

# What is preventing progress?

Time to move from talk to action  
on reducing preventable illness

A report by The Richmond Group of Charities  
*November 2014*



25  
BY  
2025

## About The Richmond Group of Charities

The Richmond Group of Charities is a coalition of 10 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, with the aim of improving the care and support for the 15 million people we collectively represent.

### Our work is focused on five themes:

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

More information about our work is available at:  
[www.richmondgroupofcharities.org.uk](http://www.richmondgroupofcharities.org.uk)

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We thank Incisive Health for their work drafting this report. [www.incisivehealth.com](http://www.incisivehealth.com)

### The scale of the prevention challenge demands a national movement to meet it.

All political parties should commit to making prevention of ill health a top priority. All party leaders should provide personal leadership to the prevention effort and lead the development of a plan to reduce preventable illness and mortality by 25% over the next decade.

**If we come together to tackle non-communicable diseases, we can do more than heal individuals — we can safeguard our very future.**

*Ban-Ki Moon, Secretary-General, United Nations*

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# Foreword

## Our health is one of our most precious assets. It must be protected

As individuals, we can try to adopt healthy behaviours to protect and improve our health. Even if we are diagnosed with a health condition, we can still take steps to improve our quality of life and to reduce the risk of our condition progressing or other illnesses developing.

As a society, we can direct our public services – including, but also going beyond, the NHS – to support people to make positive choices and adopt healthy behaviours.

These are not new ideas. Yet action to implement them has been frustratingly slow. Services have deferred action to safeguard our future health to focus on managing the problems of today.

This cannot continue. Too many people in England are living with, or dying from, conditions that could have been prevented. There can be no mistaking the impact of this failure.

## Preventable illness means avoidable suffering

The Richmond Group of Charities represents current and future generations of patients, carers and families. We see the human cost of the failure to take action on prevention. We are determined that this will not continue.

## The ambition is clear

The World Health Organisation (WHO) set an objective to reduce the mortality from the four main preventable diseases – cardiovascular disease, cancer, chronic lung disease and diabetes – by 25% by the year 2025.<sup>2</sup> The UK Government signed up to the “25 by 25” goal in 2011. It has yet to set out how it intends to deliver on it. We, the Richmond Group, think this is a necessary, but not sufficient step; other conditions need to be included in this initiative, as does a focus on keeping people well who already suffer from long term conditions.

## The need is evident

Around 15 million people in England have a long term condition.<sup>3</sup> Many (though clearly not all) of these conditions could have been prevented. In addition to the human costs, preventable ill health costs the NHS and it costs the economy. The rise in potentially preventable conditions is expected to increase NHS costs by £5 billion a year between 2011 and 2018,<sup>4</sup> and sickness-absence related costs to employers and taxpayers (a proportion of which could have been prevented) have been estimated at £22 billion a year.<sup>5</sup>

## The stark choice we face

- Focus efforts upstream, helping people to stay as well as possible for as long as possible, whether or not they already have a long term condition; or
- Continue to swim against the tide of ill health, and risk NHS and social care services being pulled under.

## The time is now

In order to achieve the goal of “25 by 25” for England, we need to start now.

We know the NHS is facing significant and immediate financial and capacity pressures. Far from providing an excuse to defer action on prevention, these pressures make the case for action now. Effective prevention strategies can deliver short as well as longer term benefits to individuals, communities, health services and the economy.

This means making sure we have a positive start in childhood and maintain good health into adulthood and throughout later life. Increased longevity is often described as a threat – to the NHS, to public finances, to the prospects of younger people. The actual challenge is making sure that alongside living longer we also achieve healthier later years, and that starts with good public health and prevention.

As with individual behaviour change, system change must start somewhere.

The challenge is urgent. The Richmond Group has already set out how, by involving patients in their own care, the NHS can do things differently.<sup>7</sup> We know small changes can lead to big differences – both for health services and, most importantly, for patients and their families.

# The time for ACTION on prevention is NOW

This report is just the beginning of our contribution to the debate on prevention. Next year we will publish detailed modelling on the prevalence of all conditions represented by the Richmond Group, the costs of failing to make progress on prevention, the impact that policy interventions could have on preventable illness and how the WHO goals could be delivered.

We also know we need to play our part. Our role will involve more than just pointing out the problem. We stand ready to be part of the solution.

In the meantime, we are calling for a new partnership – across government, the NHS, public services, charities and patients – to put prevention first.

We simply cannot afford to put it aside any longer.

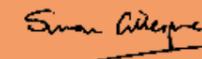
**The time for action on prevention is now.**



**Tom Wright**  
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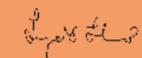
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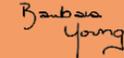
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# Executive Summary

**There needs to be a cross-government approach to prevention, led from the top. Prevention should be at the heart of the health service and at the centre of all policy decisions.**

**It is a truism that prevention is the best buy in health. Yet shifting society's focus towards prevention is challenging; health services must treat people in poor health and this task can overwhelm action to help people prevent ill health in the first place.**

Although progress on prevention has been made – notably in the reduction of smoking prevalence – there is much more to do. Without comprehensive and decisive action on prevention, the challenges facing our health services will get worse and not better.

Recent statements offer some assurance that the scale of the prevention challenge and opportunity is recognised. NHS England's Five Year Forward View calls for a 'radical upgrade in prevention and public health' and commits to tackling the key risk behaviours through national and local action, starting with a national evidence-based diabetes prevention programme.<sup>8</sup> Similarly, Public Health England has set out its intentions to focus on promoting "uptake of evidence based interventions to prevent disease and improve population health". It makes taking action on the key risk factors, obesity, smoking and harmful drinking, three of its seven priorities for the next five years.<sup>9</sup>

We wholeheartedly support these aims. However, words need to now be translated into action. This report makes clear that prevention must occur in every part of people's lives, across the life course and across the disease pathways. It can then reduce the risk of developing an illness in the first place or help manage an ongoing medical condition. This approach will help to minimise the risks of exacerbation or reoccurrence and ensure that a diagnosis of one condition does not unleash a chain of events leading to many others.

Prevention should be everybody's responsibility. There needs to be a cross-government approach to prevention, led from the top. Prevention should be at the heart of the health service and at the centre of all policy decisions.

Delivering on the WHO goals in England is challenging. It will, for example, require that by 2025 there will be:

**2,600,000** fewer adults smoking;

**1,300,000** more adults being physically active;

**9,900,000** people bringing their salt intake down to recommended maximum daily levels;

**430,000** fewer adults drinking at harmful levels.

# Our calls

**The recently renewed focus on prevention is welcome. Our calls reflect the need to build on this, translating insight into action. The health of patients today and tomorrow demands it.**

Throughout this document we have set out our key recommendations – with a rationale for each. They are set out again below under the three areas where we think action is needed:

- **Political leadership**
- **Accountability and transparency**
- **Putting prevention at the heart of the health system**

Each is achievable; each is necessary; each will make a difference.

The scale of suffering caused by preventable ill health and the impact this has on people's lives and health services demands attention.

**We cannot afford not to act.**

# Our calls

## Political leadership on all levels

**The scale of the prevention challenge demands a national movement to meet it. All political parties should commit to making prevention of ill health a top priority.**

### Call 1: A national plan for health improvement, led by the Prime Minister

The scale of the prevention challenge demands a national movement to meet it. All political parties should commit to making prevention of ill health a top priority. All party leaders should provide personal leadership to the prevention effort and lead the development of a plan to reduce preventable illness and mortality by 25% over the next decade.

### Call 2: Making public health the business of all of Government

Preventable ill health has devastating effects for individuals and communities, particularly those already struggling with deprivation and disadvantage. All policies and publicly funded programmes should be aligned to improve the nation's health and should include a health and wellbeing impact assessment, with a particular focus on reducing health inequalities.

### Call 3: Making prevention a key consideration in all local authority responsibilities

The size of the public health challenge requires that prevention needs to be made an explicit goal of all local authority accountabilities. Education, transport, housing, environment, planning and social care resources need to be harnessed for improving the health and wellbeing of citizens.

## Accountability and transparency

### Call 4: Improved surveillance, reporting and research on preventable illness

In line with NHS England's commitment to 'improve the NHS's ability to undertake research and apply innovation'<sup>10</sup> and as part of the national effort to deliver on the WHO commitments, Public Health England should publish an annual report on the reduction in preventable ill health, documenting national progress against the WHO commitments. This report needs to contain an analysis of incidence and prevalence, as well as mortality from the main preventable conditions, including early mortality associated with mental ill health, with a clear focus on those that are attributable to the four big risk factors: tobacco use, inactivity, poor diet and alcohol.

### Call 5: Improved clarity and accountability for prevention

Improving prevention is everyone's responsibility, but we need clarity and accountability. The Department of Health, NHS England and Public Health England need to publically set out how they will better align their responsibilities for improving prevention efforts, building on the ambitions set out in NHS England's Five Year Forward View.

**Public Health England should publish an annual report on the reduction in preventable ill health, documenting national progress against the WHO commitments.**

## Putting prevention at the heart of the health service

### Call 6: Enhanced support for disadvantaged groups

All health and care service providers must, together with service users and third sector partners, develop plans to support people who may have difficulties in accessing routine services, providing them with enhanced support to participate in risk reduction and wellbeing activities. Such groups include people who are lonely or isolated, with severe mental illness, with cognitive impairment, addiction problems or those not registered with a GP.

### Call 7: A plan for getting upstream

Supporting people to live healthily needs to become a central part of the work of the NHS. NHS England's welcome prevention ambition needs to be translated into a concrete action plan that sets out how to transition from escalating spend on crisis and complications to preventative, upstream services at scale and pace.

### Call 8: Enabling and requiring the NHS and public sector workforce to make every contact count

The NHS needs to equip everyone who has contact with patients and service users with the skills to support them to live better, healthier lives. NHS England needs to produce a plan that shows how all NHS staff will be supported and required to develop these skills. Health Education England and the medical Royal Colleges need to ensure that supporting self-care and behaviour change and motivational interviewing are included in the training of all NHS staff.

With public health now being the responsibility of councils, the same commitment is required of local authorities.

**NHS England's welcome prevention ambition needs to be translated into a concrete action plan that sets out how to transition from escalating spend on crisis and complications to preventative, upstream services at scale and pace.**

### Call 9: Improving workplace health

Work is a key determinant of self-worth, identity and standing within the community and contributes to material progress and a means of social participation. Government should require all workplaces to have strategies in place to support workplace health and wellbeing.

The NHS is England's biggest employer and local authorities are major employers in their communities. Both should set the standard for workplace health by example.<sup>17</sup> Hard-working NHS and council staff won't be able to support patients and citizens to improve their wellbeing if they find themselves in workplaces that do not encourage and embed good physical and mental health. All NHS organisations and local authorities need to urgently produce strategic plans for how they will achieve tangible levels of improvements in workplace and staff health, using tools such as the workplace wellbeing charter.

# The size and urgency of the problem

## Preventable illness, avoidable suffering

Too many people in England are living with, and dying from, conditions that could have been prevented. The Office of National Statistics has estimated that nearly one in four deaths are potentially avoidable. This amounts to over 100,000 deaths every year.<sup>12</sup>

Preventable illness means avoidable suffering for patients and their families. It means people living their last years in ill health, with disability, or pain. It means people taken from their families too soon.

### KEY FACTS

**1 in 4** of the UK adult population is at high risk of Type 2 diabetes,<sup>13</sup> but up to 80% of cases could be delayed or prevented<sup>14</sup>

**75%** of cardiovascular disease is preventable<sup>15</sup>

**Two thirds** of deaths from asthma attacks are preventable<sup>16</sup>

**80%** of strokes are preventable<sup>17</sup>

**Smoking is responsible for over 80% of all deaths from lung cancer and Chronic Obstructive Pulmonary Disorder (COPD)**<sup>18</sup>

**Up to half** of all cancers could be prevented by changes in lifestyle behaviours<sup>19</sup>

**Modifiable factors account for over half of the disease burden in later life**<sup>20</sup>

**Up to 30%** of cases of Alzheimer's disease are attributable to modifiable risk factors<sup>21</sup>

**If every woman in the UK was regularly physically active, 9,000 fewer women would develop breast cancer each year**<sup>22, 23</sup>

Walking for a mile at a moderate pace each day could reduce prostate cancer patients' risk of dying from the disease by **30%**<sup>24</sup>

### Better health for everyone

Preventing illness and premature death is also a matter of social justice. Put simply, health is linked to wealth. Those most disadvantaged tend to do worst in terms of their health.<sup>25</sup>

There is a gap in overall life expectancy between the most and least deprived areas of England of 6.8 years for women, and 9.2 years for men.<sup>26</sup> However there is an even bigger gap in healthy life expectancy between the most and least deprived areas, of 15.5 years for women and 17.5 years in men.<sup>27</sup> Starting to close this gap would also make a substantial difference to meeting the challenges of an ageing society.

### Action not words

There are many different determinants of health – the social, economic, environmental and cultural influences on health and wellbeing. They include things that individuals can change – such as whether we smoke, what we eat and drink, or how active we are – as well as things we can't change – our age, gender, and family history of illness.

They also include factors that can be changed by local or national policy – such as deprivation, discrimination, our built environment, our workplaces, our local economy, community services and green spaces.<sup>28</sup>

Reducing the numbers of preventable cancers, heart attacks, strokes and respiratory diseases can be achieved by:

- Encouraging and supporting people to adopt healthy behaviours throughout their lives, from childhood to later years
- Identifying physical and mental health conditions early and managing them effectively and rapidly
- Continuing to support people to live as healthily as possible for as long as they can once an illness is diagnosed
- Changing attitudes to ageing to make us less accepting of avoidable ill health in older age

Prevention and health improvement cannot be the sole responsibility of the NHS. Many different public services can contribute to building healthy communities, including:

- **Education** – improving knowledge and implanting healthy habits;
- **Planning** – shaping our environments and public spaces;
- **Licensing and regulation** – protecting health and safety;
- **Housing** – ensuring people have safe, warm and adapted homes;
- **Transport** – improving safety and encouraging people to walk or cycle;
- **Wider social policy** – strengthening communities;
- **Taxation** – exploring how taxation can be used to make unhealthy choices, like smoking, less attractive.

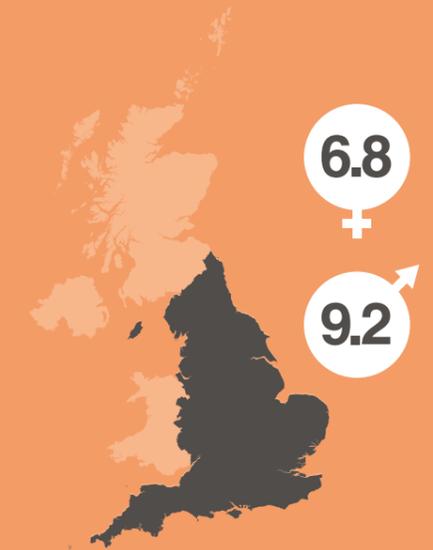
Too often public services operate in isolation rather than as part of a system, focusing on delivering their own specific role at the expense of promoting wider good health.

### A new national movement to improve the health of the nation

Concerted action – by definition – requires coordination. The scale of the prevention challenge demands a new national movement to meet it. This should be led from the top, with a public commitment to prevention from the Prime Minister supported by all political parties.

### The Richmond Group is calling for a national plan for health improvement, led by the Prime Minister

The scale of the prevention challenge demands a national movement to meet it. All political parties should commit to making prevention of ill health a top priority. All party leaders should provide personal leadership to the prevention effort and lead the development of a plan to reduce preventable illness and mortality by 25% over the next decade.



**There is a gap in overall life expectancy between the most and least deprived areas of England of 6.8 years for women, and 9.2 years for men**

### Prevention front of mind not back of the queue

Every public service recognises the value of prevention. Yet too often this recognition fails to move from words to action, being passed over in the face of seemingly more immediate priorities. We need prevention to be front of mind for those commissioning public services and spending public money both nationally and locally.

If we get prevention right we will deliver a benefit to all aspects of public policy: a fairer society with a healthy population, with resilience into late old age, driving a thriving economy, which in turn will support high quality health services that are sustainable for the long term.

### The Richmond Group is calling for public health to be made the business of all of Government

Preventable ill health has devastating effects for individuals and communities, particularly those already struggling with deprivation and disadvantage. All policies and publicly funded programmes should be aligned to improve the nation's health and should include a health and wellbeing impact assessment, with a particular focus on reducing health inequalities.

### Local action and accountability

The Government's Living well for longer: A Call to Action to Reduce Avoidable Premature Mortality stated that local authorities should "lead the charge" to reduce preventable early death, through their new health improvement responsibilities and ring-fenced budget.<sup>37</sup> Many local authorities are doing innovative and integrated work on public health, within existing, limited resources.

Expenditure on public health by local authorities is budgeted to be £2.9 billion in 2014-15, representing around 2.5% of total local authority expenditure.<sup>32</sup> At a time when local authority finances are under increasing pressure, there is a risk that these funds – as well as those made available to support social care – will be used to cover existing activity rather than invested in further efforts to improve prevention.

We understand that budgets are severely constrained. Local authorities have to find ways to do more with less. However, effective use of different local authority budgets can help to achieve public health goals. This must start with making prevention a central part of the planning and delivery of all local services.

### The Richmond Group is calling for prevention to be a key consideration in all local authority responsibilities

The size of the public health challenge requires that prevention needs to be made an explicit goal of all local authority accountabilities. Education, transport, housing, environment, planning and social care resources need to be harnessed for improving the health and wellbeing of citizens.

### Ramona's story



**"When I found out five years ago that I had type 2 diabetes, I was absolutely devastated. I weighed over 17 stone, was very ill and had almost lost my mother to the condition less than 12 months before my diagnosis. I didn't want to die from this, as I have such a wonderful and happy life."**

"Instead it gave me the kick-start I needed to make life changing decisions about what I eat and the exercise I do. I immediately changed my eating habits and ate smaller portions. I joined a programme called "Activity for Life", a 12 week programme run by the NHS at my local gym, and have been going every weekend ever since. I also run a free timed 5K every Saturday. I have run several 10K races and 2 half marathons so far, and will be running Manchester Marathon in April. I've lost 7.5 stone, and I have never felt healthier, happier and more alive. My aim is to raise awareness of the condition, and to inspire others to make healthier lifestyle choices so that we (as a country) can tackle obesity and diabetes".

**My aim is to raise awareness of the condition and to inspire others to make healthier lifestyle choices so that we (as a country) can tackle obesity and diabetes<sup>50</sup>**

*Ramona*

### Doreen's story



**Doreen attended a health check organised by her Health at Work programme coordinator.**

Doreen always thought she was in good health – she exercised moderately, and thought she had a fairly well-balanced diet. So she was surprised when she was told that her blood sugar levels were very high. A visit to her GP confirmed that she had Type 2 diabetes, which also puts her at greater risk of having a heart attack or stroke.

The health check had caught it early. She was prescribed medication, had an eye test and attended a course, which gave her the information she needed to come to terms with and manage her condition.

Doreen started exercising: she now walks her dog twice a day; swims at least once a week; has cut down on sweet treats; drinks only diet soft drinks; uses sweetener in her coffee and starts each day with a healthier breakfast.

Six months on and these small changes to her lifestyle have paid off. Doreen has lost one and a half stone and her blood pressure and blood sugar levels have reduced considerably. These changes mean that not only is Doreen's diabetes better managed, but she's also lowered her risk of developing cardiovascular disease.<sup>33</sup>

### Case Study: Helping women get active



**Whilst some risk factors for breast cancer cannot be avoided, some major lifestyle risk factors can be changed, including a woman's level of physical activity. If every woman in the UK was physically active for 30 minutes per day, 1 in 6 cases of breast cancer could be prevented.<sup>29</sup>**

Breakthrough Breast Cancer's web resource BRISK was developed to break down the barriers to physical activity. It aims to get women active by providing ideas for fun activities that are easy to incorporate into daily life, with a range of activity choices that can be done individually or socially. The resource allows women to track whether they are doing enough activity to reduce their risk of breast cancer, and uses goal-setting to help people adopt change.

Breakthrough is promoting BRISK to a wide range of audiences, through several mechanisms, including social media, supporter channels, directly to healthcare professionals, through local authorities and by working with our corporate partners.<sup>30</sup>

# The causes of ill health

## Shared impact, shared causes

One of the reasons Richmond Group members have chosen prevention as a shared focus is because so much of the collective impact of the diseases we represent is caused by a few shared contributing factors.

Four key risk factors for ill health are highlighted in the World Health Assembly Resolution:

These four risk factors exact a terrible toll. Estimates suggest that each year in England:

## Smoking



**Smoking**  
leads to more than  
**79,000**  
lives being lost<sup>36</sup>

## Inactivity



**Inactivity**  
leads to around  
**37,000**  
lives being lost<sup>37</sup>

## Unhealthy diet



**Obesity**  
leads to around  
**30,000**  
lives being lost<sup>38</sup>

## Alcohol



**Alcohol**  
leads to around  
**6,500**  
lives being lost<sup>39</sup>

In addition to the overall goal of a 25% reduction in premature deaths, the WHO has set a number of prevention targets that England needs to meet by 2025, including:<sup>40</sup>

**Target**  
30% reduction  
in tobacco use

**In England this means**<sup>41, 42</sup>  
2,600,000 fewer adults  
smoking<sup>43</sup>

**Target**  
10% reduction  
in prevalence  
of insufficient  
physical activity

**In England this means**  
1,300,000 more adults  
being physically active<sup>44</sup>

**Target**  
30% reduction  
in salt intake

**In England this means**  
9,900,000 people  
bringing their salt intake  
down to recommended  
maximum daily levels<sup>45, 46</sup>

**Target**  
10% reduction in  
the harmful use of  
alcohol

**In England this means**  
430,000 fewer  
adults drinking at  
harmful levels<sup>47</sup>

**25**  
BY  
**2025**

The Richmond Group is commissioning research to model how different interventions could make a difference. We will publish this research in 2015.

In the meantime, we need to be able to measure progress on prevention. Existing datasets from the NHS, Public Health and Social Care Outcomes Frameworks will help to inform this. However, if we want to achieve a 25% reduction in preventable morbidity and mortality in 10 years, we need to track progress against this goal. Otherwise there is a danger that prevention will continue to be deprioritised.

The Richmond Group is calling for improved surveillance, reporting and research on preventable illness

In line with NHS England's commitment to 'improve the NHS's ability to undertake research and apply innovation' and as part of the national effort to deliver on the WHO commitment, Public Health England should publish an annual report on the reduction in preventable ill health, documenting national progress against the WHO commitments. This report needs to contain an analysis of incidence and prevalence, as well as mortality from the main preventable conditions, including early mortality associated with mental ill health, with a clear focus on those that are attributable to the four big risk factors: tobacco use, inactivity, poor diet and alcohol.

### Case study: Hearty Lives



The Hearty Lives projects are initiatives working with local partners to improve the health of people at greatest risk of developing cardiovascular disease.

Since 2009 more than 159,000 people have taken part in Hearty Lives activities. Recent projects have been aimed at reducing the risk of future cardiovascular disease for children by encouraging them to adopt a healthier lifestyle. Since 2009 a total of 33 projects have been funded by the British Heart Foundation across the UK including:

- Funding a lifestyle coach to help residents in Barking and Dagenham improve their heart health
- Running weight management courses for overweight children and young people in Scotland
- Helping people with learning disabilities and their carers live healthier lifestyles in Great Yarmouth
- Running a fitness programme in partnership with Barnsley Football Club for local men at risk of heart disease<sup>34</sup>

### Case Study: Fit as a Fiddle



Fit as a Fiddle, a five year programme funded by the Big Lottery Fund and managed by Age UK, has been very successful in encouraging older people across England to keep active and eat healthily.

By increasing the focus upon expectations of good health in old age and encouraging older people to maintain, sustain and improve their health, fit as a fiddle set out to address inequalities and empower older people to live fulfilling lives with the support of peers and their communities. Project successes included increasing the amount of activity participants were doing by 33% and almost doubling the numbers of people eating five portions of fruit and vegetables a day. Not only did the programme achieve improvements in general health, particularly with regard to mental wellbeing, it is likely to have resulted in cost savings to the local health economy.<sup>48</sup>

**The most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity.**<sup>35</sup>

*United Nations General Assembly Resolution, 2012*

# The impact of multiple illnesses

Comorbidity is one of the most important issues facing health systems in the developed world today and the single disease approach is unable to address this problem appropriately. **Patients with multiple long term conditions are becoming the norm rather than the exception.**<sup>57</sup>

*Department of Health, 2014*

### Multiple conditions are the new normal

Ill health is increasingly complex. As the population gets older, more people are living with multiple conditions. Many of these conditions will be linked. This has implications for the way we prevent disease and look after people requiring complex care.

Many of the health conditions people live with:

- **Share common risk factors** – for example, someone may develop a lung disease and have a heart attack caused by their smoking;
- **Increase risk of further ill health** – for example, treatment for schizophrenia may increase a person's risk of weight gain;
- **Have a causal link** – for example, someone with diabetes may develop diabetic retinopathy and lose their sight; and
- **Exacerbate each other** – for example, someone with a long term physical condition may suffer from depression or anxiety.

Around 70% of total health and care spend in England goes on long term conditions, many of which will be preventable. The number of people living with more than one long term condition is projected to increase from 1.9 million in 2008 to 2.9 million by 2018.<sup>53</sup>

NHS hospital services are under pressure from increasing numbers of admissions. A recent analysis by the Nuffield Trust suggested that without action to reduce the need for hospital care, the equivalent of 22 extra hospitals will be required by 2022.<sup>54</sup>

### The relationship between mental and physical health

There is a strong association between mental and physical health.

People with serious mental illness are at greater risk of developing other long term conditions and experience worse outcomes. Compared to the general population, people with mental illness are twice as likely to develop diabetes<sup>55</sup> and three times more likely to die from heart disease.<sup>56</sup> Compared with the general population, men with schizophrenia die, on average, 20.5 years earlier, and women with schizophrenia die 16.4 years earlier. One-third of these preventable deaths are attributed to suicide or injury but the rest are from physical causes, and particularly from heart conditions and stroke.<sup>57</sup>

In addition, people with long term physical conditions are two to three times more likely to experience mental health problems than the general population.<sup>58</sup> More than 4 million people in England with a long term physical health condition also have mental health problems, and many of them experience significantly poorer health outcomes and reduced quality of life as a result.<sup>59</sup> Depression is particularly common in people living with vascular dementia.<sup>60</sup> Patients with both mental and physical health problems often suffer with poor clinical outcomes, as they often struggle to effectively self-manage their symptoms and tend towards unhealthy behaviours such as smoking.<sup>57</sup>



**2.9 million**

The number of people living with more than one long term condition by 2018

#### The Richmond Group is calling for enhanced support for disadvantaged groups

All health and care service providers must, together with service users and third sector partners, develop plans to support people who may have difficulties in accessing routine services, providing them with enhanced support to participate in risk reduction and wellbeing activities. Such groups include people who are lonely or isolated, with severe mental illness, with cognitive impairment, addiction problems or those not registered with a GP.

All people should have access to services that allow them to maintain both their mental and their physical wellbeing. This is enshrined in the NHS Constitution:

“The NHS provides a comprehensive service, available to all... designed to diagnose, treat and improve both physical and mental health.”<sup>62</sup>

Yet simply recognising the links or declaring that physical and mental health conditions are as important as each other is not enough. Prevention should be the cornerstone of both mental and physical health services. Where a diagnosis of one condition means a person is at increased risk of developing another, services need to identify this and provide tailored support to help people to stay well and avoid complications and deterioration.

#### Tracy's story



**It is just as important to help someone with a mental health condition to live well as someone with a physical condition. Tracey developed type 2 diabetes when she was just 22 years old after her GP failed to properly monitor the side-effects of her antipsychotic medication.**

“I have schizoaffective disorder and borderline personality disorder, and was first prescribed antipsychotics in my early twenties. After I'd been taking them for around 18 months, I started to notice the impact it was having on my physical health. I went to my GP because I was convinced something was wrong. But he dismissed my concerns, he wouldn't entertain the idea that there might be something serious going on.”

“About a year passed and the symptoms continued to get worse, before I was finally diagnosed with type 2 diabetes. My diabetes consultant told me that the symptoms I had gone to my GP about were clear early signs of the condition. He also said that it was the antipsychotics that had caused my diabetes.”<sup>63</sup>

It is important that people living with long term conditions are **supported** wherever possible in taking control of their condition

#### Prevention for everyone, tailored to each person

Everyone can benefit from improved prevention support. Whether it is encouraging healthy habits in a child, reducing disease-causing behaviours in a young adult, helping someone already diagnosed with a condition to reduce their risk of further ill health, or minimising the impact of frailty in later life, prevention matters.

Prevention is often viewed as something done to stop a condition occurring in the first place. Yet it also has a significant role to play in stopping conditions getting worse, in limiting the symptoms and occurrence of a condition, and in minimising the risk of one condition leading to the development of another. Examples include:

- Preventing patients with neurological conditions from developing secondary complications such as respiratory problems, urinary tract infections, or injuries due to falls<sup>64</sup>
- Monitoring the physical health of people with serious mental illness to help manage risk factors such as weight gain associated with antipsychotic medication

It is important that people living with long term conditions are supported wherever possible in taking control of their condition. For example, it is estimated that 95% of diabetes management is self-management,<sup>65</sup> but diabetes continues to cause a significant number of complications. According to Diabetes UK, diabetes is responsible for over 100 amputations each week, of which up to 80% are preventable.<sup>66</sup> COPD is the second most common cause of hospital admissions in the country,<sup>67</sup> costing the NHS over £800m in direct healthcare costs.<sup>68</sup> Earlier diagnosis and better management of this condition will help to reduce the high numbers of admissions. Similarly, Asthma UK estimates that 75% of hospital admissions for asthma are avoidable.<sup>69</sup>

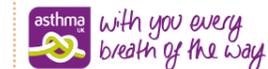


**Diabetes** is responsible for **100** amputations per week

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**80%** are avoidable

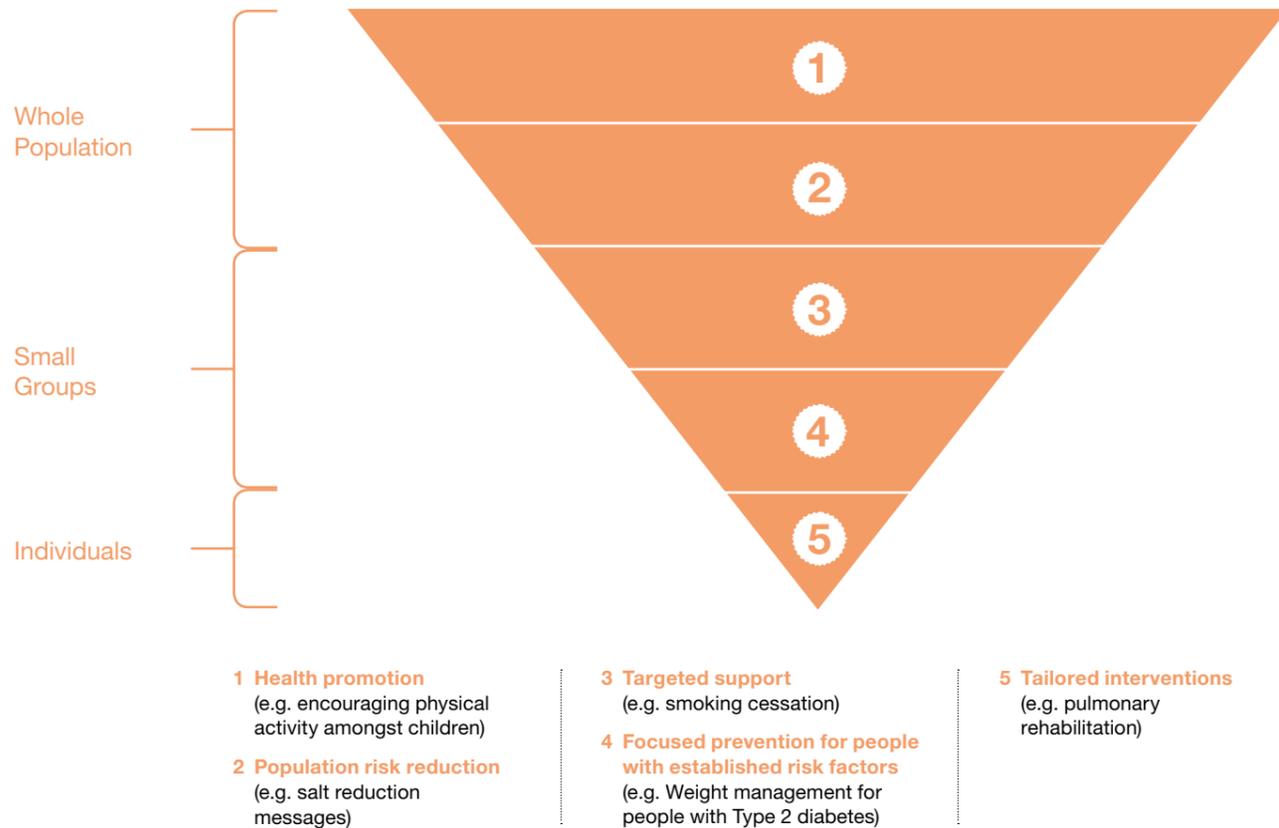
#### Conal's story



**“A bit of time after I was first diagnosed with asthma two years ago I was directed to Asthma UK for support and advice about the condition. Its website provided key information about different drug options to control my symptoms and as a direct result of this advice I was transferred to the respiratory team at a hospital and put on a trial for a new treatment which has helped my asthma enormously.”**

“Whilst it hasn't cured my asthma and I still struggle daily with symptoms and sometimes with severe attacks, it does mean that I can work again and lead a much more normal life than I could have imagined a year ago. I now feel as though I have come to terms with my asthma and manage it rather than let it manage me.”<sup>70</sup>

## Spectrum of interventions



Many of the major health challenges facing society today are interlinked and many of the risk factors (and hence interventions) are the same. For example, control of diabetes, smoking cessation, as well as increases in physical activity, all have the potential to reduce the risk of dementia, even in later life.<sup>71</sup> Given this, we believe that it is not always helpful to use the traditional distinction between primary prevention (preventing the initial occurrence of a disorder) and secondary and tertiary prevention (arresting existing diseases and their effects).<sup>72</sup>

Instead, we believe there is a spectrum of prevention, which will range from population-wide support to highly focused interventions.

Health services need to invest more in upstream support so that they can improve downstream health outcomes and reduce costs.

### **The Richmond Group is calling for a new plan for getting upstream**

Supporting people to live healthily needs to become a central part of the work of the NHS. NHS England's welcome prevention ambition needs to be translated into a concrete action plan that sets out how to transition from escalating spend on crisis and acuity to preventative, upstream services at scale and pace.

**Supporting people to live healthily needs to become a central part of the work of the NHS. NHS England needs to show system leadership, by committing to an action plan that sets out how to transition from escalating spend on crisis and acuity to preventative, upstream services at scale and pace.**

### Margaret's story



**Margaret, aged 70, from West Glamorgan, Wales was diagnosed nine years ago with chronic obstructive pulmonary disease (COPD). She had a history of smoking 40 cigarettes a day but had quit smoking two years before she was diagnosed. She noticed her symptoms of breathlessness worsening as walking up hills became increasingly difficult.**

After 18 months of investigations into the causes of her breathlessness, Margaret's condition was finally diagnosed by her chest consultant. Very soon after diagnosis Margaret was offered a six week pulmonary rehabilitation course, which put her on the path of regular exercise. Margaret enjoys working out and attends her local gym three times a week for one hour, where she uses the treadmill, rowing machine and other equipment to help her complete her upper body exercises. Margaret feels this helps control her COPD, in fact she has never been admitted to hospital and hasn't had a serious chest infection for over two years now.<sup>73</sup>

### Ted's story



**"I was diagnosed with cancer in October 2009 and had surgery the following month. In the run up to my surgery I was advised to keep as physically active as possible – the fitter you are the better you're going to be able to tolerate the surgery."**

"To be honest, I didn't particularly enjoy the daily routine of brisk walking but I knew it was essential. It also felt like I was doing something for myself and gave me a sense of control after the diagnosis turned my life upside down. Following extensive surgery, I was in hospital for nearly six weeks. The cancer and the long period of bed rest left me feeling rather frail and unsteady on my feet."

"So I slowly increased the daily walking and built up my muscles through strength training. Keeping active has helped me, and my family, through a very difficult time. It's helped me return to a more normal way of life and has given me a real sense of achievement. My confidence has returned, I am now back at work and I've even fulfilled one of my life long dreams – I bought a sailing boat. Now that's going to keep me active."

"Keeping active has helped me, and my family, through a very difficult time."<sup>74</sup>

# Taking responsibility for action on prevention

## Bobs's story



**Bob Taylor, 60, was diagnosed with Parkinson's in 1998.**

"When I was diagnosed I was told I had an incurable, degenerative condition. That doesn't leave you with much hope or motivation.

"I didn't see any health or social care professionals for the first few years. I was left to work out strategies for coping with symptoms and their mental impact. Once I learnt a bit more about the condition, I asked to see a speech and language therapist. I was told to come back when I had a problem. This is the wrong approach with a degenerative condition – you need early support to prevent health and care issues becoming a crisis.<sup>75</sup>"

The impact of poor prevention on individuals and health services is clear. Yet the responsibility and accountability for addressing this is not.

A key argument underpinning the recent reforms to health and care was that prevention would be prioritised by ring-fencing public health budgets, transferring many responsibilities to local authorities, and creating local health and wellbeing boards to examine local health needs and agree strategies to address them.<sup>76</sup> However, the changes have introduced greater fragmentation into prevention planning, as demonstrated in the next column.

## The impact of fragmentation on obesity services

Obesity is a well-established preventable risk factor for many long term conditions, and costs the NHS more than £5 billion every year.<sup>77</sup> The Department of Health has set a national ambition to achieve a downward trend in levels of excess weight among adults and children by 2020.<sup>78</sup>

However responsibility for managing obesity sits with many parts of the system:

- **Local authorities** are responsible for commissioning population-level interventions to encourage healthy eating and physical activity, as well as lifestyle-related weight management services
- **Clinical commissioning groups** commission many of the services where the risk of obesity could be identified or managed
- **NHS England** has responsibility for commissioning surgery for morbid obesity. However, subject to ministerial approval, this will be devolved to CCG-level from April 2015.<sup>79</sup>
- **Public Health England** supports delivery and improvements against the obesity outcomes specified in the Public Health Outcomes Framework

In practice, preventative services are operating in silos and not always in the best interest of patients. NHS England has highlighted significant variations in access to obesity services, with some areas failing to commission the interventions that should be in place to help to support patients.<sup>80</sup>

**All public services must embrace the fact that they have a shared responsibility to tackle the common problem of preventable disease and must work together to deliver effective prevention and health improvement strategies.**

There are also concerns that the NHS Health Check programme, which is the responsibility of local authorities, is not being appropriately implemented. Under the programme, every person aged 40 to 74 should be invited to have an assessment of, and support to reduce, their risk of cardiovascular disease, kidney disease and diabetes. Research by Diabetes UK shows that just 6.4% of people aged 40 to 74 got one of the checks in the first nine months since responsibility for the programme switched from the NHS to local government, significantly fewer than the 11.25% of people in this age range which Diabetes UK says should be getting the check.<sup>81</sup>

All public services must embrace the fact that they have a shared responsibility to tackle the common problem of preventable disease and must work together to deliver effective prevention and health improvement strategies.

## **The Richmond Group is calling for greater clarity and accountability on prevention**

Improving prevention is everyone's responsibility, but we need clarity and accountability. The Department of Health, NHS England and Public Health England need to publically set out how they will better align their responsibilities for improving prevention efforts, building on the ambitions set out in the NHS England's Five Year Forward View.

## Case study: Know Your Blood Pressure



**The Know Your Blood Pressure campaign helps the general public understand the link between high blood pressure and stroke, other risk factors and what they can do to reduce their risk. We hold events at the heart of communities across the UK, throughout the year, offering free blood pressure testing, stroke prevention information and friendly advice. The campaign aims to encourage people to adopt healthier lifestyles and to ensure they get their blood pressure checked regularly.**

The campaign has been running since 2003, delivered by Stroke Association staff and volunteers, and in partnership with Rotary International in Great Britain and Ireland.

Since 2011, we have recorded over 145,000 blood pressures and in 2013, we were able to reach more people than ever before. Over 12% of the readings were high enough for individuals to be advised to make follow-up appointments with their GP.<sup>82</sup>

# Making every contact count

People expect the NHS to do more than treat them when they are ill; it must also help them to stay well. Everyone has a responsibility for their own health, but the NHS is also responsible for helping people to improve their health and wellbeing.<sup>83</sup>

*NHS Future Forum, 2012*

Millions of people come into contact with NHS services every day. They do so at a time when they need help and when they might be more open to prevention messages than when their health is not on their mind.

These contacts are prevention moments – opportunities to intervene, encourage and support people in making changes to their life when they are at their most receptive. This is particularly important in reducing health inequalities, since the most disadvantaged groups may also have the least contact with services before serious ill health is diagnosed.

Health services need to seize any opportunity to promote prevention – making every contact count.<sup>84</sup> Turning this ambition into a reality requires every healthcare professional to see encouraging prevention as a core part of his or her role. It will also require healthcare training to place greater emphasis on prevention, equipping people with the skills to identify opportunities to provide prevention support and to communicate advice effectively and sensitively.

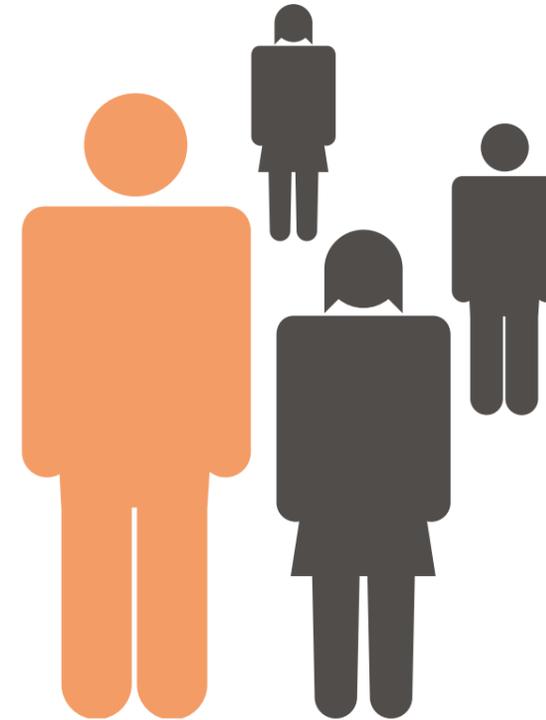
The principle of making every contact count also applies outside health services. Employers, in

particular, can play an important role in supporting prevention messages, signposting sources of information and support, creating healthy working environments and encouraging behaviour change. In this respect the NHS, as the largest employer in the country, should lead by example.

**The Richmond Group is calling for the NHS and public sector workforce to be required and enabled to make every contact count**

The NHS needs to equip everyone who has contact with patients and service users with the skills to support them to live better, healthier lives. NHS England needs to produce a plan that shows how all NHS staff will be supported and required to develop these skills. Health Education England, and the medical Royal Colleges need to ensure that supporting self-care and behaviour change and motivational interviewing are included in the training of all NHS staff.

With public health now being the responsibility of councils, the same commitment is required of local authorities.



**25% less preventable illness by 2025**

**The Richmond Group is calling for a renewed focus on workplace health**

Work is a key determinant of self-worth, identity and standing within the community and contributes to material progress and a means of social participation. Government should require all workplaces to have strategies in place to support workplace health and wellbeing.

The NHS is England's biggest employer and local authorities are major employers in their communities. Both should set the standard for workplace health by example.<sup>85</sup> Hard-working NHS and council staff won't be able to support patients and citizens to improve their wellbeing if they find themselves in workplaces that do not encourage and embed good physical and mental health. All NHS organisations and local authorities need to urgently produce strategic plans for how they will achieve tangible levels of improvements in workplace and staff health, using tools such as the workplace wellbeing charter.

**John and Rosemary's story**



**After Rosemary had a stroke, she spoke to a Stroke Prevention Service Coordinator at the local Stroke Association.**

"She signed us up to a Stroke Association healthy lifestyle programme which has helped us to turn our lives around. We learned about different food groups, portion sizes and how to change habits. We also set achievable targets and made things part of our everyday routines, like getting out in the fresh air and walking short distances."

With determination, the help of the Stroke Association programme and a dietician, they began to manage the lifestyle factors that were putting them at risk of stroke and secondary stroke. Her husband John lost three and a half stones and Rosemary lost two and a half stones.<sup>86</sup>

# Time to act

The need for better prevention is accepted. We now need to translate consensus into action. Doing so will require national leadership and coordination between organisations in a way which so far has been missing.

The current and future generations of patients that we represent provide the most compelling reason to act. Their stories, some of which are presented in this report, detail both the human impact of preventable ill health, but also the opportunities that exist to change this. In many cases ill health is not inevitable and, even when ill health is diagnosed, it need not lead to a spiral of decline.

Although the scale of the challenge is significant, there are many examples of services and projects that should offer inspiration as we seek to move to delivery of high quality prevention at scale.

For patients, carers and the general public, unhelpful distinctions between who is responsible for what are irrelevant. People want to be assured that they will receive the support they need, when they need it, to make a difference to their lives.

This report sets out a series of immediate actions that should be taken to enable England to deliver on the 25 by 25 commitments. We stand ready to play our part.

Next year we will publish modelling on the WHO goals, as well as detailed policy recommendations on the changes required to translate promises into action.

**In the meantime we hope that all those in a position to act will begin to do so:**

- Political leaders, by signalling their commitment to provide personal leadership on this issue
- The next Government, by bringing together disparate public services in a concerted effort
- NHS England, by ensuring its aim of a 'radical upgrade in prevention and public health' is realised<sup>87</sup> as part of the implementation of its Five Year Forward View
- Local authorities, by embedding prevention in all aspects of the planning and delivery of local services
- The NHS, by improving the health and resilience of its workforce and their ability to deliver public health interventions

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**This report by The Richmond Group of Charities is an important contribution to the debate and reinforces the message in Simon Steven's Forward View about the vital role of prevention and public health.**

*Dr Sarah Wollaston*

MP, Chair of the House of Commons Health Select Committee

**There is much more that can be done to prevent, halt or ameliorate most common long term disorders, and their consequences. It is a major public health goal. But it can only be realised if we work together at every level of society to support people in maintaining the best possible physical and mental health at each stage in life. For most of us the longest part of our lives is spent in the workplace. Workplaces, public and private, offer opportunities, scarcely tapped, to improve health and wellbeing and an extended, productive, and rewarding working life. It is very welcome that The Richmond Group of Charities emphasises this important responsibility.**

*Professor Dame Carol Black*

DBE, FRCP, Expert Advisor on Work and Health to the Department of Health

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## What is preventing progress?

Time to move from talk to action on reducing preventable illness

A report by The Richmond Group of Charities

*November 2014*

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