

## **Programme 19: Neonatal Conditions**

**This is work in progress, your views and input are welcomed.**

**What are the big health issues for North Yorkshire and the City of York in this programme?**

This programme covers problems affecting the baby in the womb, at delivery or shortly afterwards, such as lack of oxygen around the time of birth, low birth weight, short or long gestation, congenital malformations and chromosomal abnormalities.

### **Programme purpose:**

To achieve the healthiest possible start in life for the youngest citizens of North Yorkshire and the City of York– safe in the womb, at childbirth and in the new family.

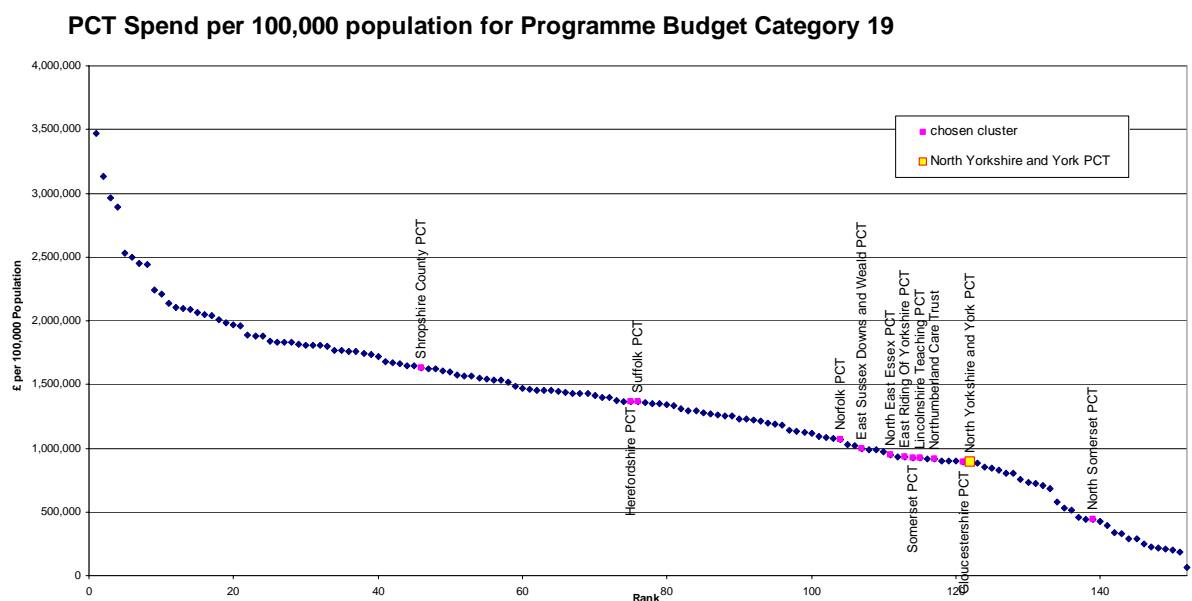
### **Programme outcome measures:**

- Reduce the low-birth weight rate in North Yorkshire and the City of York.
- Improve breast feeding rates
- Maintain current low perinatal and infant mortality rates
- Support for parents of children with high dependency needs, either temporarily during a spell in neonatal intensive care, or long-term with conditions such as Down's syndrome or cerebral palsy.
- Investment in genetic counselling, testing and screening.

**What was the NYYPCT estimated programme budget for neonatal conditions in 2006/07, as spend per 100,000 unified weighted population, and how did that compare with our peers and with the English average?**

NYYPCT	£889,000
Cluster average	£997,000
Yorkshire and the Humber SHA average	£1,119,000
England average	£1,460,000

The chart below shows how the spend in NYYPCT compared with every other PCT in England and highlights those PCTs in the same cluster.



Comment. By comparison with most programme budgets this is a small one and minor misallocations of costs can cause big swings in the relative position. Nevertheless, our investment looks small, and was low in maternity (programme 18) too.

## How did that programme budget break down between our providers (total sums)?

NHS Hospital Trusts	£5,201,000
YHFT	£1,597,000
HDFT	£836,000
STHT	£287,000
SNEYT	£552,000
General Practitioner medicines prescribing	£472,000
PCT provider services	£9,000
Non NHS Providers	£209,000
Other NHS providers	£183,000
Other	

## What are the age-related issues in this programme?

The national programme budget project does not as yet collect data by age in each programme. The table below looks at the impact on hospital admissions for different age groups. They are the categories used to weight the allocation of resources to PCTs. Since we receive resources in these groupings it is appropriate to consider the health impacts at these ages, and plan ahead as the age structure of the population changes over the next ten years (see “the big picture” section).

Ages of admissions within this programme, NYYPCT residents, 2006/07

Programme	Age group (years)							Total
	0-4	5-14	15-44	45-64	65-74	75-84	85+	
Neonate Conditions	1368	7	3	0	0	0	0	1378
<b>ALL</b>	<b>12306</b>	<b>6027</b>	<b>48029</b>	<b>44253</b>	<b>28075</b>	<b>26841</b>	<b>12087</b>	<b>177618</b>

The reason that some admissions carry on into later childhood or early adulthood is that the condition arising in the newborn period, for example cerebral palsy, may be the principal reason for an admission to hospital some years later.

## Summary of commissioning questions for neonatal conditions.

- In the light of our investment in this programme compared with other PCTs and the outcomes we achieve, should we invest more, less or the same programme budget (marginal analysis)?
- Have we got the balance of activity and investment right at each step from prevention to terminal care, and between the partners?
- What are the most important things to do this year?



### Prevention

- Monitor implementation and uptake of Antenatal and Newborn screening programmes
- Develop the Public Health roles of midwives, including their role in pre-screening counselling, choice and informed consent

### Treatment

- Local implementation of regional plans for neonatal intensive care and genetic services
- Long term support and spells of respite care for families looking after a heavily dependent child with special needs.

### Terminal Care

- Support and bereavement counselling for families facing the death of a baby, and afterwards.
- Funding the involvement of voluntary organisations where this is appropriate.