



Association of Directors of Public Health (ADPH)

English transition 2013 '6 months on' survey – summary results

The survey was sent on 15th October 2013 to all 131* DsPH then in post (including Acting and Interim) in England.

The survey asked DsPH a range of questions relating to workforce and resource issues following the transfer of DsPH and their PH teams (in England) to Local Authorities on 1st April 2013. We had 107 responses from a total of 104 DsPH (79%), representing coverage of 112 LAs (74% of the 152 top-tier LAs in England). There was a spread across England with responses from every region. Of those responding, 81 (78%) were substantive DsPH.

ADPH is confident that the results summary below reflects the divergent and consensus views of DsPH. It highlights important issues for the profession, the role of the DPH and health outcomes.

Where do you see yourself in 12 months' time?

The answers to this question are broadly similar to last time (see table below) which is a surprising result. The assumption has been that post-transition there would be a more settled picture but this is clearly not the case. The 'churn' in the system has been and continues to be considerable.

Expected future direction	November 2011			May 2012			December 2012			November 2013		
	Substantive DsPH = 82	Acting / Interim = 13	Total = 95	Substantive DsPH = 52	Acting / Interim = 20	Total = 72	Substantive DsPH = 66	Acting / Interim = 12	Total = 78	Substantive DsPH = 81	Acting / Interim = 23	Total = 104
Working as DPH in LA	53 (65%)	6 (46%)	62% (59)	39 (75%)	6 (30%)	63% (45)	54 (82%)	6 (50%)	77% (60)	68 (84%)	10 (44%)	75% (78)
Working in PH in LA (not DPH)	1 (1%)	4 (31%)	5% (5)	0	6 (30%)	8% (6)	0	3 (25%)	4% (3)	0	5 (22%)	5% (5)
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)	6 (7%)	4 (17%)	10% (10)
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)	7 (9%)	4 (17%)	11% (11)

Since the transition there has been considerable loss of experienced DsPH (17 respondents reported loss of DPH in the last 12 months). Some have retired or moved to the NHS but most have gained jobs in Public Health England. There are still very few "brand new" DsPH in the system with most DPH appointments in the last six months being filled by existing DsPH moving from other LAs. This has led to a continuing and worryingly high number of vacancies (35 posts, 27% *).



ADPH survey results

An additional 13 (16%) substantive DsPH report that they do not plan to be working as DsPH in 12 months' time, meaning that we need to be planning for the recruitment of at least 48 DsPH in the coming year (36% - 57% of all posts). This level of continued turnover represents a considerable risk to the public health system.

Public Health in LA

DPH Roles

With Council services being restructured in many places DsPH are taking on other functions. These extended portfolios include: environmental health; emergency planning; community & neighbourhoods; social care; intelligence and research; housing; trading standards. Several respondents mentioned that they were likely to take on more in the future.

LA Engagement

Asked how engaged their Local Authority is with their new PH role **80%** (82) said their Council had a clear vision (up from 66% last year) and a further 17% (17) understood the importance of PH (down from 33% last year). Two respondents said their LA was 'seeking to avoid commitment' to PH (the same as last year) whilst 5 said their Council was showing active resistance. This highlights the pockets of concern for health outcomes.

Once again the shrinking funding for the wider Council was cited as a significant concern and in a few Councils this was leading to problems with reduced public health capacity and programmes. Several commented on a difference in commitment between Councillors and Officers, with Councillors being far more supportive.

Structural model for PH in LA

This is still an extremely varied picture. Many said they were part of a wide-ranging 'People and communities' team or equivalent. Some were part of a corporate directorate (eg in CEO's office) and many variations on a distributed or integrated model. There is still a lot of re-organisation being planned in LAs and PH is expected to be part of the ensuing change. The comments given highlight that the structure is not necessarily important; it is the influence that PH can use which will produce positive outcomes.

Influence

102 DsPH responded to this question and in some places it is a highly complex sounding arrangement. The on-going re-structuring of authorities means that even where there is currently a fairly straightforward arrangement, respondents mentioned potential changes in the coming months. Several mentioned that access to the CEO was the more important factor rather than line management per se.

- 49% (50) report directly to the CEO or equivalent
- 28% (29) report to a 'super director'
- 20% (20) report to another Director (usually DASS) – in London this rises to 33%.

Importantly, 90% report that they have appropriate access to all Councillors and 67% felt they have appropriate influence across all the Council Directorates. Again this reflects the view that Councillors are more supportive of PH than some officers.



Resources

Asked whether the DPH has day-to-day control of the ring-fenced budget: 75% said yes; 5% said no and 20% said partially. Where there are Acting or Interim arrangements the figures are 52% yes; 18% no; and 30% partially. Several mentioned that, along with other Council budgets, the PH budget is being 'squeezed' for savings and/or being re-badged with services which impact on public health but previously provided from other Council budgets. Where this is done in discussions with the DPH this use of budgets may be appropriate but it is of concern if these decisions are being made without PH input and without regard to PH priorities. The comments also reflect that in a very few places the DPH is not included in any budget discussions.

Asked about spend, 78% reported that the Council were investing at least as much as (and for 15% more than) the ring-fence in Public Health. However, for some it is too early to tell and others said that delays in recruiting have meant that not all the budget could be spent this year. Comments also reflect the transformation aspiration in that it is the whole Council budget that should improve health outcomes and that the ring-fenced budget is small by comparison.

We asked whether there had been a loss of PH capacity over the transition. The responses are of particular concern.

- Loss of DsPH and / or Deputy or Assistant DPH = 27 – of which 7 are from London
- Loss of Consultant in PH = 42
- Loss of other Specialists = 30
- Loss of other staff = 56

However several responses indicated that their capacity had increased or that the loss was temporary.

Recruitment

We asked about DPH experience of job evaluation in LAs and 30 responders had no experience of it as yet. Perceptions from those who had used it varied with 33 (45%) being either happy or broadly happy with the outcomes. However there is considerable concern that Consultant posts come out significantly lower than within the NHS and that this will mean that these posts will remain vacant.

We also specifically asked about Consultant recruitment and from the 104 DsPH who answered this question there are 271 Consultant posts filled, 43 currently being recruited and 20 frozen which gives a 19% vacancy rate. There are still issues around NHS Ts & Cs and pensions given that PH staff and in particular the future DsPH need to be able to gain experience across the system (ie in (at least) NHS, PHE and LA).



Opportunities and Challenges

We asked DsPH to name three opportunities and challenges. There was a varied response but the most often mentioned were:

Opportunities –

- Working across the whole council and embedding health.
- Working with Councillors and engaging local democracy.
- Transformational changes (often mentioned in the context of financial constraints).
- Working with communities, the voluntary sector and other local organisations.

Challenges –

- Financial constraints and other budgetary issues.
- Recruitment and retention.
- Impact of financial downturn on population – eg unemployment, welfare reform, etc

PH Outcomes

Finally, we again asked how confident DsPH are that having PH in LA will deliver better PH outcomes for their population. These results show a further **increase in members' confidence** since the transition (from 57% to 68%) for positive outcomes since the last survey. However, there was also an increase in the lack of confidence from 11% to 14%. This reflects the firming up of intentions now that PH is embedded in LA.

Most comments mention the general reduction in LA resources as the largest concern along with the potential effects on inequalities of welfare reform and the wider economic downturn.

- 68% (70) were very or fairly confident given hard work and time;
- 18% (19) were uncertain;
- 14% (14) were not very or not at all confident.



Main messages

In most areas DsPH are reporting a positive experience of working in Councils and are enthusiastic about the opportunities. However, there is work to be done and ADPH is committed to working with other stakeholders in the PH system, local government and NHS to mitigate the risks apparent from these results. The main areas for work are:

- Vacancies – the number of DPH posts that remain Interim or Acting is of significant concern.
- Succession planning – the vacancy rate for Consultants in LA and issues around gaining experience across the PH system need to be resolved quickly in order to ensure there are sufficient ‘new’ DsPH coming through.
- Influence – DsPH (and their teams) need further leadership development to enable their influence to be felt across the whole of the LA.
- Funding – an increased funding level for Public Health – particularly in those areas that have been historically underfunded so that resources can match the need.
- Exemplars – it is clear that in some LAs PH is well supported and we would expect improved health outcomes to follow. Lessons from these should be shared across Councils.

* NOTE: Currently there are 132 DPH posts across the 152 top-tier LAs. Some of the 131 DsPH in post (including Acting and Interim) are employed across more than one LA. Some substantive DsPH are Acting DPH in neighbouring LA(s). Currently there are 35 Acting or Interim appointments (27% of the 132 DPH posts) covering 38 LAs (25% of the 152 LAs).

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