

Leeds Community Healthcare Responses to Scrutiny Report

Rec	Draft recommendation	Response to draft	Commentary from Scrutiny response	Final recommendation	Proposed response
1	That by July 2016, Leeds Community Healthcare NHS Trust, in conjunction with service commissioners, sets out its long-term vision and 'master plan' for community services in Leeds; detailing any proposed service changes and any associated arrangements for patient and public involvement	Unfortunately we will not be able to meet the requirements of this recommendation within the timescales proposed. We are sorry for this. We are in the process of reviewing our estates strategy which will determine how our estate will support service provision going forward and this is linked to the estate strategy across the city. The vision for community services is also a wider system responsibility and will be part of the Sustainability and Transformation Plan that the city needs to be developed by June 2016. This is under the auspices of the Health and Wellbeing Board. We would be happy to update on issues involving our services and estates in the Autumn this year - and to do this alongside other providers in the city as it is connected. We have no service or building changes planned currently but continue to look to make best use of our estate.	In considering the response from Leeds Community Healthcare NHS Trust to the draft report, the Scrutiny Board acknowledges the comments made and the potential need for the input of other partners. However, the Scrutiny Board wishes to re-emphasise its role in representing patients, the public and the local communities of Leeds. As such, the Scrutiny Board believes it is vitally important to produce a long-term vision and 'master plan' for community health services in Leeds – irrespective of whether or not this requires co-production with other partners across Leeds' Health and Social Care economy. The role of the Scrutiny Board is often described as being 'a critical friend' – challenging NHS commissioners and providers regarding local health care services. Therefore, whilst recognising the national requirements to prepare a Sustainability and Transformational Plan (STP) by June 2016, the Scrutiny Board does not believe the STP and a master plan for	That by September 2016, Leeds Community Healthcare NHS Trust, in conjunction with service commissioners, sets out its long-term vision and 'master plan' for community health services in Leeds; detailing any proposed service changes and any associated arrangements for patient and public involvement.	<p>As previously indicated some key pieces of work are underway which will help determine how community services are delivered in the future;</p> <ul style="list-style-type: none"> • 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 refreshing its estate strategy ensuring we continue to make best use of our estate within the context of the long-term vision for community health estates. <p>By September we will be in a position to provide a more detailed picture of how community services are delivered in the future. 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</p>

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			<p>community health services are mutually exclusive and that by seeking to develop such a master plan will not only help close the three gaps across the health and care system highlighted in the 5-Year Forward View (i.e. health and wellbeing, care and quality, and finance and efficiency) but may also help facilitate access to additional resources to help deliver the local STP. As such, the Scrutiny Board wishes to retain its first recommendation, albeit with a slightly extended timeframe</p>		<p>public involvement. As previously discussed this may lend itself more to utilising the time of the Scrutiny Health Developments Working Group</p>
2	<p>That as part of any future decision-making processes around NHS service changes and/or developments, all NHS commissioners and providers include a 'You said, we did' section, in order to explicitly demonstrate the impact of the patient and public involvement, engagement and consultation</p>	<p>We agree with this recommendation and within the engagement report we did set out the key themes from the engagement and what we plan to do to mitigate these issues in order that people can see the direct action. Some modifications were also made to the proposals where concerns were not able to be mitigated successfully, e.g. in Rothwell, where we have created a new Adult Nutrition and Dietetics clinic in Rothwell Health Centre that means patients previously seen in GP clinics there will continue to be seen in the area, but without having a negative impact on improvements made through these proposals to</p>		<p>That as part of any future decision-making processes around NHS service changes and/or developments, all NHS commissioners and providers include a 'You said, we did' section, in order to explicitly demonstrate the impact of the patient and public involvement, engagement and consultation.</p>	<p>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.</p> <p>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</p>

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		access (number of appointments). We are committed to minimising the impact of these changes on people and are monitoring this closely. We are happy to provide an update to Scrutiny but suggest this is in August			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.
3	That by June 2016, Leeds Community Healthcare NHS Trust provides a further report to the Scrutiny Board, setting out the detailed actions and outcomes arising from the additional recommendations identified by the Trust Board at its meeting in December 2014	which will be six months from implementation. For services, such as podiatry, where patients often have three-monthly appointments this will enable us to provide a clearer analysis of patients attending a new location the first time and continuing to attend at a future appointment		That by June 2016, Leeds Community Healthcare NHS Trust provides a further report to the Scrutiny Board, setting out the detailed actions and outcomes arising from the additional recommendations identified by the Trust Board at its meeting in December 2015.	<p>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.</p> <p>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.</p> <p>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.</p>
4a	That as part of any future decision-making processes, all NHS commissioners and providers in Leeds consider the potential implications for physical assets	We appreciate the point you raise here about future plans for the estate and hopefully the citywide estates plan will support this. As you are aware there are set NHS property regulations and guidance for disposing of estate that all organisations follow. We would be happy to explore this further with citywide partners going		That as part of any future decision-making processes, all NHS commissioners and providers in Leeds consider the potential implications for physical assets (i.e. buildings) and engage with the appropriate NHS	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

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	(i.e. buildings) and engage with the appropriate NHS agencies much earlier in the process to discuss and consider the implications and potential solutions.	forward		agencies much earlier in the process to discuss and consider the implications and potential solutions	<p>the earliest stage has not always taken place in the past.</p> <p>In addition to this there are set NHS property regulations and guidance for disposing of the estate.</p> <p>We look to explore this recommendation further when we report to Scrutiny as above.</p>
4b	That all NHS commissioners and providers in Leeds detail the potential implications and solutions as part of the patient and public involvement, engagement and consultation processes.			That all NHS commissioners and providers in Leeds detail the potential implications and solutions as part of the patient and public involvement, engagement and consultation processes.	<p>This is always our intended approach when carrying out major engagement with patients, carers and the public.</p> <p>We would expect to discuss our engagement plans with stakeholders including Scrutiny Board before we implement them</p>