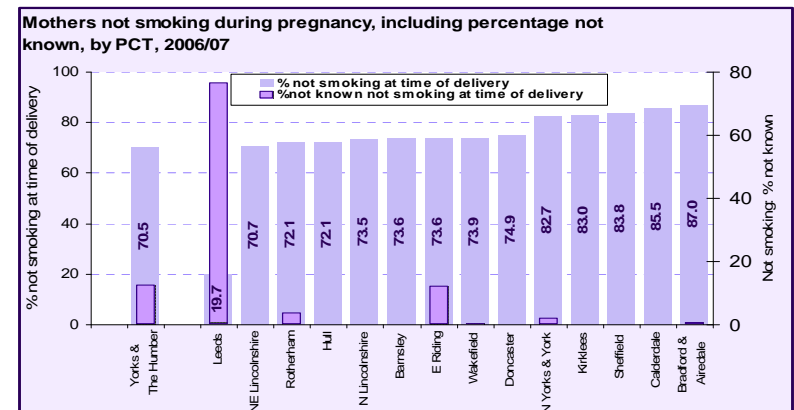
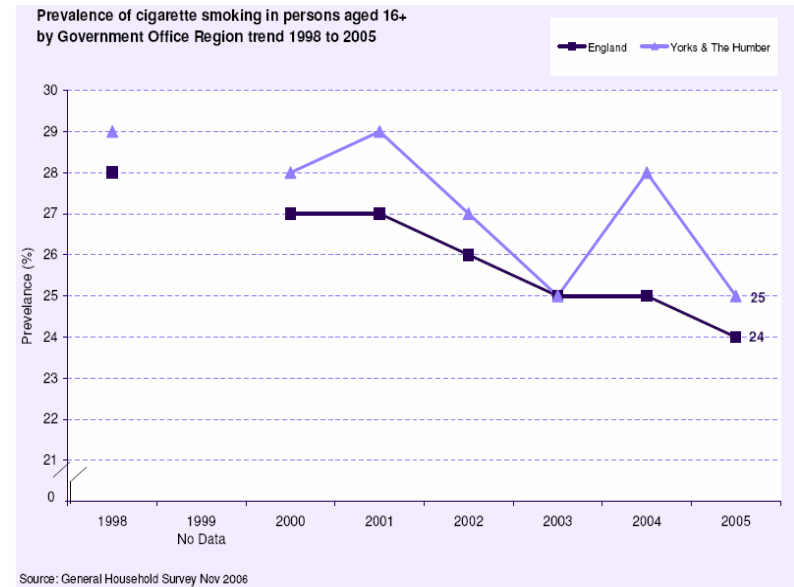


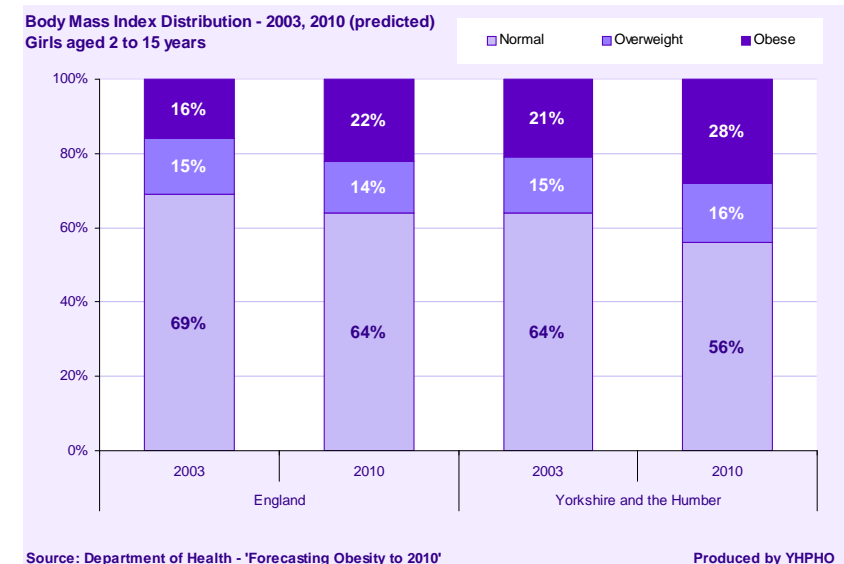
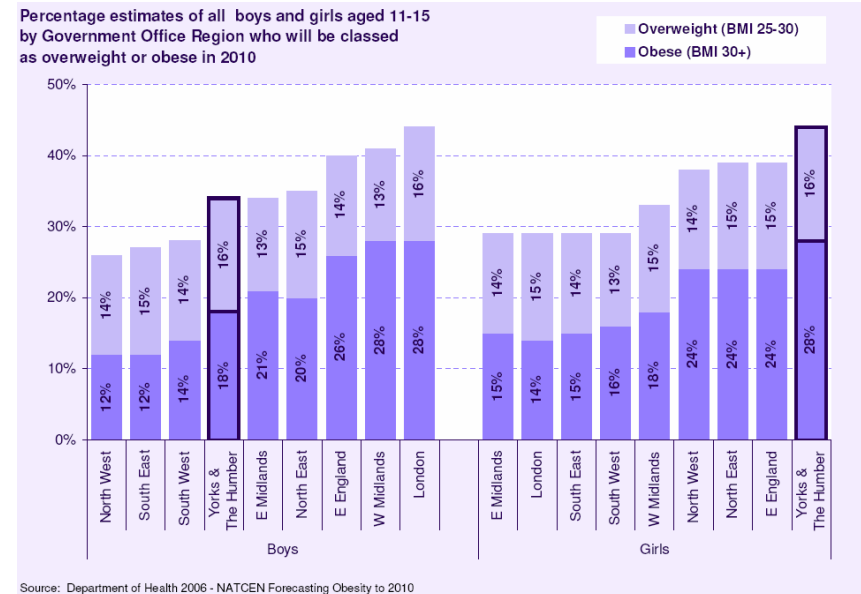
Smoking still kills nearly 10,000 people each year

- One of the three priority areas identified by the region's 'Staying Healthy' Darzi review group.
- Fewer people now smoke. 24% of adults in the region smoke (22% England). This masks big variations across the region.
- Most of our NHS Stop Smoking Services are meeting their challenging targets
- There is an increasing volume of guidance and support around best practice
- But smoking remains our biggest killer, responsible for just under 10,000 deaths a year. And it is a major cause of health inequalities. The challenge is to bring down smoking by manual groups, where it remains disproportionately high at 28%. The rate in non-manual groups is 17%. And, of course, to stop smoking during pregnancy.



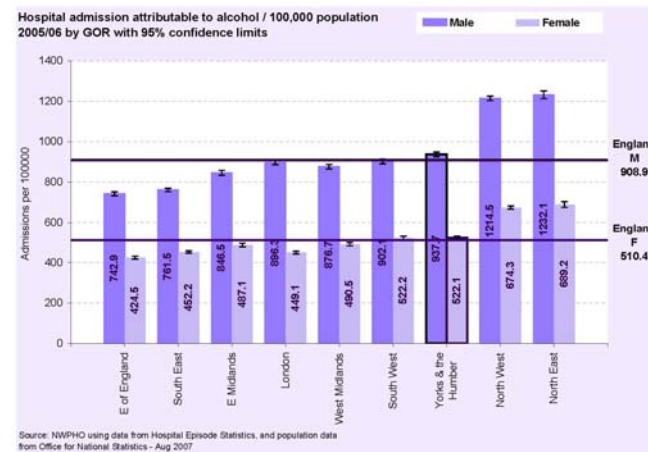
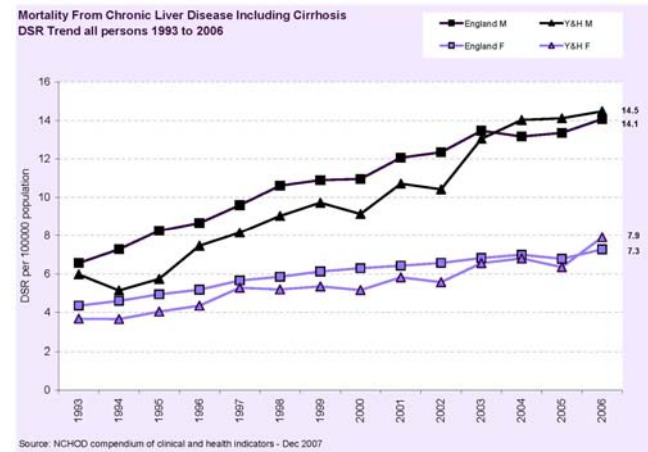
We must maintain a healthy weight

- Only one in ten adults take enough physical exercise to benefit their health. The regions still has the second lowest rate of fruit and vegetable consumption in the country.
- Obesity is the second biggest preventable cause of ill health and death after smoking Obesity in women (at 23.8%) is the second highest across all regions.
- Obesity is increasing. Dealing with this could see NHS costs alone rise six-fold from £1 billion in 2007 to £6.5 billion.
- By 2050 in Yorkshire and the Humber nearly 70% of us could be obese, compared with 60% nationally.
- Yorkshire and the Humber will soon be the worst performing region in England with 3,148 avoidable deaths from obesity a year.
- Projections for girls aged 11 to 15 are the highest in England, with 28% of girls projected to be obese and a further 16% overweight, making a total of 44% of all girls aged 11 to 15.
- Although the figures cover a long period, up to 2050, there is a significant increase between now and 2015, from 6% to 9.1% of total NHS spend, a 50% increase in a relatively short timescale.



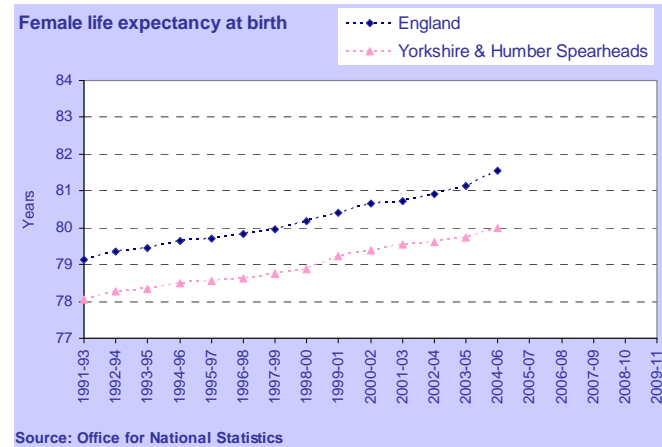
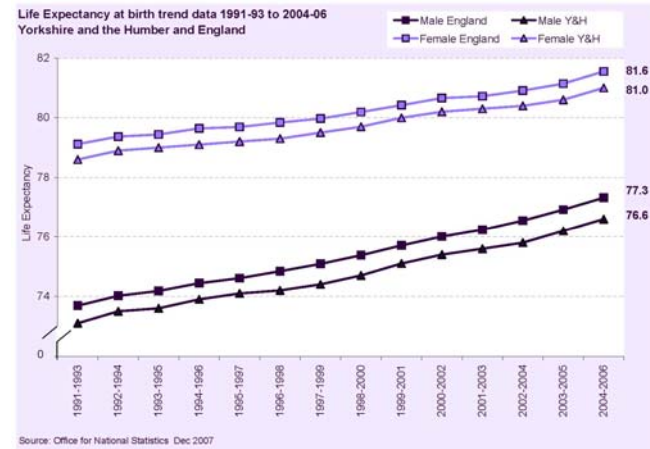
We have nearly a million hazardous drinkers in the region

- One of our three key 'Staying healthy' priorities.
- There is a slight downward trend in the amount of alcohol we drink.
- However, 48% of men and 40% of women in the region drink more than the recommended daily units of alcohol.
- Deaths from chronic liver disease have almost doubled in the region in the past ten years, in line with national trends.
- Our recorded crime rate attributable to alcohol is the highest outside London and significantly higher than the England average.

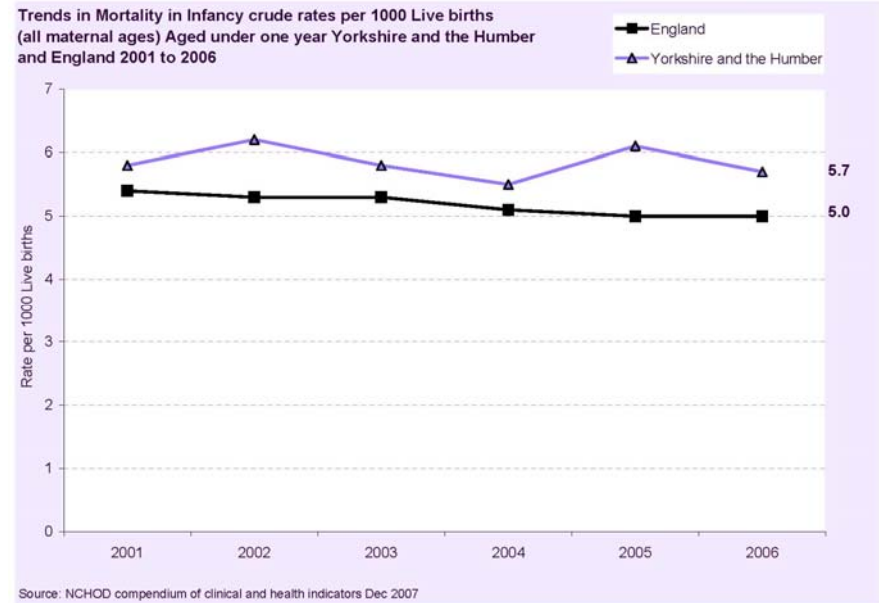
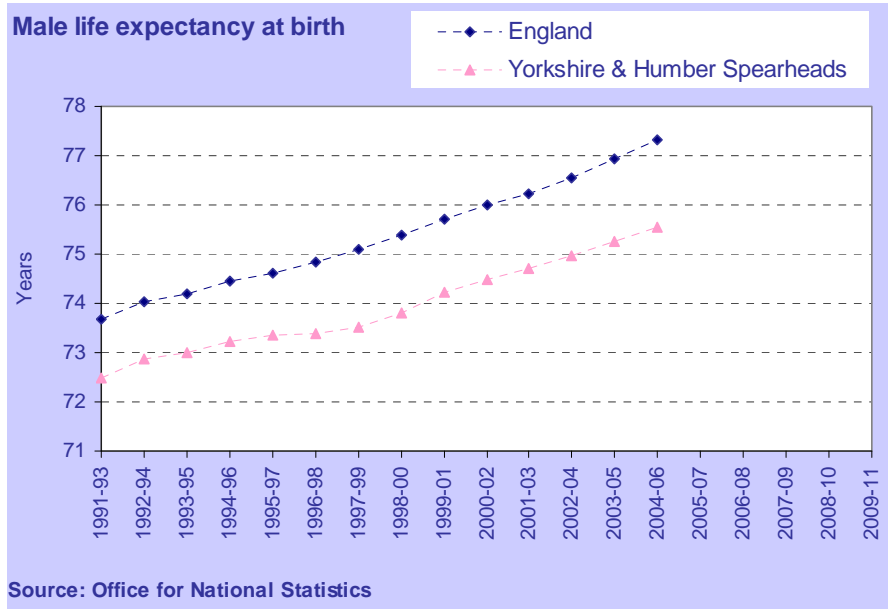


People are living longer but the increase has not been equal

- Life expectancy at birth has been rising. We can now expect to live longer than our parents. Medical advances, better health care, social reform and increasing wealth are all contributing to this improvement.
- But rather than reduce, the relative gap in average life expectancy between the region's spearhead areas and the England average has increased. We are not currently on line to meet targets for reducing inequality as measured by life expectancy at birth by 10% by 2010.
- Infant mortality, which has a significant impact on overall life expectancy rates, has been falling for the region as a whole. But the infant mortality rate in some parts of the region is higher than the England average and the overall regional average.

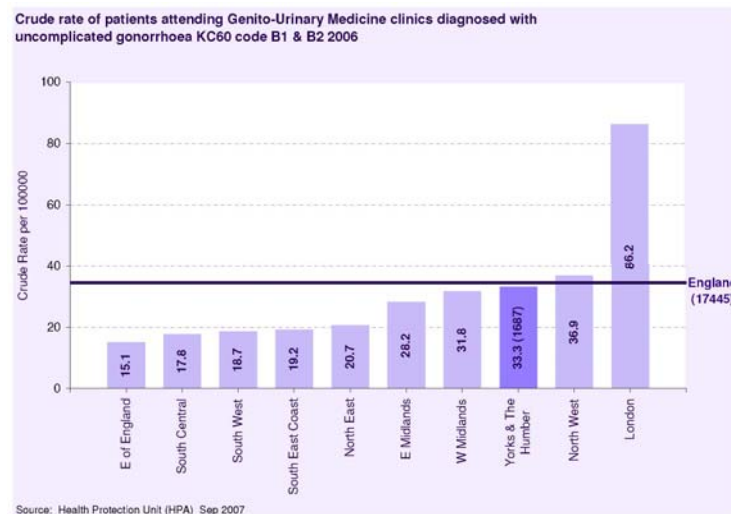


health inequalities continued



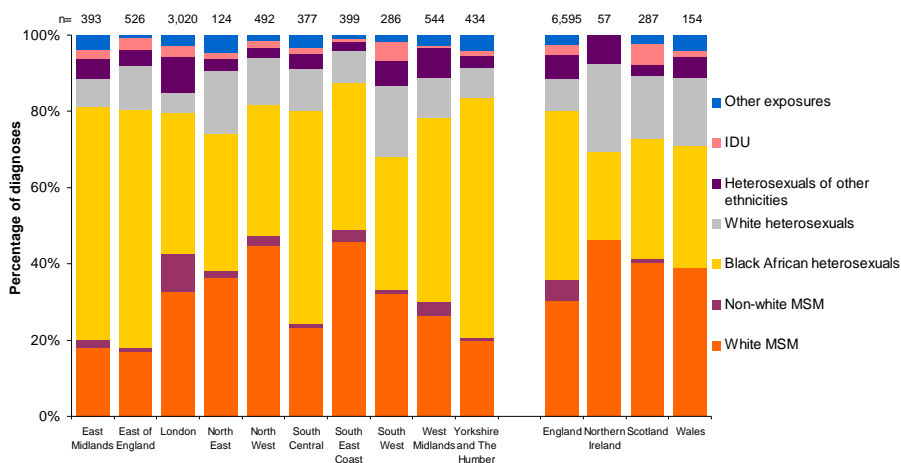
A matter of protection

- Rates for sexually transmitted infections such as gonorrhoea, genital warts and chlamydia remain at similar levels to previous years. There were over 11,000 cases of chlamydia in 2006: more than double the number of cases in 1997.
- HIV infection rates are rising steadily, although numbers overall are small.
- The under 18 conception rate is falling and is at its lowest for over 20 years but we have some of the highest rates in the country for both teenage conceptions and teenage pregnancies. Across the region there are few areas on line to meet the target of halving the number of conceptions by 2010.



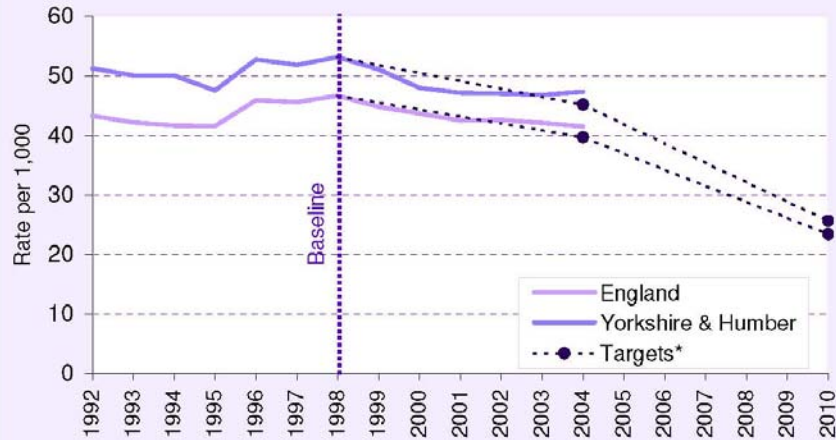
New HIV diagnoses by area and prevention group¹, UK: 2006

¹Ethnic groups were allocated proportionally where they were not reported.



sexual health continued

Under 18 years conception rate, 1992 to 2004
England vs Yorkshire & Humber Region



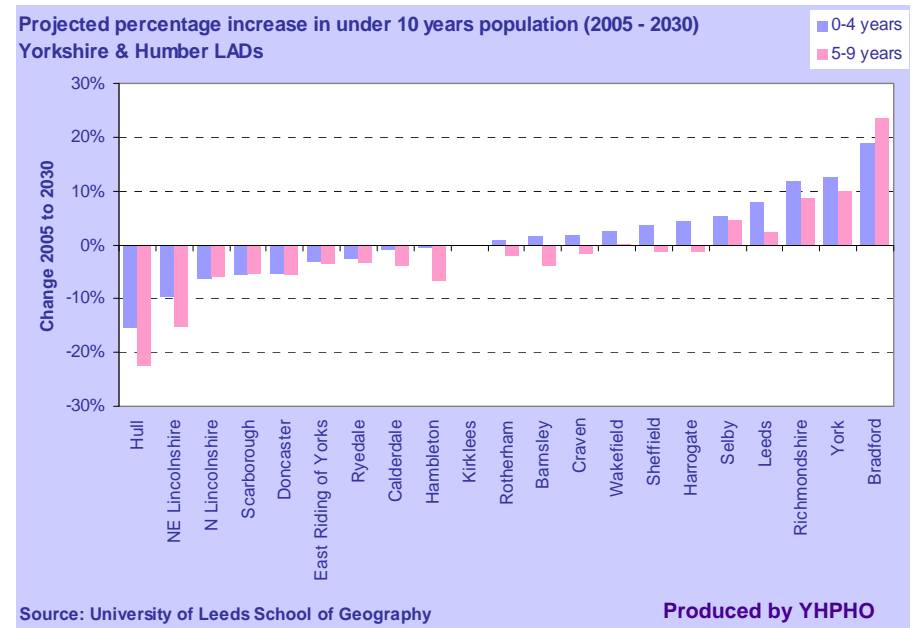
Source: ONS/TPU

* Yorkshire & Humber 2010 target (51.8% decrease) assumes local area targets are met

Children, schools, families and young people

- Educational achievement has risen and the gap between the region and England averages for achievement aged 16 has been closing year on year.
- The association between poor education and poor health has been consistently observed around the world. People with poorer educational attainment have poorer health, greater disability and greater chances of death.
- Studies also suggest that investment in early years has the most impact. Making sure people are healthy when young pays off strongly in later life.
- Infant mortality is a significant issue in some localities
- Children in the region generally have poor oral health. The rate for the numbers of decayed, missing or filled teeth is the third highest in the country

% of pupils gaining 5+ A*-C at GCSE or equivalent, age 16	2003	2004	2005	2006	2007
Yorkshire and the Humber	45.6%	47.2%	51.3%	54.3%	57.6%
England	52.9%	53.7%	56.3%	58.5%	60.8%

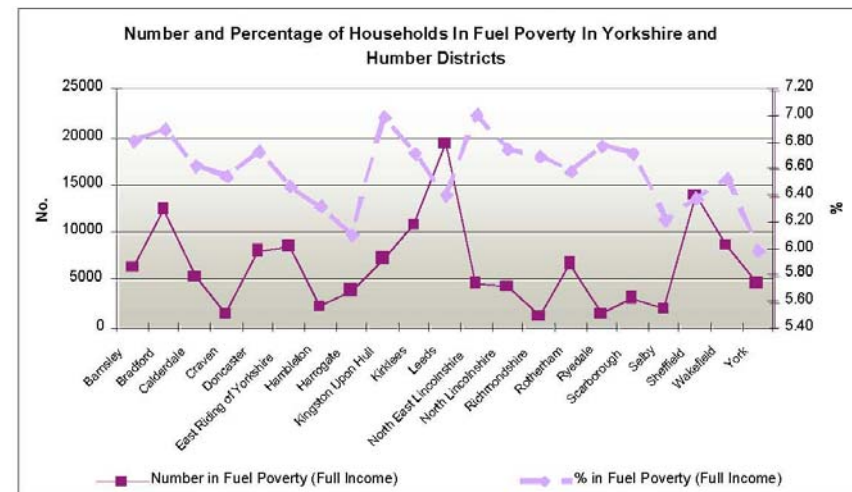
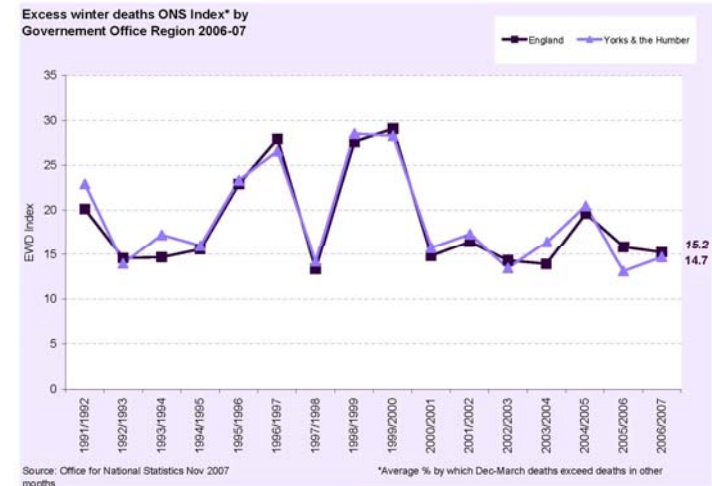


Cold comfort

- The Regional Housing Strategy and Affordable Warmth Action Plan set out action to address the fact that 32% of homes in the region failed to meet the 'Decent Homes' standard – homes that are basically warm, weatherproof and with reasonably modern facilities and nearly 8% of households could not afford to heat their homes adequately.

Living in fuel poverty means needing to spend 10% or more of household income on fuel in order to maintain heating at basic comfort levels.

- A network of PCT staff leading on affordable warmth has been set up to share experience and practice and specifically to help increase referrals for tackling fuel poverty can help to reduce mortality, prevent illness, reduce visits to the GP and the burden on other health care professionals and reduce the need for in-patient care and hospital stays.



Source: CSE FPI 2007

Work is a key factor for health

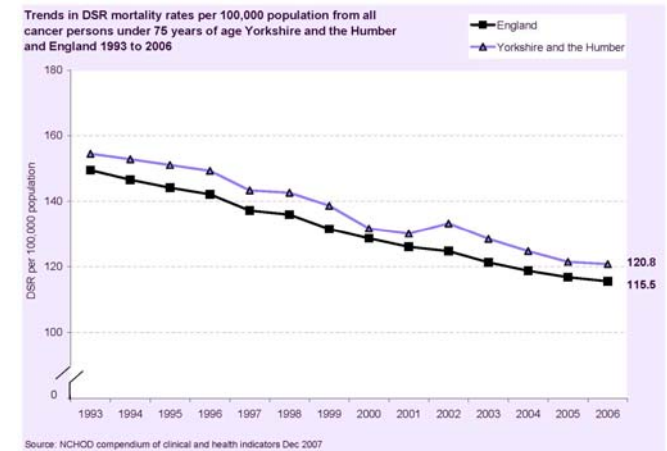
- Gross Value Added (GVA – a measure of economic output) increased in the region by 34% between 1999 and 2006 but it has declined relative to the national average. Employment rates increased from 71.9% in 1998 to 73.9% in 2006. 12.9% of working age people are in workless households in 2007, down 2.3% since 1997
- Cardiovascular disease alone cost the UK economy an estimated £29 billion in 2004; 23% of these costs were productivity losses due to mortality and morbidity
- The economic and social costs of mental illness have been estimated at £77.4 billion, of which estimated output losses are £23.1 billion, including sickness absence of nearly £4 billion
- Approximately half a million individuals report experiencing stress at a level they believe made them ill.
- 150,000 people work in the health sector and the NHS is the region's biggest employer (7.2% of total employed). Planned expenditure for the NHS in the region was £8.5 billion for 2007/08
- *Health and the economy in Yorkshire and the Humber* (November 2007) is an in-depth analysis of the contribution of health to the regional economy. It highlights five main areas for action to make the most of these opportunities:
 - healthcare products, supplies and contracts
 - innovation, research and development and intelligence
 - promoting health and well-being to boost productivity
 - the health sector as a route to employment, skills and inclusion
 - sustainable development of the NHS physical infrastructure
- NHS in the region is committed to using its role in the economy to improve the social and economic environment

Healthy and sustainable communities

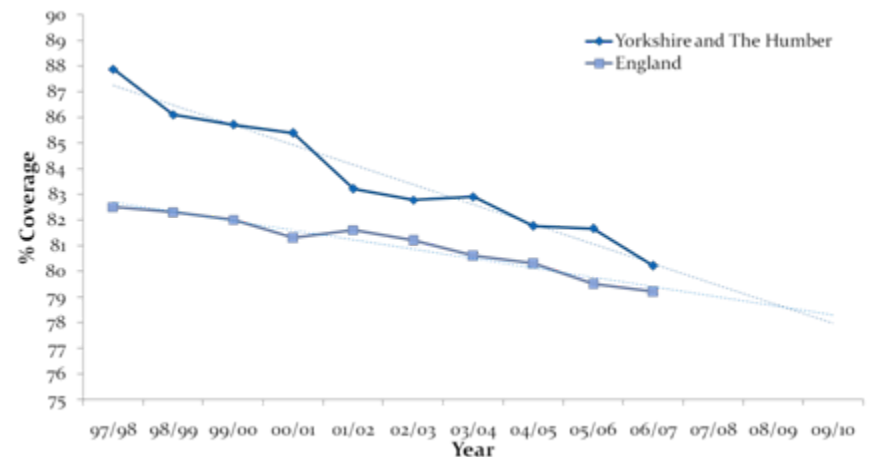
- We worked hard to make sure that health was factored into the review of the Regional Economic Strategy (RES) and into the assessment of the Regional Spatial Strategy.
- Health impact assessment has proved to be a useful tool in analysing major plans and strategies. Assessments undertaken include on the RES and proposals to widen the M1 in Rotherham.
- The NHS in the region has pledged to reduce its greenhouse gas emissions by 15% by 2016.
- There are up to 50,000 migrants in the region at any one time. They have a range of health needs. Not all have the same rights to access NHS services but this does impact on services and particularly on our ability to anticipate and plan for future demand.

Screening

- Death rates for cancer continue to fall across the region and are now close to the national average.
- But the numbers of people dying early from cancer remains high.
- Over 150,000 women were screened for breast cancer in 2006/07. In 2005/06 914 women had breast cancer detected who then received early treatment.
- Over 1,020,000 women were screened for cervical cancer in 2006/07. But the percentage of eligible women being screened for cervical cancer has been declining since the mid-1990s, particularly amongst women under the age of 35.
- Screening for bowel cancer for people aged 60 to 69 commenced in the region in 2006.



Cervical cancer screening coverage



Not simply years but years of life

- By 2028 21.5% of our population will be aged 65 or over (currently 16.3%).
- The proportion of people aged over 85 will grow even faster.
- There will be more people who are having to live with conditions associated with ageing – by 2021 there could be 68,000 people over 75 with dementia (currently there are just under 50,000).
- Demographics alone mean that by 2025 there will be an extra 160,000 older people living with limiting long term conditions.

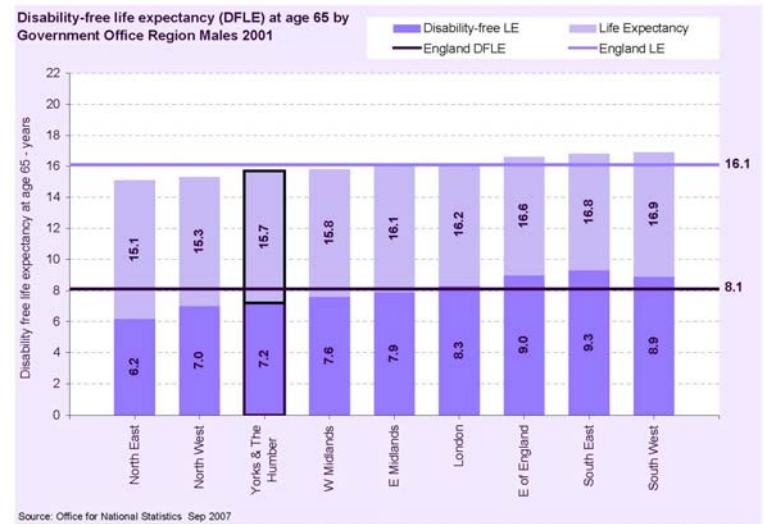
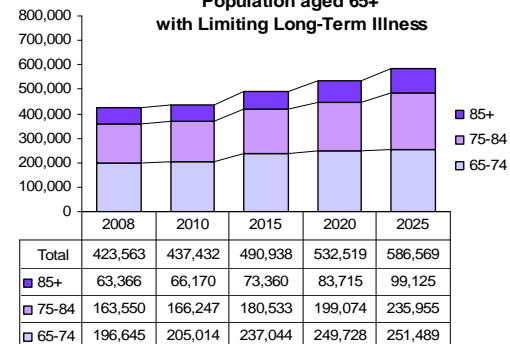


Figure 3: Projected Yorkshire & Humber Population aged 65+ with Limiting Long-Term Illness



Assuming prevalence remains static (as at 2001 Census), and population growth as per ONS 2004-based population projections

social care continued

- In order to refocus social care support on prevention and early intervention it will be important to ensure that older people are able to sustain strong links with their communities. This will mean recognising the simple physical challenges that they face such as:
 - 30% of people aged over 65 experience a fall each year – with this proportion rising to 43% for those aged over 85. Fractured neck of femur is one of the key events that results in an older person entering residential care.
 - In 2006 Yorkshire and the Humber has the second highest number of people over 65 who are registered blind or partially sighted – 33 people per 1,000.

Figure 1: % of population aged 65+ in 2008 and 2028 and percentage rise in population aged 65+

