

Programme 21: Healthy Individuals

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 includes prevention programmes and activities with healthy individuals such as immunisations and vaccinations, “health promotion” campaigns and “well person” clinics. It is also a programme in which the development of the “health trainer” concept fits – helping communities help themselves with trained peer support.

There is insufficient room in this report to discuss our existing joint strategies for tackling smoking, obesity and sensible drinking of alcohol. Of necessity, these are big areas for Joint Strategic Needs Assessment and joint solutions with partners in local authorities and other non-NHS agencies.

Protection of health is also a major area for personal responsibility, suitably informed, enabled and supported. That will be a growing emphasis in government policy for the NHS.

Note that this chapter attempts to capture investment in primary prevention, ie before the individual is ill. There is a certain amount of preventive work in every other programmes.

The important point to bear in mind is that prevention features in every patient pathway and is still a relevant concept even after disease has started.

Programme purpose:

To capitalise on the opportunities outlined in the new “Choosing health” and “Our health, our care, our say” strategy.

To “add life to years” and not just “years to life”.

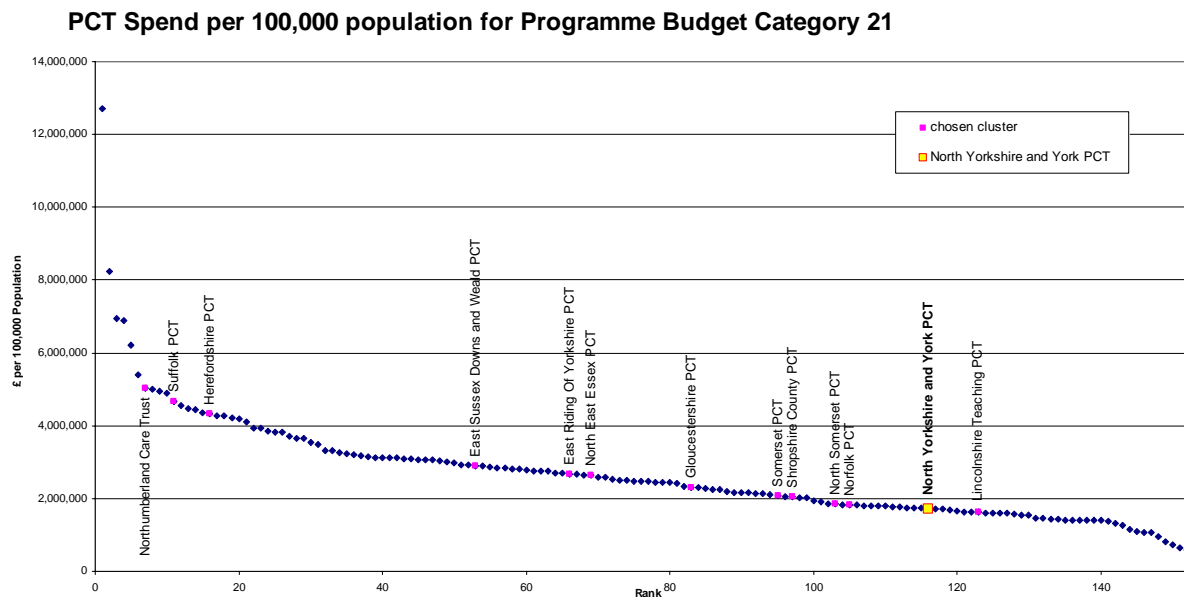
To create a home, work and leisure environment in which healthy choices become easy choices.

More people, more active, more often.

What was the NYYPCT estimated programme budget for healthy individuals 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	£1,728,000
Cluster average	£2,528,000
Yorkshire and the Humber SHA average	£2,703,000
England average	£2,692,000

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



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

NHS Hospital Trusts	£3,368,000
YHFT	£1,448,000
HDFT	£1,553,000
STHT	£45,000
SNEYT	£105,000
General Practitioner medicines prescribing	£4,225,000

PCT provider services	£3,693,000
Non NHS Providers	£34,000
Other NHS providers	£136,000
Other	£357,000

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. 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+	
Healthy Individuals	354	109	372	451	169	112	30	1597
ALL	12306	6027	48029	44253	28075	26841	12087	177618

The apparent anomaly of “healthy individuals” being admitted is due to a variety of reasons, including coding anomalies such as healthy newborns being recorded here instead of in programme 19, or those admitted for tests or follow-up of positive screening results which prove to be normal.

Some younger people's issues: (Note: there are strategies in these areas, topics listed to prompt discussion.)

- Educational attainment and vocational training
- Healthy schools scheme
- Smoking
- Alcohol
- Obesity: physical activity and exercise
- Sexual health – infectious diseases and pregnancy, including peer trainers
- Attention to special needs in young offenders.

Some older people's issues: (Note: there are strategies in these areas, topics listed to prompt discussion.)

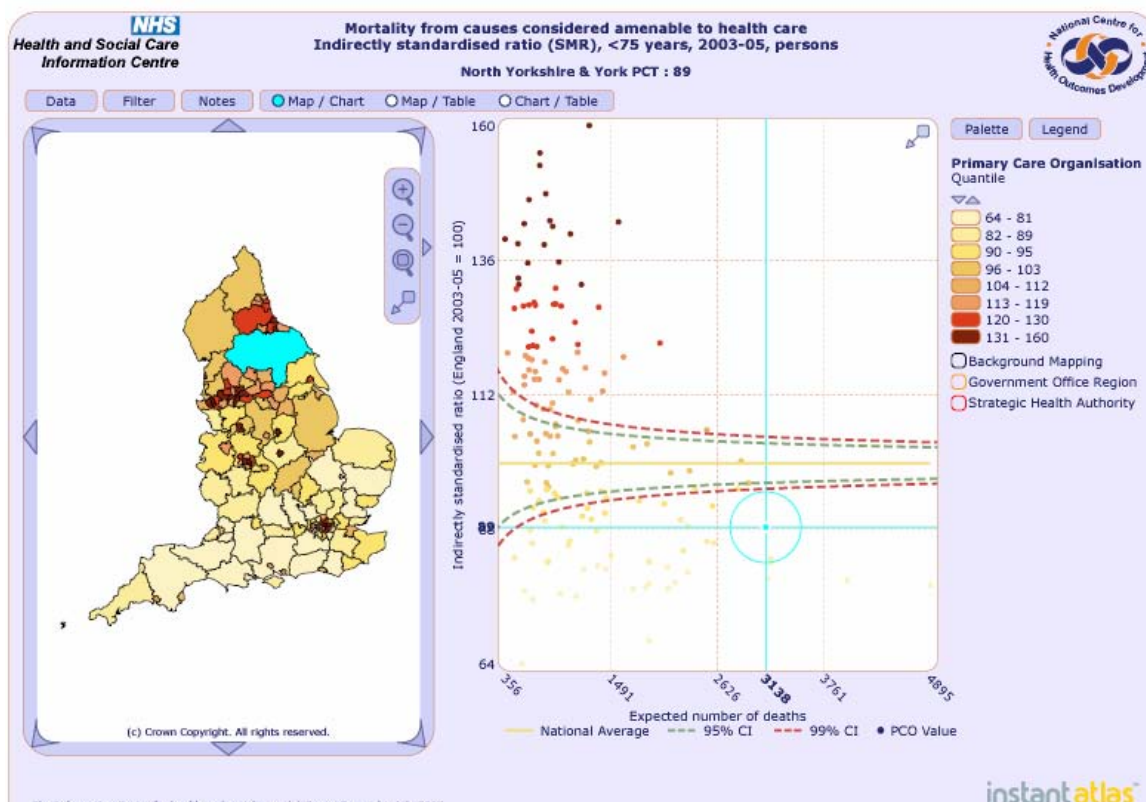
- Implementation of the falls strategy across the county. This is also a good opportunity to assess the accommodation for fire safety, burglar-proofing and warmth.
- Healthy eating and physical activity.
- Winter flu immunisation – an opportunity to ask about fuel poverty.
- Implement and evaluate the York older people dehydration project, and roll out to rest of the county if evaluation indicates success.
- Address preventive aspects of people with long-term conditions.
- Smoking, alcohol and obesity.
- Poverty: (“wealth check” alongside “health check”).
- Loneliness and isolation
- “Elder abuse” – violence, neglect, financial exploitation.
- Winter:- provide affordable warmth to vulnerable older people
- Summer:- implement the heat wave strategy if triggered.

How do the programme outcomes in North Yorkshire and the City of York compare with PCTs around England?

“Avoidable deaths”

This chart shows the standardised mortality ratio (SMR) for men and women under the age of 75 dying from a list of 35 diseases considered potentially “avoidable”. For the full list, see the NCHOD compendium of indicators, accessible to nhs net users via a link from www.dh.gov.uk/programmebudgeting. It is likely to feature on a new list of “vital signs” by which PCT performance is measured.

For this indicator the SMR in our PCT is statistically significantly better than that of England.



What guidance has NICE published of relevance to and recommended by way of investment in this programme?

Published Guidance

Publication date	Type of guidance	Topic
Mar-06	Public health interventions	Four interventions to increase physical activity
Mar-06	Public health interventions	Brief interventions and referral for smoking cessation
Apr-07	Public health interventions	Workplace smoking
Jul-07	Single Technology Appraisal	Smoking cessation - varenicline

In Progress Guidance

Publication date	Type of guidance	Topic
Oct-07	Public health programme	Knowledge, attitude and behaviour change
Nov-07	Public health programme	Smoking Cessation
Jan-08	Public health programme	Physical activity and environment
Feb-08	Public health programme	Community engagement
May-08	Public health programme	Workplace physical activity
Jul-08	Public health programme	Prevention of smoking by children and young people

Publication date	Type of guidance	Topic
Jan-09	Public health programme	Promotion of physical activity in children
Sep-09	Public health programme	Personal, social & health education focusing on sexual health & alcohol

Another key set of targets are those of the Local Area Agreement for North Yorkshire and York, led by the county and unitary authorities and fully supported by the Primary Care Trust.

Programme 22: Social care needs

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

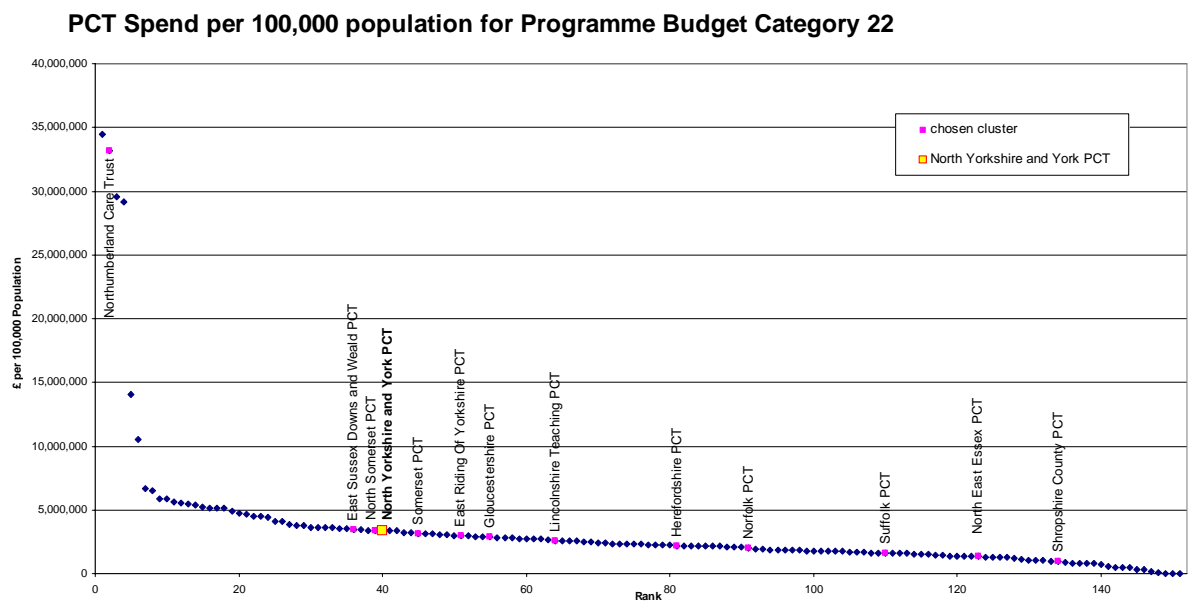
What are the big health issues for North Yorkshire and the City of York in this programme?

To enhance quality of life by collaborating with other caring agencies and unpaid carers in a network of care for those with complex needs. NHS services specifically include nurses and other healthcare professionals working in domiciliary settings. For example, working with our partners to ensure affordable warmth and minimise the effects of fuel poverty, and collaboration in Sure Start Children’s Centres.

What was the NYYPCT estimated programme budget for social care needs in 2006/07, as spend per 100,000 unified weighted population, and how did that compare with our peers?

NYYPCT	£3,364,000
Cluster average	£4,268,000
Yorkshire and the Humber SHA average	£3,812,000
England average	£3,020,000

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



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 difficulty being capturing GP prescribing data by age). The table below looks at the impact on hospital admissions for different age groups. Note that these age groups are in multiples of five years, but are not all the same size. 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+	
Social Care Needs	6	1	47	117	109	129	69	478
ALL	12306	6027	48029	44253	28075	26841	12087	177618

This relatively small number of admissions includes convalescence and respite care where no single principal diagnostic programme could be identified.

Programme 23: Other areas of spend (chiefly General Medical and Pharmaceutical Services)

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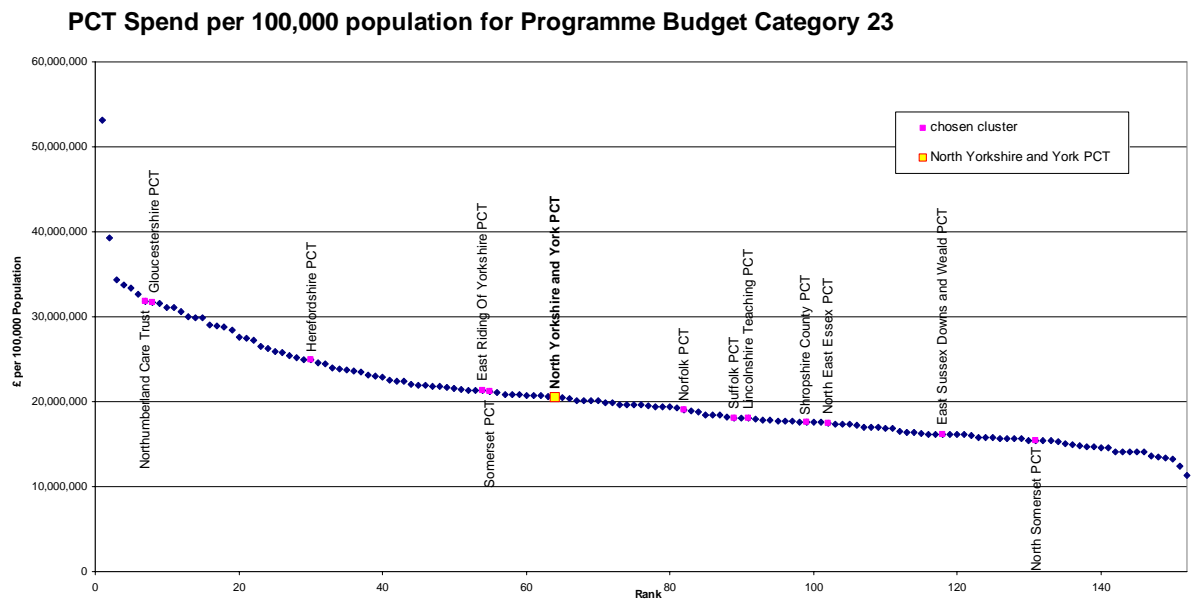
What are the big health issues for North Yorkshire and the City of York in this programme?

This programme includes all other expenditure that cannot be allocated to any of the earlier categories. The biggest element at present is the General Medical and Pharmaceutical Services Contract. In time, better information will allow this expenditure to be allocated to the appropriate Programme Budget Category.

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

	GMS/PMS
NYYPCT	£15,614,000
Cluster average	£13,984,000
Yorkshire and the Humber SHA average	£13,739,000
England average	£14,151,000

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



What guidance has NICE published of relevance to and recommended by way of investment in this programme?

Published Guidance

Publication date	Type of guidance	Topic
Jun-08	Public health intervention	Strategies for reducing health inequalities in the short, medium and longer terms
Feb-09	Public health programme	Management of long term sickness and incapacity