

Equality and Engagement Impact Assessment

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form please contact the Patient Engagement and Experience team.

Title of service, policy or programme:	Communication and Consultation Strategy and Plan (A new community hospital for the Forest of Dean)		
Name and job title involved in the completion of this assessment:	Caroline Smith, Senior Manager, Engagement and Inclusion, NHS Gloucestershire Clinical Commissioning Group (GCCG)		
Date of this assessment: <i>(It is good practice to undertake an assessment at each stage of the project)</i>	15/10/2020		
Stage of service, policy or programme change <i>(earlier versions of this impact assessment should be included in your submission)</i>	Development <input type="checkbox"/>	Implementation <input type="checkbox"/> The Consultation will launch on 22 October 2020	Evaluation/review <input type="checkbox"/>

1. Outline

Give a brief summary of your policy, service or programme. Include reference to the following:

- Is this a new or existing policy, service or programme?
- If it is not new, detail any proposals for change.

This Impact Assessment applies to the Forest of Dean Community Hospital Communication and Consultation Strategy and Plan to support the public consultation (commencing October 2020)

A review of the community health and care needs of residents in the Forest of Dean was launched in September 2015. The programme has involved extensive local engagement and a public consultation on the development of one new community hospital for the district. The feedback from patients, carers, staff, local stakeholders and members of the public has informed each stage of the programme. A Citizens' Jury, made up of local people, met in July/August 2018 and made recommendations about the location of a new hospital.

We are now at the stage where we want to consult people about the range of services that are being proposed for the new community hospital.

Our proposal is that the new hospital will provide a range of services:

- Inpatient Unit: 24 beds
- Outpatient services: A range of consultation rooms, treatment rooms, group room, and additional areas for online consultations providing a similar range of outpatient clinics to the services currently available at Dilke and Lydney hospitals.
- Urgent care: an urgent care facility which is open from 8am to 8pm, seven days a week, supported by a range of diagnostic services.
- Diagnostic services: hospital care will be supported by a range of diagnostic services including x-ray, ultrasound and blood-testing (phlebotomy). A purpose-built endoscopy unit and space for mobile units such as the Chemotherapy Bus and Breast Screening Service will also be provided.

The hospital will have parking for approximately 150 vehicles and good links to local public transport. Other features will include a flexible meeting space; larger and more flexible consulting rooms that can accommodate group sessions; environmentally friendly design, which reflects the unique heritage and landscape of the Forest of Dean.

<p>What aims/outcomes do you want to achieve?</p>	<p>Forest Community Hospital Programme aims and objectives</p> <p>The proposal to develop a new Community Hospital in the Forest of Dean is central to delivering modern health and care services which will continue to meet the changing needs of local patients, carers and clinical staff.</p> <p>Our proposals for the new hospital need to:</p> <ul style="list-style-type: none"> • Support our aim to improve health and care services, outcomes and patient experience • Recognise that we have a growing population, who have increasingly complex health and care needs • React to innovation in technology and medicine • Respond to new roles and sustainable ways of working, taking account of the financial and staffing challenges faced by the NHS and Social Care. <p>Forest of Dean Community Hospital Communication and Consultation Strategy and Plan</p> <p>Objectives of the consultation:</p> <p>To ensure:</p> <ul style="list-style-type: none"> • A comprehensive consultation plan is in place and is fully integrated with programme milestones • Consultation is proportionate, NHS Act 2006 (S14z2 and S242) and Equality Act 2010 duties are met and that those who take part in it experience it as a meaningful process • Communication and consultation activity, materials and messages are relevant to each target audience e.g. 'communities of interest' within protected characteristic groups and/or geographical areas • Clinicians, staff, community partners, patients and carers, interest groups and the public know how they can have their say and influence decision making through the consultation process • Stakeholders will be identified (through Impact Analysis and stakeholder mapping), opportunities for dialogue and collection of views will be designed and delivered
--	--

	<p>(Equality Impact Analysis of consultation plan identifies risks and mitigations), good quality feedback will be received, recorded and actively considered</p> <ul style="list-style-type: none"> • Plans are in place to demonstrate and inform stakeholders of the impact their feedback had made • Staff, stakeholder and public confidence is built and maintained in the consultation process • The consultation plan demonstrates learning from earlier Forest of Dean Community Hospital engagement and consultation activities and feedback from the NHSE/I Assurance process. <p>We will be undertaking a ‘socially distanced’ consultation:</p> <ul style="list-style-type: none"> • More virtual methods of consultation – such as online forums. We have a new online participation platform: <i>Get Involved in Gloucestershire</i> https://getinvolved.glos.nhs.uk • Films • Telephone interviews • Staff Events • Face-to-face Countywide Information Bus Tour (A risk assessment has been completed on using the Bus during the pandemic and measures put in place to ensure social distancing and infection control). • Consultation materials, reviewed by Healthwatch Gloucestershire Readers Panel, distributed to local outlets e.g. full consultation booklet, summary consultation booklet, easy read booklet • Online survey • All of this available at www.fodhealth.nhs.uk including other information such as planning documents
<p>Give details of any evidence, data or research used to support your work. Consider the following:</p> <ul style="list-style-type: none"> • Health Needs Assessment • JSNA/Inform data • National/regional data 	<p>The consultation has been informed by the experiencing of managing earlier extensive engagement activities. The plan for the consultation has been informed by feedback from those engagement activities, including feedback from NHSE/I Assurance process.</p> <p>In response to COVID-19 restrictions the Strategy and Plan has been designed to support a ‘socially distanced’ consultation. It includes an Appendix/Briefing which summarises recent advice and guidance regarding online consultation, sets out assumptions and</p>

<ul style="list-style-type: none"> • Patient experience data 	<p>considerations and makes the following observations and conclusions, which will be taken into account during the consultation:</p> <ul style="list-style-type: none"> • Consideration to be paid to online deliberation and engagement are those you should pay attention to regardless of whether engagement is face to face or online. Things such as feeling safe, ensuring transparency and that participants have the facts to be able to make an informed decision would apply regardless of how you engage. • Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions. • Two-way direct communication is crucial in creating meaningful dialogue – video conferencing software (Zoom, Microsoft Teams etc.) can facilitate this. • Online forums should be moderated to keep discussion topics organised and to keep participants safe. • Think about varying the times of online events – avoid excluding working age participants. • Online events should be no longer than 2 hours and comfort breaks should be scheduled. • Use creative and interactive dialogue methods for online and offline activities. • Paper surveys should be replicated as online surveys. • Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions. • Different marketing messages required to encourage online participation for ‘always’ (compete with other opportunities), ‘seldom’ (relevance, links to pandemic interests) and ‘never’ online (other opportunities or assistance required).
--	--

2. Engagement	
<p>What relevant patient experience data/feedback is already available? Include information from any</p>	<p>Relative to the Forest of Dean Community Hospital Proposals for change Themes from engagement regarding the services at the hospital, noted the following:</p>

relevant national/regional patient groups, eg. Healthwatch, national surveys

Numbers of beds

- Significant concerns about any reduction in beds, given the rising population and increase in elderly demographic.
- Insufficient detail regarding alternative provision for Gloucester and Cheltenham residents was provided
- The bed planning does not seem to account for people who chose to die in a community hospital.

Urgent care

- Transport/accessibility in the Forest of Dean is really difficult. Cinderford is particularly difficult to reach from the southern part of the Forest.
- GP appointments – improvements to accessibility of local GP appointments are required to support urgent/out-of-hours care.

Outpatient and Diagnostic Services

- Current range of services provided at the Dilke and Lydney hospitals should be provided in the new hospital - including therapies, follow-up appointments, children's services, screening, ophthalmology and audiology/hearing aid service.
- Some of the diagnostic services commonly mentioned include: blood tests, endoscopy and colonoscopy, screening, x-ray, and ultrasound.

Relative to the Forest of Dean Community Hospital Communication and Consultation Strategy and Plan

Extract from Inclusion Gloucestershire Engagement Report (FFTF specialist hospital services and Forest of Dean A new Community Hospital) 2019:

- *Less information, less jargon and easy read copies of all information*
- *From our experience, people who represent the **seldom heard groups tend to need more time and preparation to support them to engage.** It would have been helpful to have had **at least two weeks research time** prior to each area workshop*
- ***Workshops to be held later in the morning to enable people who use public transport to use their bus passes***
- ***Workshops to be held in the actual areas and at times that people can attend. For***

	<p><i>example: Tewkesbury was held in Highnam for 09.00am, Stroud and Berkley Vale held in Nailsworth for 09.00am and North Cotswolds was held in Cirencester for 09.00am</i></p> <ul style="list-style-type: none"> • <i>Some people from the BME communities were not able to engage in the workshops due to a language barrier. Going forward it might be more beneficial to liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters. We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment options</i> • <i>For One Gloucestershire to go out to community groups such as the Inclusion Hubs for those who need to go at a slower pace and for a wider group of people to be included in the process.</i> 	
<p>How have patients, carers and families, staff been involved in shaping your proposals. If your policy/programme is currently being developed, please explain any further plans for engagement and/or consultation. <i>(*Plans for additional engagement should also be included in the Section 5: Action Plan below)</i></p>	<p>This consultation has been preceded by a significant programme of engagement starting in 2015. Full details of previous engagement and consultation work is available at www.fodhealth.nhs.uk</p> <p>Relative to the Forest of Dean Communication and Consultation Strategy and Plan A Forest of Dean Locality Reference Group was established in 2015 to support this programme of work. Made up of public representatives and community partners, the Group continues to work with us to develop our plans and encourage local engagement in decision-making.</p> <p>Learning from earlier engagement activity has information the plan - see above (Inclusion Gloucestershire Engagement Report, 2019)</p> <p>Healthwatch Gloucestershire Readers' Panel have reviewed the consultation materials.</p>	

If your plans/policies are implemented please explain:

Any impact on the way in which services are delivered?
eg. change in location, frequency of appointments.

The decision to develop one new community hospital for the Forest of Dean was taken in 2018, with the decision to locate the new hospital in Cinderford later that year. This work was supported by extensive engagement and public consultation. This stage of the programme does not intend to revisit these decisions.

If the proposals set out in this public consultation are subsequently agreed, we believe the new hospital will offer robust services that meet the needs of Forest of Dean residents. The range of services is comparable to that currently offered in the two Forest hospitals. In addition, the new hospital will incorporate an endoscopy suite which will mean reduced travel for many patients requiring this type of diagnostic procedure.

An independent EIA was undertaken in relation to the potential location for the new community hospital. This concluded that:

“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”.

The EIA identified specific issues which would need to be addressed moving forward:

- 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. This process would enable us to test

	<p>proposals and potential impact through ongoing dialogue as the project evolves.</p> <ul style="list-style-type: none"> • Targeted Engagement: Whilst it is appreciated that some of the numbers of minority groups are small, it is recommended that targeted engagement is undertaken seeking the support of countywide ‘gate-keepers’ who can help create links into the smaller communities within the Forest of Dean. • EIA on staff: staff perspective has been captured well throughout the project. The impact of changes for employees needs to be undertaken as part of any Staff Affected by Change process. • Equality Monitoring: Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. This is why it is really important to provide an explanation that the process is worthwhile and necessary. <p>Our aim with this consultation is to reach a good representation of the local population, whilst making sure we hear from those groups who might be most affected by the proposed changes. We aim to address the issues identified above through earlier EIA and will seek out the views of people from the groups, set out below, during the consultation to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:</p> <ul style="list-style-type: none"> • Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes and are higher users of community hospital services. • People from BAME communities • People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions). • Adult Carers and Young Carers • People living in low income areas.
<p>Any impact on the range of health services available?</p>	<p>There is no adverse impact on the range of services that would be available if proposals are implemented. Centralised hospital services would be expected to retain and attract high quality staff to work in Gloucestershire.</p>

<p>Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required (See Guidance or ask your Engagement Team for advice).</p>	<p>The proposed changes are considered to be ‘significant variation’ and subject to public consultation. This has been discussed with Gloucestershire Health Overview and Scrutiny Committee.</p>
--	---

3. Equality considerations
This is the core of the Equality Impact Analysis; what information do you have considering any potential or existing *impact on protected groups, as defined by the Equality Act 2010*. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental and economic circumstances, eg. unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section.

(Please complete each area ¹)	What key impact have you identified at this stage?			Explain any positive or negative impact below. What action, if any, has been taken to address these issues?	Further action required? (*Include details in Section 5: Action Plan below)
	Positive Impact	Neutral impact	Negative Impact		
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Positive and negative impacts apply to distance to travel to access services.</p> <p>Over 65 age group, in particular those who have long term conditions, identified in the EIA as target group for participation in the consultation.</p>	Yes

¹ Positive Impact: will actively promote the values of the CCG and ensure equity of access to services;
Neutral Impact: where there are no notable consequences for any group;
Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures.

Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Positive and negative impacts apply to distance to travel to access services.</p> <p>People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions) identified in the EIA as target group for participation in the consultation.</p>	Yes
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Positive and negative impacts apply to distance to travel to access services.</p> <p>BAME communities (in particular over 65s and people with a long term condition) identified in the EIA as target group for participation in the consultation.</p>	Yes
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rurality: Positive and negative impacts apply to distance to travel to access services.	Yes

			Carers/Young carers experience positive and negative impacts of distance to travel when supporting “cared for” to access services, or when visiting them as inpatients. .	
			<p>Deprivation: Positive and negative impacts apply to distance to travel to access services. Additional issues in relation to access and costs of transport are potentially more significant for those living in lower income areas.</p> <p>People living in lower income areas group identified in the EIA as target group for participation in the consultation.</p>	

4. Monitoring and review			
If you are at the implementation or evaluation stage of your policy development/service or programme change:			
Has an earlier Impact Assessment been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please include details of any action plan below:			
What issues/actions have previously been identified?	<p>The Communications and Consultation Plan for the Fit for the Future Consultation 2020 builds on the previous approach.</p> <p>GCCG Equality Impact Analysis – Engagement to support:</p> <ul style="list-style-type: none"> • Fit for the future: Developing urgent and hospital care in Gloucestershire • A new hospital for the Forest of Dean <p>Engagement/Involvement (summer/autumn 2019)</p> <p>https://www.onegloucestershire.net/wp-content/uploads/2019/08/FFTF-Equality-Impact-Analysis.pdf</p> <p>The Communications and Consultation Plan for the Forest of Dean Community Hospital Consultation 2020 builds on the previous approach to Engagement</p>		
Are any further actions required?	See below		

5. Action Plan			
Issues/impact identified in Section 2, 3 or 4 above	Explain any further actions required	How will you measure and report impact/progress	Timescale for completion
There will be a midpoint review of the consultation at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period.			
<p>The issues/impact listed below are taken from:</p> <ul style="list-style-type: none"> • Feedback from the NHSE/I Assurance Process relating to the FFTF Engagement • Feedback from Inclusion Gloucestershire regarding the FFTF Engagement Process and • The Independent Equality Impact Assessment – areas for consideration in further work identified 			
Issues/impact identified in Section 2, 3 or 4 above	Explain any further actions required	How will you measure and report impact/progress	Timescale for completion
Less information, less jargon and easy read	<p>The Consultation booklet has been reviewed by the Healthwatch Gloucestershire Lay Readers Panel.</p> <p>An Easy Read version of the consultation booklet and survey has been produced by Gloucestershire Health and Care NHS Foundation Trust.</p>	We will be asking for feedback from participants.	22 October 2020
Further engagement to address the homogeneity of participants	<p>Targeted opportunities for consultation with protected characteristic groups identified through the Impact Analysis e.g. via the Carers Forum, Voluntary Sector Know your Patch partners etc</p> <p>Alternative formats of all</p>	Output of Consultation Report will include demographic information regarding consultation participants.	Output of Consultation Report to be completed early January 2021

	consultation materials available on request. Contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation.		
Paper surveys should be replicated as online surveys	Surveys will be available on line in regular and easy read formats. People will also be offered assistance to complete surveys over the telephone.	All consultation activities will be recorded and reported as part of the Output of Consultation Report.	Output of Consultation Report to be completed early January 2021
Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests) and 'never' online (other opportunities or assistance required).	We will use all forms of media, print, broadcast, and social media platforms. We will deliver a 'mailer' to all households in Gloucestershire telling them about the consultation and how they can get involved.	All consultation activities will be recorded and reported as part of the Output of Consultation Report.	Output of Consultation Report to be completed early January 2021
Liaise with community leaders to hold specific conversations within the BAME communities with community support for interpreters, where required.	We will be contacting local groups, including BAME communities to arrange culturally appropriate opportunities for participation in the consultation.	All consultation activities will be recorded and reported as part of the Output of Consultation Report.	Output of Consultation Report to be completed early January 2021
Use creative and interactive dialogue methods	We will be using a range of methods: Online, face-to-face (socially distanced), telephone, written.	All consultation activities will be recorded and reported as part of the Output of Consultation Report.	Output of Consultation Report to be completed early January 2021
Online consultations prove to be most successful when used in conjunction	We will be inviting people to call us to leave a message to book	All consultation activities will be recorded and reported as part of	Output of Consultation

with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.	<p>telephone interviews.</p> <p>We will be touring our Information Bus to offer face-to-face conversations and support people to participate in the Consultation.</p>	<p>the Output of Consultation Report.</p> <p>There will be a midpoint review of the consultation at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period.</p>	<p>Report to be completed early January 2021</p> <p>Consultation mid-point review: 18 November 2020</p>
Online forums should be moderated	The Forum function of the <i>Get Involved in Gloucestershire</i> online participation platform is independently moderated.	<p>The <i>Get Involved in Gloucestershire</i> online participation platform provides details of activity and we will be asking for feedback from participants.</p> <p>All consultation activities will be recorded and reported as part of the Output of Consultation Report.</p>	Ongoing
Varying the times of online events	Events will be held at different times of day and different days of the week	<p>We will be asking for feedback from participants.</p> <p>All consultation activities will be recorded and reported as part of the Output of Consultation Report.</p>	<p>During the consultation period.</p> <p>Output of Consultation Report to be complete by early January 2021.</p>
Events, e.g. workshops, no longer than 2 hours	Any scheduled events will be no longer than 90 minutes. Most	We will be asking for feedback from participants.	During the consultation period.

	events will be online and we will make it clear that participants can get up, have a comfort/ refreshment break.		
Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.	We will offer to use the platforms which works best for the individual or group: Zoom, Face Time, Microsoft Teams, Webex – We will completed DPIA (Data Protection Impact Assessments) for any new platforms requested. We will also offer more traditional methods such as telephone calls.	We will be asking for feedback from participants. All consultation activities will be recorded and reported as part of the Output of Consultation Report.	During the consultation period. Consultation Report to be complete by early January 2021.
Target groups identified through the IIA: <ul style="list-style-type: none"> • Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes and are higher users of community hospital services. • People from BAME communities • People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions). • Adult Carers/Young Carers • People living in low income areas. 	Representatives from the groups identified in the EIA will be contacted to discuss methods to facilitate participation in the consultation. Example: Advice from Age UK, Carers Hub, Voluntary Sector partners. Equality Monitoring: Our on-line engagement platform, Get Involved in Gloucestershire, has the potential to improve our data collection in relation to protected characteristics. An explanation of why this information is important is given through the registration process and in the feedback survey.	We will be asking for feedback from participants. All consultation activities will be recorded and reported as part of the Output of Consultation Report.	During the consultation period. Consultation Report to be complete by early January 2021.

<p>When will the proposal be next reviewed?</p>	<p>In terms of the Communications and Consultation Plan there will be a midpoint review of the consultation, at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period.</p> <p>The Output of Consultation Report will be considered by NHS Gloucestershire Clinical Commissioning Group Governing Body at its meeting in January 2021, at which point a final decision will be made regarding the consultation proposals.</p>
--	--

5. Completion:	Name and Job title	Date
Completed by:	Caroline Smith, Senior Manager Engagement and Inclusion, NHS Gloucestershire Clinical Commissioning Group	15.10.20
Reviewed by:	Becky Parish, Associate Director, Engagement and Experience, NHS Gloucestershire Clinical Commissioning Group	20.10.20
Project Sponsor:	Ellen Rule, Director of Service Transformation, NHS Gloucestershire Clinical Commissioning Group	21.10.20
Policy/programme signed off by: (eg. Governance and Quality, Governing Body, etc)	Fit for the Future Programme Team	21.10.20