 2017	AD KP/ML – GCS staff
Design website for consultation	Including confirm dedicated URL	23 August 2017	RG/ML/AD/CS
Develop FAQs	For public website. To be regularly updated during consultation period	23 August 2017	AD/CS
Locality (stakeholder)	Receive	23 August 2017	CS/AH/ER/KN

Milestone	Detail	Date	Lead
Reference Group	consultation update		
FoD Primary Care Group (Locality Executive Group) meeting	Receive consultation update	Late August 2017 (TBC)	CS/AH/ER/KN
NHS Reference Group	Update on SOC and plans for consultation	30 August 2017	CS/BP/MH/KN
GCS Board meeting (closed session)	Presentation of final SOC and Consultation Plan	31 August 2017 (TBC)	MH/ER/KN
Production of 'talking heads' video *(promoting the consultation/feedback options)*	Based on agreed video script Produced, reviewed and approved by:	12 September 2017	ML-KP/CS
Production of easy read booklet	Hardcopy and for the website	By 12 September 2017	KP/CS/KN
GCS Staff briefing	Dilke and Lydney	11 September 2017	IB/TR/ML/KP
Locality Stakeholder Reference Group		11 September 2017	CS/AH/ER/KN
MP briefing	Via telephone	11 September 2017	MH/ER/KN
Leader of FODDC briefing	Via telephone	11 September 2017	MH/ER/KN
Face to face media briefing	Under Embargo. Forest location	11 September 2017	MH/KN/CH (TBC) AD/ML
HCOSC meeting (to be held in FoD)	Presentation on the day	12 September 2017	MH/KN/ER
GP and Staff Briefings issued		12 September 2017 2017 (PM)	ML
FODDC briefing session		12 September 2017(PM)	CS/AH/ER
Written Stakeholder briefing issued		12 September 2017 (PM)	AD
Media Release issued		12 September 2017 (PM)	AD
Info cards distributed	Promoting consultation feedback options	From 12 September 2017	SH
Posters distributed	Promoting consultation	From 12 September 2017	SH

Milestone	Detail	Date	Lead
	feedback opportunities including events/info bus dates/times		
Distribution of consultation booklets	Public places. Booklet with freepost centre page tear out survey	From 12 September 2017	SH
S14Z2 statutory consultation begins: 12 weeks		**12 September 2017**	
Consultation materials available on-line	Also available in public places	12 September 2017	AD/CS/RG
Social media launch	Twitter/FB	13 September 2017	SH/ML
Promotion of 'talking heads' consultation video	Through consultation website, GP practices and social media to encourage participation in the consultation	From 13 September 2017	SH/MB
Programme of consultation events		From late September 2017	CS/KP/BP
Consultation period ends		**10 December 2017**	
Complete Outcome of Consultation Report		December/January 2018	CS (TBC)
Consideration of Outcome of Consultation Report		January 2018	ER/KN Project Board
HCOSC receive presentation – outcome of consultation report		January 2018	MH/KN
GCS Board and CCG Governing Body decision	On preferred option (not location)	January 2018	MH/KN

8. Evaluation and contingencies

Evaluation will be measured through:

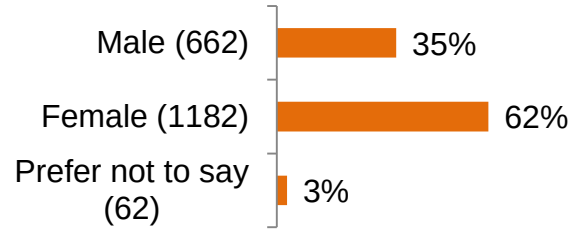
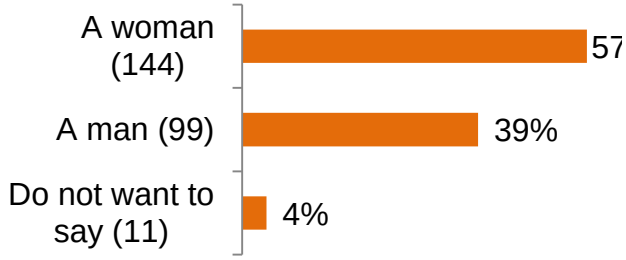
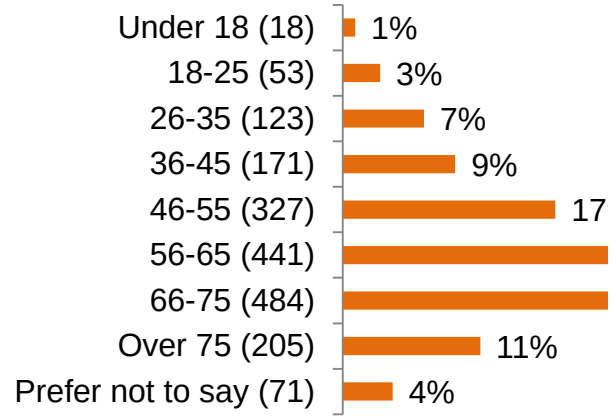
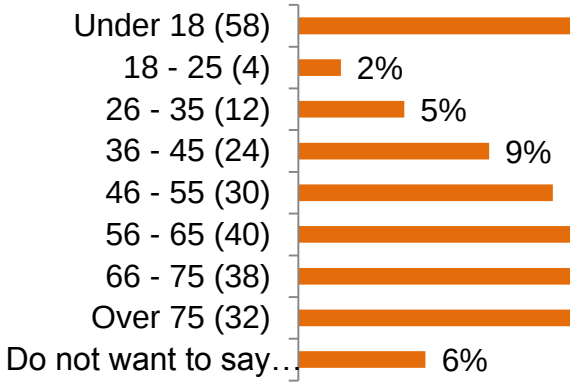
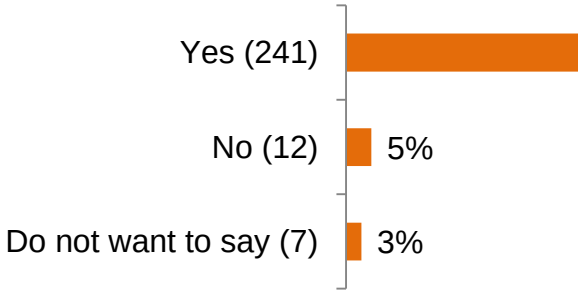
- Level of interest/volume of feedback to the Consultation e.g. surveys, following face to face opportunities e.g. debates, public drop ins, information bus visits, interaction through social media, Q/A summary.
- Responses to the Consultation – responses should demonstrate that we have provided the right level of information to enable people to contribute to the project.
- Equality Impact Assessment will ensure robust consultation and communication.
- Degree of influence achieved – what changes were made and how can that be evidenced – i.e. Outcome of Consultation report.
- Satisfaction with the Consultation process and support for the final decision.

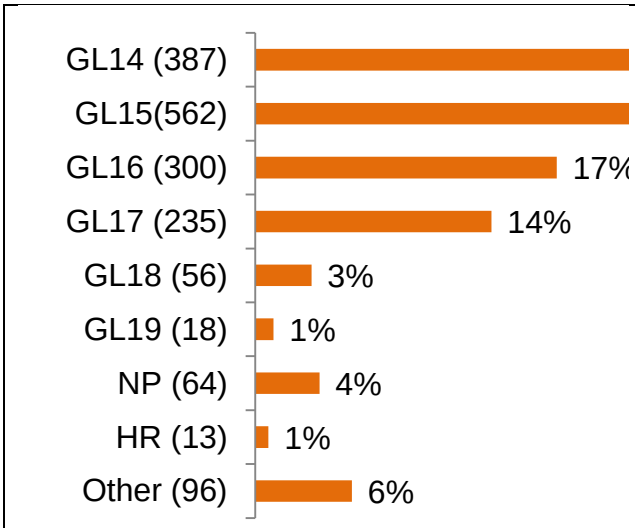
9. Consultation and Feedback

Following a twelve week period of statutory consultation a full report, detailing feedback received, will be presented to the Gloucestershire Health and Care Overview and Scrutiny Committee in January 2018. The report will be made available via the CCG and GCS websites, distributed to other local partners and on specific request.

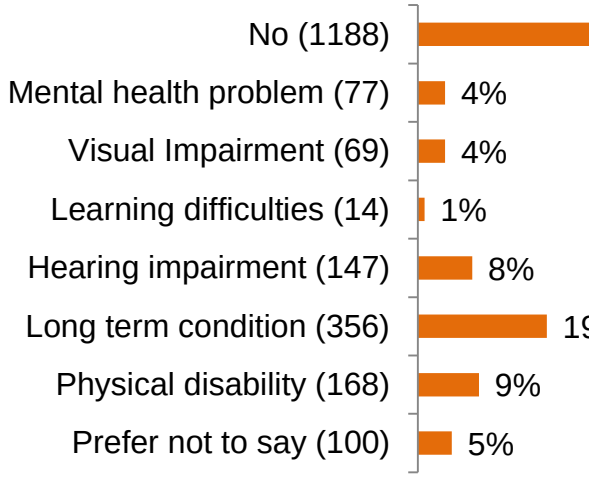
The outcome of consultation report will also inform GCS Board and CCG Governing Body decision making.

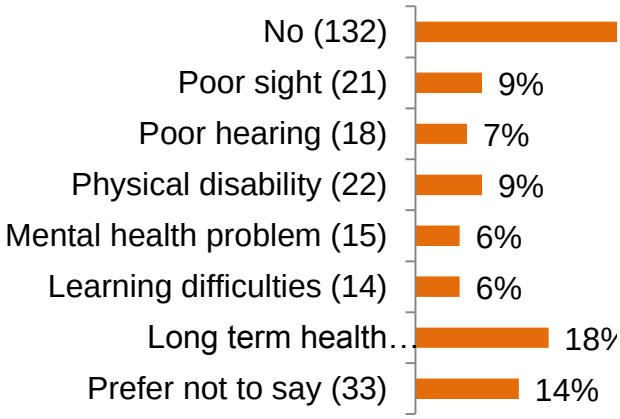
Appendix 2: Equalities Monitoring from Consultation

Main survey	Easy Read
What is your gender? (1906 responses) 	**Are you?** (254 responses) 
What is your age group? (1893 responses) 	**What age group are you?** (253 responses) 
Main survey	**Easy Read**
What is the first part of your postcode? (1731 responses)	**Do you live in the Forest?** (260 responses) 



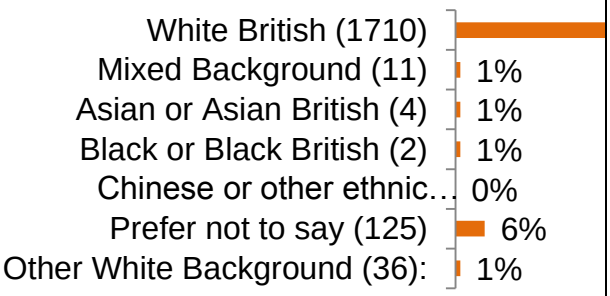
Main Survey	Easy Read
Do you consider yourself to have any disability? (tick all that apply) (Responses: 1875)	**Do you have a disability? (Responses: 243)**



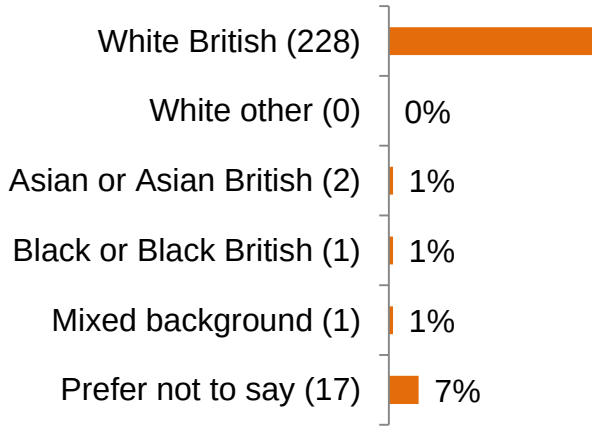


Main survey	Easy read
To which of these ethnic groups would you	**To which of these ethnic groups would you**

say you belong? (1888 responses)

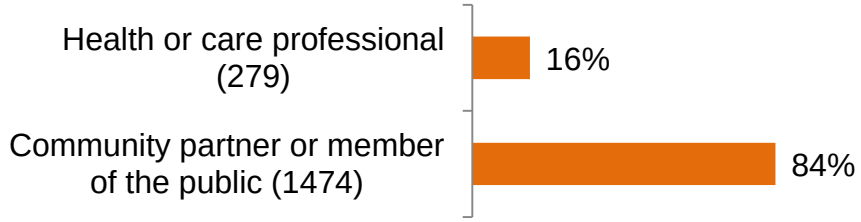


say you belong?
(249 responses)



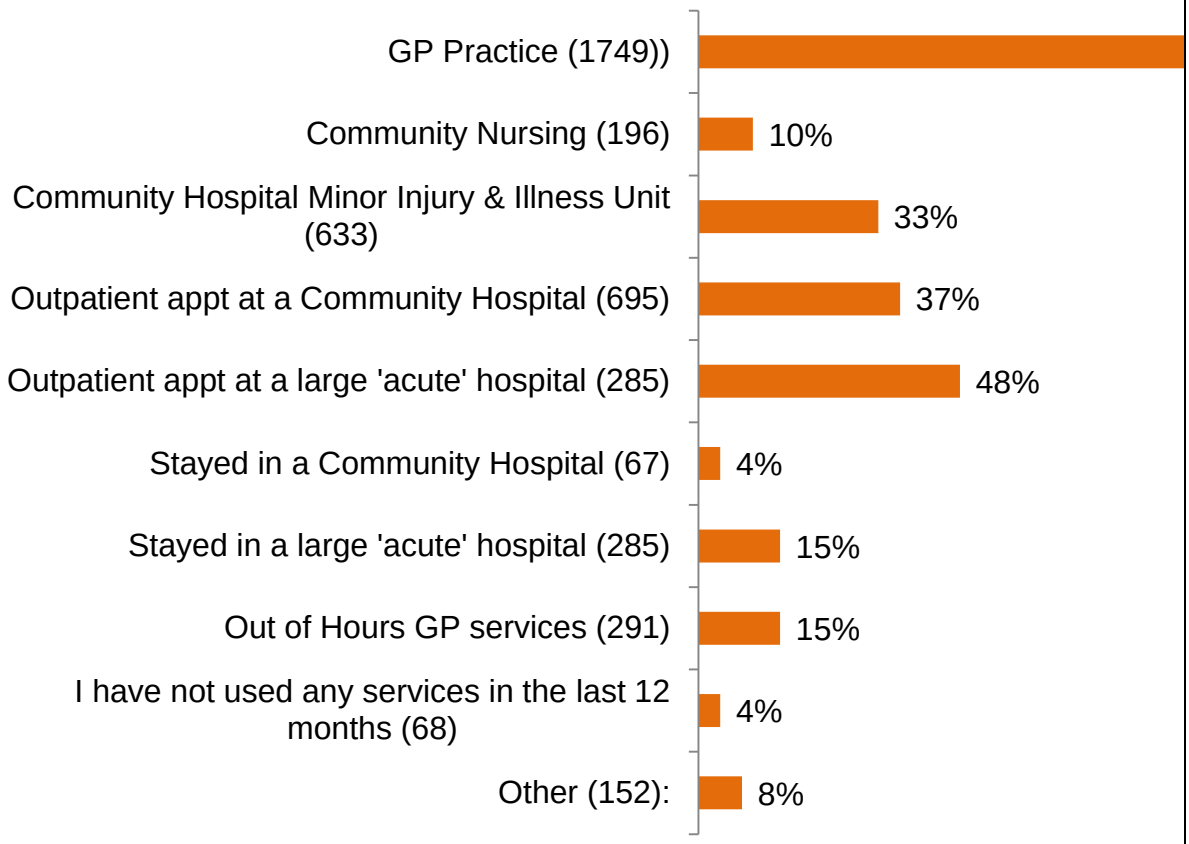
Main survey only

Are you?
(1753 responses)



Main survey only

Which of the following health and care services have you, or your family, used in the last 12 months?
(Responses: 1899)



Appendix 3: Equalities information from the Engagement regarding Location of a new hospital

I am:

		Response Percent	Response Total
1	Male	32.18%	539
2	Female	66.15%	1108
3	Prefer not to say	1.67%	28
	answered		1675
	skipped		5

My age group is:

		Response Percent	Response Total
1	Under 18	0.24%	4
2	18-25	2.80%	47
3	26-45	19.81%	332
4	46 - 65	37.29%	625
5	Over 65	36.99%	620
6	Prefer not to say	2.86%	48
	answered		1676
	skipped		4

Do you consider yourself to have a disability? (Tick all that apply)

		Response Percent	Response Total
1	No	69.04%	1155
2	Mental health problem	4.18%	70
3	Visual Impairment	3.17%	53
4	Learning difficulties	0.66%	11
5	Hearing impairment	7.41%	124
6	Long term condition	16.14%	270
7	Physical disability	9.38%	157
8	Prefer not to say	3.89%	65
	answered		1673
	skipped		7

To which of these ethnic groups would you say you belong? (Please tick one)

			Response Percent	Response Total
1	White British		91.83%	1539
2	White other		1.55%	26
3	Mixed		0.48%	8
4	Asian or Asian British		0.06%	1
5	Black or Black British		0.18%	3
6	Chinese		0.06%	1
7	Prefer not to say		3.70%	62
8	Other (please specify):		2.15%	36
			answered	1676
			skipped	4