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Dear Cllr Gruen

Re: Service relocation changes – response to final report

Thank you for giving us the opportunity to respond to Scrutiny's final report and recommendations on Leeds Community Healthcare Trust's service location changes. We have used this additional opportunity to liaise with CCG and provider partners to build on our previous response and to acknowledge the changes in the final report.

As you will be aware since this report was published there has been considerable public concern regarding the closure of Garforth clinic. We were recently asked by the local community to attend a public meeting to discuss the closure, however due to the pre-election period and the guidance for NHS organisations we were unfortunately unable to participate. We are committed to attending a public meeting outside of the pre-election period and were open to all public invitations during our 12 week engagement period. We have received the questions and issues raised and will be responding to these, along with our CCG colleagues.

We always want to engage meaningfully with patients, carers and the local population about the services we provide and we have continued to actively engage with the people affected by the changes in Garforth.

Recommendation 1

As previously indicated some key pieces of work are underway which will help determine how community services are delivered in the future;

- The seven main commissioners and providers in Leeds are already working together on the Sustainability and Transformation Plan (STP), with particular focus on the Leeds and localities footprint. There is a joint agreement that all long-term visions for services will be developed in line with the STP, which has local community services at its heart.



- The city-wide strategy for estates is also currently being developed to support the STP. Alongside this LCH is looking at its estate strategy ensuring we continue to make best use of our estate within financial constraints and our desire to provide the best possible and most accessible community services across the whole of Leeds.

By September we will be in a position to provide an update on the future model of community services. It is unlikely that fully developed plans will be complete by this time.

We are committed to working proactively with Scrutiny to ensure members have early sight of any proposed changes and are actively engaged on these as well as the approach to patient and public involvement. As previously discussed this may lend itself more to utilising the time of the Scrutiny Health Developments Working Group.

Recommendation 2

All providers and commissioners are committed to on-going meaningful patient, carer and public engagement. Commissioners require all providers to carry out robust engagement on any plans and proposals which impact on patients and the public, including a 'you said, we did'. The CCGs are satisfied that this was undertaken by LCH with regard to the engagement on recent service locations. The CCG's also ensure that the same approach is undertaken when carrying out their own engagement.

Feedback from people involved tells us that equally important as 'you said...we did' is 'you said...we didn't and why'. This demonstrates to them that we have not only listened and responded to what we 'wanted or expected to hear' but that we have given due consideration and responded to things that we have not been able to change. This includes what alternatives we have put in place to address the issues raised. This formed part of our final report to our Board detailing all the comments we received during the engagement period and our responses to them.

Recommendation 3

In June, we will provide an update on the progress to date including action to minimise impact, evaluation of the impact of changes and analysis of ongoing feedback and community engagement.

The full evaluation, as previously identified, will be available in August to ensure full consideration of the cycles of patient appointments. This will be shared with Scrutiny and reported back to Healthwatch Board as we agreed with them during our engagement.

We continue to actively engage with the people affected by the changes ensuring they know how to access services and to address any concerns or issues they may have.

Recommendation 4a

A thorough analysis is being carried out of the estate across all commissioners and providers as part of the STP. This analysis includes assessing the size, function and



costs of buildings and looks at how better use could be made of premises across the city. We recognise that this joint work to understand synergies and ensure potential solutions are considered at the earliest stage has not always taken place in the past.

In addition to this there are set NHS property regulations and guidance for disposing of the estate.

We look to explore this recommendation further when we report to Scrutiny as above.

Recommendation 4b

This is always our intended approach when carrying out major engagement with patients, carers and the public. We would expect to discuss our engagement plans with stakeholders including Scrutiny Board before we implement them.

We also attach a summary document detailing this response along with our previous response.

Yours sincerely

Thea Stein
Chief Executive
Leeds Community Healthcare NHS Trust

cc Steven Courtney, Principal Scrutiny Advisor

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