

Public Document Pack

Late items for 28 November 2013 Scrutiny Board (Health and Well-being and Adult Social Care)

Pages 1-10: Agenda item 13 – GP Services at Woodlands Surgery, Chapeltown, Leeds

To consider a report from the Head of Scrutiny and Member Development presenting information in relation to the decision to terminate the Woodlands Surgery GP practice contract.

Pages 11-26: Agenda item 14 –Consultation on Future Public Health Quality Standards and Guidance – proposed topic list

To consider a report from the Head of Scrutiny and Member Development seeking views from the Scrutiny Board around the proposed topic list for future public health quality standards and guidance, which form part of a consultation being undertaken by the National Institute for Health and Care Excellence (NICE).

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Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 28 November 2013

Subject: GP Services at Woodlands Surgery, Chapeltown, Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4.3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. On 29 October 2013, the Chair of the Scrutiny Board received notification that NHS England (West Yorkshire) had taken the decision to terminate the Woodlands Surgery GP practice contract.
2. NHS England stated that the Woodlands Surgery in Chapeltown had been receiving guidance from the NHS England (West Yorkshire) and previously from NHS Leeds (the former primary care trust) because it had not been meeting the requirements of the GMS contract.
3. At that time, NHS England also stated the care of Woodlands Surgery's patients would still be provided on the current premises but this would be delivered by another GP practice group (St Martin's Practice) and that in the short-term NHS England would be contacting all patients registered at Woodlands Surgery and working with partner organisations, including NHS Leeds North Clinical Commissioning Group, to help decide the future of the Woodlands Surgery.
4. At that time, NHS England was asked to respond to the following questions:
 - (a) When will the termination come into effect?
 - (b) What difference will patients see at the practice?
 - (c) In the immediate future, what information will patients be given when arriving for pre-planned appointments and/or seeking to make future appointments?
 - (d) Have local ward members been informed/ advised?
 - (e) Have any Executive Board Members been informed/ advised?
 - (f) Are there any other Leeds-based GPs receiving 'guidance' from NHS England? If so, which ones and how long have they been receiving such guidance.

(g) Are there any (suggested) arrangements in place to ensure the Scrutiny Board Chair is made aware of any future potential GP performance issues across Leeds – prior to termination becoming the agreed course of action?

5. After further discussions with the Chair of the Scrutiny Board, these questions were supplemented/ revised to help understand the potential scale/ impact related to this specific closure, but also to consider arrangements for early notification of any performance issues for all service providers commissioned in/ for the people of Leeds. As such, the following requests/ questions were submitted:
- Could you also provide details of the number of registered patients at the practice – perhaps broken down into male/ female with some sort of age profile (if readily available).
 - Are there any (suggested) arrangements in place to ensure, that at an early stage, the Scrutiny Board Chair is made aware of any future performance issues across all service providers commissioned by NHSE in/ for the people of Leeds.
6. On 15 November 2013, the Chair of the Scrutiny Board received a further letter from NHS England (West Yorkshire) advising of its decision to close the Woodlands Surgery on 6 December 2013. This was accompanied by a response to the original questions posed on 29 October 2013 and a public information sheet for patients currently registered at the Woodlands Surgery. These details are appended to this report.
7. Following a briefing meeting with NHS England (West Yorkshire) on 22 November 2013 and given the timescales associated with the proposed actions, it was decided to bring this matter to the attention of the Scrutiny Board for consideration at its meeting on 28 November 2013.
8. Appropriate representatives have been invited to attend the meeting to assist the Scrutiny Board in its deliberations.

Recommendations

9. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to consider the information presented and discussed at the meeting and;
- Make any recommendations it feels appropriate; and
 - Identify any matters that warrant further and/or more detailed scrutiny.

Background documents¹

10. None used.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

West Yorkshire
3 Leeds City office Park,
Meadow Lane,
Leeds
LS11 5BD

Email: nicola.reed@nhs.net
Tel: 0113 8252726

14 November 2013

Dear Councillor Illingworth

RE: GP Services at Woodlands Surgery

Following on from my letter dated the 22 October 2013, I am writing to update you on the future of Woodlands Surgery.

In my previous letter to you I said that the management of the practice had been taken over on an interim basis by St Martin's Practice. NHS England has now taken the decision to close Woodlands Surgery with effect from the 6 December. The enclosed document provides more information as to why this decision was taken.

Ensuring patients have access to high quality local primary care services is a priority for NHS England. We worked with the Woodlands Surgery over the last few years to support them in improving the care they offered to patients and have not taken the decision to close the practice lightly.

Patients will still be able to receive treatment at Woodlands Surgery until 6 December but after that the surgery will be closed. Patients will need to register with another GP. A letter and information document has been circulated to all the patients from Woodlands Surgery which advises them on how to register with an alternative GP practice.

Patients will need to register with a new GP practice by 6 December 2013. If patients have been unable to register by that date, then NHS England will automatically allocate them to another local GP practice.

There are a number of practices within a mile of the Woodlands Surgery site. We have spoken to all of these practices and they have all confirmed that they have capacity to register patients from Woodlands Surgery.

If you have any questions about this letter then please do not hesitate to contact a member of the primary care team at NHS England (West Yorkshire) on 0113 8252700 and we will provide you with the further information you need.

Yours sincerely



Alison Knowles
Director of Commissioning
NHS England (West Yorkshire)

15 November 2013

Responses to questions from Steven Courtney, Principal Scrutiny Officer (Leeds)

When will the termination come into effect?

The contract was terminated with effect from Friday 11 October 2013. St Martin's Practice has been running the Woodlands Surgery since Monday 14 October and will continue to do so until 6 December 2013.

What difference will patients see at the practice?

Patients at this practice are used to having locum GPs deliver their care so at the moment things won't be feeling very different. They can still call the Woodlands Surgery number and book an appointment with a GP or nurse.

In the immediate future, what information will patients be given when arriving for pre-planned appointments and/or seeking to make future appointments?

All patients registered with the practice have received a letter sent to their home address. Practice staff in the Woodlands Surgery building are on hand to answer any questions that patients may have.

We are currently writing out to patients to explain that the decision has been taken to close Woodlands Surgery. Patients will be actively encouraged to register with other local GP practices in the area. There are eight other practices within a mile of Woodlands and all are taking on new patients. Any patients who haven't registered with a new GP practice by the 6 December 2013 will be allocated a new GP although they will still be able to register elsewhere if they choose to do so.

Have local ward members been informed/ advised?

Yes, ward members have received the same letter as Councillor Illingworth as has Fabian Hamilton, the local MP for that area.

Have any Executive Board Members been informed/ advised?

Councillor Lisa Mulherin has received a copy of the same letter in her role as Executive Board Member for Health and Wellbeing/Chair of Health and Wellbeing Board.

Are there any other Leeds-based GPs receiving 'guidance' from NHS England? If so, which ones and how long have they been receiving such guidance.

Part of NHS England's work is to monitor GP practices' compliance against their primary care contract to provide patient care. This is a wide ranging job and is not unlike other contract management functions in that there are a huge variety of issues that the primary teams deal with on a daily basis. Many practices will receive support at some point and this is an ongoing part of the contract and performance management and primary care support work that we do.

Are there any (suggested) arrangements in place to ensure the Scrutiny Board Chair is made aware of any future potential GP performance issues across Leeds – prior to termination becoming the agreed course of action?

Termination of a GP contract is very rare and is not a decision that is taken lightly. Our remit is to ensure that patients receive safe, effective and high quality care. We deliver this through contract management; listening to patient feedback, holding practices to account and providing targeted support to practices who need to make improvements.

We also work closely with the Care Quality Commission (CQC), the national regulatory body for healthcare providers. GP practices now have to be registered and delivering care which meets the CQC's standards.

It is not appropriate to involve scrutiny boards in ongoing contract and performance management issues because in most cases these are resolved and do not lead to any further action being taken. The relationship with GP practices is such that this contract management is in commercial confidence.

We are committed to communicating with scrutiny boards on the rare occasions that action is taken against a GP practice and to provide assurance – in partnership with CCGs - on ongoing quality of primary care services where this is requested.

Closure of Woodlands Surgery – Chapeltown

**You will need to
register with
another GP
practice by
6 December 2013**

Woodlands Surgery – Closure of Surgery

1. What this document is about

Woodlands Surgery in Chapeltown will close in December 2013.

This document details how this closure will affect you and what you need to do.

2. Background

Woodlands Surgery has been providing general medical services to approximately 1800 patients in Chapeltown, Leeds.

The Woodlands Surgery GP practice no longer has a contract to provide general medical services. This came into effect during October 2013 and since then patients visiting Woodlands have received their care from GPs who are under the management of a nearby practice.

NHS England took the decision to stop Woodlands Surgery from treating patients because it was not meeting the terms of its **General Medical Services contract** and therefore could not guarantee that patients were receiving the safe, effective and appropriate care that they can – and should - expect from their NHS.

We are committed to making sure that you and other patients have access to high quality, safe and appropriate care. We have been working with Woodlands Surgery for a number of years to improve the care they offered to patients. We have now taken the decision to ask patients to register with other GP practices in the local area.

3. Will this affect me?

If you are registered at Woodlands Surgery you will be affected by the

closure of the surgery. Therefore it is important that you read this document to help you decide on what the next steps may be for you to access GP services, after 6 December 2013.

4. What do I need to do?

You now need to decide which GP practice you would like to register with.

There are eight GP Practices within less than a mile of Woodlands Surgery. The table on page 4 details who they are and how far they are from the Woodlands Surgery which will close completely on 6 December 2013.

You may find that another practice, not listed within this document, is more convenient for you and you can then choose to register with that practice. You can get details of all practices in the Leeds area by contacting West Yorkshire Central Services Agency (WYCSA).

You can contact the West Yorkshire Central Services Agency (WYCSA) on 0113 2952500. You can also search for GP practices within your area through the NHS Choices website: www.nhs.uk

It is important to check with your chosen new GP practice about the process for new patient registration.

It will help if you explain that you are a former patient of Woodlands Surgery as all local practices are aware that you and other patients need to find a new GP.

You will be required to complete a GMS1 form to register with your new GP practice. A GMS1 form has been enclosed with this document so that

you can take it along to the new GP practice.

Some practices may require proof of identification on registration for example photo ID and/or proof of address.

Your new GP practice will also invite you to a new patient health check on registration to make sure they have all your up to date medical information and ensure any on-going health needs are met. Once you are registered, your medical records will transfer automatically to the new GP.

5. GP practices near Woodlands Surgery

For details of the eight GP practices situated less than 1 mile from the Woodlands Surgery please see the last page of this document.

There are regular bus services to the practices. For more detailed transport information call Metro on 0113 245 7676 or visit www.wymetro.com

6. What happens if I don't register with a new GP?

If you have been unable to register with another practice by Friday 6 December 2013 we will allocate you a suitable local practice and write to you to explain this. We will do this to ensure that you have medical cover in the event that you need urgent care and treatment.

7. How do I feedback on any comments or concerns about this?

We know that this change in GP surgery may cause some patients

some anxiety. We are sorry if you feel that you do not want to move to a new surgery but we have had to take this action to ensure that overall standards of care are maintained.

There are a number of ways you can have your say.

- You can complete the enclosed Comments Form and return it to the address on the form or leave in a confidential mailbox in the waiting room in the reception area at Woodlands Surgery.
- You can contact the NHS England contact centre in the following ways:

Call:
NHS England Contact Centre
0300 311 22 33 (Monday to Friday
8am to 6pm, excluding Bank
Holidays)

Write:
NHS England, PO Box 16738,
Redditch, B97 9PT

Email:
england.contactus@nhs.net

If you have special communication needs or would like this information on audio tape or in a different language, please contact us or ask a carer or friend to contact us on the details above.

All comments received will be reviewed and, if requested, we will write back to you with a response to any points you make. We will feedback on all the comments we receive to local groups who represent the interests of patients and the public.

GP Medical Practices less than 1 mile away from the Woodlands Surgery

Practice	Address & Telephone No.	Distance from Woodlands	Number of GPs
Westfield Medical Centre www.westfieldmedicalcentre.co.uk	First Floor, The Reginald Centre, 263 Chapeltown Road, Leeds, LS7 3EX Telephone: 0113 843 4488	Less than 0.25 miles	1 male and 2 female GPs
St Martins Practice http://www.stmartinspracticeleeds.nhs.uk	319 Chapeltown Road, Leeds, LS7 3JT Telephone: 0113 262 1013	0.26 of a mile	3 male and 2 female GPs
Newton Surgery http://www.newtonsurgery.co.uk	305 Chapeltown Road Leeds LS7 3JT Telephone: 0113 295 3737	0.26 of a mile	1 male and 1 female GP
OMC Hilton Road Surgery http://www.onemedicare-hiltonroad.co.uk/	67 Hilton Road, Chapeltown, Leeds LS8 4HA Telephone: 0844 576 9107	0.45 of a mile	1 male and 1 female GP
Chapeltown Family Surgery http://www.chapeltownfamilysurgery.nhs.uk	Chapeltown Health Centre, Spencer Place Leeds, LS7 4BB Telephone: 0113 240 7000	0.47 of a mile	1 male and 1 female GP
The Practice at Harehills Corner http://www.thepracticeplc.com/home	209 Roundhay Road, Leeds LS8 4HQ Telephone: 0113 221 7217	0.53 of a mile	2 male GPs
Dr A Rai http://www.roundhayroadsurgery.co.uk	173 Roundhay Road, Leeds LS8 5AN Telephone: 0113 235 0379	0.54 of a mile	1 male and 1 female GP
Dr FJ Lawrenson & Partners http://www.allertonmedicalcentre.co.uk/	Allerton Medical Centre, 6 Montreal Avenue Leeds, LS7 4LF Telephone: 0113 295 3460	0.63 of a mile	2 male and 1 female GP

It is important to check with your chosen new GP practice about the process for new patient registration and to check that you reside within the practice boundary.

Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 28 November 2013

Subject: Consultation on Future Public Health Quality Standards and Guidance – proposed topic list

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4.3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of this report is to seek views from the Scrutiny Board around the proposed topic list for future public health quality standards and guidance, which form part of a consultation being undertaken by the National Institute for Health and Care Excellence (NICE).
2. Originally established in 1999, in April 2013 NICE was established in primary legislation, becoming a Non Departmental Public Body (NDPB) as set out in the Health and Social Care Act 2012 – expanding its remit to also include developing guidance and quality standards in social care. As such, NICE provides national guidance and advice to improve health and social care.
3. NICE is currently seeking views on potential further topics for quality standard development to help improve the quality of public health. The consultation opened on 27 September 2013 and runs until the 20 December 2013.
4. Consultation details from NICE are attached at Appendix 1 for consideration.
5. It may be helpful for the Scrutiny Board to consider the proposed topic list in the context of Leeds' Joint health and Wellbeing Strategy. A summary of the JHWS is attached at Appendix 2 for information.
6. It should be noted that the views of the Director of Public Health have been sort to help inform the Scrutiny Board's consideration of the proposed topic list: These will be shared with the Scrutiny Board at the meeting and an appropriate representative has also been invited to aid discussions.

Recommendations

7. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to consider the information presented and discussed at the meeting and identify any specific comments it wishes to make as part of the consultation.

Background documents¹

8. None used.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Pro-forma for consultation on public health quality standards library

Overview

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are developed from existing guidelines developed or accredited by NICE. Quality standards consider the complete care pathway, from public health to health and social care. Although some standards will be area specific, there will often be significant overlap across areas and these are considered during development of the standard.

Following the new public health responsibilities for local authorities, which came into effect in April 2013, NICE was referred an initial programme of quality standards for public health, which covered alcohol, obesity and smoking. These were in addition to referrals NICE had previously received for quality standard development which addressed areas of public health concern, such as drug use disorders. We have included the currently referred and published public health related quality standards for information.

This consultation aims to seek views on potential further topics for quality standard development to help improve the quality of public health. Where there are no existing relevant guidelines, this topic list will inform the development of future guidelines. As a result, the scheduling and publication dates of the quality standards will be affected by the availability of appropriate guidance. We are hoping to collect your views on an initial proposed list and any other areas you feel need to be included. The consultation will be open from **the 27th September until the 20th of December**.

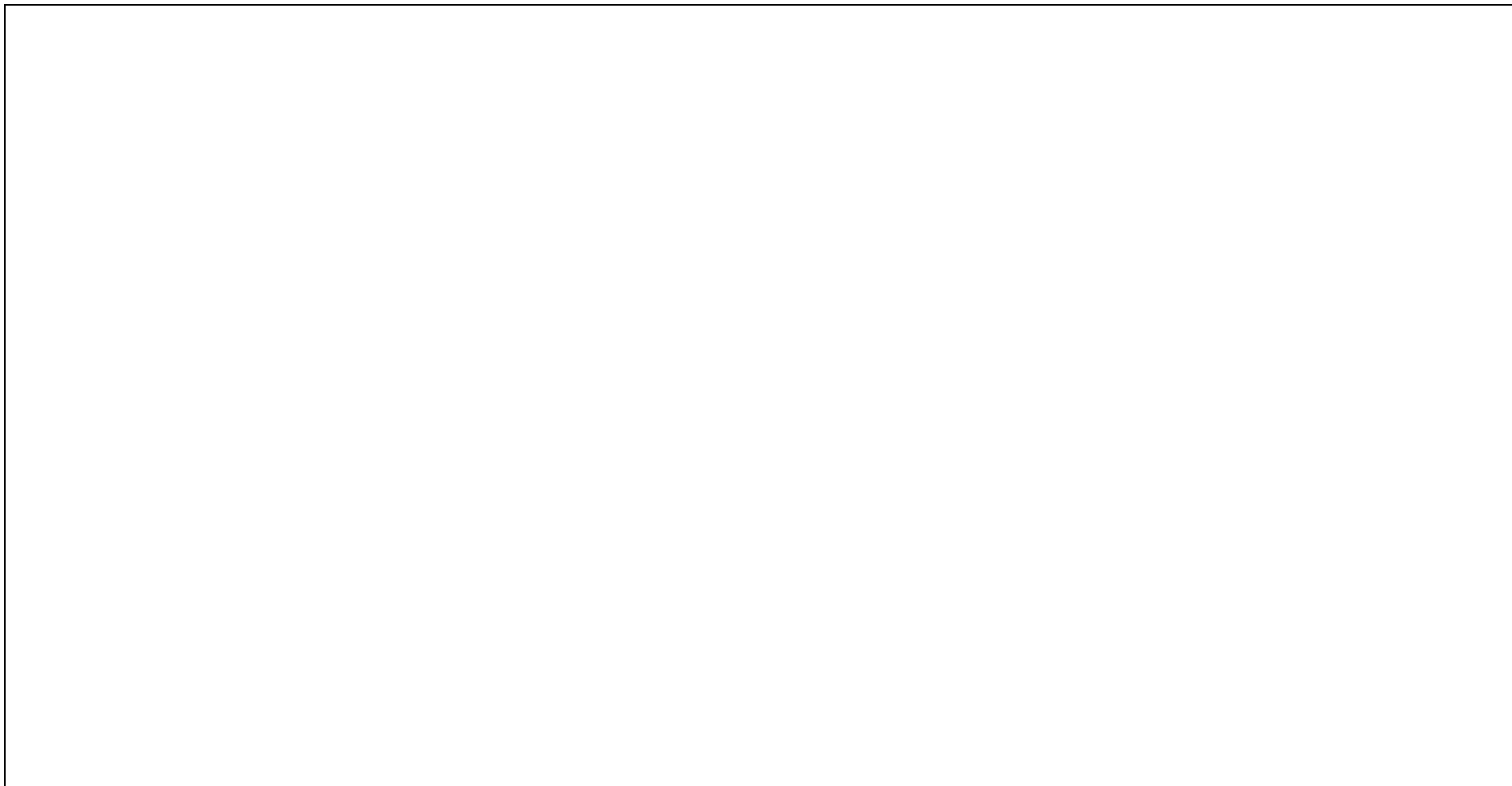
Each proposed topic will be considered, but it is not possible to guarantee that all of these topics will be taken forward for development as this is dependent on a number of elements such as the crossover and interface with other quality standards topics scheduled for production, existing evidence based guidance and sector/Government priorities.

Organisation	
Title (e.g. Dr, Mr, Ms, Prof)	
Name	
Job title or role	
Address and post code	
Telephone number	
Email address	
Please note: comments submitted may be published on the NICE website.	

The personal data submitted on this form will be used by the National Institute for Health and Care Excellence (NICE) for the purpose specified. The information will not be passed to any other third party and will be held in accordance with the Data Protection Act 1998.

General comments

Please use the section below to include any general comments your organisation may have about the proposed public health library.



Currently referred/published public health quality standards

The National Institute for Health and Care Excellence has already received referrals for quality standard development that address public health areas. As a result these do not form part of the consultation. However, these are presented below for information so that stakeholders are able to appropriately comment on the proposed library.

Previously referred topics	Quality standard status	Areas covered
Alcohol dependence and harmful alcohol use	Published (QS 11)	Screening and brief interventions, physical complications and alcohol dependence.
Alcohol: preventing harmful alcohol use in the community	To be developed	To be determined.
Smoking cessation: supporting people to stop smoking	Published (QS 43)	Identification, referral, pharmacotherapy and outcome measurement
Smoking: reducing tobacco use in the community	To be developed	To be determined.
Obesity: prevention and management in adults	To be developed	To be determined.
Obesity: prevention and management in children	To be developed	To be determined.
Physical activity: encouraging activity in all people in contact with the NHS	To be developed	To be determined.
Drug use disorders	Published (QS 23)	Needle and syringe programmes, assessment, psychosocial interventions and rehabilitation.
Contraceptive services (including emergency contraception)	To be developed	To be determined.
Provision of termination of pregnancy services	To be developed	To be determined.
Mental well-being: older people in care homes	To be developed	To be determined.
Dementia	Published (QS 1 and QS 30)	Assessment and personalised care planning, liaison services, respite services, choice and control in decisions, relationships and needs and preferences
Health and well-being of looked after children and young people	Published (QS 31)	Collaborative working between services, stability and quality of placements, support from specialist services and continuity of

Previously referred topics	Quality standard status	Areas covered
		services.
Hepatitis B	To be developed	To be determined.
Infection control	To be developed	To be determined.
Sepsis	To be developed	To be determined.
Tuberculosis	To be developed	To be determined.
Bacterial meningitis and meningococcal septicaemia in children and young people	Published (QS 19)	Monitoring, initiation of antibiotics, lumbar puncture, access to specialists, transfers and follow up.

Proposed topics for the public health quality standards library

The table below lists the proposed topics for the public health quality standards library. It should be noted that the proposed list does contain topic areas which have previously been referred to NICE or that have been consulted upon as part of the potential Social Care library. In these instances the proposed coverage of the topic and the interfaces with health and social care will be taken into account when considering stakeholder feedback. Stakeholders are asked to consider the list below and provide the following feedback:

- Should the topic be included (Yes/No)?
- Why should the topic be included/excluded?
- If it is to be included what key areas should be covered?

In order to analyse the responses we would appreciate it if stakeholders could answer either yes or no to the first question and provide a more detailed rationale in the subsequent columns.

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Tobacco			
Smoking: harm reduction			
Accident and injury prevention			
Falls: prevention			
Preventing unintentional injury			
Road safety			
Homes: preventing accidents and injury			
Violence			
Domestic violence			
Physical environment			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Spatial planning			
Housing: planning to improve health and well-being			
Transport and Health			
Oral Health			
Oral health promotion in the community			
Oral health promotion in care homes and hospitals			
Drugs			
Drug use prevention			
Sexual health			
Sexual health across the life course			
Mental health and well-being			
Mental well-being: life course, settings and subgroups			
Suicide prevention			
Cross cutting interventions			
Primary prevention: population and community based primary prevention strategies, including the role of A&E, at different stages of the life course.			
Secondary prevention: population and community based secondary prevention strategies at different stages of the life course			
Community engagement: effective strategies for behaviour change			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Programme management: effective ways to run public health programmes to generate a change in behaviour			
Setting based approaches			
Workplace: long-term sickness absence management			
Workplace: health promotion and mental well-being			
School-based interventions: health promotion and mental well-being			
Community pharmacy: promoting health and well-being			
Specific population groups			
Maternal health: promoting maternal health through community based strategies			
Older people: promoting mental wellbeing and independence through primary, secondary and tertiary prevention.			
Maternal and child nutrition: improving nutritional status			
Black and minority ethnic groups: strategies for promoting health and preventing premature mortality			
Vulnerable populations: strategies for tackling inequalities, including people with severe mental ill-health, the			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
homeless and learning disabilities			
Prison population and offenders: health promotion and mental well-being.			
Early years: promoting health and well-being in the early years, including those in complex families.			
Topic focussed			
Skin cancer: prevention			
Preventing sight loss			
Sexually transmitted infections			
Reducing sexually transmitted infections			
HIV testing: encouraging uptake			
Immunisation			
Immunisation: promoting uptake in children and vulnerable groups			
Infectious diseases			
Hepatitis C			
Meningitis in adults			
Healthcare associated infections: prevention and management			
Water borne infections			
Influenza			
Legionella			
Norovirus			
Disease control programmes:			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
approaches to effective management			
Lyme disease			
Antibiotic management			
Effective antimicrobial stewardship			
Non-antibiotic clinical management of infectious diseases			
Emergency planning and resilience			
Winter deaths: preventing excess winter deaths			
Outbreak planning and control			
Emergency planning and disaster response			
Heatwave planning			
Environmental health			
Healthy commercial premises: improving catering provision and implementing effective smoking and alcohol policies			
Radon exposure: protection from radon exposure			
Outdoor air: maintaining good quality air			
Internal air: maintaining good quality air in different setting			
Natural environments			
Environmental noise			

Topics not currently referred to NICE and not within the proposed library

This table is provided for stakeholders to suggest additional topics that are not contained elsewhere within the document. In order for the topics to be considered we would appreciate if stakeholders could provide a rationale and proposed remit for any additional topics.

Are there any other topics that should be included?	Why should this be included?	If included what are the key areas to cover?

Closing date: Please forward this electronically by **5pm on the 20th December 2013** at the very latest to QSconsultations@nice.org.uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

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Leeds Joint Health and Wellbeing Strategy 2013-2015

Vision for health & wellbeing: Leeds will be a healthy and caring city for all ages

Principle in all outcomes: People who are the poorest, will improve their health the fastest

Indicator: Reduce the differences in life expectancy between communities

Outcomes	Priorities	Indicators
People will live longer and have healthier lives	<ol style="list-style-type: none"> 1. Support more people to choose healthy lifestyles 2. Ensure everyone will have the best start in life 3. Ensure people have equitable access to screening and prevention services to reduce premature mortality 	<ol style="list-style-type: none"> 1. Percentage of adults over 18 that smoke 2. Rate of alcohol related admissions to hospital 3. Infant mortality rate 4. Excess weight in 10-11 year olds 5. Rate of early death (under 75s) from cancer. 6. Rate of early death (under 75s) from cardiovascular disease
People will live full, active and independent lives	<ol style="list-style-type: none"> 4. Increase the number of people supported to live safely in their own home 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions 	<ol style="list-style-type: none"> 7. Rate of hospital admissions for care that could have been provided in the community 8. Permanent admissions to residential and nursing care homes, per 1,000 population 9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation 10. Proportion of people feeling supported to manage their condition
People's quality of life will be improved by access to quality services	<ol style="list-style-type: none"> 7. Improve people's mental health & wellbeing 8. Ensure people have equitable access to services 9. Ensure people have a positive experience of their care 	<ol style="list-style-type: none"> 11. The number of people who recover following use of psychological therapy 12. Improvement in access to GP primary care services 13. People's level of satisfaction with quality of services 14. Carer reported quality of life
People will be involved in decisions made about them	<ol style="list-style-type: none"> 10. Ensure that people have a voice and influence in decision making 11. Increase the number of people that have more choice and control over their health and social care services 	<ol style="list-style-type: none"> 15. The proportion of people who report feeling involved in decisions about their care 16. Proportion of people using NHS and social care who receive self-directed support
People will live in healthy and sustainable communities	<ol style="list-style-type: none"> 12. Maximise health improvement through action on housing 13. Increase advice and support to minimise debt and maximise people's income 14. Increase the number of people achieving their potential through education and lifelong learning 15. Support more people back into work and healthy employment 	<ol style="list-style-type: none"> 17. The number of properties achieving the decency standard 18. Number of households in fuel poverty 19. Amount of benefits gained for eligible families that would otherwise be unclaimed 20. The percentage of children gaining 5 good GCSEs including maths & English 21. Proportion of adults with learning disabilities in employment 22. Proportion of adults in contact with secondary mental health services in employment

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