The Association of Directors of Public Health

Autumn Budget 2026 Submission

Summary

As a priority the Government should:

- Adopt a Health in All Policies and wellbeing approach across the whole of Government that puts investment in prevention and public health at the centre.
- Restore the public health grant to its 2015/16 real-terms per person value and ensure equivalent investment is made in public health in the devolved nations.
- Implement a minimum price of 65p per unit of alcohol in England.

Recommendations

Health as an economic strategy

Population health is economic infrastructure

The Government has rightly recognised that the UK's growth challenge is increasingly a health challenge. Investment in prevention should therefore be core economic policy in order to get more people working, higher productivity, lower welfare spending, and a sustainable NHS.

- The cost to the economy of working age ill-health and disability that prevented people from working in 2022 is estimated to be between £240-330 billion.[i]
- Restoring the nation's health to 2014 levels could unlock £57 billion in additional annual economic output (2% of GDP).[ii]
- The NHS is absorbing ever larger expenditure in responding to preventable ill-health. Growing healthcare expenditure without improving population health is fiscally unsustainable.

It is important to recognise that such preventative health work is not conducted exclusively by the NHS, or even 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.[iii]

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.[iv] These building blocks, the wider determinants of health, are heavily influenced by local policy and therefore LAs need sufficient funding to ensure good health for local populations.

Health in all policies (HiAP)

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.

Whether through transport, housing, fiscal, or employment policies, decisions taken across national Governments have the potential to create the conditions for healthy lives.

- Public health interventions provide excellent value for money:
  - The cost is three to four times lower than the cost resulting from NHS interventions, and a median return on investment of more than 14:1.[v]
  - Increasing prevention spending from the current 6% to 10% could lead to £42 billion in savings to the UK healthcare system in ten years.[vi]
  - A 7% reduction in preventable deaths could save over 5,400 lives annually, with a societal value of £6 billion.[vi]

ADPH recommendations

- Health in All Policies (HiAP) and wellbeing approaches that put investment in prevention and public health at the centre should be adopted across the whole of Government.
- Mandatory Health Impact Assessments (HIAs) with a strong equity lens should be introduced to central Government, local government, the NHS, and national arm's-length bodies across England and Scotland to drive a HiAP approach to policymaking, similar to Wales.
- Government should fund outcomes at a place-level (rather than through departmental silos), and streamline national funding streams (eg Family Hubs, Homelessness Prevention, and Crisis and Resilience Funds) that target the same populations to reduce fragmentation and support effective local delivery. In the interim, Government should provide support for local coordination so that areas can navigate different guidance, integrate funding pots, and provide coherent support to families.
- The NHS should increase the proportion of their overall budgets spent on prevention by 1% a year up to an aspirational target of 10-20%.

Health interventions at a local level

The public health grant

Directors of Public Health (DsPH) and their local public health teams across the UK fund vital areas, such as children's services, drug and alcohol services, and sexual health services, which contribute significantly to preventing illness and keeping people economically active. DsPH also enable partnership working across the wider determinants of health, including housing, planning, education and more.

In England, the majority of this funding comes from the public health grant.

- Over the past decade, there has been a 26% real-terms per person cut in the value of the grant. [vii]
- 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).**Error! Bookmark not defined.**

- 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.**Error! Bookmark not defined.**
- Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels and not enough to meet the dramatic rise in demand for services, or levels of largely preventable ill health.
- As a result of the historical calculations for how the public health grant is allocated, the current funding for LAs is inequitable.
- 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.**Error! Bookmark not defined.**
- 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.[viii]
- We cannot tackle ill-health without tackling inequalities, which cost taxpayers £68 billion from extra healthcare costs, lost productivity, lost tax revenue, and benefit payments.[ix]

The impact of funding pressures

In response to these funding pressures, 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 and DsPH are having to make difficult decisions to downsize or even close vital services.

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

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 important aspiration so that the health and wellbeing of people across the UK are given priority.

ADPH recommendations

- The Government should restore the public health grant to its 2015/16 real-terms per person value.
- Redistribution of the grant is also needed to solve the inequity between LAs, either by applying the 2016 Advisory Committee on Resource Allocation (ACRA) formula or through new calculations.
- Equivalent investment should be made in public health in the devolved nations to ensure public health teams can deliver across the UK.
- Devolved powers must be matched with adequate resourcing, and consistent funding at each level is needed, although duplication of resources should be avoided.

Cost of living challenge

As it has done with Tobacco, the Government must employ long-term thinking and implement public health interventions that simultaneously improve health and productivity.

Action to tackle alcohol

- Alcohol harm costs society in England an estimated £4.9 billion annually.[x]
- The most socioeconomically deprived populations have alcohol-related mortality rates that are 1.5 times higher than the least deprived.[xi]
- There is strong support for Minimum Unit Pricing (MUP) in the public health community and the hospitality sector.
- Robust evaluations show MUP has reduced the availability of the cheapest, strongest alcohol in both Scotland and Wales.
    - In Scotland, deaths directly caused by alcohol consumption and hospital admissions-related deaths fell by 13.4% and 4.1%, respectively. The biggest reductions in deaths were seen in the most deprived groups.[xii]
    - In Wales, Government modelling suggests that MUP could prevent over 900 alcohol-related deaths over 20 years and reduce harmful drinking among nearly 5,000 people.[xiii]
- MUP is not in contrast to other cost of living measures, it is a policy that has been shown to reduce deaths (biggest reduction in deprived areas) and reduce harmful drinking, delivering significant long-term health, and, therefore, economic benefits.

ADPH recommendations

- Government should implement a minimum price of 65p per unit of alcohol in England.
- Government should reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.

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[xiii] Senedd passes new regulations to tackle alcohol misuse in Wales | GOV.WALES [Internet]. GOV.WALES. 2026 [cited 2026 Sept 2]. Available from: https://www.gov.wales/senedd-passes-new-regulations-tackle-alcohol-misuse-wales.