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Travel Analysis

Malcolm Oswald
Director, Citizens Juries CIC

Overview

• Introduction
• Driving time analysis
• Public transport analysis
• Community transport and NHS-funded non-emergency transport
• Alternative destinations for patients
How people get around Forest of Dean (from public engagement)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Own motorised transport</td>
<td>80.28%</td>
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<tr>
<td>Lift with friends</td>
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<tr>
<td>Taxi (e.g. dial-a-ride)</td>
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<td>Public transport</td>
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<tr>
<td>Bicycle</td>
<td>1.03%</td>
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<tr>
<td>Voluntary transport</td>
<td>0.42%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>3.98%</td>
</tr>
</tbody>
</table>

Households with no car or van (2011 census)
How to do travel analysis?

• How best to evaluate travel?
• For both driving and public transport:
  – 8 places chosen across the Forest of Dean District based on:
    • Geographical spread
    • Population density
  – How easily can the new hospital be reached by car and public transport from these 8 places if in Cinderford/ Coleford/ Lydney?
  – How should access difficulties be mitigated by community transport and by alternative hospitals?

8 places chosen for travel analysis
Driving and public transport maps

• Used travel time company Igeolise who make maps using:
  – Data about roads, traffic speed, public transport timetables, traffic lights etc.
  – Use complex formulae to work out travel times and distances by car, public transport, cycling

Car travel analysis

• Igeolise gives slower times than e.g. Google Maps (I have cross-checked some times)
• But relative figures should be good (with one exception)
• Where can you get to in 30 minutes from the three towns?
• 30 minutes by car is mentioned in an NHS strategy document
Travel map – 30 minutes drive from Lydney

Travel map – 30 minutes drive from Cinderford
Travel map – 30 minutes drive from Coleford

30 minutes by car - results

1. None of the towns can be reached from Redmarley in 30 minutes driving
2. Newent:
   a. Cinderford can be reached from Newent in 30 minutes driving
   b. Coleford cannot be reached from Newent in 30 minutes driving
   c. Lydney cannot be reached from Newent in 30 minutes driving
3. All 3 towns can be reached from Mitcheldean in 30 minutes driving
4. All 3 towns can be reached from Cinderford in 30 minutes driving
5. All 3 towns can be reached from Coleford in 30 minutes driving
6. All 3 towns can be reached from Parkend in 30 minutes driving
7. All 3 towns can be reached from Lydney in 30 minutes driving
8. Sedbury:
   a. Cinderford cannot be reached from Sedbury in 30 minutes driving
   b. Coleford can be reached from Sedbury in 30 minutes
   c. Lydney can be reached from Sedbury in 30 minutes
Public transport analysis

• Same 8 places across the Forest of Dean District used
• Igeolise maps used again – they hold all the public transport data
• Two scenarios considered to compare the three towns:
  – Getting to and from a 9am appointment at the new hospital within 90 minutes (allowing 30 minutes from town to hospital)
  – Getting to and from a 2pm appointment at the new hospital within 90 minutes
• This means four maps per town

Arrive Coleford 08.30 within 90 minutes
Depart Coleford 10.30 within 90 minutes

Arrive Coleford 13.30 within 90 minutes
Depart Coleford 15.30 within 90 minutes

Arrive Cinderford 08.30 within 90 minutes
Depart Cinderford 10.30 within 90 minutes

Arrive Cinderford 13.30 within 90 minutes
Depart Cinderford 15.30 within 90 minutes

Arrive Lydney 08.30 within 90 minutes
Depart Lydney 10.30 within 90 minutes

Arrive Lydney 13.30 within 90 minutes
Depart Lydney 15.30 within 90 minutes

Public transport – results (1)

Northern Forest of Dean District
(1-Redmarley; 2-Newent; 3-Mitcheldean)

1. None of the towns enable people from Redmarley to get to and from a 9AM and 2.00 PM appointment within 90 minutes
2. None of the towns enable people from Newent to get to and from a 9AM and 2.00 PM appointment within 90 minutes
3. Mitcheldean
   a. Cinderford enables people from Mitcheldean to do 3 out of the 4 public transport journeys within 90 minutes
   b. Coleford enables people from Mitcheldean to do 1 out of the 4 public transport journeys within 90 minutes
   c. Lydney enables people from Mitcheldean to do 1 out of the 4 public transport journeys within 90 minutes
Public transport – results (2)

Central Forest of Dean District
(4-Cinderford; 5-Coleford; 6-Parkend)

4. All 3 towns enable people from Cinderford to get to and from a 9AM and 2.00 PM appointment within 90 minutes
5. All 3 towns enable people from Coleford to get to and from a 9AM and 2.00 PM appointment within 90 minutes
6. Parkend
   a. Cinderford enables people from Parkend to do 2 out of the 4 public transport journeys within 90 minutes
   b. Coleford enables people from Parkend to do all 4 of the public transport journeys within 90 minutes
   c. Lydney enables people from Parkend to do all 4 of the public transport journeys within 90 minutes

Public transport – results (3)

Southern Forest of Dean District
(7-Lydney; 8-Sedbury)

7. Lydney:
   a) Coleford and Lydney enable people from Lydney to get to and from a 9AM and 2.00 PM appointment within 90 minutes
   b) Cinderford enables people from Lydney to do 3 out of the 4 of the public transport journeys within 90 minutes
8. Sedbury:
   a. Cinderford enables people from Sedbury to do 1 out of the 4 public transport journeys within 90 minutes
   b. Coleford enables people from Sedbury to do 1 out of the 4 of the public transport journeys within 90 minutes
   c. Lydney enables people from Sedbury to do 3 out of the 4 of the public transport journeys within 90 minutes
Other options to the new hospital

- People living in the Forest of Dean use other hospitals than Dilke and Lydney for services now
- The same may be true for the new hospital
30 minutes drive from Gloucester, Southmead, Hereford County, and Tewkesbury Community hospitals
Forest Routes

What is Community Transport and who are the providers in the Forest of Dean

- An ‘armchair to armchair’ service
- Unseen benefits – health and wellbeing
- 3 types of Community Transport
  - Volunteer car drivers
  - Dial-a-Ride
  - Community Bus routes
- 4 providers in the District
  - Bream Voluntary Car Service
  - Lydcare
  - Lydney Dial a Ride
  - Newent Community Transport
Bream Voluntary Car Service

- Run entirely by volunteers
- 16 volunteer drivers serve communities in the South of the district
- 2,200 journeys per year, on average
- They provide a personal service for anyone that requires transport for a medically related trip

Lydcare

- Run entirely by volunteers
- 12 drivers who transport people in Lydbrook and the surrounding areas
- 2,800 journeys per year, on average
- Take you to and from medical appointments, or social
Lydney Dial a Ride

- 14 minibuses
- 14 volunteer drivers
- 1,300 volunteer journeys per year, 33,000 Dial a Ride passengers and 5,000 Community Bus route passengers, on average
- Covers Lydney, Coleford, Cinderford and the surrounding areas
- Operate Dial-a-Ride services, volunteer car drivers and Community Bus Routes

Newent Dial a Ride

- 13 minibuses
- 7 volunteer car drivers
- 900 volunteer journeys per year, 27,000 Dial a Ride passengers and 6,000 Community Bus route passengers, on average
- Transport in the North of the District
- Operate Dial-a-Ride services, volunteer car drivers and Community Bus Routes
Current climate

- The Department for Transport wrote to Community Transport providers in July 2017 to make them aware that the regulations under which they have operated for over 30 years were being reviewed
- In February 2018, the UK Government launched its consultation on the use of section 19 and 22 permits following a change to how it thinks EU Regulation should be applied in England, Wales and Scotland
- Destabilising effect on many charities and ongoing uncertainty

Volunteers
Volunteers
What are the other options

- Family and friends
- Taxis
- Public transport
- Non-attendance at appointments

Patient transport is an NHS-funded non-emergency service offered to people who cannot get to hospital appointments or home from hospital because their health condition impacts on their ability to use routine transport.

- A medical condition that requires the skills or support of patient transport staff, on or after the journey, to the extent that it would be detrimental to their condition or recovery if they were to travel by any other means
- A medical condition that impacts on their mobility, to such an extent that they would be unable to access healthcare, and it would be detrimental to the patient’s condition or recovery to travel by any other means
- Or are recognised as a parent, or guardian, where children are being conveyed
Key points

- Community Transport is a service which is available to anyone who does not have access to another form of transport.
- Currently, these services are able to provide transport to most FoD District residents unable to otherwise get to their appointments.
- The majority of their passengers are transported to health related appointments.
- The choice of hospital location will not make any difference to the service that community transport providers will be provide to FoD District residents.
- Working to capacity and struggling to find volunteers.
- Dft changes are as yet unclear.
How does the choice of location impact District Council Planning?

Nigel Gibbons, Forward Plan Manager, Forest of Dean District Council

Forest of Dean Council- planning information

Does the District Council have a preference for town 1, town 2 or town 3?  

No

• The various planning policies which exist to shape the area may however have an impact on any choice.

• In broad terms a site at any one of the towns would be likely to be in tune with the relevant policies.
What are the planning priorities for each town that the jury should take into account?

Looking at the three towns

Cinderford

• Cinderford is a location to which new development is directed
• Needed public investment in order to promote change and this remains the case. Development in Cinderford and especially the Northern Quarter is led by public investment.
• FoDDC (Forest of Dean District Council) priority (shared with others) is regeneration of the town and the promotion of the new Northern Quarter (college etc). Access to the first main development areas is complete and the new college is at an advanced stage of construction.
• The NQ includes a local dialysis unit
• A new GP centre is likely to be built in the town- Valley Rd.
• Other employment land to be available
• Improved town centre
• Improve urban fabric
• Previously developed land- re use of so called brownfield sites
What are the planning priorities for each town that the jury should take into account?

**Lydney**

- Lydney is a location to which new development is directed
- The town where most change is likely to occur, partly because the opportunities are greatest in terms of land availability.
- Accessible by rail.
- The town will see the largest amount of growth of any of the three, 1500-2000 new dwellings 2010-26+.
- The majority of the changes will be in a mixed development to the east of the town and that will include provision for housing, employment and a neighbourhood centre.
- Development is under way and is expected to take 10+ years to completion.

**Coleford**

- Coleford is a location to which new development is directed
- Likely to see a range of new development including housing together with some changes also taking place in the centre. Priority is the development of new employment alongside housing and other services.
- New housing
- New and wider range of employment
- Wider service base
- Constrained by landscape in some areas but has opportunities for mixed developments in a variety of locations
How can the population of the three towns be expected to change over the next ten years?

- In all three existing commitments which could be built out may exceed the actual delivery - this may take longer or some sites may not be developed at all.

- About 1500 new houses (3450 persons) at Lydney and:
  - About 600 new houses (1380 persons) at Coleford.
  - About 635 new houses (1460 persons) at Cinderford
  - (about 400+ (920 persons) in Newent)

- Plus several hundred more in larger villages “shared” by the three towns.

The above alone could mean a likely population increase of 6000+ however the trend based district wide estimates suggest a slightly lower rate of growth- 5600 population increase over ten years +6.4%.

(all above use a figure of 2.3 persons per dwelling)

<table>
<thead>
<tr>
<th>town</th>
<th>Approximate population town area, 2016</th>
<th>Increase (dwellings *2.3 within town areas- up to)</th>
<th>Likely town population 2028 (up to)</th>
<th>Change if all are built</th>
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<tbody>
<tr>
<td>Cinderford</td>
<td>12000</td>
<td>1550</td>
<td>13550</td>
<td>+13%</td>
</tr>
<tr>
<td>Lydney</td>
<td>10000</td>
<td>3500</td>
<td>13500</td>
<td>+35%</td>
</tr>
<tr>
<td>Coleford</td>
<td>11000</td>
<td>1350</td>
<td>12350</td>
<td>+12.2%</td>
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The table above is a reasonable estimate of likely change if current permissions and allocations are taken up. They may be slow or may not be built at all.

There are differences between the towns but all three sit in a ten km triangle and much of their hinterlands are shared (Bream, Parkend, Blakeney, Ruardean, Newnham etc) so for much of the district, especially within the triangle accessibility is broadly similar.
How important an impact would it have on economic regeneration in each town if the town was selected?

- Wherever developed the new hospital would have a positive impact and it would be likely to provide jobs and result in some additional local spending.
- It would be likely to be a benefit to any of the three towns.
- The loss of the two existing hospitals would have to be offset against any benefits - although they themselves may be suitable for alternative use via conversion or redevelopment.
- Redevelopment of a previously developed site would also be a benefit which would help achieve the regeneration aims of the various planning policies.
- The investment itself in any site would be a benefit whether previously developed or not.

How important an impact would it have on the environment (e.g. pollution) in each town if the town was selected?

- Impact on any of the three towns would be similar and could be addressed (part of Lydney high Street is an Air Quality management area).
- Any proposal would have to be acceptable in planning terms
- construction of the building(s) can be designed to minimise energy use.
- A single new hospital is likely to be able to demonstrate a better environmental performance than the present ones by being a new purpose built design.
- High standard of design
- Especially if it were to occupy a reasonably high profile site should add to the urban design quality of an area.
Are there other impacts that the District Council would want the jury to take into account when selecting their preferred town?

**Future development**
- Planning for the future, it is likely that there will be more growth (increase in population) in and around Lydney than the other two sites. Beyond the committed up to 1900 dwellings/ 4500 population, there may be further change albeit in the longer term and unlikely to be of the same scale as present commitments.
- Over the whole district, additional development capacity will need to be identified for the next Plan which will need to look ahead to 2041. It will be drafted over the next few years.
- New facility should be “future proof” location as far as possible.

**Regeneration policy**
- Strong policy of supporting the regeneration of the area,
- Encourage investment by direct action including the promotion of development opportunities.

Although this is a balanced approach across the entire district, major efforts and sites which are being promoted exist in Cinderford, and Lydney. The differences between the way in which development is being promoted and the opportunities at these locations are referred to above.

**Community facilities/ corporate priorities**
- There is a strategic planning policy to support the retention of community facilities- the new provision of a community hospital would comply with this (CSP8).
- Securing a new hospital also assists in corporate priority “strong communities”
Summary

- All three towns are in principle suitable locations.
- Community use such as a hospital would be supported by policies on any suitable site - whether or not identified in a plan (should be accessible, sustainable etc)
- Each town with its immediate catchment has a similar population size
- These overlap and facilities in one may serve the population in another
- The greatest change in terms of population increase will be at Lydney town but the populations of the immediate areas of the towns will then be similar
- All are on junctions between the major east-west routes and those running north-south
- The Forest of Dean District council has not expressed any preference
Citizens Jury

Neil Troughton MCIHT
Manager, Highways Development Management
Gloucestershire County Council

How does the choice of town affect local communities?

How important an impact would it have on traffic in each town if the town was selected?

*The new hospital could have an impact on congestion and parking in / around the town chosen but there is no reason to currently expect it to be more or less of an effect whether Coleford, Lydney or Cinderford is chosen.*

*Proximity to a public transport interchange, the frequency of services and the settlements served by those services will have an impact. The quality of existing walking and cycling routes (and the ability to improve the routes) will also have an impact.*

*However, at this time we do not know the extent of these impacts since no site has been selected yet for the new hospital.*
The issues we tend to experience with hospitals are:-

- Congestion during shift changes; and
- High parking demand from staff and visitors.

What we would seek from a new hospital:-

- Good access by walking, cycling and public transport;
- Sufficient on-site parking provided to accommodate demand (or evidence that the surrounding public highway and public car parks can safely accommodate the displaced demand);
- The site being located close to a significant proportion of its catchment;
- No significant harm to the transport network;
- Provision of electric vehicle charging points; and
- Travel Plan.

Gloucestershire Care Services NHS Trust has stated that all of the sites being considered for the new hospital will have sufficient space for parking.
Does the choice of town affect the NHS?

Dr Paul Weiss, GP

Preferred choice of town?

- Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group have stated publicly that they do not have a preference on the location
- The NHS will develop its local services wherever the new hospital is located
Primary Care (GP) - Forest of Dean

- GCCG has a proactive partnership with 11 GP practices across the Forest of Dean.
- Some practices located in the FOD district align themselves with other areas.
- GCCG published a Primary Care Strategy in 2016, which includes an Infrastructure Plan.
- Infrastructure Plan identified:
  - Replacement of Cinderford Health Centre
  - Replace/redevelop Coleford Health Centre

Opportunities for co-location with primary care?

- GPs are independent businesses – GP surgeries are either leased or owned by the practices.
- Specific sites will be an important factor should any practices wish to explore co-location.
- There is no clear evidence to suggest that any town offers better opportunities for co-location with primary care.
- Primary Care Group has provided feedback to the engagement.
Once the location is confirmed

• Need to ensure development of primary care premises continues to support health and care services across the Forest of Dean.
• There may be a need to review current plans for primary care estate in the Forest of Dean once the decision on the location of the new hospital has been made.

Summary

• NHS Gloucestershire CCG and Gloucestershire Care Services have no preferred location for the new hospital.
• The Forest of Dean Primary Care Group partners think it is important that the new hospital is accessible and centrally located.
• We will adapt services to ensure that community services are accessible regardless of the location of the new hospital.