

Scrutiny Board Statement

Response to Leeds Community Healthcare NHS Trust Proposed Service Location Changes

Scrutiny Board (Adult Social Services,
Public Health, NHS)

March 2016



Introduction and Background

Introduction

1. In August 2015, Leeds Community Healthcare NHS Trust commenced a formal public consultation around a number of proposed changes to its service locations. The public consultation ran until 5 November 2015 and a summary of the proposed changes is presented at Appendix 1.
2. The proposed changes were presented to a meeting of the Health Service Developments Working Group (a working group of the Scrutiny Board (Adult Social Services, Public Health, NHS) on 16 October 2015. Representatives from Leeds Community Healthcare NHS Trust and NHS Leeds South and East Clinical Commissioning Group were in attendance.
3. A summary of the discussion from the Working Group is attached at Appendix 2, although a formal consultation response was not submitted before the end of the public consultation.
4. As part of its consultation work, LCH involved and advised local ward members where the proposed changes may have had an impact in their locality. It should be noted that while the proposed changes affected a number of different areas across the City, members of the working group only received representation from Garforth and Swillington ward members, regarding the proposed closure and relocation of all existing services from Garforth Clinic.
5. This response provides comments on the overall proposals, but also reflects the representations made to the working group. As such, it has a significant focus on the proposals for Garforth Clinic.
6. Prior to concluding this report and its recommendations, a draft version was shared with Leeds Community Healthcare NHS Trust for both factually accuracy and comments on the draft recommendations. The comments received from Leeds Community Healthcare NHS Trust are appended to this report at Appendix 2.
7. The draft report, alongside the comments provided by Leeds Community Healthcare NHS Trust, was considered and discussed at the Scrutiny Board meeting held on 16 February 2016. This report reflects the outcome of the further discussions of the Scrutiny Board.



Introduction and Background

Background

8. In early December 2015, the Chair of the Scrutiny Board was advised of the outcome of the Leeds Community Healthcare NHS Trust Board meeting, held on 4 December 2015 (Appendix 3).
9. Prior to making its decision, the Trust Board received a report outlining all comments and questions received during the Trust's 12-week engagement period, including a range of questions submitted by Councillor Dobson. In response, the Trust Board particularly emphasised the Garforth Clinic closure and that it wished to see:
 - *All possible options for frail elderly people pursued and personalised support to help access/navigate travel, where appropriate, put in place for them.*
 - *To ensure that the social aspects of appointments for elderly residents were considered.*
 - *For the executive team to continue to pursue options for services to remain in Garforth where possible.*
 - *For plans for the building to be speedily concluded balancing value for money concerns with the need if possible to secure the building for the community of Garforth.*
 - *To continue to work closely with the CCG to ensure that plans for health (primary and community) and social care provision was made part of the infrastructure of the new house build planned for the area.*
10. Following notification of the Trust Board's decision and the previous representations made to the Scrutiny Board, the Chair of the Scrutiny Board subsequently met with the Garforth and Swillington ward members to discuss the decision. The main points discussed at that meeting included:
 - It was unclear how the original proposals had subsequently been influenced by or amended as a result of the consultation.
 - Concern that the specific actions around Garforth agreed by the LCH Board had limited substance - with no clear actions or measurable outcomes. The status and implications of these additional points remain unclear in relation to the overall decision.
 - Concern that following the closure of Garforth Clinic there were no physical NHS assets where services were delivered in Swillington, Great Preston and Garforth - other than GPs.
 - The high proportion of older people in Garforth and the potential disproportional impact of the closure on this part of the community: There was concern that the closure could have a negative impact on social isolation in the area. This appears to be supported by the additional points/actions emphasised and agreed by the Trust Board.
 - The ownership of NHS properties, such as Garforth Clinic, was unclear and complex. As a result, the future of the building/ site was equally unclear and had the potential of becoming a 'blot on the landscape'. Comparisons were drawn to the Armley ward, where the closure of public buildings had resulted in increased anti-social behaviour, including street drinking.
 - There was discussion about potential uses of the building, including community asset transfer – with some potential users identified, including Garforth Net, the Garforth School Partnership Trust, Springfield Residential Care Home.
 - There was also some discussion about the potential development of extra-care housing.



Conclusions and Recommendations

Comments

11. The significant financial pressures facing NHS organisations, including Leeds Community Healthcare NHS Trust, has been well documented and the Scrutiny Board is sympathetic to the overall position of the Trust.
12. The Scrutiny Board also recognises that the current model of service delivery, across a number of service areas provided by the Trust, has developed organically over time. It is regrettable that this position perhaps reflects a lack of vision or longer-term planning for community services in previous years, albeit prior to the Trust coming into existence as a stand-alone organisation.
13. While the Scrutiny Board feels the proposals as agreed reflect the need to address some of the immediate workforce and financial challenges facing the Trust, they do not present a clear, coherent and overall longer-term vision for community services.
14. 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.

15. 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 Transformation Plan (STP) by June 2016, the Scrutiny Board does not believe the STP and a master plan for 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.

Recommendation 1

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.

16. The Scrutiny Board would agree that it is unclear how the overall decision has been influenced by the consultation feedback. The status of the Trust's Boards comments / additional actions relating to the closure of Garforth Clinic is also unclear. These comments lack



Conclusions and Recommendations

any clear and measurable actions or outcomes. It is unclear to what extent the 'decision' was dependent on these additional actions being progressed and how, or when, progress will be publically reported back to the Trust Board.

17. While in isolation the Scrutiny Board welcomes the Trust Board comments regarding additional actions around the closure of Garforth Clinic, the Scrutiny Board believes these actions renders the Trust Board's decision somewhat ambiguous and they should have been explored and exhausted before a final decision was made.

Recommendation 2

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.

Recommendation 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 2015.

18. The community impact of the closure of physical assets, i.e. buildings, should not be underestimated. It is the view of the Scrutiny Board that, far too often, decisions are made to close facilities without a clear plan for the future of the asset. The decision to close Garforth Clinic without a proper plan for disposal or redevelopment has the potential to leave the community with a significant 'blot on the landscape' in terms of a boarded-up property that was once used to provide local NHS services. While in a boarded-up state, Garforth Clinic will not only serve to be a constant reminder of the community asset lost, it will also have the potential to be the focus for anti-social behaviour in the area.
19. Notwithstanding this potential 'blot on the landscape' and the associated impact on the community, there is also a financial impact on the Trust – in terms of needing to maintain a safe and secure environment while a decision is made on the long-term future of the Garforth Clinic asset. The full extent of this cost is unknown, however in such financially constrained and challenging times, it must be a priority for all NHS providers to avoid any additional and unnecessary costs.
20. In addition, NHS Trust should also consider the potential additional costs on other public organisations, such as the Police, in terms of any additional resource pressures that might occur as a result of a decision to vacate a property without a clear plan and timescale for the future disposal or redevelopment of the asset.



Conclusions and Recommendations

21. The issue of NHS property ownership and responsibility often appears to be complicated and unclear. This may partially explain why there currently appears to be no clear decision on the long-term future of the Garforth Clinic asset. However, this remains an inter NHS agency matter to resolve. It is the view of the Scrutiny Board that such discussions and options need to be considered much earlier in the process and set out as part of any engagement work with the public, so the public have a clearer understanding of potential implications for both service provision and the local area.
22. While these comments and recommendations are based on Leeds Community Healthcare NHS Trust's proposals around changes to some of its service locations, the Scrutiny Board believes they may be of equal merit to other local NHS Trusts and Clinical Commissioning Groups.
23. It is hoped these comments and recommendations further enhance the engagement and decision-making processes associated with future proposals for health service changes and/or developments in Leeds.
24. The Scrutiny Board looks forward to a formal response to these comments and recommendations by April 2016.

Recommendation 4

- (a) 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 agencies much earlier in the process to discuss and consider the implications and potential solutions.
- (b) 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.

**Cllr Peter Gruen, Chair
On behalf of the Scrutiny Board (Adult
Social Services, Public Health, NHS)**

February 2016



Appendix 1

Leeds Community Healthcare NHS Trust: Summary of proposed changes to service locations

Service/Clinic	Summary of proposed change
Adult Dietetics	<ul style="list-style-type: none"> • Choice of location to reduce from 30 to 15 (reduction relates to GP practices) • More appointments offered by reducing staff travel between clinics • Creates choice in day / time / location for patients previously only seen in own GP practice • 144 patients directly affected by change (97 patients in GP clinics) out of 372 patients attending community clinics (16% of overall Dietetic caseload)
Children's Speech & Language Therapy	<ul style="list-style-type: none"> • Choice of location from 23 to 12 • Changes to other aspects of the service (central referral and waiting list, episodes of care according to needs). • Equal spread of clinics in CCG areas, complemented by work in schools • Concentrates provision in health centres with better clinical facilities (size of room, noise reduction, multiple rooms) • 315 (15%) patients directly affected by change, out of 2,151 patients attending community clinics (4% of overall SLT caseload)
Improving Access to Psychological Therapies (IAPT)	<ul style="list-style-type: none"> • Choice of location from 54 to 22 will reduce waits at individual locations and reduce staff travel • Focus on provision in health centres using the most appropriate rooms, greater consistency in room availability and therefore therapeutic consistency
Podiatry	<ul style="list-style-type: none"> • Choice of location from 25 to 19 to facilitate skill mixing in remaining clinics (mixture of GP practices and LCH clinics) • Creates choice in day / time / location for patients previously only seen in own GP practice • More appointments by reducing staff travel between clinics • 1,287 (11%) patients directly affected, including 157 patients in GP clinics, out of a total of 11,285 patients attending community clinics (8% overall Podiatry caseload)
Children's Newborn Hearing	<ul style="list-style-type: none"> • Move all clinics currently held in health centres to hospital clinics where service can be combined with other outpatient clinics, thereby reducing waiting times. The majority of babies are already screened in hospital immediately following birth.
Cardiac Rehabilitation	<ul style="list-style-type: none"> • Choice of location from 6 to 4 • Concentrates provision in areas of greater deprivation and closer to centres of greater population



Appendix 1

Service/Clinic	Summary of proposed change
Continence Urology & Colorectal Service	<ul style="list-style-type: none">• Choice of location from 14 to 10• Reduced locations, focusing on best clinical facilities, geographic spread and access across the city• Reduces likelihood of unnecessary repeat appointments and provides additional professional support
Garforth Clinic	<ul style="list-style-type: none">• Move all services from Garforth clinic and close the clinic• Kippax health centre (two miles away and on a direct bus route) is the nearest alternative with choice also available at other locations across the city• Musculoskeletal service, weight management, cardiac, podiatry (see above), adult dietetics (see above), IAPT (see above), children's speech and language therapy (see above)• In the region of 450 patients affected



Appendix 2

HEALTH SERVICE DEVELOPMENTS WORKING GROUP FRIDAY, 16th OCTOBER 2015 MEETING NOTES

Leeds Community Healthcare NHS Trust proposed service location changes

The Chair invited representatives from Leeds Community Healthcare NHS Trust and Leeds Clinical Commissioning Groups to open the discussion and outline the proposals.

The following context/ principals were highlighted by those representing Leeds Community Healthcare NHS Trust:

- Aimed to meet current/ future demand for services and provide the highest quality care within the available resources.
- The prevailing financial context for public services, including the NHS, meant difficult decisions would be needed.
- The Trust aimed to maximise the use of its resources in staffing for direct patient care, rather than its estate.
- Current services and service locations had evolved over time, and not part of a strategic development of services.
- The current proposals should be considered as a precursor to the Trust taking a more strategic overview (i.e. more proposals for change likely in the future).

An outline of the proposals detailed in the report was provided, with a particular focus on Garforth Clinic and confirmation that the Garforth Clinic building was 'not fit for purpose' and not part of the Trust's long-term plan. The proposals included the removal of the following services from the Garforth Clinic:

- Children's Speech and Language Therapy
- Podiatry Service
- Adult Dietetics Service
- Improving Access to Psychological Therapies Service (IAPT)
- Cardiac Clinic
- Musculoskeletal and Rehabilitation Service (MSK)
- Weight Management

It was recognised that some of the implications of the proposals would result in some people having to travel further to access services. However, it was highlighted that local people do not always access services at their nearest health centre, so it may not specifically be local residents who would be impacted by the proposed changes.

Nonetheless, it was highlighted that there were particular concerns around the impact on the number of local elderly and/or vulnerable service users accessing the 'Podiatry Service'. The Trust was currently considering local solutions to minimise and/or mitigate the potential impact on local service users.



Appendix 2

In considering the proposals put forward, the CCG representatives highlighted a number of issues, including:

- The recruitment difficulties currently facing the Trust in key areas of its operation.
- The proposals formed part of a strategic approach examining the better use of staff time (i.e. less travelling time would increase the available 'clinical time').
- The financial pressures facing NHS organisations, including Leeds Community Healthcare NHS Trust.

The above describe the context of the environment in which the Trust was currently operating: The CCG recognised the Trust's current proposals as 'a response' to the current environment in which it operated.

The Chair invited Cllr Dobson – ward member for Garforth and Swillington – to address the meeting. Cllr Dobson raised a number of issues in relation to Garforth, including the following:

- A significant hub for communities in South East Leeds.
- An expanding community with a growing population.
- Current 'site allocations' proposals could see 4000/4500 additional homes over the next 15 years.
- Concern that the proposals were essentially a result of underinvestment in previous years and a series of changes in the way services were accessed over a number of years.
- Concern regarding potential capacity issues at Kippax, including issues around available parking etc.
- The proposals did not demonstrate a longer-term view of Garforth's future.

The Chair invited comments from members of the working group. A number of matters were raised, including:

- The timing and level of public consultation, including engagement with the Council's Community Committees and local ward members in the areas affected.
- Evidence of engagement with key stakeholders (i.e. patients) was essential.
- With reference to the potential for 'further changes', clarity was sought around the Trust's 'estates master plan'.
- Clarity sought around how the proposals supported the NHS priority of 'Care Closer to Home'.
- Concern around the lack of evidence of longer-term planning across the local NHS, with particular reference to the current engagement work around 'site allocations'.
- Clarity sought around how future demand had been factored into developing the proposals, including issues of viability and longer-term sustainability.

The Chair invited comments from the HealthWatch Leeds representative, who highlighted the following issues identified at a recent meeting of the HealthWatch Leeds Board:

- It was important to recognise the proposals identified a wide range of impacts for patients across the City.



Appendix 2

- Evidence of engagement with a wide range of stakeholders would be important.
- It was essential to consider and identify any ‘unintended consequences’ that may result.
- As part of the process it will be vitally important to identify and offer help to those most affected by the proposals, particularly vulnerable groups.

In response to the issues raised, the following points were highlighted by Leeds Community Healthcare NHS Trust and Leeds South and East CCG:

- Leeds Community Healthcare NHS Trust was currently operating from too many buildings with low volumes of patients. This was not the most effective use of the staff resource.
- Kippax was not intended to simply absorb patients from Garforth; additional appointment slots would be available.
- Care Closer to home remained an NHS priority, with services focused around primary care.
- Local NHS organisations wanted to be included in the discussion around the long-term plans for City – particularly in terms of housing expansion and associated population changes.
- NHS commissioners would shortly be considering future commissioning intentions, which may be of particular interest to scrutiny (as evidence of longer-term planning).

In summarising the discussion, the Chair specifically highlighted the following matters to be considered as part of the decision-making process:

- The need for an overall ‘master plan’ to help provide context for current and future proposed changes.
- To ‘future proof’ and consider the longer-term sustainability of the proposals.
- The preparation of a comprehensive options appraisal.

The Chair thanked all the representatives for their attendance and contribution to the discussion.



Appendix 3

Summary decision: Leeds Community Healthcare NHS Trust Board meeting 4 December 2015

Service/Clinic	Summary of proposed change and agreed recommendation
Adult Dietetics	<p><i>Propose to reduce where clinics are provided, from 30 locations to 15 locations across Leeds</i></p> <p>Recommendation: <i>Make the proposed changes to Adult Nutrition and Dietetics service, with the exception of provision in Rothwell/Oulton area. This is instead recommended to be re-provided from the 3 GP clinics to one in Rothwell Health Centre (dependent on estates availability).</i></p>
Children's Speech & Language Therapy	<p><i>Propose to reduce where clinics are provided, from 23 locations to 12 locations across Leeds, plus changes to referrals, waiting lists and episodes of care (the way the service is provided).</i></p> <p>Recommendation: <i>Make proposed changes to Children's Speech and Language Therapy.</i></p>
Improving Access to Psychological Therapies (IAPT)	<p><i>Propose to reduce where clinics are provided, from 54 locations to 22 locations across Leeds.</i></p> <p>Recommendation: <i>Make the proposed changes to IAPT, with the exception of provision in the Compton Centre, Harehills which is recommended to continue.</i></p>
Podiatry	<p><i>Propose to reduce where clinics are provided, from 25 locations to 19 locations across Leeds.</i></p> <p>Recommendation: <i>Make the proposed changes to Podiatry, with the exception of continuing to explore options in Garforth so that we can provide podiatry services as close as possible to local residents.</i></p>
Children's Newborn Hearing	<p><i>Propose to move the clinics in health centres to hospital sites subject to further debate.</i></p> <p>Recommendation: <i>Use the feedback about Newborn Hearing proposals to continue to pursue options for delivery in hospital/fewer locations.</i></p>
Cardiac Rehabilitation	<p><i>Propose to reduce where clinics are provided, from 6 leisure centres to 4 (full list is available if you would like to see it).</i></p> <p>Recommendation: <i>Make the proposed changes to locations of cardiac rehab group work programme.</i></p>



Appendix 3

Service/Clinic	Summary of proposed change and agreed recommendation
Continence Urology & Colorectal Service	<p><i>Propose to reduce where clinics are provided, from 14 locations to 10 locations across the city.</i></p> <p>Recommendation: <i>Make proposed changes.</i></p>
Garforth Clinic	<p><i>Propose Adult Dietetics, Cardiac, Children's SLT, MSK, Podiatry, Weight Management and IAPT to stop providing appointments in Garforth Clinic on Lidgett Lane (next to police station) and close the building.</i></p> <p>Recommendation: <i>Make the proposed changes to Garforth clinic by moving all services currently provided there and closing the building.</i></p>



Appendix 4

Dear Councillor Gruen

Thank you for Scrutiny Board's response to Leeds Community Healthcare's recent service location changes. As your letter indicates, the Trust Board made a decision to proceed with the changes following the public and patient engagement. This was done so with some recommendations, based on the findings of the engagement e.g. personalised support to be put in place to assist people with travel arrangements.

With regard to the recommendations made I would like to make the following points:

Recommendation 1 – 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.

Recommendations 2 & 3 – 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 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 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.

Recommendation 4 – 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 forward.

Kind regards

Thea Stein
Chief Executive
Leeds Community Healthcare NHS Trust

**Scrutiny Board (Adult Social Services, Public Health, NHS)
Scrutiny Response to Leeds Community Healthcare NHS Trust
Proposed Service Location Changes**

March 2016

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