



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

All DsPH in England (144) were sent the survey. We received **107 (74%)** responses 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.

Level of appointment in LA

This question was answered by 106 (99%) responders. Of these 15 (14%) were still unclear as to the final structure and several others mentioned possible changes before April 2013.

- 58% (62) expect to report directly to the CEO or equivalent
- 8% (9) expect to report to a 'super director'
- 16% (17) expect to report to another Director

The number expecting to report to the CEO has risen from 31% to 58% since our survey in April 2011 and those expecting to report to another Director from 11% to 16%. This is probably a reflection of the plans becoming clearer in many areas.

Other responders mentioned complex models including matrix management; splitting line management from strategic influence (a dotted line to the CEO); and reporting to another director but having direct access to members.

In London particularly there is talk of shared DsPH across Boroughs in order to give them 'equivalent status' to other Directors. Out of the 25 London responses: 38% expect to report to the CEO; 21% to a super Director; and 33% expect to report to another Director (usually DASS).

Loss of Resources

There has clearly been considerable loss of PH capacity in the last year and as several responders mentioned, that was on the basis of significant losses the previous year.

Specialist PH capacity:

- Loss of DsPH and / or Deputy or Assistant DPH = 20 (19%)
- Loss of Consultant in PH = 32 (30%)
- Loss of other Specialists = 33 (31%)
- 23 (21%) reported no loss

Other PH resource (not included in question above):

- Redundancies = 41 (38%)
- Unfilled posts = 53 (50%)
- Programme and other funding = 52 (49%)
- 15 (14%) reported no losses

Comments included:

- Loss of about £1m in total;
- About 26% reduction in recurrent budget;
- Loss of 75% admin resource;
- Loss of 50% non-pay.



Where do you see yourself in 18 months time?

There is still a lot of uncertainty around the transfer to LAs and structures have not been finalised. However 98 (92%) were able to answer this question - although for some it was a best guess. Of those who answered:

- 66% (65) expect to be working in PH in LA;
- 13% (13) expect to be working in PH but not in LA;
- 20% (20) expect to not be working in PH or will be retired.

Typical comments were:

- Tired, bored and fed up with reorganisations that add no value to anybody;
- A lot depends on the HR conditions;
- I am looking at any reasonable exit strategy;
- I am happy to work in the LA.

What should ADPH top 3 priorities be?

There were 267 comments made under this question. Analysis under broad themes produced the following table.

Broad theme	No of comments	Notes / Example comment(s)
Opposing Health Bill	3	“The impact of privatisation on the NHS”
Independence of DPH	4	“Right to place advice in the public domain”
Issues with the transition	9	“Expedite the transition”; “Ensure we are not sidelined by clusters in the transition period”
LA role in PH	14	“Making public health central to the Local Authority”; “It is time to redefine the agenda from one that focuses on the location of the DPH post within a council (line management, accountability) onto one that defines what a council performing well on PH will have in place and do.”
ADPH specific	15	“Future sustainability of ADPH itself”; “continue to build as a coherent group representing local DsPH”
Development for DsPH	16	“professional support and networking”; “Support DsPH and staff through transition”
Sustain links with NHS / CCGs	16	“Ensuring DPH role in NHS is maintained”; “Role and relationship with CCGs and NHSCB”
Get back to the ‘day job’	17	“Stress our unquestionable commitment to health inequalities”; “National advocacy on policy issues eg minimum unit price for alcohol”
Health Protection / PHE	22	“Links/relationship between PHE and DsPH”; “Health protection responsibilities clearly to DPH”; “DPH role in Screening locally”



Roles & responsibilities	23	"The detail of DPH responsibilities and ways of working"; "Promoting clarity on skills, competences and success criteria for DPH and PH"
HR and T&C	23	"T&Cs for staff transferring to LAs"; "Clarity around TUPE transfer arrangements"
Integration of PH system	29	"Lobbying for a strong position for local DPH's & their teams across the whole health economy" "Working to reduce the chance of fragmentation of PH" "Focus on the interfaces and joins between the "components" of the new system (not just the separate organisations)"
PH Resources	37	"Maintaining PH capacity and resources to levels required to deliver function" "Supporting filling empty posts so LAs don't get used to NOT having a DPH"
Status of DPH – level of appointment and regulation etc	39	"DPH must have equivalent status to DASS/ DCS/ combined" "Lobbying for qualified DPH" "Ensuring recognition of the importance of specialist skills - and the need to maintain these"

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