

Response to the Department of Health's consultation on 'Local Authority public health allocations 2015-16: In-year savings' by Action on Smoking and Health.

August 2015

About ASH

ASH (UK) is a health charity set up by the Royal College of Physicians in 1971 working towards the elimination of harm caused by tobacco. ASH receives core funding from the British Heart Foundation and Cancer Research UK and has received project funding for work to support government tobacco strategy for England from the Department of Health.

General comments

ASH was deeply concerned to hear of the cuts in public health spending announced by the Chancellor in June and calls on the Government to revoke this decision. The proposed cuts will add to the pressures already faced by local authorities to manage their budgets and could result in a reduction in public health services. According to the NHS Five-Year Forward View, even after the £8 billion additional NHS funding promised by Government there will be a funding gap of £22 billion by 2020.¹ The document called for a "*radical upgrade in prevention and public health*", a measure that will be undermined by the proposed £200 million cuts in the public health grant to local authorities.

Whilst the impact of these savings need to be considered within the context of the forthcoming Comprehensive Spending Review (CSR) we reiterate below the case for maintaining public health spending on tobacco control. Furthermore we call on the Government to ensure that public health is not subject to any further funding cuts within the time-frame of the CSR.

Our particular concern is that funding for tobacco control policies could be reduced as local authorities look for places to trim their budgets. Smoking remains the principal cause of ill-health and premature death and any reduction in expenditure on tobacco control measures could result in an upturn in smoking with a consequential increase in health problems and further pressures on the already stretched local health and welfare services.

Whilst it is encouraging that the public health Minister has pledged to introduce a new tobacco control plan to replace the current one that will run until the end of 2015, during this period of uncertainty LAs may be less inclined to allocate resources to tobacco control locally.

The current Tobacco Control Plan for England has been a successful comprehensive national strategy which has already achieved two of its three ambitions: to reduce smoking prevalence among adults to 18.5% or less and among 15 year olds to 12% or less. However, while smoking rates are falling overall, smoking prevalence remains stubbornly high among people in lower socio-economic groups and other groups such as those with mental health problems.²

The Stop Smoking Services (SSS) are highly cost effective³ and offer smokers the best chance of quitting.⁴ Not only are there long term benefits resulting from a healthier population but supporting people to stop smoking can result in short term economic benefits too.

To give just a couple of examples, premature births due to smoking cost the NHS an estimated £48 million a year,⁵ costs that can be saved if pregnant smokers quit by 15 weeks gestation. Reductions in smoking and exposure to secondhand smoke also have an immediate impact in reducing heart attacks and strokes. Myocardial infarction and strokes caused by smoking are estimated to cost the NHS £257 million each year. Reductions in smoking prevalence also have significant impacts on the number of visits to GPs, as well as leading to immediate and significant improvements in ex-smokers productivity, and reductions in social care costs.

For these reasons ASH strongly recommends that local authorities ensure that spending on local Stop Smoking Services is maintained at current levels.

Specific questions

Question 1 – How should DH spread the £200 million saving across the LAs involved?

ASH does not have a strong view on how this should be applied.

Question 2 – How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

DH could issue guidance to LAs on managing the savings by highlighting services that are most cost-effective and likely to give best returns in terms of improvements to public health.

Question 3 – How best can DH assess and understand the impact of the saving?

ASH does not have a strong view on how this is conducted but recommends that monitoring and evaluation is conducted in order to measure the impact of the reduction in funding. An economic and impact assessment of the policy should be undertaken.

¹ [NHS Five Year Forward View](#) NHS England, 2014

² 2013 Opinions & Lifestyle Survey. Office for National Statistics, Nov. 2014; Smoking and mental health. Royal College of Physicians, 2013

³ Flack, S Taylor M. Trueman P. [Cost-Effectiveness of Interventions for Smoking Cessation](#). York Health Consortium for NICE 2007

⁴ Bauld, L. et al. The effectiveness of NHS Stop Smoking Services: a systematic review. J Pub Health 2011; 32(1): 71-82.

⁵ Mangham, et al. The Cost of Preterm Birth Throughout Childhood in England and Wales. Pediatrics February 2009; 123:2 e312-e327