

Association of Directors of Public Health (ADPH)

English PH system 2015 survey – summary results

The survey was sent on 19th February 2015 to all 134* DsPH then in post (including Acting and Interim) in England.

The survey asked DsPH a range of questions relating to the English PH system. We had 101 responses (75%) (some partial), representing coverage of 119 LAs (78% of the 152 top-tier LAs in England). There was a spread across England with responses from every region. Of those responding, 86 (86%) were substantive DsPH.

ADPH is confident that the results summary below reflects the divergent and consensus views of DsPH – **before the announcement of the £200m in-year cuts**. It highlights important issues for public health in local authorities, the profession, the role of the DPH and health outcomes.

Where do you see yourself in 12 months' time?

The DPH profile is changing. For the first time under half (45%) have been in a DPH role for more than 7 years and we now have 15% of DsPH who have been a DPH for under a year - representing the move to fill the high level of vacancies.

Vacancies are decreasing. Of more concern are the 7 responding LAs where interim arrangements have been in place for more than a year. There is still considerable churn in the system with 18% looking to step down from their DPH role within the next 12 months. This could mean that less than a fifth of DsPH in England will be highly experienced.

Expected future direction	November 2011			May 2012			December 2012			November 2013			March 2015		
	Subst DsPH = 82	Acting / Interim = 13	Total = 95	Subst DsPH = 52	Acting / Interim = 20	Total = 72	Subst DsPH = 66	Acting / Interim = 12	Total = 78	Subst DsPH = 81	Acting / Interim = 23	Total = 104	Subst DsPH = 86	Acting / Interim = 14	Total = 100
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)	73 (87%)	9 (64%)	82% (82)
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)	0	2 (14%)	2% (2)
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)	7 (8%)	4 (36%)	11% (11)
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)	4 (5%)	1 (7%)	5% (5)

ADPH survey results

Public Health in LA

Accountability

There are now 48% who report directly to the LA CEO with another quarter reporting to a 'super director'. This masks complex arrangements where several DsPH reporting to other Directors for line management have a direct reporting relationship with the CEO. There are however a few places where the DPH role is considered subsidiary to another Director (mostly the DASS) and this is causing problems in terms of credibility and influence.

Approximately 2/3 are standing members of the most senior corporate management team rising to 70% for substantive appointments.

Influence

86% report that they have day-to-day control of the ring-fence budget (for substantive appointments this figure is 92%) with a further 12% having partial control. More worryingly 2 DsPH reported that they have no control of the budget.

Importantly, the number that report having appropriate access to all Councillors has increased yet again to 95% (from 90%) (98% for substantive appointments) and 72% (up from 67%) (substantive = 79%) felt they have appropriate influence across all the Council Directorates. This is really good news but it masks the (very) few places where DsPH feel they have no influence and where there is a clear need for support.

Extended DPH Roles

More DsPH are taking on other services: environmental health; leisure; community development; trading standards etc. This includes a handful who have taken on the dual role of DASS and DPH. Several respondees said that this trend is likely to increase with further LA restructuring being considered.

LA Engagement

Asked how engaged their Local Authority is with their PH role **85%** (82) said their Council had a clear vision and a **further 13%** (13) understood the importance of PH. For the first time no respondents said their LA was 'showing active resistance' but 5 said their LA were 'seeking to avoid commitment' to PH. This highlights the pockets of concern for health outcomes.

Resources

Asked about spend, 85% (up from 78%) reported that the Council were investing at least as much as (and for 22% more than - up from 15%) the ring-fence for Public Health. These figures are not definitive and should be understood to be in the context of the following;

- many existing Council services have a PH benefit and whether these are counted in to the definition above is variable;
- in most LAs part of the PH grant has been used to fund existing Council services with health benefit that would otherwise been cut.

Other responses on the ring-fenced budget were:

- 91% agree or strongly agree that the budget is being spent in line with the priorities in the HWB strategy;
- 85% agree or strongly agree that they had sufficient input into how the ring-fenced grant was spent;

ADPH survey results

- 77% agree or strongly agree that the grant was spent in the most efficient and effective way;
- 70% agree or strongly agree that they were consulted on how wider council spending could support health outcomes.

These are positive figures but signify that there is still work to do.

Asked about PH capacity it is worrying that there is still a loss of PH professionals from LAs – although this has slowed down considerably and is partially off-set by 27% saying they have increased capacity or are recruiting. There is also a continuing high level of restructuring being undertaken.

Relationship with NHS

It is pleasing to note that 88% of respondents agreed or strongly agreed that they are working really well with CCGs. Where there are difficulties it seems to be mostly through a lack of capacity in the PH team – particularly where there are several CCGs to refer to.

The relationship with the NHSE LAT is more problematic with only 57% agreeing or strongly agreeing that they were working really well together. The LAT was seen to be eg “remote” or “unresponsive” by several respondents.

We were also interested in PH involvement in the Better Care Fund planning and implementation and were disappointed by the following responses.

- PH is either leading or core to the process – 16%
- PH is heavily involved – 39%
- PH has little involvement – 29%
- PH has little to do with it – 16%

When asked for the challenges to PH input the most common reasons given were capacity and historic perception of what PH can offer. Potential drivers for PH to increase its involvement were: messages in 5YFV; evidence, evaluation and analytical skills in PH; relationships.

Opportunities and Challenges

We asked DsPH to name three opportunities and challenges for PH in the next 12 months. The following were the most common themes.

Opportunities:

- Integration and devolution
- Working with schools and the children’s agenda.

Challenges:

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

ADPH survey results

PH Outcomes

Finally, we again asked how confident DsPH are that having PH in LA will deliver better PH outcomes for their population. The overall picture here is of increasing confidence and a strong belief that local government is the best place for PH.

- 77% (73) were very or fairly confident given hard work and time – up from 68% in 2013 and 47% in 2012;
- 16% (15) were uncertain – down from 18% (2013) and 30% (2012);
- 7% (7) were not very or not at all confident – down from 14% (2013) and 24% (2012).

Main messages

In most areas DsPH are reporting a positive experience of working in Councils and are enthusiastic about the opportunities. One response said: ***"DPH is a great job!"*** However these results show that in a handful of places there is support needed. ADPH will continue to work closely with our members, PHE, LGA and other stakeholders to improve the system.

Specific areas across the system that are highlighted are:

- Succession planning – the vacancy rate for Consultants in LA and issues around gaining experience in different sectors across the PH system need to be resolved quickly in order to ensure there are sufficient 'new' DsPH with a broad experience coming through.
- Sector-led Improvement (SLI) – more support is needed to enable SLI to flourish in regions to share good practice, challenge and improve outcomes and support new and struggling DsPH.
- Healthy Local Authorities – there now needs to be work on creating a 'health in all policies' approach in LAs led by DsPH and their teams to fully embed health across all LA work in advance of the removal of the grant ring-fence.
- Funding – this survey highlights a concern for capacity in many LAs which is proving a barrier to better outcomes. This is partly down to historic low levels of PH funding and partly the cuts imposed on LAs affecting Social Care and other services. With the added imposition of the £200m in-year cut to the LA PH ring-fence grant (announced after this survey was closed) services will suffer and outcomes are likely to fall. The PH system needs to be robust in its support of better front-line PH funding to reduce costs to the NHS and wider government spending.

* NOTE: Currently there are 135 DPH posts across the 152 top-tier LAs. Some of the 134 DsPH in post (including Acting and Interim) are employed across more than one LA. Currently there are 23 Acting or Interim appointments (17% of the 135 DPH posts) covering 24 LAs (16% of the 152 LAs).

Nicola Close, Chief Executive ADPH,

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