

ACTION ON SMOKING AND HEALTH

(A company limited by guarantee and not having a share capital)

Company No. 00998971

Charity No. 262067

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2025

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Action on Smoking and Health

Report of the Trustees

31st March 2025

The Trustees are pleased to present their report and the financial statements of the charity for the year ended 31st March 2025.

Legal & Administrative Details

Legal Status

Action on Smoking and Health (“ASH”) is registered in England as company number 00998971 and as charity number 262067.

Registered Office

Unit 2.9, The Foundry, 17 Oval Way, London SE11 5RR.

Website

www.ash.org.uk

Directors & Trustees

The Directors of the charitable company are its Trustees for the purposes of charity law and throughout this report are referred to as the Trustees. Together they form the Board of Management. The following Trustees (Honorary Officers as indicated) were in office at the 31st March 2025 and had served throughout the year, except where shown:

Dr Sanjay Agrawal	-
Dr Somen Banerjee	-
Linda Cuthbertson	-
Alex Duncan	-
Jane Ellison	-
Nick Forbes	-
Kate Harrison	- Treasurer until 25/03/2025. Resigned as Trustee 31/03/2025.
Dr Anthony Lavery	-
Professor Nick Hopkinson	- Chair.
Professor Rachael Murray	-
Dr Debbie Robson	-
Leanne Scott	- Treasurer from 25 th March 2025.
Dr Helen Walters	- Vice-Chair.

Senior Staff

The senior member of staff to whom day to day management of the charity is delegated by the Trustees is the Chief Executive, Deborah Arnott (until 30/09/2024), Hazel Cheeseman (from 01/10/2024). The Company Secretary is the Business Manager, Philip Rimmer.

Auditor

Adam Fullerton, Moore Kingston Smith LLP, 6th Floor, 9 Appold Street, London, ECA 2AP

Principal Bankers

Barclays Bank plc, Leicester, LE87 2BB.

Structure, Governance & Management

ASH was founded in 1971 by the Royal College of Physicians and is a company limited by guarantee without share capital. Its governing document is its Articles of Association.

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The Trustees form the Board of Management of the charity. For the purposes of the Companies Act 2006 as the Directors of ASH they are also Members of the Advisory Council. The Trustees are elected by the other Members of the Advisory Council, who are also the members of the Company, at the Annual General Meeting. Not more than one third of the Trustees are required to retire at each Annual General Meeting. Retiring Trustees are eligible for re-election.

The Chief Executive of ASH, a paid member of staff, is responsible for the day to day running of the organisation and is responsible to the Board of Management which usually meets four times a year and is responsible for setting the strategic objectives.

To maintain a pool of skilled potential Trustees, new Advisory Council Members are regularly sought by the Board of Management, particularly from within the health, public health, public relations and political spheres. As new Trustees are recruited from the membership of the Advisory Council they tend to be grounded in the policies, working practices and procedures of the Board.

All new Trustees are advised of their responsibilities by the Chair and the Business Manager. In addition, they receive an induction pack containing Board policies and advice booklets from the Charity Commission. The training needs of the Trustees are examined and acted upon as part of the regular review of risks.

Remuneration Policy

The governing principles of the Charity's remuneration policy are as follows:

1. to ensure delivery of the Charity's objectives;
2. to attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness;
3. that remuneration should be equitable and coherent across the organisation;
4. to take account of the purposes, aims and values of the Charity;
5. to ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries.

Senior Executive Remuneration

In relation to deciding remuneration for the Charity's Chief Executive, the Charity considers the potential impact of remuneration levels and structures of senior executives on the wider Charity workforce and will take account of the following additional principles:

1. to ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay;
2. the nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

The salary of the Chief Executive can be found in note 4 on page 23.

Related Parties and Partner Organisations

See note 13.

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Statement of Risk

The Trustees have examined the major risks to which the Charity is exposed and confirm that systems have been established to enable regular reports to be produced so that the necessary steps can be taken to mitigate these risks. Detailed consideration of risks is delegated to the Business Manager, who acts as Risk Manager and reports to the Board. Risks are identified, assessed and controls established throughout the year with a comprehensive review taking place at a minimum every year. The most recent was finalized in November 2024. The following risks have been assessed as being significant:

Risk	Mitigation
<p>Changes in Government policies, funding for policies or attitudes. The serious undermining of ASH's work or Government actions which impact on the work we need to do:</p> <ul style="list-style-type: none"> • The possibility of radical shifts in Government policy. In recent years, tobacco control policy has ceased to be an issue of serious contention between parties though it remains so for individual MPs and Peers. • Funding cuts to Government work on tobacco control policies. The Department of Health & Social Care (DHSC) team has already been cut back over a period of years, including ending funding ASH work, and other relevant areas of Government activity will face spending cuts during the period of this Parliament. 	<ul style="list-style-type: none"> • ASH has worked well in the past with Conservative, Labour and Coalition administrations. Key staff continue with work to maintain good and friendly relations with key political and civil service decision makers and with relevant individuals in all political parties. • We have secured a strong relationship with NHS England teams working on prevention and health inequalities. • We continue to have regular meetings with staff at DHSC and the Office of Health Improvement and Disparities (OHID) who are working on tobacco to ensure we are up to date on public health priorities and can provide input as appropriate. • Networking to ensure Smoke Free Action Coalition (SFAC) members continue to support tobacco control policies.
<p>Cyber Security This would include any unauthorised access to email accounts, documents, financial records and other data stored on the Cloud and our bank accounts. Any of these would seriously impact our ability to do our work in the short term.</p>	<ul style="list-style-type: none"> • Staff training and awareness raising with a particular emphasis on phishing emails and running software updates. • Regular back-ups of data - back-ups are made on an ongoing basis and, should access be lost, or data compromised, we can be up and running again within 24 hours. • Regular updates of all software - Firewall and virus protection kept up-to-date on all computer equipment. This is ongoing and automatic. All networked, personal drives and e-mail are stored on The Cloud. • Use of strong passwords. • Maintaining an effective working relationship with our external IT support supplier and taking their advice.

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	<ul style="list-style-type: none"> • Maintaining the physical security of hardware.
<p>Excessive dependence on a limited number of sources of funding.</p> <p>ASH is fortunate in that it has a record going back to the 1990s of receiving what is, in effect, core funding from BHF and CRUK. Such funding is becoming increasingly rare. Our continuing reliance on 2 core funders remains a serious weakness.</p>	<ul style="list-style-type: none"> • ASH undertakes an ongoing search for new sources of project funding; be it grants or contract work. • In the past 8 years, sources have included OHID/PHE, NHS England, Fresh/Balance, Greater Manchester Health & Social Care Partnership, ASH in Wales, Royal College of Psychiatrists in addition to various universities and local authorities. • A reserves policy that permits 6-12 months cash reserves. This will help to mitigate the impact of grant funding being removed or reduced by reducing the need to cut costs quickly and allowing for a gradual, properly managed re-structuring of the charity over a 12-month period. • Should ASH lose both sources of core funding, the two most realistic options would be to seek to merge, or be taken over by, another charity active in our field, or winding-up.

The next comprehensive review of risk is due to take place during 2025.

Objectives

As stated in its Articles of Association, the objectives of the Charity are:

1. to preserve and protect the health of the public against the harmful effects of cigarette or other tobacco products; and
2. to advance the education of the public about the effects of cigarette and other tobacco and nicotine products.

The Trustees have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission.

Activity and Impact Report

ASH seeks to bring about change through advocacy, networking coalition building and information provision. During 2020-21, the organisation developed a new comprehensive Strategic Plan for 2021-24. During this financial year, we have delivered against the plan, as set out in the Activity Report below.

Our strategic aims and objectives are focused on the creation and delivery of policies across government and the public sector that will deliver our vision of a world free from the harm caused by tobacco.

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Strategy & Plans for Future Periods

The Strategic Plan for 2021-24 was developed between December 2020 and March 2021, informed by a series of interviews with key stakeholders and ASH Trustees, an online questionnaire and a series of strategic planning meetings held in the first quarter of 2021. ASH seeks to bring about change through policy advocacy, coalition building and information provision. Our strategic aims and objectives are focused on the creation and delivery of policies across government and the public sector that will deliver our vision of a world free from the harm caused by tobacco.

There are three primary strategic aims, each of which has several specific policy objectives. These aims are:

1. Secure resources for national, regional and local tobacco control to deliver Smokefree 2030 for all.
2. Advance UK position as a global leader in tobacco policy to deliver Smokefree 2030 for all.
3. Minimise smoking-related health inequalities to deliver Smokefree 2030 for all.
4. Secure organisational sustainability.

These aims, and their associated objectives, amount to a policy blueprint for government and the public health community. They describe the policies that ASH believes are essential to the delivery of a Smokefree 2030 for all, policies that ASH:

- will make the case for, using the best available evidence;
- will build support for, drawing on its extensive professional partnerships and networks; and
- will campaign for, with the help of its supporters in parliament and the wider public arena.

Each of these aims is explicitly linked to our goal of delivering Smokefree 2030 for all. The three aims are all equally important to achieving this goal. Appropriate resourcing is needed to deliver ambitious policy, and the achievement of the 2030 goal *for all* requires a clear focus on tackling inequalities. The aims are underpinned by a fourth aim that supports the delivery of, the other three: securing organisational sustainability for ASH.

There is no explicit prioritisation or sequencing as this will be a matter for more detailed discussion at an operational level and will change over time as the environment we work in changes. The following general points are, however, relevant:

- ASH does not make the political weather, but we do our best to influence it.
- We take a long view and are proactive in building public support for policies as a foundation for achieving political support.
- We respond quickly, and opportunistically, when necessary, to political timetables and events. The government commitment to publish a new Tobacco Control Plan is likely to dominate our immediate work programme.
- ASH has nurtured many successful partnerships and relationships, and these will remain at the heart of the work of the organisation. Existing mechanisms and agents of change are always our first port of call.

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In October 2024, Hazel Cheeseman took up the post as Chief Executive. It had previously been agreed that the new strategy would be developed by the incoming Chief Executive. In 2024/25 ASH went through a process to develop and agree a new strategy for the next five years commencing in April 2025. This process included: interviews with external stakeholders and trustees, quantitative survey of stakeholders, insights work with smokers and ex-smokers, assessment of the external landscape and workshops with staff and trustees.

Our strategic aims for the next five years are to secure:

1. Transformative legislation
2. Reduced inequalities in smoking rates
3. Comprehensive tobacco control strategies properly funded

These three strategic aims will be underpinned by a corporate aim:

4. Strong organisation equipped to deliver on our goals

Our goals are to secure tangible change in three areas.

Our **goals** are:

- NO ONE STARTS**
 - In 5 years fewer than 2% of 15 year olds smoke
 - In 10 years fewer than 1% of 15 year olds smoke
- EVERYONE STOPS**
 - In 5 years smoking rates 7.2%
 - In 10 years smoking rates below 5%
- NO PROFIT IN TOBACCO**
 - UK tobacco company profits limited to those of average consumer products (10% versus 60%)
 - UK regulation is future-proofed against industry innovation

These strategic aims and goals will guide our activity over the next 5 years.

The full ASH strategic plan for 2025-30 can be found on our website www.ash.org.uk.

Activity Report

The Tobacco and Vapes Bill (Strategic Aims 1,2,3)

ASH has undertaken extensive parliamentary engagement throughout 2024/25, centred around the Tobacco and Vapes Bill and broader tobacco control policy. ASH has undertaken a proactive legislative strategy, All Party Parliamentary Group (APPG) on Smoking & Health coordination, party political engagement, select committee outreach, and evidence-driven advocacy.

The Tobacco and Vapes Bill had a turbulent year. Tabled in the last parliament under the Conservative Government it fell when the general election was called. ASH pivoted to manifesto advocacy following the general election announcement and coordinated outreach to parliamentary candidates with polling data and a call to support the Bill.

All candidates were contacted with constituency-level data showing support for Smokefree Generation policies. Partners and public supporters were mobilized to amplify this message and

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party officials engaged. Both Labour and Conservative manifestos included a commitment to bring back the Bill following the election.

ASH engaged in significant post-election activity to encourage rapid tabling of the Bill. A co-ordinated letter from leading health figures advocated that the Bill be included in The King's Speech, which it duly was, and the Bill was tabled for first reading in the Commons in November.

The new Bill has the same centrepiece as the Conservative legislation, the phased-out sale of tobacco to the next generation but also includes comprehensive regulations of all tobacco and nicotine products, retail licensing powers and powers to extend smokefree legislation.

ASH coordinated briefings with wide endorsement from Smokefree Action Coalition members and engaged MPs in speaking during the debates, tabling amendments and showing their support. The Bill passed into the House of Lords on 26th March with overwhelming support (366 to 41). ASH provided written and oral evidence to the Bill Committee, ASH's contributions were cited multiple times in parliamentary debates, including data and speeches written for APPG members.

Throughout the passage of the Bill ASH has kept wider stakeholders informed and supported them to engage with parliamentarians. Events have included webinar with the Chief Medical Officer (CMO) and Public Health Minister, attended by 430 health professionals and stakeholders and a parliamentary event with survivors of smoking.

Budget and spending review (Strategic Aims 1,2)

With the change of government there has been a spending review and budget from a new Chancellor. ASH has worked hard to ensure that funding committed under the last government has been largely maintained. ASH's economic analysis played an important role in informing both the budget and the spending review.

Updated economic analysis was included in ASH's 2024 budget submission, created with input from UCL and Landman Economics. It reinforced the case for investing in tobacco control by illustrating broader economic gains.

ASH contributed its updated findings to the government's Impact Assessment for the Smokefree Generation legislation.

ASH's economic modelling played a prominent role in the second reading debate of the Tobacco and Vapes Bill. MPs across parties cited ASH's data, demonstrating the utility of economic framing in legislative contexts.

Supporting local government (Strategic Aims 2,3)

In addition to national advocacy agenda ASH has continued to support local authorities, focusing on tobacco control funding, strategic collaboration, housing initiatives, advocacy, and data-informed support.

- **Optimising Impact of Local Authority Funding:** Under the last Government an additional £70m was committed to fund local authority stop smoking services. During the year ASH worked to both engage local government in the effective spending of this new resource and to successfully advocate that the incoming government maintains this funding. An additional year of funding was confirmed following the one-year spending review. ASH developed and disseminated a briefing paper for Directors of Public Health (DsPH) on utilising new funding, followed by a FAQs document to address recurring queries from

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stakeholders. The Association of Directors of Public Health (ADPH) endorsed briefing was presented in various DsPH regional network meetings to further engage local leaders and launched through a webinar attended by 200 people with speakers including leading academics and public health officials.

- **ASH Annual Survey of Local Tobacco Control:** The 11th wave of the CRUK-funded survey focused on regional perspectives and spending strategies. It achieved an 81% response rate from Local Authorities (LAs). The December report, titled 'Expansion and Renewal', was launched with a webinar chaired by Cllr David Fothergill. It included innovative case studies and insights on service enhancement. Survey findings are being used by King's College London and national government to evaluate national initiatives like Swap to Stop and the £70m investment impact.
- **Ready Reckoner and other tools:** The Ready Reckoner was updated in January 2025 using 2023 Office for National Statistics Annual Population Survey (APS) data and revised cost estimates from economist Howard Reed. It remains consistent with the Summer 2024 version, with improved documentation and a briefing on smoking's economic impacts. In May 2024, ASH published the updated Cost Benefit and Public Finance Model and revamped the Ready Reckoner interface to improve accessibility for local stakeholders. An accompanying webpage details the methodology and assumptions underlying the model. The Inequalities Dashboard, formerly the 'Economic and Health Inequalities Dashboard', has been modernized into an online tool. It visualizes disparities in how smoking affects different population groups, facilitating more targeted interventions.
- **Supporting regional tobacco control:** ASH has had an extensive programme of support across English regions and NHS Integrated Care Boards (ICBs) during the year supporting development of strategies, building networks and supporting programme development. A majority of regions and systems are now covered by some kind of strategic programme to reduce smoking prevalence.

Supporting implementation of NHS Long Term Plan (Strategic Aims 1,3)

In addition to our work with local government we have maintained our engagement of NHS networks. This activity has been reduced during this financial year as a result of reduced funding from NHS England.

- **Engaging Leaders and Organisations:** This year ASH has been invited to join the NHSE Prevention and Long-Term Conditions Board chaired by the NHSE Medical Director alongside other health leaders. This has allowed ASH to highlight issues relating to NHS support for smokers in a national forum. We have continued to show leadership through other forums including national Smokefree Sites forum, regional networks, Core20Plus5 Collaborative, National Respiratory Audit Programme on Chronic Obstructive Pulmonary Disease (NRAP COPD) advisory group. ASH developed and updated resources to support clinical leads, DsPH and others to engage NHS organisations in prioritising tobacco. Following the announcement of cuts to ICBs and reorganisation ASH wrote to all ICB Chairs and Chief Executives to highlight the evidence-based case for investment in smoking cessation support and co-ordinated letter to the CE of NHS England. ASH conducted an in-depth scoping study commissioned by NHSE, producing recommendations on embedding Tobacco Dependency Treatment Services (TDTS). Key insights covered funding, system leadership, collaboration, access, training, and data use. Findings were presented to the NHS Tobacco Dependency Delivery Group.

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- **Equipping Systems for Action:** ASH continues to promote evidence-based delivery through briefing resources and webinars. These webinars were supported by The National Centre for Smoking Cessation and Training (NCSCT) and leading clinicians. Such activity included:
 - Webinar on tobacco dependency treatment training with over 450 attendees.
 - Webinar to introduce Varenicline and Cytisine for NHS stakeholders.
 - Webinar to promote insights from the COSTED trial which tested support in A&E
- **Monitoring and Influence:** ASH initiated Freedom of Information (FoI) requests to ICBs to monitor current and planned spending on tobacco treatment services. This will provide crucial insight into NHS investment trajectories amidst system changes. ASH contributed to workshops and working groups linked to the NHS 10-Year Plan, focusing on prevention, equity, and systems-based approaches to smoking cessation.

Improving support for smokers with mental health conditions (Strategic Aim 3)

ASH continues its impactful work to progress action on addressing the inequalities in smoking among people with mental health conditions. This year ASH has advanced the agenda through advocacy, partnerships, research, policy influence, academic collaboration, and lived experience integration to reduce smoking among individuals with mental health conditions.

- **Mental Health and Smoking Partnership:** ASH continued to lead the Mental Health and Smoking Partnership, coordinating bi-annual and quarterly meetings with stakeholders across NHS, OHID, academia, and the third sector. Meetings included presentations from NHS and OHID, updates from the Quality Improvement in Tobacco Treatment (QuITT) project, mass media studies, and discussion on legislative developments including the Tobacco and Vapes Bill.
- **Lived Experience Group:** The Lived Experience Group contributed significantly to ASH's projects including reviewing the mental health factsheet, attending policy roundtables, and helping shape survey tools and reports. Reflections from members highlighted the importance of their inclusion, helping align strategy with real-world needs and grounding recommendations in service-user perspectives. ASH launched a strategic review of its approach to Lived Experience integration to build a structured, sustainable engagement model.
- **Survey of Mental Health Trusts:** ASH repeated its 2019 survey of mental health trusts, now including aspects of the NHS Long Term Plan Therapeutic Drug Testing Services (TDTS), Care Quality Commission (CQC) guidance, and National Institute for Clinical Excellence (NICE) recommendations, and vaping policy. Survey development involved a steering group and the lived experience group. It closed with ~80% response rate and showed that while progress has been made in providing more support to smokers entrenched issues remain in how smoking is addressed in inpatient settings.
- **Policy and Parliamentary Advocacy:** ASH submitted evidence to the Public Bill Committee on behalf of the Partnership and engaged directly with Public Health Minister via joint letters outlining policy asks. ASH advocated for specific consideration of mental health within the Tobacco and Vapes Bill and engaged with NHSE and DHSC around vaping policy impacts in mental health settings. It was particularly notable that co-chair of the Mental Health and Smoking Partnership and CE of the Mental Health Foundation Mark

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Rowland was invited to give evidence to the Bill Committee, something ASH supported him to do.

- **Vaping and Mental Health:** ASH coordinated a community of practice to explore the responsible role of vaping in supporting smokers in mental health services to quit. ASH contributed insights to draft a consensus position and advocated with NHSE and DHSC for practical vaping guidance within regulatory frameworks. A dedicated webinar for mental health trusts was developed to help prepare for the disposable vapes ban.

Improving support for pregnant smokers (Strategic Aim 3)

Addressing smoking in pregnancy remains a key part of our strategy to address health inequalities caused by smoking with smoking rates falling rapidly during the year as long-standing recommendations made by ASH have been implemented.

- **Smoking in Pregnancy Challenge Group:** ASH facilitated quarterly Challenge Group meetings in April, July, October, and December, convening NHS, OHID, maternity professionals, and third sector partners. These meetings provided updates on NHS tobacco treatment services, the national incentive scheme, vaping guidance, and digital interventions. ASH coordinated communication efforts around the Challenge Group's priorities, including webinars and direct engagement with policymakers.
- **The Smoking Status at Time of Delivery (SATOD) Data and Analysis:** Continued declines in Smoking at Time of Delivery (SATOD) rates were recorded throughout 2024, with national figures falling to 6.5% in Q1 and 6% in Q2 2024/25. ASH developed a detailed briefing analysing trends in SATOD rates at national, regional, and ICB levels. The document highlights achievements and areas for continued focus. This work builds on longstanding recommendations of the Challenge Group and the successful integration of tobacco treatment services into maternity pathways under the NHS Long Term Plan.
- **Vaping in Pregnancy Guidance:** ASH updated the Challenge Group's professional briefing and patient leaflet on the use of e-cigarettes in pregnancy. These were published in December after broad consultation. The documents offer maternity professionals' evidence-based responses to FAQs and will be promoted through a targeted webinar and distribution network in early 2025. A companion infographic is in final review and will be published shortly.
- **National Financial Incentive Scheme:** Following years of advocacy, the national financial incentive scheme to support pregnant smokers was launched in September. However, current funding runs only until March 2025. ASH has produced a professional briefing to support the rollout, coordinated high-level letters to Ministers, and included the scheme in pre-budget submissions. Ongoing efforts aim to secure funding extensions and broader support for partners of pregnant women who smoke.
- **Public Policy and Advocacy:** ASH coordinated a Challenge Group letter to Public Health Minister Ashley Dalton calling for continued funding and prioritisation of tobacco treatment in maternity settings. ASH supported the dissemination and media engagement around the Cochrane Review on financial incentives, reinforcing its alignment with national policy.
- **Engagement and Education Events:** ASH partnered with the Institute of Health Visiting and the London Tobacco Alliance to deliver targeted webinars focused on smokefree pregnancy, vaping guidance, and neonatal care interventions. These events engaged maternity professionals across England and showcased ASH's thought leadership and convening power in this policy space.

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Addressing tobacco industry interference (Strategic Aim 2)

This year ASH has undertaken proactive work to track lobbying, raising awareness among policymakers, and collaborating with academic and media partners to expose industry tactics undermining tobacco control legislation.

- **Monitoring and Documentation of Industry Activity:** ASH has systematically monitored tobacco industry lobbying related to the Tobacco and Vapes Bill. Detailed records have been maintained and shared regularly with SFAC members, MPs, and key public health stakeholders. This included the development and regular update of the ASH 'Tobacco Tactics' briefing which catalogues common industry arguments and lobbying techniques aimed at weakening or delaying tobacco control measures.
- **Parliamentary and Public Engagement:** In response to intensified lobbying ahead of the Bill's readings, ASH circulated its Tobacco Tactics briefing to all MPs in early November. This led to follow-up discussions with three MPs and interest from the Scottish Government. Tobacco companies hosted multiple events targeting parliamentarians, including British American Tobacco (BAT) hosted peer lunches, Philip Morris International (PMI) sponsored roundtables, and staff engagement events by Japan Tobacco International (JTI) and the Spectator. ASH maintained a visible presence in countering these narratives, reinforcing evidence-based policy discussions among elected officials.
- **Collaboration with University of Bath Tobacco Tactics Team:** ASH maintained close liaison with the University of Bath's Tobacco Tactics team to ensure coordinated tracking of lobbying activities and updating the public database with the latest industry examples. Joint efforts have improved the visibility of commercial interference through both academic and parliamentary channels.
- **Media and Regulatory Exposure:** ASH collaborated with SFAC partners to gather evidence of illegal in-store advertising of heated tobacco products. Findings were shared with BBC journalists and DHSC officials, resulting in public coverage of violations at Sainsbury's and Morrisons. A blog post authored by ASH's John Waldron provided a deeper dive into advertising breaches and highlighted how the Bill could close legal loopholes.
- **Regulatory Complaints:** ASH flagged a youth-targeted marketing campaign between Rolling Stone and PMI brands IQOS and Zyn, raising concerns with the Advertising Standards Authority (ASA) and DHSC regarding violations of the Tobacco and Related Products Regulations (TAPA). Although Rolling Stone shifted promotional focus to Zyn, the full extent of the sponsorship remains unclear. ASH continues to follow up on ASA's consultation with DHSC.

Cross-Risk Factor Working (Strategic Aims 2 and 3)

In 2024 ASH accelerated work done collaboratively around tobacco, alcohol and obesity. This has allowed us to advance public health agenda in general with a focus on health inequalities and to shine a light on the influence of business on good health.

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- **Killer Tactics and Industry Influence:** ASH, in collaboration with the Alcohol Health Alliance (AHA) and the Obesity Health Alliance (OHA), launched the 'Killer Tactics' report highlighting common industry narratives used to block health regulation. A companion 'bingo card' of industry tactics was distributed to stakeholders at party conferences. This work successfully engaged MPs and has contributed to broader discussions within OHID about strengthening guidelines against commercial interference. The report's promotion led to widespread academic support and political engagement, including a new MP joining the APPG on Smoking and Health.
- **Regional Prevention Models:** ASH coordinated the development of regional prevention frameworks in Greater Manchester and Humber and North Yorkshire for alcohol and obesity, building on the tobacco model. This work is structured in three phases across 2024–2025 and will culminate in a shared launch event in early 2025.
- **Strategic Positioning and Briefing Development:** A new strategic framework was established based on three pillars: Making the Case, Protecting Progress, and Building Our Joint Brand. A joint policy position and accompanying briefing were drafted to unify messaging around the clustering and synergy of risk factors and the benefits of integrated prevention efforts.
- **Collaborative Advocacy and Public Affairs:** ASH continues collaborative policy advocacy with AHA and OHA, submitting joint responses on the NHS 10 Year Plan and Health Mission. Submissions emphasized whole-system approaches to prevention and were acknowledged by the CMO and Minister. Meeting requests have been issued to key Select Committee chairs, building long-term support for cross-risk prevention strategies.

Vaping (Strategic Aims 1 and 2)

Vaping remains a crucial area of activity for ASH to support the UK to have a policy position which reflects the best evidence and seeks both to rapidly reduce smoking and to protect children from uptake.

The government is taking significant powers through the Tobacco and Vapes Bill to regulate vapes and other nicotine products. These powers align with ASH recommendations. The Government has also progressed a ban on single-use vapes and committed to flat-rate vape excise tax which again has been updated following consultation and reflects ASH recommendations.

ASH believes that the combination of powers, regulations and tax which government intendeds to bring in will provide the tools to address youth vaping. Calibration will be needed to ensure that there are not unintended consequences in terms of adults returning to smoking.

ASH has continued to publish updated youth and adult vaping fact. These provided updated usage trends and policy insights. Youth vaping remained stable year-on-year, while vaping among adult smokers and recent quitters continued to grow. Half of all those who had quit smoking in last five years had used vapes to quit. Nicotine pouch use remained low but rising, prompting calls for stronger regulation within the new legislative framework.

This data continues to influence the policy agenda in the UK and further afield.

Secure organisational sustainability

At all times, ASH endeavours to maximise efficiency and minimise organisational costs. We continue to support our staff with flexible and hybrid working options.

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Finance

Investments Policy

When not required, the free reserves held by the charity are held on deposit and may be placed on short-term Treasury Deposits at the discretion of the Business Manager.

Principal Funding Sources

Core funding for the entire program of work of the Charity was provided by:

- Cancer Research UK;
- British Heart Foundation.

Financial Review

The year saw a reduction of funds of £47,641 being the excess of expenditure over income for the year. Total income of £913,072 was 1% higher than the previous year.

Charitable expenditure, at £960,713 decreased by 1% compared to the previous year. ASH finished the year with cash balances of £752,729 (down £129,365 from last year) and net assets of £893,302.

Having made transfers of £43,407 from general funds to meet deficiencies on the various projects for which restricted funds were available, the balance of general funds at the end of the year decreased by £47,037 to £886,618.

Reserves Policy

Reserves are maintained at a level that enables the Charity to manage financial risk, such as the loss of funding sources, allowing the Charity to sustain current activities in the short-term and ensuring that financial commitments can be met as they fall due.

The reserves measure is on a 'managed cash' basis. 'Managed cash' includes all amounts available to finance the general activities of the Charity, and normally include the cash held in the Charity's bank accounts. The targeted level of reserves is a minimum of six months (£487K) and a maximum of 12 months (£975K), annualised forecast cash outflow. Six months is considered a reasonable time period considering the Charity's two major funding sources are received quarterly in arrears.

If the Charity were to suffer a loss of a funding source, the reserves would allow only a short-term maintenance of current activity levels. Steps would still need to be taken to either replace the funding source or to change activities in the longer-term. The current level of managed cash (£752K) is within the desired range.

Thanks

The Trustees would like to thank the British Heart Foundation, Cancer Research UK and our partners in the Smokefree Action Coalition for supporting our work during the year. In addition, they would like to thank all of the ASH staff for their work during the year.

Trustees' Responsibilities

The Trustees (who are also the Directors of Action on Smoking & Health for the purposes of company law) are responsible for preparing the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Action on Smoking and Health Report of the Trustees 31st March 2025

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

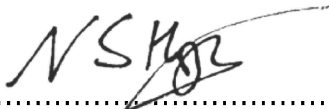
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business.

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Small Company Exemption

The above report has been prepared in accordance with the special provisions of section 416 of the Companies Act 2006 relating to small companies and Section 162 of the Charities Act 2011.

On behalf of the Trustees



.....
Professor Nick Hopkinson
Chair

22nd September 2025
Date:

INDEPENDENT EXAMINER'S REPORT TO THE MEMBERS OF ACTION ON SMOKING AND HEALTH

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2025.

Responsibilities of Trustees and Examiner

The charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's accounts carried out under the Charities Act 2011 ('the 2011 Act') under section 145. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent Examiner's Statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the ICAEW, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

- 1) accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
- 2) the accounts do not accord with those records; or
- the accounts do not comply with the applicable requirements concerning the form and content of accounts
- 3) set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
- 4) the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Adam Fullerton

(ICAEW)

For and on behalf of Moore Kingston Smith LLP

Chartered Accountants

6th Floor
9 Appold Street
London EC2A 2AP

Date: 25 September 2025

**ACTION ON SMOKING AND HEALTH
STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2025**

	Note	Unrestricted Funds General £	Designated £	Restricted Funds £	Total 2025 £	Unrestricted Funds General £	Designated £	Restricted Funds £	Total 2024 £
Income and Endowments From:									
Unrestricted activities									
Grants	2	685,826	-	-	685,826	642,592	-	-	642,592
Donations		4,607	-	-	4,607	2,924	-	-	2,924
Interest		17,798	-	-	17,798	10,844	-	-	10,844
Charitable activities									
Grants	2	-	-	67,102	67,102	-	-	136,109	136,109
Contract income		111,739	-	-	111,739	109,779	-	-	109,779
Other income		26,000	-	-	26,000	1,065	-	-	1,065
Total Income		<u>845,970</u>	<u>-</u>	<u>67,102</u>	<u>913,072</u>	<u>767,204</u>	<u>-</u>	<u>136,109</u>	<u>903,313</u>
Expenditure On:									
Charitable activities									
Policy Research and Information	3	849,600	3,357	107,756	960,713	718,184	3,943	251,565	973,692
Total Expenditure		<u>849,600</u>	<u>3,357</u>	<u>107,756</u>	<u>960,713</u>	<u>718,184</u>	<u>3,943</u>	<u>251,565</u>	<u>973,692</u>
Net (expenditure)/income for the year before transfers		(3,630)	(3,357)	(40,654)	(47,641)	49,020	(3,943)	(115,456)	(70,379)
Transfers	8, 9, 10	(43,407)	2,753	40,654	-	(117,558)	2,102	115,456	-
Net Movement in Funds		(47,037)	(604)	-	(47,641)	(68,538)	(1,841)	-	(70,379)
Funds brought forward		<u>933,655</u>	<u>7,288</u>	<u>-</u>	<u>940,943</u>	<u>1,002,193</u>	<u>9,129</u>	<u>-</u>	<u>1,011,322</u>
Funds carried forward		<u>886,618</u>	<u>6,684</u>	<u>-</u>	<u>893,302</u>	<u>933,655</u>	<u>7,288</u>	<u>-</u>	<u>940,943</u>
		Note 10	Note 9	Note 8		Note 10	Note 9	Note 8	

All results are from continuing activities.

No gains or losses arose in the year other than those shown above.

The notes on pages 19 to 27 form a part of these financial statements.

ACTION ON SMOKING AND HEALTH
(A COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL)
BALANCE SHEET AT 31 MARCH 2025

	Note	2025 £	2025 £	2024 £	2024 £
Fixed Assets					
Tangible assets	5		6,684		7,288
Investments			24		24
			<u>6,708</u>		<u>7,312</u>
Current Assets					
Debtors	6	183,312		166,031	
Cash at bank and in hand		<u>752,729</u>		<u>882,094</u>	
		936,041		1,048,125	
Creditors: Amounts falling due within one year	7	<u>(49,447)</u>		<u>(114,494)</u>	
Net Current Assets			<u>886,594</u>		<u>933,631</u>
Net Assets	11		<u>893,302</u>		<u>940,943</u>
Funds					
Restricted	8		-		-
Unrestricted					
Designated funds	9		6,684		7,288
General Funds	10		<u>886,618</u>		<u>933,655</u>
	11		<u>893,302</u>		<u>940,943</u>

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime within Part 15 of the companies Act 2006 and with the Financial Reporting Standard 102 (effective January 2015).

For the financial year in question the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.

No members have required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006.

The directors acknowledge their responsibility for complying with the requirements of the Act with respect to accounting records and for the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The notes on pages 19 to 27 form a part of these financial statements.

These accounts were approved, and authorised for distribution, by the Board of Trustees on 22 September 2025 and signed on its behalf by:



 Professor Nick Hopkinson
 Chair of the Board of Trustees



 Leanne Scott
 Treasurer

Company number: 00998971
Charity number: 262067

**ACTION ON SMOKING AND HEALTH
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

	2025 £	2024 £
Cash flows from operating activities		
Net expenditure for the year	(47,641)	(70,379)
Adjustments for:		
Depreciation of tangible fixed assets	3,357	3,943
Increase in debtors	(17,281)	(65,727)
Decrease in creditors	(65,047)	(15,900)
Interest received	(17,798)	(10,844)
Net cash used by operating activities	<u>(144,410)</u>	<u>(158,907)</u>
Cash flows from investing activities		
Interest received	17,798	10,844
Purchase of tangible fixed assets	(2,753)	(2,102)
Net cash from investing activities	<u>15,045</u>	<u>8,742</u>
Change in cash and cash equivalents in the year	(129,365)	(150,165)
Cash and cash equivalents at beginning of year	882,094	1,032,259
Cash and cash equivalents at end of year	<u>752,729</u>	<u>882,094</u>
 Analysis of cash and cash equivalents		
Cash at bank and in hand	752,729	882,094
	<u>752,729</u>	<u>882,094</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

1 Accounting Policies

Basis of preparation

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The charitable company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The financial statements have been prepared under the historical cost convention. They are prepared in sterling, which is the functional currency of the charity. Amounts presented are rounded to the nearest pound.

Going concern

During this financial year the trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charitable company to continue as a going concern. This year, this requires consideration of its principal funders and the wider economy. The trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements. In particular, the trustees have considered the charitable company's forecasts and projections and have taken account of pressures on income. After making enquiries, the trustees have concluded that there is a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The charitable company therefore continues to adopt the going concern basis in preparing its financial statements.

Company status

The charity is a company limited by guarantee, registered in England & Wales. In the event of the charity being wound up, the liability of each member in respect of the guarantee is limited to £1.

Income

All income including government grant income is recognised when there is entitlement to the funds, the receipt is probable and the amount can be measured reliably. Where income is received in advance of meeting any performance-related conditions, there is not unconditional entitlement to the income. The recognition of this income therefore is deferred and included in creditors as deferred income until the performance-related conditions are met. Legacies are included in the accounts at the point where the amount receivable can be measured with sufficient reliability; this is normally the point of receipt by the charity.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

Resources expended

Expenditure is included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. All expenditure has been classified under headings that aggregate all costs related to the category.

- Charitable activities include expenditure associated with the development of policy, research, information and related activities and include both the direct costs and support costs relating to those activities.
- Support costs are the costs of central functions which relate to the whole organisation. These have been allocated to cost categories on the basis of staff time occupied in each area.
- Governance costs comprise the independent examiners fees and board expenses.

Pension contributions

The charitable company makes contributions to a defined contribution scheme for eligible members of staff the amount being determined in relation to the individual's current salary.

Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

Tangible fixed assets and depreciation

Items are capitalised as fixed assets if their cost exceeds £500.

Depreciation is provided on expenditure at rates calculated to write off each asset over its estimated remaining useful life. The estimated remaining useful lives of the classes of assets are as follows:

Computer equipment and office equipment	3 years
---	---------

Investments

Investments are held in tobacco related companies to give ASH the right to attend annual general meetings and receive relevant documents. The holdings are minimal and it is therefore considered appropriate to disclose them at historical cost rather than market value as required by SORP. There is no material difference between the cost and the market value.

Fund Accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the objectives of the charity. Designated funds are also unrestricted funds but have been designated by the trustees for a particular purpose and includes the net book value of tangible fixed assets used by the charitable company in its operational activities. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised for particular purposes. The aim and use of each restricted and designated fund is given in the notes.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

Gifts in kind

Where services are provided to the Charity as a donation that would normally be purchased from suppliers, this contribution is included in the financial statements as an estimate based on the value of the contribution to the Charity.

Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Other financial instruments

i. Cash and cash equivalents

Cash and cash equivalents include cash at bank and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors

Debtors receivable and creditors payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

2 Grants	2025 £	2024 £
<i>Unrestricted grants received</i>		
Supporting charities	<u>685,826</u>	<u>642,592</u>
<i>Restricted grants arising from charitable activities</i>		
Supporting charities	67,102	86,110
NHS England	-	49,999
	<u>67,102</u>	<u>136,109</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

3 Charitable activities

The detailed charitable activities are more fully described in the trustees' report and relate to interlinked areas of policy, research and information.

	Direct project costs £	Direct staff costs (see Note 4) £	Support costs (see below) £	2025 £
Policy research and Information	<u>274,952</u>	<u>483,705</u>	<u>202,056</u>	<u>960,713</u>

	Direct project costs £	Direct staff costs (see Note 4) £	Support costs (see below) £	2024 £
Policy research and Information	<u>363,345</u>	<u>444,639</u>	<u>165,708</u>	<u>973,692</u>

Support costs are those shared costs which relate to the operation of the organisation and include:

	Total 2025 £	Total 2024 £
Staff costs (See Note 4)	70,385	68,747
Depreciation	3,358	3,943
Legal & Consultancy	13,856	9,324
Office running costs	61,671	59,579
Telephone and postage	2,854	2,864
Printing, stationery and design	1,391	2,699
Accountancy and payroll	5,034	4,851
Other costs	<u>26,988</u>	<u>125</u>
	185,537	152,132
Governance costs		
Fees payable to Moore Kingston Smith LLP	10,629	10,600
Board expenses	5,890	2,976
	<u>202,056</u>	<u>165,708</u>

The basis of allocation of total overhead costs between direct and support costs is staff time.

Independent examiners fees

Independent examination fee	10,629	10,600
Accountancy and payroll	5,034	4,851
	<u>15,663</u>	<u>15,451</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

4 Staff Costs	2025 £	2024 £
Gross pay	474,591	440,383
Social security	52,479	48,842
Pension contributions	20,631	19,066
	<u>547,701</u>	<u>508,291</u>
Other staff costs	6,389	5,095
	<u>554,090</u>	<u>513,386</u>

Staff remuneration over £60,000:

	2025	2024
£60,000 - £70,000	-	2
£70,000 - £80,000	1	-
£90,000 - £100,000	-	1

This includes salary but excludes social security costs and employer pension contributions

No trustees were reimbursed for expenses relating to subscriptions (2024: none). One trustee was reimbursed for expenses incurred of £170 (2024: one trustee was reimbursed for expenses incurred of £275 for travel to board meetings). No trustees received any remuneration in the year (2024: none).

Key management personnel comprise the trustees, Chief Executive, Business Manager, and the Deputy Chief Executive. Total employee benefits for these individuals in 2024-25 were £262,561 (2024: £248,857). This figure includes salaries, employer pension contributions and social security costs. There are no other pecuniary benefits for senior or other staff at the Charity.

During the year there was a new Chief Executive appointed on 1 October 2024. Total combined benefits for both of the Chief Executives in 2024-25 were £110,590 (2024: £109,840), comprising salary £94,521 (2024: £97,623), employer pension contributions £4,281 (2024: £nil) and social security costs £11,788 (2024: £12,217).

The average number of staff employed, including part time staff, allocated according to function was:

	2025 Number	2024 Number
Central charitable activities	<u>12</u>	<u>11</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

5 Tangible Fixed Assets

	Fixtures, fittings and equipment £
Cost	
At 1 April 2024	84,383
Additions	2,753
Disposals	-
At 31 March 2025	<u>87,136</u>
Depreciation	
At 1 April 2024	77,095
Charge for the year	3,357
Eliminated on disposal	-
At 31 March 2025	<u>80,452</u>
Net Book Value	
At 31 March 2025	<u><u>6,684</u></u>
At 31 March 2024	<u><u>7,288</u></u>

All fixed assets are held for use by the charitable company.

6 Debtors	2025 £	2024 £
Other debtors	164,268	148,626
Prepayments	19,044	17,405
	<u>183,312</u>	<u>166,031</u>

All debtors are financial instruments measured at present value.

7 Creditors: Amounts falling due within one year	2025 £	2024 £
Trade creditors	30,346	97,828
VAT liability	2,001	3,172
Accruals	17,100	13,494
	<u>49,447</u>	<u>114,494</u>

Included within the figure for accruals is £3,005 (2023: £1,779) owing to the NEST pension scheme.

All creditors, except accruals, are financial instruments measured at present value.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)**

8 Restricted Funds		Funds brought forward April 2024	Incoming resources	Resources expended	Transfers from General funds	Funds carried forward March 2025
		£	£	£	£	£
Cross Risk Factors Collaboration	(a)	-	30,002	(63,437)	33,435	-
Local Authority Tobacco Control	(b)	-	37,100	(44,319)	7,219	-
NHS England Supporting NHS Long-Term Plan Tobacco Priorities	(c)	-	-	-	-	-
		<u>-</u>	<u>67,102</u>	<u>(107,756)</u>	<u>40,654</u>	<u>-</u>
		Funds brought forward April 2023	Incoming resources	Resources expended	Transfers from General funds	Funds carried forward March 2024
		£	£	£	£	£
Cross Risk Factors Collaboration	(a)	-	51,740	(59,755)	8,015	-
Local Authority Tobacco Control	(b)	-	34,370	(37,568)	3,198	-
NHS England Supporting NHS Long-Term Plan Tobacco Priorities	(c)	-	49,999	(154,242)	104,243	-
		<u>-</u>	<u>136,109</u>	<u>(251,565)</u>	<u>115,456</u>	<u>-</u>

- (a) This project is for research into Cross Risk Factors (smoking, alcohol and obesity) and is funded by Cancer Research UK.
- (b) This project provides an annual tobacco control report tracking Local Authority activity in tobacco control and consists of a grant from Cancer Research UK.
- (c) This funding from NHS England is for activities to promote the NHS Long-Term Plan Tobacco Priorities. Funding was received in 2023-24 but was not agreed during 2024-25, so the project was wound-up.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)**

9 Designated Funds	Funds brought forward April 2024	Incoming resources	Resources expended	Transfers from General funds	Funds carried forward March 2025
	£	£	£	£	£
Capital equipment	7,288	-	(3,357)	2,753	6,684
	<u>7,288</u>	<u>-</u>	<u>(3,357)</u>	<u>2,753</u>	<u>6,684</u>
	Funds brought forward April 2023	Incoming resources	Resources expended	Transfers from General funds	Funds carried forward March 2024
	£	£	£	£	£
Capital equipment	9,129	-	(3,943)	2,102	7,288
	<u>9,129</u>	<u>-</u>	<u>(3,943)</u>	<u>2,102</u>	<u>7,288</u>

The capital equipment fund equates to the value of tangible fixed assets. These are not liquid assets or easily realisable.

10 General Funds	Funds brought forward April 2024	Incoming resources	Resources expended	Transfers to other funds	Funds carried forward March 2025
	£	£	£	£	£
Central funds	933,655	845,970	(849,600)	(43,407)	886,618
	<u>933,655</u>	<u>845,970</u>	<u>(849,600)</u>	<u>(43,407)</u>	<u>886,618</u>
	Funds brought forward April 2023	Incoming resources	Resources expended	Transfers to other funds	Funds carried forward March 2024
	£	£	£	£	£
Central funds	1,002,193	767,204	(718,184)	(117,558)	933,655
	<u>1,002,193</u>	<u>767,204</u>	<u>(718,184)</u>	<u>(117,558)</u>	<u>933,655</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025 (CONTINUED)

11 Analysis of Net Assets between Funds	Fixed assets £	Net current assets £	Total 2025 £
Restricted funds:	-	-	-
Unrestricted funds:			
Designated funds	6,684	-	6,684
General funds	24	886,594	886,618
	<u>6,708</u>	<u>886,594</u>	<u>893,302</u>

	Fixed assets £	Net current assets £	Total 2024 £
Restricted funds:	-	-	-
Unrestricted funds:			
Designated funds	7,288	-	7,288
General funds	24	933,631	933,655
	<u>7,312</u>	<u>933,631</u>	<u>940,943</u>

12 Operating Lease Commitments

The company had annual commitments under operating leases as follows:

	2025 Land and Buildings £	2024 Land and Buildings £
Expiring:		
- within 1 year	35,333	30,799
- in between two and five years	<u>138,191</u>	<u>24,106</u>

During the year £35,268 (2024: £33,900) has been recognised as an expense in the SOFA (part of office running costs) .

A new 5 year lease was signed during the year ended 31 March 2025.

13 Related Party Transactions

Jane Ellison is a Non-Executive Director of NHS England (from February 2024). ASH received funding of £nil from NHS England in the financial year to 31 March 2025 (2024: £49,999). During the year ASH held its Annual General Meeting at Cinema Museum for which a payment of £1,000 was made. A trustee of the venue is the spouse of the charity's former Chief Executive.