

Living longer, living well:
**How we can achieve the
World Health Organization's
'25 by 25' goals in the UK**

A overview report by The Richmond Group of Charities
June 2016

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About The Richmond Group of Charities

The Richmond Group of Charities is a coalition of 12 of the leading health and social care organisations in the voluntary sector. Our members are:



We work together as a collective voice to better influence health and social care policy and practice, with the aim of improving the care and support for the 15 million people in England we collectively represent.

Our work is focused on five themes:

- Prevention, early diagnosis and intervention
- Patients engaged in decisions about their care
- Supported self-management
- Emotional, psychological and practical support
- Coordinated care

More information about our work is available at:
www.richmondgroupofcharities.org.uk
 and on **Twitter @RichmondGroup12**

If you have any questions about The Richmond Group of Charities, its work or this report, please contact Dr Charlotte Augst, The Richmond Group Partnership Director at caugst@macmillan.org.uk or on 020 7091 2091

We thank Drew Lindon Consulting Ltd for their work drafting this report www.drewlindon.co.uk

4	Executive Summary
6	Foreword
8	Background
10	The PROMISE study
	Overview
	Scope: WHO goals and beyond
12	Key findings
	Mortality
	Morbidity
	Policy interventions
17	Conclusions and next steps

We cannot allow a call for further research to halt action which is needed now... It now lies with policy makers to implement (and evaluate) interventions to reduce the vast disease burden associated with poor diet, physical inactivity, smoking and alcohol consumption.

Scarborough P et al. (2016) Translating the World Health Organization 25x25 goals into a United Kingdom context: The PROMISE study

Executive Summary

In January 2015, the Richmond Group of Charities commissioned the ‘PROMISE’ study, an in-depth research project looking at long-term conditions in the UK undertaken by the British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention.

We wanted to understand the future trends for the most prevalent long-term health conditions in the UK, specifically how many people are either dying early from these conditions, or living with continued disability and poor health. We also wanted to identify interventions that could prevent or reduce the incidence of these long-term conditions that could be applied to the whole UK population, focusing on major lifestyle risks which contribute to those conditions.

The PROMISE study used the ‘25 by 25’ goals from the World Health Organization (WHO) as a benchmark against which to measure UK trends. These goals list targets for improvements in risk factors such as obesity, physical inactivity and others, with the overall aim of a 25% reduction in preventable mortality by 2025, compared with 2010.¹

The study found that if current trends continue, by 2025 we should see 25% fewer early deaths in women and 22% in men in the UK, from the long-term conditions considered. Achieving the WHO’s ‘25 by 25’ goals by 2025 would:

- delay or avert around 250,000 deaths (161,000 deaths in men, 89,000 in women)
- prevent around 1.12 million ‘Years Lived with Disability’ (630,000 in men and 490,000 in women) – in other words, the equivalent of 1.12 million people having one extra year of healthy, disability-free life.

However, these outcomes are not guaranteed, and will require sustained effort on public health initiatives from policy makers.

The PROMISE Research Group also convened a group of public health experts who identified 12 population-level interventions that could help significantly reduce both deaths and disability caused by these conditions. These interventions address the key preventable health risks of smoking, alcohol misuse, poor diet and physical inactivity. The study has modelled four of these interventions in depth: food reformulation; an increase in tobacco tax; adding restrictions on alcohol marketing; and increasing physical activity via advice delivered in GP practices.

The research showed that each of these interventions would have a substantial positive impact on reducing preventable mortality and disability over a 10-year period. This report details the research findings in more depth, and outlines the need for individuals, Government, charities and health services to collectively tackle long-term preventable health conditions.

Meeting the World Health Organization’s ‘25 by 25’ goals would give the equivalent of **1.12 million** people in the UK an extra year of healthy, disability-free life.



Foreword

Tackling preventable health conditions is one of the biggest challenges of our time. Fifteen million people in England are living with one or more common long-term health conditions, a quarter of the population.² These conditions can severely impact on our ability to live well and work, and poor health and disability can persist over many years, often leading to early death. Treating these conditions consumes 70% of NHS annual spend, and that proportion is growing.³

Therefore prevention is a moral and practical necessity. With increasing pressures on the NHS and social care, we need to look after our own health better. To that end, individuals, families and communities must be supported and enabled to take action. As the Richmond Group of Charities, we work tirelessly to support, inspire and motivate people to live healthy and long lives. We help to prevent and manage long-term conditions like cancer, cardiovascular disease, lung disease and mental illness.

But a focus on individuals' lifestyle choices can only take us so far. Providing information alone is not enough to create the scale of behaviour change needed to prevent unnecessary illness. We need action to tackle the underlying causes and motivations of harmful behaviours, and create an environment in which people can more easily make healthy choices around food and drink, be more active and not smoke. Public services, businesses, charities, and indeed Government have a vital role in improving health, preventing long-term conditions and avoidable death.

We do not have all the answers to these challenges. But the Richmond Group-funded PROMISE study offers new insights into the future health of our nation, and the risks and opportunities we face. This research shows that there will be fewer early deaths by 2025, and fewer years of life lived with disability. But we could do so much better.

Without bold new action, we will fail to achieve key health targets from the World Health Organization (to which the UK Government has signed up). There will be around 250,000 avoidable deaths as a result of preventable illnesses by 2025, but many more people will have the quality of their lives drastically reduced by these conditions. If we act together now, we could prevent this happening, and instead offer hundreds of thousands of people the chance for longer, healthier lives.

We could do so much better.

We have an ageing population with a high prevalence of long-term conditions. We can make the biggest positive impact on people's lives by reducing the preventable health risks, which can lead to major, long-term health conditions such as Type 2 diabetes, breast cancer, arthritis and chronic obstructive pulmonary disease (COPD). To that end, the PROMISE Research Group convened a panel of public health experts who identified 12 interventions for improving health, and then modelled four interventions in depth. The Group demonstrated that if implemented, each of these interventions would significantly improve the health of our population.

We have an important opportunity to help hundreds of thousands of people to live long and well, by reducing preventable illness and disability. We offer this study's findings as an example of what could be achieved if the Government, health system leaders, public services, charities, businesses, communities and individuals worked together to implement bold public health initiatives. Only then will we all achieve the promise of better health for the whole nation.


As the Richmond Group of Charities, we work tirelessly to support, inspire and motivate people to live healthy and long lives.


Jon Barrick
Stroke Association


Kay Boycott
Asthma UK


Chris Askew
Diabetes UK


Simon Gillespie
British Heart Foundation


Jeremy Hughes
Alzheimer's Society


Michelle Mitchell
MS Society


Delyth Morgan
Breast Cancer Now


Liam O'Toole
Arthritis Research UK


Lynda Thomas
Macmillan Cancer Support


Mark Winstanley
Rethink Mental Illness


Penny Woods
British Lung Foundation


Tom Wright
Age UK

Background

The Richmond Group of Charities supports the 15 million people in England who live with long-term conditions.⁴ **Many of the health conditions we focus on are caused at least in part by a small number of shared risk factors:** smoking, poor diet, physical inactivity, or misuse of alcohol. This is why our members have come together to argue that these risk factors need to be tackled urgently.

Key Facts



11.9 million people in the UK – that's **1 in 4 adults** – are at increased risk of developing Type 2 diabetes due to being overweight or obese.⁵ Obesity is the most potent risk factor for Type 2 diabetes. It accounts for 80–85% of the overall risk of developing Type 2 diabetes.⁶



There are an estimated **7 million** people living with cardiovascular disease in the UK – **3.5 million men and 3.5 million women**. An ageing and growing population and improved survival rates from cardiovascular events could see numbers rise still further.⁷



In the UK, **10 million** people live with long-term painful conditions of their joints, spine, bones or muscles.⁸ Each year 20% of the population sees a GP about a musculoskeletal problem.⁹



Two thirds of deaths from asthma attacks are preventable.¹⁰



Smoking is responsible for **over 80%** of all deaths from lung cancer and Chronic Obstructive Pulmonary Disease (COPD).¹¹



Walking for a mile at a moderate pace each day could reduce prostate cancer patients' risk of dying from the disease by **30%**.¹²



Modifiable risk factors account for **over half** of the disease burden in later life.¹³



Up to half of all cancers could be prevented by changes in lifestyle behaviours.¹⁴



Up to 30% of cases of Alzheimer's disease are attributable to modifiable risk factors.¹⁵



If every woman in the UK was regularly physically active, **9,000** fewer women would develop breast cancer each year.^{16 17}



80% of strokes are preventable.¹⁸

The problem is growing: the impact of these conditions means that...

70%

Long term conditions account for **70%** of hospital bed days.²⁰



NHS costs in England are expected to rise by around **£5 billion** a year between 2011 and 2018.¹⁹

£22 billion

Costs to employers and taxpayers through sickness-absence have also been estimated at **£22 billion** a year.²¹

These long-term conditions not only wreak havoc on individuals and families' lives, but can also blight the wellbeing of communities and increase deprivation and inequality. These conditions can mean that many of us will live shorter lives and live a greater proportion of our lives with disability.

In November 2014, we published 'What is preventing progress?', our case to Government and system leaders at all levels to take bold action to reduce preventable illness and mortality by 25% by 2025. This is in line with goals set by the WHO and signed up to by the UK Government.

The PROMISE study builds on our work so far on preventable ill health, and aims to raise awareness of the issue's urgency.

The PROMISE study

Overview

In January 2015, we commissioned the British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention to carry out the PROMISE study (PROMISE is a composite of P R = Policy Review and M S = Modelling and Statistics).²² This is an in-depth research project looking at public health and long-term conditions in the UK. We wanted to understand the future trends for the most prevalent long-term health conditions in the UK, and what the trends mean for people either dying early, or living with the health impacts.

We also wanted to explore the benefits of selected large-scale policy interventions directed at the whole population, on both mortality (how many deaths are caused by a disease) and morbidity (how much ill health is caused by a disease). Details on the methods used by the researchers are described in the full study.²³

Scope: WHO goals and beyond

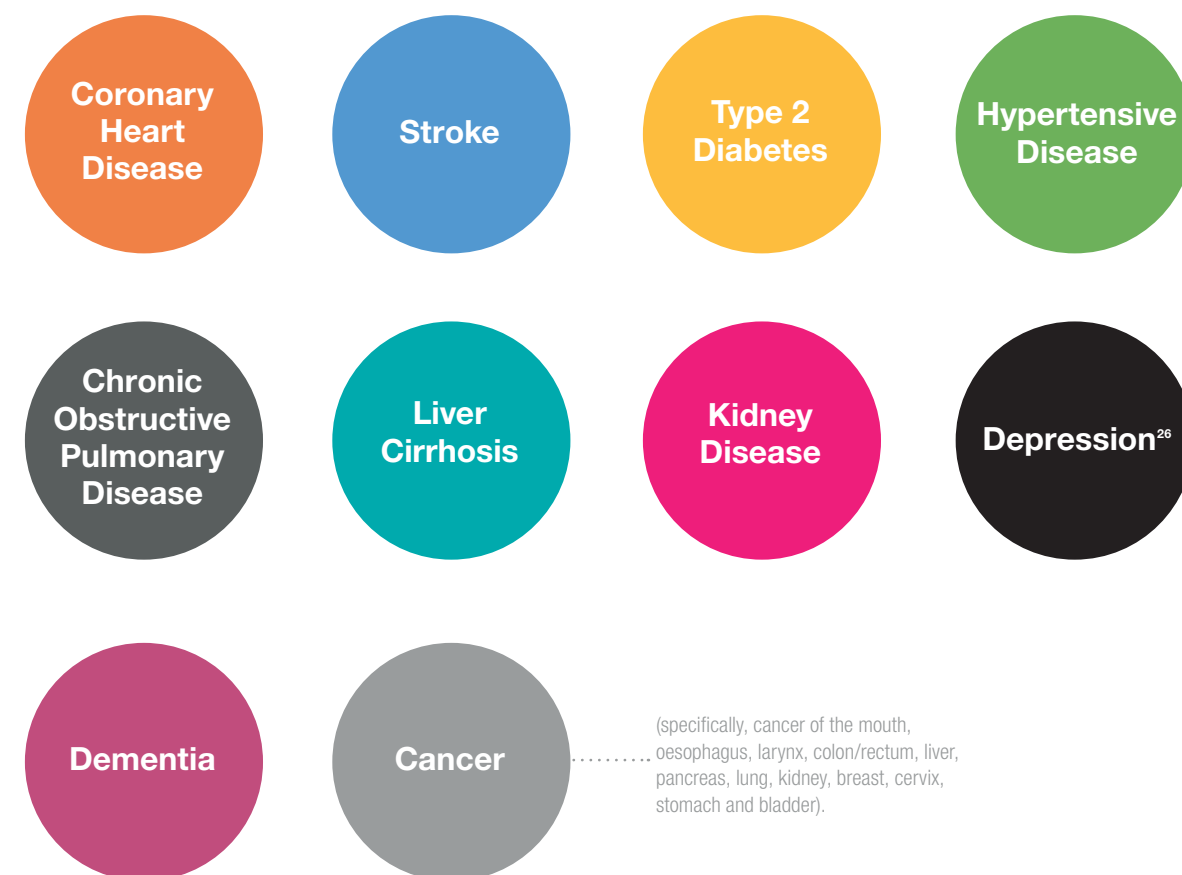
The PROMISE study has used the '25 by 25' goals from the World Health Organization (WHO) as a benchmark against which to measure UK trends. The WHO has set an objective to reduce mortality from four major preventable diseases – diabetes, cancer, chronic lung disease and cardiovascular disease – by 25% by the year 2025, compared with the figures from 2010.²⁴ To help measure progress, the WHO outlined targets for improvements in obesity, diabetes, raised blood pressure, tobacco use, salt intake, physical inactivity and harmful use of alcohol.²⁵

The UK Government has formally signed up to these targets. As such, there is an expectation that the Government and public services should take strong actions to ensure a 25% reduction in preventable mortality by 2025.

These targets can be a useful focus for collective action. However, bold action on preventable ill health also needs to be adapted to local and national contexts. In the UK, many more people survive serious conditions like cancer or cardiovascular disease than they used to. But it is also true that many of these conditions could have been prevented in the first place. As a result, while we see the WHO targets as a useful focal point for action by national governments, we think these targets are not ambitious enough, given the UK's wealth and healthcare systems.

Risk Factor	WHO 25 by 25 target
Salt consumption	30% reduction in salt / sodium intake
Physical inactivity	10% reduction in physical inactivity
Smoking	30% reduction in tobacco use
Alcohol consumption	10% reduction in harmful use of alcohol
Obesity	0% increase in obesity
Diabetes	0% increase in diabetes
Raised blood pressure	25% reduction in raised blood pressure

As a result, we asked the research group to look beyond the WHO targets in the PROMISE study. Firstly, we asked them to relate risk factors to a wider range of specific diseases beyond those covered by the WHO's 25 by 25 targets:



It is also important to note that the very same behaviours that lead to the conditions modelled in this study can contribute to other conditions, such as arthritis and other musculoskeletal conditions.

Secondly, in light of rising life expectancy in the UK, and the fact many people are living for years with poor health and disability, we felt it was important to not just focus on mortality. In the PROMISE study, we have added to the WHO framework to take account of morbidity as well.

The PROMISE research team also asked a group of experts on disease prevention to prioritise 12 potential population-level interventions that would help us significantly reduce both deaths and impact of these conditions. The researchers then modelled the impact of four of the interventions that were identified as promising by the expert group. These interventions are aimed at tackling poor diet, physical inactivity, smoking and harmful alcohol consumption.

Key findings

Mortality

We can be proud of progress made in improving UK health. Many more of us will live longer than our parents, who in turn will live longer than their parents.²⁷ This trend towards longer life expectancy can be understood as a fall in early deaths, or in other words, a reduction in preventable mortality (often referred to as 'premature' mortality).

Given this trend, it is not surprising that the PROMISE study found that preventable mortality rates will decrease significantly over the next 10 years. Under a 'business as usual' scenario, the probability of dying from the conditions studied between the age of 30 and 70 would fall by 25% in women, but only 22% in men by 2025. In other words, by 2025 we should see 25% fewer early deaths in women (meeting the WHO target) and 22% in men (missing the WHO target).

Taking into account deaths at all ages and all the conditions included by the PROMISE study, achieving all 25 by 25 targets would result in around 161,000 deaths delayed or averted in men, and around 89,000 in women by 2025. While this is positive overall, as a developed, wealthy nation, with substantial health and public health systems, the UK could and should do much better, particularly when considering worldwide trends towards living longer.

Morbidity

Although in the UK we are living longer,²⁸ for many people, their days are not spent in good health. Millions of people in the UK are living with one or more serious health conditions, such as arthritis or Type 2 diabetes. We have added years to our lives, but not necessarily life to our years.

To capture the changes in quality of life we would hope to see, the PROMISE researchers also modelled the impact of achieving the WHO targets. The researchers measured this impact in terms of 'years lived with disability' (YLDs), which is often an unfamiliar concept to individuals outside of the public health or health economics world. Put simply, many people live with long-term preventable conditions that cause serious pain or disability, and can undermine people's ability to work, volunteer or otherwise lead a fulfilling life. As such, counting the number of 'years lived with disability' helps measure the impact of long-term conditions on people's lives.

We have added years to our lives, but not necessarily life to our years.

Years Lived With Disability averted or delayed between 2015 and 2025

	Men 30-69	Men 70+	Women 30-69	Women 70+
Coronary heart disease	40,608	74,048	21,320	38,076
Stroke	31,580	86,574	15,298	50,623
Diabetes	150,281	252,702	124,892	223,814
Cirrhosis	1,693	2,344	740	1,009
Cancer	771	2,503	882	1,402
COPD	-5,847	-11,702	2,703	910
Kidney disease	2,885	6,325	3,269	6,338
Hypertensive heart disease	416	1,146	355	1,137
Depression	24,799	37,068	45,049	63,182
Dementia	4,526	59,309	5,722	56,115

Years Lived with Disability (YLD) measures the amount of time someone lives in poor health. YLD are measured by taking the prevalence of a condition (i.e. how common this is in the general population), and multiplying this by its 'disability weight' (i.e. the severity of the condition). Here, the YLD figures reflect the total YLD saved for the UK by 2025 if 'business as usual' continues, focusing on the 10 conditions outlined in the table.



Deaths averted or delayed between 2015 and 2025

	Men 30-69	Men 70+	Women 30-69	Women 70+
Coronary heart disease	20,002	76,055	3,662	32,043
Stroke	5,118	38,423	2,835	39,040
Diabetes	-207	-827	-79	-702
Cirrhosis	3,360	4,737	1,408	2,076
Cancer	2,047	7,662	1,777	4,847
COPD	-299	-1,556	-23	-368
Kidney disease	42	552	27	369
Hypertensive heart disease	423	1,665	162	1,545
Depression	0	-11	0	-22
Dementia	162	7,743	135	10,029

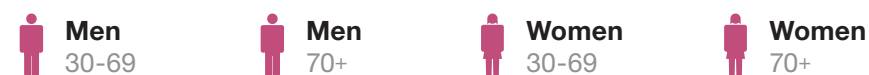


Key findings (continued)

The PROMISE study found that achieving the WHO '25 by 25' goals in the UK would prevent a total of 1.12 million YLD in total by 2025; around 630,000 YLD in men and 490,000 YLD in women. In other words, this would be the equivalent of 1.12 million people having one extra year of healthy, disability-free life. As such, achieving these goals would have a huge impact, freeing many more people from preventable illness and disability. Potentially, there would be positive knock-on effects to individuals' mental wellbeing, as well as their ability to participate in family life, the workplace, and remain active in later life.

Within the conditions considered, total deaths and YLD that are averted or delayed as a result of achieving each of the '25 by 25' targets are shown below. It is also likely that these interventions would have longer term positive impacts beyond 2025, but the modelling only covers the 10 year period from 2015 – 2025. Some benefits of the healthier living promoted by these interventions will accrue later; for example, reduced smoking rates would lead to further reduction in the number of smoking related deaths as time goes on.

Deaths & Years Lived with Disability averted or delayed between 2015 and 2025 for each '25 by 25' target



Deaths	Men 30-69	Men 70+	Women 30-69	Women 70+
Obesity	12,000	44,000	4,100	23,000
Tobacco use	2,900	8,200	2,500	8,700
Type 2 Diabetes	6,600	35,000	2,300	29,000
Raised blood pressure	3,000	14,000	1,200	11,000
Salt intake	5,600	25,000	1,500	16,000
Harmful alcohol use	3,100	7,700	1,300	4,000
Physical inactivity	560	2,700	170	2,200
Combined scenario	31,000	130,000	9,700	79,000
Years Lived with Disability	Men 30-69	Men 70+	Women 30-69	Women 70+
Obesity	72,000	140,000	46,000	90,000
Tobacco use	11,000	14,000	14,000	20,000
Type 2 Diabetes	170,000	300,000	140,000	260,000
Raised blood pressure	9,400	22,000	6,200	15,000
Salt intake	17,000	38,000	8,500	21,000
Harmful alcohol use	3,800	9,600	-230	2,000
Physical inactivity	3,800	8,300	3,300	7,800
Combined scenario	220,000	410,000	170,000	320,000

NB. Values are mean averages.

While some public health intervention programmes delivered by public services and charities are ongoing, we need continued effort to turn these projections into a reality. Amongst other factors, austerity measures with impacts on health, social care, public health services and initiatives may decrease the UK's chances of reducing early deaths and the impact of long-term conditions. This means that the 1.12 million YLD prevented by 2025 is by no means guaranteed.

Moreover, the scope of the research itself means that the impact of other preventable health conditions (and the effects of interventions on these conditions) are not included. For example, the number of people with osteoarthritis of the knee is estimated to increase to 6.5 million by 2020 (based on the trends for the size and ageing of the population, and increasing levels of obesity).²⁹ Amongst other impacts, each year in the UK around 30.6 million working days are lost due to

musculoskeletal conditions as a whole.³⁰ Therefore, while we can predict the impact of these interventions on preventable deaths and YLD from the conditions modelled, it is also reasonable to assume that these interventions will have additional positive effects on other conditions associated with those risks, such as musculoskeletal conditions.

It's time to take brave action

If we can achieve the reductions in risks outlined by WHO, the PROMISE study shows that we have the opportunity to delay or avert a quarter of a million deaths by 2025, and prevent many more people from having to live with long-term conditions. So what can we do to make this a reality?

Policy interventions

The PROMISE study considered the evidence around 12 different types of large scale, population-level interventions that could benefit everyone in the UK, and help us achieve and exceed the 25 by 25 targets.³¹

These interventions are focused around four risk factors – harmful alcohol consumption, poor diet, physical inactivity and smoking – which contribute to a vast proportion of preventable diseases.



Alcohol

- Regulation to raise the price of high strength cheap alcohol
- Strengthen local authority control over licensing powers
- Further restriction of alcohol marketing



Diet

- Sugar sweetened beverage tax
- Reformulation of packaged food, including portion size control
- Further restriction of unhealthy food marketing, including pre-watershed broadcast advertising, online marketing and restrictions on sporting event sponsorship



Physical activity

- Redesign urban environments to prioritise walking and cycling
- Support for community groups that encourage physical activity
- Behaviour change advice service, delivered through primary care



Smoking

- Maintain increases of tax on tobacco at above inflation rates
- Tackling illicit trade in cigarettes
- Increased support for smoking cessation services, particularly in hard to reach groups

Key findings (continued)





All 12 interventions featured in the PROMISE study could help more people to live free of many of the avoidable impacts of long-term conditions and disability. Government policy has also progressed since this research has been completed; the UK Government has announced that a levy on the sugar sweetened soft drink industry will be implemented from 2018, to drive reformulation.

Four interventions were modelled in depth. These give a set of estimates for both the number of lives that would be saved if these specific interventions were implemented, as well as the reduction in YLD as shown below.

In scoping these interventions, the PROMISE team were clear that significant evidence gaps remain on how actions could be implemented. That said, the PROMISE study shows that all four selected interventions would have a substantial impact on mortality and disability over a 10-year period. The mortality impacts ranged from a reduction of around

2,450 deaths by 2025 as a result of increased tobacco taxation to around 78,000 deaths from a total ban on alcohol marketing (in line with tobacco marketing). In addition, the impacts on morbidity measured in YLD were substantial – for example, 51,000 YLD prevented for men and 63,000 YLD for women with food reformulation.

It is important to note that these interventions are not directly comparable. For example, banning all advertising of alcohol would be a significant change to the status quo. Conversely, increasing tobacco taxation at 5% above inflation would represent a more minor change to the status quo (currently tobacco is taxed at 2% above inflation). These differences between the modelled interventions have an influence on the size of their effect.

	Reduction in Deaths		Reduction in Years Lived with Disability	
	Men	Women	Men	Women
Food reformulation (includes reducing salt, sugar, and portion size) 	14,000	12,000	51,000	63,000
Tobacco tax increase (5% above the level of inflation) 	1,500	950	11,000	14,000
Restrictions on alcohol marketing (a ban on alcohol marketing, similar to tobacco currently) 	44,000	34,000	64,000	22,000
Physical activity behaviour change (brief advice delivered through GP practices) 	5,800	5,800	43,000	55,000

NB. Values are mean averages.

All four selected interventions would have a substantial impact on mortality and disability over a 10-year period.

Conclusions and next steps

The PROMISE study shows that even if ‘business as usual’ continues, we will miss the WHO targets on preventable mortality for men, while only just achieving these unambitious targets for women. But there is no reason for the UK to fail to reduce avoidable deaths by 25% by 2025, and we need to do even more to prevent people from dying too early from preventable illness. More than that, the PROMISE study demonstrates the benefits of taking a wider view to address morbidity as well. It is no longer good enough to add years to people’s lives – we also need to add life to their years.

We have a clear opportunity ahead to change thousands of lives for the better. Our research shows that all the modelled interventions would significantly decrease the impact of poor health on substantial numbers of people. We recognise that many interventions may need funding, as well as require concerted effort across Government, public services, businesses and charities to put them in place.

It’s time for Government to act decisively on all of the four key risk factors outlined – poor diet, harmful alcohol consumption, smoking and physical inactivity – and we are ready to work with Government to extend and improve lives across the UK. As the PROMISE researchers state:

“We cannot allow a call for further research to halt action which is needed now... It now lies with policy makers to implement (and evaluate) interventions to reduce the vast disease burden associated with poor diet, physical inactivity, smoking and alcohol consumption.”³²

We know the Government is committed to improving the health of the population. So are we. We also know that selectively targeting only one health risk, or maintaining an artificial split between approaches that require Government action and those that appeal to individual responsibility will have only limited impact. To reach our goal, we need collaborative, holistic and innovative action.

It’s time for Government to act decisively on all the four key risk factors.

If we get prevention right, we will all be winners, by saving lives and reducing long-term pain and disability. Lower rates of preventable disease would mean that more people would be able to return to work or volunteering. More of us would live well into later life, remaining active and engaged in our communities. Fewer people living with serious conditions would relieve pressure on public services, families and carers. So reducing preventable conditions benefits everyone; it’s good for individuals, good for communities, good for business, and good for the country. We want to work with Government, with business, with places and people to address the major risks that lead to widespread preventable illness.

The Richmond Group of Charities
June 2016

References and footnotes

1 To note, the United Nations have outlined a further vision to reduce preventable mortality from non-communicable diseases by one-third by 2030, as part of the 2015 Sustainable Development Goals. For more information, please see: <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>

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23 Ibid.

24 To note, the United Nations have outlined a further vision to reduce preventable mortality from non-communicable diseases by one-third by 2030, as part of the 2015 Sustainable Development Goals. For more information, please see: <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>

25 World Health Organization (2013) WHO Global NCD Action Plan 2013-2020, http://www.who.int/nmh/events/ncd_action_plan/en/

26 The researchers included the relationship between the risk factors and depression and dementia in the modelling exercise, but noted that the evidence linking the risk factors and these conditions is not as strong as with the other eight conditions included.

27 For example, see Office for National Statistics (2011) Statistical Bulletin. Mortality assumptions: 2010-based national population projections, http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171778_235886.pdf

28 Ibid.

29 Arthritis Research UK (2013) Osteoarthritis in General Practice: data and perspectives, <http://www.arthritisresearchuk.org/policy-and-public-affairs/reports-and-resources/reports.aspx>

30 Health and Safety Executive (2012) Working Days Lost, <http://www.hse.gov.uk/statistics/dayslost.htm>

31 More information on the methods used to identify these interventions can be found in Scarborough P, Cowburn G, Cobiac L, Foster C, Matthews A, Milton K, Thomas E, Wilkins E, Rayner M. (2016) Translating the World Health Organization 25x25 goals into a United Kingdom context: The PROMISE study, Richmond Group, p.12-14

32 Scarborough P, Cowburn G, Cobiac L, Foster C, Matthews A, Milton K, Thomas E, Wilkins E, Rayner M. (2016) Translating the World Health Organization 25x25 goals into a United Kingdom context: The PROMISE study, Richmond Group, p.58

Even if 'business as usual' continues, we will miss the World Health Organization's '25 by 25' targets on preventable mortality for men, while only just achieving these unambitious targets for women. But there is no reason for the UK to fail to reduce avoidable deaths by 25% by 2025, and we need to do even more to prevent people from dying too early from preventable illness. Our PROMISE study demonstrates the benefits of taking a wider view, to address morbidity as well. It is no longer good enough to add years to people's lives – we also need to add life to their years.

We know the Government is committed to improving the health of the population. So are we. We also know that selectively targeting only one health risk, or maintaining an artificial split between approaches that require Government action and those that appeal to individual responsibility will have only limited impact. To reach our goal, we need collaborative, holistic and innovative action.

You can read the full PROMISE report at
The Richmond Group of Charities website
www.richmondgroupofcharities.org.uk/publications

The Richmond Group of Charities

8th Floor
89 Albert Embankment
London SE1 7UQ

Telephone 020 7091 2091
www.richmondgroupofcharities.org.uk
Twitter @RichmondGroup12



Living longer, living well: How we can achieve the World Health Organization's '25 by 25' goals in the UK

A report by The Richmond
Group of Charities
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by
2025