Finance Committee

Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill Financial Memorandum

Submission from NHS Lothian

Consultation

1. **Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?**

Yes we took part in the consultation exercise however did not comment on the financial assumptions made.

2. **If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?**

Not applicable

3. **Did you have sufficient time to contribute to the consultation exercise?**

Not applicable

Costs

4. **If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.**

Yes these seem sensible – it is important to recognise that these measures will contribute to the ongoing reduction in the prevalence of smoking and the broader social and economic costs of premature ill-health. The costs to Scottish Government and to the NHS as a whole are modest and outweighed by the return on investment but should be funded centrally as the smoking cessation and prevention budget – the public health ring-fenced allocation is a standstill one that is subject to topslicing before allocation to help ease financial pressures elsewhere in the NHS. In practice, if facilities funds are not available, funding for additional signage will need to be sourced from delivery of smoking cessation services to patients.

We believe financial implications for cessation services have been accurately reflected. In terms of the expectation that follow-up public information will be linked with other campaigns, we would expect to be centrally funded with the health board input being by the usual advisory route. We would be concerned if this incurred a cost to Health Boards, for example, if they were expected to divert an additional sum towards promoting public awareness about second-hand from the Prevention funding allocated by the Scottish Government.
5.  Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

Yes

On the whole it would appear so. However, we would suggest reviewing, and if necessary increasing, the proposed budget allocation for an advertising campaign (Section 22) to be in line with the recent ‘Take It Right Outside’ campaign. This evaluated positively and would enable advertising for this legislation to replicate the innovative mode of delivery used for that campaign.

6.  If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

Smoking cessation services nationally have seen a decline in numbers accessing their services. With implementation of the recommendations of the smoking cessation review, this is expected to be temporary. Therefore if current levels of funding were maintained, uplifted in line with other clinical service, and all of the Scottish Government allocation made available, Boards should be able to maintain services at current levels. Additional funding to support electronic referral, prescribing, telephone follow up and health records is required as is continuing investment in smoking cessation interventions and groups based in Community Pharmacies. Point 24 states that costs of follow-up information, social advertising etc (promoting public awareness about the Bill) will be linked with other campaigns. In Lothian this would include various Smoke Free initiatives which promote public awareness about second-hand smoke and encourage and supports parents to not smoke in the home or in the family care. This work is currently funded from tobacco prevention monies allocated by the Scottish Government and NHS Lothian would require continuation of that funding in order to be maintained.

7.  Does the FM accurately reflect the margins of uncertainty associated with the Bill’s estimated costs and with the timescales over which they would be expected to arise?

Yes - it is hard to predict the future where tobacco and addictions more generally are concerned. However all programmes relating to tobacco and nicotine control should be costed to assist boards to deliver the interventions required to achieve the smoking prevalence of less than 5% by 2034.
Wider Issues

8. Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?

I think the costs of enforcement in hospital grounds - to be borne by councils may be underestimated. It is important if we are doing this to do it thoroughly. Environmental health staff are under significant pressure to deliver their expert and statutory functions on a 24/7 basis so it is vital that resources are not diverted.

The FM captures costs associated with the Bill apart from Section 50 (Individuals) the cost to smokers who may opt to use Electronic Nicotine Delivery Systems (ENDS) as a way of reducing their smoking or quitting as a result of the Bill has not been considered.

We are establishing ENDS cessation and cut down to quit services for this group – currently this has an opportunity cost as funding restrictions mean that advisor time is not available to other groups.

9. Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

Costs cannot be quantified accurately at this stage but all are likely to be dwarfed by the current and future costs of smoking related conditions.