Future Funding of Smokefree South West

We are writing to you in your role as the Chair of the Health Select Committee to draw to your attention the issue of future funding of Smokefree South West (now Public Health Action), following the decision made by eleven local authorities to terminate their contract with the organisation from 30th June 2016. We understand the total value of this contract to have been £1.2 million annually and it is clear that its termination is a serious threat to the future of the organisation. Since it does a great deal of crucial work to tackle the public health consequences of tobacco use, we think that this is an important piece of evidence for the Committee’s current inquiry into the future of public health. It would also support any Committee decision to look at the future of tobacco control work as a case study for the inquiry.

We believe that Smokefree South West has proved itself to be a most effective organisation in helping to reduce the burden of death and disease caused by smoking, which as you know remains the single largest cause of premature death across the country. We consider that the organisation has made a major contribution to the reduction in smoking prevalence in the region, which has now fallen to under 17% (1), the lowest ever and below the average for England of around 18%. It is also notable that the region has the highest proportion of ex-smokers in the UK, at 38% (2).

Action on Smoking and Health has estimated the total cost of smoking in South West region to be around £1.3 billion, including more than £200 million in costs to the NHS, and more than £114 million in social care costs for smokers and ex-smokers suffering from smoking-related illnesses (3). Action to encourage smokers to quit and to discourage young people in particular from starting to smoke is highly cost effective when measured against these wider costs to the region. The APPG’s recent Representation to the 2015 Spending Review submitted to the Comprehensive Spending Review found a clear evidence base for investing in work at a regional level (4). We understand that the funding authorities have made it clear that the decision to withdraw funding is not a result of any concern about the work of the organisation, which is regarded by the wider public health community as setting a standard of excellence for regional and local work on tobacco control.

We would also draw to your attention to some specific areas of work where Smokefree South West has demonstrated its value. These include work on combatting the illicit tobacco trade, where it is estimated that the number of users of illicit tobacco has fallen by 60,000 (5) over the duration of the contract, and the highly successful media campaign "Be There Tomorrow", designed to raise awareness of the fact that one in two lifetime smokers will die from smoking-related diseases. These are both essential areas of work in tobacco control, both requiring co-ordination at a local and regional as well as a national level. The ending of the contract could prevent such work from being done effectively in the future.

Over the lifetime of its contract with local authorities in the region, Smokefree South West has made a major contribution to this record of success, and has established a regional programme of work that is significantly in advance of other English regions. It would be a very sad day for public health if this work came to a premature end as a result of termination of the contract. As you know, effective tobacco control work requires consistent, prolonged and multiple interventions across a wide range of policy and service areas. If funding for such work is not sustained across the UK, it is not hard to see that smoking prevalence rates may cease to fall at the current rate, or may even begin to rise. Given the enormous costs that smoking imposes on society, this would be classic case of false economy.

The UK is a world leader in tobacco control, and the result has been that smoking prevalence rates have halved over the last forty years. Early indications are that funding cuts in mass media spend and public health budgets are already threatening to halt or even reverse the trend of reductions in
smoking prevalence. The latest data from the Smoking Toolkit Study, a monthly household survey of representative samples of about 1800 adults per wave (16+ years old) in England, suggests that smoking prevalence has stopped declining and may have started to rise again (headline figures are 18.5% in 2014 to 18.7% in 2015) (6). This is the first time since the survey started in 2007 that there has been an increase in the headline figure.

We of course understand that all local authorities are under serious financial pressure, and that they need to make very substantial budget reductions. However, we think the work of Smokefree South West is so important to public health that we would hope the eleven funding authorities could meet together with other public health partners in the region, to discuss with the organisation how funding might be secured in the future, and to make any necessary adjustments to current budget plans to allow this to happen. We would also suggest the Department of Health should assist in facilitating this discussion, since termination of the contract has serious implications for national tobacco control policy. Overall, the withdrawal of funding from Smokefree South West suggests to us that the NHS England call, in its latest Five Year Forward View, for a "radical upgrade in public health" is in danger of being undermined by reductions in funding for essential public health organisations.

References
5. NEMS SW Illegal Tobacco survey 2013

3 March 2016