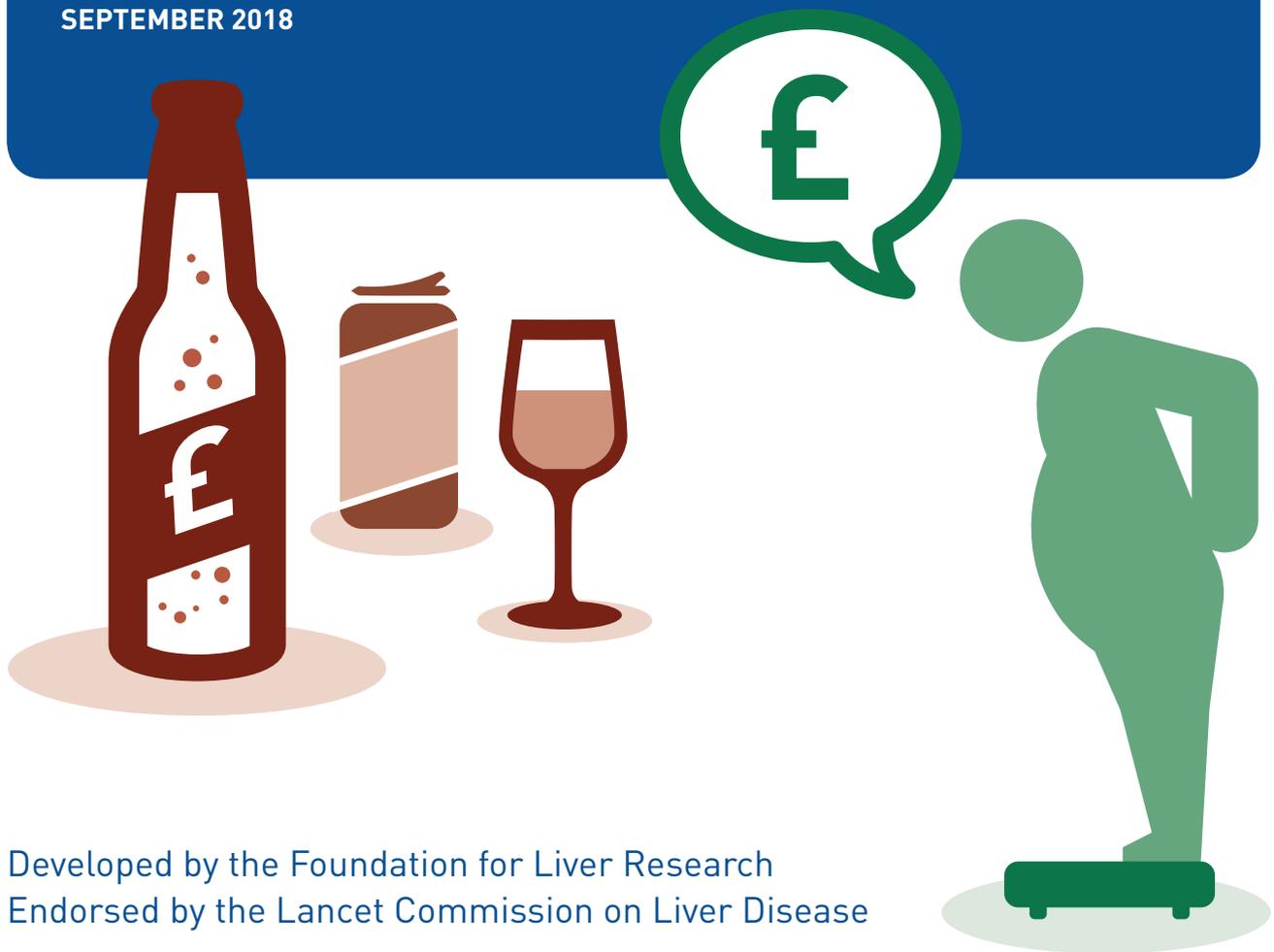




Understanding the importance of 'living well for longer'

A new financial analysis

SEPTEMBER 2018



Developed by the Foundation for Liver Research
Endorsed by the Lancet Commission on Liver Disease

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Introduction

The Government's new multi-year funding settlement will fail in overcoming the NHS's demand and financial challenges in the absence of decisive steps to reduce the prevalence of lifestyle-related illness.

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- In 2017, the Lancet Commission on Liver Disease's paper, 'Financial case for action on liver disease',¹ highlighted the escalating costs of alcohol misuse and obesity, as well as viral hepatitis over the next five years. One year on, we now present data over ten years where possible – the period of time being considered in the NHS long-term plan – and uncover new areas of concern
- The message is clear: prevention must be a priority in the upcoming NHS long-term plan and public health interventions are required alongside it to drive meaningful change. The long-term savings that could be achieved through preventing lifestyle-related illness far exceed the Government's NHS funding injection
- Current demand pressures are exacerbated by disease co-morbidity, related to the effects of conditions including liver disease, hypertension, cardiovascular disease, cancer, diabetes and dementia. As a result, over a fifth of the years we live are now in poor health, whilst life expectancy has stalled² at one of the fastest rates in the developed world,³ and may soon fall⁴



! Life expectancy has stalled in the UK at one of the fastest rates in the developed world



- These diseases are all, to a large extent, preventable but are being fuelled by lifestyle factors, such as alcohol misuse, obesity and smoking. Liver disease, for example, has become one of the gravest public health challenges of our time, with alcohol misuse and obesity as the two leading causes.⁵ In addition, being overweight or obese is linked to thirteen types of cancer⁶ whilst alcohol is associated with seven cancers⁷

- A recent article in the Lancet highlights the need to identify and prevent multimorbidity-related frailty caused by lifestyle at a much earlier stage of adult life.⁹ It is also evident that many of these challenges begin in childhood, demonstrated by the country’s childhood obesity crisis. The Prime Minister recently acknowledged that **“Childhood obesity risks burdening the next generation with a lifetime of ill-health”**¹⁰
- Prevention is expected to be a key theme of the NHS long-term plan; however, without introducing accompanying public health interventions, progress will be limited. Moreover, the absence of such measures will also undermine the Prime Minister’s aim to fight the **“burning injustice”** of socioeconomic health inequalities,¹¹ which is so prevalent in lifestyle-related conditions

TABLE 1:
Life expectancy data for males and females at birth, England, 2013 to 2015⁸

		
Life expectancy (years)	79.5	83.1
Healthy life expectancy (years)	63.4	64.1
Percentage of life in poor health	20.3%	22.9%

! As a Government, we are committed to national action where we believe this can help people to make healthier choices

Prime Minister, Theresa May

- The Prime Minister stated in June 2018 that **“As a Government, we are committed to national action where we believe this can help people to make healthier choices.”**¹² The growing recognition in Government about the disease burden from lifestyle issues is important, but this commitment has to translate into meaningful action
- The proposals due to be consulted on in part 2 of ‘Childhood obesity: a plan for action’¹³ would represent progress on obesity, but it is disappointing that there is still no equivalent strategy for adults. Moreover, in the fight against alcohol misuse, England risks being left behind by Scotland, where Minimum Unit Pricing (MUP) has already been implemented
- Other examples around the world have shown that change is possible. Mexico, New York City and Amsterdam have acted to combat obesity, whilst France and some Canadian states have implemented measures to tackle alcohol misuse

! England has to go much further over the coming months, and recognise the importance of ‘living well for longer’

The Lancet Commission on Liver Disease is a group of multi-disciplinary experts assembled to make recommendations to reduce premature liver disease mortality, tackle liver disease burden from avoidable causes and improve the standard of care for patients with liver disease in hospital.

In its seminal report, ‘Addressing liver disease in the UK’, published in 2014, the Lancet Commission set out a blueprint for improving the prevention and management of liver disease in the UK and put forward ten recommendations.

Since then, the Lancet Commission has produced three progress reports and has continued its campaign for the implementation of its evidence-based recommendations through its ongoing engagement with parliamentarians, policy-makers and health system leaders.

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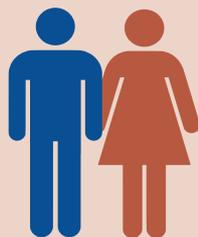
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Alcohol



Scale of the problem

31% of men and 16% of women drink more than 14 units of alcohol each week. All four of the UK's Chief Medical Officers have warned about the major risks of this harmful level of drinking¹⁴



Alcohol misuse has been responsible for socioeconomic health inequalities, with deprivation associated with higher alcohol-attributable mortality¹⁷



The total societal cost of alcohol misuse in England and Wales has been estimated at £21bn a year by the Government, although other research suggests it could be as high as **£52 billion**¹⁵

In 2016 in England alcohol was directly or partially responsible for:¹⁶

Approximately **23,000** deaths

1.1m hospital admissions



Around **40%** of all violent offences and **60%** of all murders are committed while under the influence of alcohol. Alcohol-related crime overall is estimated to cost the taxpayer **£11 billion** per year, but it has been argued that even this may be an underestimate¹⁸



! Since 2004, a direct inverse relationship between affordability and increased alcohol consumption has been demonstrable¹⁹

The case for intervention

- Alcohol misuse has a part to play in approximately **200** health conditions²⁰ and is therefore a key contributor to the NHS's sustainability challenges. Despite a clear link between alcohol and cancer, many alcohol industry organisations distort the issue²¹
- Evidence from the Sheffield Alcohol Research Group at the University of Sheffield has shown that two interventions, in particular, would deliver major improvements:

MUP of £0.50 per unit, which has already been implemented in Scotland

Restoring the alcohol duty escalator, with yearly rises in alcohol duties of 2% above inflation



- In the decade from 2014/15 following the implementation of a £0.50 MUP, the policy would bring substantial cumulative financial savings:²²

£634m savings in direct healthcare costs to the NHS

£2.692bn savings in societal costs, including to the NHS



- In addition, after five years, the reintroduction of the alcohol duty escalator would considerably reduce the burden on the health service directly attributable to alcohol, leading to the following cumulative benefits:²³

26,763 fewer alcohol-attributable hospital admissions

1,044 fewer deaths attributable to alcohol

- Furthermore, the ability to 'live well for longer' would continue to improve beyond the first few years of the escalator's reintroduction. After ten years, each year there would be:²³

10,314 fewer alcohol-attributable admissions

544 fewer alcohol-attributable deaths

- Financially, over the first five years **£1.030bn** would be achieved in societal savings, including **£132m** in direct savings to the NHS²³
- These findings are alarming, but they are likely to be a conservative estimate. Certain costs are excluded, such as that harm experienced by those other than the drinker alcohol-related violence and domestic abuse
- HM Treasury figures show that between 2013/14 to 2022/23, the Government's decision to scrap the duty escalator and cut duties will have cost **£8.345bn** in lost duty and VAT revenue.²⁴ This gives an indication of the revenues which could be raised over a decade if the escalator were re-introduced

! Between 2013/14 to 2022/23, the Government's decision to scrap the duty escalator and cut duties will have cost £8.345bn in lost duty and VAT revenue

TABLE 2:

Directly alcohol-attributable benefits of a £0.50 MUP according to the Sheffield Alcohol Research Group; and financial gains of restoring the alcohol duty escalator according to HM Treasury

	Alcohol duty escalator ²⁵		£0.50 MUP ²⁶
	Cumulative effect 5 years post- implementation	Annual fall 10 years after implementation	Cumulative effect 10 years after implementation
Reduction in alcohol-attributable deaths	1,044	544 (4.5%)	960
Reduction in alcohol-attributable hospital admissions	26,763	10,314 (3.9%)	35,100
Reduction in costs to the NHS, crime and workplace absences...	£1.030bn	—	£2.692bn
...of which direct healthcare costs to the NHS account for	£132m	—	£634m
Cumulative effect –10 years after implementation			
Net loss in duty + VAT revenue from alcohol duty freezes and cuts		£8.345bn	

SOURCE: SHEFFIELD ALCOHOL RESEARCH GROUP MODELLING AND HM TREASURY DATA²⁷



NHS funds could be put to more efficient use if appropriate action was taken to combat alcohol misuse.²⁸

- After ten years, savings to the NHS driven by MUP would match the cost of employing **2,625** home care workers over the same period
- Additional tax revenues from restoring the duty escalator could match the cost of employing up to **24,836** nurses over the same period



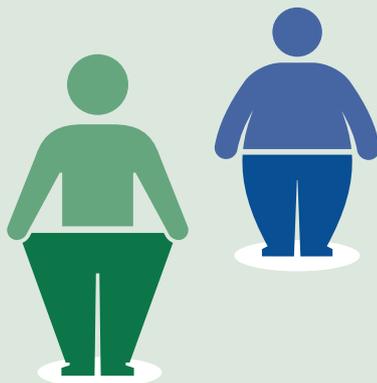
Obesity



The scale of the problem

In 2016/17, obesity was a primary or secondary cause of **617,000** hospital admissions, **191%** higher than in 2010/11²⁹

The direct cost to the NHS in England of overweight and obesity was estimated at **£6.1bn** in 2016. By 2025 the cost of obesity to health and the wider economy will have escalated to **£37.2bn**³⁰



Deprived communities are more exposed to fast food outlets – the number of outlets varies widely between 26 and **232 per 100,000** population across the country, and is higher in the more deprived local authorities³¹



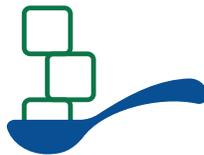
A Cancer Research UK report in March 2018 showed that for 11-19 year-olds, seeing just one extra broadcast junk food advert a week is linked to consuming an extra 350 calories from High Fat, Sugar and Salt (HFSS) products per week³²

! Over 25% of adults and 20% of year six children are classified as obese²⁹

The case for intervention

- Evidence clearly shows the potential benefits of reducing sugar consumption and calorie content in tackling the burden of obesity-related illness. Our analysis pulls this data together for the first time, showing the need to drive lifestyle change and greater responsibility by the food and drinks industry. We look at the impact of:

- Reducing sugar intake
- Reducing calorie count
- Reducing the prevalence of type two diabetes specifically



- The Government took an important step by introducing the Soft Drinks Industry Levy in April 2018. In addition, Part 2 of the 'Childhood obesity: a plan for action' strategy in June 2018 contains a range of valuable proposals, which are due to be consulted on later this year³³
- Currently, average sugar intake is three times higher amongst children and teenagers and twice as high amongst adults than recommended by the Scientific Advisory Committee on Nutrition (SACN).³⁴ This is a major driver of obesity and the ill health associated with it. If existing overweight and obese adults and children adhered to the SACN's recommendation, after five years the results would be:³⁵

- 4,700** fewer deaths each year
- £576m** saved by the NHS each year

- Moreover, after 25 years of implementation, a 20% reduction in average calorie intake amongst existing overweight and obese 4-64 year olds would:³⁶

- Prevent **35,370** premature deaths
- Achieve **£4.540bn** in cost savings in the NHS and
- £4.480bn** for social care



- By PHE's own acknowledgement,³⁶ these are conservative estimates, as they only assess the impact amongst existing overweight and obese people, and not new future generations
- One common illness related to obesity, type 2 diabetes, puts the NHS under particular strain. Direct patient costs have been calculated as **£8.790bn** and indirect costs an additional **£12.955bn**. By 2035/36, these figures are set to rise to **£15.110bn** and **£20.464bn**, respectively³⁷
- A model published in the Lancet found that a gradual 40% reduction in free sugars added to sugar sweetened beverages would lead to:³⁸
 - Up to **309,000** fewer cases of obesity-related type 2 diabetes over twenty years
 - Up to **42.3** fewer new diagnoses of type 2 diabetes per day (currently 700 new cases per day)
- Our new analysis shows that reducing new type 2 diabetes cases over twenty years would result in:³⁹

- Up to **1,414** fewer cases of End Stage Kidney Disease
- Up to **14,848** fewer cases of cardiovascular complication, consisting of:

- 5,861 cases of angina
- 1,404 cases of myocardial infection
- 5,980 cases of heart failure
- 1,603 strokes



- These figures are striking, yet the full benefits of reducing type 2 diabetes would be even greater still. For example, currently 75% of emergency admissions for minor amputations and 40% of all admissions for major amputations involve people with type 2 diabetes⁴⁰

TABLE 3:
The health and financial benefits of policies to combat obesity

Measure	Would prevent...	Would save...	Time period...
Meeting the SACN's recommended reductions in average sugar intake	4,700 deaths	£576m to the NHS	Per year
Reducing obese people's calorie intake by 20%	35,700 premature deaths	£9.020bn for health & social care	Over 25 years
	Up to 309,000 cases of type 2 diabetes		
Reducing the sugar content of sugar sweetened beverages by 40%	1,414 cases of end-stage kidney disease	-	Over 20 years
	14,848 cases of cardiovascular complication		



! Prevention of diabetes would help to reduce serious and costly complications

The health and social care savings from reducing calorie intake of obese people by 20% over 25 years could pay for **1,044,885** hip replacement procedures⁴¹



Calls to action



Effective steps to prevent lifestyle-related disease would ensure that we can all 'live well for longer' and deliver long-term savings over and beyond the Government's recent funding pledge. This issue is fundamental to the NHS's sustainability.

The development of the NHS long-term plan and upcoming Budget offer valuable opportunities to accelerate progress, by paying particular attention to alcohol consumption and obesity.

NHS England should....

- 1 Ensure that public health and prevention of lifestyle-related illness sit at the heart of the NHS long-term plan and its implementation**

The Government should....

- 2 Implement all measures being consulted on in Part 2 of 'Childhood obesity: a plan for action', and urgently bring forward a comparable strategy to combat adult obesity**
- 3 Introduce Minimum Unit Pricing in England and restore the alcohol duty escalator to significantly reduce overall alcohol consumption**

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