

Transfer of public health to local authorities could leave 60 top posts vacant, survey finds

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Many top posts in public health in England could go unfilled in the transfer of services to local authorities, representing a “significant loss of local public health leadership,” a survey has concluded.

About a third of public health directors do not expect to transfer from the NHS to local councils from 2013, the Association of Directors of Public Health found. The association said that this could leave 50 to 60 vacant posts in the new public health structure, with a “consequent risk to public health outcomes.”

Janet Atherton, the association’s president, said that there was an urgent need to retain expertise and focus on succession planning in public health. “We need skilled and motivated public health staff,” she told the *BMJ*.

The survey found that directors of public health who were confident that the new public health system will deliver better health outcomes for their population were outnumbered by those who reported being uncertain, not confident, or not at all confident about the transition.

England has 147 directors of public health. Just over half, 77, responded to the survey, which looked at issues concerning the transfer of public health from the NHS to local government.

The association says that directors still report much “uncertainty,” with details of organisational structures and terms and conditions of employment still to be finalised.

Directors were asked in May this year where they expected to be in 12 months’ time. Nearly two thirds (45 of the 77) indicated they would be working as a director of public health in a local authority. Thirteen expected not to be working in public health in the United Kingdom or to retire. A further nine said that they

would be working in public health in the UK but not in a local authority.

The association said that this finding was broadly in line with its previous survey in November 2011. Some directors who last time said that they would not be working in UK public health have now left their roles, leaving a higher number of acting and interim posts than six months ago.

Many directors expressed concern about whether their roles in local government would be clearly defined and whether funding for public health would be sufficient. A third (26) agreed in principle that moving public health into local government was the right policy but said that they were worried about the transition.

Asked whether they were broadly happy with the funding baseline for public health, 28 respondents replied “yes,” 25 said “no,” and 21 were “unsure.”

Those who regarded funding as insufficient said that shortfalls could affect services such as sexual health, health checks, chlamydia screening, obesity prevention, alcohol services, and smoking cessation.

Atherton said that these were “real concerns and high risk to local public health.”

The association said that other problems included the need to clarify relations and accountabilities and to avoid duplication between local authorities and Public Health England, the new executive agency for public health, from 1 April 2013.

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