

## Enclosure PHE/16/03 Annex 2

Public Health England Board  
Actions from the meeting of 25 September 2013

### PHE Research Strategy (Owner: Chief Knowledge Officer)

The observations and suggestions of the external panel members have been considered and addressed as indicated below, strategically and/or operationally, involving most PHE divisions and external partners, as appropriate.

External panel observation		Addressed how?
1.	Foster better links with academics, public health practitioners and civil society.	Ongoing - routine business of the Research, Translation & Innovation (RTI) division of CKO
2.	Provide career opportunities for researchers, including developing junior researchers and maintain stable funding streams (especially in areas of study with perceived lacked of future and secure funding, psychosocial and behavioural research.)	Considered through rolling review programme of PHE research areas and recommendations made as appropriate; strengthened links with PHE Workforce development / Knowledge & Skills Framework; PHE PhD studentships extended to PHE staff; Behavioural Insights team incorporated into RTI with support from CKO and H&WB.
3.	Facilitate research through registries, monitoring, surveillance systems, and intermittent surveys.	Ongoing through enhanced interaction across CKO – National Disease Registration Service and Knowledge & Intelligence divisions; Office for Data Release facilitating academic interaction with PHE-held data
4.	Provide quality assurance, curation, and make information and materials available.	Ongoing - routine business of the Research, Translation & Innovation (RTI) division of CKO
5.	Take a role in research on behaviours and cultures.	Ongoing - routine business of the Behavioural Insights team in RTI division of CKO, including engagement with academics
6.	Raise the profile of mental health research.	Ongoing support for Mental Health team, including academic engagement events to highlight evidence gaps and advocate research project development; ongoing advocacy through interaction with research funders
7.	Participate further in Department of Health cross-funding with other bodies.	Ongoing – close working with DH R&D division, NIHR, MRC etc, charities

8.	PHE should seek research fellowships.	Ongoing advocacy across all directorates
9.	Invest in bioinformatics and the handling of 'big data'.	Engaging with initiatives such as Farr Institute (MRC); strategic planning and investment via CKO and NIS
10.	Link with the major charities because of their size and role in UK research funding as well as local authorities.	Ongoing – directly with charities individually, eg CR-UK, ARUK, Alzheimer's UK, Alcohol Research UK etc and via Association of Medical Research Charities
11.	Redress the balance of research in non-communicable diseases and move from a focus on individual diseases to an integrated approach encompassing wider health concerns.	Ongoing – advocacy and support across PHE and with externals eg academics and funders; building capacity to address opportunities
12.	Fill the gap in monitoring the social and environmental impact on behaviours and of behavioural change, for example, in the consumption of tobacco, alcohol and ultra-processed food.	Ongoing – both through advocacy and support for research as well as the identification of evidence gaps as a component of evidence products
13.	Manage growth expectations in the adoption of technologies for interpreting large amounts of sequence data.	Responsibility lies with NIS
14.	In the genomic field: Ensure PHE is outward facing and engaging with others without conditions, and suppress the tendency to compete internally.	Ongoing – in line with drive to collaborate and compete for external funding; focussed and boosted through NIHR Health Protection Research Units (NIHR HPRUs)
15.	Focus on applied and translational research in genomics leaving the basic science to others.	Ongoing – emphasised in RTI strategy; discussed during reviews of PHE research centres; evident in work programmes of NIHR HPRUs
16.	The need to generate income in relation to sequencing should be reduced at first as restrictions on data sharing are created by protecting intellectual property.	Responsibility lies with NIS and Business Development
17.	Make further effort to ensure scientists behave cohesively.	Ongoing, eg focussed activities in NIHR HPRUs and planning for Science Hub
18.	Secure adequate investment and sustainable funding for genomics, and provide the infrastructure for the very long term, not just the next five years.	Responsibility lies with NIS, support from RTI and business development in seeking external funding
19.	Form a strong partnership with the Sanger Institute based on a comprehensive research strategy, not adventitious research relationships. Eg. a PHE portable office on the Sanger site with PHE staff.	Strong current relationship via NIHR HPRUs and individual projects; physical proximity will be enhanced through Science Hub

20.	Strengthen links with the Sanger Institute, potentially through staff secondments.	Strong current relationship via NIHR HPRUs and individual projects
21.	Invite the Sanger Institute to revisit, in relation to public health, its policy of not providing fee-for-service sequencing.	Operational issue for specific research groups
22.	Undertake a cost benefit assessment of a partnership between PHE and the Sanger Institute.	Strong current relationship via NIHR HPRUs and individual research groups, funded predominantly from external sources
23.	Include the impact of economic and social determinants in research.	Ongoing – eg new expertise in NIHR HPRUs and Health Economics
24.	Encourage and value joint appointments.	A number in place and being facilitated
25.	Define priorities clearly in research design.	A range of activities with academics, NHSE, charities, funders, lay people etc to define priorities in PHE priority areas and activities
26.	Link academic approaches in public health with practice.	Ongoing – a range of events and engagements
27.	Build capability as well as capacity through training.	Ongoing – eg through new research and evidence considerations in Knowledge and Skills Framework
28.	Study failures in public health initiatives as they merit more evaluation studies than the successes.	Support for evaluation of public health interventions endorses study of all initiative that may contribute to system learning
29.	Encourage horizon scanning and timely commissioning.	Commissioning of research is through engagement with major funders; support is provided to PHE staff to commission high quality studies from academic partners
30.	Publish more public health information which may stimulate research proposals.	A major area of focus, particularly with regard to surveillance and other data collated / analysed by PHE; establishment of Office for Data Release to share registry data with researchers in line with appropriate information governance
31.	Look for more international research opportunities.	Ongoing – eg increasing numbers of staff involved in consortia to apply for EU funding; success with NIH; Global Health opportunities
32.	Play an advocacy role in facilitating access to data across the system.	Ongoing – Office for Data Release operational for registry data (cancer, congenital anomalies, rare diseases), aiming to expand across PHE
33.	Work with the NIHR School of Public Health.	Substantial ongoing engagement, ranging from collaborative partnership (Public Health Practice Evaluation Scheme) through project steering / advisory groups and individual projects. Current member of review panel.
34.	Strengthen and formalise collaboration with the Department of Health in the area of strategic research.	Excellent ongoing interaction with DH, eg decision-making on policy-relevant research

35.	Develop and strengthen research opportunities globally.	Advocating and facilitating boosting research as part of the Global Health Strategy Delivery Group activity; managing PHE Ebola Biobank Governance Group to achieve best use of samples for research especially to benefit the sender country; NIHR Rapid Reaction Team Research Unit – competition underway
36.	Promote simple interventions which are effective - for example, smoking data on death certificates.	Ongoing – Knowledge Management Platform is accessible across whole public health system, includes Case Studies and Evaluation Steering Group resources; Behavioural Insights team conducts trials of the potential benefits of ‘simple’ interventions
37.	Embed noncommunicable diseases within health protection research.	Eg the two cross-cutting NIHR HPRUs - Evaluation of Interventions and Modelling – have extended studies beyond infectious disease; PHE Centre for Radiation, Chemical and Environment (Chilton) have strong research relevant to NCDs and are expanding their internal collaborations eg with disease registries.