Public Health Transition
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Year of transition – gearing up for public health in West Midlands' Councils

Introduction

Public health is often quoted as being 'the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society'.[1]

As part of major changes to the UK's National Health Service, the 2012 Health and Social Care Act moves significant parts of public health delivery from the NHS to local government.[2] The Act gives local authorities responsibility for improving the health of their citizens, recognising that many of the wider determinants of health such as education, housing, employment opportunities and transport already fall within the remit of local government. It mandates the employment of a Director of Public Health (DPH) and the provision of a ring-fenced budget.

The transition has not been without its share of difficulties. Some Public Health staff have been understandably anxious about transferring from the health service to local government and issues such as access to NHS systems, information governance, terms and conditions, and untangling finances have all had their problems and taken considerable work.

> "At present, the transition has gone well. We are well placed to have the service make an impact. The crux is how much manoeuvrability we can bring to bear in the redesign phase."
>
> ***Jim Graham**, Chief Executive, Warwickshire Country Council, January 2013*

However, at the time of writing in early 2013, feedback from colleagues involved in the transition around the country suggests that progress has been good and that much of what is needed is in place or on track.[3] The local government sector, primarily through the Health Transition Task Group (of which SOLACE is a core member) has shown strong leadership throughout the transition year and was instrumental in leading and carrying out the national stocktake of transition readiness in October 2012.

As the sector moves out of transition and into the 'going live' phase, this paper explores what foundations have been laid in the West Midlands, exploring the different models and principles that have underpinned public health transition to local government within the region. It covers three areas:

1. The destinations of staff within councils, the new and changed structures and the principles behind those decisions (and how they were determined) – including the location and reporting arrangements for the DPHs.
2. How staff are being, or will be, integrated – including any special short-term arrangements.
3. How public health will be embedded into the strategic direction of the organisation (for example budgeting process, business planning, target setting (including appraisals) and health impact assessment).

A questionnaire covering these subjects was sent to each area in the West Midlands. Responses were received from Birmingham, Coventry, Herefordshire, Sandwell, Solihull, Warwickshire, Wolverhampton and Worcestershire.[4]

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[1] Winslow, C.E.A. (1920). "The Untiltled Fields of Public Health". *Science* **51** (1306): pp.23–33

[2] Department of Health website, New focus for public health – The Health and Social Care Act 2012, http://www.dh.gov.uk/health/files/2012/06/B4.-Factsheet-New-focus-for-public-health-250412.pdf

[3] ' There is widespread confidence at locality level that a safe transition of public health functions into local government will be achieved.' *Public health transition at local level* LGA national summary of progress, December 2012, p.1

[4] For the questionnaire, see Appendix 4. More details regarding areas that responded are in Appendix 1.

Whilst this is clearly a relatively small sample of local authorities, it includes three cities, two metropolitan boroughs and three counties: one unitary and two with two tiers of local government, and with populations ranging from 183,477 to 1,073,045. It is hoped this sample offers an illustration, if not a full picture, of the progress of and ambitions for Public Health transition in the West Midlands.

During the national stocktake, fourteen West Midlands' local authorities were asked to complete a self-assessment exercise. This work was aligned to complement the national stocktake. The stocktake assessment found "local areas are making good progress. Political leadership and engagement is strong and the assimilation of the public health staff and function into councils is proceeding well," but also observed, "Inevitably, Councils are proceeding at different speeds on the various aspects of the transition, integration and transformation."[5]

"Whichever model is chosen should fit the specific needs of the local area, and this is likely to change over time. In the coming years it will be helpful to evaluate how the various approaches are performing. In the wider context this is seen as likely to lead to debates about the future direction of public health as a discipline and profession."

LGA and DH resource sheet January 2012 "From transition to transformation in public health Resource sheet 1 Transition so far – key issues and findings", p.6

Models and Leadership

All the areas which responded to the questionnaire had determined the destination (the team or directorate they would be part of) of public health staff within their local authority and the reporting arrangement for the DPH. These are summarised in the table below.

Public Health will sit in the:	The DPH will be reporting to the:
Adults and Communities Directorate	Chief Executive
Chief Executive's Department	Chief Executive
People Directorate	Chief Executive
Directorate of Adult Services and Health	Chief Executive
Directorate of People's Services	Not specified
N/A - separate central department	Chief Executive
Communities Group	Strategic Director for Communities (and a direct line to the Chief executive)
Community Directorate	Strategic Director for Community

The reasoning behind the location decisions is diverse, quite rightly reflecting local structures and circumstances. In two cases, existing Council restructures which were taking place influenced the choice of destination.

Some areas were restructuring their public health teams in advance of transfer, with three at various points within this process in autumn 2012.

A resource sheet produced by the Local Government Association (LGA) and the Department of Health (DH) in early 2012 stated that "nearly all public health directorates are taking on responsibility for some areas of work previously managed elsewhere in the council".

Emerging models can be described within three broad categories:

1. A distinct public health directorate in the local authority (often including additional local authority functions – see below)
2. A section of another directorate – generally the directorate with responsibility for adult social care or a chief executive/corporate directorate
3. A 'distributed' or 'integrated' model in which public health responsibilities and staff work across directorates or functions but maintain identity and focus through being a 'virtual team', a 'hub' or a 'core and extended' team.

LGA, DH resource sheet "From transition to transformation in public health Resource sheet 1 Transition so far – key issues and findings", January 2012. p.5

[5] West Midlands Public Health Integration Board (WMPHIB), "Summary of Progress Drawing on Locality Self-Assessments in the West Midlands Region", p.1

However, this was not widely borne out by the recent West Midlands responses, with Herefordshire and Worcestershire being the only areas writing of major changes, with some also in Coventry.

Birmingham is not currently planning to amend the structure of the receiving Adults and Communities directorate, other than inserting the new team. A restructure of the public health function was taking place in advance of the transfer. Earlier in the process, the possibility of integrating the information and intelligence function with a wider city knowledge hub in the Corporate Resources directorate was considered, but it was decided that it would be better to leave the public health function located together, at least for the time being.

Coventry has made a few changes to other structures, transferring some existing Council functions over to the new Public Health team, including the Health and Wellbeing Board. The team is located in Chief Executive's department. The Community Services directorate was considered as an alternative destination but was rejected because it was felt this would reduce the impact on and influence of public health on other directorates.

NHS **Herefordshire** and Herefordshire Council have worked in a close partnership arrangement as Herefordshire Public Services (HPS) since 2007 with the aim of maintaining sustainable public service delivery and retaining local decision-making to improve health & wellbeing outcomes for local people. Public Health in Herefordshire has been a joint function for a number of years. A Public Health Directorate was created in 2010 with staff from both the PCT (the Public Health team) and local authority (the Environmental Health and Trading Standards teams). Following further organisational change and the reduction in the number of directorates within HPS to three (People's Services, Place and Communities, and Deputy Chief Executive and Corporate Services), the Public Health Directorate became part of the Directorate of People's Services and is now known as 'Health and Wellbeing Services'. These working arrangements have been developed over the past few years so alternative models were not considered as part of the transition. The partnership approach in Herefordshire has been recognised nationally as a model of public service integration focussed on place.

Who made the decision about the location of Public Health within the Council?

- The Chief Executive and Director of Adults and Communities
- Joint Public Health Transition Board (joint NHS/ local government membership including representation from the CCG, CSU and Cluster)
- Agreed between the PCT and the local authority
- DPH and Corporate Leadership Team in LA, and subsequent discussions between DPH and his senior management team
- The CE, Deputy CE (who has responsibility in the Council for the Transfer) and the Cabinet Member with PH portfolio
- Chief Executives of both the PCT and the council, the Arden Board and Cabinet
- Consultation with staff, decision by full council
- A paper went to Cabinet with the interim arrangements

Sandwell is the only West Midlands area that responded which is not placing the public health team into an existing directorate. The department will be maintained as a separate department at the centre of the Council, working with other teams as appropriate. The only planned change for transfer is the integration of the Public Health Community Development Team with the Council team under the Neighbourhoods division. Following transfer, the integration of information departments will also be considered. SMBC considered integrating the Public Health structure as part of the transfer but were undergoing their own restructure which made this unviable.

Solihull is advanced with their integration and Public Health is already located within the Council's People Directorate, although this may change in the future. The Places directorate was rejected as a destination at the time as they were due to undergo restructuring.

"Directors of Public Health are either direct reports to, or have direct access to, the Chief Executive and members. There are, as you would expect, differences in views from Local Authorities about the requirement for Directors of Public Health to be part of the corporate management team in order to influence the whole of the Local Authorities' responsibilities."
October stocktake, p.2

Warwickshire is moving Public Health staff to the Communities Group as a Business Unit. At the time of research, the team was being consulted on potential changes to ensure it is fit for future purpose.

Wolverhampton is locating Public Health in the Community Directorate. The Community Directorate work is closely related to some areas of Public Health

work and the NHS and therefore this has enabled the team to easily continue pieces of joint work around mental health, child poverty, reablement and sexual health. A review of the team structure is underway.

Worcestershire has decided to merge Public Health and adult social care to form a new directorate, with substantial reorganisation of their Joint Commissioning Unit and Public Health teams. The intended benefits of this are:

- Allows for full integration of Public Health within the Council
- Strengthens commissioning of all services
- Maximises synergies between public health and adult social care – skills knowledge and ideas
- Strengthens partnerships with the NHS and support the development of integrated care across health and social services
- Strengthens prevention to reduce future demand for health and social care
- Allows reduction in number of directors.

"We believe closer working between public health and existing Council services will deliver better outcomes.
The Public Health skill set will help us strengthen our business cases and benefits realisation for investment in preventive measures to reduce downstream costs – for example consideration of the potential cost benefits of a programme to reduce social isolation in older people.
Additionally, we expect to achieve synergy by merging Public Health and Adult Services into one Directorate, and are already looking a ways to bring together under single management areas of similar work – e.g. commissioning, managing information, communications etc.
This will enable us to achieve a greater impact and greater productivity from the respective programmes, thus improving outcomes and reducing costs – for example provision of information and support to enable self-care."

***Trish Haines**, Chief Executive Worcestershire County Council*

For consideration…
Detailing and tracking the intended benefits of the transition – including taking baseline data, where applicable
Post-transition reviews of the structure and reporting arrangements (for example at 3, 9 and 18 months)

Strategic Direction

Two questions examined how public health will be embedded into the future strategic direction of the organisation.[6]

The survey examined how public health might be more highly prioritised by councils as a result of the transfer. All respondents recognised that the transition is an opportunity to review services and to consider how better health outcomes for citizens can be more effectively delivered. This was an area still being developed by local authorities in autumn 2012 (see box right).

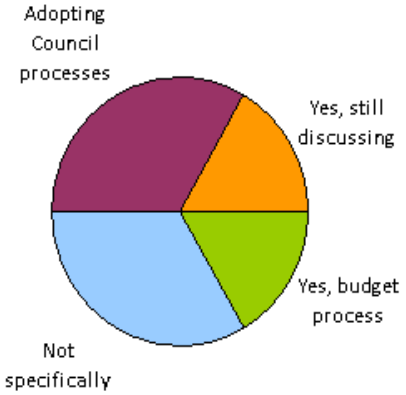
Worcestershire have already moved forward, with public health explicitly referenced as a key priority in their corporate plan for the last two years and now also featuring in all Service Plans.

- **Warwickshire** aim to ensure all their Heads of Service have core public health objectives in their corporate plans.
- **Sandwell** have a new Cabinet portfolio with the intention of embedding public health across the Council and reflecting changed responsibilities throughout all strategy
- **Birmingham** are reviewing all their services in terms of potential contribution to the council's key outcomes and priorities, and public health is expected to have a major impact in many of these
- **Solihull**'s SMT has been discussing how public health will be embedded into the council's everyday work. In the meantime a link PH senior member of staff has been allocated as the key contact for the council's priority areas.
- **Wolverhampton** has included public health outcomes in the City Strategy, Corporate Plan and Community Directorate Plan.

[6] These were answered with brief comments by six areas: Birmingham, Sandwell, Solihull, Warwickshire, Wolverhampton and Worcestershire

This followed work to identify how core services could be delivered or commissioned differently to get better health outcomes.[7]

Changes to council processes (such as budgeting, business planning, target setting and appraisals) as a result of the transition were also explored to see if any organisation planned to add health elements to their required documentation, for example. The most common responses were that no specific changes are being planned or that Public Health would adopt the existing council processes following transition.



"We think we already have the priorities right, public health and health improvement have always fitted well with the Council's commitment to early intervention. The themes of prevention and early intervention are prominent in the Joint Health and Well-being Strategy."

Trish Haines, *Chief Executive Worcestershire County Council*

1 Chart shows responses to 'Will you be making any changes to the budgeting process, business planning, target setting, appraisals etc. as part of the transition?'

For consideration…
Reviewing budget, business planning, target setting and appraisal processes to consider positive changes to help embed public health in the strategic direction of the council

Staff Integration

Most local authorities had no transfer arrangements planned in advance of April 2013, in order to fit in with the TUPE process. However, several were planning or had already commenced an informal move of staff to council premises.

In Sandwell, information and contracts staff are working part-time in the council and physical relocation is planned by the end of January 2013.

At Solihull the relocation of staff took place in April 2012 and Warwickshire's Public Health team moved into council buildings in late 2011.

Wolverhampton's Public Health team have had secondment contracts, civic centre passes, IT logons and email addresses since March 2012.[8]

For consideration…
How can Public Health colleagues become more comfortable with the new environment in which they find themselves? Some extra support with council processes, IT systems, governance and culture as well as managing change might be beneficial for at least a few months after transition.

Training and communication

All areas have recognised the importance of training and good communication to a successful and smooth transfer into a new environment. Most areas are using in-person team briefings to help introduce colleagues to the council.

[7] Email response to invitation to comment from Trish Haines, Chief Executive, Worcestershire County Council, January 2013
[8] The Local Authority in Wolverhampton identified four hot desks. However, due to changes at the PCT, four members of staff were using these desks as their permanent office at the time the survey was completed

As one would expect, an induction programme for new starters is considered an important part of the plans for transfer in many areas. Some authorities have arranged specific training on working in local government to help Public Health staff understand and adapt to how their new environment will differ from the health service.

"There are a range of support programmes; organisational development activity and awareness raising approaches in place. This includes sessions to support staff moving to the local government; working in a political environment; managing change; drop in sessions; staff briefings; Q&A sessions for staff and workshops on employee issues." October stocktake, p.5

- Birmingham is introducing a buddying scheme, where Public Health staff who want to be are linked up on an individual basis with a suitable council employee who will answer questions and introduce them to the relevant people and processes.
- Sandwell has also established a peer support system.[9]
- Solihull has run an event to help colleagues deal with change
- Wolverhampton has had fortnightly public health team meetings and Assistant Directors and Senior Officers from the local authority have presented at these meetings. The Consultants in Public Health have also attended departmental meetings to help them understand the business of each department. Mentors for some staff have been identified too.

Several areas had taken advantage of training provided by SOLACE, including SOLACE Enterprises' "Managing in a Political Environment" course. Others had run alternative induction programmes, or these were being developed or planned for. In one authority, an organisational development programme is in place. This commenced with a welcome from the Chief Executive and other departments and included a change event followed by specific training on budgets and IT.

Training and awareness for Council staff and members

Several areas have taken steps to brief and train council staff about public health including workshops and meetings. Herefordshire's Public Health team were running a series of workshops for the Council's Leadership Academy (composed of service managers and members). Other councils had awareness-raising events for their staff or included introductory information in internal newsletters.

"We had a very positive recent event when the Coventry, Solihull and Warwickshire Cabinets met together to look at further developing the PH offer across the sub-region."

***Jim Graham**, Chief Executive, Warwickshire Country Council, January 2013*

For consideration…
Introducing and raising the awareness of council staff and Members to public health
Informal training and support alongside formal sessions

Closing comments

This paper has a limited scope, covering only a small number of councils. However, within that some points of note can be drawn:

- During the transition year, some councils have felt hampered in their ability to seize the opportunity to transform because of existing restructures and uncertainty around some the detail of transition.
- Although the transition as a change was mandated rather than driven by perceived local benefits, most areas are looking at the potential benefits. Active measurement of benefits should be considered as soon as possible so that appropriate baseline data is collected. (Longer term, objective success will be measured through the Public Health outcomes framework and delivery of

[9] October Stocktake p.12

Health and Wellbeing Strategies however the opportunity should not be missed to capture some of the more anecdotal benefits for public health delivery including from the perspective of both transferred staff and existing council staff.)

- Several areas are welcoming the opportunity to review long-standing service contracts to ensure that only services with the greatest benefits, linked to the key priorities, are sustained.
- Two-tier councils face additional challenges in ensuring the public health agenda is embraced throughout.
- Concerns remain about how the differences in 'culture' between the NHS and local government will impact on success in the short-term.
- Naturally it will take time for some staff to feel truly integrated and for public health to be embedded fully into the strategic direction of councils.

From transition to transformation….

Those authorities who moved ahead early with their transition will already be aware that transition itself cannot be seen as a completed task at the point that the legal handovers take place. The new organisational location for public health teams brings opportunities which will be at their most potent when the move is fresh.

To take advantage of these opportunities we need to bring together the expertise, skills and influence that exist throughout local authorities, inside and outside their public health teams. We will need to work hard to foster sound relationships with new colleagues to help ensure that this expertise is valued and that we listen to each other, bringing together specialist knowledge with understanding of local communities. We will need to develop and train our colleagues, old and new, to meet the new challenges.

Culture is notoriously difficult to change and existing divides hard to bridge. It will be important to keep working at the relationships both within and across organisations, for example the Health and Wellbeing Board and Clinical Commissioning Groups.

It is critical that public health teams do not become seen as the part of the council that 'does public health' with other parts of the organisation then absolving themselves of a responsibility that is really everyone's business. Councils are in a great position to learn from public health colleagues, for example in use of evidence, as well as to make it a core (or more explicit) part of their purpose.

1 April 2013 marks the start of a new episode for delivering the public health agenda - and one for which many will have high hopes. With the threat of ever-increasing costs for social care and health clear from soaring rates of obesity, staggering health inequalities and frequent news items about the harms of today's lifestyles, the test of successful transition will come from effective collaborations that transform long-term future health and wellbeing.

Suggestions for delivering transformational change in public health

Make sure new colleagues have the right training and support in place – from how to use council IT systems to writing Cabinet reports – and know how to access it. Be prepared to adapt this if necessary – ask for informal feedback at set intervals to check all is well.

Work with public health colleagues to communicate widely about their work and ambitions. Depending on the scale, facilitated workshops with other teams with common aims may be worthwhile.

Measure transition benefits regularly (perhaps quarterly or half-yearly) – this can help identify if further changes are needed.

Timetable in reviews so that post-transition improvements are considered and implemented where appropriate. But of course bear in mind that performance may dip after major change before improvements can be seen. Ensure that colleagues understand the potential need for, are involved in and consulted on any further changes required.

The CHAMPS2 methodology for business transformation recommends reviewing

- *Business processes – are these in place and in use without a high level of assistance?*
- *Business documentation – are documents complete and stored appropriately?*
- *Business performance metrics – can the business areas reach defined and acceptable levels of performance?*
- *Organisation – are people working in their roles, teams and locations in the new organisation as expected?*
- *Training – has additional training been completed?*
- *Technology – are systems working without problems?*
- *Business support – are support people and systems able to provide support?* [10]

Sarah Hinksman is a change agent in Birmingham City Council's internal consultancy which allows her to take on exciting and varied roles transforming the council. Recently she has programme managed public health transition in the city. She is very fortunate to love her work which often involves leading and influencing change in difficult situations.

Over the past twelve months Sarah has participated in the SOLACE Foundation's future leaders programme, SOLACE Springboard.

The SOLACE Foundation is the charitable arm of SOLACE (The Society of Local Authority Chief Executives and Senior Managers). The Foundation carries out educational and other work which falls within the charitable aspects of the Society's own objectives. John O'Brien, Chief Executive of London Councils, is Chair of the Foundation Trustees. SOLACE springboard is a twelve month programme that seeks to harness the talent of individuals already working in local government and to equip participants with the skills and confidence they need to fulfil their potential. This paper is the product of research carried out under the auspices of the Springboard scheme.

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[10] *CHAMPS2: Realising Transformational Change* (TSO, 2010). Bullet points quoted from "Agree stabilisation criteria" p.174

Appendix 1:

Responses received

Council	Type	Population (2011 ONS Census unrounded)	From	Notes
Birmingham	City	1,073,045	Programme Manager, Director	
Coventry	City	316,960	NHS, not given	Completed first section only
Herefordshire	County, unitary	183,477	Project Manager	
Sandwell	Metropolitan borough	308,063	Project Director	
Solihull	Metropolitan borough	206,674	NHS, transition lead	
Warwickshire	County, two-tier	546,600	Projects Team Manager	Completed trial version Additional response received from Chief Executive
Wolverhampton	City	249,470	Consultant in Public Health	
Worcestershire	County, two-tier	566,600	DPH	Additional response received from Chief Executive

Appendix 2:

Support

Two questions asked about support. These answers were shared with Solace in order to inform their work.

Are there any areas of support that you are worried may be missing?

- There is concern about successfully supporting the PH consultants
- Maintenance of clinical connectivity
- Training for elected members in public health

Is there anything SOLACE (or other organisations) could do to help councils more with the transition process?

- Budgets are key in the current climate and support will be required once budgets are identified
- Training for directors, assistant directors and heads of services on public health
- Maybe something about role of District Councils and what the transition means for them

Appendix 3:

Main issues identified in the West Midlands stocktake, October 2012

Concern	Details given	Mitigation occurring or suggested in the stocktake
Budget	▪ Budget uncertainty, working with estimates ▪ Cost-pressures eg sexual health; school nursing; health trainers and Healthchecks ▪ Inadequate PCT and transition overheads	▪ Draft budgets ▪ Commitment that Local Authorities will be adequately funded for their new public health responsibilities ▪ Decommissioning 2013-14
Emergency planning	▪ System testing requires interface with new parts of the system including Local Area Teams, where the key personnel may not	It is recommended more joint work is undertaken adopting peer led approaches. A priority need was working with the NHS Commissioning

Concern	Details given	Mitigation occurring or suggested in the stocktake
	yet be in place ▪ Accessing increased capacity during future incidents is an issue	Board and Local Area Teams to articulate and understand risks and opportunities across the system.
Indemnity and Insurance	▪ Some local areas had further work to do on insurance and indemnity arrangements. ▪ Indemnity and insurance for staff - including employer and personal professional indemnity/insurance – was identified by some localities as an issue that needs to be resolved.	Some local areas have developed a way forward with their Local Authority and where this is the case, it is proposed that these solutions are shared as it is unlikely that there will be further national advice on this.
New organisations	Across the region there was concern that the organisational frameworks for the NHS Commissioning Board and Public Health England are immature and under-developed, with staffing transfers problematical. Particular concerns were raised universally around potential transfers to Public Health England for screening and immunisations and emergency planning.	Work is now progressing.
Registrars	The integration of Public Health Registrars into local government was not widely mentioned but is an important consideration.	Registrars should be considered.
Information and Intelligence	▪ A few areas raised concerns about the level of support that they will get from the Commissioning Support Unit and they are not clear how patient identifiable data will be accessed. ▪ The Caldicott Review 2 around the sharing of patient data is awaited This is needed to ensure that sender and receiver organisations can respond in a timely manner to issues as they arise, particularly as arrangements for accessing and sharing data is due to be in place by December 2012. ▪ Information management and technology issues can take a long time to resolve.	Ongoing support to local areas has been provided by regional and national colleagues in the form of knowledge management workshops and meetings with national information and intelligence colleagues.[11]

[11] http://www.wmpho.org.uk/lfph/events.aspx

Appendix 4:
Questionnaire
Public Health Transition Research
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September 2012

Introduction

This research is being conducted on behalf of Solace (www.solace.org.uk) to investigate how councils in the West Midlands are (or are currently plan on) changing their structures and refining their strategic direction in response to the transition of public health.

It will be used to produce a short report analysing the different models and examining the principles for success. This will be made available to contributors and Solace members.

There are three strands to this work: organisation structure, staff integration and strategic direction. The questions below are structured around these themes.

Council:	
Completed by:	
Date:	

Organisation Structure

The destinations of staff within councils, the new and changed structures and the principles behind those decisions (and how they were determined).

Q.O1	Has the destination of Public Health staff who are transferring to the Council been decided?
	Yes/No/Partially
Please answer the below questions either for what has been decided or what seems most likely at the time of writing	
Q.O2	In which department and team will the Director of Public Health be located and who will be their line manager?
Q.O3	Is your Director of Public Health post shared with any other organisations? (Which?)
Yes/No	If 'Yes', organisation/s:
Q.O4	Where will Public Health staff be located organisationally? How (if at all) is the Council organisational structure being changed or added to in order to accommodate Public Health work and staff? Please give as much detail as easily possible.
Q.O5	How were the arrangements outlined in your response to Q.O2-O4 decided and by whom?
Q.O6	Comments on the advantages of these destinations and structures. What other alternative options were considered but rejected, and why?

Staff Integration

How staff are being or will be integrated – including any special short-term arrangements.

Q.I1	Which, if any, NHS Public Health staff are being transferred before 1 April 2013?
Q.I2	What, if anything, is planned to help, train or communicate with Public Health staff before transition?
Q.I3	What, if anything, is planned to help or support Public Health staff after transition?
Q.I4	Will any specific public health training be available for existing council staff?
Q.I5	Are there any areas of support that you are worried may be missing?
Q.I6	Is there anything SOLACE (or other organisations) could do to help councils more with the transition process?[12]

Strategic Direction

How public health will be embedded into the strategic direction of the organisation.

Q.D1	What plans do you have to change how public health is prioritised in the council's work?
Q.D2	Will you be making any changes to the budgeting process, business planning, target setting, appraisals etc as part of the transition? Please give as much detail as easily possible.

Follow-up

Q.F1	Would you be willing to receive a short phone call to discuss your answers?
	Yes/No
Q.F2	If yes, please give your number and indicate good times to call.

Your help with this research is greatly appreciated. Thank you.

[12] See www.solace.org.uk/about_background.asp for information about Solace's role