



Association of Directors of Public Health (ADPH) English transition 2012 update survey – summary results

All DsPH in England (144) were sent the survey. Of these 113 (79%) are substantive with 31 (21%) Acting, Interim or Associate. We received **82 (57%)** responses giving their updated views on specific issues around the transition of Public Health from NHS to LA. There was a spread across England with responses from every region. Of those responding, **69 (84%)** are substantive DsPH.

ADPH is confident that the results below reflect the divergent and consensus views of DsPH as well as highlighting risks for the profession and the role of the DPH as it moves from NHS to LA.

Where do you see yourself in 12 months time?

Despite the remaining uncertainty around the plans for individual DsPH 96% of respondents answered this question. However, 15% remain in two minds about their future roles typically saying: "looking for other options"; "not sure if 15 months would give same answer"; "working in excellent Council but still thinking of future career options".

There are also several DsPH who are looking to move to a different LA, retiring, or moving out of the English system. Comments included: 'I won't revalidate; 'not with this Council'; 'here PH is viewed in terms of cost-savings'.

| Expected future direction | November 2011 | | | May 2012 | | | December 2012 | | |
|---|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------|
| | Substantive DsPH = 82 | Acting / Interim = 13 | Total = 95 | Substantive DsPH = 52 | Acting / Interim = 20 | Total = 72 | Substantive DsPH = 66 | Acting / Interim = 12 | Total = 78 |
| Working as DPH in LA | 53 (65%) | 6 (46%) | 62% (59) | 39 (75%) | 6 (30%) | 63% (45) | 54 (82%) | 6* (50%) | 77% (60) |
| Working in PH in LA (not DPH) | 1 (1%) | 4 (31%) | 5% (5) | 0 | 6 (30%) | 8% (6) | 0 | 3 (25%) | 4% (3) |
| Working in UK PH but not in LA | 11 (13%) | 2 (15%) | 14% (13) | 6 (12%) | 3 (15%) | 13% (9) | 8 (12%) | 0 | 10% (8) |
| Not working in UK PH (inc working abroad & retired) | 17 (21%) | 1 (8%) | 19% (18) | 7 (13%) | 5 (25%) | 17% (12) | 4 (6%) | 3 (25%) | 9% (7) |

* - 3 of whom have not yet gained substantive posts

The spate of DPH appointments in the last few months has seen an increase in the number of substantive DsPH who have certainty about where they will be in April 2013 and several have already moved on. This makes the figure of **18% of substantive DsPH who do not plan to transfer to LA** more robust than previous estimates.

Overall, **nearly 1 in 5 DsPH (including Acting and Interim) do not plan to transfer to LA**. This represents a significant loss of local PH leadership with the consequent risk to PH outcomes.

We understand that there will be around 134 substantive DPH posts after April 2013 (a reduction of 14). The figures from this survey show that **about 30 – 40 of these will be vacant** unless more 'new' appointments (ie not a substantive DPH moving across from one LA to another) are made. We very much welcome the leadership programme for Aspiring DsPH which aims to create appropriate skills and confidence to fill these posts with strong candidates.



Public Health in LA

DPH Roles

Most appointments (72 (88%)) will be in one LA. However several of these say that there are continuing discussions around structure including possible sharing and part-time DPH. Inability to appoint and financial strictures are cited as determining factors.

There are several (8 (10%)) LAs that have already decided on a structure that shares the DPH role across more than one LA.

LA Engagement

Asked how engaged their Local Authority is with their new PH role 66% (54) said their Council had a clear vision and a further 33% understood the importance of PH. Only two respondents said their LA was 'seeking to avoid commitment' to PH.

These are very similar figures to those of our last survey and once again the continuing uncertainties around function and resources for PH and shrinking funds in the wider LA were stated as reasons for concern for PH.

Model expected for PH in LA

Four potential models were included in the survey question: separate directorate; PH as part of a broader directorate; and dispersed or integrated arrangements.

Just over half the responses said that PH would be part of a broader directorate at least to start with. However, there were a number of comments that mentioned continuing structural change within LAs (largely as a cost-cutting exercise) and a belief that within the next 12 months more changes could be expected. This includes sharing the DPH post across LAs as well as further distributed arrangements.

The reporting level of the DPH

Of the 80 people who responded to this question several mentioned possible changes before and after April 2013 and a handful still do not know the planned reporting lines.

- 66% (53) expect to report directly to the CEO or equivalent
- 20% (16) expect to report to a 'super director'
- 9% (7) expect to report to another Director (usually DASS) – 4 of these being in London.

The number expecting to report to the CEO has stayed at 66% since our survey in May 2012 while the percentage of respondents expecting to report to a 'super Director' has doubled. This seems to be because of Councils stripping out Chief Executive roles and the structural changes across LAs mentioned above. There are also several more complex arrangements such as: 'reporting to CEO as Chief Officer but to DASS for line management'.

On the positive side only 4 of those responding expect not to have influence across all the Council directorates and only 2 will not have access to all Councillors. However, comments highlighted some difficulties in several Councils particularly where reporting lines put the DPH below other Directors in the hierarchy as well as problems in 2-tier Councils where influencing District staff and Councillors could be more problematic.



Loss of resources

We asked whether there had been a loss of PH capacity since March 2012 (our last transition survey). The figures below are on top of our previous findings in December 2011 and May 2012. The numbers in square brackets are the total across the 3 surveys.

- Loss of DsPH and / or Deputy or Assistant DPH = 8 (10%) – [40]
- Loss of Consultant in PH = 20 (24%) – [65]
- Loss of other Specialists = 16 (20%) – [61]
- Loss of other staff = 43 (52%) – on top of 38% in March 2012
- Loss of programme funding = 10 (12%) – on top of 13% in March 2012
- 24 (29%) did not report a loss of capacity – compared with 43% in March 2012

This is not surprising given continuing uncertainty around roles and resources and it is worrying that so much expertise has been lost to local PH. Much of this expertise will stay within the NHS and / or PHE and it is positive that PH skills and knowledge will be used across the system. However, it will be essential that LAs have the skilled specialist support to enable the DPH role to be effective. There is a need for development programmes to support these staff and career paths that are suitably varied to attract strong recruits to the profession.

PH Outcomes

Finally, we again asked how confident DsPH are that the transition will deliver better PH outcomes for their population. These results show an **increase in members' confidence** (from 47% to 57%) for positive outcomes since the last survey.

Most comments mention the general reduction in LA resources as the largest worry along with the potential effects on inequalities of benefits reform.

- 57% (47) were very or fairly confident given hard work and time;
- 32% (26) were uncertain;
- 11% (9) were not very or not at all confident.

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