



Association of Directors of Public Health (ADPH) English transition survey results

All DsPH in England (148) were sent the survey. **80 (54%)** responded giving their views on specific issues around the transition of Public Health from NHS to LA. There was a spread across the UK with responses from every region and **80% already joint appointments**.

Move to LA

81% - agreed in principle that with the move to LA – but very high concern over:

- fragmentation of PH;
- loss of input and role in NHS;
- level of authority;
- separation of advice from politics;
- loss of clinical credibility;
- workforce issues - loss of skills and resource; retention and recruitment; training and development; loss of NHS t&c

Several mentioned that they could do all the positive work currently whilst as proper joint appointments – so why the upheaval?

79% - there is an assumption that their post will move directly to LA – where there is co-terminosity / already joint appointments. Issues around where there isn't co-terminosity (eg Gt Yarmouth) and where LAs are thinking of sharing (eg in London).

49% - have plans (some not detailed as yet) in place to move them and / or their teams - others need clarity over responsibilities; accountabilities; budgets; HR issues etc

66% - are waiting for HR guidance

51% - are moving across early – but mostly this is pure re-location without any formal change of employment

86% - are involved in shaping their HWB Board – with many DsPH leading and driving the process. **However**, several mentioned it being done within Council without their input; about it being a political process and / or about Adult Services only. The fact that the push has come from the Social Care side of DH is seen as a green light for some councils to exclude the DPH.

Level:

A lot don't know; several mentioned early enthusiasm for reporting to CEO but this has been downgraded recently. Some arrangements include formal reporting to another Director but with access to CEO for some functions.

25 - expect to report directly to the CEO

9 - expect to report to another Director (DASS / DCS etc)

Typical comments are:

- "Lack of firm direction is seen as licence to downgrade"
- "I am to report to DCS – very unhappy"
- "LA say report to super director – we are resisting this"
- "Needs to be direct report to CEO – other arrangements not acceptable"



Resources

Staffing - 85% - have unfilled posts; 42% - redundancies

Include: DPH; emergency planning; Consultants; health promotion; health trainers; project managers and admin staff.

Budget - 42% - have lost programme funds; 32% - have lost other funding

Up to 25% of budget taken; grant funding axed;

Typical comments:

- huge losses;
- about 50% reduction in PH capacity;
- total loss of £900.000 (25%);
- loss of 50%; £2 million in two years;
- £1.2 million removed from PH development.

GP education

A third have planned an intervention with GPs and another third have made approaches. Only 3 have made no meaningful contact as yet.

Anything else

Issues were around:

- Level and scope of the DPH role in LA and across the 3 domains (44 comments)
- Transition and HR issues (35 comments)
- Relationship with PH England and clarification of accountabilities (28 comments)
- Budget and resource worries (22 comments)
- Maintaining links with commissioning and relationships with GPs (21 comments)
- Clarity over the PH functions and how they will be provided (20 comments)

Other issues that several people commented on included:

- Separation of politics from advice – the independence of DsPH
- Concerns over how PH will function over 2-tier authorities
- Need for development for DsPH and Councillors
- Concerns over regulation and maintenance of the PH profession
- Worry over the impact of the many-provider rules

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