



June 2019

## Smoking Cessation Services in England: the widening divide between investment and ambition across England

### Introduction

In January 2019 the NHS published its Long Term Plan, setting out ambitions to transform treatment and care over the next ten years. The Long Term Plan contains notable references regarding the importance of prevention, as well as specific ambitions to support inpatients who smoke by providing access to smoking cessation services. However, these ambitions are not accompanied by any new or increased financial commitments to public health. Those responsible for commissioning and delivering smoking cessation services and interventions in the community have received no additional funding, despite the NHS receiving a long-term funding settlement of £20.5bn in 2018.

The upcoming Spending Review – anticipated in Autumn 2019, although unconfirmed – provides an important opportunity to address the imbalance between funding and ambition in prevention. However, no guarantees have been made that the cuts to public health budgets of recent years will be reversed. Whilst we await clarity on what the future holds for vital public health services, such as smoking cessation support, the impact of year-on-year funding cuts continues to be felt and outcomes are plateauing – in some parts of the country worsening.

This paper explores the relationship between smoking cessation spend and outcomes across England, and maps out core data on:

- **Investment:** spend on smoking cessation services and interventions
- **Progress towards a smoke-free England:** prevalence and quit rates
- **Smoking-related outcomes:** hospital admissions and mortality

The research and data provided in this paper demonstrate the important role that appropriate investment in smoking cessation services play in improving the health of people across England – particularly those in the most deprived areas where smoking-related outcomes are known to be worse. It underscores similar findings by Cancer Research UK and Action on Smoking & Health (ASH) who concluded in a recent report that: *“Rather than cutting the public health grant further, the government should be reversing the decline in the public health grant and seeking a sustainable long-term funding solution so that local authorities can provide the public health services required to meet the needs of the population.”*<sup>1</sup>

**PAGB is calling for this gap between ambition and funding to be addressed through evidence-based investment in public health, including specific funding directed at implementing the ambitions of the current Tobacco Control Plan:<sup>2</sup> a smoke-free England.**

## Methodology

In order to deliver this project, we have sourced, cross-referenced and mapped publicly-available data by local authority on the following metrics:

- Spend on smoking cessation services and intervention (Ministry of Housing, Communities & Local Government)<sup>3</sup>
- Prevalence and number of smokers (Public Health England)<sup>4</sup>
- Successful quitters at four weeks (Public Health England)<sup>5</sup>
- Smoking-related hospital admissions (NHS Digital)<sup>6</sup>
- Smoking-attributable mortality (NHS Digital)<sup>7</sup>

## Investment: spend on smoking cessation services and interventions<sup>8</sup>

### HEADLINES



- The overall budget for smoking cessation services has fallen by **34%** between 2013/14 and 2017/18
- **33%** of local authorities have cut their funding for smoking cessation services by 50% or more since 2013/14
- There is a **£39.75** variation in spend by local councils per smoker (excluding councils reporting a £0 budget)
- The total spending gap between the areas that spend the most and those that spend the least on services (excluding £0 budgets again) has widened from a £3m variation in 2015/16 to £4m in 2017/18.

The latest analysis has estimated that by 2019/20, the public health budget in England will have been cut by £700m in real terms over the course of five years.<sup>9</sup> Unlike some public health services such as sexual health services and the NHS health check programme, local authorities are **not** mandated to commission smoking cessation services and interventions. With many areas already making efficiencies to streamline their service models, local authorities are unable to protect their budgets for smoking cessation services. This has left these services even more vulnerable to severe cuts – or, in the case of some local authority areas, complete disinvestment.

The overall budget spent on smoking cessation services and interventions by local authorities has fallen by 34% - from £129.6m in 2013/14 (when public health responsibility transferred to local authorities) to £85.2m in 2017/18.<sup>10</sup> The most significant cut came following the in-year public health cuts of 2015/16, when the total budget for smoking cessation services and interventions was slashed by just under 20% in one year.

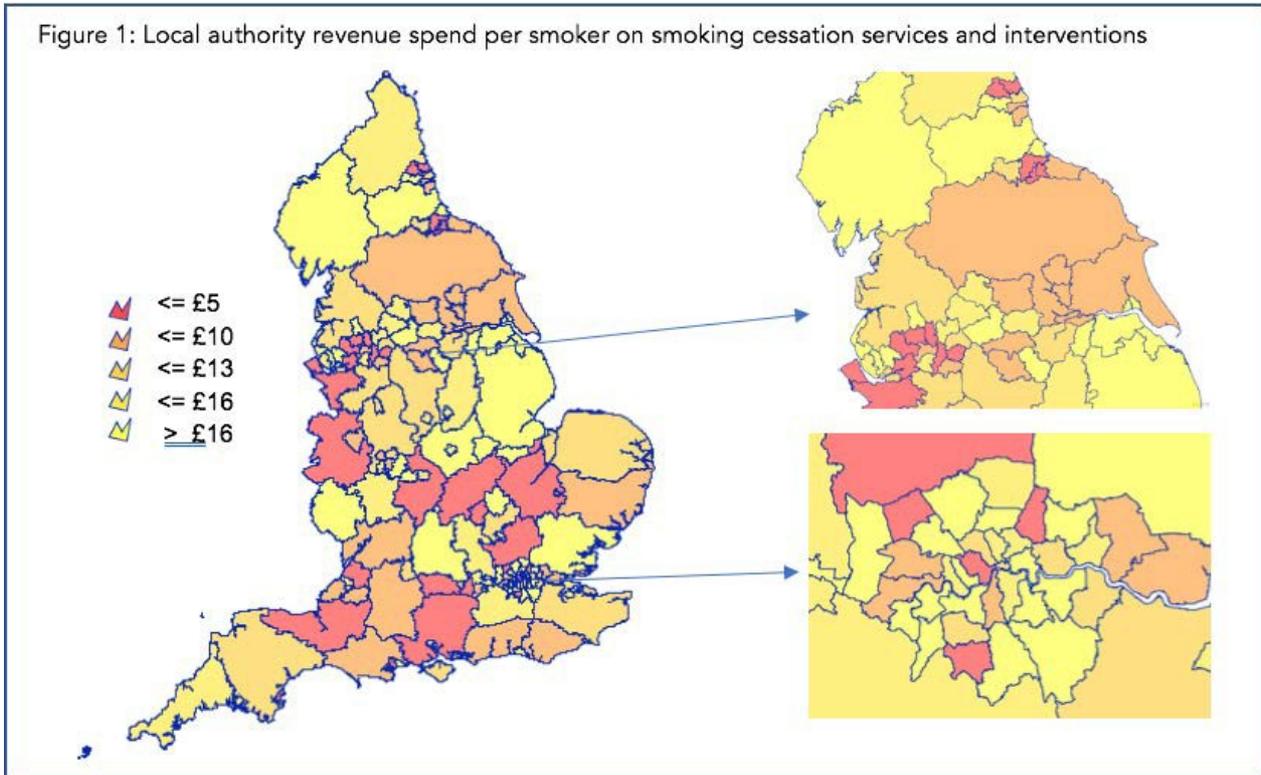


The trend of disinvestment has worsened over the years, as local authorities are increasingly unable to protect services from being impacted by national budget cuts. A third of all local authorities (33%) have cut their budgets by 50% or more over the period and, in addition to this, according to nationally-reported data, by 2017/18, five local councils had completely disinvested in smoking cessation services and interventions. Only 26 local councils have increased their budgets over this time.<sup>1</sup>

In order to compare funding for smoking cessation services across England we have divided the budget allocated to services by the number of smokers in each local authority

<sup>1</sup> Excluding Coventry who reported £0 spend on smoking cessation services and interventions in 2012/13 in nationally-held figures

area to reveal the spend per smoker (see Figure 1). The national spend per smoker across England was £13.12 in 2017/18. Whilst this is a crude calculation, it is a comparable metric by which to gauge investment levels across the country. Even if we assume areas are meeting an engagement target of 10% of the smoking population, this equates to only £131.15 per targeted smoker each year.



There is a £39.75 variation in spend by local councils per smoker, from £0.19 to £39.94 (excluding councils reporting a £0 budget) (see Figure 1). To illustrate this, Hammersmith and Fulham spends more than 200 times as much per smoker on services and interventions than Shropshire. Moreover, the total spending gap between the areas that spend the most and those that spend the least on services (excluding £0 budgets again) has widened from a £3m variation in 2015/16 to a £4m spending gap in 2017/18. Whilst there is no clear correlation with deprivation score or rurality of the local area, this variation does reveal a significant postcode lottery in funding for services available to people trying to quit smoking. The rest of this paper explores the impact of these service cuts, including on prevalence and smoking-related outcomes across England.

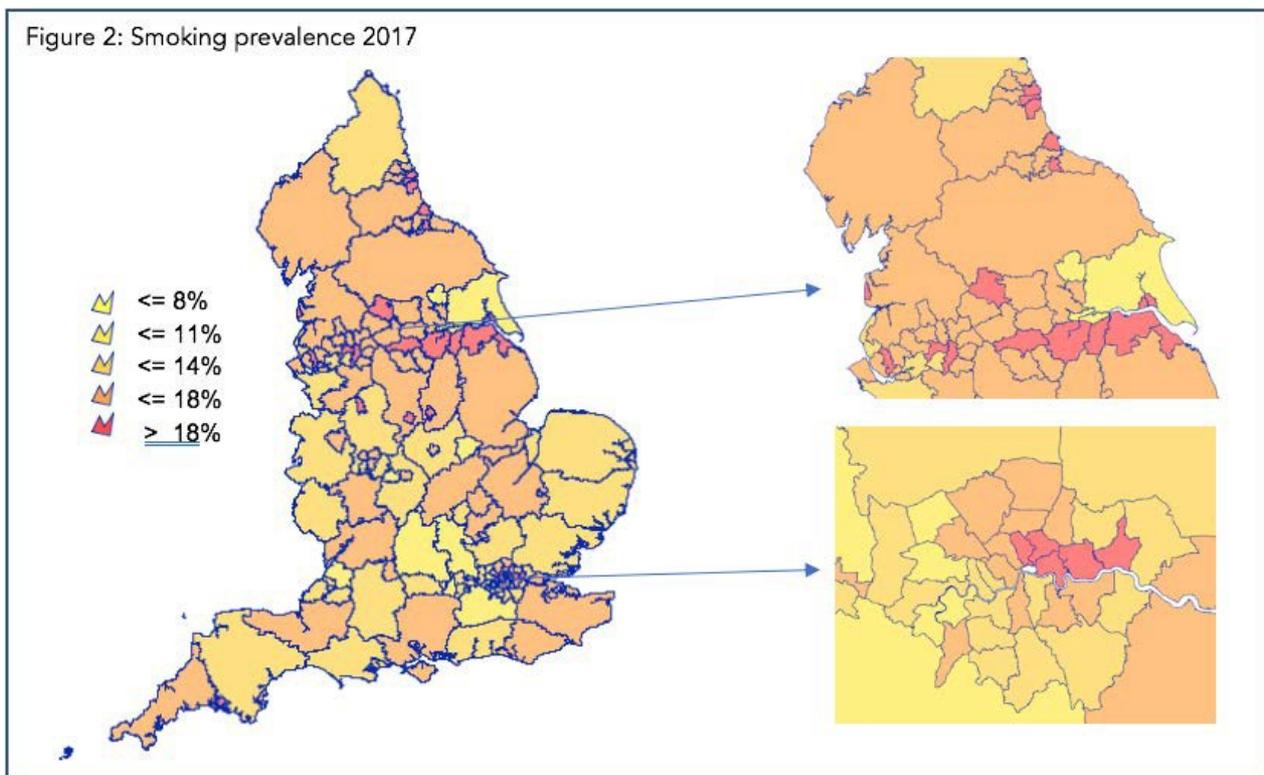
## Progress towards a smoke-free England: prevalence and quit rates<sup>11,12</sup>

### HEADLINES



- In 2017, 20 local authorities had still not met the 2015 18.5% target for adult smoking prevalence
- Of these 20 local authorities, 16 have cut their budgets for smoking cessation since 2013/14 – some by up to 89%
- The average prevalence amongst local authorities that have increased funding since 2013/14 is 15.9%
- Of the local authorities that cut their budget by over 50% since 2013/14, 59% have a worse-than-average rate of successful quitters

The 2011 Tobacco Control Plan set a target to reduce adult smoking prevalence in the UK to 18.5% by the end of 2015.<sup>13</sup> Whilst this target was met at a national level, 20 local authorities had still not met this target in 2017 (as indicated in the darkest shade of red in Figure 2). The variation in prevalence ranges from 8.1% in Wokingham through to 23.1% in Kingston upon Hull. It is widely acknowledged that prevalence is linked to deprivation and socio-economic status, and Figure 2 demonstrates that those areas with the highest prevalence rates are more often inner-city areas and areas in the North of England.



We took a closer look at the areas where prevalence remains higher than the national average. Of the 20 local authorities, 16 have cut their budgets for smoking cessation services and interventions since 2013/14 – some by up to 89%. Only four have increased spend over this period. Conversely, when looking at the 26 local authorities that increased

investment over these years, 22 (85%) report prevalence below the 18.5% target. The average prevalence across these 26 local authorities is 15.9%.

The rate of successful quits at four weeks also varies significantly across England, from 3 per 100,000 smokers in the Isles of Scilly and 32 per 100,000 smokers in Havering through to 5,091 per 100,000 smokers in Lancashire. Again, cross-referencing this data with spend, of those local councils who cut their budgets by 50% or more since 2013/14, 59% have a worse-than-average rate of successful quitters at 4 weeks per 100,000 smokers. At the other end of the scale, 65% of those local councils who have increased their budget since 2013/14 have a higher-than-average rate of successful quitters at 4 weeks.<sup>2</sup>



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<sup>2</sup> Median average used

## Smoking-related outcomes: hospital admissions and mortality<sup>14,15</sup>

### HEADLINES



- Smoking-related hospital admissions vary from 969 per 100,000 people in Wokingham to 3,010 per 100,000 people in Sunderland and 3,116 per 100,000 people in Blackpool
- Smoking cessation budgets have been cut by 22% in Blackpool and 53% in Sunderland since 2013/14
- People living in Manchester are more than three times as likely to die from smoking-attributable issues than people living in Harrow – a gap that has slightly widened between 2012-2014 and 2014-2016

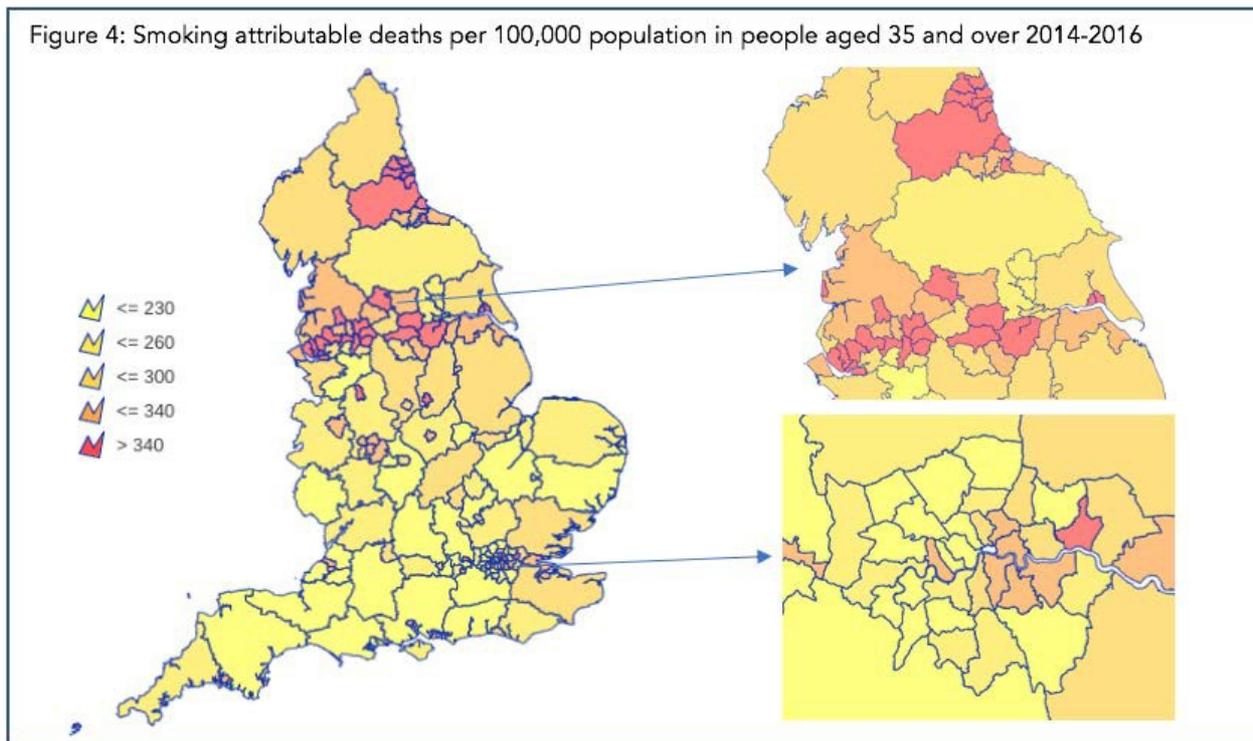
There is significant variation in smoking-related hospital admissions, from 969 per 100,000 people in Wokingham through to 3,010 per 100,000 people in Sunderland and 3,116 per 100,000 people in Blackpool (see Figure 3). Taking a closer look at these areas, in Wokingham, which is in the wealthiest quartile by deprivation score, prevalence is 8.1%, although funding for services has been cut by a third (33%) since 2013/14. Meanwhile in the most deprived quartile, smoking prevalence in Blackpool has plateaued at 22.3% whilst smoking cessation budgets have been cut by 22% since 2013/14, and in Sunderland prevalence is at 22.7% and budgets have been cut by 53%.

Figure 3: Smoking attributable hospital admissions per 100,000 in people aged 35 and over 2016/17 in England



Variation amongst smoking-attributable mortality is also persistent, although it does not directly correlate with smoking-attributable hospital admissions (see Figure 4). People living in Manchester are more than three times as likely to die from smoking-attributable issues

(499 per 100,000 population between 2014 and 2016) than people living in Harrow (162 per 100,000 population between 2014 and 2016). This gap has slightly widened over time from 509 per 100,000 population in Manchester and 183 in Harrow in 2012-2014 (a difference of 337 compared with 327). Of the 49 local councils who cut their budget by 50% or more since 2013/14, 41% have a higher than average smoking-attributable mortality rate.<sup>3</sup> As Figure 4 demonstrates, inner city and deprived areas – particularly those North – continue to suffer worse outcomes as a result of smoking.



<sup>3</sup> Median average used

## Conclusion and call to action

This paper has demonstrated the persevering variation in smoking-related health outcomes across England, which has been further entrenched after years of cuts to public health budgets. Whilst at a national level, prevalence has been reducing, this is not the case in all parts of the country, with some local authority areas still failing to meet 2015 targets. Indeed, some local authorities are also seeing worsening outcomes, with the variation in spend and outcomes between different parts of the country widening, when the ambition should be the opposite: to close these inequalities.

There are a number of concerning trends that this paper has brought to life: for example, areas cutting budgets are not necessarily those with lower prevalence or less need for services indicating a clear unmet need in the national budget. Of the 20 local authorities with the highest prevalence, 16 have cut their budgets since 2012/13. Of the areas that invested, 85% have a prevalence rate lower than the 18.5% target, and one is meeting the new 12% adult prevalence target set by the 2017 Tobacco Control Plan.

Local authorities that are having to make the biggest cuts to services are more likely to see worse-than-average quit rates. This trend is reversed for the areas who are able to invest in smoking cessation services, where over two thirds have a higher-than-average quit rate. The result is a postcode lottery of funding and support.

With only 20 local authorities meeting the new 12% target by 2022 for adult prevalence, the challenge ahead is monumental and, without investment, for some areas it already seems a fading ambition. What this means in reality is continually falling levels of support for people trying to quit; plateauing - or indeed, worsening – outcomes; and, fundamentally, widening health inequalities across England. The current ambitions to achieve a smoke-free England are not being matched by a commitment to fund services.

Whilst the focus on supporting inpatients to quit is an important step to be strongly welcomed, the continued high rates of smoking-related hospital admissions demonstrate the urgent requirement to invest in smoking cessation services, before hospital care is required. The ambitions of the 2017 Tobacco Control Plan are the right ones, but in order for all areas of the country to meet the new targets, sustainable investment in evidence-based services is fundamental.

### **CALL TO ACTION**

**PAGB is calling for urgent action to bridge the divide between ambition and investment which is directly contributing to poor outcomes.**

**In particular, the Government should use the opportunity provided by the forthcoming Spending Review to reaffirm – through increased, evidence-based and ring-fenced funding – its commitment to addressing public health concerns and its aspirations to achieve a smoke-free England as set out in the NHS Long Term Plan and the Tobacco Control Plan.**

## About PAGB

PAGB, the consumer healthcare association, is the trade association representing manufacturers of branded over-the-counter medicines, self care medical devices and food supplements in the UK. Members include the manufacturers of licensed nicotine replacement therapies.

For further details on the information in this briefing, or to request a meeting with PAGB, please contact [PAGB@incisivehealth.com](mailto:PAGB@incisivehealth.com).

<sup>1</sup> Cancer Research UK & Action on Smoking and Health (2019), [A Changing Landscape: Stop Smoking Services and Tobacco Control in England](#)

<sup>2</sup> Department of Health (2017), [Towards a Smokefree Generation: A Tobacco Control Plan for England](#) (accessed May 2019)

<sup>3</sup> Ministry of Housing, Communities & Local Government, [Local authority revenue expenditure and financing England: 2017 to 2018 individual local authority data – outturn](#) (accessed March 2019)

<sup>4</sup> Public Health England, [Local Tobacco Control Profiles](#) (accessed March 2019)

<sup>5</sup> Public Health England, [Local Tobacco Control Profiles](#) (accessed March 2019)

<sup>6</sup> NHS Digital, [Statistics on Smoking – England, 2018](#) (accessed March 2019)

<sup>7</sup> NHS Digital, [Statistics on Smoking – England, 2018](#) (accessed March 2019)

<sup>8</sup> Ministry of Housing, Communities & Local Government, [Local authority revenue expenditure and financing England: 2017 to 2018 individual local authority data – outturn](#) (accessed March 2019)

<sup>9</sup> The Health Foundation (2018), [Briefing: Taking our health for granted](#)

<sup>10</sup> Ministry of Housing, Communities & Local Government, [Local authority revenue expenditure and financing England: 2017 to 2018 individual local authority data – outturn](#) (accessed March 2019)

<sup>11</sup> Public Health England, [Local Tobacco Control Profiles](#) (accessed March 2019)

<sup>12</sup> Public Health England, [Local Tobacco Control Profiles](#) (accessed March 2019)

<sup>13</sup> HM Government (2011), [Healthy Lives, Healthy People: A Tobacco Control Plan for England](#) (accessed May 2019)

<sup>14</sup> NHS Digital, [Statistics on Smoking – England, 2018](#) (accessed March 2019)

<sup>15</sup> NHS Digital, [Statistics on Smoking – England, 2018](#) (accessed March 2019)