NHS
Gloucestershire Care Services
NHS Trust

Trust Board

Date of Meeting: **30th August 2018**

Report Title: **Health and Wellbeing for the future: Community Hospitals in the Forest of Dean**

Agenda reference Number	07/0818
Accountable Executive Director (AED)	Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Caroline Smith and Becky Parish, Gloucestershire Clinical Commissioning Group (GCCG) Candace Plouffe, Chief Operating Officer, Gloucestershire Care Services (GCS)
Board action required	To approve
Previously considered by	
Appendices	1. Outcome of Consultation Report January 2018 2. Public Engagement Booklet 3. Outcome of Engagement Report , Summer 2018 4. Equality Impact Analysis, Full Report 4.1 Equality Impact Analysis, Summary Report 5. Forest of Dean Citizens' Jury Report

Executive Summary

The joint engagement undertaken by NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust Board (GCS) ended on 3 July 2018. The engagement formed part of the evidence presented to a Citizens' Jury which took place from 30 July – 3 August 2018.

This paper sets out recommendations for consideration by the GCCG Governing Body and GCS Trust Board following this six week engagement and Citizens' Jury recommendations relating to the location of a New Community Hospital in the Forest of Dean.

In line with national guidance, while recognising that NHS bodies are not bound by the views of expressed by those who took the opportunity to respond to the engagement and participated as members of the Forest of Dean Citizens' Jury, both GCCG and GCS are committed to ensuring that these views are fully considered and taken into account as part of any decision making process.

The Board is being asked to consider the recommendation of the Citizens' Jury to build a new Community Hospital in the Forest of Dean in Cinderford; and to consider other recommendations/observations made by the Citizens' Jury.

The Board will wish to consider the Outcome of Engagement, independent Equality Impact Analysis and Travel and Transport Analysis as part of its decision making.

In reviewing these reports, the Trust Board may also wish to consider any recommendations made, to ensure these are addressed in the final business case and/or future intentions.

Recommendation

The Board is therefore asked to:

1) Consider recommendations 1 – 4 detailed in the report below

2) In consideration of the full evidence, which was also made available to the Citizens' Jury, approve the location of the new community hospital in the Forest of Dean will be in, or near, Cinderford.

Related Trust Objectives	1,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

NHS Gloucestershire Care Services NHS Trust

NHS Gloucestershire Clinical Commissioning Group

Health and Wellbeing for the future: Community Hospitals in the Forest of Dean

Recommendations for Next Steps following the engagement and Citizens' Jury recommendations relating to the Location of a New Community Hospital in the Forest of Dean

1 Introduction

This paper sets out recommendations for consideration by the NHS Gloucestershire Clinical Commissioning Group (GCCG) Governing Body and Gloucestershire Care Services NHS Trust Board (GCS) following the 6 week engagement and Citizens' Jury recommendations relating to the location of a New Community Hospital in the Forest of Dean.

In line with national guidance, while recognising that NHS bodies are not bound by the views of expressed by those who took the opportunity to respond to the engagement and participated as members of the Forest of Dean Citizens' Jury, both GCCG and GCS are committed to ensuring that these views are fully considered and taken into account as part of any decision making process.

The Governing Body/Trust Board is being asked to consider the recommendation of the Citizens' Jury to build a new Community Hospital in the Forest of Dean in Cinderford; and to consider other recommendations/observations made by the Citizens' Jury.

In making this decision, the Governing Body/ Trust Board will wish to consider the Outcome of Engagement, independent Equality Impact Analysis and Travel and Transport Analysis. In reviewing these reports, the Governing Body/Trust Board may also wish to consider any recommendations made, to ensure these are addressed in the final business case and/or future CCG commissioning intentions.

2 Background and Context

The Forest of Dean Review was established in 2015. The purpose of the review was to:

> develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the

public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, GCCG and GCS, with the support of the wider One Gloucestershire Sustainability and Transformation Partnership (STP), approved the Case for Change in July 2017.

The Case for Change informed the development and consideration of options for the future delivery of community hospital services, resulting in the identification of a preferred option for public consultation. GCCG and GCS launched a 12 week formal consultation at the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) on 9th September 2017. The consultation closed on 10th December 2017.

Following the Consultation, and having given careful consideration to the feedback received, the GCCG Governing Body and GCS Board approved the preferred option for a new community hospital in the Forest of Dean. In response to the issues identified through the public consultation, the GCCG Governing Body and GCS Board also endorsed all ten recommendations set out in Health & Wellbeing for the Future: Community Hospitals in the Forest of Dean - Outcome of consultation Report, January 2018 (see Appendix 1). The following recommendations are of particular relevance to the decision regarding the location of the new hospital:

Recommendation 3: Travel and Access

- Ensure that travel and access issues are reflected in any consideration of location.
- Commit to work with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean.
- Commit both organisations to continuing to work with community transport providers to promote the use of their services.

Recommendation 6: Detailed Service Planning

- Commit to ensuring that there will be a process established to ensure that local people are engaged and involved in the detailed service planning, reflecting an ongoing commitment to co-production.

Recommendation 9: Impact Assessment

- Recommit to ensuring that there will be a clear process to assess the quality and equality impact, with particular reference to people with protected characteristics.

Recommendation 10: Criteria and approach for appraising location and site

- Confirm the criteria to be used to enable an objective consideration of a preferred **location** (in or near Cinderford, Coleford or Lydney).

- Confirm that a Combined Panel[1] will be commissioned with the purpose of applying the agreed criteria and making a recommendation on location.
- Confirm the criteria that will be used for the **site** of the new hospital.

3 The location for the new Community Hospital in the Forest of Dean

Work has continued to support the development of a new community hospital for the Forest of Dean. During the earlier consultation the potential locations for the new community hospital were identified as in, or near, Cinderford, Coleford or Lydney.

In response to consultation feedback and the recommendations endorsed at the meetings held on 25 January 2018, GCCG and GCS have jointly:

- undertaken a further six weeks of public engagement on the location of the new community hospital in the Forest of Dean;
- commissioned an independent equality impact analysis for each of the three potential locations identified for the new community hospital in the Forest of Dean;
- commissioned an independent travel analysis to consider access to each of the three potential locations;
- appointed Citizens Juries Community Interest Company (CIC) to run an independent citizens' jury, to consider information and make a recommendation regarding the location of the new hospital for consideration by the CCG Governing Body and the Board of GCS.

3.1 Public engagement

Six weeks of public engagement on the location of a new community hospital in the Forest of Dean was undertaken from 21 May, 2018, concluding on 3 July 2018 (extended to allow for freepost responses to be received).

The purpose of the engagement was to obtain public, staff and community partner views (qualitative) on the following statements:

- *I think the new community hospital should be in or near Cinderford because…*
- *I think the new community hospital should be in or near Coleford because…*
- *I think the new community hospital should be in or near Lydney because…*
- *I don't have a preference for where the new community hospital is located in the Forest of Dean because…*

The purpose of the engagement was not to poll votes to determine the location of the new hospital.

[1] In recognition of the diversity of clinical roles and the challenge of representation across the range of NHS organisations, it was subsequently agreed that the view of staff would be better represented through staff and locality meetings and the engagement undertaken during May/June 2018. In addition, it was suggested that other members of the jury may potentially defer to the opinion of clinicians.

The Outcome of Engagement report was presented to the Citizens' Jury as part of the evidence citizens were asked to consider in making a recommendation regarding the location of a new community hospital in the Forest of Dean. A copy of the presentation is available here.

The engagement materials and the Outcome of Engagement report are available at http://www.fodhealth.nhs.uk/engagement/ and included in Appendix 2 and 3 respectively.

3.1.1 Engagement Activity

The engagement was promoted through a public engagement booklet, by posters in community venues and through the local media and social media.

Materials (print/online)

Over **9,000** engagement booklets (including a tear out Freepost survey) were distributed to GP surgeries, pharmacies, hospitals, libraries, post offices and district council buildings across the Forest of Dean. They were also available at all the venues used for previous consultation events. Engagement information was also sent to partners in the neighbouring areas including Herefordshire and Wales. We responded to specific requests from community groups and organisations for copies of the engagement booklets, such as Leagues of Friends. We restocked venues with engagement booklets on request throughout the engagement period.

All engagement materials, including the survey, were available on-line at www.fodhealth.nhs.uk Visits to the website during the six week engagement period: **1,427** sessions.

Media

Articles were placed in local newspapers and information shared using social media.

Twitter activity: **16,283** impressions

Facebook activity: **1,441** impressions

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.

Staff engagement

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

Public Drop Ins

17 public Drop In events were held during the period of the engagement. Two events were added in Newent in response to feedback from local residents and promoted through social media and posters in Newent high street locations.

Drop In events were held on different days of the week (including weekends) and at different times of the day. Drop In events centred around the three main towns (Cinderford, Coleford and Lydney) and at venues north and south of the Forest of Dean District Council area.

Details of event locations can be found on page 4 of the public Engagement Booklet (Appendix 2). Both the NHS Information Bus and community venues such as supermarkets, libraries and halls were used to host public drop ins. Attendance at these events ranged from <5 to >200.

3.1.2 General comments regarding the themes from the feedback received

The Outcome of Engagement report (Appendix 3) gives a full breakdown of the feedback received, but three themes in particular emerge from the analysis of this feedback. The themes are common to both public and community partner feedback and staff feedback. Firstly, the relationship between where survey respondents state they live and where they think the new hospital should be located, secondly survey respondents comments in relation to public transport and access and thirdly, a range of views relating to a central location in the Forest of Dean.

Respondents' preferences for location is overall based on where they live

The responses to the engagement show that the majority of respondents selected a location which was closest to where they live (based on the first part of their postcode). This applies to respondents who identify themselves as members of the public, staff or community partners and across all demographics.

Appendix 3 provides more detailed information about the responses received by residents from different postcodes across, and external to, the Forest of Dean.

Respondents' comments about Public Transport and access

Availability of public transport and access was mentioned by many respondents irrespective of their preferred location (or no preference of location). Comments received in relation to public transport for all locations range from (in summary):

- public transport is better in this location than elsewhere else in the Forest of Dean so people can get here;

- public transport is worse in this location so people who live in this location cannot go to any other location;
- public transport is terrible everywhere in the Forest of Dean;
- improve public transport to wherever the new hospital is built; and
- economically deprived people rely more heavily on public transport so the costs for this group need to be considered.

Central Location

Irrespective of respondents preferred location, many commented on the importance of a geographically central location for a new hospital. Their comments highlight:

- Various interpretations and perceptions about the geography of the Forest of Dean;
- The ability of individuals in the Forest of Dean to access services outside the area will vary depending on where they live
- The ability of individuals who live elsewhere in the county, to access services at a new hospital in the Forest of Dean will vary depending on the location chosen.

Recommendation 1: The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group are asked to:

i. give consideration to the full range of views that have been expressed during this period of engagement regarding the location of a new Community Hospital in the Forest of Dean;
ii. commit to undertaking further engagement to ensure local people are fully involved in the development of the new community hospital in the Forest of Dean and the services that it provides.

3.2 Equality Impact Analysis

GCS and GCCG commissioned an independent equality impact analysis for each of the three potential locations identified for the new community hospital in the Forest of Dean. A copy of the Executive Summary and full Equality Impact Analysis (EIA) is attached in Appendix 4 and available at http://www.fodhealth.nhs.uk/engagement/ A copy of the EIA presentation given to the Citizens' Jury is available here.

The overarching aim of the Equality Impact Analysis (EIA) was to establish whether there would be any specific groups or communities, within the Forest of Dean, who would be

disadvantaged in any way if the hospital was to be built in any of the three potential locations identified above.

The focus of the EIA was on the 'Protected Characteristics', which fall within the Equality Act (2010); Age; Disability; Gender reassignment; Pregnancy and maternity; Marriage and Civil Partnership; Race; Religion or belief; Sex and Sexual orientation. Section 149 of the Act, the Public Sector Equality Duty (PSED), 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'.

3.2.1 Methodology

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

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

This EIA was developed based on information and secondary data from sources, as set out below. GCCG and GCS undertook primary data collection, which fed directly into the EIA. This is set out in the more detail in the full Equality Impact Analysis Report (see Appendix 4 and available at http://www.fodhealth.nhs.uk/engagement/).

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 25 year's experience in the field of equalities. Review of Biennial report of the Equality and Human Rights Commission, which highlight inequalities for protected characteristics.

Function within methodology	Information or data reviewed, or method
Mapping the distribution of protected characteristics resident across the Forest of Dean, to inform the assessment of the impact of choice of town, including travel time and cost.	Interrogation of the Instant Atlas data for Gloucestershire and the Forest of Dean in particular.
Interrogate feedback about preferences expressed by residents, in terms of location of the new hospital or concerns raised to determine any variations by protected characteristics	Output reports from the GCCG engagement process.
Review case law to identify learning to inform this methodology by anticipating what may have served as an Achilles heel in relation to assessing impact on equality, for organisations leading reviews or service configurations	Cases identified via the Consultation Institute.

***Table 1**: Methodology and sources of data and information*

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

The lines of enquiry are:

- Q1: Does a choice of town mean that geographically based population groups (with protected characteristics) will be more disadvantaged more than others in terms of *journey times*?
- Q2: Does a choice of town mean that geographically based population groups (with PCs) will be more disadvantaged by one town more than others in terms of journey *costs*?
- Q3: Is there a difference in the inclusive design of public transport provision for people with particular protected characteristics: age (older people); gender (women, proportionately more are in caring roles); disabled people – depending on which town is chosen?
- Q4: Is there a difference in accessibility (including inclusivity of design) of ‘community transport’ provision for people with particular protected characteristics as in Q3?
- Q5: Does a choice of town mean that population groups that are not geographically based will be more disadvantaged by one site more than others in terms because of a greater distance from services targeted at specific protected characteristics?

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

- Q6: Has the information from the engagement with community and stakeholders about the proposals indicated a particular set of concerns, when analysed by protected characteristics?
- Q7: Did the responses to the engagement indicate a geographical pattern which is also correlated to clusters of population groups with protected characteristics?

3.2.2 Findings of the EIA

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 would have a differential impact on protected characteristics.

Overall there was no evidence to support a differential impact for any protected characteristic. It is important to note that the absence of evidence at this stage does not mean that there would 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.

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

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

  In any kind of change, one cannot assume who will be affected, how and why. Therefore a discussion or dialogue on a 1:1 basis or through groups needs to take place where people with the protected characteristics are asked "this is what we are planning to do…what are your thoughts?... How do you envisage this may affect you?...Why? etc." This kind of dialogue needs to continue as a loop throughout the process, where the particular groups are spoken to on a regular basis to 'test out' any change as the project evolves.

- *Targeted Engagement* - Whilst it is appreciated that some of the numbers of minority groups are small there still needs to be efforts made to do some targeted engagement work. These communities will have a wider support network and it is therefore important these networks are identified and utilised.

Recommendation 2: The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group are asked to:

i. Commit to ensuring relevancy testing and targeted engagement, as described in the EIA report, form part of the development of the Full Business Case (FBC) for the new community hospital in the Forest of Dean.

3.3 Travel Analysis

It is widely recognised that travel and transport in the Forest of Dean can be difficult, with limited public transport and poor road links common in many rural areas.

During earlier public consultation, and again during the most recent engagement activity, travel and transport were raised as a key concern. In coming to a decision on the preferred option of a single Community Hospital for the Forest of Dean, GCS and GCCG recognised that for some residents and colleagues working in the existing hospitals, there would inevitably be an impact in terms of travel and access, benefitting some at the cost of others. It was also acknowledged that the alternative options could have more significant implications should it not be possible to sustain some of the existing services in the Forest of Dean.

At the meeting of GCS Board and GCCG Governing Body in January 2018, members committed to:

- Ensuring that travel and access issues would be reflected in any consideration of location;
- Working with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean; and
- Continuing to work with community transport providers to promote the use of their services.

Consequently an independent travel analysis was commissioned to provide evidence to the Citizens' Jury about the accessibility of each of the three proposed locations for the new community hospital i.e. in, or near, Cinderford, Coleford or Lydney.

In evaluating the travel data, 'in, or near' was defined as within a two mile drive of the centre of the town. The analysis also considered how access difficulties could be mitigated by community transport and by using alternative hospitals. It noted that 85.6% of residents in the Forest of Dean have access to a motorised vehicle (Source: 2011 Census) and that just over 80% of respondents to the recent engagement survey said they preferred to use their own vehicle for day to day activities.

A copy of the presentation to the Citizens' Jury, including detailed travel maps, is available here. The slide set also includes information regarding local community

transport that was gathered and presented to the Jury by Forest Routes, local transport partnership in the Forest of Dean.

3.3.1 Methodology

The travel analysis was undertaken by Citizens Juries CIC, using iGeolise Travel Time Platform to review car travel times and available public transport routes. iGgeolise uses data such as road infrastructure, speed restrictions and public transport timetables to work out complete travel times, including time spent waiting for public transport links https://www.traveltimeplatform.com/

Eight places from across the Forest of Dean District were chosen, based on geographical spread and population density, with consideration given to:

- how easily could the three potential locations for the new hospital be reached by car; and
- is it possible to reach the three potential locations for the new hospital by public transport.

A set of statements and maps were presented to the jury indicating which journeys could be made within a 30 minute car drive and which journeys could be made in 90 minutes by public transport.

The travel analysis identified differences in travel times to and from the three locations from 8 different places spread across the Forest of Dean District by both public transport and car. Some places were better served by one location than another. However, when taken together, the travel time differences were not substantial.

3.3.2 Additional evidence

The Jury received a presentation from Forest Routes which explained the scope and provision of existing community transport in the Forest of Dean District. It was noted that the choice of hospital location would not impact on the service that community transport providers would be able to provide to residents from across the District.

Recommendation 3: The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group are asked to:

i. Recommit to work with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean.
ii. Recommit both organisations to continuing to work with community transport providers to promote the use of their services.

3.4 Citizens' Jury

The concept of an independently facilitated citizens' advisory panel, or jury, to consider the evidence and make a recommendation on the location of the new community hospital for the Forest of Dean, received strong support from respondents to the Consultation which took place at the end of 2017. At the meeting of GCS Board and GCCG Governing Body in January 2018, members committed to convening such a panel and subsequently Citizens' Juries CIC was commissioned to undertake this work.

Citizens Juries CIC, working in partnership with the Jefferson Centre, planned, designed and refined the Citizens' Jury:

- Articulating the jury questions;
- Specifying the target jury demographics and recruitment approach;
- Identifying the information required by the jury to enable them to address the jury questions;
- Developing the expert witness brief and selecting individuals to act as witnesses and providing the jury with relevant information;
- Developing the brief and selecting individuals to act as members of the independent oversight panel;
- Designing the programme of jury activities across the four-and-a-half days; and
- Designing and developing the other materials the jury would use, including the questionnaire completed at the end of the jury.

Full details of the design of the Citizens' Jury is available at www.citizensjuries.org

3.4.1 The jury process

On 30 July 2018, 18 people gathered at Forest Hills Golf Club in Coleford and began a four-and-a-half day "citizens' jury" facilitated by the Jefferson Centre and Citizens Juries CIC. The central question for the Jury was whether a new community hospital for the Forest of Dean should be in or near Cinderford, Coleford or Lydney. A full set of questions is included in the Forest of Dean Citizens' Jury Report at Appendix 5.

Over the four-and-a-half days, the citizens heard from and asked questions of witnesses, and worked in groups on the jury questions. A full set of all of the presentations received by the Jury is available here. The Jury members reached conclusions together, and were polled on their individual views. They identified individual and collective reasons for their answers. Incorporated in the full Citizens' Jury Report, is the report of the process from the jurors themselves, in the jurors' own words, with their reasoning and recommendations.

3.4.2 The Jury recommendation

On day five of the Jury each member voted on the jury questions. A report (see Appendix 5) was compiled from their votes and their reasoning developed over the previous days and then tested with the members to ensure it accurately reflected their views. In summary the Jury report concludes *[extract in the Jurors own words below]*:

1) **We recommend Cinderford for the hospital location by a majority vote of 8 out of 18 jurors, compared to Coleford (5 votes) and Lydney (5 votes).**[2] Coleford had more second preference votes than Lydney**.**

2) **Our most important reasons for choosing Cinderford were, in order of importance:**
   - Area of highest deprivation in terms of health and disability and unhealthy behaviours, therefore statistically more likely to need and use Cinderford Hospital. Over 35% more illness, over 15% unhealthy behaviours
   - Cinderford is central to the whole of the Forest
   - More central location for staff who live throughout the FOD
   - It is the geographic centre and can provide a Forest environment
   - Cinderford has two A roads as primary routes to Gloucester in case of road closures
   - Large percentage of people over 65 and over 85.

3) **If the decision is made to build the new hospital in the location recommended by the jury, we recommend the following supplemental actions are undertaken by the NHS to best serve the Forest of Dean District:**
   1. Improving transport accessibility options for communities throughout the region and ensuring accessibility for drop-offs, transfers, and other transport needs
   2. Considering how to incorporate on-site amenities (such as a cafe or a chemist) to maximise the benefits of the new hospital
   3. Ensuring that a full range of necessary and suitable services are provided and that the new hospital is adequately staffed
   4. Planning for future use and needs of the entire Forest of Dean in the design and size of the building.

4) **Desirable Site Criteria**
   Here is our ranking of the desirable site criteria we were asked about - in order of importance with 10, 4, and 4 first preference votes respectively:

[2] The Supplementary Vote system was used. As Cinderford did not have more than half the first preference votes, and there was a tie for second, two scenarios were tested. Firstly, Lydney was eliminated and second preferences for those who voted Lydney were assigned to Cinderford and Coleford (resulting in 9 votes to 8 respectively). Then Coleford was eliminated and second preferences for those who voted Coleford were assigned to Cinderford and Lydney (resulting in 11 votes to 6 respectively).

1. It is a site that offers a design and development which provides best value for money for the public purse.
2. It offers the potential for pleasant surroundings, green space, views, etc.
3. It enables completion of works by 2021/2022.

Criteria 2 above was the second preference of the jury overall, and the jury's reasoning might be best summed up by the juror who said:

> "Although I believe that natural spaces and greenery are also important, I think that spending is important, as the least amount of resources spent on building the hospital will mean more resources are kept once the hospital is built and can go into nursing cost etc".

Recommendation 4: The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group are asked to:

i. Consider the full evidence presented to the Citizens' Jury, available a http://www.fodhealth.nhs.uk/citizens-jury/
ii. Consider the recommendation of the Citizens' Jury, that the new community hospital in the Forest of Dean should be in, or near, Cinderford.
iii. Confirm that the supplemental actions identified by the Citizens' Jury will be given due regard in the development of the new community hospital site.
iv. Note the Jury's ranking of the desired criteria for the new site and use this to inform decision making when acquiring a site in, or near, Cinderford.

4 Next steps

Following a decision regarding the location of the new community hospital for the Forest of Dean, the following steps will be required:

Autumn/Winter 2018/19

- Further local engagement regarding the design of services for the new hospital;
- Site appraisal and selection;
- Alignment with system-wide service development work in the county.

Spring/Summer 2019

- Development of Full Business Case (subject to NHS assurance process and engagement/consultation) ;
- Site acquisition.

This high level timeline supports the opening of the new community hospital in the Forest of Dean during 2021/2022.

5 Conclusion

The GCS Board/GCCG Governing Body is asked to consider the recommendations set out in this paper in response to the engagement feedback, travel analysis, Equality Impact Assessment. They are asked to consider the additional information presented to the Citizens' Jury and decide whether they are able to approve the recommendation from the Citizens' Jury that the new community hospital in the Forest of Dean be located in, or near, Cinderford.

The GCS Board/GCCG Governing Body is therefore asked to:

1) Consider recommendations 1 – 4 below:

Recommendation 1:

i. give consideration to the full range of views that have been expressed during this period of engagement regarding the location of a new Community Hospital in the Forest of Dean;
ii. commit to undertaking further engagement to ensure local people are fully involved in the development of the new community hospital in the Forest of Dean and the services that it provides.

Recommendation 2:

i. commit to ensuring relevancy testing and targeted engagement, as described in the EIA report, form part of the development of the Full Business Case (FBC) for the new community hospital in the Forest of Dean.

Recommendation 3:

i. recommit to work with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean.
ii. recommit both organisations to continuing to work with community transport providers to promote the use of their services.

Recommendation 4:

i. Consider the full evidence presented to the Citizens' Jury, available at http://www.fodhealth.nhs.uk/citizens-jury/
ii. consider the recommendation of the Citizens' Jury, that the new community hospital in the Forest of Dean should be in, or near, Cinderford.
iii. confirm that the supplemental actions identified by the Citizens' Jury will be given due regard in the development of the new community hospital site.
iv. note the Jury's ranking of the desired criteria for the new site and use this to inform decision making when acquiring a site in, or near, Cinderford.

2) In consideration of the full evidence, which was also be made available to the Citizens' Jury, approve the location of the new community hospital in the Forest of Dean will be in, or near, Cinderford.

Appendices

Appendix 1: Health & Wellbeing for the Future: Community Hospitals in the Forest of Dean - Outcome of consultation Report, January 2018

Appendix 2: Public engagement booklet: Location of a new community hospital in the Forest of Dean

Appendix 3: Outcome of Engagement Report, Summer 2018

Appendix 4: Equality Impact Analysis on the potential location of a community hospital in the Forest of Dean – Executive Summary and full report

Appendix 5: Forest of Dean Citizens' Jury Report

NHS Gloucestershire Care Services NHS Trust

NHS Gloucestershire Clinical Commissioning Group

Health and Wellbeing for the future: Community Hospitals in the Forest of Dean

Recommendations for Next Steps following the public consultation

1 Introduction

This paper sets out recommendations for consideration by the NHS Gloucestershire Clinical Commissioning Group (GCCG) Governing Body and Gloucestershire Care Services NHS Trust Board (GCS) following the 12 week formal consultation on proposals for community hospitals in the Forest of Dean.

In line with national guidance, while recognising that NHS bodies are not bound by the views expressed by those who took the opportunity to respond to the consultation, both GCCG and GCS are committed to ensuring that these views are fully considered and taken into account as part of any decision making process.

The Governing Body/Trust Board is being asked to consider whether they feel able to continue to progress the preferred option as set out in the consultation document, or whether there are any issues that have been identified through the consultation which would suggest an alternative option should be pursued.

In making this judgement, the Governing Body/ Trust Board may wish to consider areas for further work to address any issues identified through the consultation, which will need to be addressed in the final business case and/or future CCG commissioning intentions.

2 Background and Context

The Forest Health and Care Review was established in 2015. The purpose of the review was to:

> develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, GCCG and GCS, with the support of the wider One Gloucestershire Sustainability and Transformation Partnership (STP), approved the Case For Change in July 2017. The summary below focuses specifically on the case for change relating to the community hospital service provision in the Forest of Dean.

Case for Change Summary – Community Hospital Services

In developing and delivering high quality services for the future, we face the following **challenges**:

- the two existing community hospitals are reaching the stage where it is becoming increasingly difficult to provide 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 increasingly 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.

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

- 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;
- significantly improved facilities and space for patients and staff;
- 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.

The Case for Change informed the development and consideration of options for the future delivery of community hospital services, resulting in the identification of a preferred option for public consultation.

GCCG and GCS launched a 12 week formal consultation at the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) on 9th September 2017. The consultation closed on 10th December 2017.

The consultation focused on the preferred option to invest in a single new community hospital for the Forest of Dean. This approach was supported by observations made by Healthwatch Gloucestershire in its response to the consultation. While offering a high level overview of the services that would be expected to be provided in a new Community Hospital, the consultation was based on the assumption that the new facility would provide flexible, modern accommodation that would enable the ongoing provision of strong community hospital based services capable of meeting current and future needs in the Forest of Dean. The diagram below illustrates the range of services that we would see included in a new community hospital:

This reflects the ongoing work progressing through the One Gloucestershire STP to support new models of care, based on the core STP principles of providing care as locally as possible, with a strong focus on prevention and strengthened primary care and community based services. It is important to note, therefore, that alongside the proposal for a new hospital plans are progressing rapidly to provide two new health centres in the Forest of Dean to replace existing ageing facilities in Cinderford and Coleford. In

addition, in recent years local services that have been developed and enhanced, include (but are not restricted to):

- **Renal Dialysis** - A new renal dialysis facility in Cinderford meaning that Forest residents who need renal dialysis can have their care locally, removing the burden of travel multiple times per week to Gloucestershire Royal Hospital;
- **Chemotherapy** – the chemotherapy bus provides a local option for some patients requiring chemotherapy which is co-ordinated from our oncology centre in Cheltenham;
- **Breast Screening** – Our mobile Breast Screening service provides a local service for women across the Forest area;
- **Ophthalmology Services –** A range of eye outpatient services have been 'relocated' from secondary care (the hospital) to primary care (local optometry practices in the Forest), meaning cataract follow-up appointments, glaucoma monitoring check-ups, emergency care for a number of minor eye conditions and follow-up appointments for children identified through school vision screening services are provided at local optometrists practices across the Forest;
- **Mental Health Care** – The enhanced offer from 2gether Mental Health Trust provides a range of outpatient services at the newly developed hub at Colliers Court. Services are provided by The Adult Mental Health Recovery Team, Older People Team, Children and Young People Service, Vocational Service, Assertive Outreach, Learning Disability Services, Complex Psychological Intervention, Managing Memory ²gether, Care Home Support, Integrated Care Team (including Let's Talk/Improved Access to Psychological Therapy). These teams in the Forest have, in the past year, provided an average of more than 1,260 appointments each month;
- **Maternity Care -** Maternity outpatient and antenatal services are provided from a range of health centre locations, and we offer a supportive home birthing service that can enable women who are low risk to have their babies at home in the Forest of Dean;
- **Rapid Response Team** – a strengthened Rapid Response service, providing an alternative to hospital admission for a range of health conditions, supporting people to remain at home wherever it is possible to do so. In this financial year it is expected that nearly 800 Forest residents will receive support through this service;
- **Extended Access Primary Care** – Our GP practices are delivering extended access appointments at evening and weekends for Forest residents across the district;
- **Health and Wellbeing Services** - A range of new health and wellbeing services, including the new 'social prescribing' service delivered in partnership with the local district council, community based rehabilitation such as pulmonary rehab and some innovative pilots to engage young people with diabetes in arts and health activities working with a local arts organisation in Coleford.

In launching the consultation, both GCCG and GCS acknowledged the debt of gratitude owed to people of vision and generosity who helped to develop healthcare facilities and services in the Forest of Dean over many generations. A commitment was made at the that time by GCS, that should the decision be made to progress the preferred option it would invest in a new community hospital facility in the Forest of Dean to support modern, efficient, high quality care, and a commitment of the CCG as the commissioner of these services to maintain strong local provision in the Forest of Dean.

The consultation asked local people and health and care professionals to consider whether they supported the preferred option to replace the two existing community hospitals, The Dilke Memorial Hospital and Lydney and District Hospital with a newly built hospital in the Forest of Dean, and if they did not feel able to support the preferred option to explain why.

The consultation also sought views on the criteria which should be used to help to decide where any new hospital would be located if the preferred option was progressed, and how a recommendation regarding location should be made.

The Case for Change and Consultation Documents are attached at Appendix 1 and Appendix 2.

3 What we have heard through the consultation

As noted above, in line with national guidance, while recognising that NHS bodies are not bound by the views expressed by those who took the opportunity to respond to the consultation, both GCCG and GCS are committed to ensuring that the views expressed through the consultation are fully considered and taken into account as part of any decision making process.

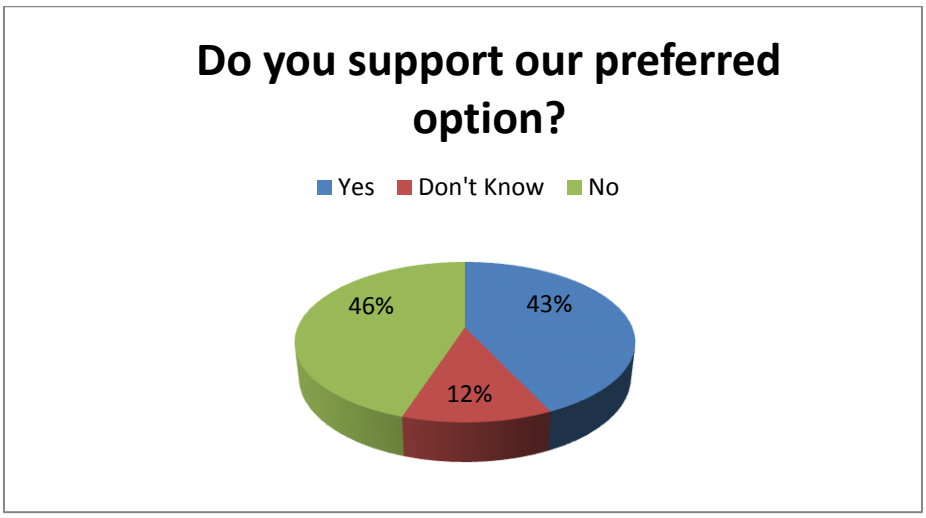
The full Outcome of Consultation report is attached at Appendix 3. A summary of the key themes and considerations is set out below.

3.1 Support for the Preferred Option

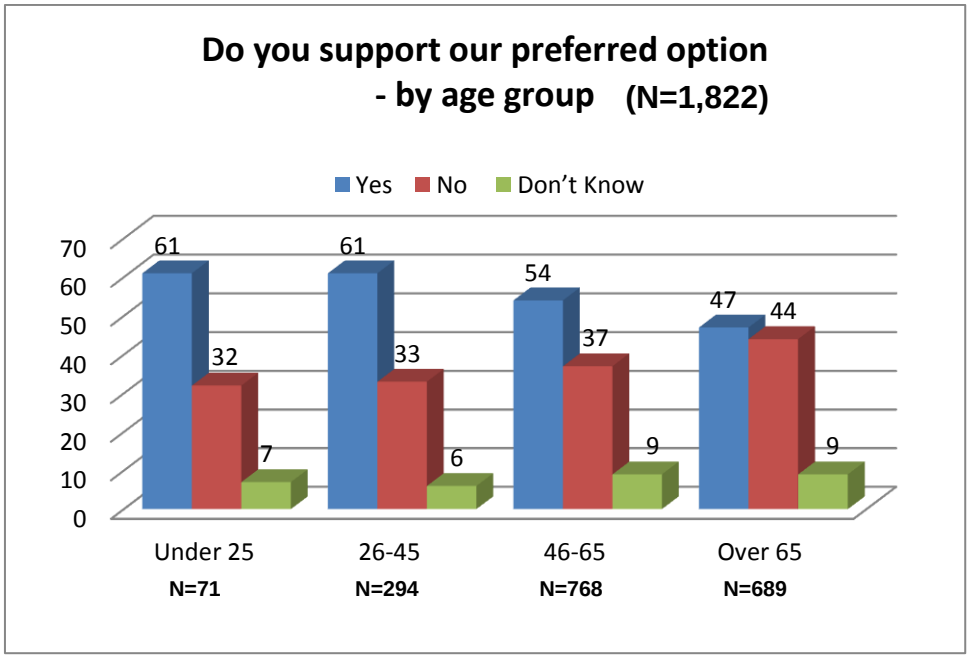
The consultation sought to establish the level of support for the preferred option. It also provided an opportunity to understand any issues of concern to those who participated in the consultation which meant that they did not feel able to support the preferred option, and to ensure that there were no other options that we should consider.

43% of all respondents who answered this question supported the preferred option, with 12% undecided. 46% of all respondents who answered this question did not feel able to support the preferred option[1]

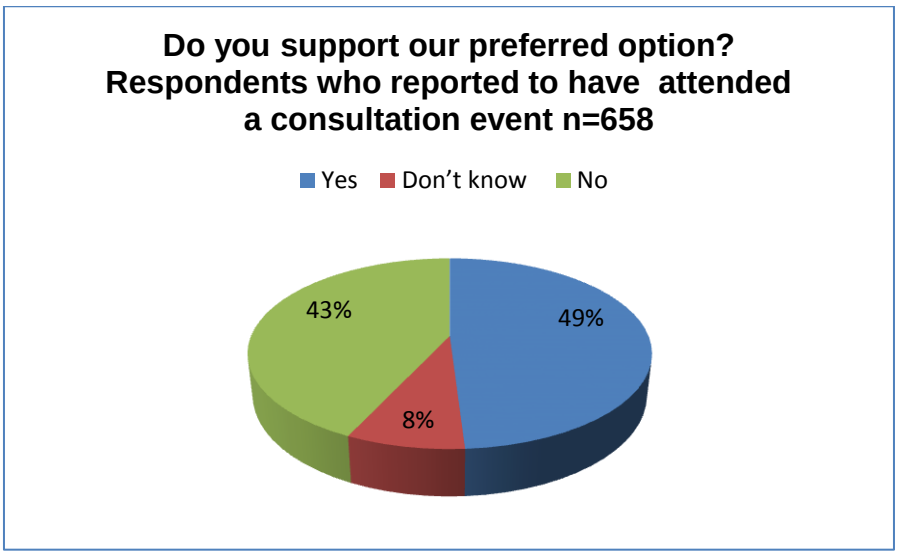
[1] % rounded



Where full survey responses were completed to include demographic information (Number =, 1,822), it has been possible to undertake further analysis. This shows that of this group, across all age groups more people supported the preferred option than not, with greater support among the younger respondents (% responses below).



It is also of interest to note that of those respondents who completed the consultation questionnaire and who indicated that they had attended a consultation event, 49% were supportive of the preferred option, with 43% not in favour and 8% un-decided.



In addition to the consultation survey, written responses were also received from a number of individuals and stakeholder organisations.

Of note, the preferred option, with some important caveats specifically in relation to location and bed numbers, was supported in principle by the following:

- Mark Harper, MP for the Forest of Dean
- Friends of Lydney Hospital*
- Cinderford Town Council*
- Lydney Town Council*
- Lydney, District and Severnside Stakeholder Group*
- Forest GP Surgeries
- Great Oaks Hospice
- Coleford Town Council*
- 2gether NHS Foundation Trust

(* these responses also made comments with regard to location)

The analysis of the feedback, which also reflected discussions in consultation events, highlights a number of important themes and issues which will require serious consideration by the Governing Body and Trust Board to determine whether these issues, taken together, should move us away from our preferred option. These issues were also identified during discussions held by the Gloucestershire Health and Care Overview and Scrutiny Committee, which considered the outcome of consultation report at its meeting held in public on 9th January 2018. A summary of their response is attached at Appendix 4.

3.1.1 Bed Numbers

Currently there are 47 beds across the two community hospital sites in the Forest of Dean. While the consultation document did not give any definitive statement on the number of beds that could be included in a new hospital, it did state that there would be a minimum of 24 beds. While attempts were made to explain the rationale for the inclusion of a minimum number of beds, and assurance was given that detailed bed modelling would be progressed as part of the detailed planning, it is clear that these concerns were not fully addressed and many people interpreted the minimum number of 24 beds as the final number.

As a result a significant proportion of survey respondents who did not feel able to support the preferred option or who were undecided (Don't knows), cited a potentially reduced number of beds as the reason. Similar concerns were also noted in a number of written responses.

Initial NHS response:

If the Governing Body and Trust Board progress the preferred option, it will be essential that further work is undertaken to provide assurance on the bed modelling rationale to ensure that the concerns expressed through the consultation are addressed.

3.1.2 Travel and transport

It is widely recognised that travel and transport in the Forest of Dean can be difficult, with limited public transport and poor road links common in many rural areas.

In coming to a view on the preferred option of a single Community Hospital it was always recognised that for some residents in the Forest of Dean, and for some colleagues working in the community hospitals, there would inevitably be an impact in terms of travel and access, benefitting some at the cost of others.

Travel and transport was cited as the second most frequently occurring reason not to support the preferred option. It was also an important issue raised in consultation events, where a number of participants took the opportunity to promote the important role played by voluntary transport providers in the Forest of Dean and also reflected on the strength and support within local communities and networks to help people access current health and care services.

There was also some recognition through the consultation events, that a do minimum option could have more significant implications should it not be possible to sustain some of the existing services in the Forest of Dean.

Initial NHS response:

It is clear that should the preferred option be progressed, careful consideration of travel and transport impact and opportunities must be given serious attention.

3.1.3 Changing demographics

The Forest of Dean review has involved key partners, including the Forest of Dean District Council, with the aim of ensuring that our work is based on shared planning assumptions. A number of responses sought assurance that there had been sufficient consideration given to future demographic changes, in particular changes associated with planned housing growth in a number of areas in the Forest of Dean.

Initial NHS response:

Should the preferred option be progressed, greater assurance will be needed to evidence consideration of future population changes and planned housing developments, particularly where these could materially impact on location and core services.

3.1.4 Forest of Dean heritage / local investment

It should be of no surprise that some responses reflected on the important legacy and heritage of both The Dilke Memorial Hospital and Lydney and District Hospital, expressing a wish to see the two hospitals continue to serve their communities.

It is hoped that throughout the consultation process there was an appropriate recognition and respect given to the history associated with both of the sites, while also seeking to explain why, despite the generous support of local people and continued investment by the Trust, there were significant constraints that were impacting on the ability to provide care effectively and appropriately.

These constraints were well recognised by clinical colleagues through the consultation and among those who were familiar with the two existing hospitals.

Initial NHS response:

The consultation has highlighted the need to provide assurance that the future of both existing sites will be an important consideration for the GCS Trust Board and that cultural heritage would be taken into account in any new hospital development.

3.1.5 Insufficient detail provided

Some survey responses cited the lack of detail as the reason why they were unable to support the preferred option.

It is important to recognise that the consultation document deliberately focused on the proposal for investment in a single new hospital and the process for identifying a preferred location. This is because much of the detailed planning work that will impact on community hospital and community based services across the whole of Gloucestershire is being progressed as part of the wider One Gloucestershire STP work. The STP work is assuming that there will be a need for flexible community hospitalservices, incorporating urgent care, in the Forest of Dean.

It is also of note that Healthwatch Gloucestershire have provided feedback that they felt "the consultation was supported with good quality information, which explained the case for change, background, Frequently Asked Questions and the options".

Initial NHS response:

The consultation has highlighted a wish for greater detail on the services to be provided in a new community hospital.

3.1.6 NHS 'cost cutting'

Through the consultation process, both the CCG and GCS have been clear that the context within which the NHS is working is challenging and opportunities for improving efficiency and effectiveness is critical if services are to be maintained. Indeed, one of the key investment objectives associated with the preferred option is to secure greater efficiencies possible through a single site, thus enabling the continuing provision of a strong community hospital offer in the Forest of Dean.

A number of respondents did not support the preferred option as they perceived it to be a 'cost cutting' initiative. In a number of public meetings there were also concerns expressed with regard to the financing of the preferred option, with assumptions made that there would be private finance associated with the new hospital and that the aim was to secure significant receipts through the disposal of the existing sites.

It is noted that, should a final decision be made to progress planning for a new community hospital development in the Forest of Dean, this would be dependent upon the investment of GCS capital funding, with no private funding assumed. It was also made clear in the consultation events that, should the preferred option be progressed, and if one or both sites were not to be identified as the preferred location, the assumption was that any capital from any sale would be reinvested in local NHS services.

3.2 Alternative Options

Respondents who did not support the preferred option were asked whether there were any other options that should be considered.

Where comments were offered, the predominant suggestion was to share the proposed capital investment across the two existing sites. This option was explored as part of the original option appraisal and was discounted for a number of reasons specifically:

- It does not support the delivery of new models of care and inability to sustain essential services across both sites.
- Even with significant investment there would continue to be constraints associated with the existing buildings that would impact on the ability to provide a high quality physical environment.
- It would not support new ways of working.

There were also a number of responses which suggested that the new community hospital should be on one of the existing sites, with the other used for alternative health purposes. Given that both existing sites will be considered as potential options, this is in line with the preferred option set out in the consultation.

A number of respondents identified additional services that they wished to see provided in the Forest of Dean. This included the provision of a maternity unit, a 24/7 Accident and Emergency unit and operating theatre facilities.

3.3 Impact of options

While there will be a need to continue to assess the impact of any changes proposed through a robust equality impact assessment process, the consultation provided an opportunity to gain some valuable insight on the impact of the options presented.

Respondents to this question reported both positive and negative impacts, with travel and access being a predominant theme.

3.4 Criteria for Location

The consultation asked for views on the possible criteria that should be used to consider the best location for a new community hospital in the Forest of Dean. The criteria suggested were as follows:

- It should be in, or near, to one of the three main population centres in the Forest of Dean – Cinderford, Coleford or Lydney. As a guide it should be no further than 30 minutes by car, for the majority of Forest of Dean residents.

- There is an available site that:
    - is able to accommodate a building/buildings (and parking provision) which meet current and future service requirements
    - is accessible by car or public transport
    - is available and affordable to enable completion of works by 2021/2022
    - will be able to secure appropriate planning permission.

- It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.

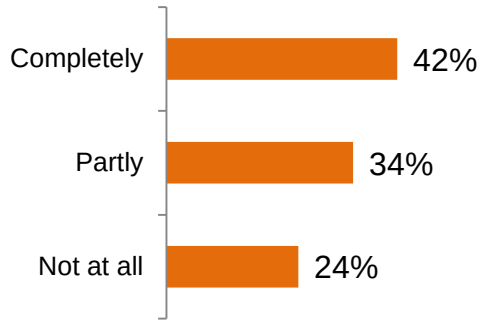
- It should have the support of local health and care professionals.

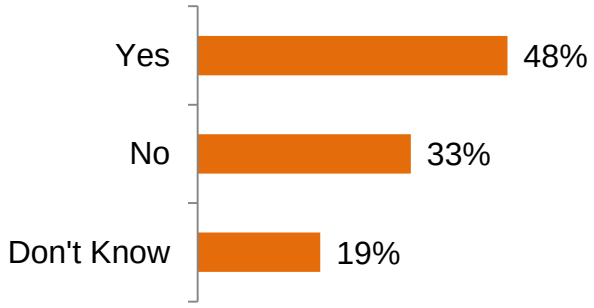
- It is a site that offers a design and development which provides best value[2] for money for the public purse.

The consultation document also confirmed a commitment to ensure that, wherever the location, the new hospital would be designed with the input of local communities to reflect the unique heritage and character of the Forest of Dean, with environmental sustainability at the core of the design.

While in the consultation survey, some respondents used the opportunity to restate their concerns associated with the preferred option, overall the responses suggest that the proposed criteria are appropriate to be used to consider the optimal location for any new community hospital in the Forest of Dean, with 42% of respondents supporting these completely, and 34% partly (main survey) and 48% and 19% (easy read).

[2] Best value is defined through this document as ensuring consideration of cost, quality and sustainability.





In offering additional comments and suggestions, it is clear that access by public transport is a common concern. There were also suggestions for additional criteria:

- Relative accessibility of other options to access care recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;
- A site with pleasant surroundings, green space, views, etc.
- A site with sufficient space for car parking, future developments and which is able to facilitate mobile services e.g. breast screening service.

3.5 Making a Recommendation on Location

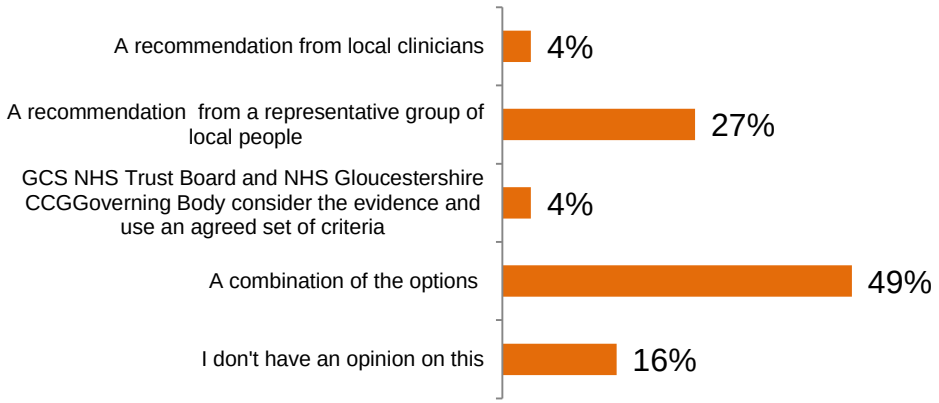
The consultation asked for views on the kind of forum that could be convened to make a recommendation on the preferred area to locate a new community hospital, if the preferred option was to be progressed. A number of options were suggested in the document:

- To convene a Clinical Advisory Panel, involving a representative group of local clinicians (e.g. doctors and nurses) to consider the evidence and make a recommendation. The clinical advisory panel would be independently facilitated (chaired). It would be presented with, and could call for evidence, to enable it to make as informed a recommendation as possible.
- To convene a Citizen's Advisory Panel to consider the evidence and make a recommendation. A citizen's advisory panel or 'jury' would work on the principles of our legal jury system; it would be independently facilitated (chaired) and would be made up of representatives from the community with no personal interest in the issue being discussed. It would be presented with, and could call for evidence, to enable it to make as informed a recommendation as possible.

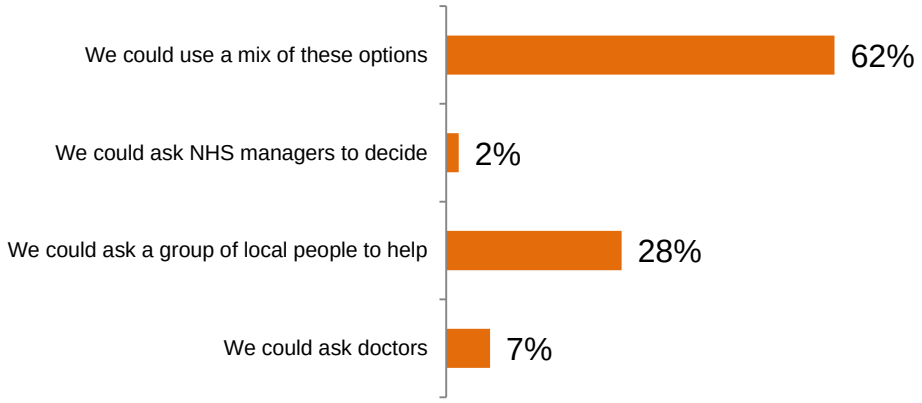
- To ask the Gloucestershire Care Service NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group to consider the evidence and use an agreed criteria to make a decision.

- A combination of the options above.

The majority view through the survey responses was that the forum should be a combination of local people, health professionals and managers. This was also the general view expressed through written responses from individuals and stakeholders.



Easy Read - If we build a new hospital, how should we decide where?



3.6 Summary

The consultation process has provided a valuable opportunity to listen to people's views and, where individuals attended consultation events, to enter into discussion about why we believe that our preferred option represents the best way forward to maintain and develop strong community hospital based services in the Forest of Dean.

The consultation responses suggest that, while the rationale for investing in a new facility in the Forest of Dean is accepted, the main issues of concern to local people are:

- the need to provide greater assurance with regard to the number of beds that will be available in the Forest of Dean in a new facility to support local people who may require community hospital care in the future;

- Concerns with regard to travel and access should the preferred option be progressed;

- A wish to see a positive future for both existing community hospitals which reflects their history and legacy.

4 Our Response

The feedback from the consultation has been carefully reviewed by the consultation team and Executive and Non-Executive colleagues from GCS and the CCG. As a result of this review, a set of recommendations has been developed for consideration.

4.1 Case for Change

While it has been hugely gratifying to hear the positive accounts of local people with regard to the services provided across the two community hospitals in the Forest of Dean, the Executive of Gloucestershire Care Services and the Clinical Commissioning Group do not consider that there has been any new evidence presented to suggest that the case for change should be revisited. Indeed, the conversations through the consultation have evidenced the importance placed by the local community on sustaining strong community based services in the Forest of Dean, and a recognition that while the two existing hospitals have served the communities over many years, there are increasing challenges that need to be faced.

Recommendation 1: Case for Change

The CCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to re-confirm its continuing support for the Case for Change, with specific reference to community hospital services.

4.2 Support for our preferred option

A significant number of respondents to the consultation survey (3344), and the written responses (28) received from representative organisations and groups have indicated either support for the preferred option or that they are un-decided. This is in no way intended to ignore the fact that 46% of all survey responses received did not support the preferred option.

4.2.1 Bed Capacity

The most common issue of concern among those who did not feel able to support the preferred option was related to the number of beds that would be in a new hospital.

While we recognise that hospital beds are only part of the landscape of community services and community hospitals, it is clear that local people see hospital beds as precious and tangible evidence of NHS services in their local communities.

Through the consultation we sought to be clear that in planning for a new hospital we would work openly and transparently to develop our plans for the number of beds we would include within the facility, noting also the need for a building that has sufficient flexibility to respond to changing needs of the population over time. We also sought to be clear that a key assumption for the planning of a new hospital would be to work on the basis that the capacity required in the Forest of Dean should be sized to meet the needs of the Forest of Dean, recognising potential demographic changes and our continuing aim to reduce the need for hospital admission and length of stay by supporting people in their own homes wherever appropriate.

Currently, due to their being no community hospital facility in Gloucester City or Cheltenham, a significant proportion of the existing community bed capacity in the Forest of Dean is occupied by patients who live in Gloucester City. We explained through the consultation our ambition to work over the next two years to provide alternative provision for patients living in Gloucester City, where possible providing their care closer to home, as well as looking to reduce the need for inpatient hospital admission and length of stay.

As part of the wider STP work, the CCG and GCS have committed to working with Gloucester Hospitals NHS Foundation Trust and other partners to develop a whole system bed model which will support our planning for the future. It will be through this work that the final proposals for the bed numbers to meet the needs of people in the Forest of Dean will be developed. It is expected that this work will be completed before a final decision on the detailed design of a new community hospital is made, and will be shared widely with colleagues in the Forest of Dean to provide assurance that we remain committed to ensure that a new facility has the appropriate capacity to meet local need.

Recommendation 2: Bed Modelling

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Note the comments that have been expressed through the public consultation with regard to the number of beds that will be included in a new community hospital in the Forest of Dean.

2) Confirm that at this point in time no final bed numbers have been agreed for a new hospital in the Forest of Dean.

3) Confirm that the shared aim is to provide sufficient capacity within the Forest of Dean to meet local need, with specific reference to meeting the needs of people who require multi-disciplinary active rehabilitation and/or sub-acute care, while also

promoting new models of care which reduce the need for hospital admission and support reduced length of stay in hospital.

4) Confirm a shared commitment to work actively to test new models of care in Gloucester City and Cheltenham Town, with the aim of providing clear pathways and more local care where possible and appropriate.

5) Commit to undertaking further work, as part of the wider whole system bed modelling, to provide the rationale and evidence base for the proposed bed numbers to be included within a new community hospital in the Forest of Dean.

6) Confirm that this work will be completed before the final design of a new community hospital is agreed, and that it will be shared widely with colleagues in the Forest of Dean.

4.2.2 Travel and Access

It is well understood that travel and access is a key issue for the Forest of Dean which covers a significant geographic area with generally poor transport infrastructure. While the 2011 Census shows 85.6% of households in the Forest of Dean have access to a car or van, which is slightly higher than the County average of 82.9%, we appreciate that many people do rely on public transport which can be very limited. The role of voluntary transport and the strength of local communities to support friends and family was also highlighted.

It is noted that a number of the proposed criteria set out in the consultation document to inform the optimal location for a new community hospital relate to travel and access for service users and carers, taking into account both private and public transport. It is also important to understand the issues of travel and access for health and care professionals, including patient transport and ambulance services.

While recognising the importance of travel and access, the feedback from public engagement undertaken through the One Gloucestershire in 2016/17[3] suggested that people were prepared to travel for health care when this was necessary to enable them to receive the right care.

Recommendation 3: Travel and Access

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Note the importance of travel and access for people in the Forest of Dean.

2) Ensure that travel and access issues are reflected in any consideration of location, should there be a decision to progress the preferred option.

[3] www.gloucestershireSTP.net

3) Commit both organisations to work with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean.

4) Commit both organisations to continuing to work with community transport providers to promote the use of their services.

4.2.3 Changing demographics

It is understood that, regardless of whether the preferred option is progressed, there must be careful consideration of the future population changes.

It has become clear during the consultation that there is a need for greater assurance that we understand the current development control plans and implications. This will be particularly important in any considerations around location of a new community hospital and the scope of services to be provided.

Recommendation 4: Planning for demographic growth

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Confirm that the assumptions for demographic growth will be reviewed and updated to reflect the most current information, working in partnership with the Forest District Council and town councils as necessary;

2) That should the decision to approve the preferred option be made, this information will be available to the forum established to consider the optimal location.

4.2.4 Forest of Dean heritage / local investment

Both GCCG and GCS recognise the important legacy and heritage of both The Dilke Memorial Hospital and Lydney Hospital.

Legal advice has been taken which confirms that both hospitals are assets held by Gloucestershire Care Services NHS Trust on behalf of the Secretary of State for Health and Social Care. The advice has also confirmed that should either, or both, become surplus to requirement they can be disposed of with no restrictive covenants in place. It has, however, always been the ambition of GCS to ensure that, should either or both sites no longer be required for the provision of community hospital services, options for disposal of the sites is progressed in a manner which recognises their history and legacy. We know that this ambition is shared by the Forest of Dean District Council, which has indicated a wish to work with us should there be a time in the future where either or both sites are no longer required by the NHS.

GCS has also been clear that any receipts from the sale of either or both sites will be required to reinvest in the new hospital, ensuring that the funding remains within the Forest of Dean for the benefit of the local community.

Recommendation 5: Heritage and Legacy

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Note the strong views of local people with regard to the history and legacy associated with the two sites.

2) Note that, should the preferred option be progressed, and should either or both sites become surplus to requirements, options for the future of each site will be progressed to realise best value.

4.2.5 Insufficient detail provided

The CCG Governing Body and GCS Trust Board will be aware that the consultation deliberately focused on the proposal for investment in a single new hospital and the process for identifying a preferred location.

As noted in section 3.1.5 this is because much of the detailed planning work that will impact on all community hospital and community based services across the whole of Gloucestershire is being progressed as part of the wider One Gloucestershire Sustainability and Transformation Partnership (STP) work.

Through the consultation events, it was also recognised that should the preferred option be progressed, our aim would be to have a new hospital opening in 2021/22 and while we would need to establish some clear service planning principles to underpin the business case, it would be inappropriate to make definitive service plans at this point in time given the pace of change impacting on health and care services.

It is on this basis that the consultation set out clearly the core services that would be included in a new community hospital, specifically:

- Inpatient beds for core rehabilitation and sub-acute care[4]
- Provision for the delivery of specialist outpatient services and therapy services
- A facility for urgent care
- A range of diagnostic services, including space for specialist mobile diagnostic services

We also note the assurance provided by Healthwatch Gloucestershire with regard to the information that was made available through the consultation.
Some respondents did not feel able to offer a view on the preferred option without knowing the proposed location of a new hospital. While appreciating this was an issue for some respondents, the consultation was seeking views on the principle of a single new community hospital and the criteria that should be used to identify an optimal location.

[4] **Subacute care** is a level of care needed by a patient who does not require hospital acute care, but who requires more intensive skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

Recommendation 6: Detailed Service Planning

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Reconfirm that the approach was to seek the views through consultation on the preferred option for a single new hospital, and views on the criteria for location.

2) Commit to ensuring that, if a decision is taken to approve the preferred option, there will be a process established to ensure that local people are engaged and involved in the detailed service planning, reflecting an ongoing commitment to co-production.

4.2.6 NHS 'cost cutting'

It is disappointing that a number of respondents did not support the preferred option as they perceived it to be a 'cost cutting' initiative and that it would be dependent upon access to private capital. Both GCCG and GCS have been clear that should a final decision be made to progress planning for a new community hospital development in the Forest of Dean, this would be dependent upon the investment of GCS capital funding, with no private funding assumed.

Notwithstanding the above, it is also important to recognise that the health and care system across Gloucestershire is facing an unprecedented challenge to maintain safe and sustainable services within the resources available. This does mean that in planning for future services every opportunity to secure improved efficiency and productivity must be taken. In this regard, the additional costs associated with maintaining relatively low volume services across two community hospital sites is not insignificant and early work has suggested the opportunity to achieve efficiencies through the development of a single site solution in the Forest.

Recommendation 7: NHS Financial Framework

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Ensure that in all future engagement and communication it is made clear that should the preferred option be progressed, this will be achieved through the investment of NHS capital;

2) Note that should the preferred option be approved, there will be a commitment to ensure that the optimal levels of efficiency are realised, noting the need to secure year-on-year cost improvements and a wish to achieve this with minimal impact on patient care.

4.3 Alternative Options

Where comments were offered, the predominant suggestion was to share the proposed capital investment across the two existing sites. This option was explored as part of the original option appraisal and was discounted for a number of reasons specifically:

- It does not support the delivery of new models of care and inability to sustain essential services across both sites.
- Even with significant investment there would continue to be constraints associated with the existing buildings that would impact on the ability to provide a high quality physical environment.
- It would not support new ways of working.

A number of respondents identified additional services that they wished to see provided in the Forest of Dean. This included the provision of a maternity unit, a 24/7 Accident and Emergency unit and an operating theatre facility. These issues had been considered through the Forest of Dean Community Services Review and had been discounted for clinical reasons.

The analysis of the feedback through consultation and by the consultation team has not identified any issues which were not considered as part of the case for change and options appraisal.

Recommendation 8: Alternative Options

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Confirm the assessment that no new options, which met the objectives set out in the consultation, were identified through the consultation feedback which had not been considered as part of the options appraisal to determine the preferred option.

4.4 Impact of options

While there will be a need to continue to assess the impact of any changes proposed through a robust quality and equality impact assessment process, the consultation provided an opportunity to gain some valuable insight into the impact of the options presented.

Of particular note from the consultation, the issues identified included the impact of travel and access, both positive and negative.

Recommendation 9: Impact Assessment

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Recommit to ensuring that, what-ever option is progressed, there will be a clear process to assess the quality and equality impact, with particular reference to people with protected characteristics. [5]

4.5 Criteria for Location and Process for Applying the Criteria

A number of responses, and feedback at consultation events, recognised that it is unlikely that a consensus on the issue of location of a single new community hospital will be possible, and that this should be openly acknowledged and not allowed to stand in the way of progress.

The consultation responses suggest that among those who participated there is a broad consensus on the criteria that should be used to determine whether a new community hospital for the Forest of Dean should be in, or near to Cinderford, Coleford or Lydney. There was also broad consensus on the formation of a panel to apply these criteria, with the panel comprising of a representative group of local people, Trust Board and Governing Body Members and clinicians.

The responses have also highlighted that that some of the criteria are more relevant to the location (i.e. Cinderford, Coleford or Lydney), with other criteria, more relevant to sites characteristics which will be relevant in which ever location is proposed.

The table below seeks to offer a view on a set of criteria which take account of the rich feedback received through the consultation.

[5] Protected Characteristics refer to nine characteristics covered in the Equality Act 2010. Discrimination against these characteristics is unlawful. The nine characteristics are: Age. Disability. Gender reassignment. Marriage and civil partnership. Pregnancy and maternity.

Criteria – Location	Criteria - Site

• It should be no further than 30 minutes by car, for the majority of Forest of Dean residents.
 	
• It should be a location which maximises access for the population of the Forest of Dean, mindful of:
 	
  ○ the population characteristics of those who will use the services in a community hospital (urgent care, inpatient care, outpatients, diagnostics etc.,);
  ○ the needs of key partners who will support the community hospital including the ambulance service, patient transport providers, and other health and care providers;
  ○ relative accessibility of other options to access care, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;
 	
• It should have the support of local health and care professionals.
 	
• It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
 	
• It is in an area which offers greatest potential to support the wider economic regeneration plans within the Forest of Dean.
	• It is able to accommodate a building/buildings and parking provision which meet current and future service requirements.
	
	• It is accessible by car or public transport
	
	• It is available and affordable to enable completion of works by 2021/2022.
	
	• It will be able to secure appropriate planning permission.
	
	• It offers the potential for pleasant surroundings, green space, views, etc.
	
	• It is a site that offers a design and development which provides best value for money for the public purse.

The first stage of the process will be to enable a clear view to be taken as to whether there are determining factors which favour the Cinderford, Coleford, or Lydney areas as a preferred location for the new community hospital.

It is proposed that this recommendation would be developed by an independent panel comprising of lay and clinical members. This would not be an opportunity to reopen the consultation, rather the panel will be asked to make a clear recommendation to the GCS Board and CCG Governing Body on a preferred location. This would then be considered by the Gloucestershire Care Services NHS Trust and CCG Governing Body, and if accepted will enable work to be progressed by the Trust, with the CCG and other partners, to identify a preferred site in that area to enable completion of the final business case.

Proposed Role and Composition of a Combined Panel

The CCG and GCS will commission an independent body to convene and facilitate a Combined Panel. The Panel will be independently selected, with the aim of providing a representative group of individuals who will be asked to use their judgement to consider evidence and take a view on the optimal location of a community hospital in the Forest of Dean, using agreed criteria. They will also be asked to offer a view on the weighting that should be applied to site criteria.

Our expectation is that the panel will comprise between 18 and 22 people, the majority of whom will be residents within the Forest of Dean, from a cross-section of the community. A possible make-up of the panel might be:

- 16 lay members, of whom 12 will be resident in the Forest of Dean and 4 who will have no connection with the Forest of Dean;
- 4 clinical members, of whom 3 will be clinicians working within the Forest of Dean and 1 external to the Forest of Dean
- 1 representative from GCS Board and 1 representative from GCCG Governing Body

Criteria for representative appointment to the panel will include, as a minimum:

- The individual has no direct or family connection with community hospital services in the Forest of Dean, (lay members only)
- The individual has not been involved in the established Forest of Dean Locality Reference Group
- The individual commits to the principle of bringing their independent judgement to the issue to be considered;

The Panel proceedings will result in a public report being presented.

Should the panel be unable to determine a preferred location, the expectation is that Gloucestershire Care Services NHS Trust, would work to establish site options in each area and, with partners, apply the site criteria to determine a preferred site.

Recommendation 10: Criteria and approach for appraising location and site

Should the decision be taken to approve the preferred option, the GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

1) Confirm the criteria to be used to enable an objective consideration of a preferred **location** (in or near Cinderford, Coleford or Lydney) will be:

   - It should be a location which maximises access for the population of the Forest of Dean, and no further than 30 minutes by car, for the majority of Forest of Dean residents, mindful of:
     - the population characteristics of those who will use the services in a community hospital (urgent care, inpatient care, outpatients, diagnostics etc.,), taking in to consideration planned and potential population growth;
     - the needs of key partners who will support the community hospital including the ambulance service, patient transport providers, and other health and care providers;
     - relative accessibility of other options to access care, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;
     - public and private transport issues impacting on access.
   - It should have the support of local health and care professionals.
   - It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
   - It is in an area which offers greatest potential to support the wider economic regeneration plans within the Forest of Dean.

2) Confirm that a Combined Panel will be commissioned with the purpose of applying the agreed criteria and making a recommendation on location.

3) Confirm that the site criteria that will be used will include the following:

   - It is able to accommodate a building/buildings and parking provision which meet current and future service requirements.
   - It is accessible by car or public transport.
   - is available and affordable to enable completion of works by 2021/2022
   - It will be able to secure appropriate planning permission.
   - It offers the potential for pleasant surroundings, green space, views, etc.
   - It is a site that offers a design and development which provides best value for money for the public purse.

5 Conclusion and Next Steps

The Trust Board / GCCG Governing Body is being asked to consider whether the recommendations set out in this paper in response to the consultation feedback, address, or have the potential to address, the issues identified such that they feel able to approve the preferred option of a new community hospital in the Forest of Dean.

The Trust Board/GCCG Governing Body is therefore asked to:

1) Confirm it is satisfied that there is no new or material information which has come to light through the consultation that would bring into question the case for change.

2) Endorse the recommendations set out in response to the issues identified through the public consultation.

3) Approve the preferred option for a new community hospital in the Forest of Dean, which would replace The Dilke Memorial Hospital and Lydney and District Hospital.

One Gloucestershire

Transforming Care, Transforming Communities

Development of health service infrastructure in the Forest of Dean

A Case for Change

Version 4.0

Version control	
Version	4.0
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1. Executive summary

This Case for Change confirms One Gloucestershire's commitment to enhancing primary and community-based services in the Forest of Dean.

Whilst proud of the healthcare services currently provided in the Forest of Dean, it is recognised that there is a need for investment in new infrastructure to support the provision of modern health and care services. In developing our thinking, we have been mindful of the unique geography and needs of the local population, and the emerging service models being developed through Gloucestershire's Sustainability and Transformation Partnership (STP).

The Case for Change recognises that the Forest of Dean has an increasingly elderly population, with a higher incidence of long-term conditions such as heart failure and diabetes. We also recognise that there is a higher level of economic inactivity, deprivation and social isolation compared to elsewhere within Gloucestershire. To support the development and delivery of effective and responsive health and care services to respond to these needs, there is a need to address the following challenges:

- the existing healthcare estate (specifically the two community hospitals and three of the locality's health centres) is no longer fit-for-purpose, and does not efficiently support the provision of modern, effective, high-quality care;
- the ability to maintain some essential services across two community hospital sites is becoming increasingly unsustainable;
- the current healthcare system is fragmented and disjointed from both a service user and professional perspective;
- there are significant needs within the Forest of Dean which are not being met effectively or equitably.

Investment in new estate will, we believe, enable us to better support the health and wellbeing of the local population in the Forest of Dean. It will also allow the NHS to work in new ways that will enable community- based services to integrate more directly with local primary care, with the aim of providing more care within the Forest of Dean, and reducing unnecessary reliance on acute hospital services.

2. Introduction

2.1 Context

This Case for Change has been developed as part of the wider One Gloucestershire Sustainability and Transformation Partnership. As such, it represents the collective voice of all local statutory NHS and social care providers including:

- the Gloucestershire Clinical Commissioning Group;
- Gloucestershire Care Services NHS Trust;
- 2gether NHS Foundation Trust;
- Gloucestershire Hospitals NHS Foundation Trust;
- South Western Ambulance Services Foundation Trust;
- Gloucestershire County Council.

In line with the ambitions of One Gloucestershire, the Case for Change seeks to ensure that:

- publically-funded health and social care services support a healthier Gloucestershire, that is socially and economically strong and vibrant;
- high quality, safe health and social care services are available to the local population whenever they are needed;
- services are better joined-up so that they sustainable, and best placed to meet the three nationally-identified challenges, being (i) the health and well-being gap, (ii) the care and quality gap, and (iii) the finance and efficiency gap.

Of particular relevance is the commitment within the One Gloucestershire STP to the development of place based models of care, focused around groups of general practices and their registered population. The Forest of Dean cluster comprises the 11 GP practices within the Forest of Dean with a combined registered population of approx. 63,000 (Newent and Staunton to the north fall within the Tewkesbury cluster). Additionally, the CCG has assumed responsibility from Wales for commissioning healthcare services for those people who live in England, but who are registered with a Welsh GP. This adds a further 8,811 people to the overall population considerations.

2.2 Purpose

This document sets out the case for the development of new, fit-for-purpose healthcare service infrastructure within the Forest of Dean. It provides an overview of:

- the local population, demography and health needs;
- the current service provision in the Forest of Dean and where applicable, the key issues and challenges;
- the current healthcare estate in the Forest of Dean, noting the existing plans to develop some primary care infrastructure;
- the national and local strategic context;
- stakeholder insight, feedback and opinion;
- the key emerging models of care which any future infrastructure solution will need to support.

2.3 Considerations

In developing the Case for Change, we have been mindful of the four tests set by NHS England against which proposals for change should be assessed:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- clear clinical evidence base;
- support for proposals from commissioners.

The approach to this project from the outset has been specifically designed to ensure that these four key tests are met.

The project has been led and directed by a Steering Group and delivered by a small Project Group, attended by representatives of the Gloucestershire Clinical Commissioning Group ("the CCG"), Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire County Council. Both the Steering and Project Group have been informed by a Locality Reference Group which has involved key stakeholders in all aspects of the project.

We are confident that this approach, which has enabled the Case for Change to be developed, will enable rapid progression of the development of a Strategic Outline Case and a set of proposals for formal public consultation.

3. Forest of Dean profile

3.1 Population profile

The population of the Forest of Dean was estimated to be approximately 83,700 in 2014, representing a rise of approximately 2,600 since 2004. This is equivalent to an annual growth of 0.32% in the ten years to 2014. This is significantly below both the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively. In this period, the number of people aged 65+ rose by an average 480 people per year as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.

Assuming these trends continue, Office of National Statistics (ONS) projections suggest that the overall population in the Forest of Dean will reach 86,800 by 2025 and 89,800 by 2037. These projections should also been seen in the context of planned housing developments across the county – current plans include the development of some 1,900 new houses in and around Lydney, and 1,050 new houses in and around Cinderford. Post 2031, there is also some additional housing anticipated, to be built within the south of the district[1].

The dominating feature of the projected trend for the Forest of Dean is a sharp increase in the number of older people (aged 65+), while projections for children, young people and the working age group show a decline in the next 25 years as illustrated in the table below. The number of people aged 75+ (the age at which social care and other support services are most likely to be required) is projected to increase in the same period, whilst the number of people aged 85+ will see the fastest rate of growth.

Projected Population Growth 2012-37						
	Forest of Dean		Gloucestershire		England	
Age Group	Projected Change 2012-25	Projected Change 2025-37	Projected Change 2012-25	Projected Change 2025-37	Projected Change 2012-25	Projected Change 2025-37
All Ages	5.0%	3.5%	8.9%	6.2%	9.2%	6.4%
0-19	0.0%	-1.6%	7.4%	1.0%	8.6%	0.7%
20-64	-6.0%	-6.9%	0.6%	-1.1%	3.4%	1.5%
All 65+	38.5%	24.6%	35.4%	27.1%	30.4%	26.6%
• 65-74	17.0%	17.1%	19.1%	21.0%	16.8%	22.4%
• 75-84	64.3%	12.0%	53.3%	15.6%	42.7%	15.8%
• 85+	69.6%	76.9%	55.7%	70.4%	54.2%	63.9%

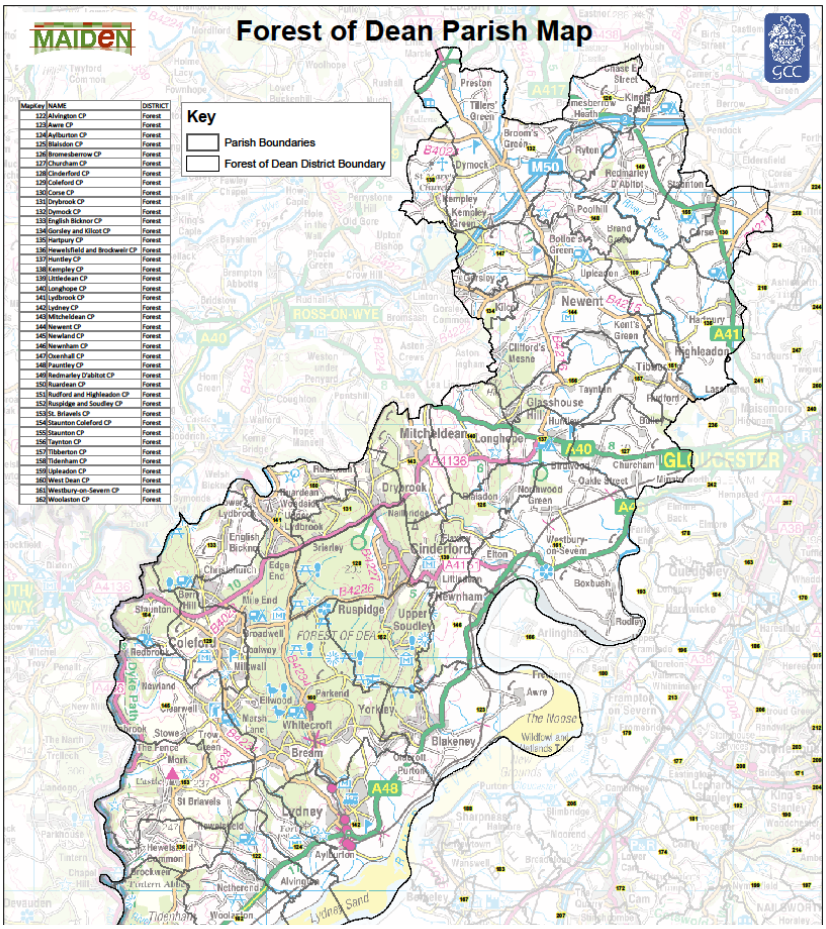
[1] Reference: Forest of Dean District Council

3.2 Area Profile

The Forest of Dean is a predominantly rural locality. Access is restricted by the River Severn, and there are only two main road links and a single rail link. As a result, there are significant areas of the Forest which are considered as being “least accessible” based upon the availability of ten key facilities (namely, a post office, supermarket, library, primary school, secondary school, children’s centre, GP, pharmacy, A&E / Minor Injuries and Illness Unit, and fitness facility).

The Forest of Dean is often described as comprising three distinct areas - the Forest “core” in the central belt, and areas to both its north and south.

There are differences between the “core” with its more pronounced industrial history and the other two areas. There are also contrasting landscape types. Within the southern part of the district, south of the A40, is an area which includes on its edge, the towns of Cinderford, Coleford and Lydney. This area contains the Forest of Dean itself with its managed woodlands, and is the source of a rich and distinctive cultural heritage.



3.3 Health needs assessment

"Understanding the Forest of Dean" - a detailed health needs assessment was produced in 2015 by the Strategic Needs Analysis Team within Gloucestershire County Council. A summary of key messages are summarised below:

- for the last seven years, the Forest of Dean has seen a higher percentage of excess weight in 4-5 year olds and 10-11 year olds compared to Gloucestershire and England;
- while the overall health of people in the Forest of Dean tends to be good, this is not true for everyone and for every part of the district. Some groups, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes;
- the three leading causes of death in the Forest of Dean are cancer, cardiovascular disease, and respiratory disease respectively. This is consistent with the national trend;
- 19.6% Forest of Dean residents (16,603 people) report having a long-term health problem or disability - this is above the county, regional and national averages;
- in general, the Forest of Dean displays average levels of deprivation in relation to the rest of England. Of the 13 Lower Super Output Areas (LSOAs) in Gloucestershire that rank in the 20% most deprived nationally, only one is located in the Forest of Dean district, namely Cinderford West;
- the number of people in the Forest of Dean aged 18+ with a learning disability is forecast to increase to 1,617 people by 2025; this represents an increase of 65 people or 4.2%;
- for the majority of long-term conditions (LTCs), the Forest of Dean has a higher prevalence rate than the county as a whole. It is the only district in the county that is above average for both the proportion of older people and for deprivation;
- over 1,350 people aged 65+ are estimated to have dementia in the Forest of Dean, and this is forecast to rise by almost 75% to 2,330+ people by 2030;
- the rate per 100,000 people receiving community-based adult social care services in the Forest of Dean is the highest in the county;
- the Forest of Dean has the highest rate of people in residential care in the county with an average rate for nursing home care;
- the Forest of Dean has a greater share of the population with caring responsibilities, compared against the county as a whole for every age band.

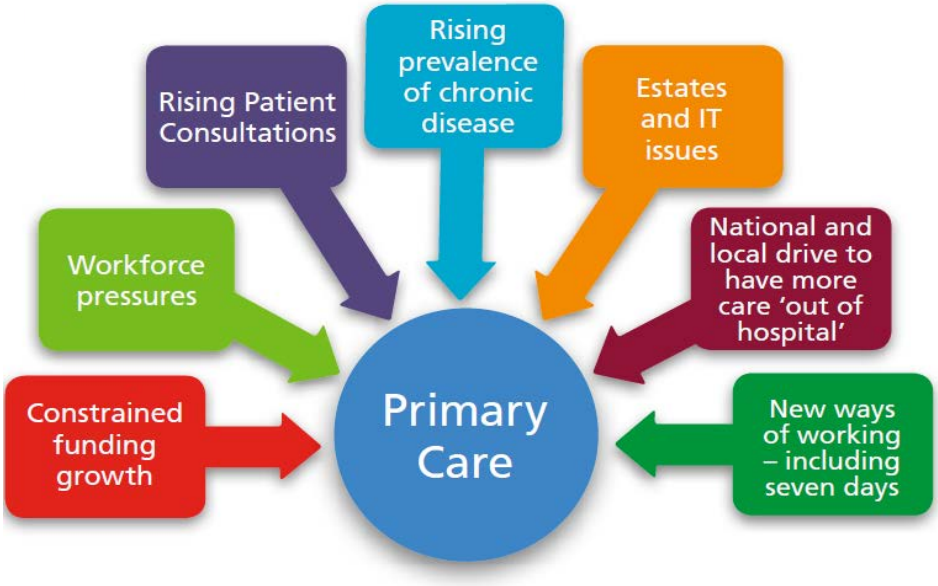
4. Current services and key issues

4.1 General medical services

It is estimated that 90% of all patient contacts with the NHS occur in general practice. The Forest of Dean Primary Care cluster comprises 11 GP practices offering a range of core, additional and enhanced services set out in a contract between the NHS and GP practices. These are listed in the table below together, with the patient list sizes.

Practice	List size
Lydney	7,041
Yorkley and Bream Practice	7,661
Drybrook Surgery	4,407
Forest Health Care (Cinderford)	7,800
Blakeney Surgery	3,317
Mitcheldean Surgery	6,117
Dockham Road Surgery	6,176
Coleford Health Centre	7,141
Brunston and Lydbrook Practice	5,714
Severnbank Surgery	4,242
Newnham Surgery	3,243
Total	**62,859**

The CCG has developed a Primary Care Strategy 2016-21 (December 2016) which recognises the challenges facing primary care and the opportunities for the future.



Overall, our priority is to build strong primary care for patients in the Forest of Dean as we believe that this is fundamental to support people to live well for longer and receive joined-up out-of-hospital care. The strategy therefore focuses specifically on:

- attracting and retaining the best possible staff through promoting the Forest of Dean as a great place in which to live and work, and offering excellent training opportunities;
- ensuring good access to primary care 7 days a week;
- creating a better work-life balance for primary care staff;
- maximising the use of technology;
- reducing bureaucracy;
- supporting practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients;
- ensuring that services are provided in modern premises, fit for the future.

4.2 Community-based services

NHS community-based services within Gloucestershire are provided by:

- ***Gloucestershire Care Service NHS Trust ("GCS"),*** which provides a range of services for people of all ages, commissioned largely through the CCG. It employs approximately 3,000 people including nursing, medical, dental and allied health professionals. GCS also works in close partnership with approx. 800 social care staff from Gloucestershire County Council so as to respond effectively to both health and social care needs, which often overlap;

- ***2gether NHS Foundation Trust ("2gether")***, which provides specialist mental health and learning disability services to both adults and children across Gloucestershire and Herefordshire. Approx. 2,300 dedicated staff, including health and social care specialists, deliver services to more than 40,000 individuals, and offer education and support to their carers' and families.

Specifically in terms of the Forest of Dean, these physical and mental healthcare services are provided in the two GCS-owned community hospitals, as well as in 2gether's base at Colliers Court. Additionally, care is provided in GP surgeries / health centres, people's own homes, schools and children's centres, nursing and residential homes and other social care settings (for example, 96% of 2gether's services are provided within the community and as close to a person's family and friends as possible). In summary, these community-based services include:

- two community hospitals, namely Lydney and District Hospital and Dilke Memorial Hospital, Cinderford: these are described in section 5.2 below;

- adult Integrated Community Teams (ICTs) which comprise community nurses, physiotherapists, social workers, occupational therapists and reablement workers: these ICTs serve to promote people's independent living by providing person-centred care within a person's own home or community;

- a Rapid Response service which complements the ICTs by providing an intensive 24/7 service for adults who require urgent care that can be successfully delivered at home, thereby avoiding hospital admission;

- a dedicated response team for people in a mental health crisis;

- specialist healthcare services including intravenous (IV) therapy, pulmonary rehabilitation, community diabetes, Parkinson's care, heart failure, cardiac rehabilitation, speech and language therapy, podiatry, adult musculoskeletal (MSK) physiotherapy, dental and sexual health services;

- specialist mental healthcare services including the recovery team which supports adults recovering from serious mental illness, the older person's community mental health team, the memory assessment service, and the community learning disabilities team;

- support for children and young people including public health nursing, school nurses, therapy services (physiotherapy, speech and language therapy etc), and childhood immunisations: additionally, mental health support is available at Collier's Court, Cinderford, supplemented by inpatient units in Gloucester and Cheltenham, as well as community-based care.

Key issues for community-based services, relevant to this project, are as follows:

- the estates infrastructure - specifically, the two community hospitals centres - is increasingly unable to support the delivery of high quality health and care services as described in more detail in section 5.2 below;

- GCS and 2gether are moving towards more integrated service provision, in particular working alongside primary care, the voluntary sector of social care providers as a result of implementing the Place-Based Model.

4.3 Other local health and social care organisations

4.3.1 Gloucestershire Clinical Commissioning Group

Gloucestershire Clinical Commissioning Group ("the CCG") is a membership-based organisation that includes all 81 general medical practices in the county, and is overseen by a constitution authorised by NHS England.

The geographical area covered by the 81 practice members is coterminous with that covered by Gloucestershire County Council, covering 271,207 hectares with a registered population of around 630,000 which is further divided into District Councils.

The CCG's key function is to commission (plan and arrange) exemplar healthcare services on behalf of the NHS for all people in Gloucestershire through effective clinical leadership, with particular focus on patient safety and continuous improvements in patient experience. The plans set out in this document should be seen as part of this commitment.

4.3.2 Acute hospital provided services

Gloucestershire Hospitals NHS Foundation Trust provides acute, elective and specialist healthcare for a population of more than 850,000 people. It operates from two sites, namely Gloucestershire Royal Hospital and Cheltenham General Hospital. Services are also provided from other locations across the county.

4.3.3 Gloucestershire County Council

The County Council currently supports approximately 25,000 people across Gloucestershire who have a disability, are vulnerable, or live with an age-related disorder, as well as commissioning services aimed at addressing social care and health inequalities, and promoting health and wellbeing. The County Council works in partnership with service users and carers, health, housing and the third sector in order to maximise people's potential for independence, and meet assessed need within a legal framework, most notably as set out in the Care Act 2014.

4.3.4 Independent and third sector providers

There are many other providers of health and social care provided in the Forest of Dean. These include, for example Great Oaks Hospice.

4.4 Financial framework

The healthcare spend associated with patients living in the Forest of Dean in 2016-17 is summarised below.

Forest of Dean total resource and activity 2016-17	
Variable Healthcare Commissioning	**Annual Budget**
A&E / Minor Injuries and Illness Units	£2,273,200
Elective & day-case	£8,725,610
Emergency & non-elective admitted care	£12,049,446
Outpatients and non-consultant services	£9,411,972
Practice prescribing	£10,389,100
Block Contract Healthcare Commissioning	
Emergency ambulance	£2,667,956
Specialist mental health	£8,124,848
Out-of-hours	£791,325
Other community services	£6,085,633
Maternity services	£2,766,774
Other Contract Lines	
Other contracts	£2,470,899
Total Healthcare Resource	**£65,756,764**

Source: NHS Gloucestershire CCG

Since April 2015, the CCG has had delegated responsibility for the commissioning and contracting of GP primary care services. The delegated budget for specific areas is as follows:

Delegated primary care budget 2016-17 for Forest locality	
Contract payments	£5,497,766
Direct enhanced services	£396,829
Premises	£748,524
Other GP services	£185,675
Dispensing and prescribing fees	£919,259
Quality and outcomes framework (QOF)	£969,339
Total	**£8,717,392**

5. Estates infrastructure

5.1 Primary care

The CCG approved a Primary Care Infrastructure Plan[2] at the end of March 2016, in which it set out priorities for investment in GP surgeries in order to deliver new models of care. It highlighted where investment is needed for the period 2016 to 2021to support the delivery objectives of the *GP Five Year Forward View*.

The Primary Care Infrastructure Plan (PCIP) was informed by other service strategies and is now part of Gloucestershire's Sustainability and Transformation Plan. It emphasises that proposals should set out a new offer to patients and their families, and as such, has been a catalyst for bringing practices together to think differently, resulting in proposals for new service models for the long-term. Specifically, the PCP is responding to an emerging direction of travel for primary care service provision and out-of-hospital services, where extended teams provide a greater range of services in larger facilities, or networked facilities, across a given area of typically around 30,000 to 50,000 people.

The PCIP also responds to the projected population growth in Gloucestershire over the next 15 years, especially where this growth is expected to be exceptional. It recognised that a number of practices are presently providing services in facilities significantly smaller than would be expected. This position worsens over the next ten to fifteen years if there is no investment in new or extended buildings.

In respect of the Forest of Dean, the key issues identified within the PCIP related to a number of primary care buildings being too small and/or the condition of the buildings no longer being satisfactory to support the delivery of new service models. Consequently, the priorities were identified as follows:

- the redevelopment of the Forest Health Centre (Cinderford);
- the redevelopment of the Coleford Health Centre and exploration of the potential for Brunston surgery to be part of any proposed redevelopment - if this not achievable, extension of the existing Brunston surgery building is to be considered;
- a need to ensure primary care premises developments align with proposals across the Forest of Dean e.g. the potential for bringing forward the redevelopment of Lydney Health Centre and other nearby local practices to support the delivery of new models of care.

5.2 Current community hospital estates

[2] NHS Gloucestershire CCG Primary Care Infrastructure Plan 2021/ 2016: March 2016

GCS currently owns, manages, maintains and operates from, two community hospitals in the Forest of Dean, namely Lydney and District Hospital and Dilke Memorial Hospital, Cinderford. In summary, services include:

- inpatient wards with 21 beds in Lydney and 26 in the Dilke;
- outpatient clinics including but not limited to, bone health, children's therapies, diabetes, musculoskeletal therapy and podiatry;
- outpatient clinics supporting activity provided by Gloucestershire Hospitals NHS Foundation Trust but hosted / supported by GCS, including, but not limited to, antenatal, cardiology, colorectal, orthotics, urology etc;
- minor injuries and illness units (MIIUs) which support people with urgent, but not life-threatening, needs such as sprains, cuts and wounds, skin problems, minor fractures and minor head injuries.

The primary issues with these hospitals in relation to this project are as follows:

- due to the age and physical dimensions of both community hospital buildings, it is increasing challenging, and cost-ineffective, to comply with prevailing Health Technical Memorandums (HTMs), Health Building Notes (HBNs) and other necessary building requirements;
- the cost of any significant alterations to the existing configuration would be prohibitive per square metre due to the presence of asbestos;
- statutory fixed wiring assessments have concluded that significant and disproportionate spend will be required within the next five years;
- for the Dilke in particular, the physical condition of the heating and domestic hot and cold water services means that more winter breakdowns are anticipated, and if severe, these may result in the hospital's services being compromised;
- from a position of clinical experience, the continued development of the two community hospitals which has occurred reactively over-time, has resulted in poor service user flow around the building (this is exemplified by the lack of a single reception in Lydney);
- the sustainability of services across the two community hospital sites can create inconsistent service delivery, for example, x-ray services are cancelled when radiographer cover from Gloucestershire Hospitals NHS Foundation Trust, cannot be supplied for two sites. Similarly, there are restricted

opportunities to employ a cohesive multi-disciplinary approach when clinical teams are split across different sites;

- few of the hospital side rooms have ensuite facilities which makes isolation where this is required for infection prevention and control challenging, and creates the need to constantly move people around, which can impact negatively upon patient experience;

- on the inpatient wards, bed spaces are small and separated only by curtains which can lead to issues of privacy and dignity: equally, neither hospital has a dedicated dayroom to allow inpatients, as well as friends and families, to eat or spend time together;

- whilst GCS has never breached the national requirement to maintain single sex wards, the limited available space does create undue challenge and complexity;

- outpatient rooms, especially those in the Dilke, are very small, which restricts the types of clinics which can be provided;

- in terms of the Minor Injuries and Illness Units (MIIUs), there is limited space or capacity to collocate other urgent care services (such as rapid response);

- in terms of location, Lydney sits amongst housing where there is often over-parking leading to poor road visibility: in contrast, Dilke suffers from a remote location. It is also noted that there is no direct bus route between the two sites.

6. Policy context and public feedback

6.1 National policy

In October 2014, NHS England and other arms-length bodies published the *NHS Five Year Forward View*. This set out a vision of how NHS services need to change to meet the needs of the population. It also specifically identified that in order to sustain a comprehensive high-quality NHS, action will be needed to address demand, efficiency and funding.

Additionally, the *NHS Five Year Forward View* stated that the NHS will become a better partner with voluntary organisations and local communities. It also forecast that in future, more care will be delivered locally with some services located in specialist centres, organised to support people with multiple health conditions. The document also highlighted the need to redesign urgent and emergency care services to integrate A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.

The document reiterated that the foundation of the NHS will remain primary care, where there will be more investment. Additionally, groups of GPs will combine with nurses, other community health services, hospital specialists and perhaps mental health and social care, to create fully integrated out-of-hospital care.

6.2 Local policy

In November 2016, local NHS and partner organisations published the One Gloucestershire five year Sustainability and Transformation Plan[3] (STP) underpinned by the shared vision to have a Gloucestershire population, which is:

- healthy and well, taking personal responsibility for their health and care, and reaping the personal benefits that this can bring. A consequence will be less dependence on health and social care services for support;

- living in healthy, active communities and benefitting from strong networks of community services and support;

- able when needed, to access consistently high-quality, safe care in the right place, at the right time.

It makes it clear that if Gloucestershire is going to meet the challenges and opportunities facing health and social care, there has to be a commitment to drive new ways of working and new models of care that give greater priority to

[3] One Gloucestershire: Transforming Care, Transforming Communities, November 2016

prevention and wellbeing. As a result the STP has identified a number of themes and actions which are summarised below.

Theme	Details
Enabling active communities	Building increased personal responsibility and promoting independence, supporting community capacity and making it easier for voluntary and community agencies to work in partnership with the NHS.
One place, one budget, one system	Gloucestershire is taking a Place-Based (locality) approach to the expansion of integrated working focused upon primary care, but encompassing community services, social care, mental health and the voluntary sector. One of the early priorities is to develop a strengthened approach to urgent care.
Clinical programme approach	Care pathways are being reviewed to ensure that the right care is provided in the right place at the right time.
Resilient and sustainable primary care	Gloucestershire's vision is for safe, sustainable and high-quality primary care, provided in modern premises that are fit for the future. The ambition is to support patients to stay well for longer, connect people to sources of community support, and ensure people receive joined-up out-of-hospital care.
One Gloucestershire estates programme	This involves all relevant public sector organisations across the county, and seeks to identify further opportunities to better utilise assets. The key principles are to (i) enhance patients' experiences, (ii) provide staff with excellent facilities in which to work, (iii) use the existing estate more effectively, (iv) reduce running and holding costs, (v) reconfigure the estate to better meet population needs, (vi) share property where appropriate, (vii) dispose of surplus estate to generate capital receipts for reinvestment, and (viii) ensure effective future investment.

6.3 Local patient and stakeholder insight

In 2015-16, the CCG and GCS undertook an engagement exercise to gather the views of local people, and healthcare professionals, regarding healthcare in the Forest of Dean. In the context of this Case for Change, the following comments are most relevant:

- Access to services - there was a strong message that care should be “close to home” whenever possible. Transport is seen as a significant barrier to accessing services, and those reliant on public transport often spend an entire day attending a short appointment at one of the acute hospital sites. Mobile services, such as the chemotherapy bus, are highly valued and consideration should be given as to whether similar delivery mechanisms could be applied to other types of care. Access to diagnostic services was also highlighted as an area for improvement;

- Community hospitals - there was general consensus that the current facilities need either replacing or significant refurbishing in order to bring them up to “modern-day standards”. The possibility of a single hospital was suggested repeatedly, with particular support from healthcare professionals who identified opportunities for more integrated working. However, the efficiency of running services from a single site would need to be balanced against ensuring accessibility of services;

- Urgent care - the “out-of-hours” periods provide significant challenge to people living across the Forest of Dean. Opportunities for more integration of GP out-of-hours, pharmacy services, MIIU and community teams (including specialist and palliative care) should be explored to better support people to be cared for at home or in the local community;

- Outpatient services - there was widespread support for more outpatient services in the Forest of Dean;

- Community nursing - expanding the capacity of Integrated Community Teams and Rapid Response Teams is seen as critical to supporting patients and avoiding admissions to both acute and community hospitals. Improving links to primary care, and additional support from the voluntary sector, will ensure more “joined up” community care;

- Partnership working - opportunities for better integration between primary care, community teams and the voluntary sector are recognised. A community hub model was suggested as a way forward, in addition to providing a central point for patient information and education.

7. Emerging Models of Care

Section 6.2 above highlights the broad strategic direction outlined within Gloucestershire's Sustainability and Transformation Plan. As the next stage of development, and considering the outputs of the Forest of Dean needs assessment, engagement, best practice review, and strategic context, the following five service developments are now emerging.

It is essential that any infrastructure changes within community or primary care is suitably responsive, agile and flexible, so as to accommodate these service developments as they are refined and introduced.

7.1 Joined up primary and community care using a Place-Based Model

There will be increased collaboration between GP practices to provide a range of services in new ways on a larger scale. Practices will work more effectively with Integrated Community Teams, community mental health teams, the voluntary sector and district councils. These multi-agency teams will come together to effectively plan and deliver healthcare for their population through systematic multi-disciplinary team (MDT) working, underpinned by effective case management and care coordination in order to keep people independent, and more likely, to be cared for at home.

As these teams develop in size, they will be able to develop greater specialisms, expertise and capacity to provide earlier intervention. They will be supported by good access to advice and guidance from specialist nursing, therapies and consultant services, and will have direct links to the local social prescribing network and voluntary sector, supporting people's wider physical and mental wellbeing.

7.2 Urgent care centres

A network of Urgent Care Centres will be developed in Gloucestershire which will bring together the Minor Injuries and Illness Units, GP Out of Hours in hours, primary care, and diagnostic X-ray and blood testing support.

Patients will benefit from an improved experience – they will only have to tell their story once, to one person, and agree a management plan (unless more specialist secondary care input is required). The service will support both walk-in patients and bookable appointments. People will be able to access the service directly, or they will be referred from their practice or from NHS 111.

This service is not intended to replace the urgent care provided on a daily basis within general practice. Rather, it will enhance this by providing additional access

and a platform for delivering 7 day service response. The service will also work with other aligned teams such as Rapid Response as well as community nursing, social work and therapist colleagues to keep people cared for in their own homes.

At time of writing, it is anticipated that a single integrated Urgent Care Centre will be located in the Forest of Dean, though this remains subject to the outcome of the service development work and will require formal public consultation as part of a Gloucestershire wide process.

7.3 Outpatient services

Providing outpatient appointments within the Forest of Dean will continue to be a key part of the commissioning strategy to secure access to local services and provide care closer to home. Currently, approximately 20,000 outpatient appointments are provided by Gloucestershire Hospitals NHS Foundation Trust at the Dilke and Lydney Hospitals, with a further 7,000 outpatient appointments provided by GCS. Outpatient clinics also take place within GP practices, at Great Oaks Hospice, and within the dedicated dialysis unit.

The future model for outpatients is to provide a regular and consistent offer for people in the Forest of Dean, focusing upon the high volume specialities to provide full day outpatient clinics. This will enable people to access appointments in a timely manner so that their pathways can be completed within the national target of 18 weeks from Referral to Treatment. In addition, outpatients will be able to be seen in a range of community clinics for dermatology, therapy, home oxygen, diabetes, falls prevention, memory assessment etc.

7.4 Inpatient services

The key principle for Gloucestershire will be that people will only be admitted to a bed when it is not possible for them to be safely cared for at home. Thus, beds will provide inpatient care for patients aged 18 and over with:

- sub-acute illness (e.g. UTIs, falls, chest infections);
- active rehabilitation needs;
- an episode of chronic disease that cannot be managed at home;
- end of life needs if a person cannot, or chooses not, to die at home.

Patients will be admitted through a Single Point of Access, with the exception of people with specialist stroke rehabilitation needs who will be admitted to the

dedicated countywide stroke rehabilitation unit, currently in development elsewhere within the county. Inpatient beds will also support both step-down discharge from the acute hospitals, and acute admission prevention from general practice.

For the Forest of Dean, the result of demographic growth, despite reduced admissions to hospital through more systematic multi-disciplinary team working and case management between primary and community teams, means that there remains a requirement for community inpatient services, although the number of beds required is assumed to be less than the current capacity. As models of care are finalised during 2017, the number of bed required will be confirmed as part of overall system wide planning.

7.5 Diagnostic support

There is also an expectation that in the Forest of Dean, there is sufficient activity and appropriate demography to support locally provided X-ray and blood testing and diagnostic endoscopic procedures. This will reduce the need for people to travelling outside the district. The assumption is that diagnostic services will be delivered through a central diagnostic facility supplemented by continued growth in near-patient testing within the community and general practice.

8. Concluding case for change

To best support the people of the Forest of Dean, there is a clear ambition to coordinate community-based services around improved and extended GP practices, in order to provide highly responsive, effective and personalised services outside of hospital and ensure the delivery of care in - or as close to - people's homes.

Equally, there is clear commitment to improve the quality and accessibility of community services, although the emerging models of care suggest that the current healthcare facilities are not in a suitable condition to support and deliver these.

As a result, there is a significant commissioning requirement for relevant providers and other partners to consider key options and issues, and confirm the estates infrastructure requirements that will facilitate effective response to the strategic context and challenges set out in this Case for Change.

NHS
Gloucestershire
Clinical Commissioning Group

NHS
Gloucestershire
Care Services
NHS Trust

Health and Wellbeing for the future:

COMMUNITY HOSPITALS IN THE FOREST OF DEAN

PUBLIC CONSULTATION BOOKLET

WWW.FODHEALTH.NHS.UK

Your feedback is greatly valued and will ensure that we make decisions that reflect the needs of the local community.

FOREWORD

INGRID BARKER
Chair
Gloucestershire
Care Services NHS Trust

KATIE NORTON
Chief Executive
Gloucestershire Care
Services NHS Trust

DR ANDREW SEYMOUR
Clinical Chair
NHS Gloucestershire Clinical
Commissioning Group

MARY HUTTON
Accountable Officer
NHS Gloucestershire Clinical
Commissioning Group

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 and the needs of our population, we need to create a provision for the future.

This must reflect the significant advances in medicine, clinical skills and technology which have resulted in more services than ever before being provided in people's own homes, in GP surgeries and in the community.

There is also a clear consensus from health professionals working in the Forest of Dean that, as part of a strong network of services and support, community hospital services remain vital in meeting local needs.

We therefore want to invest in new health care facilities in the Forest of Dean to support modern, efficient, high quality care. Facilities that will ensure we meet the needs of local residents, whilst providing enhanced working conditions for our staff.

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, we now want to consult with you on our proposal to replace the Dilke and Lydney hospitals with a new community hospital in the Forest of Dean.

We encourage local people, health and care professionals and our community partners to consider the information included in this booklet and to share their views as part of this consultation.

Your feedback is greatly valued and will ensure that we make decisions that reflect the needs of the local community.

SECTION ONE

WHAT ARE WE ASKING YOU TO CONSIDER?

We are asking local people and health and care professionals to consider the options we have developed for the future of community hospital facilities in the Forest of Dean.

In assessing the options, we identified a preferred option to replace the two existing community hospitals, Dilke Memorial Hospital and Lydney and District Hospital with a newly built hospital in the Forest of Dean.

By working with local people to design the facility, we would want it to be a worthy successor to the current hospitals and in keeping with the unique environment of the Forest of Dean.

We believe that the new hospital should be sited in, or near, to one of the main centres of population in the Forest of Dean, namely Cinderford, Coleford or Lydney.

This booklet sets out the reasons why we believe that 'no change', or effectively replicating what we already have now, will not deliver the care or service benefits that we believe our patients and staff deserve.

Working together, we hope to secure the best possible hospital that our resources can provide.

We would like the views of local people and health and care professionals on our preferred option of a new community hospital. We would also like your views on:

- **A set of criteria which would be used to help decide where any new hospital would be located.**
- **How a recommendation should be made on any preferred location.**

SUMMARY

CHALLENGES

In developing and delivering high quality services for the future, we face the following challenges:

- The two existing community hospitals are reaching the stage where it is becoming increasingly difficult to provide 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 increasingly 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 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 we can recruit and retain the best health and care professionals in the Forest of Dean.

BACKGROUND

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) which plans and 'buys' (commissions) health services and Gloucestershire Care Services NHS Trust (GCS) which provides community services launched a review into the future of health and care services within the Forest of Dean.

THE PURPOSE OF THE REVIEW WAS TO:

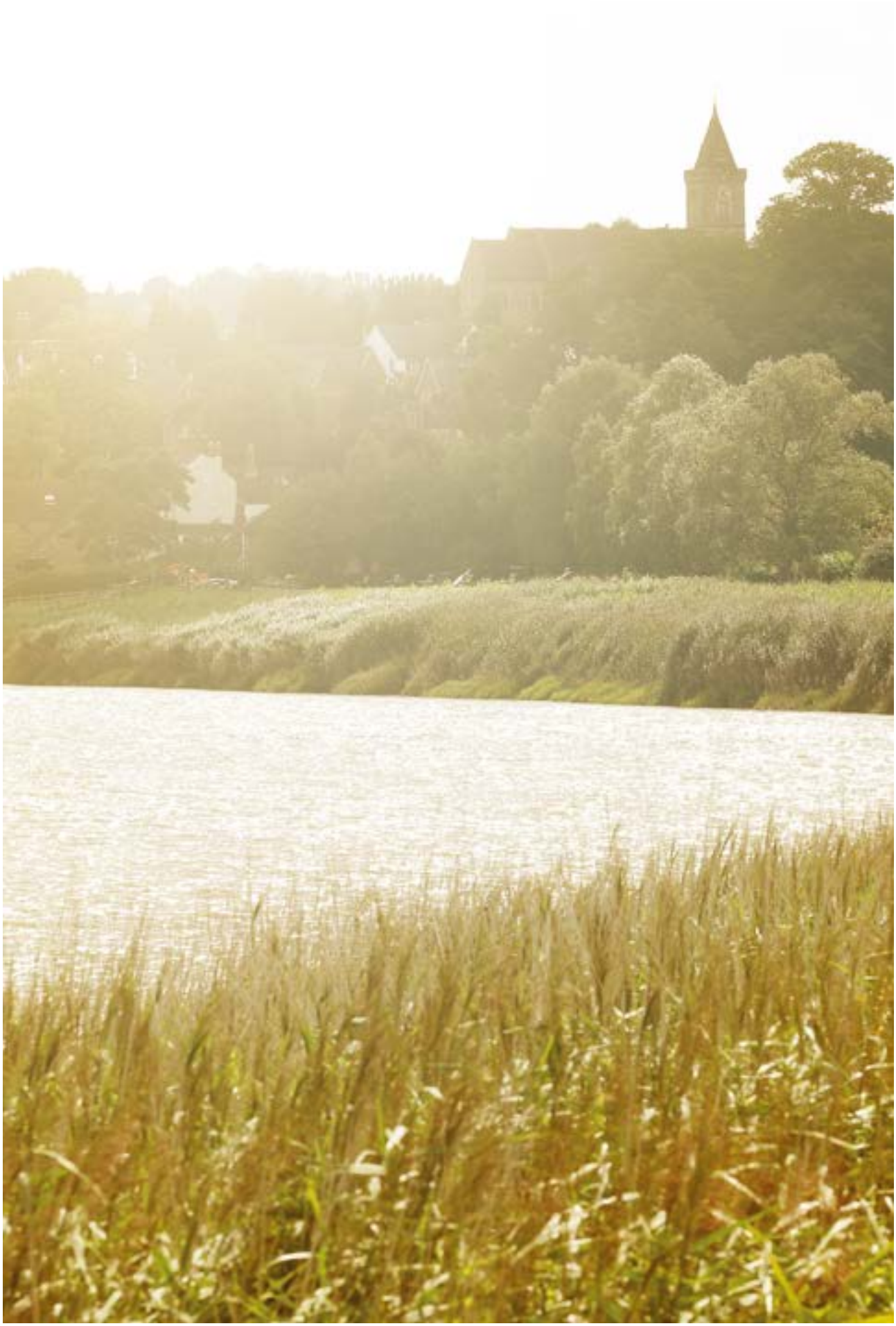
> develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meets their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.

To support this work, we established a Forest of Dean Locality Reference Group. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean.

The feedback received, throughout the lifetime of the Forest Health and Care Review, has informed our options for the future. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Although this consultation is about community hospitals, it is part of an overall plan for the Forest of Dean, which will see significant new investment in new facilities for general practice (GPs and their teams) and other community based services in the Forest of Dean.

Plans have already been progressed to improve GP premises in Cinderford and Coleford. Depending on the outcome of this consultation, other GP facilities in the Forest of Dean may also need to be prioritised for improvement.



SECTION FOUR

THE FOREST OF DEAN - FACTS AND FIGURES

Area covered

203.2
SQ. MILES
Area covered (district)

Growth in Population

Population (district)
2016:

85,385

Increase since
2005:

3,903
(4.8%)

88,074:

the current estimated population by
2025

Residents with a long term health condition

Percentage of residents in 2015 who reported having a long term health problem or disability

19.6%
(16,603)

Age of population

Total number of older people aged 65 and over in 2016:

20,209

Current estimated rise:

4,443

Total number by 2025:

24,652

The 3 leading causes of death in the Forest of Dean:

THE TOP **3** Cancer, Cardiovascular disease (CVD) and respiratory disease.

WHAT YOU SAID WAS IMPORTANT TO YOU

Between September 2015 and May 2016, we sought the views of local people and healthcare providers about what was important to them about health and care and this is what you told us:

COMMUNITY HOSPITALS

There was general consensus that current facilities need either replacing or significant refurbishment in order to bring them up to "modern-day standards." The possibility of a new, single hospital was suggested by many people, including healthcare professionals who identified increased opportunities for more joined up working.

ACCESS TO SERVICES

People wanted care provided "close to home" whenever possible. Transport was seen as a significant barrier to accessing services, and those reliant on public transport told us that they often spend an entire day attending a short appointment at one of the two large hospitals - Gloucestershire Royal Hospital or Cheltenham General Hospital. Access to diagnostic services (equipment or services that help to identify what is causing an illness or injury) was particularly highlighted as an area for improvement.

URGENT CARE

We heard that the 'out-of-hours' periods can be particularly challenging for people living across the Forest of Dean and there was a wish to see better working between GP out-of-hours services, pharmacy services, Minor Injury and Illness services and community teams (including end of life care).

OUTPATIENT SERVICES

There was widespread support for more outpatient appointments to be provided locally in the Forest of Dean.

COMMUNITY NURSING

People wanted to see further development of joined up Health and Social Care Community Teams and the Rapid Response Service (urgent care response within the community and in people's own homes) to avoid long hospital stays.

PARTNERSHIP WORKING

We heard a lot about the need for more "joined up" care between primary care (services provided by GPs and practice teams), community based teams, community hospital services and the voluntary sector.

In terms of community hospital care and the feedback received, we have concluded that there is a continued need, and wish, for:

Community hospital*beds in the Forest of Dean, providing an appropriate alternative to stays in the large hospitals or care at home

Additional outpatient services provided locally in a high quality environment

An urgent care facility which would support greater co-ordination of care between GPs (whether in the daytime, evening, night time or at weekends), diagnostics, community pharmacy, minor injury and illness services and community teams

Appropriate areas in a community hospital for therapy services and treatments

Provision of appropriate diagnostic services, including an endoscopy suite, reducing the need for people to travel to Gloucester or Cheltenham

Space to support community events, giving community and voluntary organisations the opportunity to meet with patients and the public and offer relevant support services

Interior displays that recognise the unique heritage and character of the Forest of Dean

During the engagement period, some people asked us to consider additional local maternity services, specifically a maternity/birthing unit in the Forest of Dean. This has, however, been discounted on the basis that a clinically safe and sustainable service could not be provided. We will continue to promote home births where appropriate.

*Community hospital beds – provided in a way that would support the highest standards of privacy and dignity and infection control. No decision has been made on the exact number of beds, but it would need to meet the needs of Forest of Dean residents and ensure a viable service i.e. evidence suggests at least 24 beds. Currently, on average, only 21 beds are being used by Forest of Dean residents in the two community hospitals at any one time.

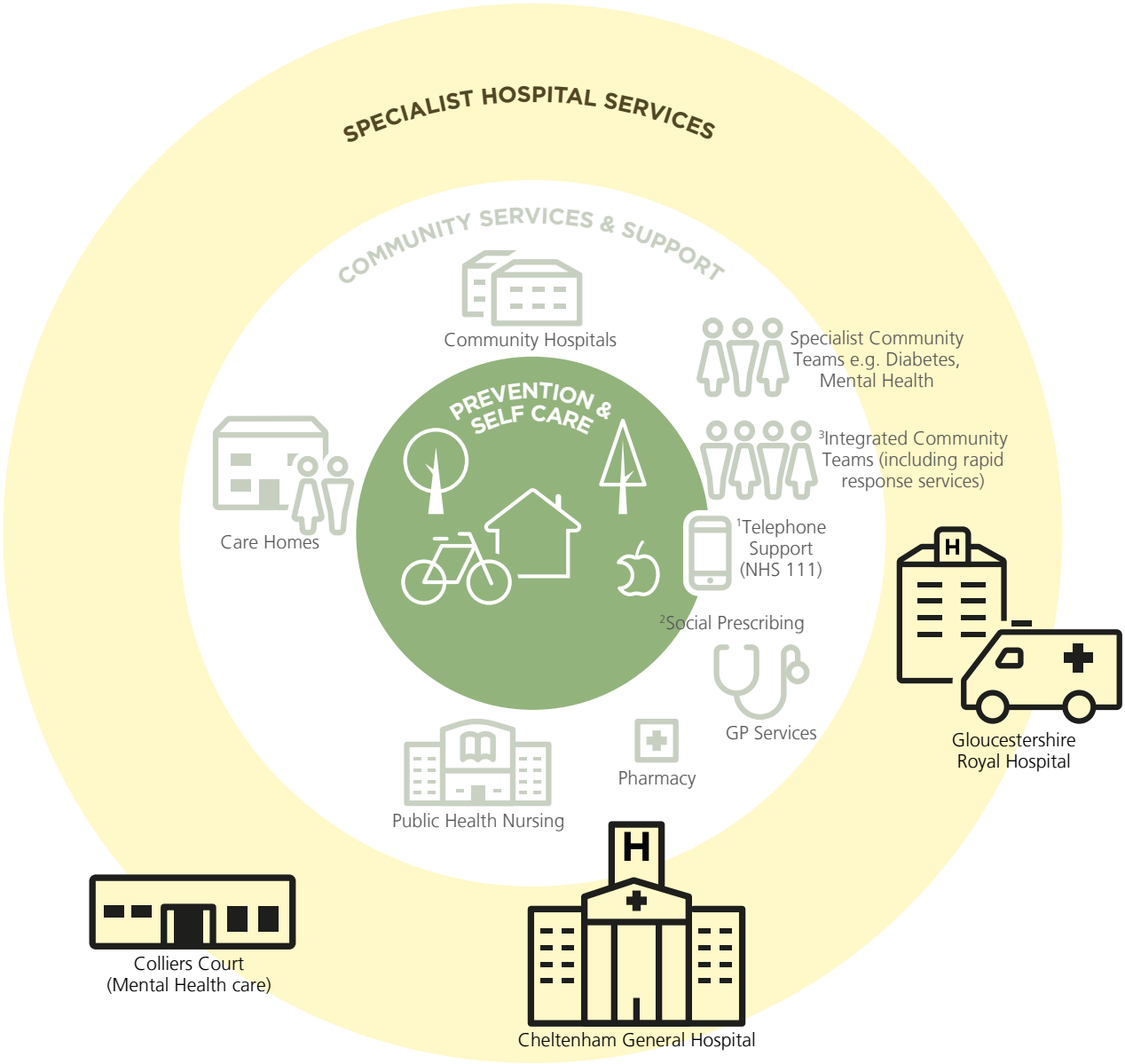
HOW ARE SERVICES CURRENTLY ORGANISED?

Gloucestershire Care Services NHS Trust runs community hospitals in Gloucestershire, including two in the Forest of Dean, and also provides a range of community based services.

The two community hospitals in the Forest of Dean provide a range of services including:

- Outpatient services
- Some diagnostic services
- Minor Injury and Illness services and;
- Inpatient beds – (care for people who are poorly and need medical care, rehabilitation care and end of life care, but do not need care at a large 'acute' hospital).

THESE COMMUNITY HOSPITAL SERVICES FORM PART OF A NETWORK OF LOCAL SERVICES AND SUPPORT SHOWN ▶



Key information:

[1]**NHS 111** – health and service advice to the public and access to the Out of Hours (OOH) service.

The OOH service – GPs and nurses provide telephone advice, care at a community hospital (primary care centre) and home visiting outside of GP surgery opening hours.

[2]**Social Prescribing** – GPs refer patients who do not necessarily require medical care to sources of community support. Involves close working with local councils and voluntary and community organisations.

[3]**Integrated Community Teams (ICTs)** – GPs, community nurses, therapists, social workers, reablement workers and other key support staff. Provide joined up care in people's own homes and the community.

WHY THINGS NEED TO CHANGE

Whilst proud of the healthcare services currently provided in the Forest of Dean, to continue to develop and deliver high quality community hospital services for the future, **we do not believe we can continue as we are** because:

- The two community hospitals are reaching the stage where it is becoming increasingly difficult to 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 increasingly 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.

WHAT WE WANT TO ACHIEVE

In developing options for the future of community hospital provision in the Forest of Dean we established clear objectives and criteria that were informed by your feedback.

WE HAVE AGREED 2021/2022 AS THE LATEST DATE TO MEET OUR OBJECTIVES.

OBJECTIVE	WHAT DO WE MEAN?
Support the delivery of new models of care	Accommodation that will support joined up (integrated) primary (e.g. services provided by GPs and their teams) and community based services in the Forest of Dean.
Improve local access to services	Increased access to high quality primary and community based services in the Forest of Dean.
Ensure appropriate service capacity	The necessary capacity (services, staff and premises) to meet the current and future needs of people living in the Forest of Dean.
Provide a high quality physical environment	Community hospital services in the Forest of Dean provided in places which are fully compliant with statutory standards e.g. building regulations, environmental and health and safety standards and in keeping with the unique environment of the Forest of Dean.

THE FEEDBACK AND DISCUSSIONS THROUGH THE FOREST OF DEAN REFERENCE GROUP AND PROJECT GROUP INFORMED ADDITIONAL CRITERIA BELOW:

CRITERIA	WHAT DO WE MEAN?
Flexibility and adaptability	Facilities that can be easily adapted to meet the changing needs of the local population and changes in the way health care services can be provided.
Support new ways of working	Facilities which reflect best practice and provide high quality, safe and sustainable services that encourage partnership working between staff, organisations and services.
Achievability	Can be completed no later than 2021/2022.
Affordability	Affordable and sustainable within the money available.
Acceptability	Will be acceptable to the public and partners now and into the future.

THE OPTIONS WE HAVE CONSIDERED

Through reviewing the findings from previous engagement and extensive discussions with the Locality Reference Group and the Forest of Dean Primary Care Group (see Page 6), we identified four broad options for consideration. We used the agreed objectives and criteria to appraise them.

KEY

- ✗ Does not meet objectives/criteria
- – Partly meets objectives/criteria
- ✓ Fully meets objectives/criteria

OBJECTIVES

1. **Support the delivery of new models of care**
2. **Improve local access to services**
3. **Ensure appropriate service capacity**
4. **Provide a high quality physical Environment**

CRITERIA

5. **Flexibility and adaptability**
6. **Support new ways of working**
7. **Achievability**
8. **Affordability**
9. **Acceptability**

OPTIONS	ACTIONS	1	2	3	4	5	6	7	8	9	PROPOSED RESPONSE OVERALL	SUMMARY
1. Do the minimum - maintaining compliance	On-going maintenance of the two existing community hospitals.	✗	–	–	✗	–	✗	–	–	–	**Reject**	Our Options Appraisal concluded that maintaining the current two community hospitals serving the population of the Forest of Dean is not a viable option in the medium to longer term. There are fundamental issues of building capacity (space, design and layout), cost of maintenance and the inability to sustain essential services across both sites. Given the relatively small geographic area and population size, providing services from two sites would not support high quality, effective and safe services in the future and is not considered affordable.
2. Re-develop / re-provide two community hospitals	Provision of two 'new' community hospitals, either upon the current land or elsewhere in the Forest of Dean.	✓	✓	–	✓	–	✓	✗	✗	–	**Reject**	As above, our Options Appraisal concluded that maintaining services across two community hospitals is not sustainable e.g. always having enough staff available with the right skills, making best use of staff time, maintaining reliable opening hours for essential services, making best use of the money available. There is not enough money (capital) available to redevelop or rebuild two community hospitals to a standard which would meet all statutory requirements.
3. A single Community Hospital in the Forest of Dean	Develop a new community hospital in the Forest of Dean as a replacement for the two community hospitals (either on one of the existing sites, or elsewhere in the Forest of Dean).	✓	–	✓	✓	✓	✓	✓	–	–	**Accept and take forward**	Our Options Appraisal concluded that this option could deliver a new purpose built facility of a size and capacity to provide high quality, safe and sustainable care. It could be delivered within available resources and would provide the clinical space needed to support the development of services. It would support partnership working, including opportunities for bringing staff together. The Options Appraisal recognised the impact on (geographical) access.
4. Close both of the two existing community hospitals and offer home and community-based services as alternatives	Create community-based teams with skills to care for people at home and in the community, including at times of crisis (complementing the Rapid Response teams). Where a hospital stay is unavoidable, refer people to other hospitals across Gloucestershire or beyond.	✗	–	✗	✗	–	–	–	✓	✗	**Reject**	Our Options Appraisal concluded that this option does not reflect the ongoing need for urgent care services and a facility that can provide a range of more specialist services in the community, recognising the geography of the Forest of Dean.

The outcome of the appraisal (assessment) was reviewed by the Board of Gloucestershire Care Services NHS Trust which resulted in a clear preferred option. The table above provides a summary of the outcome of the options appraisal.

CONCLUSION:

On the basis of the assessment the preferred way forward, which we are recommending through this public consultation, is **OPTION 3 - to develop a single community hospital in the Forest of Dean.**

LOCATION OF A NEW COMMUNITY HOSPITAL

Following this consultation, should a decision be made to develop a new community hospital for the Forest of Dean (either on one of the current sites or a new site); it will be important to consider carefully a number of factors before making a decision on a preferred location.

We are taking this opportunity to share some of the criteria we think would be important in making such a decision. In addition to the list below, we would welcome your thoughts on whether there are any other things we should take into account:

- It should be in, or near, to one of the three main population centres in the Forest of Dean – Cinderford, Coleford or Lydney. As a guide it should be no further than 30 minutes by car, for the majority of Forest of Dean residents.
- There is an available site that:
  - is able to accommodate a building/buildings (and parking provision) which meet current and future service requirements
  - is accessible by car or public transport
  - is available and affordable to enable completion of works by 2021/2022
  - will be able to secure appropriate planning permission.
- It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
- It should have the support of local health and care professionals.
- It is a site that offers a design and development which provides best value for money for the public purse.

Wherever the location is, we would be committed to any new development being designed with the input of local communities to reflect the unique heritage and character of the Forest of Dean, with environmental sustainability at the core of the design.

MAKING A RECOMMENDATION

We would also like your views on which kind of forum you think should be used to make a recommendation on the preferred location, if the preferred option of building a new community hospital is agreed.

While a final decision would be made by the Board of Gloucestershire Care Services NHS Trust (as it would be making available the funding for the proposed new hospital should this be agreed) and the Governing Body of NHS Gloucestershire Clinical Commissioning Group, there would be a commitment to an open and transparent approach to determining a preferred location.

Your views are sought on the best way to enable a recommendation on any site location to be developed. We think there are a number of options:

- To establish a Clinical Advisory Panel, involving a representative group of local clinicians (e.g. doctors and nurses) to consider the evidence and make a recommendation. A clinical advisory panel would be independently facilitated (chaired). It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To establish a Citizen's Advisory Panel to consider the evidence and make a recommendation. A citizen's advisory panel or 'jury' works on the principles of our legal jury system; it would be independently facilitated (chaired) and would be made up of representatives from the community with no personal interest in the issue being discussed. It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To ask the Gloucestershire Care Services NHS Trust Board and the NHS Gloucestershire Clinical Commissioning Group Governing Body to consider the evidence and use an agreed criteria to make a decision.
- A combination of the options above.

WHAT WILL HAPPEN NEXT

The following dates are for the initial consultation and development of the Outcome of Consultation Report:

10 DECEMBER 2017

- End of the 12 week public consultation.

DECEMBER 2017

- Outcome of Consultation Report produced setting out key themes and details from the feedback received.

JANUARY 2018

- Outcome of Consultation Report published (public) and considered by the County's Health and Care Overview and Scrutiny Committee.

JANUARY 2018

- The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group consider the Outcome of Consultation Report and decide whether or not to agree to the preferred option of a new community hospital for the Forest of Dean.

The following dates are subject to the outcome of consultation:

FEBRUARY 2018

- Subject to any decision on the preferred option of a new community hospital for the Forest of Dean, a recommendation on the preferred location of a new community hospital is developed.

FEBRUARY / MARCH 2018

- Subject to the above, a decision is taken by the Board of Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group's Governing Body on the location of a new community hospital.

JULY 2018

- Subject to the above, completion of a full business case.

SHARE YOUR VIEWS / FIND OUT MORE

- Complete the FREEPOST survey in this booklet and return it to us by: 10 December 2017
- Complete the survey on-line at: www.fodhealth.nhs.uk/survey
- Visit us at one of our public drop in sessions or at the Information Bus. See event list at: www.fodhealth.nhs.uk/events
- Get involved via social media - take part in a Twitter Q/A session (check the website for details)

You can find more information on our website: www.fodhealth.nhs.uk

If you have any further questions please contact the Consultation team by email or via the freepost address.

ABOUT YOU

These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

1 What is your gender?

Male ☐ Female ☐ Prefer not to say ☐

2 What is your age group? (please circle)

Under 18 | 18-25 | 26-35 | 36-45

46-55 | 56-65 | 66-75 | over 75

Prefer not to say

3 Are you:

Health or care professional ☐

Community partner or member of the public ☐

4 What is the first part of your postcode? e.g. GL17, GL20

5 Overall how would you rate your health during the past 4 weeks?

Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐ Prefer not to say ☐

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

- ☐ No
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Physical disability
- ☐ Mental health problem
- ☐ Learning difficulties
- ☐ Long term condition
- ☐ Prefer not to say

7 Which of the following health and care services have you, or your family, used in the last 12 months?

- ☐ GP Practice
- ☐ Community Nursing
- ☐ Community Hospital Minor Injury and Illness Unit
- ☐ Outpatient appointment at a Community Hospital
- ☐ Outpatient appointment at a large 'acute' hospital e.g. Gloucestershire Royal Hospital
- ☐ Stayed in a Community Hospital
- ☐ Stayed in a large 'acute' hospital e.g. Gloucestershire Royal Hospital
- ☐ Out of Hours GP services
- ☐ Other services (please specify)
- ☐ I have not used any services in the last 12 months

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

- ☐ White British
- ☐ Other White background (please specify)
- ☐ Mixed background
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Chinese or other ethnic group
- ☐ Prefer not to say

TELL US YOUR VIEWS:

Please send us your views by: 10 December 2017. Alternatively, you can complete this survey on-line at www.fodhealth.nhs.uk Space on the printed survey below is limited; further comments can be submitted via the website or in writing using our freepost address.

1 Do you agree with our preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital?

Yes ☐ No ☐ Don't Know ☐

If you do not support our preferred option, please tell us:

- Why you are unable to support this option
- What other option(s) we should consider

(options must be able to achieve the objectives and criteria set out in section 8 of this booklet)

2 Do you think that any of the options explained in the consultation booklet (section 9) have a greater impact on either you, your family, or other Forest of Dean residents? If yes, please tell us why.

Yes ☐ No ☐ Don't Know ☐

3 If the option of a single new community hospital is approved, to what extent do you agree with the proposed criteria for assessing the location for a community hospital in the Forest of Dean (set out in section 10)?

Completely ☐ Partly ☐ Not at all ☐

If you do not "completely" agree, please tell us:

- Why you do not agree
- What other criteria we should consider

4 If the option of single new community hospital in the Forest of Dean is agreed, how do you think a recommendation should be made on the location?

- A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from local clinicians, through a Clinical Advisory Panel
- A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from a representative group of local people, through a Citizen's Advisory Panel
- Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body consider the evidence and use an agreed set of criteria
- A combination of the options above
- I don't have an opinion on this

5 How have you participated in this consultation?

- Attended a presentation
- Attended a drop-in session
- Visited the Information Bus
- Read the information in the consultation booklet and completed the survey

6 Please use the box below for any other comments.

Thank you for taking the time to share your views.

At the end of the consultation period, all feedback received will be collated, analysed and presented in the Outcome of Consultation Report. This report will be available at www.fodhealth.nhs.uk.

YOU CAN RETURN YOUR FORM TO US BY SENDING IT TO THE FOLLOWING FREEPOST ADDRESS BY 10 DECEMBER 2017

Freepost RRYY-KSGT-AGBR

Forest of Dean Consultation

5220 Valiant Court

Gloucester Business Park

Brockworth

GL3 4FE

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

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Forest of Dean Consultation,
5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE

NHS
Gloucestershire
Clinical Commissioning Group

NHS
Gloucestershire
Care Services
NHS Trust

Health and Wellbeing for the future:

COMMUNITY HOSPITALS IN THE FOREST OF DEAN

Outcome of Consultation Report - Autumn/Winter 2017

WWW.FODHEALTH.NHS.UK

Foreword

During the twelve weeks of the public consultation, Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group have earnestly sought the views of local people in the Forest of Dean.

This report provides information about the consultation process and activities and summarises the feedback received from members of the public, stakeholders and health and care staff.

Our intention is to demonstrate that we have respected the views presented to us and we have taken care to record the comments and suggestions received.

We are grateful to everyone who has taken the opportunity to get involved with the consultation.

Tea and talk - Drop In

Information Bus Visit

Further copies of this Report, and copies of the Report in other formats are available from: The consultation team: glccg.consultation@nhs.net or by writing to:

Forest of Dean Consultation

52220 Valiant Court

Gloucester Business Park

Brockworth, GL3 4FE

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

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FREEPOST RRYY-KSGT-AGBR,
PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE

1 Introduction to the Outcome of Consultation Report

This report sets out the feedback received during the recent consultation: Health and Wellbeing for the future: Community Hospitals in the Forest of Dean.

It provides a detailed overview of the consultation, which will inform the decision making of NHS Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services NHS Trust regarding the future of Community Hospitals in the Forest of Dean.

It provides background context, sets out the consultation activity and reports on the quantitative responses and qualitative themes from the qualitative feedback received. All of the free text comments responses, together with written submissions responding to the consultation, are included in the online appendices at: www.fodhealth.nhs.uk

Thank you to all those individuals, groups and organisations which shared their views with us and helped with the dissemination of the consultation booklet.

1.1 Background

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) launched a review into the future of health and care services within the Forest of Dean. The purpose of the review was to:

> *develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.*

To support this work, a Forest of Dean Locality Reference Group was established. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean. The group has worked with us to develop our engagement with the local community and have actively contributed to this consultation regarding the future of the two community hospitals. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Although this consultation has been about community hospitals, it is part of an overall plan for the Forest of Dean, which will see significant new investment in new

facilities for general practice (GPs and their teams) and other community based services in the Forest of Dean. Plans have already been agreed to improve GP premises in Cinderford and Coleford. Depending on the outcome of this consultation, other GP facilities in the Forest of Dean may also need to be prioritised for improvement.

1.2 Outcome of early engagement

Between September 2015 and June 2016, a range of engagement activity was undertaken to gather feedback from Forest of Dean residents regarding their health and care needs now and into the future. Health care professionals working in the Forest were also asked to give their insights and ideas for further improvement in delivering local services. This feedback has informed the development of options for community hospital services in the Forest of Dean. Key themes from the engagement are shown below. The full Outcome of Engagement report is available at http://www.fodhealth.nhs.uk/engagement-2016/

Key themes:

- Access to services

There is a strong message that care should be "close to home" whenever possible. Transport is a significant barrier to accessing services and those reliant on public transport often spend an entire day attending a short appointment at one of the acute hospital sites. Mobile services, such as the chemotherapy bus, are highly valued and consideration should be given as to whether similar delivery mechanisms could be applied to other types of care.

- Community Hospitals

There is general consensus from our engagement that the current facilities need either replacing or significant refurbishment to bring them up to "modern-day standards".

The possibility of a single hospital has been suggested. The efficiency of running services from a single site would need to be balanced against ensuring accessibility of services.

Improving local access to diagnostic services and support on discharge from both the acute and community hospitals have been highlighted as areas for improvement.

- Urgent care

The "out-of-hours" periods provide significant challenge to people living across the Forest of Dean. Opportunities for more integration of GP out-of-hours, pharmacy services, Minor Injuries and Illness services and community teams (including specialist and palliative care) should be explored to support people to be cared for at

home or in the local community. Poor experience of engaging with the mental health crisis team, by both professionals and patients, was reported.

- Outpatient services

We should aim to provide more outpatient services in the Forest of Dean. It would appear that local options are not always offered either by reception/ booking office staff, or via the E-Referral system and patients report that they have only been able to get an outpatient appointment in the Forest of Dean following their specific request.

- Community Nursing

Expanding the capacity of Integrated Community Teams and Rapid Response Teams is seen as key to supporting patients and avoiding admissions to both acute and community hospitals. Improving links to primary care and additional support from the voluntary sector will ensure more "joined up" community care.

- Mental Health services

There is felt to be a general lack of support for people with poor mental health and a need for more low-level services, particularly for children and young people.

- Education and information

There is considerable confusion regarding the configuration of services. Many people appear to be unaware of what services are available where and although recent messages, such as making better use of pharmacies, are having a limited impact there is still a long way to go.

- Integration/Partnership working

The opportunity for better integration between primary care, community teams and the voluntary sector is recognised. A community hub model has been suggested as a way to improve integration between services, in addition to providing a central point for patient information and education.

1.3 Planning for the public consultation

A Communication Strategy and Consultation Plan was produced by Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Committee to support the Community Hospitals in the Forest of Dean public consultation. The objectives of the Strategy and Plan were to support comprehensive communication and widespread public consultation by:

- ensuring that there was a clear framework for communication and consultation activity in place, enhanced by the Forest of Dean Locality Reference Group.
- ensuring that information about the consultation was clear, easy to understand and widely available to the local community.
- ensuring that people knew how they could have their say and influence the work of the programme.
- ensuring that information was presented in a consistent and coherent way, with an agreed set of key messages.
- ensuring information was regularly updated and that mechanisms were in place to respond to questions from stakeholders and people in our local communities e.g. Frequently Asked Questions and Answers.
- ensuring that stakeholder groups were communicated with in the right way and in a timely manner.
- demonstrating and informing stakeholders of the outcome of the consultation and the impact that their feedback has made. This Outcome of Consultation Report supports this objective.

Building on the engagement work undertaken from September 2015, the Strategy and Plan describes the key communication and consultation methods/tools to be used and sets out our approach to public consultation:

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 links from GCS and CCG websites) – to host consultation materials/provide on-line feedback options
- Hardcopy and on-line consultation booklet
- Published Frequently Asked Questions and Answers 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 and 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

- Activities to comply with duty to involve the public (s242[1] and s14Z2[2]).
- Continued work with the Forest of Dean Locality Reference Group.
- On-line survey (plus Easy Read version) and hardcopy booklet (plus Easy Read version) with back pages tear out pre-paid survey (as part of consultation booklets)
- Deliberative workshops with key stakeholder groups, including those identified through the Equality Impact Assessment.
- A range of Community outreach via the Information Bus and drop-in style events, arranged across different days and times of the week, including evenings and weekends.
- Regular briefings and meetings with community hospital staff.

1.4 Consultation Launch

The consultation was launched at the Gloucestershire County Council Health and Care Overview and Scrutiny Committee (HCOSC) on 12 September 2017. This committee meeting was webcast. HCOSC agreed that it could support this proposal going out to consultation; and would receive the outcome of this consultation at its meeting in January 2018.

The consultation launch was extensively promoted through the local media and social media, including a Facebook advertising campaign (details below). Information cards, signposting people to the dedicated consultation website, were also available and posters advertising drop-in events were sent to all host sites.

Over 9,000 consultation booklets were distributed to GP surgeries, pharmacies, hospitals, libraries, leisure centres and district council buildings across the Forest of Dean and were available at all the venues used for consultation events. We responded to specific requests from community groups and organisations for copies of the consultation booklets, for example Forest Routes (Community Transport provider), dentists, local political representatives. We restocked venues with consultation booklets on request throughout the consultation period. Around 1,000 copies of the 'easy read' guide were also distributed. Consultation materials, including the survey, are available on-line at www.fodhealth.nhs.uk

Healthwatch Gloucestershire, which is the county's independent health and care champion, took a keen interest in the consultation. This took the form of attending a

[1] National Health Service Act 2006 (NHS Provider Trusts)
[2] Health and Social Care Act 2012 (NHS Clinical Commissioning Groups)

number of the presentations and ‘drop-ins’ as well as reviewing the information available to the public. Healthwatch Gloucestershire’s full observations regarding the consultation are included in the Correspondence Appendix 3

Healthwatch Gloucestershire’s made three specific comments regarding the consultation process. These are highlighted below:

1. Healthwatch Gloucestershire was impressed by the high 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 consultation included a range of ways for people to have their say including attending public meetings, visiting an information bus, and drop-ins – all delivered in local venues. There was also on online option to share views via a survey. We were impressed by the number of face-to-face opportunities for engagement with nearly 100 people present at the Lydney meeting and a high number of drop-ins. Every presentation we attended was handled professionally including when there was robust challenge and questioning by local people.

2. The consultation was supported with good quality information which explained the ‘case for change’, background, FAQs, and the options. We were impressed by the dedicated website which provided clear and very comprehensive information. The audio-visual content was useful for those who like to access information in this way as was the easy-read documentation.

3. The information available clearly set out the preferred option of the commissioners and the provider and invited local people to say whether or not they agreed with this option. We believe that taking such a clear position is helpful.

1.5 Consultation Activity

Over 50 consultation events – presentations with question and answer sessions, information bus visits and public drop-in events (see below) - have been held across the district and these have been publicised in advance through social media, through regular half and full page advertisements in the Forest and Wye Valley Review, The Forester and the Citizen. Flyers with the original set of extensive dates were also included in every consultation booklet. Invitations to attend other meetings/groups were also sought and received, providing an opportunity for targeted engagement with specific groups such as young people and family carers. As a result we attended numerous meetings of local clubs, support groups and organisations such as town council meetings, schools, Crossroads Care, Forest Sensory Services and Gloucestershire Young Carers, taking the total number of consultation events above 50.

The Consultation Team would like to thank all venues for their co-operation and assistance with consultation activities.

Consultation Events

Information Bus visits across a range of locations, during weekdays and weekends during the consultation period, enable access for local people to find information and to ask questions of members of the consultation team.

Tea and Talk drop in sessions enabling informal opportunities for people to talk with members of the consultation team. The idea for the Tea and Talk sessions came from a local tea shop owner who offered to provide a location, refreshments and locals to talk with the consultation team. The approach was well received and enabled people to engage with the consultation in areas where community spaces or vehicular access for the Information Bus might be restricted.

Presentations provided an opportunity for information to be shared and questions answered.

Discussions at consultation events correspond with the feedback received through the consultation survey and are summarised in Survey analysis later in this Report.

A detailed schedule of consultation events is included in Appendix 2.

In total, members of the consultation team supported:

52 events, accounting for **1318** face-to-face contacts at consultation events with local residents

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 reached:

15,420, of which **11,918** was a result of paid-for advertising, and **3,502** as a result of organic sharing.

38,720 Facebook consultation advertisement impressions - the number of times our advert was displayed, whether the post was clicked on or not. The advertisement can be attributed to generating an additional **834** clicks to the consultation website home / landing page. Once the campaign finished online, Facebook gave us a relevance score of 8 out of 10. The high score shows how relevant our advert was to

our target audience, compared to other adverts which may have targeted the same audience.

The consultation activity resulted in:

3344 surveys (including **354** Easy Read surveys) 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)

Staff engagement:

- Staff briefings led by Katie Norton, Chief Executive, GCS, and Cheryl Haswell, Community Hospital Matron, took place at The Dilke Memorial and Lydney and District Hospitals, and at Edward Jenner Court on 11 September 2017
- Further briefings were provided at the Forest Hospitals as requested
- Katie Norton, Chief Executive, GCS, and Cheryl Haswell, Community Hospital Matron were present at the hospital sites on multiple occasions throughout the consultation, to answer questions from staff

2 Consultation Responses

2.1 Written Responses and Correspondence Received

28 items of correspondence (email and letter) were received during the consultation period, as summarised below in Table 1. These can be found in full at Appendix 4. Where the correspondence is received from a group or elected representative names have been included, where correspondence has been received from an individual member of the public, names and addresses have been removed (redacted).

Table 1: Written Responses and Correspondence Received

Ref:	Received	Details	Key messages
01	26/09/2017	Letter from Mark Harper MP (re Letter from constituent)	New hospital provides opportunity for Forest, but need to increase number of beds and other services provided.
02	29/09/2017	Letter from Newent Town Council	Seeking confirmation that existing hospital facilities would remain open until the new hospital built and operational.
03	18/10/2017	Letter from Forest of Dean Health & Social Care Community Interest Company	Insufficient clarity regarding the services that would be provided and concern that a move to a single unit would result in services being reduced.
04	30/10/2017	Email from local resident	Offered comments regarding the future of Lydney and District Hospital and increased travel/costs for patients to a central location, importance of a local minor injuries service.
05	31/10/2017	Letter from Mark Harper MP following meeting with Friends of Lydney Hospital and League of Friends of The Dilke Hospital	Asked questions regarding proposed services in new community hospital, bed numbers and bed usage by Forest of Dean residents, site selection decision making process, design of facilities in particular single rooms/ward and seeking assurance on future engagement with Leagues of Friends.

Ref:	Received	Details	Key messages
06	31/10/2017	Letter from local resident	Proposed investment in existing hospitals rather than a new build.
07	06/11/2017	Letter from Mark Harper MP	Confirming support for new community hospital following meeting with GCSNHST staff.
08	08/11/2017	Email from Forest of Dean Green Party	Asking a series of questions relating to the consultation
09	10/11/2017	Email from local resident	Noting that the land for Lydney Hospital given by Bathurst family.
10	11/11/2017	Email from local resident	Stating a view that land on which Lydney Hospital built would revert to Bathurst family if no longer required for healthcare services.
11	13/11/2017	Letter from constituent of Mark Harper MP	Expressing view to redevelop existing sites, increase number of beds and range of services provided.
12	14/11/2017	Email from Glos Breast Imaging Department	Request to be included in any future planning for a new community hospital facility.
13	15/11/2017	Comments from local resident	Retain the Dilke Hospital site and name.
14	18/11/2017	Letter from Dean Forest Voice	Comments regarding growing population, number of beds, role of community hospitals in supporting acute hospitals, maternity services,
15	24/11/2017	Letter from Forest of Dean Green Party	Need to focus on community assets and partnerships to ensure sustainable local services.
16	28/11/2017	Letter from Friends of Lydney Hospital	Understand the arguments for a single hospital, promoting a South Forest location. Comments on demographic information in supporting site selection process and bed capacity.

Ref:	Received	Details	Key messages
17	28/11/2017	Letter from local resident	Comments relating to “cost cutting” and closure of hospitals.
18	04/12/2017	Letter from Cinderford Town Council	Recognition of challenges faced at existing facilities. Support for enhanced medical care in FoD, need for sufficient beds, in a central location. Identification of potential development site. Comment regarding the future use of the Dilke Memorial Hospital site.
19	04/12/2017	Letter from Forest GP Surgeries	Support the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Comment regarding review of bed numbers.
20	05/12/2017	Letter from Great Oaks (Dean forest Hospice)	Support the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Comment regarding the bed numbers. Offer to be involved in site identification in Coleford area.
21.	06/12/2017	Letter from Healthwatch Gloucestershire (HWG)	Positive feedback on consultation activity. Observations on main themes of feedback: bed numbers, population increases, maternity service provision, transport and travel, car parking, existing community hospital site ownership. Recommendation regarding Citizen’s Panel membership.
22	07/12/17	Letter from local residents	Comments regarding level of detail in the consultation document and asking a series of questions relating to the consultation and requesting further consultation.

Ref:	Received	Details	Key messages
23	07/12/2017	Letter from Gloucester resident	Concern re siting a new hospital in Coleford. Recognition of value added by Friends of Lydney Hospital.
24	07/12/2017	Letter from Coleford Town Council	Full support for provision of a single community hospital. Provided information regarding Coleford Neighbourhood Development Plan. Comments regarding population growth and number of beds within a new community hospital. Potential development sites within Coleford area identified.
25	08/12/2017	Letter from 2gether NHS Foundation Trust	Positive comments regarding the consultation process. Support for the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Support for the site selection criteria. Recognition that mental as well as physical health for residents of all ages should be the focus of ongoing planning.
26	12/12/2017	Letter from Town Council of Lydney	Support given to the Friends of Lydney Hospital and Lydney, District and Severnside Stakeholder Group consultation responses. If preferred option progressed, propose facility sited in Lydney (benefits listed). Comments regarding decision making process, number of beds.
27	November 2017 (undated)	Blakeney Surgery	Comments regarding options for rerouting of public transport, bed numbers. Comments regarding co-location of primary care facilities: challenges and opportunities and advantages of larger practices.

Ref:	Received	Details	Key messages
28.	December 2017 (undated)	Communication from Lydney, District & Severnside Stakeholder Group	Support for a single new community hospital in Lydney, providing more than 24 beds, setting out benefits of location.

Note: We have been made aware of a petition co-ordinated by the Hands off Lydney and Dilke (HOLD) group, however this was not received by the NHS during the consultation period, nor at the time of preparing the Outcome of Consultation Report.

2.2 Survey Questionnaire Responses

The online questionnaire was created using survey software which supports analysis of both quantitative (number and %) responses as well as qualitative (free text) responses. Quantitative responses are presented relating to the full questionnaire, the Easy Read Questionnaire, and where possible a combination of the two. This was not possible with every survey question as there were some small differences between the main and easy read versions of the questionnaire. Themes from qualitative responses, illustrated by some quotations from the comments received, are also presented. A complete list of all qualitative responses is included in the Appendix 5.

The Consultation survey questionnaire was made available to the public, staff and stakeholders for a three month period in either print form or online, resulting in a random sample of respondents to the consultation.

The consultation team can confirm that all survey questionnaires received between 12 September 2017 and 10 December 2017 were included in the analysis in this Report (receipt of postal questionnaires was extended by two extra days to account for inclement weather conditions at the end of the consultation period). Where it was clear that the same hand had been used to complete a postal survey questionnaire, or identical phrases had been used to answer free text questions, it was assumed by the consultation team that the questionnaire had been completed on behalf of another individual.

In considering the survey questionnaire analysis it should be noted that there is strong evidence that an individual respondent's decision whether or not to respond to the survey is not random and the group of people who choose to answer a questionnaire is not necessarily representative of the population as a whole. Survey responders are people who are more motivated to take the time to answer the survey questions.

2.2.1 Survey Questionnaires received

A total of 3344 questionnaires (including 354 Easy Read) were submitted between 12 September and 10 December 2017.

Questionnaires were either completed on line using the web link on the consultation website or by hand using the tear-out freepost survey questionnaire printed in the consultation booklets. Questionnaires received by freepost were entered into the online portal by the consultation team in exactly the same words as were used originally. Where, in some cases handwriting was very difficult to read, a series of '?????' were entered.

All free text responses in both the main and Easy Read versions of the questionnaire were read by a member of the consultation team and grouped according to key themes.

2.2.2 Consultation Survey Questionnaire – Who responded?

The survey questionnaire provided the opportunity, optional, for respondents to provide information about themselves. This information is helpful in identifying whether a good range of local people have taken the opportunity to provide feedback.

Approximately half the respondents to the survey provided demographic information, which is summarised in Appendix 1.

2.3 Consultation Questionnaire Analysis

546 respondents only responded to the first question on the questionnaire. These responses have been included in the totals below.

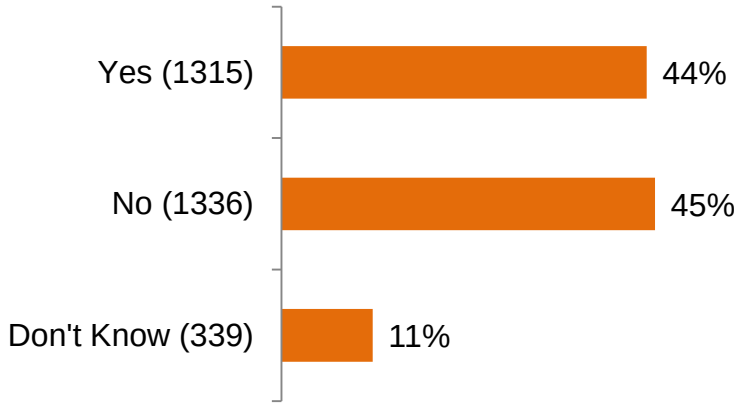
2.3.1 Support for the preferred option

Q1: Do you agree with our preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital?

3344 responses, including 354 Easy Read

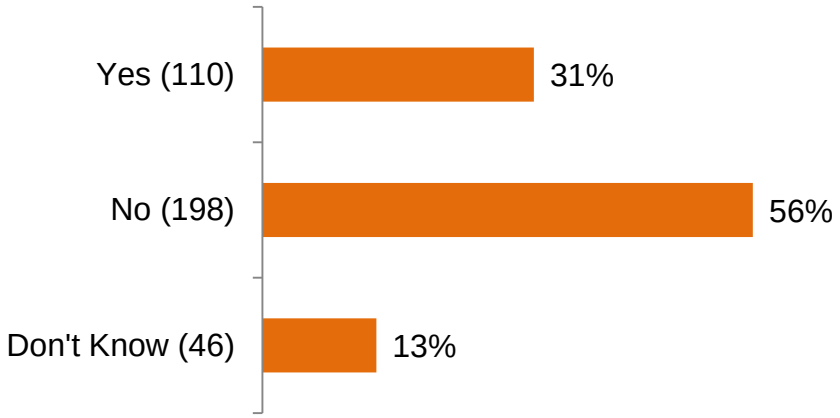
Main survey responses:

Responses: 2990 (1191 included a qualitative comment)

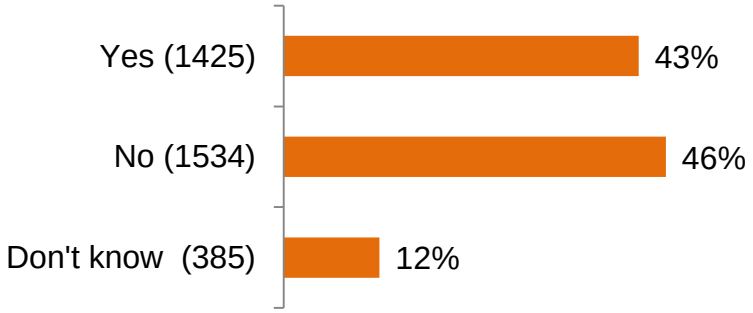


Easy Read responses:

Responses: 354 (186 included a qualitative comment)



Combined Responses from both the main survey and easy read versions:
(3344 responses with and without qualitative comments)



Respondents to the first part of Question 1 by group
The responses from respondents from different groups such as: age; postcode; engagement with the consultation; are shown below in Table 2.

Table 2: Main and Easy Read (ER) Survey Responses Q1 (part 1) further analysis by group (where disclosed)

Shaded GREEN = more in the group support preferred option

Shaded RED = more in the group do not support preferred option

Group	No. of responses (Main)	No. of responses (ER)	Yes (Main)	Yes (ER)	No (Main)	No (ER)	Don't Know (Main)	Don't Know (ER)
Public and Community Partners	1474	N/A	720* 49%	N/A	631 43%	N/A	123 8%	N/A
Health or care professional	279		204 73%		55 20%		20 7 %	
Age Under 25	71	62	43 61%	33 53%	23 32%	8 13%	5 7%	21 34%
Age 26-45	294	36	180 61%	10 28%	97 33%	22 61%	17 6%	4 11%
Age 46-65	768	70	417 54%	22 31%	285 37%	45 64%	66 9%	3 4%
Age over 66	689	70	326 47%	22 31%	300 44%	43 61%	63 9%	5 7%
People who attended a consultation event	658	98	323 49.09%	35 36%	284 43%	42 43%	51 8%	21 21%
Cinderford area residents	375	N/A	177 47%	N/A	169 45%	N/A	29 8%	N/A
Coleford area residents	293		158 54%		99 34%		36 12	
Cross-Border area residents	51		11 22%		28 55%		12 24	
GL17 area residents	223		114 51%		97 44%		12 5%	
GL18 North Forest area residents	56		43 77%		11 20%		2 4%	
GL19 – North Forest area residents	17		10 59%		4 24%		3 18%	
Lydney area residents	539		254 47%		238 44%		47 9%	
Live in the Forest of Dean (ER only)		241	N/A	82 34%		130 54%		29 12%

*Actual numbers and percentages for each group shown

The information in Table 1 shows differential responses between groups to the first part of Question 1, with respondents using the Easy Read survey less likely to support the preferred option.

Q1 Supplementary: If you do not support our preferred option, please tell us why you are unable to support this option.

Main survey responses:
1191 responses

Easy Read Responses:

186 Responses

Main Qualitative Themes:

- reduced number of beds
- travel/transport
- Changing demographic [housing development/aging population]
- FoD heritage / community cohesion / local investment
- insufficient detail provided
- NHS cost cutting

This quote summarises many of the main qualitative themes above, with other quotes offered below:

> *"I feel that cutting the amount of beds and centralising the community hospital to one point is a bad idea. Why can the millions of pounds not be invested in revamping and regenerating the current hospitals to bring them up to standard? (Especially as the Dilke has just had 6 weeks of refurbishment in minor injuries). It would mean people have options on how far they want to travel for appointments, more beds are available and staff will be able to keep their jobs and possibly more will be created. You could even add a midwife led maternity unit if funds allowed."*

Reduced number of beds

Less beds, make no sense.

Centralized hospital would be OK if the number of beds is maintained or increased and has a regular, cheap public transport access.

I do not support any plan that reduces the number of hospital beds in The FoD.

Travel/transport

Such a large area with limited transport. Need two hospitals.

Out of the budget perhaps you could fund a 24 hour Dial a ride with a short response time.

Towns and villages are scattered and the population is well used to travelling c. 3-5 miles to access specialised shops, services, facilities etc.

Changing demographic [housing development/aging population]

The growth of both Lydney and the new development in Cinderford means that more hospital places are required not less.

Forest of Dean residents are increasing especially with new housing developments arising.

I support the need for one modern and manageable hospital, however the decrease in community beds

FoD heritage / community cohesion / local investment

People in the Forest have a strong emotional connection with their 2 community hospitals. They are part of our heritage

The design of such a facility also needs to allow easy access to the outside world, fresh air, views etc. Country people are badly affected by enclosed, sterile spaces.

Our hospitals are a huge part of our community and our heritage and they serve our communities well. We need places we feel comfortable with to make us feel better. The Dilke and Lydney provide excellent health care why try and fix what isn't broken.

Insufficient detail provided

Proposals have no defined plan for extra capacity for community beds in Gloucester and Cheltenham? I believe that you will fail to address this and will continue to be forced to accept city patients and therefore fail to meet the needs of local patients.

Unless I know where and what exactly is involved I cannot agree.

NHS cost cutting

Given the funding crisis in the NHS, it highly unlikely under the present government that any new purpose built hospital will actually materialise. This is a cynical move to sell off two extremely valuable public land assets to the private sector who will make big profits in redevelopment.

Further analysis of the "Don't Know" responses to Survey Question 1 (339 responses to the Main survey and 46 to the Easy Read survey) has focussed on the reasons why respondents who were unsure about supporting the preferred option to build a single new community hospital in the Forest of Dean to replace the two existing hospital. 195 qualitative responses were recorded using the Main survey and 19 using the Easy Read survey.

A significant number of comments indicated that respondents would be able, or more likely, to support the preferred option if two factors were known; namely the location of the new hospital and the services to be provided in the new hospital, including more detail regarding the number of beds.

I agree in principle that one new hospital would be good but am concerned that it must be located in the centre of the Forest.

Would support a new facility IF it meant more outpatient services would be provided so less journeys to Gloucester for treatments.

Until I know a proposed site for the new hospital and what the plans are for the use of the old buildings once the current facilities are closed I do not know whether or not I agree…

… If they are replaced by something better which is easily accessible for the whole community, including those who do not have access to a car, then I would be more inclined to agree with the proposals.

If you do not support our preferred option, please tell us: What other option(s) we should consider (options must be able to achieve the objectives and criteria set out in section 8 of this booklet)

1191 responses Main survey, 354 Easy Read survey, only respondents who selected 'No' and 'Don't know' above completed this question:

Main Qualitative Themes:

- Share investment £11m between two existing sites
- Redevelop one site and use second site for respite/EOL/care home facility
- Include a maternity unit
- Include a theatre

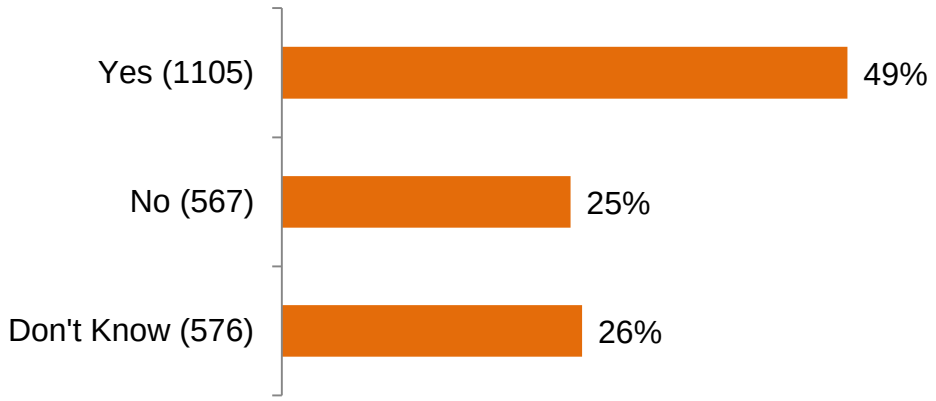
Could you not spend the money that will be used in building a new hospital be spent on existing ones.

Could we consider 1 new "treatment" hospital and 1 perhaps simplified site with "advanced care home" type facilities.

2.3.2 Impact of options

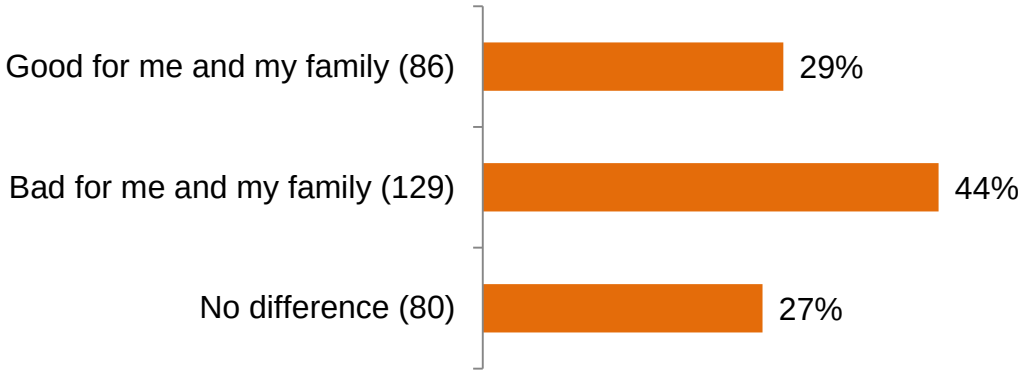
Q2: Main: Do you think that any of the options explained in the consultation booklet (section 9) have a greater impact on either you, your family, or other Forest of Dean residents?

(2248 responses)



Q2: Easy read - How would you be affected by a new hospital in the Forest?

(295 responses)



A single hospital providing more beds and services with transport links could work. Obviously no hospital would have the worst impact.

Respondents to this question reported both **negative** and **positive** impacts of the options for change. Most respondents concentrated on the impact of the preferred option (Option 3), whilst a small number of respondents commented on Options 1, 2 and 4. In terms of impact of Options 1, 2 and 4, Option 1 was identified as having the least impact and Option 4 was identified as having the most impact. A number of key themes were evident, summed up in the comment below.

Access/Travel/Public Transport: Positive comments referred to the opportunity to access services, such as outpatients and diagnostic tests within the Forest of Dean instead of travelling to Gloucester or Cheltenham and comments from staff related to increased efficiency through not travelling between two community hospital sites. The majority of negative comments related to anticipated increase in difficulty in attending a new single site community hospital (dependent upon the location). Many respondents commented on the poor public transport infrastructure within the Forest of Dean, the limited road infrastructure, the impact of bad weather and the additional cost of accessing services in Gloucester or Cheltenham.

I feel some people may find it more difficult to access care. Transport may be a problem for some users.

An adverse effect on travel difficulties. New bus routes will have to be put in place. A positive effect if more services are available

As a retired, old age pensioner, I am likely to need more minor medical care services in the future. A new state-of-the art hospital is much more likely to be able to provide me with those services and prevent lengthier journeys outside of the area. This is likely to apply to a growing elderly population in the FoD.

Number of community hospital beds in the Forest of Dean: The majority of comments related to the number of beds provided in a new community hospital and concern that Forest of Dean residents would not be able to access a bed within the Forest of Dean.

It is very obvious that any reduction in beds would impact on everybody in the county, never mind the forest of dean. Your figures show that the population is rising and there are more older people, where are they all going to go if there are less beds available?

The proposed reduction of beds for a single site is a real concern

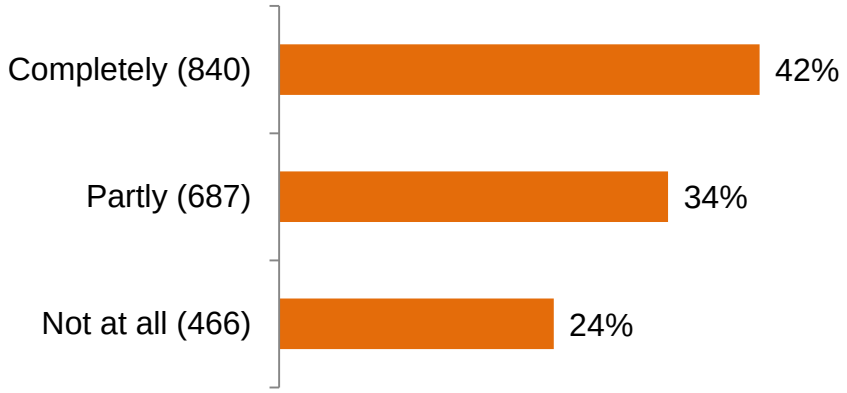
Facilities: Comments under the theme of 'facilities' were diverse; positive comments included comments relating to a better, modern environment within a new community hospital and potential for extended services within a new community hospital. Negative comments included concern about the detail of services to be provided in future that the proposed new community hospital would not include a maternity unity, operating theatre and that urgent care services could be reduced.

I believe a new hospital on one site is the best way forward as it would be more efficient use of money, provide a better service for local people and visitors to the area (using the MIU) and be a very pleasant purpose built unit to work in. I think one unit would be better for people to use for instance x ray and outpatient appointments.

Whilst I have no objection to either one replacement hospital or two newly built hospitals, it needs to be clearer what facilities this would give us.

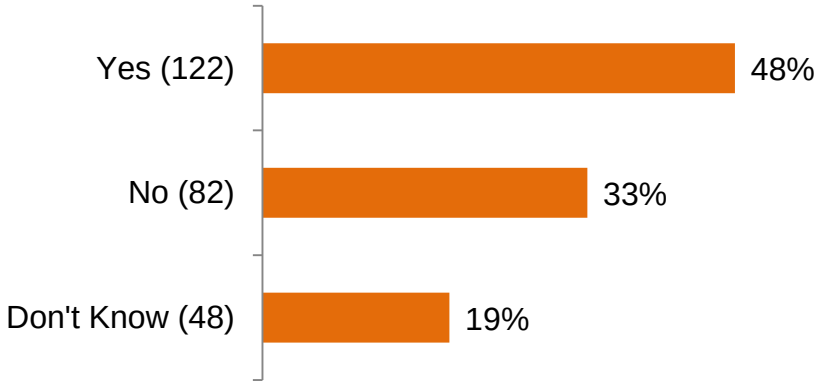
2.3.3 Proposed Criteria for assessing a location for a community hospital

Q3 Main survey: If the option of a new single community hospital is approved, to what extent do you agree with the proposed criteria for assessing the location for a community hospital in the Forest of Dean
(1984 responses)



Q3 Easy Read survey - We have made a list of what we think is important about a new site. Do you agree with the list?

(252 responses)



Q3 Supplementary: If you do not "completely" agree, please tell us

- ***Why you do not agree;***
- ***What other criteria we should consider.***

A total of 965 respondents (858 responses using Main Survey, 107 Easy Read survey responses) used the free text box in this question to raise their concerns about the preferred, option often raising previous concerns.

Key issues regarding the criteria included:

- poor road infrastructure;
- lack of public transport;
- impact of geography/topography of the Forest on travel times;
- a site within 30 minute travel time for majority of population was not achievable;
- demography – increasing population:
- heritage/local investment.

Some people suggested additional criteria that should be used for assessing the location for a community hospital in the Forest of Dean, some of which impact on location within the Forest of Dean and others which relate to site characteristics. Many of the suggestions reflected those included in the criteria given as part of the consultation, for example accessibility and public transport:

- needs to be accessible by public transport
- location should be central to the majority of the population
- site should be located on, or near to, one of the main roads through the Forest
- consideration of accessibility of other options, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire
- surrounding environment i.e. preference given to sites with pleasant surroundings, green space, views, etc.
- sufficient space for car parking, future developments, to facilitate mobile services e.g. breast screening service.

Reliance on public transport does not seem to be realistic. Even if some main bus routes run through the Forest, their frequency would not be such that out patients/visitors journeys would be easy. They could be facing long waits either at the hospital when they arrive, or at the hospital when they wish to return.

Nowhere will get unanimous support so just get on.

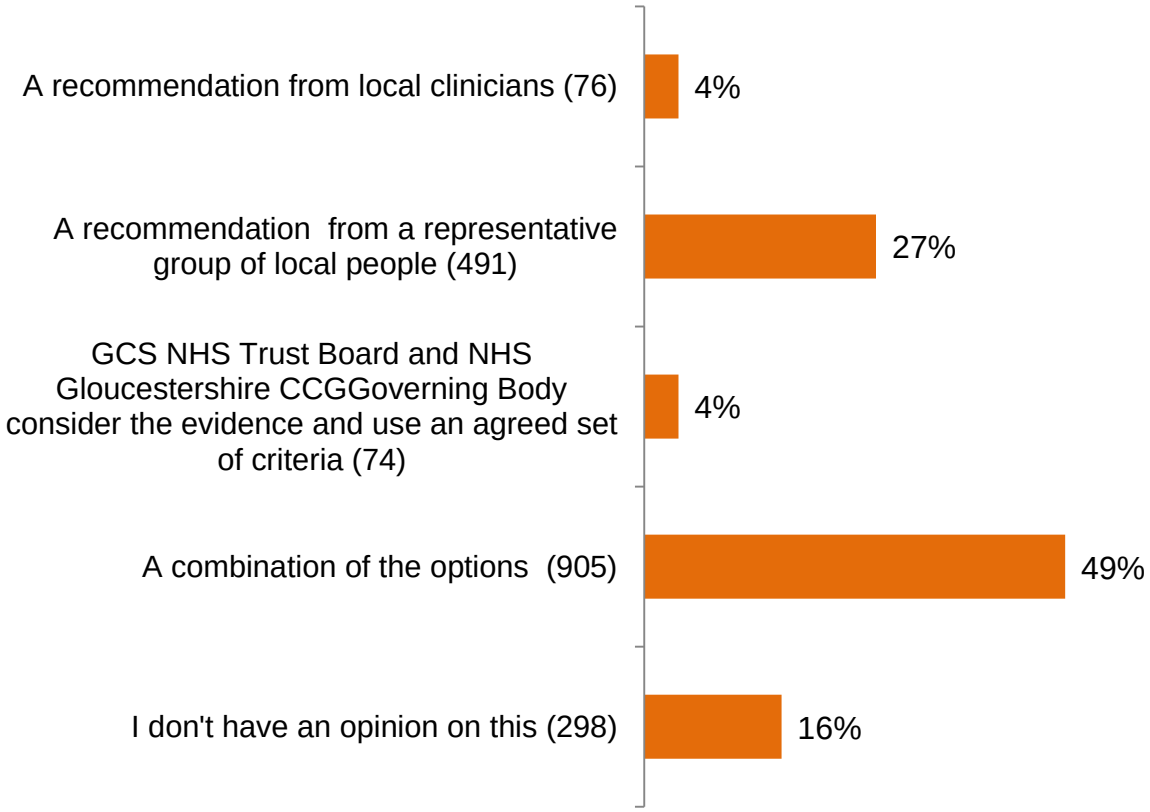
Include the impact of the new site on the heritage and natural setting of the forest.

The full free text comments is included in Appendix 5.

2.3.4 Making a recommendation

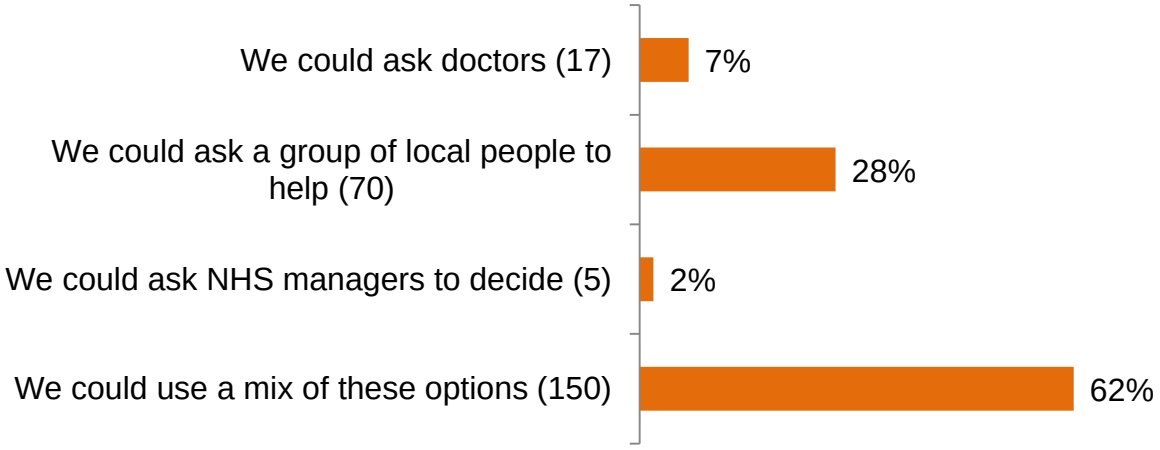
Q4: Main survey: If the option of a single new community hospital in the Forest of Dean is agreed, how do you think a recommendation should be made on the location?

(1844 responses)



Q4 Easy Read Survey - If we build a new hospital, how should we decide where?

(242 responses)

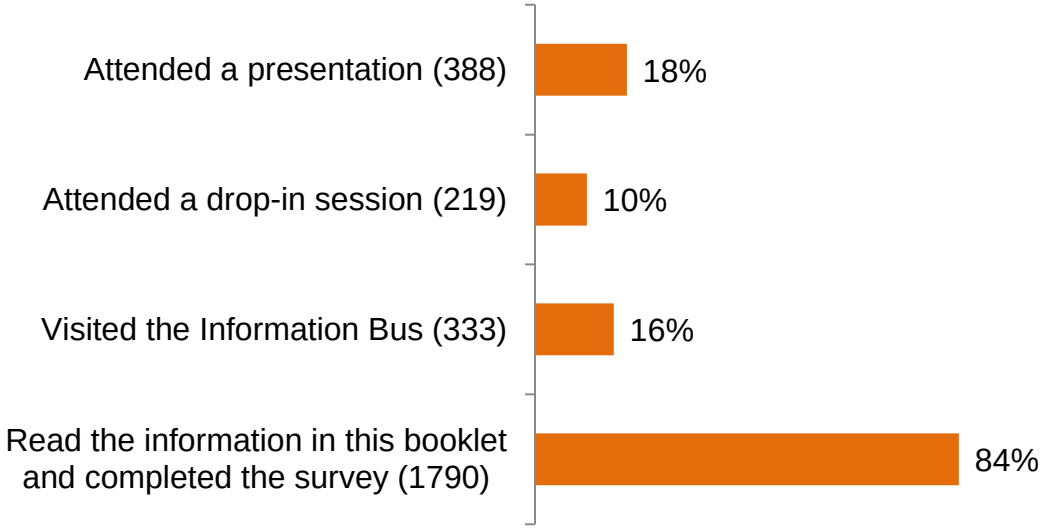


2.3.5 Participation in the consultation

Q5 How have you participated in this consultation?

Responses from both the full survey and easy read versions

(2141 responses)



2.3.6 Other qualitative comments

The final Survey question invited respondents to provide any other comments (1159 additional comments recorded in the main survey, 120 on the Easy Read survey). Many respondents to both surveys repeated previous comments. The main items from 'any other comments' are listed below:

Location

- Sufficient car parking essential
- You cannot please everyone
- Site recommendation panel members: avoid people with vested interests, include non-Forest of Dean representative, include rural and urban representation
- Consider the arrangement of the natural and artificial physical features of the Forest of Dean
- Don't build where trees and wildlife would be destroyed
- Site a new Community Hospital centrally in the Forest of Dean in an area of greatest deprivation
- Consider the impact on residents living close to the Welsh Border
- Hope a new Community Hospital will be close to school so that pupils can help

Heritage

- Honour the mining history in the new Community Hospital
- Ensure recognition of previous financial and cultural contribution to healthcare facilities
- Build new Community Hospital but retain existing sites for community wellbeing use: mental health, hospice, respite, care home, healthcare museum
- Recognise the contribution of the two Hospital Leagues of Friends in the new Community Hospital
- The NHS doesn't own The Dilke site, so you can't sell it
- Foresters discriminated against by NHS managers

Environment

- 21st century buildings required
- Consider the value of the environment in which a Community Hospital is built: views, nature – aid to recovery

- Consider the impact on the environment when selecting a site and building a new Community Hospital – consider renewable energy sources
- Consider a dementia friendly environment
- The Forest of Dean is promoted as an outdoor activity area for tourism and leisure, health services need to take this into account

Consultation

- It's time for change
- Change overdue, need new facilities to prevent people leaving the Forest of Dean
- A good opportunity to build better healthcare for future generations
- 10 years ago, the consultation to close the two existing Community Hospitals did not offer to replace with a new Community Hospital
- Well thought out plan
- Being asked to sign up to an idea rather than a reality
- Good that young people have been involved in the consultation
- Listen to the consultation feedback
- Decision already made
- Consultation before preferred option identified would have been better
- The final say should go to the staff who work at the existing Community Hospitals
- A waste of money consulting, fund patient services instead
- Listen to the younger generation

Services / Facilities

- Involve staff and patients in designing a new Community Hospital
- New Community Hospital must open before the two existing hospitals close
- Maternity unit required in the Forest of Dean
- Minor operations unit required in the Forest of Dean
- Urgent care requires x-ray and GP Out of Hours assessment
- Integrate new Community Hospital with primary care / poly-clinic
- Provide a mix of communal day room and shared and single rooms in a new Community Hospital
- Provide more out-patient clinics, follow up appointments should be offered locally
- Introduce specialist services for eyes and ears in the Forest of Dean to reduce travel to Gloucestershire Royal Hospital
- Existing equipment must be transferred to a new Community Hospital in the Forest of Dean
- Why isn't the Forest Dialysis Unit included in the planning?
- Excellent services provided from existing Community Hospitals

- 24 hour urgent care services needed
- Health improvement is predicated on early intervention
- Join up thinking between health and leisure
- Include community space / coffee shop / pharmacy within a new Community Hospital
- Build flexibly, multi-purpose facility with room to expand

Beds

- 24 beds insufficient
- There is hidden demand for beds, Forest of Dean residents are distributed around Gloucestershire and out of county
- Restrict admissions to Forest of Dean residents
- Require more beds not fewer
- Forest of Dean residents frequently unable to access beds in the Forest of Dean Community Hospitals today
- Planning alternative services for Gloucester and Cheltenham residents a priority

Demographics and Housing Development

- Take into account population growth (Housing development) – 6600 new homes allocated by local planning department
- Take into account older age population growth
- Severn Bridge Toll to be removed, likely to result in population growth

Access / Travel / Public Transport

- Public transport unlimited and unreliable
- Taxis expensive
- Centralising services shifts costs to the users or services from the providers
- Consider transport options in an area of deprivation

Funding / Investment

- £11m insufficient to build a new Community Hospital
- Waste of NHS resources to build a new Community Hospital
- How will the asset from the sale of the existing sites be used locally?

- Investment in community services required / increase home care support
- Invest in primary care
- A positive option if it saves money
- The new hospital in Chepstow was a waste of money as services are being withdrawn

Politics

- Stop political infighting
- Don’t privatise the NHS
- Do not be persuaded by protest groups / political activists / local business interests

Staff and Management

- Staff looking forward to closer working, better environment and reduced travel between two existing sites
- Consider the impact on staff of workplace relocation
- Staff at existing Community Hospitals do a great job with limited outdated resources
- Consider the impact on staff of opportunities for greater integration on a single site
- Consider a staff crèche/nursery at a new Community Hospital

3. Next steps

The outcome of the consultation report will be presented to Gloucestershire Health Overview and Scrutiny Committee (HCOSC) on 9 January 2018.

The Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group will be reviewing and consideration all of the feedback from the consultation process, and any issues raised by the HOSC. A joint report will set out recommendations for consideration by the Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group at meetings to be held in public on 25 January 2018. This will include:

- Consideration as to whether there is any new and material information which has come to light through the consultation which would being in to question the case for change;
- Consideration of the issues arising from the consultation, such as bed numbers, travel and access, and whether these can be mitigated, or whether they require us to reconsider our preferred option;
- Recommendations on whether to progress the preferred option;
- Should the preferred option of a single, new hospital be supported, recommendations on how the process to establish a preferred location will be progressed, including the criteria to be used and process to enable a recommendation to be made.

4. List of Appendices

Appendix 1: Demographic information for the Main survey and the Easy Read survey

Appendix 2: Appendix 2: Schedule of Consultation Activity September – December 2017

Appendix 3: Healthwatch Gloucestershire's full observations regarding the consultation

Appendix 4: Written Responses and Correspondence Received

Appendix 5: Survey questionnaire free text comments

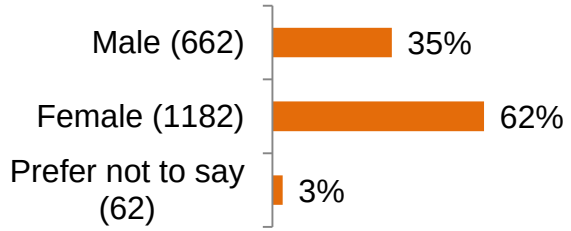
(Appendices 3 - 5 available at: www.fodhealth.nhs.uk)

Print date: January 2018

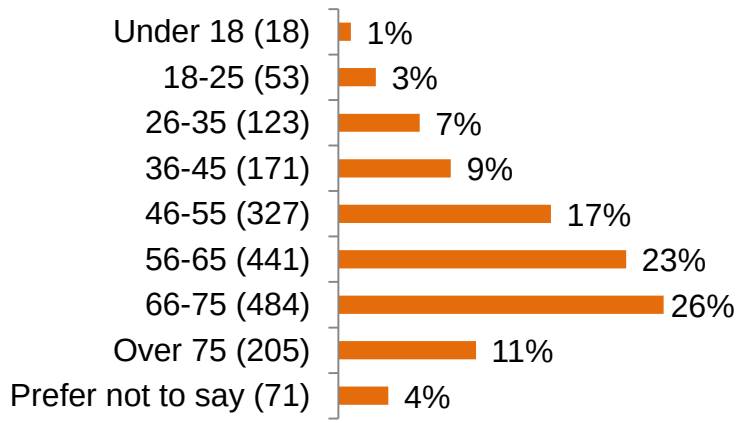
Appendix 1: Demographic information for the Main survey and the Easy Read survey

Main survey

What is your gender?
(1906 responses)

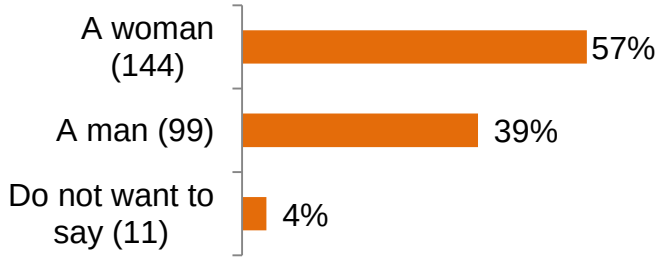


What is your age group?
(1893 responses)

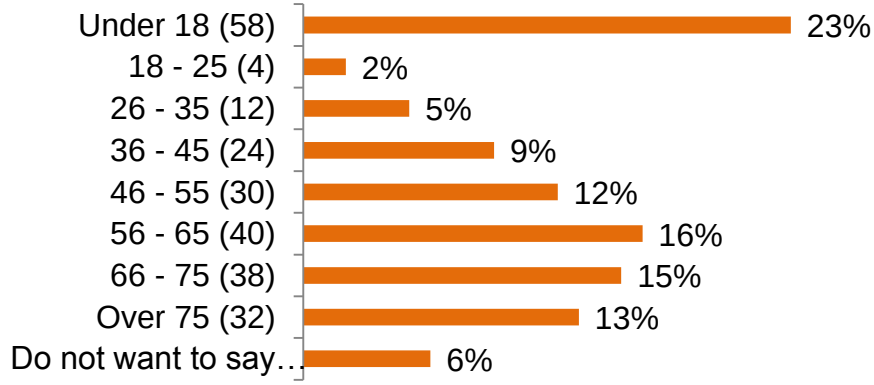


Easy Read

Are you?
(254 responses)

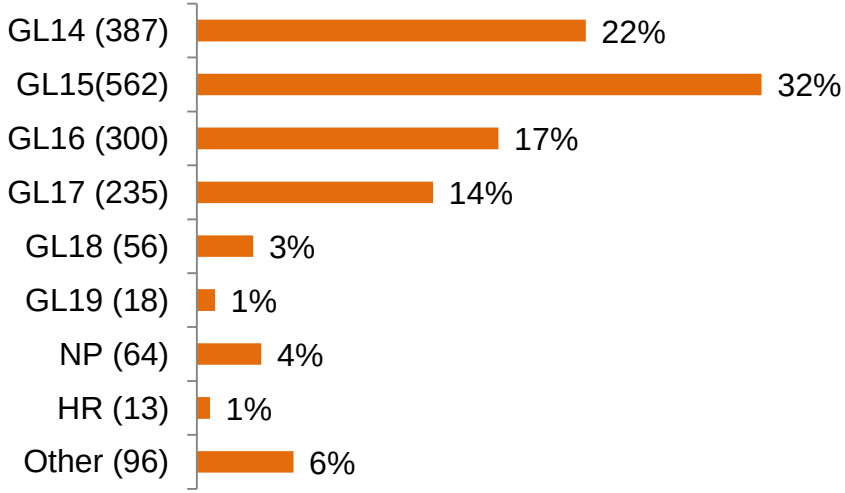


What age group are you?
(253 responses)



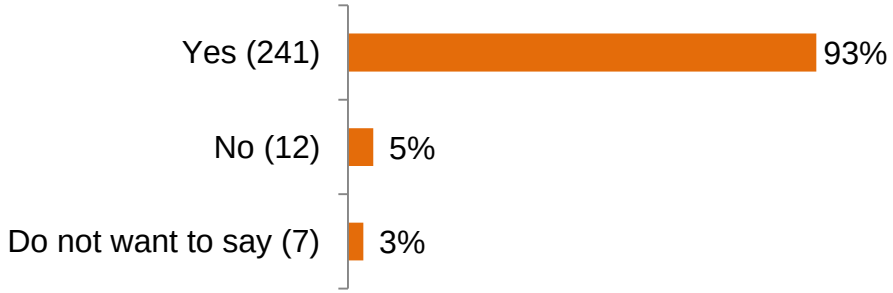
Main survey

What is the first part of your postcode?
(1731 responses)

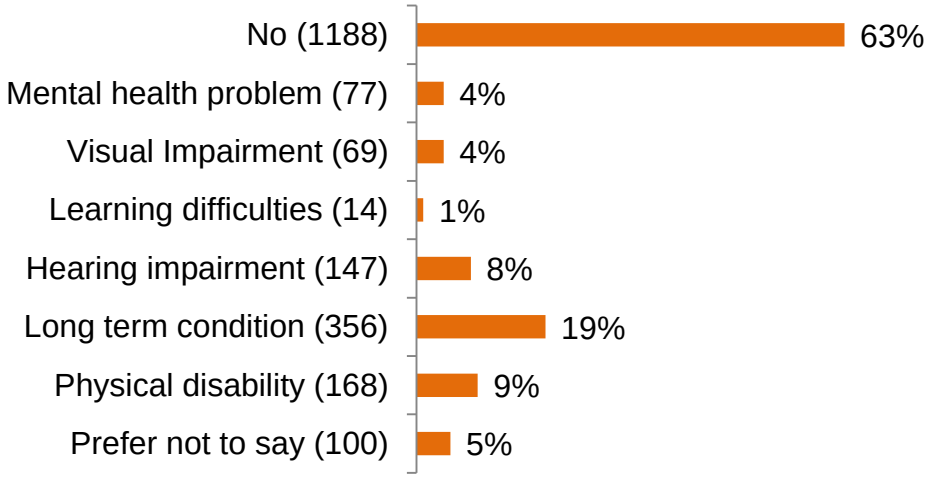


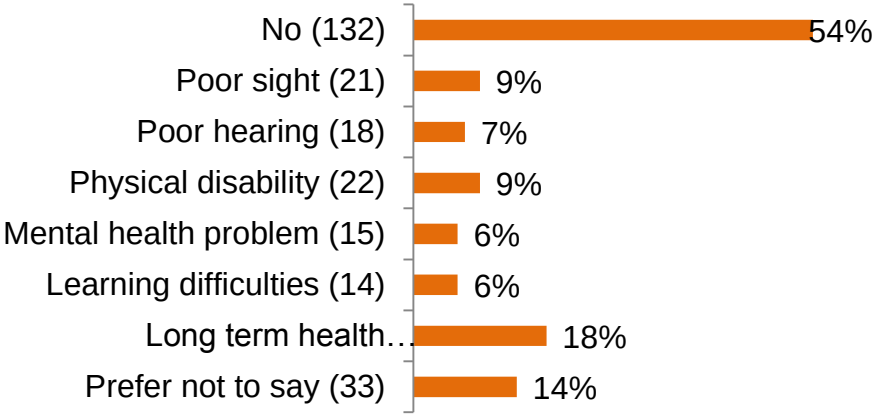
Easy Read

Do you live in the Forest?
(260 responses)



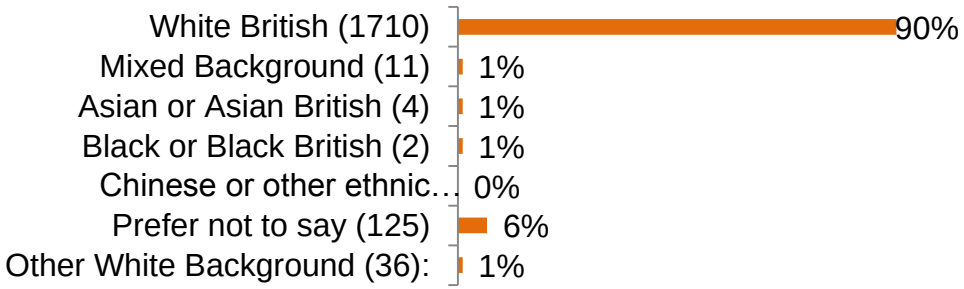
Main Survey	Easy Read
Do you consider yourself to have any disability? (tick all that apply) (Responses: 1875)	**Do you have a disability? (Responses: 243)**





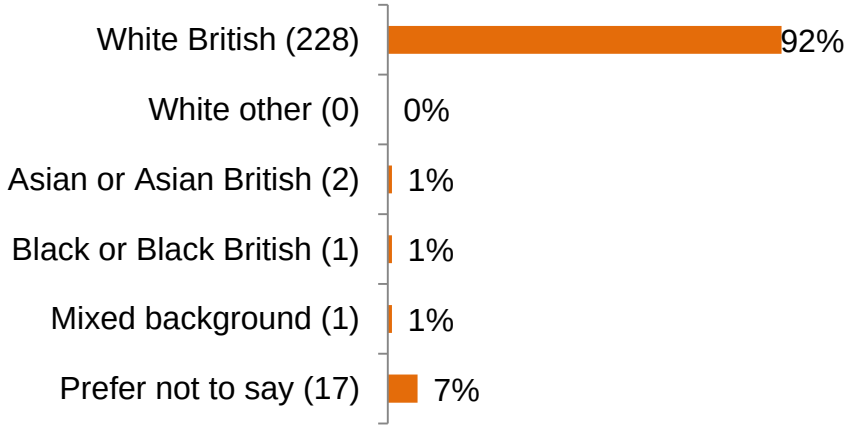
Main survey

To which of these ethnic groups would you say you belong?
(1888 responses)



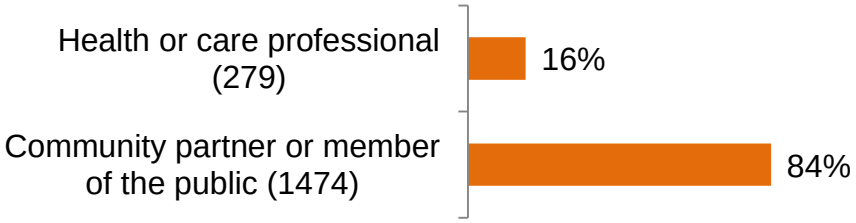
Easy read

To which of these ethnic groups would you say you belong?
(249 responses)



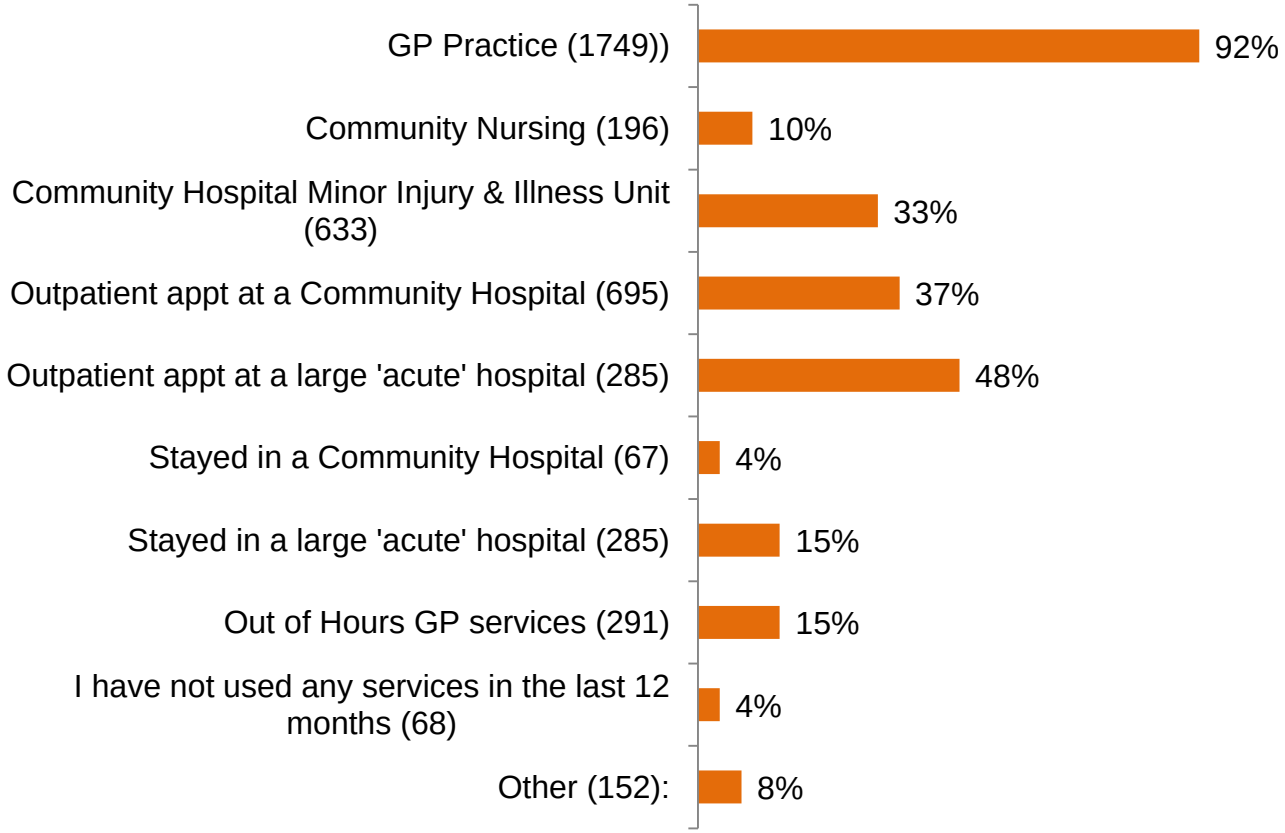
Main survey only

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 2: Schedule of Consultation Activity September – December 2017

Activity	Date	Time	Venue
Information Bus	Wednesday 27 September	10.00am - 3.00pm	Cinderford Co-op
Forest Food Festival (Event)	Sunday 1 October	10.00am - 4.30pm	Speech House
Information Bus	Monday 2 October	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Information Bus	Tuesday 3 October	10.00am - 3.00pm	Coleford Clock Tower
Presentation	Wednesday 4 October	10.00am - 12.00pm	Belle Vue Centre, Cinderford
Drop in	Thursday 5 October	6.00pm - 8.00pm	Memorial Hall, Bury Barr Lane, Newent
Information Bus	Monday 9 October	10.00am - 3.00pm	Market Square, Newent
Meeting/Event	Monday 9 October	7pm	Lydney Town Council
Presentation	Tuesday 10 October	2.00pm - 4.00pm	The Main Place, Railway Drive, Coleford
Drop in / Tea & Talk	Wednesday 11 October	10.00am - 12.00pm	Taurus Craft, Lydney
Information Bus	Saturday 15 October	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Presentation	Monday 16 October	10.00am - 12.00pm	St Briavels Pavillion

Activity	Date	Time	Venue
Information Bus	Wednesday 18 October	10.00am - 3.00pm	Cinderford Co-op
Drop in	Wednesday 18 October	5.30pm - 7.30pm	Cinderford Rugby Club
Drop in	Thursday 19 October	12pm - 2pm	Vantage Point Business Park
Drop in	Thursday 19 October	6.00pm - 8.00pm	The Main Place, Railway Drive, Coleford
Presentation	Thursday 26 October	5.00pm - 7.00pm	Mitcheldean Community Centre
Drop in / Tea & Talk	Monday 30 October	10.00am - 12.00pm	Postage Stamp café, New Road, Parkend
Meeting/Event	Wednesday 1 November	6pm	Coleford Neighbourhood Plan
Information Bus	Thursday 2 November	10.00am - 3.00pm	Newent Co-op
Drop in / Tea & Talk	Friday 3 November	10.00am - 12.00pm	Bethel Tea Room, Broad Street, Littledean
Meeting/Event	Monday 6 November	11am	Primrose Hill & Severnbanks School
Meeting/Event	Monday 6 November	1pm	VCS Organisations
Drop in	Monday 6 November	3pm - 5pm	Bream Community Centre
Meeting/Event	Monday 6 November	6pm	Young Carers

Activity	Date	Time	Venue
Presentation	Tuesday 7 November	2.00pm - 4.00pm	Community Centre, Lydney
Drop in / Tea & Talk	Thursday 9 November	2.00pm - 4.00pm	Toast, Coleford Road, Tutshill
Drop in	Thursday 9 November	6.00pm - 8.00pm	Lydney Town Hall
Meeting/Event	Friday 10 November	12.30pm	Dene Magna School
Presentation	Friday 10 November	2.00pm - 4.00pm	Memorial Hall, Bury Barr Lane, Newent
Information Bus	Saturday 11 November	10.00am - 3.00pm	Coleford Clock Tower
Meeting/Event	Tuesday 14 November	3pm - 4.30pm	VCS Organisations
Meeting/Event	Tuesday 14 November	7pm	Cinderford Town Council
Drop in / Tea & Talk	Wednesday 15 November	10.00am - 12.00pm	The Buttery Tea Room, Newent
Drop in/Tea & Talk	Friday 17 November	10am - 11.30am	Yorkley Community Café
Drop in / Tea & Talk	Monday 20 November	2.00pm - 4.00pm	The George Café, Newham on Severn
Drop in / Tea & Talk	Monday 20 November	5.30pm - 7.30pm	Lydney Town Hall
Meeting/Event	Monday 20 November	7pm	Huntley Primary PTA

Activity	Date	Time	Venue
Meeting/Event	Tuesday 21 November	1.30pm	Forest Sensory Services
Information Bus	Wednesday 22 November	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Drop in / Tea & Talk	Thursday 23 November	2.00pm - 4.00pm	Cinderford Rugby Club
Meeting/Event	Friday 24 November	1.00pm	PPG Network (Forest members)
Information Bus	Saturday 25 November	10.00am - 3.00pm	The Triangle, Cinderford
Meeting/Event	Monday 27 November	3.00pm	St Briavels School (Parents)
Drop in / Tea & Talk	Tuesday 28 November	10.00am - 12.00pm	Harts Barn, Monmouth Road, Longhope
Drop in / Tea & Talk	Wednesday 29 November	10.00am - 12.00pm	Sixteen Community Café, Coleford
Meeting/Event	Wednesday 29 November	2pm	Crossroads Carers
Presentation	Thursday 30 November	6pm - 7.30pm	Sedbury Community Centre
Information Bus	Friday 1 December	10.00am - 3.00pm	Coleford Clock Tower
Meeting/Event	Friday 1 December	1.30pm	Wyedean School Sixth Form
Presentation	Saturday 2 December	10.00am - 12.00pm	Belle Vue Centre, Cinderford

Activity	Date	Time	Venue
Information Bus	Tuesday 5 December	10.00am - 3.00pm	3 Shires Garden Centre, Newent

Health and Care Scrutiny Committee

Community Hospitals in the Forest of Dean – Consultation Outcome Report

9 January 2018

1. The committee is a statutory consultee on any substantial development of the health service in Gloucestershire. The consultation on Health and Wellbeing for the future: Community Hospitals in the Forest of Dean was launched at the meeting of the committee on 12 September 2017, and the outcome report of this consultation was received at the committee meeting on 9 January 2018.

2. The preferred option that was consulted on was to invest in a new community hospital in the Forest of Dean which would replace the Dilke Memorial Hospital and Lydney and District Hospital. The committee's role in this stage of the development of this proposal was:-

- to confirm whether it was satisfied that the consultation process was undertaken in line with statutory requirements and was appropriate and proportionate; and,
- to feedback on key issues that it would wish to have fully considered by the Gloucestershire Care Services NHS Trust (GCS) and Gloucestershire Clinical Commissioning Groups (GCCG) Boards within their decision making process.

3. The committee received a detailed presentation from the GCCG and GCS on the consultation process (including the engagement activity) and the main findings from the consultation.

4. The concerns raised by committee members during the debate reflected those identified in the consultation outcome report:-

- The number of beds
- Transport issues
- Housing developments (including the impact of the removal of tolls on the Severn Bridge by the end of 2018)
- Insufficient detail (on the proposal) overall
- A lack of clarity as to why the shared investment suggestion is not viable

5. The committee agreed that it was satisfied that the consultation process was undertaken in line with statutory requirements.

6. However, whilst agreeing that the consultation process was appropriate and proportionate, committee members were clear that they had serious concerns with the wider aspects of the consultation, as listed above, and that they expect the GCS and GCCG Boards to give these matters due consideration during their decision making process. The committee is also clear that it expects to be kept informed of progress.

Cllr Carole Allaway Martin
Chairman

NHS
Gloucestershire
Clinical Commissioning Group

NHS
Gloucestershire
Care Services
NHS Trust

LOCATION OF A NEW COMMUNITY HOSPITAL IN THE FOREST OF DEAN

PUBLIC ENGAGEMENT BOOKLET

WWW.FODHEALTH.NHS.UK

INTRODUCTION

Following careful review, consideration and discussion, NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) unanimously approved the preferred option of a new community hospital in the Forest of Dean at their meetings on 25 January, 2018.

Once open, the new hospital would ultimately replace Dilke Memorial Hospital and Lydney and District Hospital.

The site criteria for the new hospital were also agreed, together with the recommendation to carry out further public engagement on the location, including the involvement of local people through a Citizens' Jury. Lots of people, who responded to the earlier public consultation, wanted Forest residents to be involved in this way.

> We want your help in deciding where the new community hospital for the Forest of Dean should be located. This is a great opportunity for you, as a local resident, to contribute to this important decision that will help you, your families and future generations of Foresters access high quality healthcare services locally.

Paul Roberts

Joint Chief Executive
Gloucestershire Care Services NHS Trust &
²gether NHS Foundation Trust

Mary Hutton

Accountable Officer
NHS Gloucestershire Clinical
Commissioning Group

DECIDING ON A LOCATION

As a resident of the Forest of Dean you have an important view and knowledge of your local area.

We know that lots of people will want the new hospital to be located in, or near, the place where they live, but we must decide on the location that would be best for most people who live in the Forest of Dean.

There are some important things that we need to consider when making this decision. We know that:

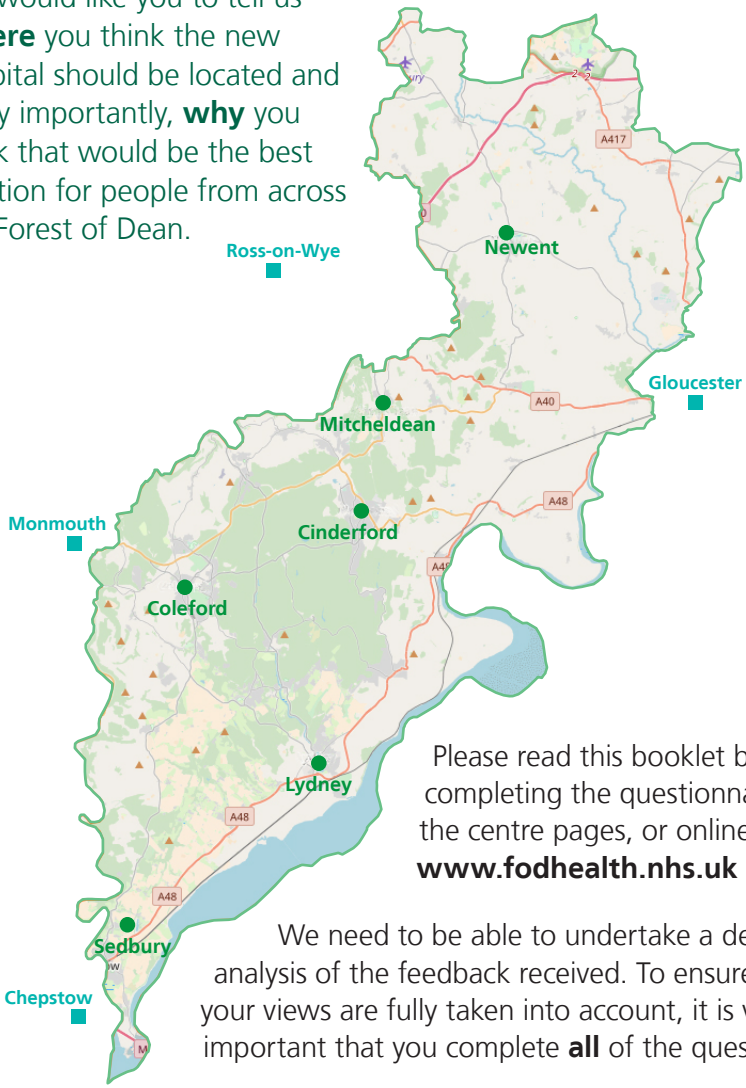
- Transport and access issues are important e.g. car and public transport.
- The population of the Forest of Dean will change. New houses and developments are planned and this is likely to affect both the number of people living in the Forest and the type of people living in some areas e.g. there may be more elderly people, or there may be young families.
- Some people in the Forest of Dean area already find it more convenient to receive their care at other hospital locations such as Tewkesbury or Gloucester. This is often because it is closer to where they live or work, or because it is easier for them to travel to.

We want to hear your views on where you think the **best location** for the new hospital is and really importantly, **why** you think it is best. We know there are sites available that meet the required criteria for a new community hospital in, or near Cinderford, Coleford and Lydney.

HAVE YOUR SAY

Public drop-in sessions will be held in locations shown with green circles below. See page 11 for details.

We would like you to tell us **where** you think the new hospital should be located and really importantly, **why** you think that would be the best location for people from across the Forest of Dean.



Please read this booklet before completing the questionnaire on the centre pages, or online at **www.fodhealth.nhs.uk**

We need to be able to undertake a detailed analysis of the feedback received. To ensure that your views are fully taken into account, it is very important that you complete **all** of the questions.

Deadline for responses 1 July 2018.

PULL OUT

LOCATION OF A NEW COMMUNITY HOSPITAL – FEEDBACK FORM

Please ensure you complete all of the questions below.

It is important that we hear from a good cross-section of people who live and/or work in the Forest of Dean. We also want to understand whether there are differences of opinion across the various groups (demographic) of people living in the Forest. This survey can be accessed online at: www.fodhealth.nhs.uk

What is the first part of your postcode? e.g. GL17

I am:

- ☐ A member of the public
- ☐ A community partner/ voluntary sector representative

Health or care professional:

- ☐ Work for GCS
- ☐ Work for ²getherNHSFT
- ☐ Work for GHNHSFT
- ☐ Work for SWASNHSFT
- ☐ Work for Gloucestershire County Council (GCC)
- ☐ Work for GCCG
- ☐ Member of a GP practice team
- ☐ Other health and care professional

I work in the Forest of Dean Yes ☐ No ☐

What is your preferred mode of transport for day to day activities?

- ☐ Own motorised transport
- ☐ Public transport
- ☐ Lift with friends or family
- ☐ Bicycle
- ☐ Taxi (e.g. dial-a-ride)
- ☐ Voluntary transport
- ☐ Other (please specify)

PULL OUT

LOCATION OF A NEW COMMUNITY HO

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

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

SPITAL IN THE FOREST OF DEAN

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

I don't have a preference for where the new community hospital is located in the Forest of Dean because

PULL OUT

I am:

- Male
- Female
- Prefer not to say

My age group is:

- Under 18
- 18 – 25
- 26 – 45
- 46-65
- over 65
- prefer not to say

Do you have a disability?

- No
- Hearing impairment
- Mental health problem
- Long term condition
- Visual impairment
- Physical disability
- Learning difficulties
- Prefer not to say

To which of these ethnic groups would you say you belong?

- White British
- Mixed
- Black or Black British
- Prefer not to say
- White Other
- Asian or Asian British
- Chinese

Other (please specify)

Thank you for taking the time to share your views.

PLEASE RETURN YOUR FORM BY 1 JULY 2018

Freepost: RRYY-KSGT-AGBR

Forest of Dean Engagement
5220 Valiant Court
Gloucester Business Park
Brockworth GL3 4FE

WHAT WILL WE DO WITH THE INFORMATION YOU GIVE US?

The information that we receive during this period of engagement will be presented to the Citizens' Jury at the end of July 2018 and will help them in making a recommendation. Your feedback will also be shared with the Board of GCS and the Governing Body of GCCG when they meet to make a decision on the location.

ROLE OF THE CITIZENS' JURY

The Citizens' Jury will receive information from local representatives, healthcare professionals, councils and transport providers and will then make a recommendation on their preferred location for the new hospital.

The Citizens' Jury will be made up of 18 people who live in the Forest of Dean. The opportunity to be a member of the Jury has been advertised through local newspapers, websites and posters. You can still apply to be a member of the Jury until 18 June 2018. To apply go to www.citizensjuries.org or call 07983 413 064.

DECISION MAKING

The decision about the location of the new hospital will be taken by the GCCG Governing Body and GCS Board. They will consider the recommendation from the Citizens' Jury, together with feedback received during this period of engagement, feedback from health and care staff, information about travel and access issues and other information about the local population, before reaching a decision on whether the hospital should be located in, or near, Cinderford, Coleford or Lydney.

SITE CRITERIA

The site criteria were informed by the feedback received during the public consultation at the end of last year. These were approved by the

Board of GCS and Governing Body of GCCG in January 2018. These can be found at www.fodhealth.nhs.uk or are available on request:
Tel: **0800 0151 548** email: **GLCCG.consultation@nhs.net**

FURTHER WORK

We are committed to further work, including on-going public engagement on the full range of services that would be provided in a new hospital. This would inform the future design of the new building.

Once the location of the new hospital has been agreed, further detailed work on a specific site will be undertaken by GCS.

"Moving forward, our shared ambition is to work in partnership with local people and staff to deliver a fantastic new, community hospital that can support high quality, modern healthcare and respect the rich heritage of the Forest of Dean".

Dr Lawrence Fielder,
CCG Governing Body GP,
Forest of Dean

Additional information is available on the Forest of Dean website:
www.fodhealth.nhs.uk

Join us to find out more and share your views. There are a range of dates at locations across the Forest of Dean

Additional dates may be added during the engagement period. Check www.fodhealth.nhs.uk, social media and local press for details.

Date	Time	Type of event	Location	Venue
Monday 21 May	10am – 3pm	Drop-in	Cinderford	Co-operative Store
Monday 21 May	10am – 3pm	Drop-in	Coleford	Co-operative Store
Monday 21 May	10am – 3pm	Drop-in	Lydney	Co-operative Store
Thursday 24 May	5pm – 7pm	Drop-in	Coleford	Main Place, Coleford
Saturday 26 May	10am – 1pm	Drop-in	Lydney	Lydney Community Centre
Thursday 31 May	10am – 3pm	Information Bus	Cinderford	Co-operative Store
Wednesday 6 June	5pm – 7pm	Drop-in	Cinderford	Cinderford Rugby Club
Thursday 7 June	5pm – 7pm	Drop-in	Lydney	Lydney Library
Wednesday 13 June	10am – 3pm	Drop-in	Newent	Newent Library
Thursday 14 June	10am – 3pm	Drop-in	Mitcheldean	Mitcheldean Library
Thursday 14 June	5pm – 7pm	Drop-in	Sedbury	Community Centre
Saturday 16 June	10am – 1pm	Drop-in	Cinderford	Cinderford Rugby Club
Monday 18 June	10am – 3pm	Information Bus	Coleford	Clock Tower
Wednesday 27 June	10am – 3pm	Information Bus	Lydney	Newerne St Car Park
Saturday 30 June	10am – 1pm	Drop-in	Coleford	Main Place, Coleford

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહીતી બીજા ફોરમેટસમાં મળાવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

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FREEPOST RRYY-KSGT-AGBR,
Forest of Dean Engagement,
5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE

More copies of this booklet are available.
Please contact:
Tel: 0800 0151 548
Email: GLCCG.consultation@nhs.net

Printed May 2018

NHS
Gloucestershire
Clinical Commissioning Group

NHS
Gloucestershire
Care Services
NHS Trust

LOCATION OF A NEW COMMUNITY HOSPITAL IN THE FOREST OF DEAN

Outcome of Engagement Report Summer 2018

WWW.FODHEALTH.NHS.UK

Foreword

During the six weeks of the public engagement, Gloucestershire Care Services NHS Trust (GCS) and NHS Gloucestershire Clinical Commissioning Group (CCG) have sought the views of local people on a very specific question – *where should a new community hospital be located in the Forest of Dean?*

We have sought to present the views shared with us respectfully, taking care to record the comments and suggestions received accurately.

This report provides information about the engagement process and activities and summarises the feedback received from members of the public, stakeholders and health and care staff.

We are grateful to everyone who has taken the opportunity to get involved with the engagement.

Further copies of this Report, and copies of the Report in other formats, are available from:
The consultation team: glccg.consultation@nhs.net

or by writing to:

Forest of Dean
52220 Valiant Court
Gloucester Business Park
Brockworth, GL3 4FE

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

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Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získat túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR,
PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE

Introduction

This Report provides a detailed overview of the engagement activity and feedback received, which will inform the decision making of NHS Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services NHS Trust regarding the location of a new community hospital in the Forest of Dean. It should be noted that the during the engagement period are not counted as 'votes' in favour of one or other location.

Thank you to all those individuals, groups and organisations who shared their views with us.

Background

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) launched a review into the future of health and care services within the Forest of Dean. The purpose of the review was to:

> *develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.*

To support this work, a Forest of Dean Locality Reference Group was established. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean. The group has worked with us to develop our engagement with the local community and have actively contributed to this engagement regarding the future of the two community hospitals. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Early engagement: September 2015 – June 2016

Between September 2015 and June 2016, a range of engagement activity was undertaken to gather feedback from Forest of Dean District residents regarding their health and care needs now and into the future. Health care professionals and community partners were also asked to give their insights and ideas for further improvement in delivering local services. This feedback informed the development of options for community hospital services in the Forest of Dean. The full Outcome of Engagement report from 2016 is available at http://www.fodhealth.nhs.uk/engagement-2016/

Health and Wellbeing for the future: Community Hospitals in the Forest of Dean Public consultation: September – December 2017

Between September and December 2017, a range of consultation activity was undertaken to gather feedback from Forest of Dean residents regarding *Health and Wellbeing for the future: Community hospitals in the Forest of Dean*. Health care professionals and community partners were also asked to give their feedback.

The consultation sought feedback regarding three main items:

- The preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital, other options and impact.
- The proposed criteria for assessing the location for a community hospital in the Forest of Dean.
- If the option of a single new community hospital in the Forest of Dean was agreed, how a recommendation should be made on the location.

The full Outcome of Consultation report is available at: 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

Decision making in public: January 2018

GCS Board and the Governing Body of GCCG held meetings in public in the Forest of Dean on 25 January 2018 to consider the Outcome of Consultation and make decisions on recommendations presented. The papers considered can be found at: http://www.fodhealth.nhs.uk/wp-content/uploads/2018/02/FoD-Health-Governing-Body-Papers-Part-1.pdf

A presentation of the Outcome of Consultation was made, questions asked and answered. Both GCS Board and the Governing Body of GCCG separately considered the presentation and papers and responded to questions submitted by the public before considering whether the recommendations set out in the paper in response to the consultation feedback addressed, or has the potential to address, the issues identified such that they felt able to approve the preferred option of a new community hospital in the Forest of Dean. GCS Board and GCCG Governing Body were asked to:

1) Confirm it is satisfied that there is no new or material information which has come to light through the consultation that would bring into question the case for change.

This was confirmed by both organisations.

2) Endorse the recommendations set out in response to the issues identified through the public consultation.

This was endorsed by both organisations

3) Approve the preferred option for a new community hospital in the Forest of Dean, which would replace The Dilke Memorial Hospital and Lydney and District Hospital.

This was approved by both organisations.

Actions taken to date in response to January 2018 recommendations

Work has continued to support the development of a new community hospital for the Forest of Dean. In response to consultation feedback and the recommendations endorsed at the meetings held on 25 January 2018, GCCG and GCS have jointly appointed Citizens Juries Community Interest Company (CIC) to run an independent citizens' jury, to consider information and make a recommendation regarding the location of the new hospital for consideration by the CCG Governing Body and the Board of GCS.

Citizen's Juries CIC is a social enterprise dedicated to designing and running citizens' juries, supported by the University of Manchester. It works in partnership with the Jefferson Centre, the US-based charity which developed the citizens' jury method.

The jury will be made up of 18 local residents. Citizens Juries CIC invited applications from local residents to be involved in the jury, ensuring a balance in terms of age, gender and geography. Citizen's Juries CIC are undertaking travel, transport and access analysis to inform the discussions of the jury members.

The information and evidence presented to the Citizens' Jury will be reviewed by an independent Oversight Group, selected by Citizens Juries CIC. The three members of the Oversight Group represent Healthwatch Gloucestershire, Forest of Dean District Council and the Voluntary and Community Sector Alliance.

An independent equality impact analysis on the potential location of a community hospital in the Forest of Dean has been commissioned. This analysis will be presented to the jury and to GCS Board and the Governing Body of GCCG.

The jury will meet at a venue in the Forest of Dean district from 30 July to 3 August 2018. All information presented to the jury over the 4.5 days will be made available on the dedicated Forest of Dean Hospitals website and shared with the GCS Board and the Governing Body of GCCG when they meet at the end of August 2018 to make a decision regarding the location of a new community hospital in the Forest of Dean.

Public Engagement: Location of a new community hospital in the Forest of Dean 21 May – 3 July 2018 (extended by 3 days)

Six weeks of public engagement on the location of a new community hospital in the Forest of Dean have been undertaken. The engagement activity started on 21 May, 2018 and concluded on 3 July 2018 (extended to allow for freepost responses to be received).

The purpose of the engagement was to obtain public, staff and community partner views (qualitative) on the following statements:

- *I think the new community hospital should be in or near Cinderford because…*
- *I think the new community hospital should be in or near Coleford because…*
- *I think the new community hospital should be in or near Lydney because…*
- *I don't have a preference for where the new community hospital is located in the Forest of Dean because…*

The purpose of the engagement was not to poll votes to determine the location of the new hospital.

Engagement Activity

The engagement was promoted through a public engagement booklet, by posters in community venues and through the local media and social media.

Materials (print/online)
Over **9,000** engagement booklets (including a tear out Freepost survey) were distributed to GP surgeries, pharmacies, hospitals, libraries, post offices and district council buildings across the Forest of Dean. They were also available at all the venues used for previous consultation events. Engagement information was also sent to partners in the neighbouring areas including Herefordshire and Wales. We responded to specific requests from community groups and organisations for copies of the engagement booklets, such as Leagues of Friends. We restocked venues with engagement booklets on request throughout the engagement period.

All engagement materials, including the survey, were available on-line at www.fodhealth.nhs.uk
Visits to the website during the six week engagement period: **1,427** sessions.

Media
Articles were placed in local newspapers and information shared using social media.
Twitter activity: **16,283** impressions
Facebook activity: **1,441** impressions
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.

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

Public Drop Ins
17 public Drop In events were held during the period of the engagement. Two events were added in Newent in response to feedback from local residents and promoted through social media and posters in Newent high street locations.

Drop In events were held on different days of the week (including weekends) and at different times of the day. Drop In events centred around the three main towns (Cinderford, Coleford and Lydney) and at venues north and south of the Forest of Dean District Council area.

Details of event locations can be found on page 4 of the public Engagement Booklet (Appendix 1). Both the NHS Information Bus and community venues such as supermarkets, libraries and halls were used to host public drop ins. Attendance at these events ranged from <5 to >200.

Engagement Responses

Written Responses and Correspondence Received

9 items of correspondence (email and letter) were received during the consultation period. These are summarised below. Where correspondence has been received from an individual member of the public, their names have been removed (redacted).

Aneurin Bevan University Health Board
Support for the development of a new hospital, anticipating no major change in patterns of service delivery. Welcome opportunities for further discussion re partnership working to jointly respond to the needs of patients who live around the England/Wales border. Following conversations with GP colleagues who practice near the border, they suggest that Coleford would be the most accessible for patients they serve.

Forest of Dean Primary Care Group
Important factors: centrally placed, infrastructure to access the hospital. No consensus regarding location.

Gloucestershire Hospitals NHS Foundation Trust
No preference for location of a new hospital in the Forest of Dean. Commitment to delivering a range of outpatient and diagnostic services in the Forest of Dean. A new hospital which will provide a modern, efficient and effective infrastructure required to do this. This is in line with our strategies of providing care closer to home, enabling more care to be delivered to the population of the Forest of Dean, in the Forest of Dean.

Great Oaks Hospice
Coleford suggested as the preferred option for a new community hospital. Coleford was selected as the location for the Hospice due to its easy access for the whole of the Forest of Dean.

Newent Town Council
Cinderford is the most beneficial option for the residents of Newent at the northern end of the Forest area. Cinderford also most central point for residents of FoD as a whole. Transport links should be included in planning the new hospital.

Mark Harper MP
Sent on behalf of Forest of Dean District Councillor, requesting additional engagement events in Newent.

Member of the public
Suggested that the two properties close to Lydney Hospital, i.e. Stonebury and Grove House, are redeveloped as a facility for adults with mental health problems needing an NHS half way house in the FOD.

Member of the public
Response criticises the engagement process: notes lack of information regarding services that will be provided at the new hospital and the number of engagement events in Newent. Recognition that transport is an issue in the Forest of Dean.

South West Ambulance Service NHS Foundation Trust
Exact location of a new community hospital in the Forest of Dean doesn't impact on the Ambulance Service. Access and egress to the Hospital for ambulances are important; with designated parking areas.

Engagement Survey Questionnaire

The survey questionnaire was created using survey software which supports analysis of both quantitative (number and %) responses as well as qualitative (free text) responses

The survey questionnaire was made available to the public, staff and stakeholders for a six week period in either print form or online. The survey was open to anyone wishing to provide feedback during the engagement period, resulting in a self-selecting, random sample of respondents to the engagement.

Characteristics of open surveys

In considering the open survey questionnaire analysis it should be noted that:

- Anyone can respond
- It is not a controlled statistical sample
- There is self-selection bias (just those who want to respond do respond)
- There are no controls on:
    - One person responding multiple times
    - People misrepresenting facts (e.g. their postcode)
    - Demographics of those who respond
    - Therefore we cannot say: “this reflects the views of population X”
    - We can say: “the people who chose to respond said Y”

The engagement team can confirm that all survey questionnaires received between 21 May and 3 July were included in the analysis in this Report (receipt of postal questionnaires was extended by two extra days to account for paper surveys submitted using the freepost option). Where it was clear that the same hand had been used to complete a postal survey questionnaire, or identical phrases had been used to answer free text questions, it was assumed by the engagement team that the questionnaire had been completed on behalf of another individual.

Presenting the data

The way that some people completed the survey, particularly in the paper version, presents us with some challenges in analysing and presenting the data. However, as previously stated, the purpose of the engagement activity was to collect qualitative feedback from respondents, as opposed to facilitating a quantitative referendum. We have therefore incorporated all of the feedback given in this report, taking account of the following:

- Some people included comments in each of the “location boxes”, rather than expressing one preference.

- Sometimes people's comments did not give a preference.
- Sometimes people's comments contradicted their choice – eg. They said Coleford would be best, but wrote that in the "prefer Lydney" box.
- Not everyone responded to all of the questions.
- The software includes each of the responses when calculating the percentage figures/responses shown in the appendices of this report.

In view of these issues, the figures can only act as a guide or indication of people's preference of location. Therefore, it should be noted that in quantitative terms there will be more preferences for location expressed than surveys completed.

Survey Questionnaire Responses

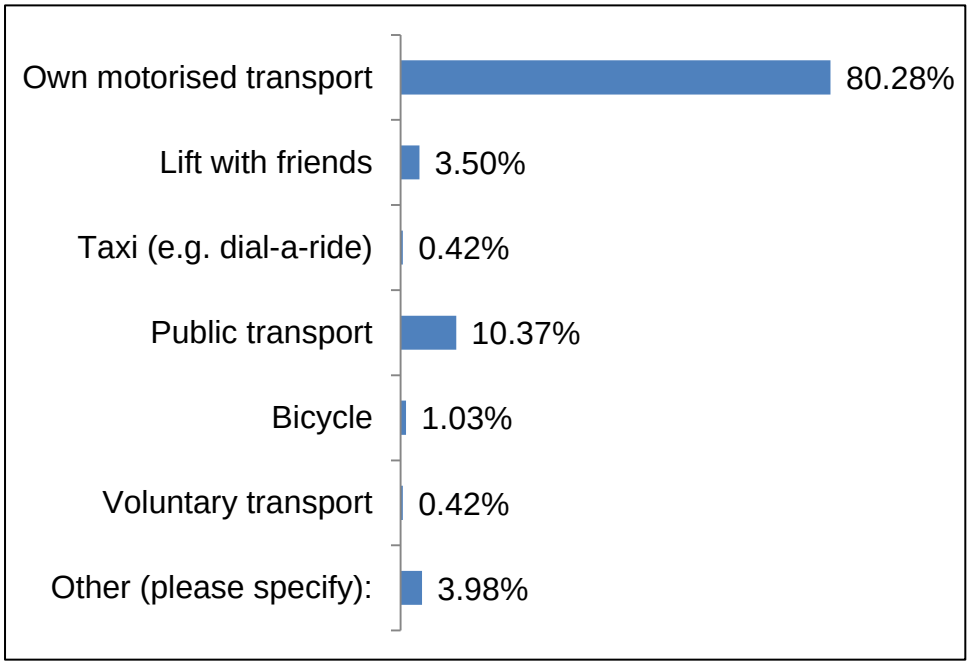
A total of **1680** surveys were completed, including **509** booklet surveys and **59** newspaper article surveys. Survey questionnaires were either completed on line using the web link on the FODHEALTH website or by hand using the tear-out freepost survey questionnaire printed in the engagement booklets or the local free newspaper. Questionnaires received by freepost were entered into the online survey by the engagement team using exactly the same words as were used originally. Where, in some cases handwriting was very difficult to read a series of '?????' were entered. All responses were read by members of the engagement team and grouped according to key themes.

Survey Questionnaire – Who responded?

The survey questionnaire provided the opportunity, optional, for respondents to provide information about themselves. This information is helpful in identifying whether a good range of local people have taken the opportunity to provide feedback. Demographic information is summarised in Appendix 2

Survey Question – Preferred mode of transport?

The survey asked respondents to indicate their preferred mode of transport for day to day activities. The following tables summarise the responses received from members of the public, health and social care staff and community partners.



Survey Question – Which location?

The survey asked respondents to say why they thought ONE of the following locations would be best for people from across the Forest of Dean:

- In or near Cinderford
- In or near Coleford
- In or near Lydney
- No preference

General comments regarding the themes from the feedback received

Three themes in particular emerge from the analysis of the feedback received. Firstly, the relationship between where survey respondents state they live and where they think the new hospital should be located, secondly survey respondents comments in relation to public transport and access and thirdly, a range of views relating to a central location in the Forest of Dean.

Respondents' preferences for location is overall based on where they live

The responses to the engagement show that the majority of respondents selected a location which was closest to where they live (the first part of their postcode). This applies to respondents who identify themselves as members of the public, staff or community partners and across all demographics.

Appendix 3 provides more detailed information about the responses received by residents from different postcodes across, and external to, the Forest of Dean.

Respondents' comments about Public Transport and access

Availability of public transport and access was mentioned by many respondents irrespective of their preferred location (or no preference of location). Comments received in relation to public transport for all locations range from (in summary):

- public transport is better in this location than elsewhere else in the Forest of Dean so people can get here;
- public transport is worse in this location so people who live in this location cannot go to any other location;
- public transport is terrible everywhere in the Forest of Dean;
- improve public transport to wherever the new hospital is built; and
- economically deprived people rely more heavily on public transport so the costs for this group need to be considered.

Central Location

Irrespective of respondents preferred location, many commented on the importance of a geographically central location for a new hospital. Their comments highlight:

- Various interpretations and perceptions about the geography of the Forest of Dean;
- The ability of individuals in the Forest of Dean to access services outside the area will vary depending on where they live
- The ability of individuals who live elsewhere in the county, to access services at a new hospital in the Forest of Dean will vary depending on the location chosen.

All Survey response – Which location? In or near Cinderford

The most frequently occurring reasons by all respondents who selected **'in or near Cinderford'** as the best location are:

- Central location
- Accessible
- Public Transport available
- Develop the Dilke as a potential site
- No Change – would prefer no single new hospital in the Forest of Dean
- Site suggestions – many respondents suggested specific sites
- Other new infrastructure e.g. new GP practice / college, with opportunities for economic regeneration and reduction in deprivation

The following comments reflect the main themes from the feedback received from the public and community partners:

Cinderford is the heart of the forest and is centrally placed between Coleford and Lydney and would avoid extremes of travelling if the hospital were to be located at the other two options. The populations of all 3 areas is about the same and more importantly those requiring more frequent care i.e. the elderly and those with long term conditions is also about the same. Therefore there is no overriding reason not to locate the new hospital in Cinderford.

The most obvious location is one that offers fairness of travel distances. That excludes both Lydney and Coleford leaving Cinderford as being the most centrally located place for the new hospital.

If you take the boarders of the FOD being the outers of Newent and Sedbury, then Cinderford has to be the more central for the new build. I also think the new build should contain a piece of Dilke and Lydney something like a foundation stone as a memorial to both hospitals.

It is nearer to me! and there is easy parking in the town with amenities and Cinderford is expanding especially with the extending college community.

Cinderford is central to District and according to GCC bus timetable has good bus routes.

It is handy to get to on public transport or it will save you travelling to Gloucester Royal. I dont want to travel miles to get to a community hospital.

It is more central town to the portrayed area. It is also closer to the main hosptials in Gloucester and Cheltenham. Cinderford has the edge for public transport. The new FOD college / Northern Quarter will be there. Other than the Dilke there is already an important medical facility in situ i.e. the dialysis centre, new roads being built. Open spaces for new building.

The FOD is relatively poor area with an elderly population and low wages and car ownership. This is getting harder in the political climate. Cinderford people could afford a taxi if necessary to get to the Dilke or to use a neighbour for transport. To Lydney may be too expensive. Coleford and Lydney are better off for transport and money.

Access by public transport will be difficult in any of the locations, but Cinderford seems to be better served than the other towns. Consultants from GRH and Cheltenham could find Cinderford more

convenient.

Ultimately getting a new hospital is more important that its location but Cinderford is central to the whole forest and one of the larger town populations so its my choice.

Probably it is the most central point of the forest, although the bus services would certainly have to be more frequent.

Of easy accessibility for non-driving OAPS and young mothers with babies living in Cinderford area especially during exceptional winter weather conditions.

The following comments reflect the main themes from the feedback received from health and care staff:

It is the most accessible part of the Forest when there is severe weather.

Close to area of high deprivation who may otherwise struggle to access healthcare.

From my experience Cinderford is more easily accessible to the whole of the Forest communities.

Survey response – Which location? In or near Coleford

The most frequently occurring reasons given by all respondents who selected **'in or near Coleford'** as the best location are:

- Central location
- Accessible
- Public Transport available
- No change – would prefer no single new hospital in the Forest of Dean
- Suggested sites - many respondents suggested specific sites
- "Neutral" location – currently no hospital there
- Economic regeneration

The following comments reflect the main themes from the feedback received from the public:

Without the Dilke and Lydney the halfway mark would be Coleford. Not too far to travel with little ones when their injured.

As we live near Coleford and all our family. It would be great to have it in Coleford, it is very important to keep a community hospital in the Forest of Dean.

Coleford would serve the whole forest, in particular the very rural parts. It has good transport links with scope to incorporate further transport connections. It would lessen the contention of choosing one hospital over the other.

It would assist with the regeneration of Coleford and boost the local economy. The other locations have already had a lot of investment.

Its central to Lydney, Coleford and Cinderford and easy to reach both by car and bus (as long as there a bus stop outside the new hospital). We live in Cinderford but feel it would be fair to all to have the new hospital in a central position.

More central for most people who will use the hospital. It is accessible, whereas Lydney is too far for people living in the middle part of the Forest - you might as well travel to Gloucester. By spreading developments across the Forest you will ensure each town remains a lively centre - Lydney has lots of facilities and Cinderford is getting lots of regeneration already.

Coleford is between Lydney and Cinderford and already has the Forest of Dean hospice which is a community asset. If a new hospital is located at Lydney the residents of Cinderford and surrounding villages such as Ruardean and Drybrook are going to go to Gloucester rather than travel to Lydney, and the same applies if the hospital is built in Cinderford as it is just as quick for Lydney residents to go up the A48 to Gloucester.

Cinderford and Lydney both have easier access to Gloucester. Therefore logical location to suit majority is Coleford.

Good transport links, furthest town from Gloucester facilities, highest population of at risk groups e.g. youngsters and elderly.

It is easier to get to for us than the other options. There are local amenities nearby including pharmacies, shops etc. I would feel more confident driving into Coleford for appointments during

snowy / icy conditions than the other places.

Existing sports facilities which could be used for rehabilitation and preventative medical exercise. Close to Largest camp site in the area as well as the adventure activities such as Puzzlewood and Go Ape where injuries to tourists are sometimes sustained.

Central to all villages and towns. Housing estates are coming to all areas. since last 50 years since moving to FOD I have seen how developed all areas are and therefore amalgamating us all to one central hospital for every major and minor needs is so important. New transport will be an important need as also car parking facilities.

The following comments reflect the main themes from the feedback received from health and care staff:

It would be central for all people living in the Forest of Dean, there are also good transport links into Coleford.

I think it will be nice to have a new hospital in a new location that is central to everything and has good bus routes.

Coleford is in between Lydney and Cinderford, on a regular bus route.

Survey response – Which location? In or near Lydney

The most frequently occurring reasons given by all respondents who selected **'in or near Lydney'** as the best location are:

- Accessible
- Public transport available (including train station)
- Future growth (housing development)
- A48 (close to Lydney) provides fast access to other service centres such as Bristol/Wales Weather
- Largest town in Forest of Dean by head of population
- Central location
- Supportive Hospital League of Friends.

The following comments reflect the main themes from the feedback received from the public:

Most accessible location for services to get to the new hospital at all times of the year, easy access for all staff, good access via public transport, highest projected population growth following Severn bridge toll removal, lots of space on bye pass to build and not interfere with town centre, but still good access to public transport.

There is a steady increase in the elderly population in Lydney with new housing developments there are a lot of young families with children. There are no other hospitals easily accessible to Lydney by public transport.

Lydney is a fast growing town and the infrastructure is superior to that of other towns in the forest of dean also Lydney is accessible in severe weather conditions.

Lydney is the furthest from Gloucester hospital therefore it's only fair it should be near Lydney. There are no direct buses from Lydney to get to Cinderford.

It would be more convenient for people from Sedbury, Beachley, Tutshill and Tidenham. Consideration should be given to improving the public transport links between these areas and the new hospital in order to make it more accessible for the whole population.

League of Friends well ran and well-funded.

It is accessible to a large area of the community. The hospital also serves Chepstow which has no minor injury unit. Gloucester is quite a distance and Lydney is a perfect halfway point.

This is a central position which affords "the optimum access for thr greatest number of patients within the area prescribed. Those further North have ready access to the Gloucester hospitals. Those to the South have reduced access than north because of lack of public transport.

Easy access to M4 and A48 making transfer of patients easier and recruitment of staff.

Because this a better road link south to both Bristol and South Wales and north to Gloucester and Cheltenham. There is also more available land close to the A40.The Lydney area is also growing in population so a Hospital here would appear to be a more logical and "future proofed" location, when compared to the other Forest options, both of which are more isolated with poorer road links, especially in winter conditions.

The hospital being in Lydney may also bring the necessary cross border organisations together to agree future road network improvement.

For English patients in our Anglo / Welsh split practice, if we are to be able to use an English hospital, Lydney is the obvious choice, otherwise we are obliged to use Chepstow, the Royal Gwent or Neville Hall. Southmead and the Bristol Hospitals are difficult to reach easily.

The following comments reflect the main themes from the feedback received from health and care staff:

Largest & growing population. Easy access to main trunk road i.e. A48.

When covering patients countywide Lydney is the easiest to get to from Gloucester, also increasing population in Lydney.

Least likely to become inaccessible due to inclement weather.

Survey response – Which location? No preference

The most frequently occurring reasons given by all who selected **'no preference'** are:

Any location would be good so long as it has good parking.

I feel that the most "suitable" site should be chosen. This will allow the money to spent wisely on a fully appropriate and fit for purpose location. All residents within the Forest of Dean already travel around by some means or another and I am sure we will all appreciate having a modern hospital nearby rather than having to travel to Gloucester or Cheltenham.

I think it is more important for the Forest of Dean as a whole to retain its own hospital rather than where it is situated. As long as there are good public transport links.

I am happy to have a facility that can deliver 21st century care. So long as it has good access it doesn't matter.

As long as it is in the Forest and easily accessible!!! but I believe both Dilke and Lydney have major resources to offer and should definitely be utilised in some sort of care in the community.

I do not want to have one hospital to serve the whole of the Forest, but would prefer the money allocated to be spent on bringing the Dilke and Lydney Hospitals up to standard.

All these locations are not very far apart. An improved road system will be needed.

As long as there is a NEW hospital rather than old, out of date ones!

I believe that the new hospital should be placed on a large easily accessible plot where the public can be treated within the forest. As the population increases so will the need for hospital services, I believe that room for expansion in the future should be seriously considered. Car parking spaces and room to expand should also be considered. No one within the forest lives far from locations near to Lydney, Coleford or Cinderford and will be fortunate to have bigger and better services housed within a purpose built hospital. A Forest of Dean hospital should be somewhere that forest people can be cared for possibly as they reach the end of their life. Built in a beautiful location that feels like home wherever that might be.

I don't mind where a hospital goes as long as it has the good facilities so don't have to keep travelling to Gloucester that would be great. Maybe a bus service available to all 3 areas as a pick up for people who don't drive would make it more accessible any area if it's a direct loop route.

The hospital should be value for money for the tax payer and located at a site with good access for the breast screening service, chemotherapy etc. Transport is poor wherever you live in the Forest and should not override any decision.

The Forest needs a hospital wherever it is built. Growing population, shorter journey for emergencies, more convenient for relatives to visit rather than going to Gloucester. Access to clinics, specialists, etc.

The following comments reflect the main themes from the feedback received from health and care staff:

The hospital will benefit all. It does not matter where it is based as long as there are good transport links.

Everyone wants it to be close to them, but it can't be close for everyone.

The important thing is that it is fit for purpose and can meet the existing and future needs of the Forest of Dean community.

Next steps

Presentation and publication of Outcome of Engagement Report

FODHEALTH website
This report and Appendices will be published online at www.fodhealth.nhs.uk

Citizens' Jury
A presentation regarding the Outcome of Engagement will form one of the elements of the information presented to the Citizens' Jury when it meets at the end of July 2018 to consider information and make a recommendation regarding the location of a new community hospital in the Forest of Dean.

Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group
Before making their decisions at the end of August 2018, the CCG Governing Body and GCS Board will consider the Outcome of Engagement, the recommendation from the Citizens' Jury and information about travel, access and equality issues and other local population data.

The information included within the Outcome of Engagement Report will be summarised and presented to the members of the Citizens' Jury, who will consider the feedback received during the engagement period in reaching their recommendation regarding the location for the new community hospital in the Forest of Dean.

The contents of this Report and the Citizens' Jury recommendation and observations will be given due regard by members of the Board of Gloucestershire Care Services NHS Trust and the Governing Body of Gloucestershire Clinical Commissioning Group, when they meet in the Forest of Dean in public in August 2018. The GCS Board and GCCG Governing Body will receive a joint report setting out recommendations for their formal consideration and a decision will be made regarding the location of the new community hospital in the Forest of Dean to replace the two existing community hospitals.

List of Appendices

Appendix 1: Location of a new community hospital in the Forest of Dean Engagement Booklet – including map on page 4

http://www.fodhealth.nhs.uk/wp-content/uploads/2018/05/FoD-Health-Location-Booklet.pdf

Appendix 2: Demographic information about survey respondents.

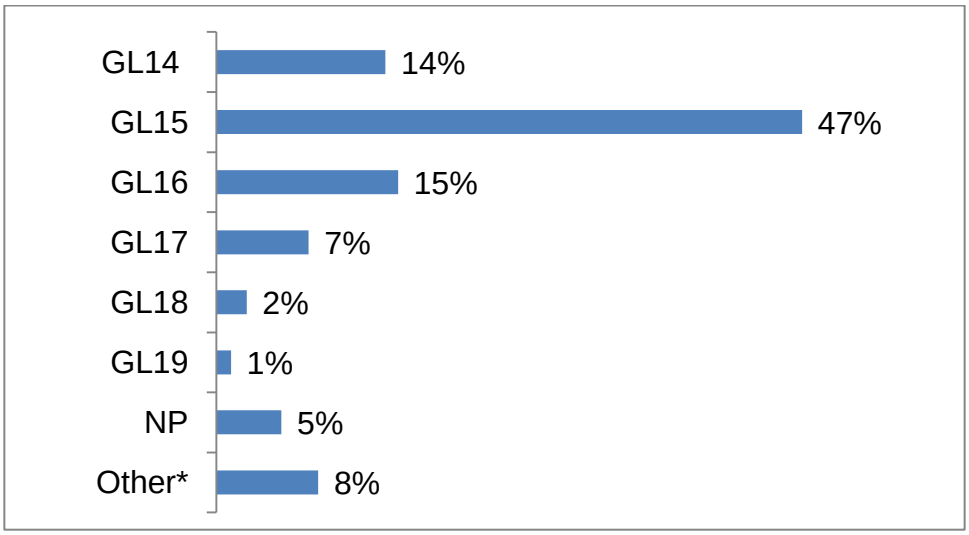
Appendix 3: Preferred location, split by postcode

Appendix 4: Fee text comments from all respondents.

Appendix 2:

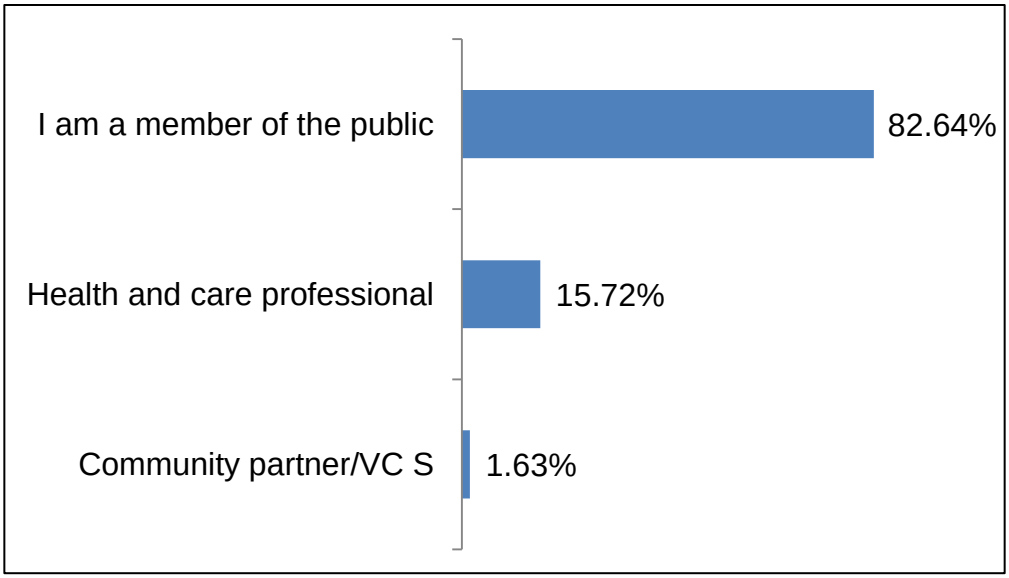
Who responded to the survey?

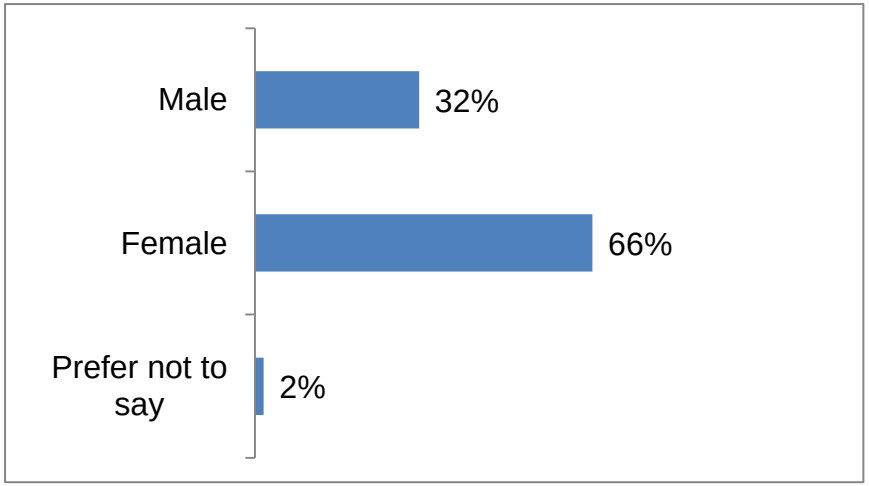
Where do people who responded to the survey live?

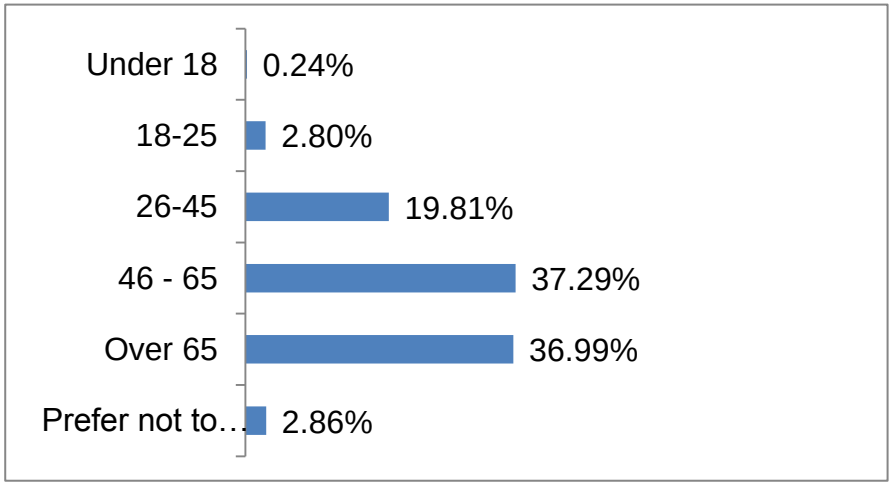


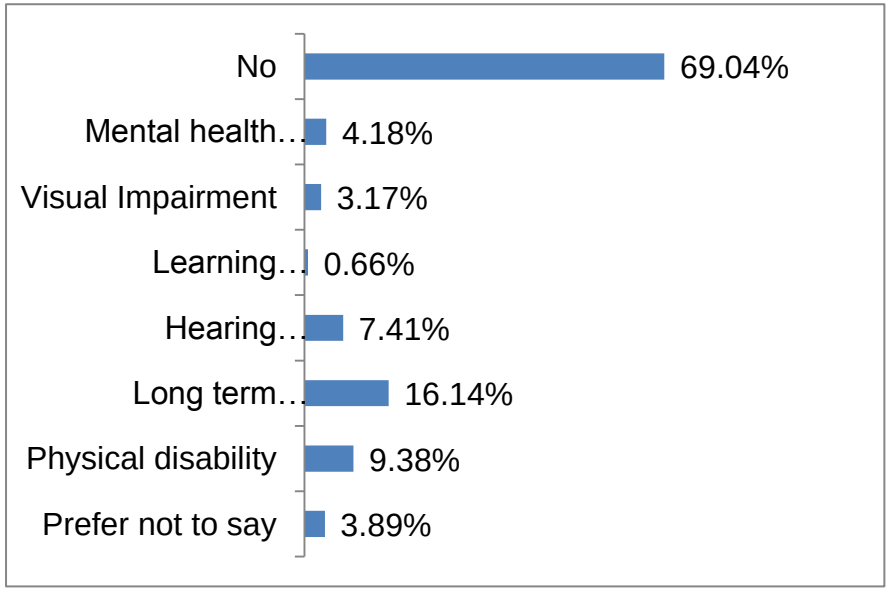
*Other includes: other parts of Gloucestershire, some “out of county postcodes” and “non-responders.

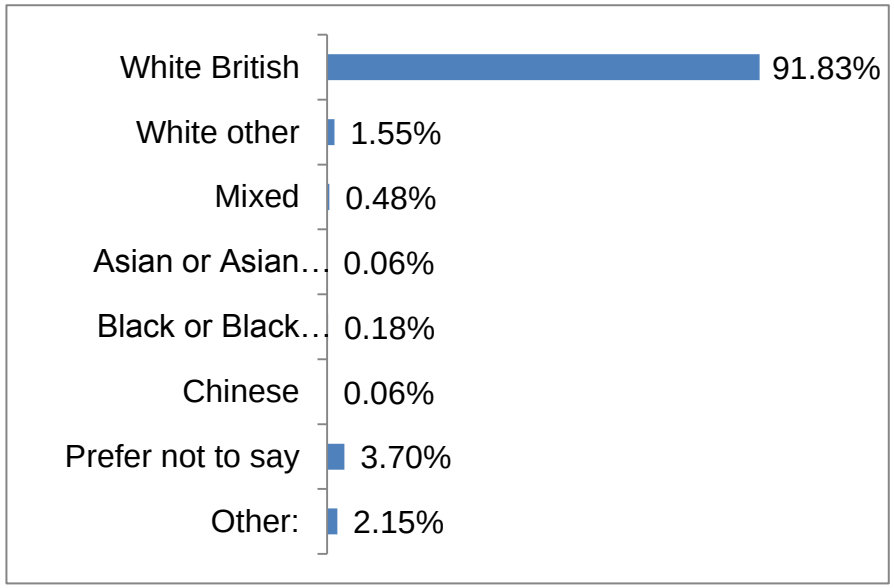
People who replied to the survey gave us the following information:




Male
32%
Female
66%
Prefer not to say
2%


Under 18
0.24%
18-25
2.80%
26-45
19.81%
46 - 65
37.29%
Over 65
36.99%
Prefer not to…
2.86%


No
69.04%
Mental health…
4.18%
Visual Impairment
3.17%
Learning…
0.66%
Hearing…
7.41%
Long term…
16.14%
Physical disability
9.38%
Prefer not to say
3.89%


White British
91.83%
White other
1.55%
Mixed
0.48%
Asian or Asian…
0.06%
Black or Black…
0.18%
Chinese
0.06%
Prefer not to say
3.70%
Other:
2.15%

Appendix 3

1. Preferred location (responses from members of the public, shown by postcode)

GL14 – Cinderford and surrounding area

- 64.44% preferred Cinderford.
- 17.22% preferred Coleford.
- 20.56% preferred Lydney.
- 21.67% had no preference regarding location.

GL15 – Lydney and surrounding area

- 7.03% preferred Cinderford.
- 7.61% preferred Coleford.
- 83.16% preferred Lydney.
- 12.45% had no preference regarding location

GL16 – Coleford and surrounding area

- 18.32% preferred Cinderford.
- 59.90% preferred Coleford.
- 14.85% preferred Lydney.
- 25.25% had no preference regarding location.

GL17 – Drybrook, Mitcheldean, Lydbrook, Ruardean and surrounding area

- 57.89% preferred Cinderford.
- 29.47% preferred Coleford.
- 7.37% preferred Lydney.
- 20.00% had no preference regarding location.

GL18 – Newent and surrounding area

- 96.77% preferred Cinderford.
- 9.68% preferred Coleford.
- 9.68% preferred Lydney.
- 16.13% had no preference regarding location.

GL19 – Hartpury, Redmarley, Staunton and surrounding area

- 85.71% preferred Cinderford.
- 0% preferred Coleford.
- 0% preferred Lydney.
- 14.29% had no preference regarding location.

NP postcode – Sedbury, Tutshill and surrounding area

- 6.58% said Cinderford.
- 9.21% preferred Coleford.
- 94.74% preferred Lydney.
- 3.95% preferred no preference regarding location.

People living outside the Forest of Dean District area

- 40.00% preferred Cinderford.
- 23.33% preferred Coleford.
- 50.00% preferred Lydney.
- 36.67% had no preference regarding location.

2. Preferred location (responses from health and care professionals, shown by postcode)

GL14 – Cinderford and surrounding area

- 54.55% preferred Cinderford
- 27.27% preferred Coleford
- 11.36% preferred Lydney
- 20.45% had no preference regarding location

GL15 – Lydney and surrounding area

- 12.22% preferred Cinderford
- 20.00% preferred Coleford
- 62.22% preferred Lydney
- 14.44% had no preference regarding location

GL16 – Coleford and surrounding area

- 12.50% preferred Cinderford
- 84.38% preferred Coleford
- 6.25% preferred Lydney
- 12.50% had no preference regarding location

GL17 – Drybrook, Mitcheldean, Lydbrook, Ruardean and surrounding area

- 36.00% preferred Cinderford
- 48.00% preferred Coleford
- 4.00% preferred Lydney
- 20.00% had no preference regarding location

GL18 – Newent and surrounding area

- 0% preferred Cinderford
- 50.00% preferred Coleford
- 0% preferred Lydney
- 50.00% had no preference regarding location

GL19 – Hartpury, Redmarley, Staunton and surrounding area

- 33.33% preferred Cinderford
- 0% preferred Coleford
- 0% preferred Lydney
- 66.67% had no preference regarding location

NP postcode – Sedbury, Tutshill and surrounding area

- 0% preferred Cinderford
- 11.11% preferred Coleford
- 77.78% preferred Lydney
- 11.11% had no preference regarding location

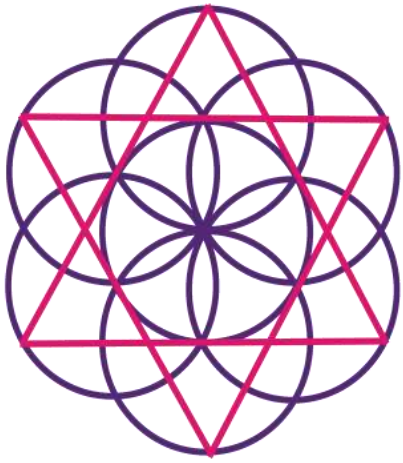
Staff living outside the Forest of Dean District area

- 30.95% preferred Cinderford
- 9.52% preferred Coleford
- 11.90% preferred Lydney
- 47.62% had no preference regarding location

Appendix 4

Free text comments from all respondents (see www.fodhealth.nhs.uk)

Print date: 27July 2018



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.

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[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

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[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

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[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.

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[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:

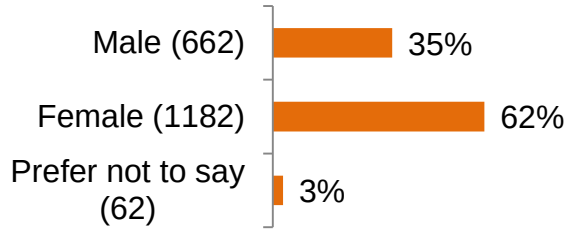
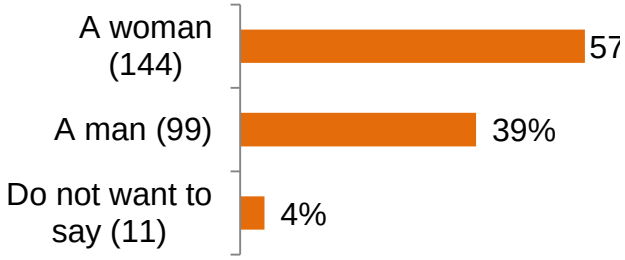
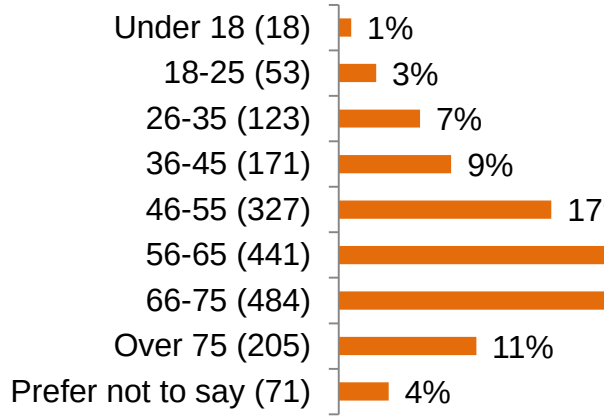
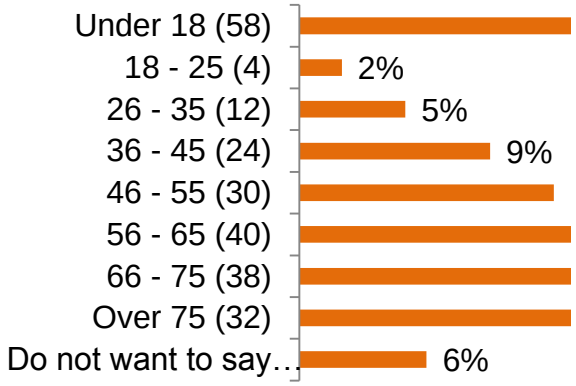
- Level of interest/volume of feedback to the Consultation e.g. surveys, following face to face opportunities e.g. debates, public drop ins, information bus visits, interaction through social media, Q/A summary.
- Responses to the Consultation – responses should demonstrate that we have provided the 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.

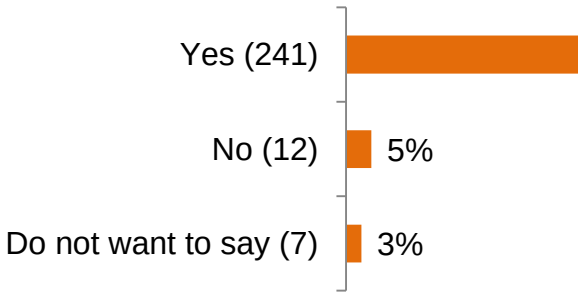
9. Consultation and Feedback

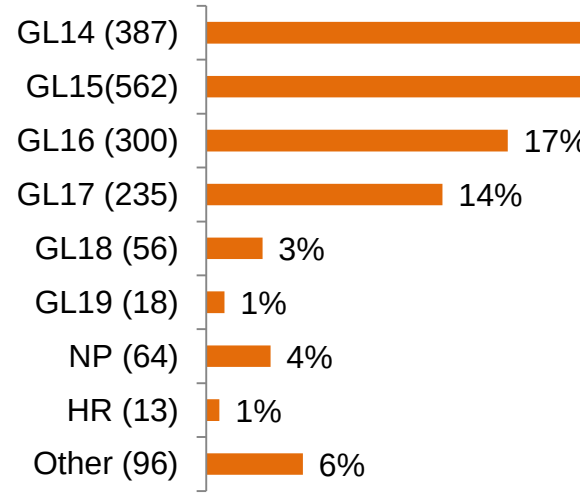
Following a twelve week period of statutory consultation a full report, detailing feedback received, will be presented to the Gloucestershire Health and Care Overview and Scrutiny Committee in January 2018. The report will be made available via the CCG and GCS websites, distributed to other local partners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

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

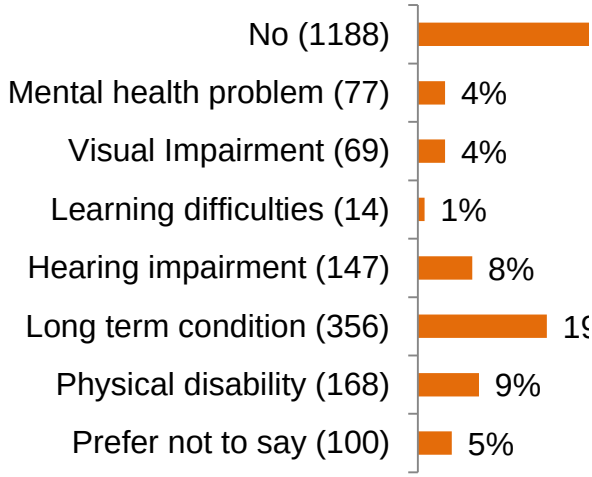
Appendix 2: Equalities Monitoring from Consultation

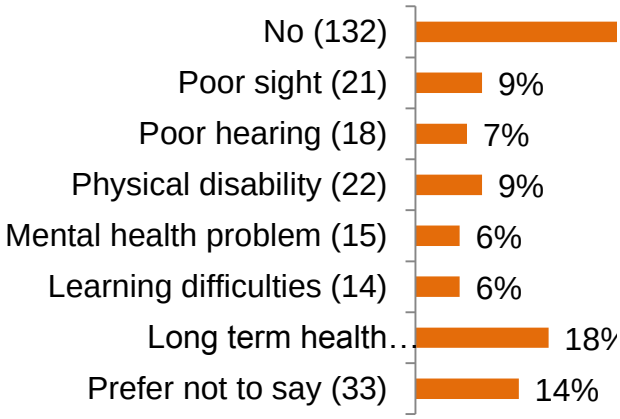
Main survey	Easy Read
What is your gender? (1906 responses)  	**Are you?** (254 responses) 
What is your age group? (1893 responses)  	**What age group are you?** (253 responses) 

Main survey	Easy Read
What is the first part of your postcode? (1731 responses)	**Do you live in the Forest?** (260 responses) 



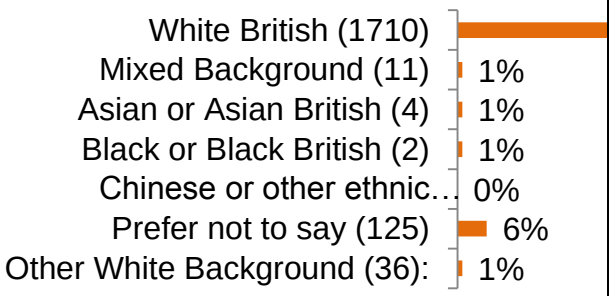
Main Survey	Easy Read
Do you consider yourself to have any disability? (tick all that apply) (Responses: 1875)	**Do you have a disability? (Responses: 243)**



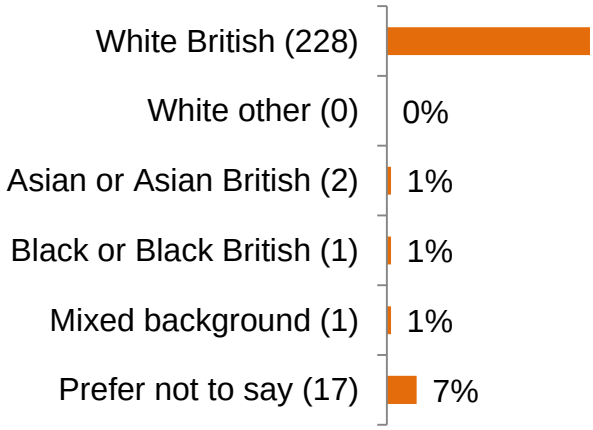


Main survey	Easy read
To which of these ethnic groups would you	**To which of these ethnic groups would you**

say you belong? (1888 responses)

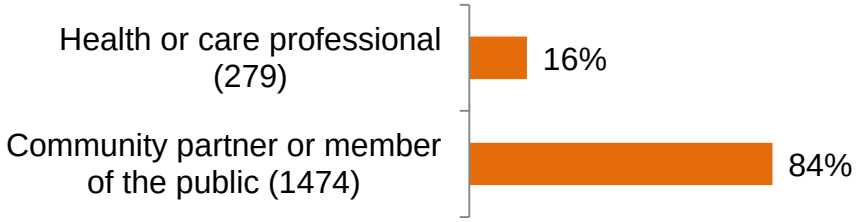


say you belong?
(249 responses)



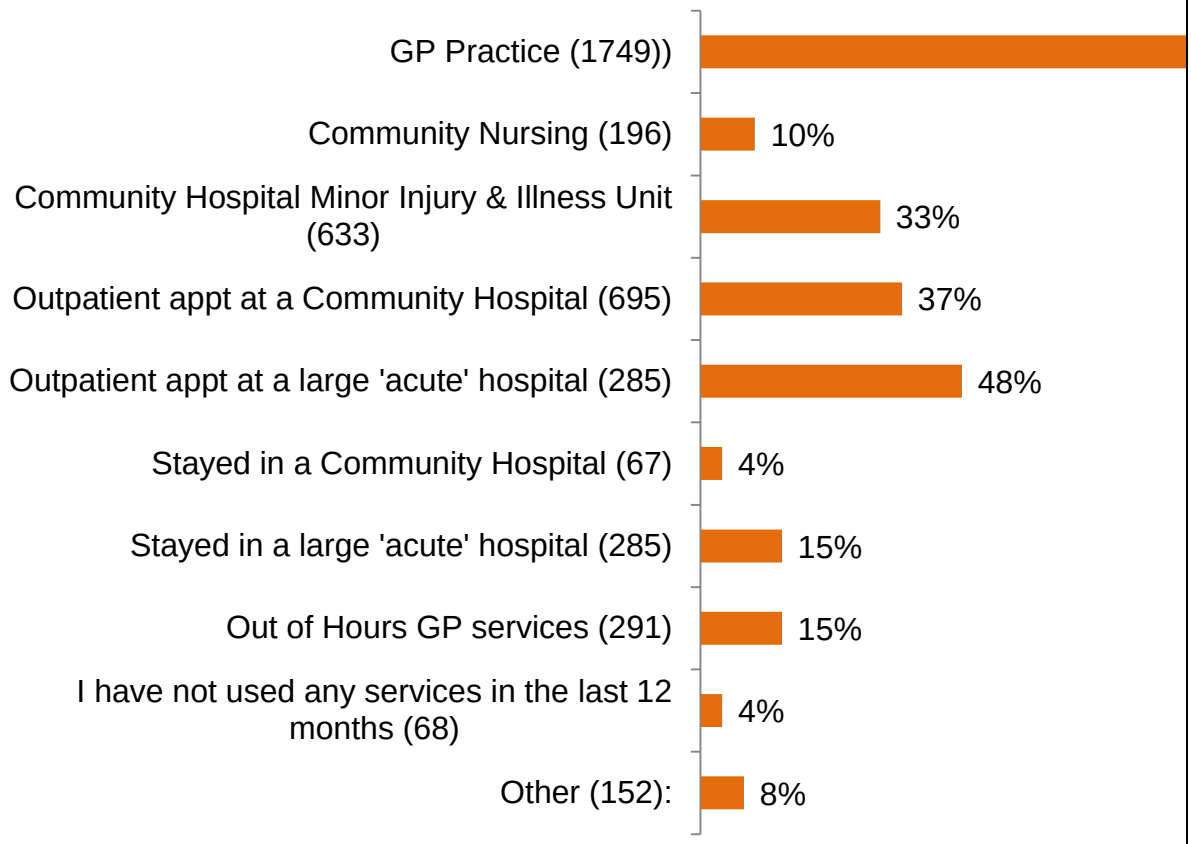
Main survey only

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:

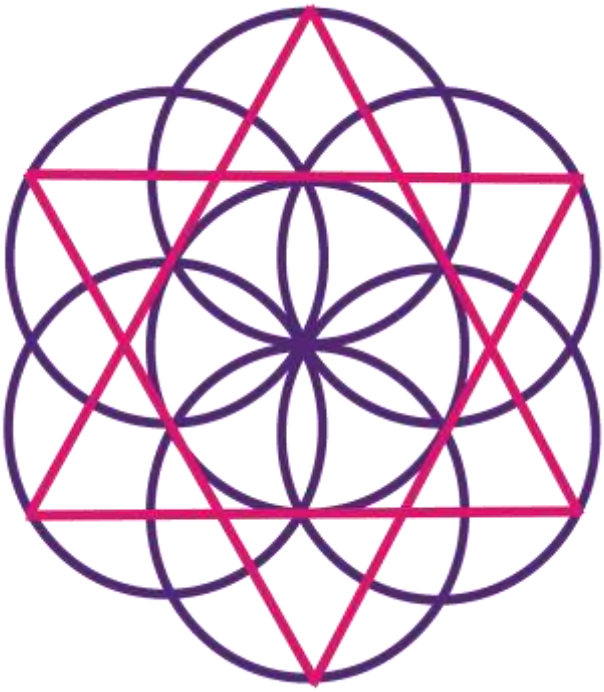
		Response Percent	Response Total
1	Under 18	0.24%	4
2	18-25	2.80%	47
3	26-45	19.81%	332
4	46 - 65	37.29%	625
5	Over 65	36.99%	620
6	Prefer not to say	2.86%	48
		answered	1676
		skipped	4

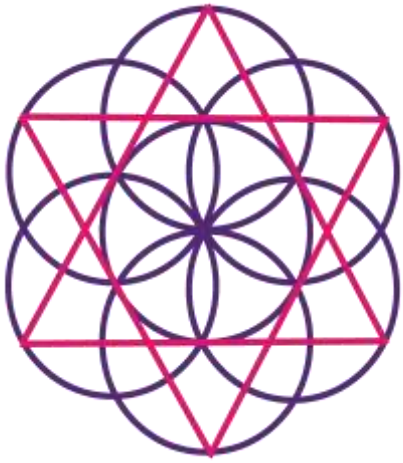
Do you consider yourself to have a disability? (Tick all that apply)

		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





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

EXECUTIVE SUMMARY

Mina Jesa & Hari Sewell
Independent Equality Consultants

JULY 2018

Introduction

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

The requirement to undertake an Equality Impact Assessment

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

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

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

Methodology

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

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

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

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

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

Table 1: Methodology and sources of data and information

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

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

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

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

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

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

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

•Q6: Has the information from the engagement with community and stakeholders about the proposals indicated a particular set of concerns, when analysed by protected characteristics?
•Q7: Did the responses to the engagement indicate a geographical pattern which is also correlated to clusters of population groups with protected characteristics?

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

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

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

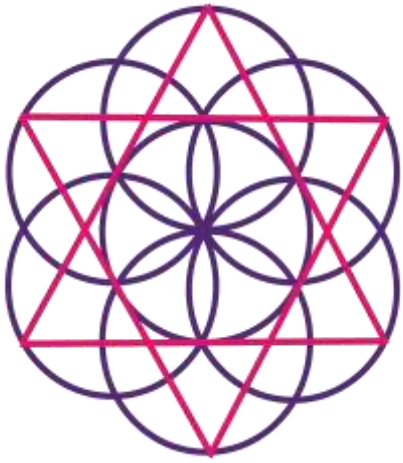
'Relevancy Testing'
In order to manage any impact, it is imperative that at various stages of the overall change management programme relevancy testing is carried out with people bearing the protected characteristics.

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

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

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

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



Forest of Dean Citizens' Jury Report

A report of a citizens' jury to recommend whether a new community hospital for the Forest of Dean should be in or near Cinderford, Coleford or Lydney

citizens juries and JEFFERSON CENTER

August 2018

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Introduction

On 30 July 2018, 18 people gathered at Forest Hills Golf Club in Coleford and began a four-and-a-half day "citizens' jury". The task for these citizens was to tackle a set of jury questions set for them by NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS). The central question was whether a new community hospital for the Forest of Dean should be in or near Cinderford, Coleford or Lydney. "In or near" was defined as being within two miles by road of the town centre.

Over the four-and-a-half days, the citizens heard from and asked questions of witnesses, and worked in groups on the jury questions. They reached conclusions together, and were polled on their individual views. They identified individual and collective reasons for their answers.

At the heart of this document, is the report of the process from the jurors themselves, in the jurors' own words, with their reasoning and recommendations. However, this document also explains why the jury was carried out, how it was designed, how the jurors were recruited, and the results of the end-of-jury questionnaire.

Further information about the jury can be found at: www.citizensjuries.org

Why the citizens' jury was carried out

Following a public consultation, the Board of Gloucestershire Care Services NHS Trust (GCS) and the Governing Body of Gloucestershire Clinical Commissioning Group (GCCG) decided that:

- The Dilke Memorial Hospital in Cinderford, and Lydney and District Hospital in Lydney should be replaced by a new community hospital;
- Local people should be involved in choosing the location for the new hospital;
- A panel of local citizens and healthcare professionals should be recruited and should consider the evidence and recommend where the new community hospital should be built to best serve people living within the Forest of Dean District (the local authority boundary);
- That the panel should consider three options for the location of the new hospital:
    - In or near Cinderford
    - In or near Coleford
    - In or near Lydney;
- That the panel would be run as a citizens' jury designed and delivered by Citizens Juries CIC;
- The GCS Board and GCCG Governing Body would individually consider carefully the jury's recommendation and reasoning and make a decision on the location of the new hospital.

Before the jury, Gloucestershire Care Services NHS Trust identified at least two suitable build sites "in or near" each of the three towns. Every potential site fell within two miles by road of the centre of that town. The jury was asked to recommend a location (i.e. the town) only; a site for building the hospital would be selected after the GCS Board and GCCG Governing Body had decided on a town.

Jury design

The citizens' jury was planned, designed and refined over a period of five months.

There are many aspects to the jury design including:

- Articulating the jury questions;
- Specifying the target jury demographics and recruitment approach;
- Identifying the information required by the jury to enable them to address the jury questions;
- Developing the expert witness brief and selecting individuals to act as witnesses and provide the jury with relevant information;
- Developing the brief and selecting individuals to act as members of the oversight panel;
- Designing the programme of jury activities across the four-and-a-half days; and
- Designing and developing the other materials the jury would use, including the questionnaire completed at the end of the jury.

The design documentation is available at: www.citizensjuries.org.

Bias, both conscious and unconscious, is an important criticism of citizens' juries.[1] It is important that the design of the jury, and the evidence that the jury hears is fair and balanced. However, it is very difficult to know what constitutes "impartial information" or balanced argument, and almost every design choice, even down to a bullet point on a presenter's slide, could be challenged on grounds that it might manipulate the citizens' jury towards one outcome or another.

Bias can be monitored and minimised but not eliminated. To monitor and minimise bias on this project, an oversight panel was appointed to review the jury design and materials, and report potential bias. The panel members were fully satisfied that the jury was successfully designed to minimise bias. The end-of-jury questionnaires also asked the jurors about bias.

Other design controls used to monitor and minimise bias include:

- The jury commissioners were very involved in setting the jury questions but did not design or deliver the jury process and outputs;
- The representatives making the case for each of the three towns worked to a common brief, and were given the same amount of time to speak to the jury and answer their questions;
- The jury worked with independent facilitators throughout the process and constructed their own jurors' report with their findings;
- Jury members completed an end-of-jury questionnaire which included several questions about potential bias;
- Transparency: the materials used by the jury were published each day of the jury at www.Fodhealth.nhs.uk, and this report, the jury specification, and outputs from the jury are all published at www.citizensjuries.org.

Jury recruitment

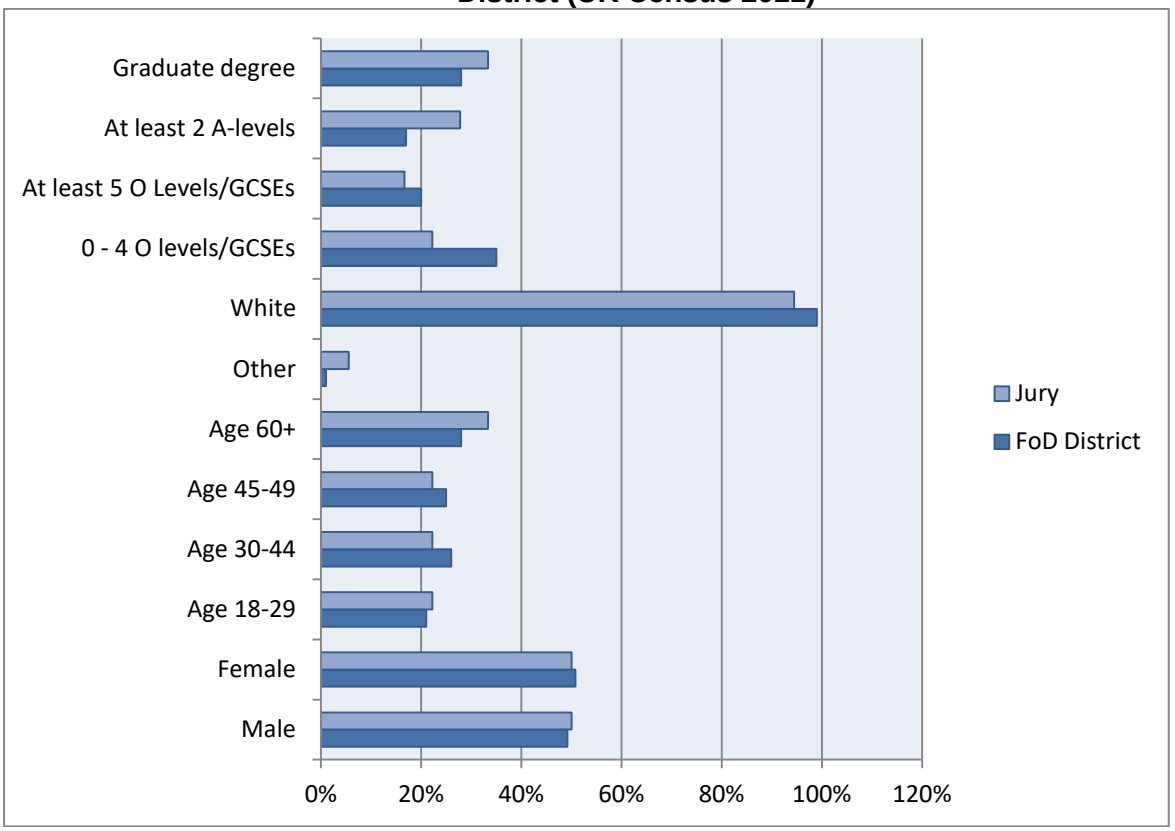
In total, 218 people from the Forest of Dean District applied to be a jury member. Most did this by completing an on-line survey. Shortlisted candidates had a telephone interview so that any ineligible candidates (e.g. healthcare professionals) could be identified and

excluded. Applicants were taken through a script which included the agreement they would be asked to sign. For example, jurors had to agree to enter the process with an open mind and "weigh the evidence fairly to recommend a location for a new community hospital that best serves the people living in the Forest of Dean District". Three people decided to withdraw but no applicants were rejected after being interviewed by Citizens Juries c.i.c.

18 people from across the Forest of Dean District were recruited (postcodes of all the selected jurors were checked against a file of Forest of Dean District postcodes). A stratified sample was selected, disregarding name and other identifying details. The Citizens Juries c.i.c. method for jury selection was published on the Citizens Juries c.i.c. website before jurors were chosen.

The sample chosen was controlled for gender, age range, ethnicity and educational attainment (see chart below). The percentage mix of these control categories matched closely the demographics of people in Forest of Dean District (as recorded in the UK Census 2011). Figure 1 below shows the demographics of the 18 people who began and completed the four-and-a-half-day process (reading down the chart: educational attainment, ethnicity, age range and gender respectively). Note that the chart is very slightly changed from that published at Citizens Juries CIC website and by the Forest of Dean and Wye Valley Review in mid-July. The change is because one selected juror (a woman, aged 18-29) did not attend on the first day and so was replaced by one of the four reserves (who had similar demographic characteristics) who attended day one.

Figure 1: Demographic make-up of jury against average for Forest of Dean District (UK Census 2011)



Applicants also answered a question about employment status. 10 jurors were employed or self-employed, 4 retired, 1 unemployed, and 3 self-classified as having an "other" employment status.

A characteristic of particular relevance to this citizens' jury was the jurors' postcode of

residence. The aim was to recruit people from across the Forest of Dean District, balancing geographical spread and population density with slight over-representation of people living in the central area between the three towns (who might be expected to not hold a prior preference on hospital location). A good spread of postcodes was achieved, as shown below.

Figure 2: Postcodes of the 18 jury members

Of the 18 jurors, nine had responded to an advertisement on the Indeed jobs website, four after reading an editorial in a local newspaper or news website, three from word of mouth, and two from seeing the public engagement booklet on the choice of hospital location.

Jury Questions

The jury were set a number of questions to answer (see below). These were agreed with Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group in advance of the jury.

1. Where should the new community hospital be built? Rank the following three towns in order of preference:
    a. Cinderford
    b. Coleford
    c. Lydney
    d. No preference

2. In reaching this recommendation, what were the most important considerations for the jury? [200 words max]

3. How strong is this preference? Which one of the following options best describes your view:
    a. I have a strong preference for my first choice
    b. I have a strong preference for my first or second choice
    c. I do not have a strong preference for which town - the best site should be chosen
    d. I do not have a strong preference
    e. Other (please specify)

Q3 is optional, depending on result of voting on Q1 (see below).

4. If the decision is made to build the new hospital in the location recommended by the jury, does the jury recommend any actions are taken by the NHS (for example, to improve access to services)?

5. Once the location is chosen, suitable sites will be evaluated within 2 miles by road of the centre of the chosen town. Site selection criteria were identified in the recent public consultation.

    When selecting a site, the following will be mandatory criteria:

    i. It is available and affordable
    ii. It is able to accommodate a building/buildings and parking provision which meet current and future service requirements.
    iii. It is accessible by car or public transport.
    iv. It will be able to secure appropriate planning permission.

    When selecting a site, the following have been identified as desirable criteria:

    i. It enables completion of works by 2021/2022.
    ii. It offers the potential for pleasant surroundings, green space, views etc.
    iii. It is a site that offers a design and development which provides best value for money for the public purse.

    Rank all the desirable criteria in order of importance.

6. Please give reasons for your answers to Q5 [100 words max]

Note that Q1 will be subject to a vote by individual members of the citizens jury, with first and second preferences specified, and the recommended location will be chosen using the "supplementary vote"[1] method. If second preferences are used because no candidate town achieves 50% of first preferences, the jury will be asked to answer Q3.

Note that the statements of reasons in Q2, Q4 and Q6 will be collective statements of the jury as a whole.

[1] This method is used, for example, to select the London Mayor: http://www.parliament.uk/about/how/elections-and-voting/voting-systems/

The jury process and outcomes

The jury process

The four-and-a-half day jury:

- Was facilitated by Kyle Bozentko, Executive Director of the Jefferson Center, and his colleague Sarah Atwood;
- Included evidence from a total of 21 witnesses;
- Engaged jurors in group exercises and deliberation;
- Was open to, and watched by, public observers and participants used microphones which incorporated a hearing loop;
- Ended with an end-of-jury questionnaire at the end of day five.

The Jurors' Report and citizens' jury schedule describe what happened during the four-and-a-half days.

Introduction to the Juror Report

On day five of the jury proceedings, every member of the jury voted on the jury questions using either a paper form or an online survey. Kyle Bozentko then constructed the Juror Report from their votes and from the reasoning they had developed over the previous days (mostly from group work). The jurors were led page-by-page through the Juror Report, which was displayed on a large projector screen, to gain the jurors' acceptance that it fairly represented their views. The report is written in the words of the jury members. It was published at www.citizensjuries.org on 6 August, and is reproduced in full below.

The Jurors' Report does not include the jurors' answers to jury question 3 above on strength of preference. Their answers are summarised below:

How strong is your preference for the location(s) you chose?	**No. of Respondents**
a) I have a strong preference for my first choice	10
b) I have a strong preference for my first or second choice	5
c) I do not have a strong preference for which town - the best site should be chosen	0
d) I do not have a strong preference	1
e) Other (please specify)	2

Note that the jury's answer to jury question 2, on the most important considerations for the jury, is given in section 9 of their report below.

The Jurors' Report

Forest of Dean Citizens' Jury: Jurors' Report

Preface

About this report

This is a report from the 18 members of the citizens' jury who met over four and a half days, from 13.00 30 July to 17.00 3 August, to hear evidence from a wide variety of witnesses, to deliberate together, and to reach a recommendation for the location of a new community hospital for the Forest of Dean. It was constructed using the words of the 18 jury members, from observations and statements they prepared together. A draft version was reviewed by jury members as part of the jury process on 3 August.

A full citizens' jury report which will include further information (e.g. jury recruitment) will be published in the papers for the 30 August meeting of Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services NHS Trust to decide on the new hospital location.

Statement to our Neighbours

We were asked to complete a difficult task, with the understanding that some people are disappointed at the closure of two community hospitals.

The jury was a far-reaching in-depth exercise, where we experienced a wide-range of information allowing us to make an educated decision and one we can be confident has been evaluated. It was a rare and beautiful opportunity to work with an impressively diverse, fair representation of people from across the Forest of Dean. We have enjoyed every minute contributing to our joint thoughts and feelings for the best hospital location.

Everybody worked hard to ensure that the jury considered the Forest as a whole, what as many people as possible were able to access the new hospital. We recognised the limitations, specifically to the large geographical area this hospital is expected to cover. While intense, the jury was an absorbing process which everyone completely committed to. The jury process asked us to test our fair-mindedness and encouraged us to look at the decision of a future hospital location from a wide range of angles.

We received and reviewed myriad evidence pertaining to hospital location - both generally and as it related to the proposed locations. We received information in respect to demographics, equality, population growth, and transport to name a few. Witnesses, who were not to advocate for any particular location, remained un-biased, forcing us to deliberate about how their presentations would inform our choice of hospital location. We assessed and re-assessed the options for each location repeatedly with great dedication.

It is important for everyone to know that the jury was carried out in un-biased way. We were treated well and protected from outside influence and public observers treated us with respect.

The citizen's jury is a worthwhile exercise irrespective of what is done with our recommendation by NHS bodies and enabled us to create a fair representation of our views. The process was enlightening and gave us an interest in getting more involved in local interest issues in future.

We appreciated the opportunity to raise our opinions and have them considered by others in the Forest. Furthermore, it's been a friendly environment where we have met loads of new

people and characters. People from all ages and locations have come together to envision our shared future. Furthermore, we enjoyed the food, location, and view and appreciated that the onlookers who were observing the jury did so respectfully. We want to thank the organisers and facilitators (Citizens' Juries c.i.c. and Jefferson Center) for treating us with respect and assisting us in making a difficult decision.

We have a great amount of pride for the Forest of Dean and managed to learn even more about the Forest, its people, resources, and towns which is reflected in our very hard work over 4 and a half days. We hope you use this information as you consider your own position about this important issue.

Our recommendations

1) **We recommend Cinderford for the hospital location by a majority vote of 8 out of 18 jurors, compared to Coleford (5 votes) and Lydney (5 votes).**[2] Coleford had more second preference votes than Lydney**.**

2) **Our most important reasons for choosing Cinderford were, in order of importance:**
   - Area of highest deprivation in terms of health and disability and unhealthy behaviours, therefore statistically more likely to need and use Cinderford Hospital. Over 35% more illness, over 15% unhealthy behaviours
   - Cinderford is central to the whole of the Forest
   - More central location for staff who live throughout the FOD
   - It is the geographic centre and can provide a Forest environment
   - Cinderford has two A roads as primary routes to Gloucester in case of road closures
   - Large percentage of people over 65 and over 85.

3) **If the decision is made to build the new hospital in the location recommended by the jury, we recommend the following supplemental actions are undertaken by the NHS to best serve the Forest of Dean District:**
   1. Improving transport accessibility options for communities throughout the region and ensuring accessibility for drop-offs, transfers, and other transport needs
   2. Considering how to incorporate on-site amenities (such as a cafe or a chemist) to maximise the benefits of the new hospital
   3. Ensuring that a full range of necessary and suitable services are provided and that the new hospital is adequately staffed
   4. Planning for future use and needs of the entire Forest of Dean in the design and size of the building.

4) **Desirable Site Criteria**
   Here is our ranking of the desirable site criteria we were asked about - in order of importance with 10, 4, and 4 first preference votes respectively:
   1. It is a site that offers a design and development which provides best value for money for the public purse

[2] The Supplementary Vote system was used. As Cinderford did not have more than half the first preference votes, and there was a tie for second, two scenarios were tested. Firstly, Lydney was eliminated and second preferences for those who voted Lydney were assigned to Cinderford and Coleford (resulting in 9 votes to 8 respectively). Then Coleford was eliminated and second preferences for those who voted Coleford were assigned to Cinderford and Lydney (resulting in 11 votes to 6 respectively).

2. It offers the potential for pleasant surroundings, green space, views, etc.
3. It enables completion of works by 2021/2022

Crieria 2 above was the second preference of the jury overall, and the jury's reasoning might be best summed up by the juror who said:

"Although I believe that natural spaces and greenery are also important, I think that spending is important, as the least amount of resources spent on building the hospital will mean more resources are kept once the hospital is built and can go into nursing cost etc.".

Jury Process and Findings

1) Context

Candace Plouffe of Gloucestershire Care Services NHS Trust was asked to present contextual information for the jury and their work:

a) Where we are (e.g. decision made for one hospital, etc.)
b) Where we are going (what the new hospital will provide)
c) How we will get there (role of jury, how decision will be made, site selection, etc.)

Candace Plouffe's slides are available online in the citizens' jury materials (30 July) published on the www.FoDhealth.nhs.uk website.

2) Presentations from town representatives (in the order they presented)

a) Lydney
- Five witnesses from Lydney (Angela Davies, Tony Midgley and John Thurston of Friends of Lydney Hospital, Brian Pearman of Lydney Town Council, and Stefan Scheuner, GP) presented the case for Lydney being the location of the new hospital.
- Jury Product
  Lydney is well-suited because of:
  - Friends of Lydney Hospital
  - The desire to offer future services e.g. endoscopy – Lydney has potential to grow and attract staff due to infrastructure
  - Friends could raise money for new units
  - It has the support of medical professionals and is an established hospital location
  - Lydney is the location best able to give support to those in need (very old and very young) in particular.

b) Coleford
- Two witnesses from Coleford (Marilyn Cox and Nick Penny of Coleford Town Council) presented the case for Coleford being the location of the new hospital.
- Jury Product
  Coleford is well-suited because of:
  - The green environment with natural beauty
  - New site and keen to prove they can do it
  - Good public transport links
  - Benefit from hospice location research
  - Positive impact on deprivation of area.

c) Cinderford
   - Chris Witham of Cinderford Town Council presented the case for Cinderford being the location of the new hospital.
   - Jury Product
     Cinderford is well-suited because:
     - More central location for staff who live throughout the Forest of Dean
     - Due to the location, it can serve the forest and further into Gloucestershire
     - It is the area of highest deprivation in terms of health and disability and unhealthy behaviours, therefore more likely to need and use a Cinderford hospital
     - Good infrastructure for patients and staff – giving good access.

The slides from the three towns are available online in the citizens' jury materials (31 July).

3) Understanding Who Patients Are

a) Rebecca MacLean of Gloucestershire County Council
   - The presenter was asked to speak about the population profile of the Forest of Dean District including age, location and health characteristics and needs
   - Juror observations and important information related to patients and population of the Forest of Dean:
     - With a current population of 85,000, FOD is growing, especially in South, Coleford and Lydney areas with population density weighted towards the southern end of the Forest
     - A big population of people over 65 and this trend looks as if it will rise in the future; although there is no current predomination of over 65 of 85s in any of the 3 possible locations – spread fairly evenly throughout FOD
     - High deprivation will result in higher number of services being needed
     - Deprivation from health and disability is in central and southern areas
     - Cinderford has a large percentage of people over 65 and over 85
     - Highest proportion of 0-4 are within Lydney and Sedbury/Tutshill who access care much more than older people.

b) Julie Goodenough: Gloucestershire Care Services NHS Trust
   - The presenter was asked to speak about the profile of current community hospital users (e.g. % over 65) and how this varies according to the service (e.g. inpatients, minor illness and injury)
   - Juror observations and important information related to community hospital services in the Forest of Dean:
     - 96% of residents (only 13 excluded) requiring admission to a community hospital were admitted to the Dilke or Lydney
     - Very few Forest residents are admitted to community hospitals outside of the Forest
     - Current permanent staff retained and goal is that services offered will continue to be offered in a future hospital although it will remain flexible to meet future needs of the population
     - Streamlined services i.e. one x-Ray Unit fully staffed versus 2 X-ray units rarely staffed
     - 80% of admissions to community hospitals are from aftercare of acute hospitals making transport links even more important 80% of beds are taken for aftercare of acute patients

- Radiographer still not employed by FOD: staffing issues may still occur
- Reduction in beds will suffice (it is said) due to new approaches such as sufficient aftercare to reduce bed-stay and other options
- Donated assets belong to NHS
- Higher proportion of urgent cases are in younger age categories – likely to continue to increase given housing development
- The age demographic of the Dilke seems older age groups whilst Lydney is younger.

The slides from these two witnesses are available online in the citizens' jury materials (31 July).

4) Travel Times

a) Malcolm Oswald, Citizens' Juries CIC:

- The witness was asked to speak about car travel times and public transport travel times
- 8 reference places spread across the Forest of Dean had been chosen and maps commissioned to show, for each of the three potential locations (Cinderford, Coleford, Lydney):
  - The shaded area that could be reached from the location in 30 minutes by road
  - The shaded area that could be reach the location by public transport in 90 minutes by 08.30 prior to a 09.00 hospital appointment
  - The shaded area that could be reached from the location in 90 minutes from 10.30 following the 09.00 hospital appointment
  - The shaded area that could be reach the location by public transport in 90 minutes by 13.30 prior to a 14.00 hospital appointment
  - The shaded area that could be reached from the location in 90 minutes from 13.30 following the 14.00 hospital appointment
- A set of statements were presented to show, for each of the 8 reference places and each of the three locations:
  - Which journeys could be made in 30 minutes by car
  - Which journeys could be made in 90 minutes by public transport
- Jurors reached conclusions about which of the 8 reference places were well served by each of the three locations
  a) Cinderford
    - Cinderford is well suited to serve the southern region by car because Lydney could reach the hospital in 30 minutes
    - Cinderford is well suited to serve the Northern region because Newent and in Mitcheldean could reach the hospital in 30 minutes by car based on this information
    - Cinderford is well suited to serve the central region by car because Cinderford, Parkend and Coleford can be reached in 30 minutes
    - Cinderford is well suited to serve the southern region by public transport because 3 out of 4 journeys from Lydney to the hospital can be achieved in 90 minutes
    - Cinderford is well suited to serve the central region by public transport because Coleford and Cinderford can be reached in 90 minutes

- Cinderford is well suited to serve the Northern region by public transport because 3 out of 4 journeys from Micheldean to the hospital can be achieved in 90 minutes

Not well-suited

- Cinderford is not well suited to serve the Northern region by car because Redmarley could not reach this hospital in 30 minutes based on this information
- Cinderford is not well suited to serve the southern region by car because Sedbury cannot reach the hospital in 30 minutes
- Cinderford is not well suited to serve the southern region by public transport because only 1 out of 4 journeys from Sedbury to the hospital could be achieved in 90 minutes
- Cinderford is not well suited to serve the Northern region by public transport because neither Newent nor Redmarley can reach the hospital in 90 minutes

b) Coleford

- Coleford is well suited to serve the Northern region by car because Cinderford, Parkend and Coleford can be reached in 30 minutes
- Coleford is well suited to serve the southern region by car because both Lydney and Sedbury could reach the hospital in 30 minutes providing normal traffic
- Coleford is well suited to serve the southern region by public transport because Lydney can reach the hospital in 90 minutes
- Coleford is well suited to serve the central region by public transport because Coleford, Parkend and Cinderford can reach the hospital in 90 minutes
- Coleford is well suited to serve the Northern region by car because Mitcheldean could reach it in 30 minutes by car

Not well-suited

- Coleford is not well suited to serve the Northern region by car because Redmarley and Newent could not reach this hospital in 30 minutes by car
- Coleford is not well suited to serve the Northern region by public transport because people from Newent and Redmarley cannot reach this hospital in 90 minutes
- Coleford is not well suited to serve the Northern region by public transport because Mitcheldean could reach it in 90 minutes 1 out of 4 journeys
- Coleford is not well suited to serve the southern region by public transport because only 1 out of 4 journeys from Sedbury could reach the hospital in 90 minutes

c) Lydney

- Lydney is well suited to serve the Northern region by car because Mitcheldean can reach this hospital in 30 minutes
- Lydney is well suited to serve the central region by car because Cinderford, Parkend and Coleford can be reached in 30 minutes by car
- Lydney is well suited to serve the southern region by car because both Lydney and Sedbury can reach the hospital in 30 minutes
- Lydney is well suited to serve the central region by public transport because Coleford, Parkend and Cinderford can reach the hospital in 90 minutes

- Lydney is well suited to serve the southern region by public transport because people from Lydney can reach the hospital within 90 minutes
- Lydney is well suited to serve the southern region by public transport because Sedbury can do 3 out of 4 journeys to the hospital within 90 minutes

Not well-suited

- Lydney is not well suited to serve the Northern region by car because Redmarley and Newent could not reach the hospital in 30 minutes
- Lydney is not well suited to serve the Northern region by public transport because Newent and Redmarley people cannot reach the hospital in 90 minutes and people from Mitcheldean can reach this hospital in only 1 in 4 journeys in 90 minutes.

c) Anne-Marie Daniels, Forest Routes
   i) The presenter was asked to speak about community transport and non-emergency ambulance services
   ii) Juror observations and important information related to community transport and non-emergency ambulance services in the Forest of Dean:
      - 78,000 passengers a year transported by community transport proves it is an essential service that we cannot afford to lose, covering rural areas which would otherwise be cut-off and an aim of providing low-cost services
      - Hospital location will not impact the services provided, however they are already at capacity and have no further scope in system. High transportation costs are a major problem which for FOD residents and not going to improve in the nearest future, with a recent increase in patients
      - Community transport provision can change rapidly due to the dependence on volunteers (i.e. drivers and helpers) especially in light of the EU Regulations coming in to force.
      - There is a possibility of losing the volunteer transport services in future due to policy changes (such as through EU changes) and lack of volunteers.
      - Arriva transport does not work as needed always.

d) Jury discussion about why travel times matter with panel contributors: Stephanie Bonser (SW Ambulance Services Trust), Lorraine Millwater (Lydney Dial a Ride), and Paul Weiss (GP). The panel were invited to comment on reasons identified by the jury on why travel times matter.

The slides from Malcolm Oswald and Anna-Marie Daniels are available online in the citizens' jury materials (1 August). No slides were used for the panel discussion on why travel times matter.

5) How will the choice of town affect local communities (e.g. planning, economic regeneration, traffic etc.)?

a) Nigel Gibbons, Forest of Dean District Council and Neil Troughton, Gloucestershire County Council
b) Nigel Gibbons was asked to speak about:
   - whether the District Council has a preference for one location
   - the planning priorities for each town that the jury should take into account

- how the population of the three towns is expected to change over the next 10 years
- how important economic re-generation will be for each town if selected
- how important an impact on the environment (e.g. pollution) in the town if selected
- any other impacts that the District Council would want the jury to take into account.

c) Neil Troughton was asked to speak about traffic.
d) Juror observations and important information related to how choice of town will affect local communities.
   - Cinderford is well-suited because:
     - The infrastructure and accessibility required to deliver services is already in place, along with it being a central area with two major roads to transfer to/from acute care
     - Cinderford is the geographic centre and can provide a forest environment
     - Regeneration and infrastructure are ready and available due to development of the northern quarter
   - Cinderford is not well-suited because:
     - Cinderford population is projected to be overtaken in future forecasts
     - Main roads into and out of Cinderford are not easily accessible and would not improve with expansion
     - Levels of congestion on the transport network with e.g. parking on both sides of the road
     - Roads in and out are inaccessible during bad weather

   - Coleford is well-suited because:
     - Coleford has good network and existing bus routes
     - Coleford needs and would benefit from regeneration
     - Centralisation of services.
   - Coleford is not well-suited because:
     - Coleford is constrained by landscape
     - The hospital could be a negative impact on population, traffic, pollution in the villages on the outskirts of the Coleford area
     - There is less planned development in Coleford than Cinderford in Lydney

   - Lydney is well-suited because:
     - Lydney has infrastructure in place to accommodate additional traffic flow: has rail line and bypass
     - Lydney would be prime for regeneration and has plenty of brownfield sites
     - Lydney already have well-developed plan for population increase
     - transport facilities are good for transferring acute patients to other areas
   - Lydney is not well-suited because:
     - Lydney already has congestion as you enter town from the North
     - Lydney is not central to Forest of Dean District.

The slides from Nigel Gibbons and Neil Troughton are available online in the citizens' jury materials (1 August).

6) How the choice of town affects the NHS

a) Dr. Paul Weiss (GP) speaking on behalf of the NHS
b) Paul Weiss was asked to speak about:

- Whether the NHS had a preferred location, and which, if any, of the three towns offers the greatest opportunities for cross-site working, co-location with existing services
- Whether the NHS would take any particular additional actions if one or other of the towns were chosen anything else (e.g. consider building a new health centre somewhere else).

c) Juror observations and important information related to impact on NHS and Healthcare Service Delivery:
   - It is important for everyone to know which GPs and how many serve their area
   - Services will not change so considerations include staff merging and presence of various services/specialties
   - Cinderford is well suited because:
     - A GP service and dialysis unit will be or are already in Cinderford
     - Specialised services are already at Dilke, along with new developments such as a dialysis unit
   - Coleford is well-suited for co-location with existing services, but not well-suited because it would be disruptive to relocate NHS services and staff
   - Lydney is well-suited because:
     - Lydney is easily accessible
     - Lydney has a nice new health centre.

The slides from Paul Weiss are available online in the citizens' jury materials (2 August).

7) Results of Public Engagement

a) Caroline Smith of Gloucestershire Clinical Commissioning Group & Katie Parker, Gloucestershire Care Services NHS Trust

b) The two witnesses were asked to speak about results of the recent public engagement on the location of the new hospital with the public and staff

c) Juror observations and important information related to results of recent public engagement:

   Public
   - The data from the survey is limited due to the demographic of the respondents
   - Thought it was a fair consultation about people's reasoning and concerns (not a referendum which was outside NHS remits)
   - Public respondents:
     - Want the hospital in a central location and easily accessible
     - Would prefer new hospital close to their own area or home
     - Want future population growth to be taken into consideration

   Health professionals
   - There was a high response from staff at both locations focussing on sustainable services not necessarily a single location
   - Health professional respondents:
     - Are mostly concerned with accessibility and central location
     - Whilst not having a favourite location, they identified free parking as a bonus and want the hospital to be accessible to existing and future population growth.

The slides from Caroline Smith and Katie Parker are available online in the citizens' jury materials (2 August).

8) **Distinctions Between Towns in Regard to the Equality Act**
   a) Hari Sewell, HS Consultants
   b) The presenter was asked to explain the requirements that public bodies should have regard to under the Equality Act when making decisions, and the results of the equality impact assessment carried out on the implications of the choice of hospital location.
   c) Juror observations and important information related to choice of town and equalities:
      - The choice of location needs to be fair to everyone and suitable for everyone if disabled
      - There is no impact on the 9 protected characteristics in respect of the three locations, taking account of the responses to the engagement
      - It is important for people to know the percentages and characteristics shown by each of the towns for age and gender and that there are no differences in characteristics
      - The statistics on the public engagement are skewed because there wasn't a wide enough cross-section of the population answering the questionnaire.

   The slides from Hari Sewell are available online in the citizens' jury materials (2 August).

9) **What the jury considered the most important factors to take into account in making their decision**

   The jury reviewed and discussed the criteria for choosing a location provided by the NHS following the public consultation.[3] They also were provided with information from witnesses about other factors that could be taken into account in their recommendation. On the last day, jury members were given up to three votes each to use to rank the factors they considered to be most important in their choice of location (with number showing strength of juror support):
   - Travel times and accessibility (14 votes)
   - Community support (12 votes)
   - Who are patients (12 votes)
      - Population now & future
      - Areas of deprivation
   - District boundaries and inclusion (6 votes)
   - Planning, development, regeneration (4 votes)
   - Current & future NHS services (2 votes)
   - Existing services, care partners & co-location (1 vote).

10) **"Case" for each town (drawn from reasoning and ranking of importance by jurors)**
   a) Case for Cinderford, the recommended town Cinderford (with level of support from jurors)
      - Area of highest deprivation in terms of health and disability and unhealthy behaviours, therefore statistically more likely to need and use Cinderford Hospital. Over 35% more illness, over 15% unhealthy behaviours (8 votes)
      - Cinderford is central to the whole of the Forest (6 votes)
      - More central location for staff who live throughout the FOD (6 votes)
      - It is the geographic centre and can provide a Forest environment (5 votes)

[3] Available at: http://www.fodhealth.nhs.uk/wp-content/uploads/2018/05/FoD-Health-Location-Site-Criteria.pdf

- Cinderford has two A roads as primary routes to Gloucester in case of road closures (4 votes)
- Large percentage of people over 65 and over 85 (4 votes)
- Specialised services are already at Dilke, along with new developments such as the dialysis unit (3 votes)
- Cinderford has the highest area of deprivation (3 votes)
- Age demographic: Dilke seems older age groups, Lydney younger (3 votes)
- The regeneration and infrastructure are ready and available due to the development of the Northern Quarter (3 votes)
- Because of the location, it can serve the Forest and further into Gloucestershire (2 votes)
- Cinderford is well suited to serve the Southern Region by car because Lydney could reach the hospital in 30 minutes (2 votes)
- The infrastructure and accessibility required to deliver services is already in place, along with central area and two major roads for transfer to/from acute care (2 votes)
- Northern Quarter investment in college and roads should improve road network and bus services (2 votes)
- You can be born in a car park and still be a Forester (1 vote).

b) Case for Coleford
- Coleford has good network and existing bus routes (14 votes)
- Green environment with natural beauty (10 votes)
- New site and keen to prove they can do it (7 votes)
- Good public transport links (6 votes)
- Co-location with existing services (5 votes)
- Centralisation of services (4 votes)
- Coleford needs and would benefit from regeneration (3 votes)
- Benefits from hospice location research (1 vote)
- Coleford is well suited to serve the southern region by car because both Lydney and Sedbury could reach the hospital in 30 minutes providing normal traffic (1 vote)
- Coleford is well suited to serve the southern region by public transport because Lydney can reach the hospital in 90 minutes (1 vote).

c) Case for Lydney
- Friends of Lydney Hospital (15 votes)
- Lydney already have well-developed plan for population increase (13 votes)
- Transport facilities are good for transferring acute patients to other areas (8)
- Lydney has infrastructure in place to accommodate additional traffic flow: has rail line and bypass (3)
- Desire to offer future services e.g. endoscopy – Lydney has potential to grow and attract staff due to infrastructure (4 votes)
- Has good infrastructure for patients and staff – giving good access (3 votes)
- Friends could raise money for new units (2 votes)
- Lydney would be prime for regeneration and has plenty of brownfield sites
- Lydney is easily accessible (1)
- Has support of medical professionals and is an established hospital location (1 votes).

End-of-jury questionnaires results

Members of the jury completed the end-of-jury questionnaire at the end of day 5. The questionnaire design and results are available at: www.citizensjuries.org. However, the main results were:

- 15 out of 18 jurors found the jury process “very interesting” (the other three people said it was “mostly interesting”)
- 17 out of 17 jurors said that they never felt that the two facilitators tried to influence them towards particular conclusions (one person skipped this question)
- 13 out of 17 people said that people other than the facilitators and the town representatives never tried to influence them towards particular conclusions (with two people saying "perhaps occasionally" and two people saying "sometimes");
- 16 out of 17 people said that nobody ever tried to influence them outside of the jury room (with one person saying “perhaps occasionally”)
- 16 out of 17 people said they felt that they “were provided with a fair balance of information about the location of the new hospital” (with one person saying “no, I thought there was some other form of bias or some important information was missing”)
- 10 people “strongly agreed”, and 6 people “mostly agreed” with the statement “This citizens' jury has been a good and fair way to choose the location of the new community hospital"

Jury members were also asked to give three words to sum up their experience on the jury. The “word cloud” below shows the result (words with a larger font were said by more people).

Figure 3: Word cloud

Appendix 1: further information about the jury

The Citizens' Jury Method

Like much public policy, choosing the location of a new hospital is a complex area with a lot of evidence and reasons to consider. Surveys and focus groups provide useful information about what the public thinks, but they are not mechanisms to inform people. A citizens' jury can tell policymakers what members of the public think once they become more informed about a policy problem and have had an opportunity to discuss it with others. In a citizens' jury, a broadly representative sample of citizens is selected to come together for a period of days, hear expert evidence, deliberate together, and reach conclusions about questions they have been set.

They are a form of "deliberative democracy", based on the idea that individuals from different backgrounds and with no special prior knowledge or expertise can come together and tackle a public policy question. A citizens' jury is a particularly relevant method for informing public bodies making value judgements. Some organisations have used citizens' juries to *make* policy decisions, though in general they are advisory. Members of juries are not elected and cannot be made accountable for decisions. Public bodies can therefore legitimately deviate from a jury's recommendations, justifying why they differ. Melbourne City Council appointed a citizens' jury to determine how to allocate its A$5 billion budget, and the council is implementing virtually all of the jury's recommendations.[2] The Citizens' Council in Ireland is larger than a citizens' jury with 99 citizens. The council was appointed by the Irish government and are considering many important questions. Its first topic was whether to change the Irish Constitution on abortion, and its advice to change the Irish Constitution was fed back to a parliamentary committee leading to the May 2018 national referendum.

Witnesses

All witnesses received a copy of an expert witness briefing document to guide them in what they should say to the jury. Nine impartial witnesses were chosen to provide relevant information to the members of the jury to enable them to answer the jury questions. In addition, three people took part in a panel session about why travel times matter, and three representatives from community transport organisations came on 1 August to help answer questions after the presentation on community transport. Most presentations lasted about 15-20 minutes plus time for questions.

Each of the three towns were also invited to present the case for their town to be the location of the new hospital; there were five representatives from Lydney, two representatives from Coleford and one from Cinderford. Each witness answered questions posed by the jurors. Towns were given a 30 minute presentation slot on 31 July, and a 5 minute slot for closing remarks on 2 August, plus time to answer juror questions.

The slides used by all presenters were reviewed for bias in advance by Malcolm Oswald and by the oversight panel (see below). Changes were then made to the slides to address issues identified.

The oversight panel

The oversight panel was appointed to help monitor and minimise bias. The panel reviewed the citizens' jury questions and design, and much of the detailed jury documentation, including the end-of-jury questionnaire and the slides from the presentations by the witnesses, resulting in some changes to these materials before the jury. The oversight panel

members, chosen for their interest in the topic and lack of conflict of interest in any particular jury outcome, were:

- Jem Sweet, Gloucestershire VCS Alliance
- Julia Butler-Hunt, Healthwatch Gloucestershire;
- Alan Grant, Forest of Dean District Council.

The brief for the oversight panel is available at: www.citizensjuries.org. Each member of the panel completed a questionnaire about bias, which are published at the same site. The three panel members were "completely satisfied" that the jury was designed to minimise bias.

Citizens' jury commissioners and project team

The citizens' jury was commissioned by Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group. The lead commissioners from these two bodies - Des Gorman, Katie Parker, Becky Parish and Caroline Smith – worked closely with Malcolm Oswald to plan the event.

The project manager of the citizens' jury was Dr. Malcolm Oswald, Director of Citizens Juries CIC and an Honorary Research Fellow in Law at The University of Manchester. Chris Barnes and Amanda Stevens from Citizens Juries CIC recruited and supported the jurors, and the jury process. The jury facilitators were Kyle Bozentko, Executive Director of the Jefferson Center in the USA and his colleague Sarah Atwood. Kyle, Sarah and Malcolm, with support from Jefferson Center colleague Larry Pennings, worked together to design the jury.

Appendix 2: Citizens' Jury Schedule

Day	Subject	Speaker
30/7 PM	Welcome, introduction and simulation exercise	
	Context: community hospitals in the Forest of Dean and jury role	Candace Plouffe, Gloucestershire Care Services NHS Trust
	How the jury will make a decision	
31/7 AM	The case for Lydney	John Thurston, Friends of Lydney Hospital; Brian Pearman, Lydney Town Council; and others
	The case for Coleford	Nick Penny and Marilyn Cox, Coleford Town Council
	The case for Cinderford	Chris Witham, Cinderford Town Council
31/7 PM	Population data: who are the patients?	Becky MacLean, Gloucestershire County Council
	Forest of Dean Community Hospital Services: Now and Future	Julie Goodenough, GCS NHS Trust
01/8 AM	Travel analysis: - driving and public transport to and from the three towns - other hospitals providing similar services to the new hospital	Malcolm Oswald, Citizens Juries CIC
	Travel analysis: community transport and other non-emergency transport services in the Forest of Dean	Anna-Marie Daniels, Forest Routes
01/08 PM	Travel analysis: why travel times matter	Panel: Lorraine Millwater, Lydney Dial-a-Ride; Paul Weiss, GP; Stephanie Bonser, SW Ambulance Services Trust
	How will the choice of town affect local communities (e.g. planning, economic regeneration, traffic etc.)?	Nigel Gibbons, Forest of Dean District Council; Neil Troughton, Gloucestershire County Council
	How does the choice of town affect the NHS?	Paul Weiss, GP
02/08 AM	What were the results of the recent public engagement (of public and staff) on the choice of location?	Katie Parker, GCS NHS Trust; Caroline Smith, NHS Gloucestershire CCG
02/08 PM	Does the Equality Act have an impact on the choice of town?	Hari Sewell, HS Consultancy
	Brief closing remarks from the three towns (Cinderford, then Coleford, then Lydney)	Representatives from the three towns
	Assessing the three locations	
03/08 AM	Recommending a location for the hospital	
03/08 PM	Ranking criteria for choosing a site	

Appendix 3: Bibliography

1. Armour, A., *The citizens' jury model of public participation: a critical evaluation*, in *Fairness and competence in citizen participation*. 1995, Springer. p. 175-187.
2. Reece, N. *Experiment pays off: Melbourne People's Panel produces quality policy*. 2015 [cited 15 Feb 2015]; Available from: http://www.theage.com.au/comment/experiment-pays-off-melbourne-peoples-panel-produces-robust-policy-20150628-ghzoz4.html.