

Yorkshire Cancer Research response to Autumn Budget 2025

Introduction

Yorkshire Cancer Research exists so that more people live longer, healthier lives, free of cancer. The Charity's 100 years of pioneering research, medical breakthroughs and life-saving progress have redefined what is possible for people affected by cancer in Yorkshire and beyond.

Yorkshire Cancer Research welcomes the investment in Neighbourhood Health Centres and NHS technology, the extension of the Soft Drinks Industry Levy and the increases in tobacco and alcohol duty.

However, the Charity is disappointed that measures such as a Tobacco Industry Levy and Minimum Unit Pricing for alcohol were not included and disagree with the introduction of a Vaping Products Duty.

Neighbourhood Health Centres

Yorkshire Cancer Research welcomes the investment for 250 Neighbourhood Health Centres. It is vital that areas with the greatest health needs, including communities across Yorkshire, are prioritised in the initial rollout of 120 centres by 2030. The Charity hopes for timely clarification on which areas will be included in the initial rollout.

These centres have the potential to play a transformative role in reducing the number of lives lost to cancer. For example, delivering accessible smoking cessation services within local communities is vital for reducing health inequalities and preventing cancer. Yorkshire now has the highest smoking rate of any region in England at 12.0% compared to 10.4% nationally.¹ Stopping smoking is the most effective way to reduce lung cancer risk, and evidence shows that stop smoking services are three times more effective than quitting without support.^{2, 3}

Neighbourhood Health Centres could also be well placed to support the delivery of prehabilitation and rehabilitation for people with cancer. Yorkshire Cancer Research's Active Together programme is an innovative service offering free physical, nutritional and psychological support to people following a cancer diagnosis. Findings from the evaluation of the Sheffield service, where Active Together was first launched, showed that the

programme is associated with an overall 10% improvement in survival for people with bowel, lung and upper gastrointestinal cancers.⁴ Participants also benefit from clinically significant improvements in fitness, reduced time spent recovering in hospital after surgery and reduced side effects of treatment. Active Together saves the NHS £366.36 per patient by reducing the amount of time they needed to spend recovering in hospital after surgery.⁴

Where possible, Active Together is delivered in community-based venues to ensure accessibility for those who need it most. Yorkshire Cancer Research looks forward to exploring opportunities to collaborate with the Neighbourhood Health Centre programme to make Active Together available to even more people across the region. However, this is reliant on fully integrated, multi-modal prehabilitation and rehabilitation that is tailored to an individual's need being prioritised within national and local cancer plans, with evidence-based services being commissioned and rolled out nationally. Currently, due financial constraints and lack of national direction despite general support for prehabilitation and rehabilitation, low-cost alternatives are being sought that are not evidence-based or fit for purpose for people with medium to high needs. Yorkshire Cancer Research are therefore urging the Government to embed fully funded, multi-modal prehabilitation and rehabilitation into cancer pathways as part of the upcoming National Cancer Plan to make fully evidence-based prehabilitation and rehabilitation standard care for people with cancer.

Extending the Soft Drinks Industry Levy

Yorkshire Cancer Research welcomes the move to extend the Soft Drinks Industry Levy to a wider range of products including milk-based drinks. The Charity also supports the reduction in the lower threshold at which the levy applies from 5g of total sugar per 100ml to 4.5g of sugar per 100ml. However, it should be noted that the Government's initial proposal was to reduce the lower threshold to 4g of total sugar per 100ml. This could have further incentivised reformulation.

The Soft Drinks Industry Levy has proven effective in incentivising the reformulation of soft drinks.⁵ Expanding the levy will likely increase this impact.

A diet characterised by a high amount of sugar is linked to weight gain and obesity.⁶ Excess body weight is linked to at least 13 different types of cancer.⁷ Yorkshire Cancer Research estimates that 2,004 new cancer cases every year are due to excess body weight in Yorkshire. It is important to instil healthy habits from a young age. Children and adolescents with obesity are approximately five times more likely to have obesity in adulthood than children who do not.⁸ However, in Yorkshire, 23.5% of children aged 10 to 11 are living with obesity compared to 22.1% in England.⁹ Expanding the levy can further incentivise the reformulation of products and ultimately help reduce the prevalence of excess body weight, reducing the risk of cancer.

Yorkshire Cancer Research notes that there is public support for further action by Government. Polling shows that 62% of the public support a tax on organisations that

produce products which are high in sugar or salt.¹⁰ A Sugar and Salt Reformulation Tax was first proposed by Government in 2021. This would introduce a £3 per kilogram tax on sugar and a £6 per kilogram tax on salt for use in processed foods or in restaurants or catering businesses. Analysis of modelling by the Department of Health and Social Care estimated that the tax could save the NHS between £1.6 to £4.1 billion.¹¹ The economic output of the UK could increase by £2.2 to £5.7 billion due to a healthier workforce and the consequent increase in productivity.¹¹ The National Food Strategy estimated that the tax itself could provide an additional £2.9 to £3.4 billion of revenue for HM Treasury.¹¹ The Charity would urge the Government to reconsider this proposal over the coming year.

Investment in NHS technology

Yorkshire Cancer Research welcomes the £300 million of additional capital investment in NHS technology. This funding has the potential to make care more accessible, supporting innovations such as the remote elements of the prostate cancer active monitoring pathway outlined in the Men's Health Strategy and the rollout of NICE-approved digital apps for weight management.

Research shows significant gaps in service provision for weight management services. West Yorkshire is one of six Integrated Care Systems that do not commission a tier 3 weight management service.¹² Despite representing 9.5% of England's population only 1.3% of the referrals to weight management services came from Yorkshire and the Humber, the lowest proportion of the referrals of all nine regions in England.¹³ Nationally, between 2007 and 2020, most referrals to weight management services were women (65.6%), people from the most deprived quintile (15.7% vs. 13.4% in the least deprived), urban residents (65.3%), and individuals from the White ethnic group (79.0%).¹³

This variation in service provision highlights the need for improved access to digital solutions. Expanding digital services could help reduce regional health inequalities and ensure support for those currently unable to access traditional services.

Tobacco taxation

Yorkshire Cancer Research welcomes the rise in tobacco duty rates by RPI inflation and two percentage points. It is important that the cost of tobacco remains high enough to deter people from smoking. However, the Charity's representation to the Treasury ahead of the Autumn Budget 2025 had urged the Treasury to introduce a tobacco industry levy and the Charity is disappointed to not see this included.

Well-funded smoking cessation services are crucial for preventing cancer.^{2,3} The tobacco industry levy can ensure that the funds needed to strengthen smoking cessation services can come from a tobacco industry, rather than taxpayers. This levy is estimated to raise £700 million annually and is designed to prevent costs being passed on to consumers by

capping wholesale prices and introducing a health levy to bridge the gap between capped wholesale and current retail prices.¹⁴

Vaping Products Duty

As stated in the Charity's response to the Autumn Budget 2024, Yorkshire Cancer Research does not support the introduction of a flat rate duty on vaping liquid. Vaping products have a significant role in reducing the harm from tobacco, supporting people who smoke to quit and improving public health.

Evidence shows that vaping products are far less harmful than smoking.¹⁵ Switching completely from smoking to vaping is likely to convey substantial health benefits over continued smoking. Vaping products are the most popular stop smoking aid in England and there is strong evidence showing they effectively support people who smoke to quit.¹⁶

Whilst we acknowledge the need for efforts to reduce rates of youth vaping, and advocate that if people do not smoke they should not vape, Yorkshire Cancer Research has concerns that this duty will reduce the appeal for people who smoke to switch to vaping products. It may also drive people on low incomes towards illicit vaping or tobacco products, which contain unknown and more harmful chemicals .

Alcohol taxation

Yorkshire Cancer Research supports the uprating of all alcohol duty rates in line with inflation. Addressing alcohol misuse is critical to preventing cancer, reducing health inequalities and boosting the economy. Alcohol can cause seven different types of cancer. Alcohol consumption is estimated to cause 4.1% of all cancers, which is the equivalent of 13,516 new cases of cancer in England and approximately 1,297 new cases of cancer in Yorkshire each year. It is estimated to cost the NHS £3.5 billion each year.¹⁷⁻¹⁹

In its representation for the Autumn Budget, Yorkshire Cancer Research also proposed that the Treasury introduce minimum unit pricing for alcohol in England. The policy has been demonstrated to address alcohol related harms in Scotland, reducing deaths wholly attributable to alcohol by 13.4% and hospital admissions by 4.1%. This policy could also address health inequalities. Research from Scotland found that the impact of minimum unit pricing in reducing alcohol attributable deaths and hospital admissions was greatest among men and people living in the most deprived areas.²⁰ It is therefore disappointing that this Budget does not include this measure.

References

1. Fingertips. *Smoking Profile*. 2025. Accessed: 14/03/2025. Available from: <https://fingertips.phe.org.uk/profile/tobacco-control>
2. Centers for Disease C, Prevention, National Center for Chronic Disease P, Health P, Office on S, Health. *Publications and Reports of the Surgeon General. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2010.
3. National Centre for Smoking Cessation and Training. *Stop smoking services: increased chances of quitting*. 2019.
4. Sheffield Hallam University. *Active Together Service Evaluation*. 2024. Accessed: 23/01/2025. Available from: <https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/active-together>
5. Institute for Government. *Tackling obesity: Improving policy making on food and health*. 2023. Accessed: 04/02/2025. Available from: <https://www.instituteforgovernment.org.uk/sites/default/files/2023-04/tackling-obesity.pdf>
6. World Cancer Research Fund. *Continuous Update Project Expert Report 2018. Diet, nutrition and physical activity: Energy balance and body fatness*. 2018. Accessed: Available from: <https://www.wcrf.org/wp-content/uploads/2024/10/Energy-Balance-and-Body-Fatness.pdf>
7. Lauby-Secretan B, Scoccianti C, Loomis D, Grosse Y, Bianchini F, Straif K. *Body Fatness and Cancer — Viewpoint of the IARC Working Group*. *New England Journal of Medicine*. 2016;375(8):794-8.
8. Craigie AM, Lake AA, Kelly SA, Adamson AJ, Mathers JC. *Tracking of obesity-related behaviours from childhood to adulthood: A systematic review*. *Maturitas*. 2011;70(3):266-84.
9. Fingertips. *Obesity, Physical Activity and Nutrition*. 2025. Accessed: 14/05/2025. Available from: <https://fingertips.phe.org.uk/profile/obesity-physical-activity-nutrition>
10. Health Foundation. *Public backs action to tackle tobacco, unhealthy food and alcohol amidst health crisis*. 2025. Accessed: 26/11/2025. Available from: <https://www.health.org.uk/press-office/press-releases/public-backs-action-to-tackle-tobacco-unhealthy-food-and-alcohol-amidst-health-crisis>
11. National Food Strategy. *Recommendations in full*. 2021. Accessed: 06/02/2025. Available from: <https://www.nationalfoodstrategy.org/wp-content/uploads/2021/07/National-Food-Strategy-Recommendations-in-Full.pdf>
12. Elhariry M, Iyer P, Isack N, Sousa B, Singh P, Abbott S, et al. *Variation in the commissioning of specialist weight management services and bariatric surgery across England: Results of a freedom of information-based mapping exercise across the 42 integrated Care Systems of England*. *Clinical Obesity*. 2025;n/a(n/a):e12731.
13. Coulman KD, Margelyte R, Jones T, Blazeby JM, Macleod J, Owen-Smith A, et al. *Access to publicly funded weight management services in England using routine data from primary and secondary care (2007–2020): An observational cohort study*. *Medicine*. 2023;20(9):e1004282.
14. All Party Parliamentary Group on Smoking and Health. *APPG on Smoking and Health Manifesto for a Smokefree Future*. 2023. Accessed: Available from:

- <https://ash.org.uk/uploads/APPG-on-Smoking-and-Health-Manifesto-for-a-Smokefree-Future-2023.pdf?v=1699520107>
15. Office for Health Improvement and Disparities. *Nicotine vaping in England: 2022 evidence update*. 2022. Accessed: 06/09/2023. Available from: <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>
 16. Lindson N, Butler AR, McRobbie H, Bullen C, Hajek P, Begh R, et al. *Electronic cigarettes for smoking cessation*. Cochrane Database of Systematic Reviews. 2025(1).
 17. Runggay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, et al. *Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study*. The Lancet Oncology. 2021;22(8):1071-80.
 18. NHS Digital. *Cancer Registrations Statistics, England 2021- First release, counts only*. 2023. Accessed: 16/11/2023. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2021---summary-counts-only>
 19. Nuffield Trust. *Alcohol-related harm and drinking behaviour*. 2022. Accessed: 22/09/2025. Available from: <https://www.nuffieldtrust.org.uk/resource/alcohol-related-harm-and-drinking-behaviour-1#:~:text=How%20have%20alcohol%2Drelated%20admissions%20to%20hospital%20changed%20over%20time%3F&text=Alcohol%20misuse%20is%20estimated%20to,in%20the%20Government%27s%20Alcohol%20Strategy>.
 20. Public Health Scotland. *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report*. 2023. Accessed: Available from: <https://publichealthscotland.scot/media/20366/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf>