



In Focus

Building a Health-Creating Society

Lifestyle Risk Factors and Health

According to the [World Health Organisation](#) (WHO), 38 million people worldwide die each year from non-communicable diseases such as cardiovascular disease, cancer, respiratory disease and diabetes. Behavioural risk factors such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol increase the risk of non-communicable diseases. In a 2013 [report](#) on 'health literacy', the WHO asserted that “‘modern’ societies actively market unhealthy lifestyles, healthcare systems are increasingly difficult to navigate (even for the best educated people) and education systems too often fail to provide people with adequate skills to access, understand, assess and use information to improve their health”.

The most recent [Health Survey for England](#), carried out on behalf of the Health and Social Care Information Centre (HSCIC), reported that in 2013, 67 percent of men and 57 percent of women were either overweight or obese. Both body mass index and waist circumference contribute to the National Institute for Health and Care Excellence (NICE) calculation of health risk caused by overweight and obesity. By these definitions, more than half of men and women were in the increased, high or very high health risk categories. The HSCIC noted “considerable evidence that childhood overweight and obesity can be linked with numerous long-term and immediate health risks”; according to the survey results, 30 percent of boys and 29 percent of girls aged 2–15 were classed as either overweight or obese. The data also showed that since 2006, only about a fifth of children, about a quarter of men and less than a third of women consume the recommended five portions of fruit and vegetables each day. The [2012 Health Survey for England](#) found that 67 percent of men and 55 percent of women met the guidelines for aerobic activity; only 21 percent of boys and 16 percent of girls aged 5–15 were taking the recommended amount of physical activity.

The OECD [stated](#) in November 2015 that the UK’s “high rates of smoking, harmful alcohol consumption and obesity require urgent attention”. The OECD noted that although the number of smokers is falling, one in five UK adults were still smoking in 2013, and levels of alcohol consumption in the UK were above the OECD average.

It is difficult to put an exact figure on the amount that the NHS spends on treating health conditions attributable to lifestyle risk factors, but one frequently cited [academic study](#) published in the *Journal of Public Health* in 2011 estimated that in 2006–07, “poor diet-related ill health cost the NHS in the UK £5.8 billion. The cost of physical inactivity was £0.9 billion. Smoking cost was £3.3 billion, alcohol cost £3.3 billion, overweight and obesity cost £5.1 billion”. Anita Charlesworth, Chief Economist at the Health Foundation (an independent charity), stated recently on the BBC Radio 4 programme [Healthy Visions](#) that “about £1 in every £5 that the NHS spends, it spends on health problems that are a direct result of our lifestyle, so that’s obesity, poor diet, smoking and physical inactivity”.

Policy Response

The NHS published its [Five Year Forward View](#) in October 2014, setting out a new vision for the future of the NHS based around new models of care. In this document, the NHS argued that “the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health”. The NHS therefore committed to backing “hard-hitting national action on obesity, smoking and other major health risks”; to helping “develop and support new workplace incentives to promote employee health and cut sickness-related unemployment”; and to advocating “for stronger public health-related powers for local government and elected mayors”. The *Five Year Forward View* also promised that “when people do need health services, patients will gain far greater control of their own care”. A third strand of the vision was for the NHS to “take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care”. The document proposed that local health communities would be able to choose between “a small number of radical new care delivery options”.

Since March 2015, [50 vanguard sites](#) have been selected to take the lead on developing new care models which will, according to NHS England, “act as the blueprint for the NHS moving forward”. The new care models are: integrated primary and acute care systems (joining up GP, hospital, community and mental health services); multispecialty community providers (moving specialist care out of hospitals into the community); enhanced health in care homes; urgent and emergency care; and acute care collaboration (linking local hospitals together to improve their clinical and financial viability).

The King’s Fund and the Health Foundation have [argued](#) for a dedicated ‘transformation fund’ to support change in the NHS, warning that “without resources specifically earmarked for transformation, there is a risk that the NHS will be unable to become more productive and that the bill for additional running costs will only get larger”. The two organisations have suggested that a transformation fund of £1.5–2.1bn a year (in 2015–16 prices) should be established over and above the core resource funding of the NHS to support NHS staff and organisations to achieve higher rates of efficiency growth and to invest in developing a range of new care models.

Lord Crisp (Crossbench), former Chief Executive of the NHS, commented recently on the BBC Radio 4 programme [Healthy Visions](#):

As I look at the NHS in England, it becomes clearer and clearer to me that the NHS simply is not going to be sustainable into the future unless we do two big things. The first is get really serious about preventing disease and promoting health—taking, if you like, some of the strain off the NHS. And the second one is, we’ve got to help the NHS transition from a hospital-centred and illness-based system, which it is today, to a much more person-centred and health-based one, with a different and a lower cost and infrastructure [...] We can’t just leave this to the NHS and the politicians. We’ve all of us got a role to play in improving health, whether we’re teachers, we’re architects, we’re food producers, we’re patients, we’re parents.

Lord Crisp highlighted the [health centre within the St Paul’s Way Transformation Project](#) in Tower Hamlets, supported by the social entrepreneur Lord Mawson (Crossbench), as a good example of “an alliance of all those people who can affect health” in the local community, including housing developers, GPs, pharmacists, the local school and university partners.

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