The Association of Directors of Public Health

Autumn Budget 2025 Submission

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national, and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

It is a registered charity, and a company limited by guarantee, and is led by its Board of Directors who are all serving Directors of Public Health. The President acts as chair.

Summary

- Cuts to public health funding over the past decade have had a severe effect on health and wellbeing. Without sufficient funding, the public's health will continue to decline, and health inequalities will continue to widen.
- Public health funding is used by DsPH and their local public health teams across the UK to fund vital areas, such as children's services, drug and alcohol services, and sexual health services, and to enable partnership working.
- Over the past decade, there have been cuts to public funding across the UK, including a 26% real-terms per person cut in the value of the public health grant in England.[1] Almost a decade of cuts has widened inequities across local authorities (LAs) with the most disadvantaged areas receiving the largest funding cuts.
- There should be flexibility within the public health grant to ensure it best meets local need.
- Unless the wider determinants of health, including our homes and our schools, are given sufficient funding, LAs will be unable to deliver better life opportunities which contribute to good health for local communities.
- Investment in prevention and public health will help deliver economic growth and should be at the centre of all Government policies.

Recommendations

- The Government should restore the public health grant to its 2015/16 real-terms per person value.
- The restoration of the public health grant should be accompanied by additional funding to ensure that LAs currently receiving less than their fair share receive a more equitable distribution.
- Equivalent investment should be made in public health in the devolved nations to ensure public health teams can deliver across the UK.

- All national Governments should ensure health and wellbeing is built into the fabric of their decision-making through a Health in All Policies (HiAP) approach.
- The Government should reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.
- The Governments in all four nations should implement a minimum price of 65p per unit of alcohol and follow the evidence base built in Scotland and Wales.
- The NHS should increase the proportion of their overall budgets spent on prevention.

Introduction

The state of public health across the UK

The Government has placed economic growth at the heart of its policy agenda. Delivering this ambition, relies on improving public health. However, without sufficient funding, public health will continue to decline, and health inequalities will continue to widen.

The combination of nearly a decade of underinvestment and rising demand has left local public health services struggling and have had a severe effect on health and wellbeing.[1] Across the UK, smoking is the leading cause of premature and preventable death, over a quarter of adults are living with obesity, and one in six adults are experiencing mental health issues.[2,3,4]

The importance of the wider determinants of health

Public health work is not conducted exclusively by local public health teams. In fact, public health improvements are reliant on a far-reaching workforce that includes LAs, local businesses, schools, the voluntary sector as well as the NHS, ICBs, and the wider UK Government with only a small proportion of people's health – just 10% to 20% – determined by access to traditional health services.[5]

To create a society where everybody can thrive, we need all the right building blocks in place: stable jobs, good pay, quality housing, good air quality, and good education.[6] These building blocks, the wider determinants of health, are heavily influenced by local policy and need sufficient funding to ensure good health for local populations. As such, LAs and local public health teams play a critical role in keeping the nation healthy.

Health in all policies

HiAP is an established approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity through cross-sector action on the wider determinants of health.**Error! Bookmark not defined.**

Whether through transport, housing, fiscal, or employment policies, decisions taken across national Governments have the potential to create the conditions for healthy lives. A HiAP approach would establish health and wellbeing as key priorities across the whole of Whitehall. Implementing HiAP would mean more investment could be leveraged to achieve health aims, for example by channelling a higher proportion of transport budgets into active travel.[7] Earlier this year, we welcomed the £291 million commitment for 300 miles of new walkways and cycle lanes. This investment will lead to improving health and inequality and is an example of this type of funding in action. [8] Improving transport links and creating more opportunities

for active travel has multiple wins as it helps people incorporate physical activity into their lives which not only improves public health but addresses inequalities and is also good for the environment.

Whilst specific funding streams such as the public health grant are vital, increases in overall public health funding should be broad-based and make use of opportunities and mechanisms across all departments.

Recommendations

Public health needs increased funding which is sustainable and long-term

Public health grant

We welcome the announcement on the 7th February 2025 of a 3% real-terms increase in the public health grant. However, over the past decade, there has been a 26% real-terms per person cut in the value of the grant.[1] Cuts to the grant funding have affected certain services more severely than others, for example, sexual health services, public health advice, and children's services (both 0–5 and 5–19 year olds).[1] In addition to the cuts being felt unevenly across different services, there have also been more severe real-terms cuts per person in the most deprived areas of England.[1]

As a result of the historical calculations for how the public health grant is allocated, the current funding for LAs is inequitable.[9] Although there were attempts to reduce this inequity for the first two years the public health grant was allocated, more recently the 26% percentage real-terms cut has reinforced inequity between local areas. LAs experiencing the same annual real-terms percentage cut to their grant has meant greater absolute cuts in areas with a higher initial per-person allocation. This means that the most disadvantaged areas have been worst affected.[9]

The NHS Agenda for Change (AfC) pay uplifts have created further difficulties for LA public health teams. The public health grant funds contracts with NHS providers, who expect commissioners to cover these pay increases based on previous practice. However, this expectation arose when funds were transferred through LA public health teams, not directly from the public health grant itself. Requiring public health grant allocations to absorb AfC pay increases without additional funding is unsustainable, particularly with the gap between the grant and AfC increases rising year-on-year.

The 2024 Autumn Budget's increase in employers' National Insurance Contributions (NICs) has added even more pressure to LA public health budgets. While the NHS rightly received an exemption from the NIC rise, health services commissioned outside the NHS did not. This increase effectively redirects money from the public health grant — funding intended for initiatives and programmes that help to prevent avoidable illness and disease — back to the Government in the form of NIC payments. Health services commissioned by LAs should also be exempt from these rises.

In addition, there is concern that the NHS reforms, including the reductions to ICBs, and local government reform could put further pressure on the grant for LAs expected to finance programmes or face additional costs which may previously have been funded jointly or in its entirety by another organisation.

In response to grant reductions, DsPH and their teams have driven reforms to improve efficiency and value for money whilst also protecting their local populations. However, public health teams are now facing too large a reduction for there not to be an impact on what can be delivered. The reduction in the value of the grant has meant difficult decisions by DsPH to downsize or even close vital services. There must be an immediate increase in the value of the grant to enable public health teams to improve the health of their

local populations. Investing more in public health to promote healthier lives would help conserve funds, create a healthier, more productive society, and reduce demand on the NHS.

The promise to provide multi-year settlements for the public health grant is welcome and will allow DsPH to navigate budgeting decisions more effectively. There should be flexibility within the grant so DsPH can make spending decisions that are specifically targeted to meet local need.

In the longer term, restoration and redistribution of the grant are needed to solve the inequity between LAs, either by applying the 2016 Advisory Committee on Resource Allocation (ACRA) formula or through new calculations. We recognise that moving towards fairer funding cannot happen without significant economic growth and that any major increase in funding would require planning. However, in the long-term, we consider both restoration and redistribution an aspiration so that the health and wellbeing of people across the UK are given priority.

Local government funding

The ongoing financial challenges within LAs are a cause for concern for local public health teams across England, who are having to operate not only with less funding themselves but within organisations which are under extreme financial pressure. Although public health is a ring-fenced grant, without sufficient budgets for other areas within LAs, some DsPH are being asked to use a greater proportion of their grant allocation for non-statutory services such as leisure centres. Being asked to cover other areas within their LA means less funding for their statutory functions and results in DsPH being put in a difficult professional position.

In Greater Manchester, ten LAs are piloting a Business Rate Retention (BRR) scheme for public health and no longer receive the ring-fenced grant from DHSC. There is increasing concern from DsPH in Greater Manchester about the lack of investment in public health which inhibits their ability to improve their population's health.

Recommendations

- The Government should restore the public health grant to its 2015/16 real-terms per person value.
- The restoration of the public health grant should be accompanied by additional funding to ensure that LAs currently receiving less than their fair share receive a more equitable distribution.
- Equivalent investment should be made in public health in the devolved nations to ensure public health teams can deliver across the UK.

A healthy nation is the foundation of social and economic prosperity

The Government has recognised the importance of devolution, local government, and improving public services in achieving economic growth and must continue to create conditions in which health can flourish to achieve its central mission of economic growth. Recent analysis by the Office for Budget Responsibility estimates that real GDP will be 2.5% higher or lower in better and worse health scenarios by the 2070s.[10] Investment in public health can enable higher labour supply and efficiency, paving the way for economic growth. The consequences of inadequate investment in health are long-lasting, detrimental impacts on the economy and society.[11]

Many of the benefits of engaging people in living healthier lives occur in the long term but there are also immediate and short-term benefits, such as improved quality of life.[12] Local public health interventions in particular provide excellent value for money, with the costs being three to four times lower than the cost

resulting from NHS interventions.[13] Reallocating resources to LA public health is therefore a cost-effective way to improve health outcomes overall.[13]

We welcome the Government's promising start in advancing health and wellbeing. Measures such as the Advertising (Less Healthy Food Definitions and Exemptions) Regulations and the Tobacco and Vapes Bill demonstrate a commitment to prevention and upstream interventions. We hope that the impact of these interventions can be maximised, building on widespread public support for a more ambitious approach to public health policy.[14]

Smoking cost English public finances £9.7 billion net and the wider economy £43.7 billion through lost productivity in 2024.[15] It is imperative that the Tobacco and Vapes Bill is made law without further delay – achieving two million fewer smokers by 2029 would deliver major public finance and productivity benefits, as well as reducing inequality.[16] It is also important to ensure that the 2026 vape liquids excise tax discourages youth use while preserving incentives for smokers to switch from smoking to vaping.

Alcohol is estimated to cost £27.4 billion every year.[17] The affordability of off-trade alcohol, which constitutes the majority of alcohol consumed has increased at a much faster rate than on-trade alcohol. Reintroducing an alcohol duty escalator to raise alcohol tax 2% above RPI inflation automatically every year would raise £3.4 billion within five years. Meanwhile, a 50p MUP of alcohol in England could reduce deaths by around 7,200 and reduce healthcare costs by £1.3 billion.[18,19] MUP in Scotland has successfully reduced alcohol deaths and hospital admissions since its introduction in 2018 with reductions greatest for men and those living in the most deprived areas, helping to address health inequalities.[20] As a result, in September 2024, Scottish MPs voted to introduce a price increase, with a rise to 65p per unit, to increase the positive effects of the policy and to take account of inflation. Importantly, MUP would have an imperceptible impact on the cost of alcohol consumption for lower risk drinkers and would not lead to changes in pub prices.

Through these levers of tax, regulation, and policy we can tackle the biggest public health challenges – including climate change, child poverty, and health inequalities – comprehensively.

Recommendation

- All national Governments should ensure health and wellbeing is built into the fabric of their decision-making through a HiAP approach.
- The Government should reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.
- The Governments in all four nations should follow the evidence base built in Scotland and Wales by implementing a minimum price of 65p per unit of alcohol.

Prevention spend in the NHS

In addition to providing effective and equitable health care services, the NHS, as an anchor institution, has an important contribution to make to address the wider determinants of health and reduce health inequalities through its high number of interactions with patients, staff and families.

The 10 Year Health Plan for England: Fit for the future presents an opportunity to prioritise prevention. It is however vital that the new place-based approach leverages existing local practice, including that of DsPH, to embed upstream intervention that improves health and wellbeing within the communities served.

While we welcome the Government's commitment to invest in the NHS, it is crucial that as well as increasing the spending on treatment, investment in prevention, including through the new ICBs, is prioritised.

Recommendations

- The NHS should increase the proportion of their overall budgets spent on prevention.

References

[1] The Health Foundation. Public Health Grant: What it is and why greater investment is needed. Available online. Last accessed: September 2025.
[2] The Association of Directors of Public Health. Policy Position: Tobacco. Available online. Last accessed: September 2025.
[3] The Association of Directors of Public Health. Policy Position: Healthy Weight. Available online. Last accessed: September 2025.
[4] The Association of Directors of Public Health. Policy Position: Mental Health. Available online. Last accessed: September 2025.
[5] Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. American Journal of Preventive Medicine 50(2):129-135. Available online.
[6] Health Equals. Building blocks. Available online. Last accessed: February 2025.
[7] Public Health England, Local Government Association. Local wellbeing, local growth. 2016. Available online. Last accessed: February 2025.
[8] Gov.UK. Almost £300 million to gear up new walking, wheeling and cycling schemes. Available online. Last accessed: September 2025.
[9] The Health Foundation. Options for restoring the public health grant. Available online. Last accessed: February 2025.
[10] Office for Budget Responsibility. How health status affects labour market participation. Available online. Last accessed: February 2025.
[11] The Association of Directors of Public Health. Policy Position: Living and working well. Available online. Last accessed: February 2025.
[12] Derek Wanless et al. Securing Good Health for the Whole Population (Summary). 2004. Available online. Last accessed: February 2025.
[13] Stephen Martin et al. Is an ounce of prevention worth a pound of cure? Estimates of the impact of English public health grant on mortality and morbidity. Centre for Health Economics, University of York, UK. CHE Research Paper 166. Available online. Last accessed: February 2025.
[14] The Heath Foundation. What action does the public think the government should take on tobacco, alcohol and unhealthy food? 2024 Available online. Last accessed: September 2025.
[15] Reed H. Cost Benefit and Public Finance Model of Smoking in the UK, Version 2.3. Action on Smoking and Health (ASH): Landman Economics; 2025 Jan. Last accessed: October 2025
[16] APPG on Smoking and Health. A Roadmap to a Smokefree Country: No one starts, everyone stops, no profit in tobacco. 2025 Apr. Last accessed: October 2025
[17] Institute of Alcohol Studies. Economy. Institute of Alcohol Studies. 2024. Available online. Last accessed: October 2025
[18] Institute of Alcohol Studies. Autumn Budget Submission 2025. 2025. Available online. Last accessed: October 2025
[19] The Association of Directors of Public Health. Policy Position: Alcohol. 2023 Nov. Available online. Last accessed: October 2025
[20] Public Health Scotland. Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. 2023 Jun. Available online. Last accessed: October 2025