



Public Health England

Stakeholder review 2016/17

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Ipsos Public Affairs

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Looking ahead

Background, objectives and methodology



Background and objectives

Background

Public Health England (PHE) is responsible for providing support and evidence-based, expert advice to national government, local authorities, the NHS and other partners on matters affecting the health and wellbeing of the nation. Establishing open and constructive stakeholder relationships is critical to progressing its mission to protect and improve the nation's health and wellbeing, and reduce the inequalities experienced in health outcomes.

Objectives

Ipsos MORI was commissioned to undertake PHE's fourth wave of research with its stakeholders, following on from the baseline wave conducted in 2013/14, and the second and third waves in 2014/15 and 2015/16. Research was required to **track movement** on the following external perceptions:

- **Working relationships:** How do stakeholders find working and communicating with PHE?
- **PHE's ambitions and impact:** What impact is PHE having? And in which areas would stakeholders like to see PHE having a greater impact?
- **Stakeholder expectations:** How well is PHE meeting stakeholders' expectations and what are these expectations going forward?
- **Areas for improvement:** How can PHE improve on what it does and how it works with stakeholders?

Methodology and reporting

Immersion

Questionnaire and discussion guide development, and immersion in PHE's objectives

- Immersion meeting with PHE's core project team
- Three depth interviews with senior directors within PHE

Quantitative

- Online questionnaire emailed to 699 key stakeholders
- Telephone interviews conducted with non-responders in final 4.5 weeks
- Response rate of 34% achieved (235 completes)
- Fieldwork conducted 10 October to 30 November 2016

Qualitative

- 30 telephone depth interviews with key external stakeholders
- Exploration of issues and themes in more depth
- 13 interviews with Local Authority stakeholders, others spread across different sectors (see separate appendix for a list of organisations represented)
- Fieldwork conducted 24 October – 9 December 2016

This report

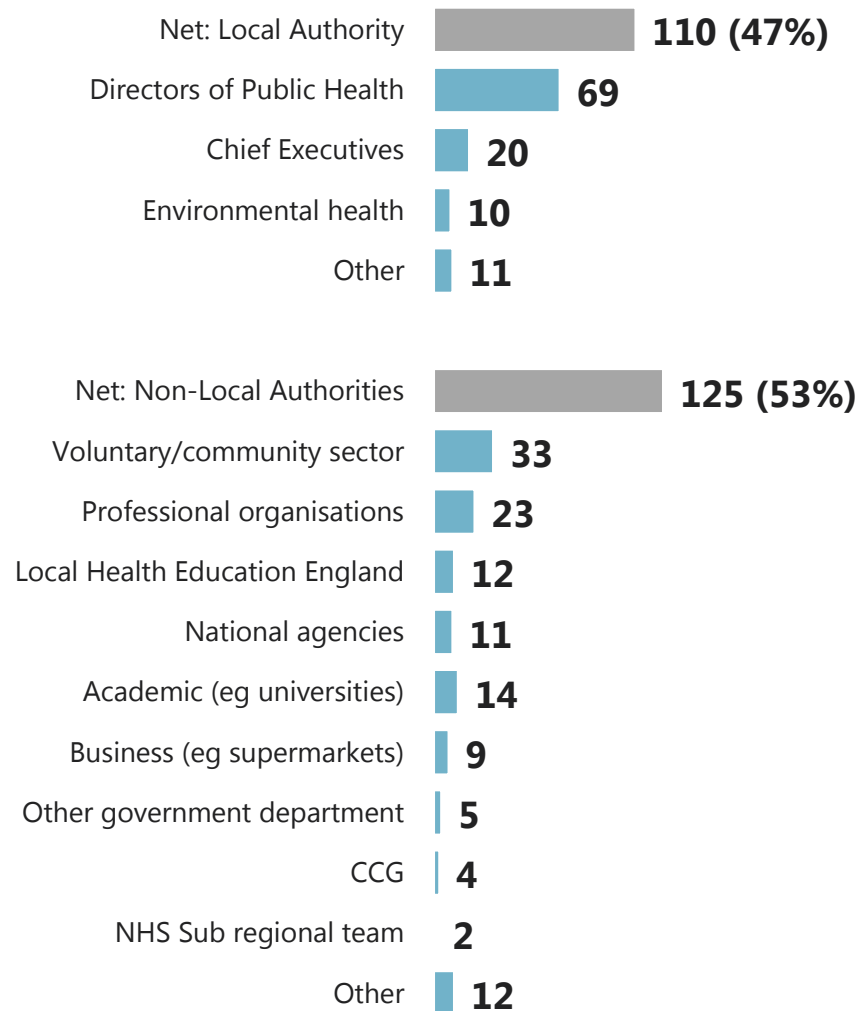
This report brings together findings from the quantitative survey and qualitative depth interviews

- This report is designed as a standalone document to be read, not presented
- A separate condensed slide-deck is available
- Throughout this report, all differences reported in the text are statistically significant at the 95% confidence interval unless otherwise stated. Small green and red triangles indicate where there is a statistically significant difference with the previous year.
- Throughout, an asterisk (*) in a chart represents a figure that is less than 0.5% but greater than zero.

More details on the methodology can be found in the separate appendix.

Sample breakdown

2016/17 breakdown by stakeholder type (Number)



How this compares to previous waves

Stakeholder type	2015/16	2014/15	2013/14
Local Authority	117 (44%)	105 (41%)	174 (58%)
Directors of Public Health	75	64	80
Chief Executives	19	17	49
Environmental Health	16	16	22
Other	7	24	45
Net: Non-Local Authorities	150 (56%)	153 (59%)	125 (42%)
Voluntary/community sector	43	38	32
Professional organisations	33	26	21
Local Health Education England	20	N/A	5
National agencies	15	11	18
Academic	12	15	5
Business	8	13	11
Other government department	N/A	N/A	N/A
CCG	5	5	N/A
NHS Local Area Teams	N/A	29	8
Other	7	N/A	3

Note: Environmental Health officers were not included in 'Local Authority' net category in 2014/15 and 2013/14

Summary of key findings



Summary of key findings (I of II)

PHE should be strongly encouraged by the findings in this report – there have been a number of **positive shifts in the quantitative metrics** (particularly for Local Authority stakeholders) and qualitatively stakeholders talk of **relationships having matured; entering into a positive and constructive steady state**.

PHE's stakeholders are **strong advocates of the organisation** with advocacy scores having risen, comparing very favourably to stakeholder reviews for other public sector organisations. PHE and its staff are well liked – stakeholders are invested in its success, recognising PHE is a **critical cornerstone in the system**. Stakeholders depend on PHE to keep **prevention on the national agenda**, and provide a **strong and credible evidence base** to the sector. In particular, stakeholders in Local Authorities rely on, and strongly value, PHE's **health protection function**.

Last year saw some declines in positivity among Local Authority stakeholders following in-year cuts to public health funding, the Comprehensive Spending Reviews (CSR) and PHE's re-structure. PHE has shown itself to be a **listening organisation**, taking on board criticism and improving how it works, for example carrying out better engagement around evidence reviews. And this year points of contact have been re-established, frequency of contact matches levels seen before PHE's re-structure and relationships appear to be **back on a positive trajectory**.

Despite a challenging political and financial climate, PHE is seen to be **increasingly effective in its work**. However, stakeholders believe **restricted funding and capacity does threaten PHE's ability to reach its full potential**, and many Local Authority stakeholders share this concern for their own impact on the public's health.

Summary of key findings (II of II)

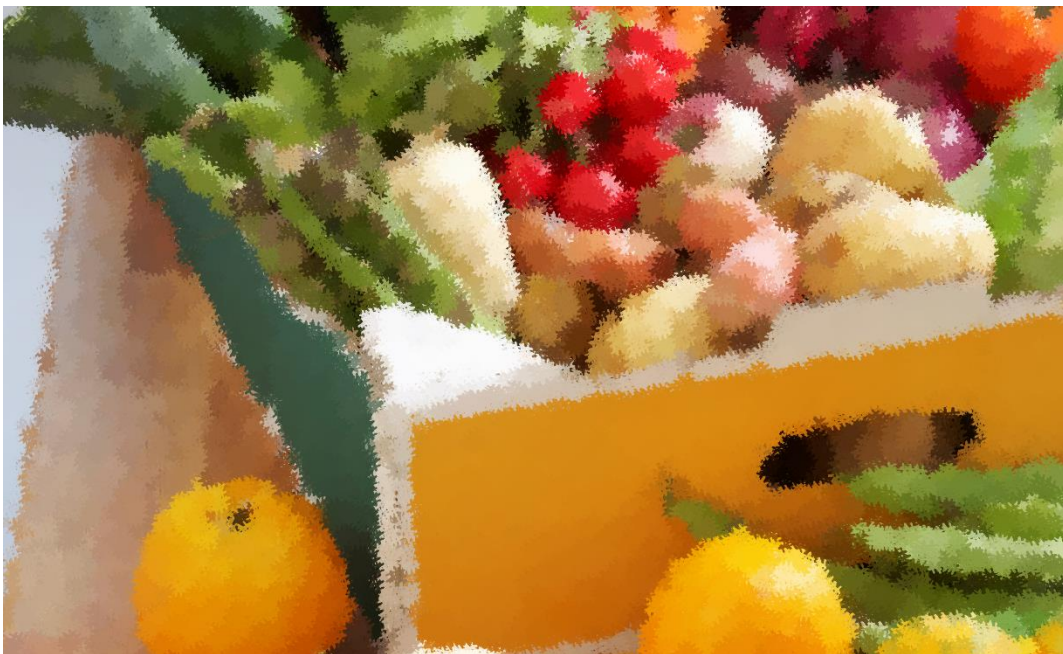
Whilst their message was a strongly positive one, stakeholders could identify areas in which PHE could improve. Stakeholders raised concerns that PHE was not always present in the conversations they believe it should be. Stakeholders are looking for PHE to have a **greater presence at the top table** to further push the prevention agenda. Linked to this, non-Local Authority stakeholders expressed a desire to **work more closely with PHE** in the future and for PHE to **be more proactive** in these relationships. They also talked about PHE moving beyond the provision of evidence to being a **more action-orientated organisation**, suggesting that at times PHE did not demonstrate enough 'follow-through'.

Local Authorities, as per last wave, remain interested in specific advice to assist in decision-making at a local level (such as sharing practical learning and providing return on investment information), though this year they talked of a need for PHE to **broaden the support it offers them**. They believe PHE could do more to shape the public health **workforce of the future**, and better support Local Authorities in **embedding prevention in the evolving landscape** of health and social care delivery (considering aspects such as new models of care). Directors of Public Health (DPH) and Local Authority Chief Executives typically shared these views about how PHE was performing, and how this could be improved in future.

Looking ahead, stakeholders can see a clear role for PHE despite imminent changes to Local Authority funding arrangements. However, they expect to see a **shift in Local Authority relationships** as a result of these changes, with the ways PHE interacts with local government likely to change; many recognised this will be a difficult line for PHE to tread.

Current state of play

The report begins with an overview of current stakeholder perceptions, including levels of advocacy, the distinct role stakeholders feel PHE plays in the sector, and current levels of contact with PHE.



PHE is maturing

PHE is developing into a more mature organisation...

In the qualitative interviews it was clear that stakeholders continue to see PHE develop along a positive trajectory. A key word stakeholders used to describe PHE this year was 'maturing'; they felt the organisation had settled. They noted that PHE has reached a stage in its development where relationships have become more established and stable. Local Authority and Non-Local Authority stakeholders alike noted this change.

This is having a positive impact on working relationships...

Where strained relationships might have existed in the past, a handful of stakeholders remarked on a positive change in their feedback this year compared to last.

*"Overall PHE needs to be congratulated for how they have developed and are developing and the impact they are making. **This year has been one of maturing, maturing in the way they do their business, I think they should just start relaxing and move more in to a steady state - they don't need to defend themselves in the way they used to.**"*

Other

*"The **relationship has developed into something far more positive than it was previously - a more mature relationship...Working to disagree in private and agree wherever possible in public. Much better over the past year - more willing to engage, PHE provide comms earlier.**"*

Professional Body

PHE has demonstrated that it is listening and developing...

As a result of its increased maturation, stakeholders felt that PHE has clearly demonstrated that it is a listening organisation – taking on board criticisms and making changes to the way it is working with stakeholders or approaching particular issues.

*"Has improved - evidence that **PHE is a learning organisation, who take their failures on board.**"*

Professional Body

*"I've noticed a real shift. Duncan, John and Kevin have really heard, processed, and acted on the feelings of [our] community...we felt that [our area of work] wasn't being well coordinated. **They've listened and acted on that and it feels as if there has been progress.**"*

Voluntary and Community Sector


Source: Ipsos MORI

Relationships are becoming more established


PHE is better able to focus on external relationships

In previous waves of research, stakeholders in the qualitative interviews had noted that since its set up in 2013 PHE had been quite internally focussed. However this wave stakeholders felt PHE was becoming more outward focussed.

In particular, those working in ALBs felt all bodies set up within the Health and Social Care Act were going through this transition of being able to focus their attention on stakeholder partnership working after a period of setting up internal processes and defining remits.

 "We've been **able to focus on stakeholder partnership working**, and developing relationships better [since being set up]."


Agency

 "I think generally a lot of the ALBs have tended to be **quite inward looking for the first year or two** and then start to look out. We've had joint meetings over the past year so I do think things have been improved."

Agency

Stakeholders know how to get in contact with PHE

In previous years, stakeholders spoke about the need for a key contact to work closely with them. Reflecting the quantitative findings shown on slide 17, this was not an issue raised this wave, and many stakeholders said that they now had a clear point of contact through which to get in touch with PHE. Stakeholders felt that their relationship with PHE was maturing, with people having a better grasp of how they get in touch with PHE.

 "Compared to [another national agency] I have a **far clearer idea about who to go to**, and certainly feel like a proper partner, and have a feeling that I might not be able to access certain info but I can certainly ask. With [another national agency] my team is still trying to work out who does what...no where near the maturity of relationship."

Voluntary and Community Sector

PHE has a number of key strengths

PHE has a number of **key strengths** which are key to its success.

The individuals within the organisation were seen as key. They were frequently described by stakeholders in the qualitative interviews as intelligent, committed and knowledgeable. This was true of staff working across the organisation; though the senior leadership were seen as a particular strength, Regional Directors, Centres, and other teams were also named as assets of the organisation.

*"Very **clever people within their organisation who if you go to for help or advice**, are always able to respond themselves or find someone who can. That intellectual component is really helpful."*
Agency

*"PHE is very responsive, going the extra mile, and that's because of the individuals. These are **public health people who are terribly committed** - these are doctors who left clinical medicine to do social medicine, and you can see that - it goes beyond what I would expect. That's the personal point."*
Other

PHE's ability to **bring people together** was also felt to be a strength of the organisation. In previous waves this has also been highlighted as a unique attribute of PHE.

*"Expertise, influence, openness, **ability to draw a lot of stakeholders together**. Would definitely miss it if it wasn't there - just having a dedicated agency is very significant."*
Agency

Stakeholders also felt that PHE has a **clear purpose**, and that as an organisation it is clear about what it is trying to achieve. Its primary role is that of bringing together evidence and knowledge, and this was seen as crucial role for the organisation to play – this is discussed in more detail on slide 33. Importantly, as they have in previous waves, many stakeholders noted that having an **organisation dedicated to public health** was a strength of the system as a whole, and one they did not want to see changed.

*"They are **really clear about what they're trying to achieve** - their purpose. Really comes through the whole organisation; really interested and engaged in the subject matter. They certainly believe in the power of information to illuminate problems and communicating that to the public."*
Agency

The majority of stakeholders would speak highly of PHE

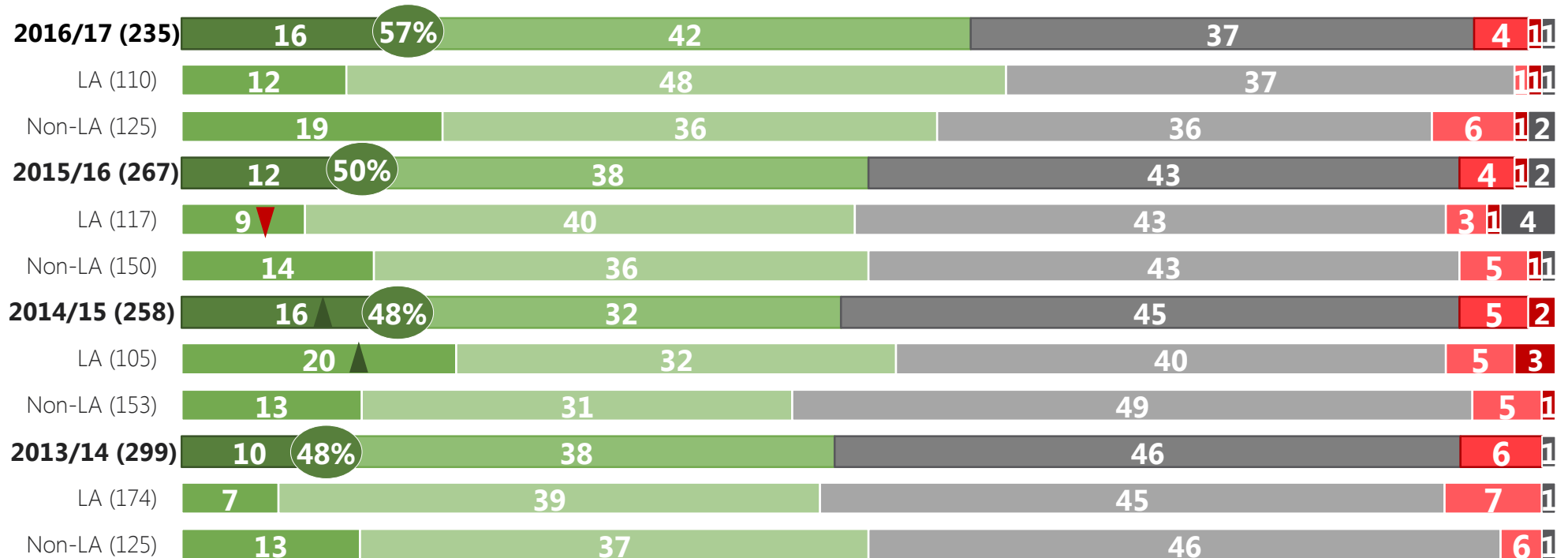
Given this feedback, it's not surprising to see that the proportion of stakeholders who say they would speak highly of PHE remains high, and has increased since previous waves. The majority (57%) say that they would speak highly of PHE, either prompted or unprompted. This represents a significant increase in advocacy from stakeholders since both the 2013/14 and 2014/15 waves. Advocacy has also increased since last wave (2015/16), although this change is not considered to be statistically significant. Positively, there has been a slight increase in the proportion of stakeholders who would *spontaneously* speak highly of PHE since last wave (from 12% in 2015/16 to 16% in 2016/17).

As with previous waves, stakeholders who are in contact with PHE more often are more positive. One in five (20%) of those in contact at least once a week would speak highly without being asked, compared to one in ten (11%) of those in contact less frequently.

Of the 11 stakeholders who would be critical of PHE, nine are non-Local Authority stakeholders. A range of reasons are given for their critique including a lack of engagement and what they see as a lack of 'clout' or influence. Local Authority Chief Executives and DPHs are equally positive towards PHE (although these are based on small sample sizes).

Q.4 Which of these phrases best describes the way you would speak of Public Health England to other people?

■ % Speak highly without being asked ■ % Speak highly if asked ■ % Neutral ■ % Be critical if asked ■ % Be critical without being asked ■ % Don't know/not relevant



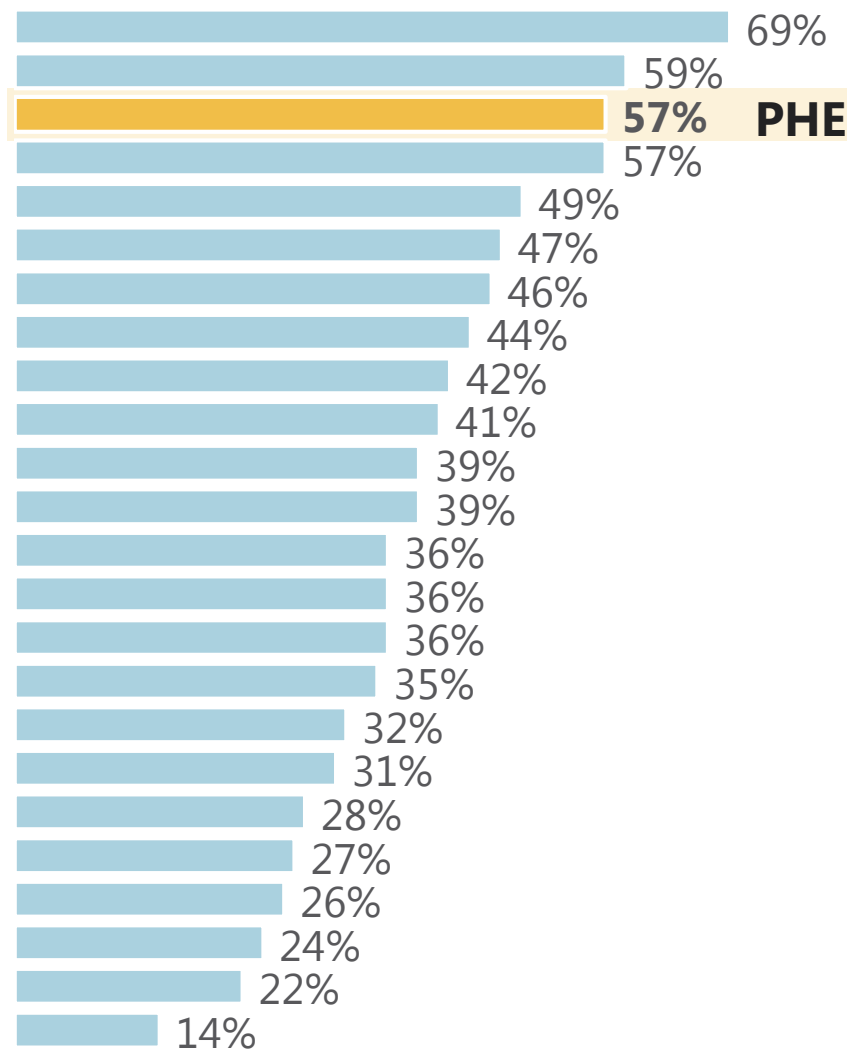
Base: All stakeholders (see above)

Source: Ipsos MORI

Advocacy of PHE compares very favourably to other

public sector organisations

Proportion saying they would speak highly without being asked/if asked



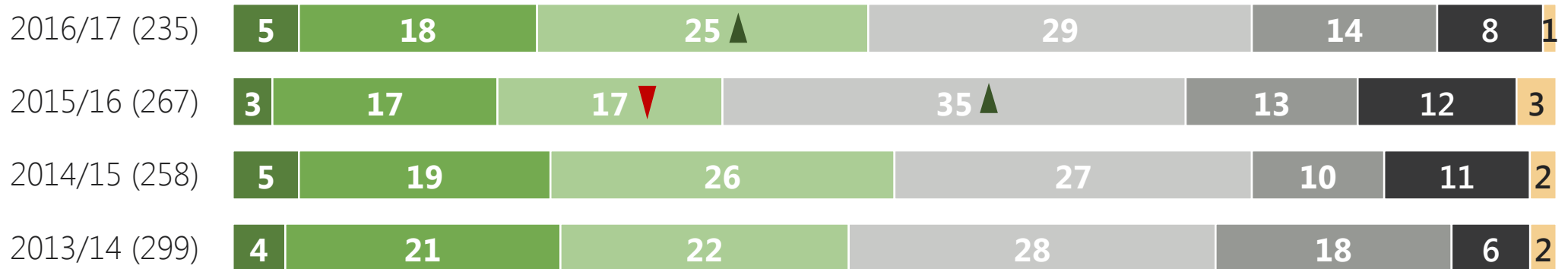
Base: Various public sector stakeholder surveys since 2008, includes multiple waves

Source: Ipsos MORI

Frequency of contact is back in line with 2014/15 levels

Q.2 How often, approximately, would you say you are in contact with Public Health England?

■ % Daily ■ % 2-3 times a week ■ % Once a week ■ % Once or twice a month ■ % Every 2-3 months ■ % Less often than this ■ % Never



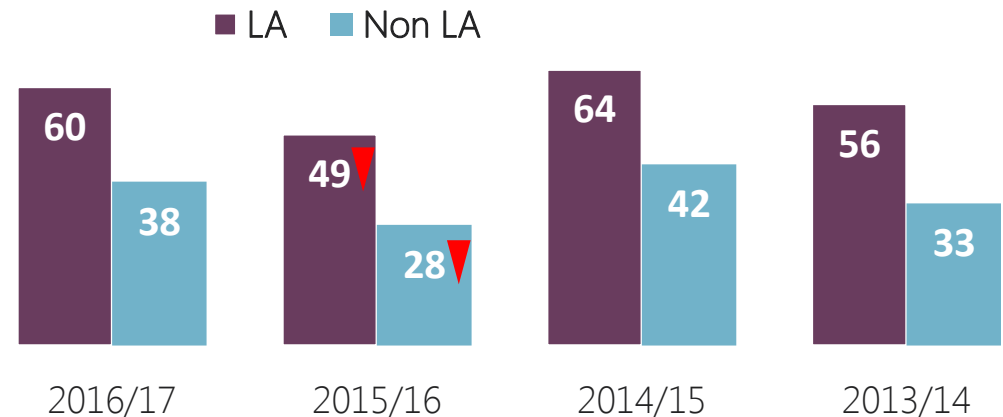
The frequency of the contact stakeholders have with PHE has increased this year compared to 2015/16, returning to the levels seen in earlier waves of the research.

This increase in the frequency of contact can be seen across both Local Authority and non-Local Authority stakeholders. As in previous waves, Local Authority stakeholders are more likely than non-Local Authority stakeholders to be in at least weekly contact with PHE.

This return to previous levels of frequency of contact is contributing to the return to more positive scores more generally across the research.

Frequency of contact by Local Authority/ Non-Local Authority

% in contact with PHE at least once a week



Base: All stakeholders (see above), All LA stakeholders (2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

Source: Ipsos MORI

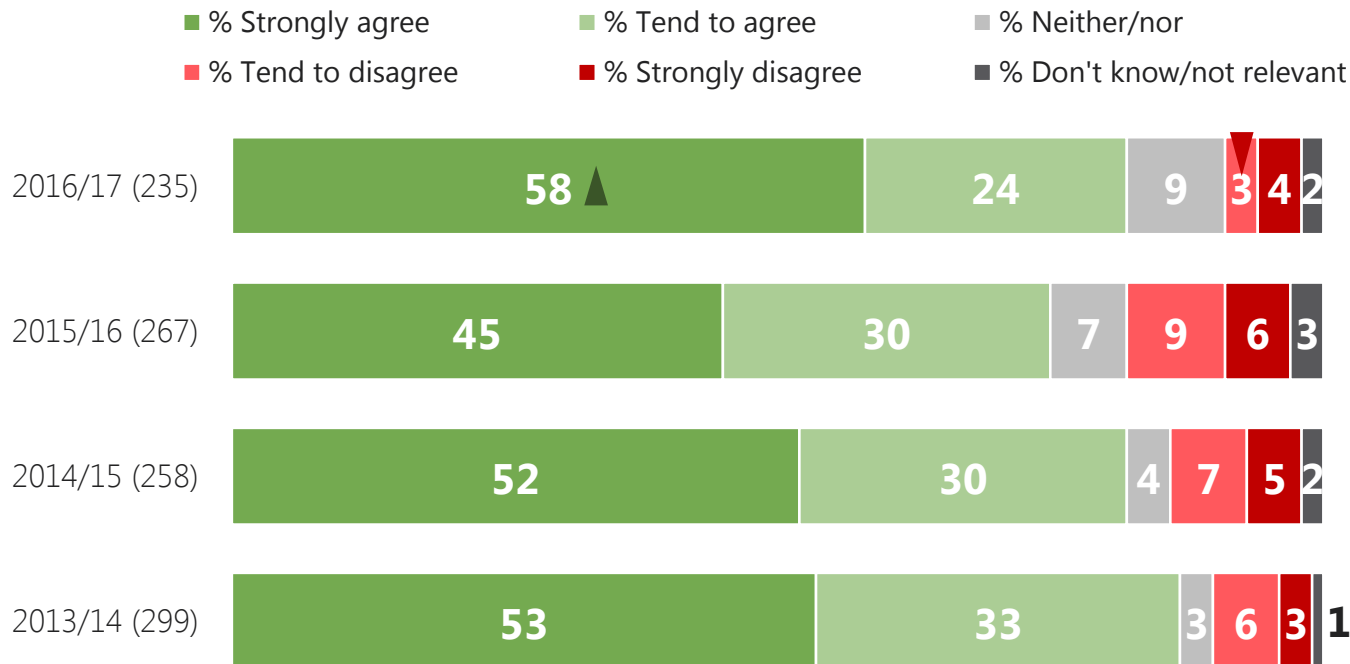
Points of contact appear to have been re-established

The majority of stakeholders agree that they have a clear point of contact at PHE. Previous waves had seen a decline in those agreeing they had a first point of contact, however the proportion of those who say that they strongly agree has risen this wave; over half (58%) now strongly agree that they have a clear point of contact with PHE. The issue identified last year – where some stakeholders felt that they had lost their point of contact due to internal restructuring at PHE – appears to have been resolved.

This increase in the proportion who feel strongly that they have a clear point of contact at PHE is seen most prominently among Local Authority stakeholders (63% strongly agree this year, compared with 48% in 2015/16). As with previous years, Local Authority stakeholders are more likely to say they have a clear point of contact than non-Local Authority stakeholders.

Q.21 To what extent do you agree or disagree with the following statement about Public Health England?

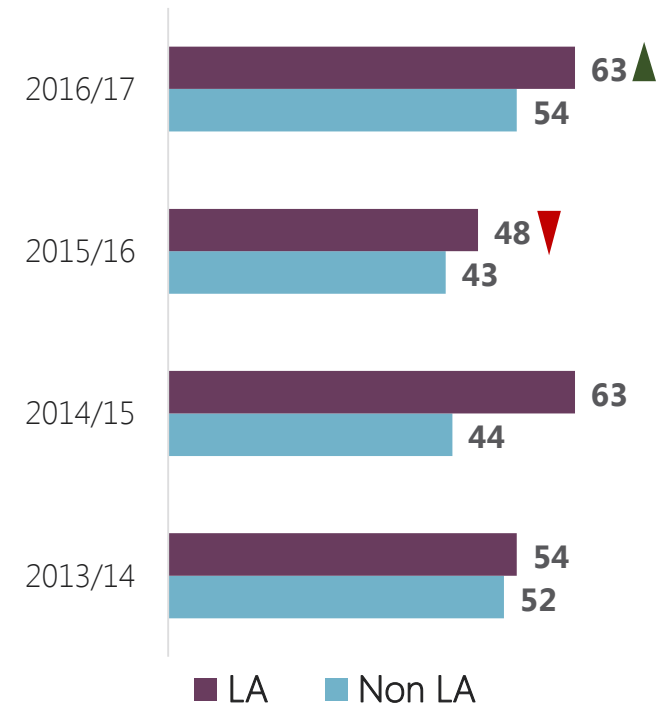
...I have a clear point of contact to get in touch with Public Health England



Base: All stakeholders (see above), All LA stakeholders (2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2016/17: 125), 2015/16: 150, 2014/15: 153, 2013/14: 125)

Clear point of contact by Local Authority/ Non-Local Authority

% Strongly agree



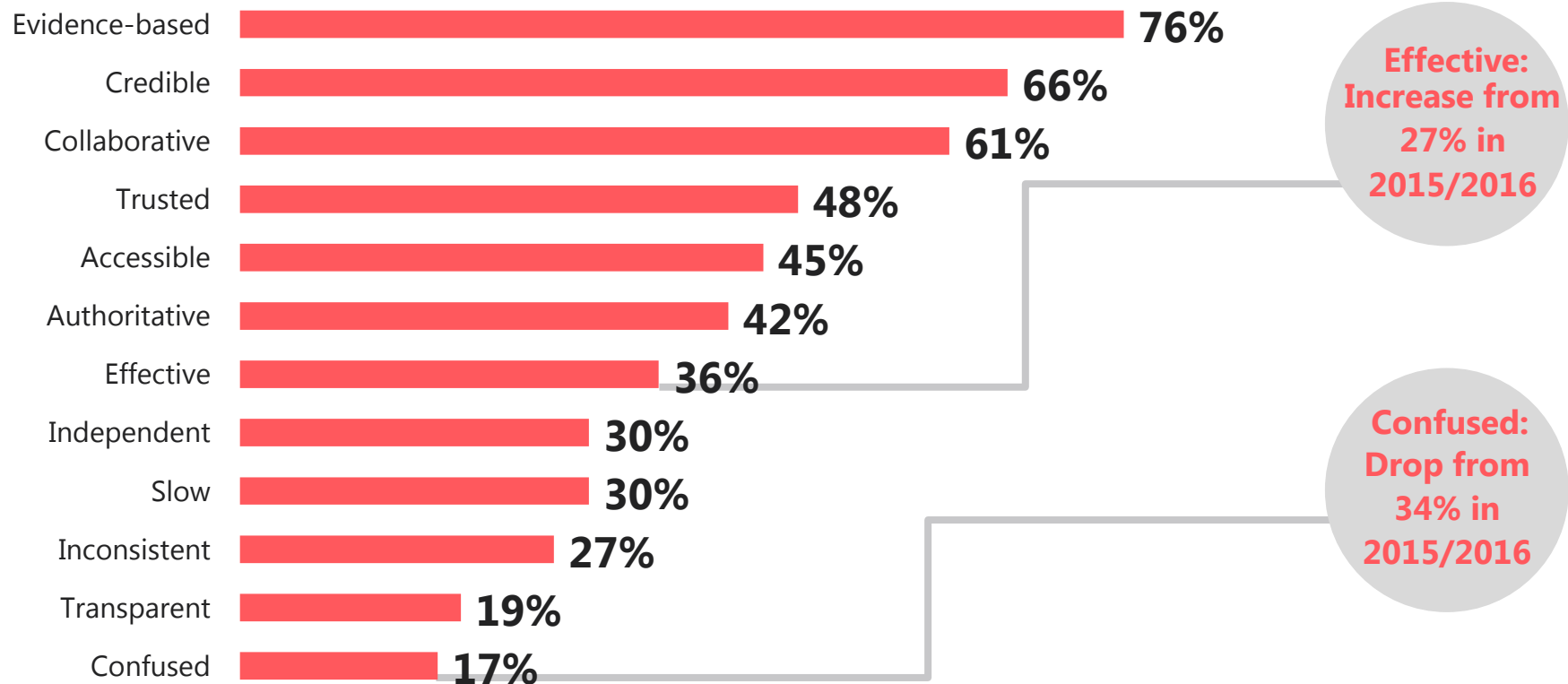
Source: Ipsos MORI

PHE is seen as increasingly effective and less confused

Reflecting the feeling that PHE is maturing, it is increasingly seen as being more effective, and less confused.

As in previous years when asked to describe PHE based on their experiences of working with the organisation, stakeholders' responses are predominantly positive, with over three-quarters (76%) selecting 'evidence-based' as a way to describe PHE, two-thirds (66%) selecting 'credible', and over three in five (61%) selecting 'collaborative'. Positively, stakeholders this wave are more likely to refer to PHE as 'effective', and less likely to refer to it as 'confused', compared to previous waves.

Q.12 From your intentions with Public Health England to date, which of the following words/phrase would you use to describe Public Health England as an organisation? 10%+ mentions




Base: All those who have contact with PHE (233)


Source: Ipsos MORI

However the sector is facing some key challenges

A challenging financial climate

All stakeholders acknowledged that these were challenging and changing times for PHE and the sector; financial pressures featured prominently in discussions. Stakeholders pointed out that constrained budgets limited how effective PHE has been since its establishment. For example, national stakeholders were frequently seeing attention diverted from public health matters in favour of the operational pressures of the NHS, such as waiting times or staff numbers. Local government have also seen huge squeezes on their own resources, and as one Local Authority stakeholder said, though it makes sense for public health to move to local government, history may look upon it as a 'missed opportunity' because of a lack of resources both within PHE and local government.

 "Personal relationships have developed in that the system is bedding down and there is a history to build on but I think the **actual capacity to start new programmes of work is incredibly limited.**"
Local Authority - DPH

 "Funding [is their biggest challenge]; having the resource to do what they need to be doing and they are probably **the most vulnerable organisation in terms of funding** because they are not funding direct care."
Agency

Local government is becoming more independent

Local government is also becoming more devolved, potentially fragmenting the public health community as Local Authorities become more autonomous. Stakeholders noted that this will change the nature of relations between local government and PHE. The public health grant switching to business rate retention was seen as a further catalyst in weakening Local Authorities' reliance on PHE.

The success of PHE is critical

However, this is also a time when stakeholders are becoming increasingly dependent on the success of public health measures to improve the population's health and make health services more sustainable in the future. They are therefore invested in PHE's success, and there is a great deal of support for it to achieve its goals.

Working relationships

This section explores stakeholder working relationships with PHE, including the extent to which PHE works in partnership with stakeholders and how well it demonstrates an understanding of stakeholder priorities. It also looks at how stakeholders feel about the way PHE engages with them.

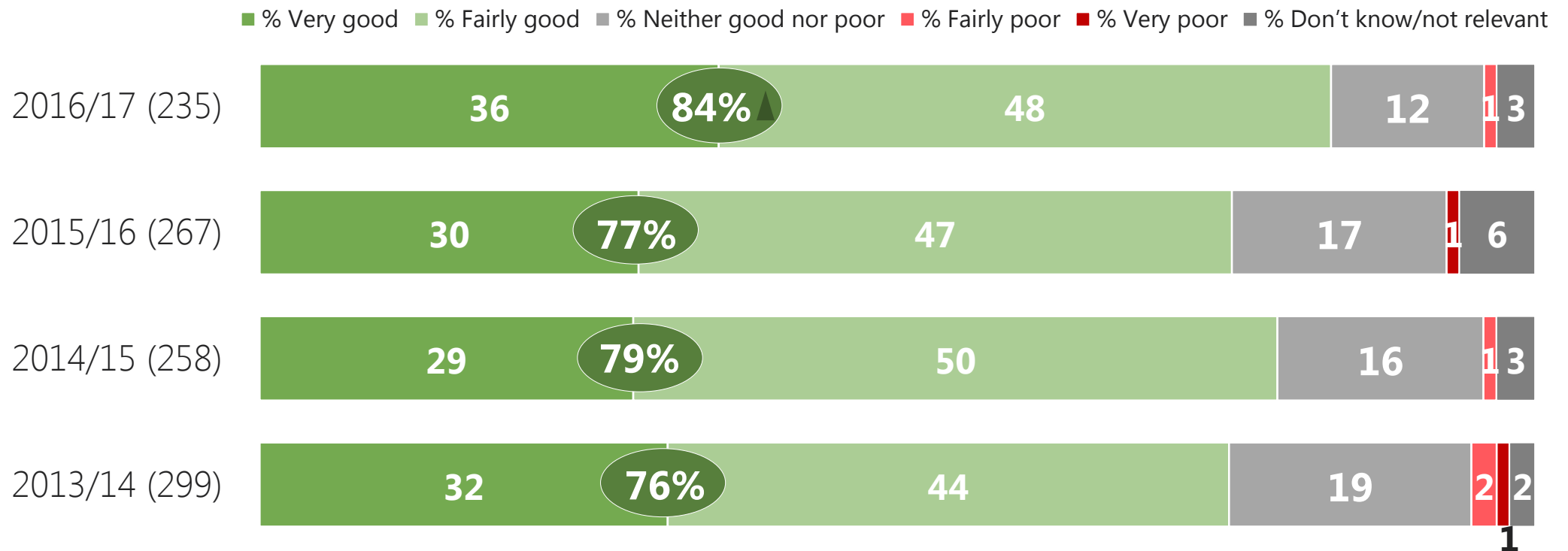


Working relationships are becoming more positive

Stakeholders see their working relationship with PHE as increasingly positive. The proportion of stakeholders describing their working relationship as good has increased significantly since 2015/16, with 84% saying that their relationship is very good or fairly good. This compares to 77% in 2015/16. The increased contact highlighted earlier is likely to be contributing to these improved scores as those in more frequent contact report having a more positive working relationship.

Similarly, when asked how their relationship had changed with PHE in the past year, stakeholders are largely positive, and the proportion saying it has changed for the better has increased since last year. See slide 21 in the separate appendix for more detail.

Q.5 How would you describe your working relationship with Public Health England?



Base: All stakeholders (see above)

Source: Ipsos MORI

...with some differences between Local Authority and non-Local Authority stakeholders

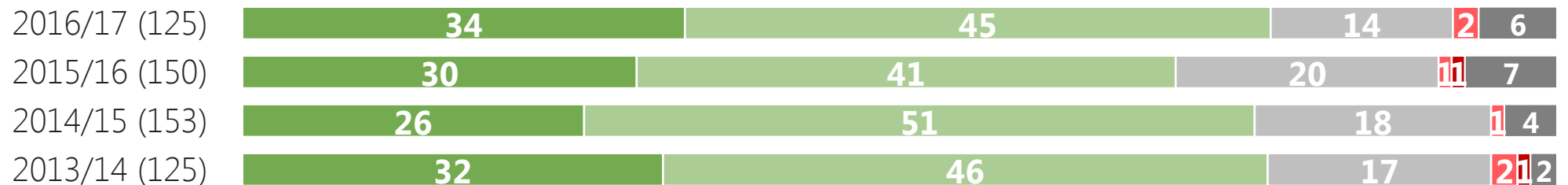
Local Authority stakeholders are more likely to report a good relationship with PHE than non-Local Authority Stakeholders, as was the case in previous years. This wave, Local Authority are more likely than non-Local Authority stakeholders to say their relationship is *very good*; non-Local Authority stakeholders are not negative, but have less of an established relationship to comment on.

Q.5 How would you describe your working relationship with Public Health England?

LA



Non-LA



■ % Very good ■ % Fairly good ■ % Neither good nor poor ■ % Fairly poor ■ % Very poor ■ % Don't know/not relevant

Relationships with key contacts are strong

Exemplary working relationships

In the qualitative interviews, stakeholders described positive relationships that were frequently described as open, honest, and respectful. For many, their relationship with PHE was seen as exemplary.

*"Extremely collegial, it's an excellent relationship. People are very professional and very highly trained...very polite - **for me it's a joy.** PHE is a 'a cracker' of an organisation."*

Other

*"It's very positive, I pretty much feel part of the team as my portfolio overlaps so much, I've thoroughly enjoyed working [with them] over the past few years, it's been a **very positive part of my working life** to be honest."*

Agency

Strong local relationships...



For Local Authority stakeholders, relationships at a local or regional level were strong....

*"The relationship with the Regional Director seems **very positive, quite open, quite rooted, frank**, in what is a complex and changing environment." DPH*

Local Authority - DPH

*"At the local level, **very strong, lot of respect for the local office**...a really strong feeling of a good strong local partner, who we can do business with."*

Local Authority - Chief Executive

However, as they have said in previous years, Local Authority stakeholders still feel distanced from national level, with the perception that relationships weaken at this level. Local Authority stakeholders felt that this was to be expected, although some would like to see more of the national team, not working locally but at least engaging locally.

*"I feel closer to the local office but more **distant from the regional and nationally**. Much less visibility than there was at the top of the organisation...12-24 months ago."*

Local Authority - Chief Executive

*"Good, constructive, no problems. **No relationship with national team**. Don't need this on a day to day basis, but would be good if they gave more sight in development."*

Local Authority - Chief Executive

Source: Ipsos MORI

...But PHE could be working more efficiently

Though there are strong personal relationships and good contacts within PHE, there were some concerns about how efficiently PHE works.

PHE processes are seen as bureaucratic

Stakeholders working outside the public sector felt PHE's processes were overly prolonged and bureaucratic, and as a result, they had spent a large amount of time to see tasks through to completion. They would like to see PHE working more efficiently in future.

*"Quite difficult from a business support perspective. Setting up the 2 analysts took us over a year. **Business admin is highly problematic** it was like beating your head against a brick wall...Worse than other procurement teams in government. It wasted so much senior time."*
Charity and Voluntary Sector

Stakeholders feel there could be more follow-up

There was also concerns that there was not enough follow-up on specific tasks, and that PHE could do more to make sure that work was being put into action effectively.

*"They do their big picture engagement well - things like major conferences. **One to ones sometimes are a bit less well managed.** They become a set piece - the meeting becomes the point not what's happening next. We have terrific personal relationships but we don't get to where we need to - the follow up is not good enough."*
Agency

More central oversight of relationships at a local level

Last year it was suggested that local relationships could be better managed through a central team, and again this point was re-iterated by some Local Authorities this wave. They were unable to identify who is managing local relationships as a whole, and felt that relationships could be managed by a central team to support the Regional Directors.

*"Some kind of **relationship management arrangement between PHE and constituent councils** [would improve the relationship] - [the Regional Director] cannot do all the contact making - some kind of go to person who can come out twice a year and catch up with how it is going here would be very helpful."*
Local Authority - Chief Executive

National stakeholders also said that a team overseeing local relationships would be helpful. Some felt there was a role for PHE to facilitate relationships with councils to allow organisations who do not have strong links locally to support and communicate with people working at a local level.

For example, charities might be able to support Local Authorities in their drive to reduce smoking, and PHE could have a role in helping charities add value in local government.

*"One interesting area is their work with Local Authorities. I think if you're at the centre as a national organisation but without a history of working at a local level, I think the history of PHE and the value that can be added is really crucial...**it would be useful to understand more about how they work with Local Authorities...** But if you think about how PHE is structured - it's all health and wellbeing etc. and there's no local 'division' to link in with the local stuff and expertise?"*
Voluntary and Community Sector

PHE is seen to be working in partnership with stakeholders

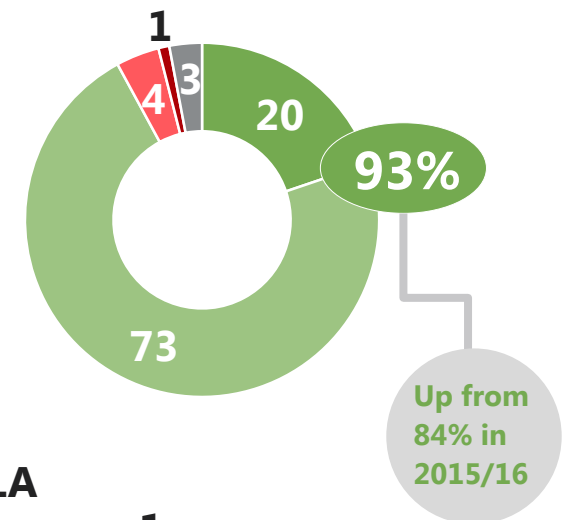
Stakeholders believe that PHE is working with them more closely. Positively, this wave a significantly lower proportion say that PHE works in partnership with stakeholders hardly or not at all (dropping from 11% in 2015/16 to 6% in 2016/17). Among Local Authority stakeholders, the proportion saying that PHE work in partnership with stakeholders to a great or to some extent has seen a significant rise since 2015/16. No significant changes are seen among non Local Authority stakeholders.

Q.22 To what extent, if at all, do you think Public Health England works in partnership with stakeholders?

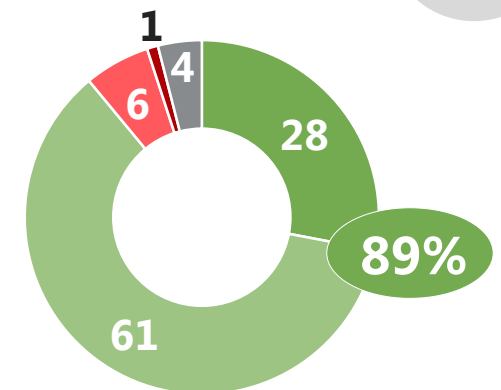


Base: All stakeholders (see above)

LA (110)



Non-LA (125)



Source: Ipsos MORI

And PHE recognises the added value of its partners

Strong examples of partnership working

In the qualitative interviews, national level stakeholders were very positive about PHE's approach to working with them collaboratively. Many spontaneously described the relationship as partnership working.

*"I think they are a good partner, good stakeholder. We have mutually compatible objectives - and certainly over the last 12 months **I can't think of one occasion where I haven't been able fine a mutually agreed outcome.**"*

Agency

Good recognition of the different roles PHE and stakeholder organisations play

Stakeholders felt that they and PHE had reached a point where they were both able to recognise the benefit of what each partner could bring to the relationship. This again indicated to stakeholders that relationships with PHE had matured – with both partners having a better grasp of respective roles, differing perspectives and how the two organisations should interact.

*"Feels like **we can work together on that while recognising our different positions** – we are a charity and can jump up and down and say this isn't good enough, PHE is driving evidence and delivery...so having a robust conversation about what we both can do and keeping that conversation constructive."*

Voluntary and Community Sector

Some stakeholders would like to see stronger partnerships to overcome challenges

Whilst the vast majority were positive about PHE as a partner, not all stakeholders reported positive partnership working, and it was suggested that partnerships were not always replicated through all levels of the organisation. As a result, when tough decisions had to be made, or there was a difference of opinion, a small number of stakeholders felt PHE could 'close up' and become unresponsive.

*"When things are a bit tricky and we have different points of view, they **tend to go into their shells and bit** and go a bit quiet - we'll have a meeting to agree certain things and then things don't happen, my guys will say, 'we've sent a load of emails and nothing's coming back'."*

Agency

Source: Ipsos MORI

Local Authorities report productive partnerships with PHE

PHE is a supportive partner for Local Authorities

As with previous waves, PHE's partnership working was also replicated at a local level. Some Local Authorities reported very close working with their regional representative, seeing them as colleagues and part of the local system. They described helpful and productive conversations characterised by openness and honesty, and working together to achieve the same objectives.

*"We always see **PHE as part of our network** and not a body that's invited in when we would like to see them. PHE is very much part of the public health system in our area...they're our colleagues."*
Local Authority - DPH

*"Whenever I'm talking to PHE [at the local level] I always get the feeling that **they want to help and if they can help, they will**. I know I can have those [difficult] conversations with PHE and that's where the strength of a partnership should lie."*
Local Authority – Chief Executive

*"I think PHE right across the board are very approachable, easy to have difficult conversations with, and understanding of the role of local government – I feel **they are our allies**, working towards greater recognition of public health and health of the public in public policy both nationally and locally."*
Local Authority - Chief Executive

PHE works best when it respects Local Authority independence

However, stakeholders were split on whether PHE allows adequate autonomy to local government. On one hand stakeholders felt that PHE respects the sovereignty of local government.

*"Very **respectful of local government's independence** - better than any other government department. They recognise the sovereignty of local government which is the way it should be."*
Other

Not all Local Authorities felt this way however; others suggested PHE was taking more of a directive role over local government.

*"There is also still **a tendency for PHE to try and steer the system, which it is not equipped to do**. Local Authorities are the lead agencies for improvement of wellbeing and health. PHE's role should be to follow and support their lead, not to try and direct them."*
Non-Local Authority (quote taken from the quantitative survey)

Furthermore, the recent squeeze on resources has caused some Local Authorities to feel PHE plays a more controlling role towards them than it has in the past. Health Checks were given as an example of something PHE felt was important to get right locally, and therefore was applying pressure for these to be delivered, despite local government not necessarily prioritising them in the same way.

*"As a result of resource being squeezed [within PHE and LAs], and the difficulties that is causing with local government, they are becoming more anxious about the things that are important to them at the national level and that is translating into **them being more directive with us**."*
Local Authority - Chief Executive

Local Authorities want PHE to maintain a hands-off and supportive role. The support Local Authorities want from PHE is discussed in the next section.

Source: Ipsos MORI

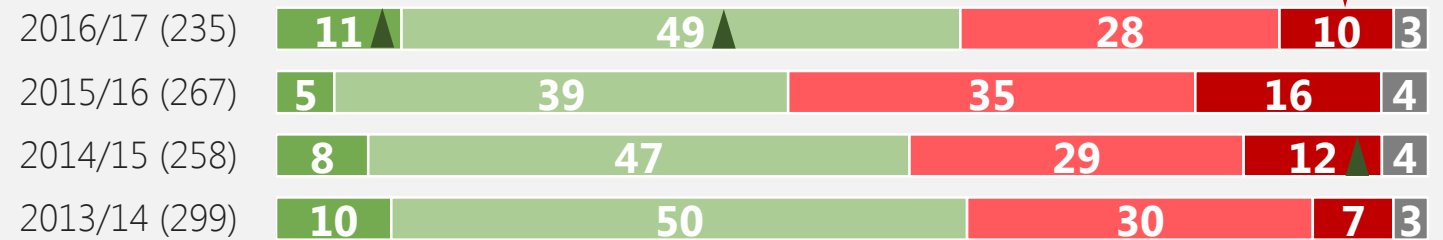
PHE is seen to have a better understanding of the priorities of its stakeholder organisations

Linked to improved working relationships and stronger partnership working, stakeholders are more likely this year to say that PHE understands the priorities of their organisation well or very well. Similarly, the proportion saying that PHE does not understand their organisation at all well has seen a significant decrease.

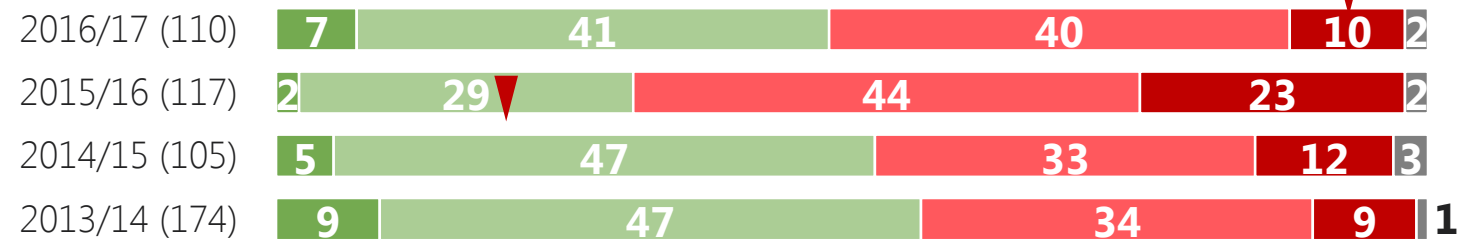
This trend is seen across all stakeholders, although is most prominent among Local Authority stakeholders. Around half (48%) of Local Authority stakeholders say that PHE understands the priorities of their organisation very or fairly well, compared to less than a third (31%) in 2015/16. PHE is seen to have a better understanding of non-Local Authority priorities than of Local Authority priorities.

Q.19 How well do you think Public Health England understands the priorities of your organisation?

All stakeholders



LA



Non-LA



■ % Very well ■ % Fairly well ■ % Not very well ■ % Not at all well ■ % Don't know/not relevant

Base: All stakeholders (see above)

Source: Ipsos MORI

PHE could have a better understanding of the range of work Local Authorities carry out

Local teams understand the pressures Local Authorities face

Stakeholders in the qualitative interviews felt that local PHE teams are plugged in to the local context and demonstrate an understanding of the challenges local government is facing. However, similarly to previous waves, it was felt that the level of understanding exhibited by the Centre and Regional Directors was not replicated at the national level.

Nevertheless, Local Authority stakeholders acknowledged that different councils work in different ways, so the landscape is complex.

PHE's focus at odds with the Local Authority approach to public health

In previous years stakeholders felt there was a need for PHE to think and talk in a way that was relevant to local government specifically. This meant a move away from what they saw as isolated medical issues as per PHE's priorities, and taking a more holistic approach.

This wave, there was still the suggestion that PHE does not see public health the same way Local Authorities do. Rather than focusing on particular interventions or specific health issues, Local Authorities felt PHE could work with them to address health issues through their wider levers such as planning, social care, housing and homelessness. They felt that a better understanding of the range of work that goes on at a local level could allow PHE to offer more relevant support to Local Authorities' work on public health.

*"Being in a political organisation which is a council is – it's very different...**Quite difficult unless you've experienced it dealing with councillors and the machinery**, and every council is different. So it will always be problematic. Centre Director connected - but **how connected those above them I don't know**. There's a relationship with the Director and efforts made to understand the council. But PHE is an outside body."*

Local Authority - DPH

*"They're still pushing a medical model and not necessarily encouraging Local Authorities that **health and wellbeing is featured in all the work that we do**. So one example would be how you put public health into planning...it still feels a very medical, whole population approach if I'm honest."*

Local Authority - DPH

*"**PHE's priorities don't necessarily align with local ones** - e.g. homelessness - so DPHs aren't supported on these."*

Professional Body

*"They **don't have a good understanding of the range of responsibilities** and therefore the capacity and capability that we can bring to bear on public health problems."*

Local Authority - DPH

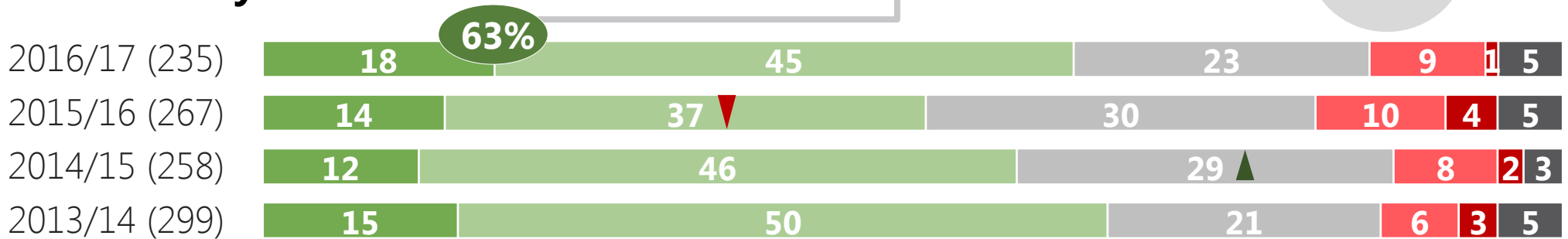
Source: Ipsos MORI

Listening to and acting upon feedback has increased

A significantly greater proportion of stakeholders than in 2015/16 say that they are satisfied with the extent to which PHE listens to their views. There has also been a rise this year in stakeholders saying that PHE acts on their concerns. The rise on both of these measures has primarily been led by an increase in satisfaction of Local Authority stakeholders, among whom a sharp rise in positivity is seen across both measures. The views of non-Local Authority stakeholders, while not to the same extent, have also become more positive.

Q.20a-c Overall, to what extent are you satisfied or dissatisfied that Public Health England...

...listens to your views?



...acts on your views?



■ % Very satisfied ■ % Fairly satisfied ■ % Neither/nor ■ % Fairly dissatisfied ■ % Very dissatisfied ■ % Don't know/not relevant

Base: All stakeholders (see above)

Source: Ipsos MORI

PHE has improved how it engages with stakeholders

though could be more proactive

PHE is better at engaging stakeholders compared to other organisations

In the qualitative interviews, stakeholders were generally very satisfied with the way PHE engages them, and felt that it was an area they had seen improvements in recently. They felt that PHE was forthcoming with information, and it was also suggested that PHE engages stakeholders more than other organisations.

"[PHE seeks stakeholder input] better than they did, they do seek it **more than other organisations.**"

Professional Body

"Pretty well [at engaging stakeholders] - in fact **really well versus various other bodies.** We are developing an internal strategy and we've been asked for several rounds of comments, I receive regular email updates, there are things like Health Matters. There is no shortage of information."

Voluntary and Community Sector

Local Authority stakeholders are more satisfied with recent engagement on childhood obesity and sugar

Last wave, some Local Authority stakeholders were dissatisfied with how stakeholders had been engaged with on the e-cigarette evidence review, and felt that their views had not been adequately gathered. This lack of engagement on e-cigarettes was still mentioned this wave, however they felt that engagement on childhood obesity and sugar had been better.

"Locally here, [the e-cig report] almost caused a revolt...it just landed without any consultation - that development of policy in insolation of what it's like on the ground is really dangerous. Visibility and communication in terms of big national policy areas at the outset [is important]...**involvement of stakeholders has been better for childhood obesity and sugar.**"

Local Authority - Chief Executive

...But relationships can sometimes feel like they are driven by stakeholders, not PHE

However, some stakeholders had the sense that the relationship was driven by them rather than the other way around. Though this was a positive relationship, and they were satisfied with their engagement with PHE, they felt that PHE could do more to proactively seek their involvement rather than it always being driven by external partners.

"Sometimes **they could be more proactive instead of responsive** to us...If we ask for something we always get it. Would be nice for them to say 'this is what we need' rather than being driven by us."

Agency

"All the contact is initiated by me. Very little experience of them saying 'oh it would be useful to be involved in this'. Put it this way - if we disappeared I don't think they would notice very much. **They don't think 'we could involve them in this'.**"

Other

Source: Ipsos MORI

Support

This section examines whether stakeholders feel they get what they need from PHE, including the support they receive. It also addresses areas for improvement in terms of the support PHE provides.



Stakeholders tend to get what they need from PHE

The majority of stakeholders (66%) agree that, when they contact PHE, they get what they need. This is higher than the proportion who agreed with this statement in 2015/16 (58%) although this shift is not statistically significant. No clear distinction is seen between Local Authority and non-Local Authority stakeholders (70% of Local Authority stakeholders strongly or tend to agree in comparison with 63% of non-Local Authority stakeholders).

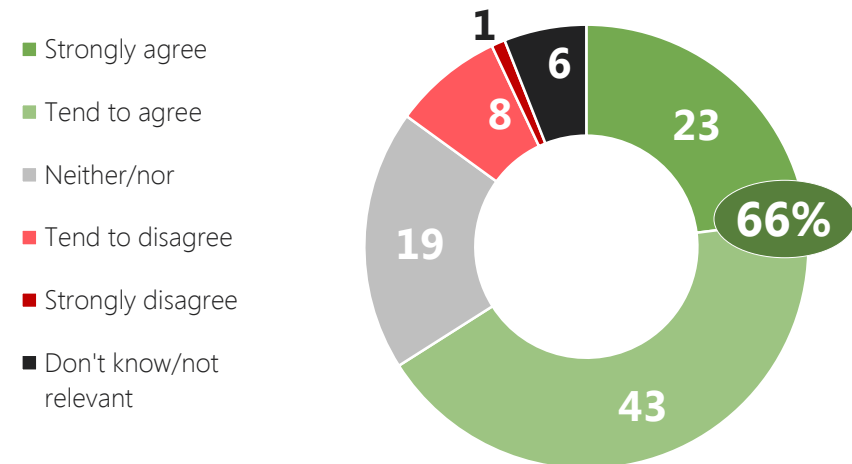
Stakeholders depend on PHE's expertise

The knowledge and expertise that PHE provides is seen as vital, and it continues to be the key value that PHE adds to the sector. Stakeholders described their dependence on the evidence that PHE provides – a role that no other organisation plays.

*"Vital - PHE is a **core repository of knowledge** at Whitehall. Home office and DH are reliant on PHE in this area."*
Voluntary and Community Sector

Q.21 To what extent do you agree or disagree with the following statements about Public Health England:

...When I contact Public Health England, I generally receive what I need



*"Crucial - PHE has a **huge range of knowledge and expertise**, and provides links to regions and local offices."*
Agency

PHE's role delivering evidence is seen as key

Gathering and disseminating evidence was seen as a crucial role that PHE plays in the system, and one that PHE was carrying out very effectively. It was frequently given as the key strength of the organisation, and one that stakeholders had seen PHE develop and improve in as it matures as an organisation. Furthermore, it was suggested that championing the role of evidence was going to become more and more important in future, as resources are further squeezed.

*"They play a **very important role in data gathering/ analysis/ dissemination/ evidence reviews** which is pretty essential to the system right now particularly when we are trying to put our bucks where we get the biggest return."*
Agency

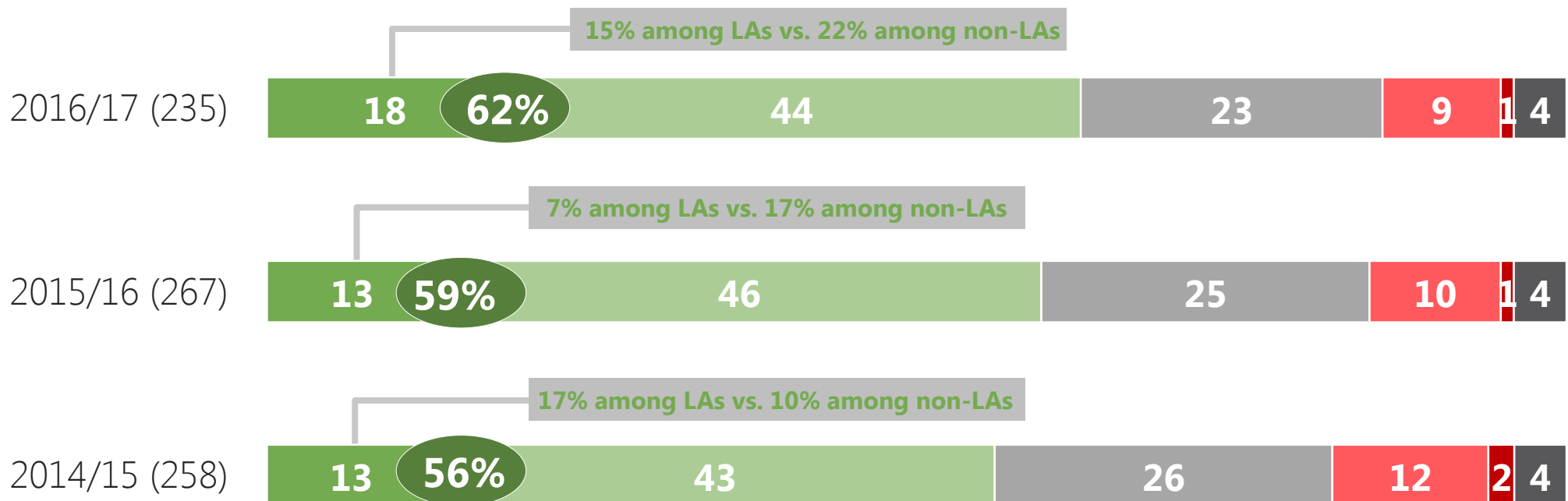
*"They've generally been doing a **great job of getting the evidence together**, which is their role, and they've been doing that in a really good way, and they've been bringing in loads of experts and that's a great role for the sector."*
Professional Body

Stakeholders remain broadly satisfied with the support they receive from PHE

The extent to which stakeholders are satisfied that PHE supports them in their work has remained stable, with a majority (62%) reporting that they are very or fairly satisfied. In 2015/16 Local Authority stakeholders were significantly less likely than non-Local Authority stakeholders to say that they were very satisfied that PHE supports them in their work (7% among Local Authorities compared with 17% among non-Local Authorities). This gap has narrowed since last year; Local Authority stakeholders are still less likely to say they are very satisfied, but this difference is not considered statistically significant (15% among Local Authorities compared with 22% among non-Local Authorities).

Q.20d Overall, to what extent are you satisfied or dissatisfied that Public Health England supports you in your work?

■ % Very satisfied ■ % Fairly satisfied ■ % Neither/nor ■ % Fairly dissatisfied ■ % Very dissatisfied ■ % Don't know/not relevant



Base: All stakeholders (see above)

Source: Ipsos MORI

Data and analysis tools are widely used

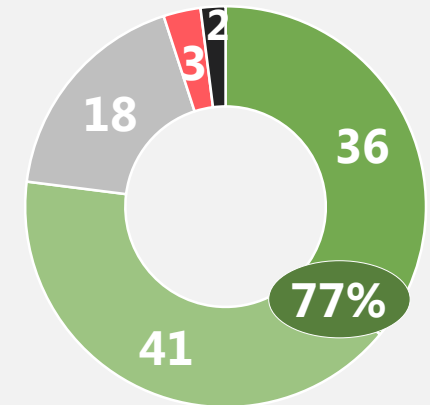
Use of PHE's data and analysis tools is high among stakeholders overall, but this trend is mainly driven by use among Local Authority stakeholders, with a high proportion of non-Local Authority stakeholders saying that this question is not applicable to them. Among Local Authorities, over three quarters (77%) use these tools a great deal or a fair amount.

Local Authorities find these tools useful for a range of purposes, the most common of which is for developing Joint Strategic Needs Assessments (91% say the tools are useful for this activity). A similar proportion find the tools useful for working with Clinical Commissioning Groups (including providing public health advice). For further detail see slides 15-17 in the separate appendix.

Q.12a ...How much, if at all, do you use the data and analysis tools provided by PHE?

(110 Local Authority stakeholders)

- % A great deal
- % A fair amount
- % Not very much
- % Not at all
- % Don't know
- % Not applicable



Local Authority stakeholders value the data PHE provides

Qualitatively, DPHs described PHE's provision of data tools as valuable and said they were used in various ways across their teams. This was seen as an important function for PHE to continue to carry out. For example, one DPH was using PHE's data tools as part of their work on Sector Led Improvement, and found it helpful for cross-council work. Chief Executives in Local Authorities also described the importance of the evidence and data PHE provides.

*"Use the profiles a lot - **very valuable and the way that's been expanded has been excellent.** JSNA pack on tobacco just been circulated...that function is very important."*

Local Authority - DPH

*"Around STPs and devolution pilot, being able to **tap into PHE for some support on data and analytics has been really, really helpful...**where local data systems are not great so [PHE's data] has been very helpful."*

Local Authority - DPH

There was some demand from Local Authorities for PHE to produce more tools to help them make decisions around finances, echoing the call for PHE to provide more support on return on investment and which interventions and measures they should be prioritising.

However, the quality of the data could be improved

It was suggested by a few stakeholders that PHE could be a bit more stringent around the quality of the data, and help users understand the limits of the data where relevant. The example of red status given to some data on the Fingertips tool was given; it was suggested that more could be done to help people understand whether they should rely on this data or not.

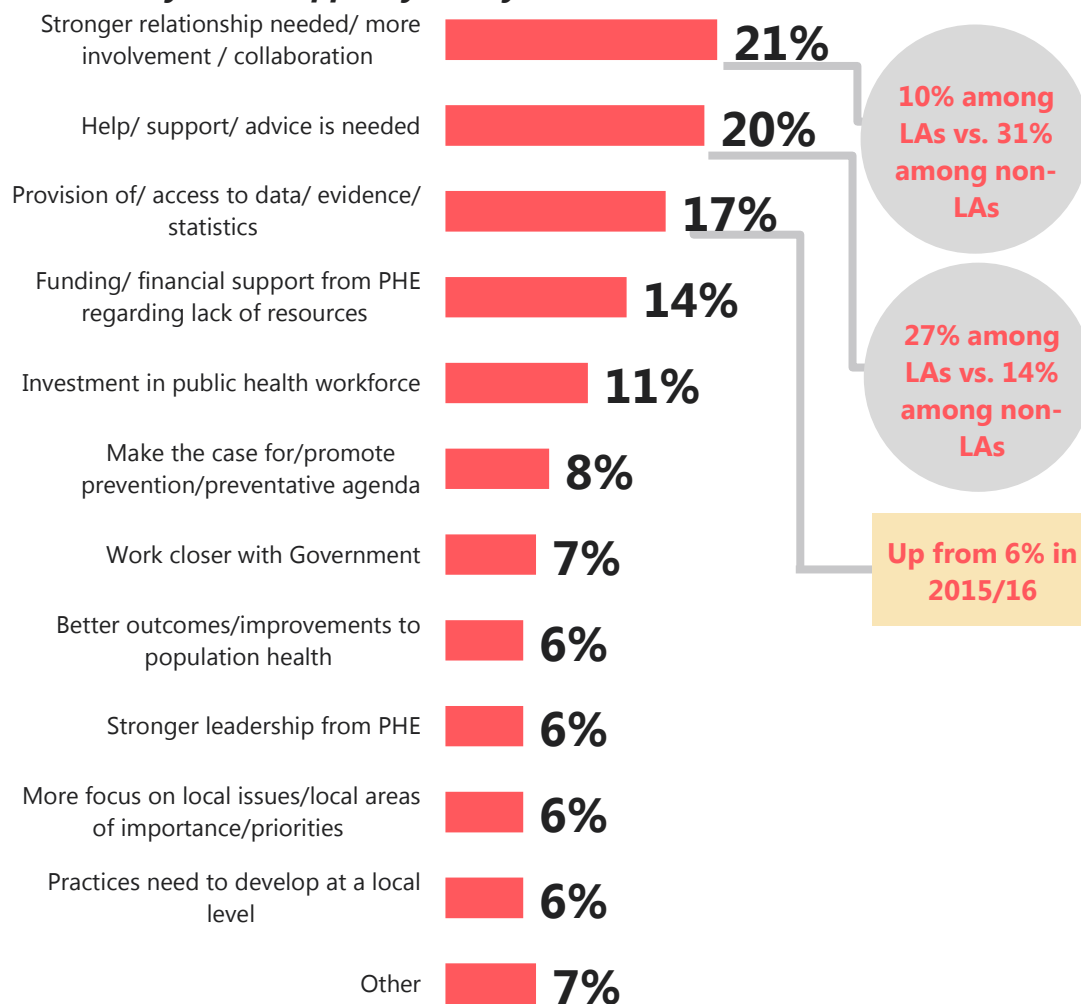
*"They should pay **more attention to the quality of the data** that they disseminate - they're not disastrous, there are other organisations that are much worse, but I think they might appear that they take the quality of data for granted, and that would enhance people's trust in what they do."*

Other

Source: Ipsos MORI

While stakeholders feel supported, there is room for further improvement

Q.27 What, if anything, will you need from Public Health England in the next year to support you in your work? 6%+ mentions



Base: All stakeholders (235)

The support stakeholders require from PHE remains similar to last wave.

Non-Local Authority stakeholders would like to see stronger relationships with PHE, while this is less important for Local Authorities – possibly because they already have a close relationship with PHE.

"I need a constant relationship with them. I need to meet with them regularly for information circumstances particularly in workforce and global health." (non-Local Authority stakeholder from quantitative survey)

Local Authority stakeholders would like increased help, support or advice from PHE – particularly around funding. Stakeholders are hoping to see a clearer focus on this from PHE in order to help address challenges from the changing system. This is addressed in more depth in the next slide.

"Continued support. May require help in preparing for the impact of the PH ring fence being removed at the end of 17/18." (Local Authority stakeholder from quantitative survey)

"Moral support! Help with the grant assurance process - the cuts are biting deeper each year!" (Local Authority stakeholder from quantitative survey)

Across all stakeholders there has been a rise in the proportion saying that they would like increased provision of, or access to, data.

"I know that PHE is working on this but the lack of access to the data we need since moving into Local Authorities is starting to have a real negative impact on our ability to do our work." (Local Authority stakeholder from quantitative survey)

Source: Ipsos MORI

Local Authorities have specific support requests

Sharing practical learning across the sector

Like they have in previous years, in the qualitative interviews Local Authority stakeholders called for more practical support to help them make decisions locally, particularly in the context of diminishing budgets. They called for better information about what to fund and what not to fund to help them set priorities. Specifically, they felt PHE could share information on the return on investment (RoI) of particular interventions as well as information on how other Local Authorities are managing the financial cuts and measuring the impact of the cuts.

It was felt PHE is best placed to provide this kind of support because of its oversight role across the sector.

*"We are cutting budgets and have to make decisions about what we're going to stop doing. So the **RoI on what to do and what to stop doing would be very, very useful**...Also how do we assess the impact of the cuts? That's a useful area for PHE - understand how other places have done that - are there methodologies to use?"*
Local Authority - DPH

*"I'd like to see more of **sharing case studies on the ground**, Local Authority work, to be held somewhere at PHE so there is a place where all the Local Authorities can go to find examples of good practice in particular areas. People in one area might be doing something terrific and that's really hard to share with other parts of the country."*
Professional Body

Support moving beyond particular interventions

Some Local Authorities were looking for more support from PHE on the 'bigger picture'; going a step beyond providing information on particular interventions, and instead providing support in long-term changes in workforce and service delivery.

*"What we need evidence of is not the RoI on individual interventions because we are moving way beyond individual interventions, but **help and support around fundamentally new models of care** - staffing roles, locality working, integrated teams - how you build health improvement into that rather than adding it on round the edges".*

Local Authority - DPH

...and rooted in an understanding of the different local contexts

It was suggested that PHE could be more flexible about the support they provide – being less issue-based and instead supporting Local Authorities to use their wider resources more creatively to reach the same ends.

*"Rather than saying 'these are all the health inequalities and you need to be focussing on this, and we're providing the evidence to highlight the problem', moving into a bit more solutions focus. So **understanding the levers that local government have** and helping Local Authorities think about how if they delivered this differently how they might deliver better outcomes."*

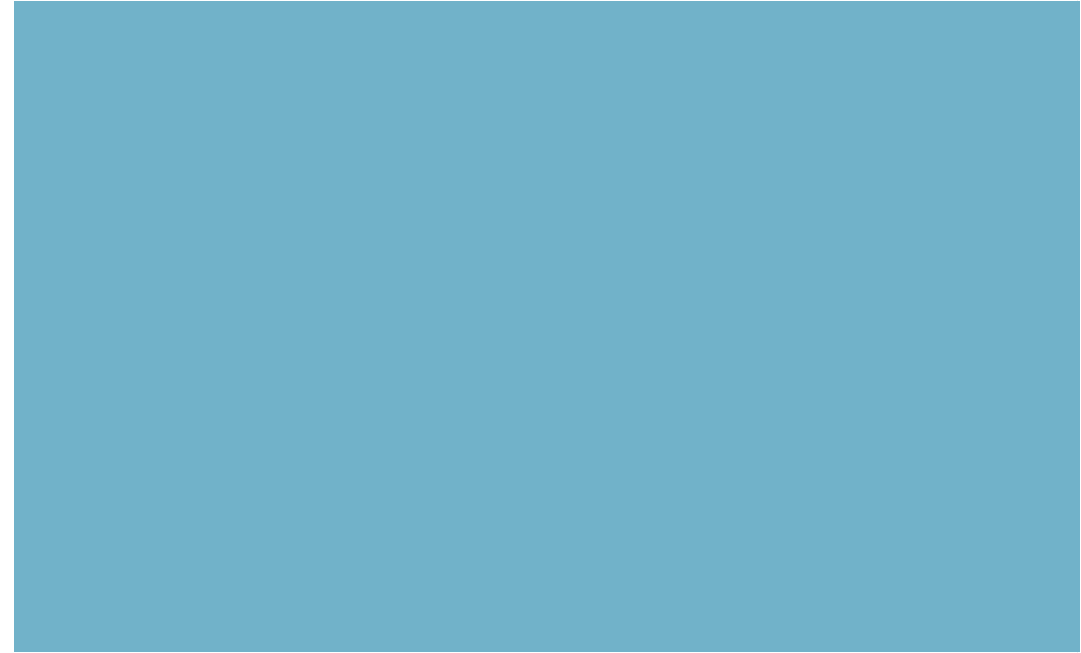
Local Authority - DPH

*"PHE is very wedded to particular interventions and methods of interventions rather than trying **to look flexibly at how we might use a broader resource to achieve an objective**. I'd like [the relationship] to be a bit more discursive and creative, looking at how we foster innovation."*

Local Authority – Chief Executive

Performance

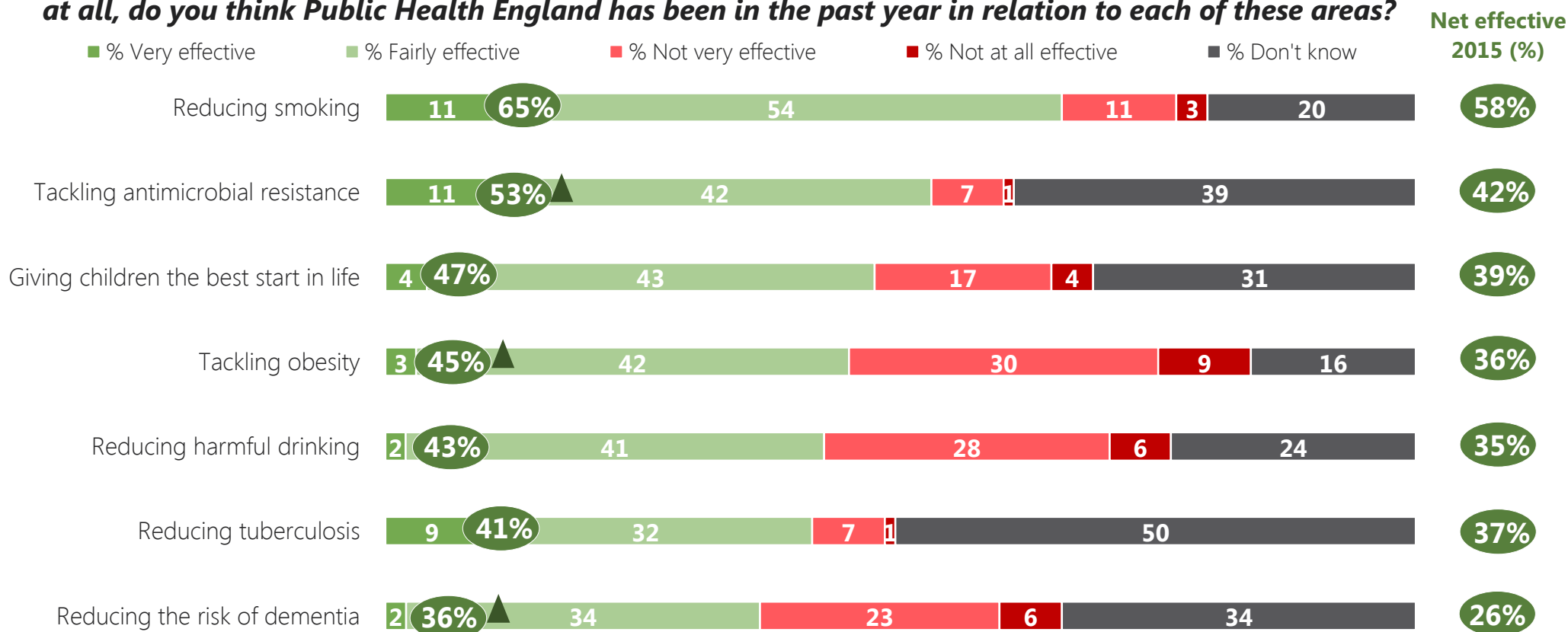
This section explores perceptions of PHE's performance in each of its key areas of focus, including an examination of the relative importance and performance of PHE's key functions.



PHE is seen to be increasingly effective

As in previous waves of the research, stakeholders perceive PHE to have been most successful in its work to reduce smoking. The area in which stakeholders are least likely to feel PHE has been successful is in reducing the risk of dementia – although this is driven by a high proportion of stakeholders saying that they don't know how successful PHE have been in this area. Despite the high level of 'don't know' answers, the proportion who think that PHE have been effective in this area has increased significantly since last year (36% in 2016/17 compared with 26% in 2015/16). Significant increases in perceived effectiveness are also seen for tackling obesity (45% in 2016/17 compared with 36% in 2016/17) and tackling antimicrobial resistance (53% in 2016/17 compared with 42% on 2015/16). The areas in which stakeholders are most likely to say that PHE has not been effective are in tackling obesity, and reducing harmful drinking though these are areas stakeholders feel better able to comment upon.

Q.8c Public health England is focused on securing improvements against the following key areas. How effective, if at all, do you think Public Health England has been in the past year in relation to each of these areas?



Base: All stakeholders (235), All 2015/16 stakeholders (267)

Source: Ipsos MORI

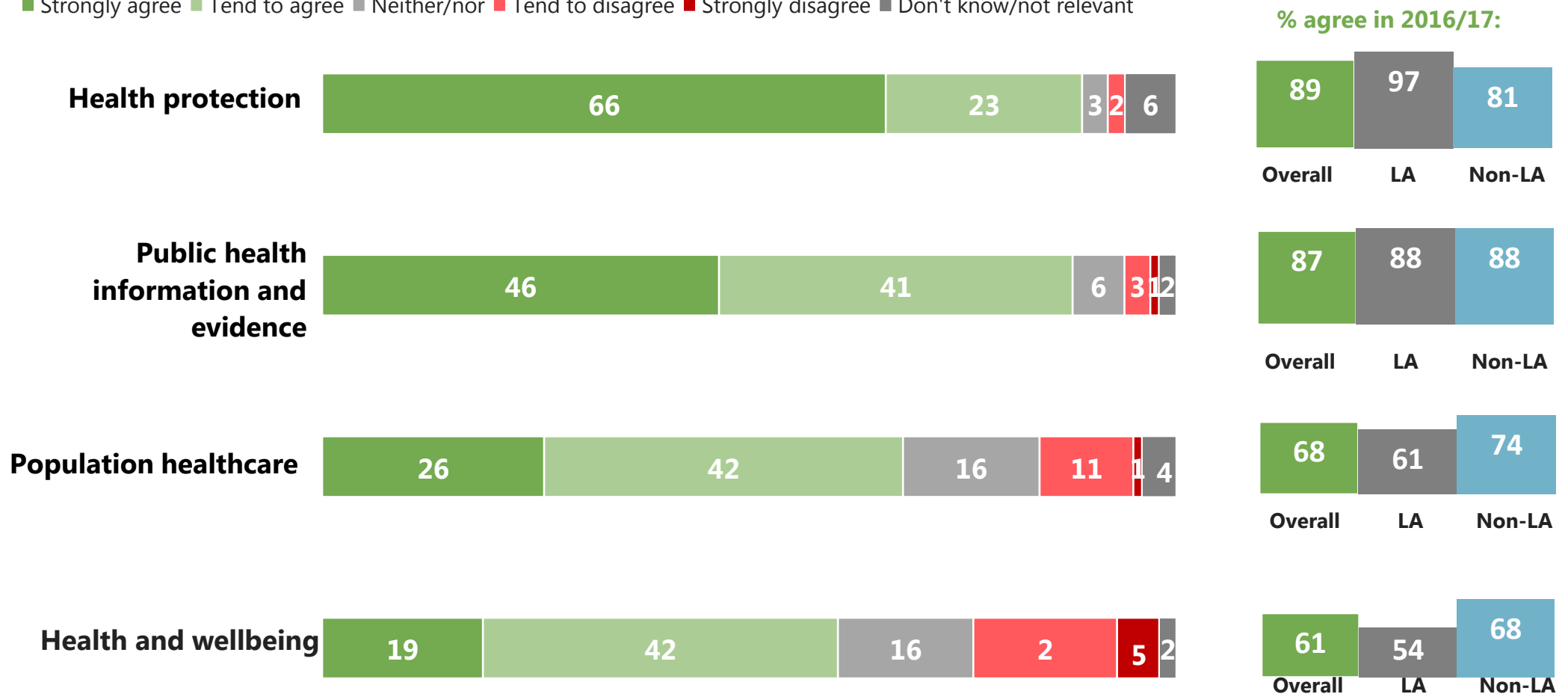
PHE seen as a first port of call for health protection

In line with previous waves of the research, close to nine in ten stakeholders (89%) agree that PHE would be one of their first ports of call for advice relating to health protection. Among Local Authority stakeholders this figure rises to 97% (compared with 81% among non-Local Authorities).

Non-Local Authority stakeholders are more likely to turn to PHE for advice on health and wellbeing matters compared to Local Authorities, though overall this does remain the subject matter stakeholders are least likely to turn to PHE as their first port of call.

Q.16 To what extent do you agree or disagree that "Public Health England would be one of my first ports of call for advice relating to..."

■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree ■ Strongly disagree ■ Don't know/not relevant



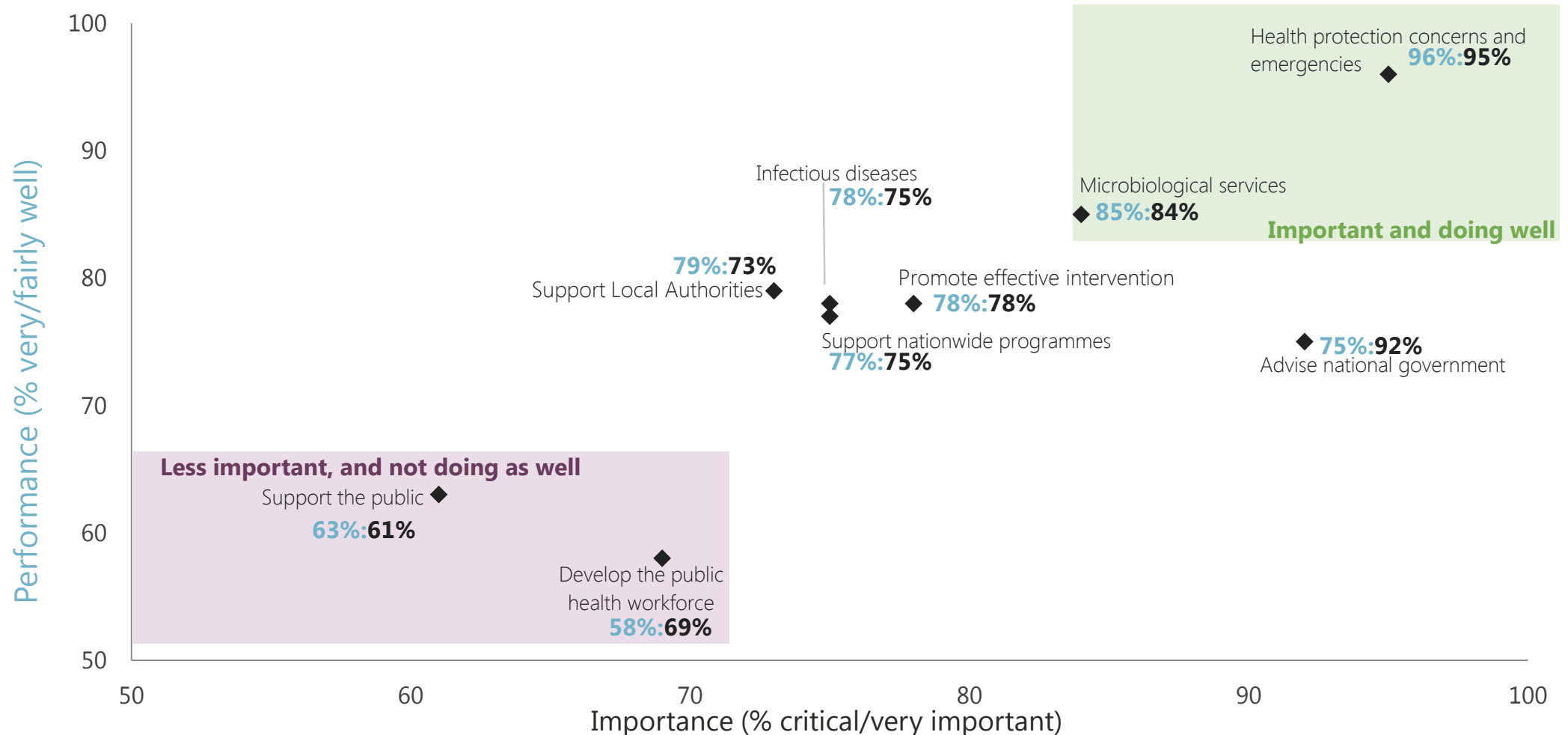
Base: All stakeholders (235), All LA stakeholders (2016/17: 110), All Non-LA stakeholders (2016/17: 125)

Source: Ipsos MORI

Health protection held in high regard by Local Authorities

Local Authority stakeholders' perceptions of the relative importance/performance of PHE's functions remain similar to previous years, with health protection seen both as both the most important of PHE's functions and the area in which it is performing best. Almost as important, but doing less well in terms of performance, is advising national government on public health issues – although there has been an increase in PHE's perceived performance since last year (see next slide).

Q10 How well, if at all, do you think PHE performs each of the following functions? / Q11 How important, if at all, is it for PHE to perform each of the following functions? Importance vs. performance: Local Authority stakeholders



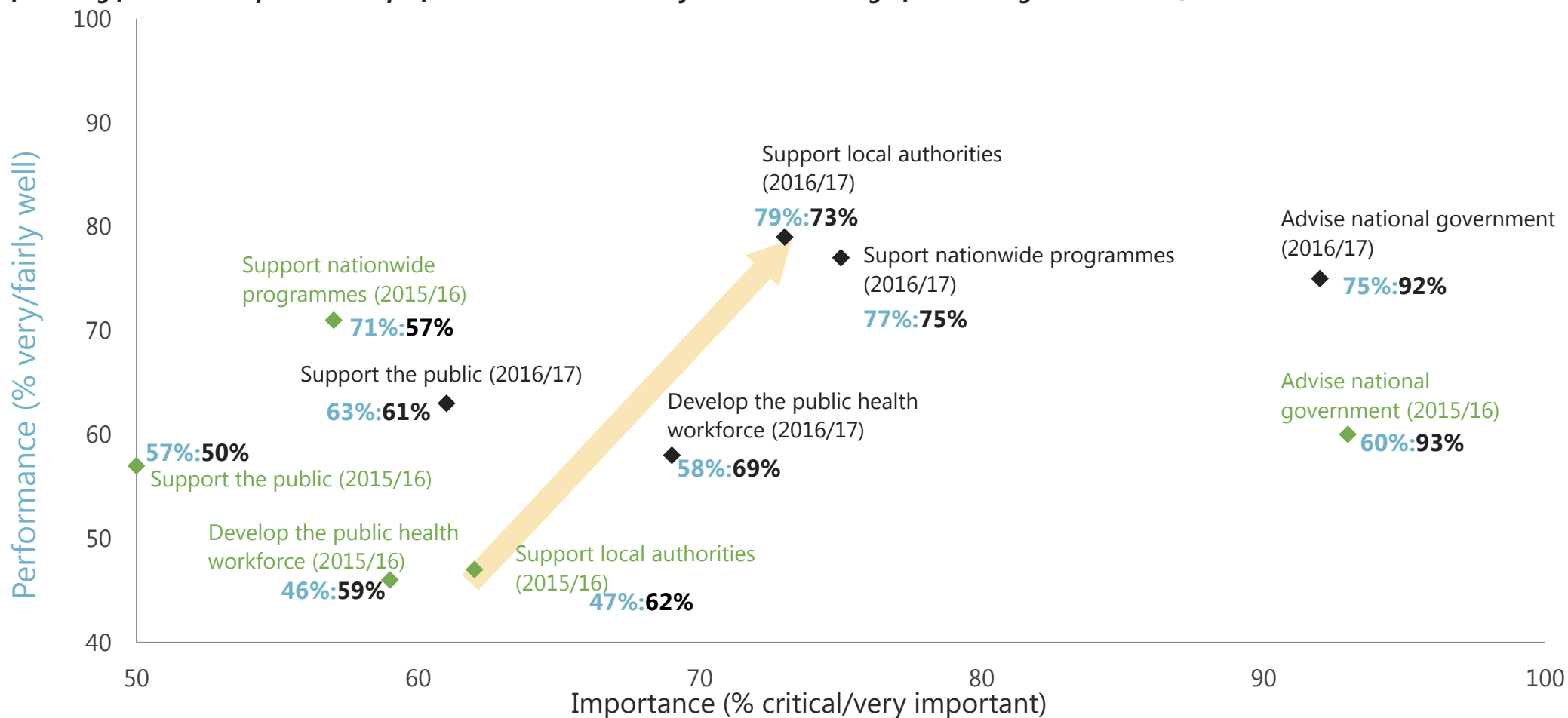
Base: Importance: All LA stakeholders (110), Performance: Base size varies for those LAs who selected as a function of PHE

Source: Ipsos MORI

There are positive shifts in Local Authority perceptions

Importantly, Local Authority stakeholders this wave (in black on the below chart) are more likely to emphasise the importance and performance of some of PHE's key functions compared to last year (in green). In particular, Local Authorities performance rating of PHE's support to them has increased notably from 47% saying PHE does this very/fairly well to 79% – echoing improved relationships between PHE and Local Authorities as highlighted throughout this report.

Q10 How well, if at all, do you think PHE performs each of the following functions? / Q11 How important, if at all, is it for PHE to perform each of the following functions? Importance vs. performance: Local Authority stakeholders – significant changes versus 2015/16



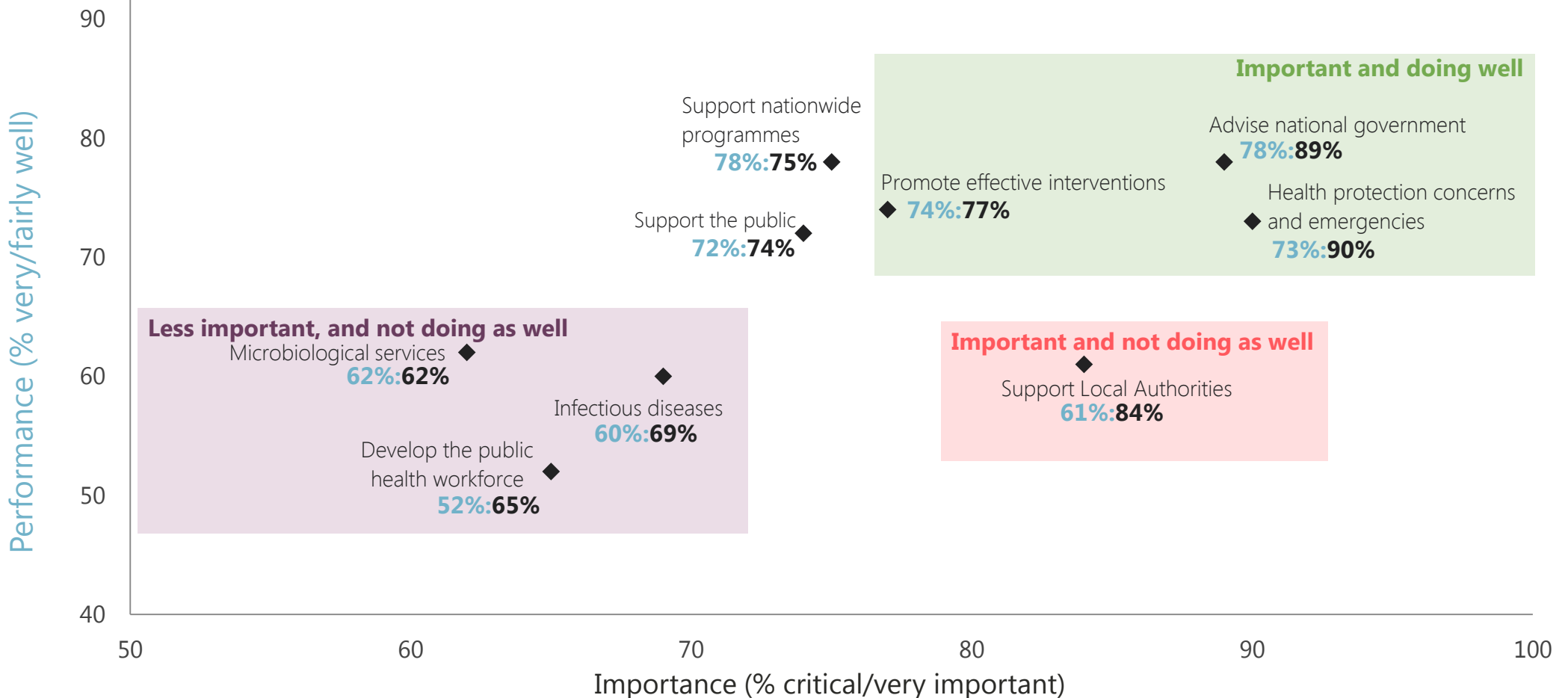
Base: Importance: All LA stakeholders (2016/17 110, 2015/16 117), Performance: Base size varies. Note: statistical differences over time not highlighted

Source: Ipsos MORI

Non-Local Authority stakeholders hold different views

As in previous waves, non-Local Authority stakeholders also feel that PHE's health protection role is important, as well as advising national government. They place more emphasis on the importance of PHE supporting Local Authorities than stakeholders in local government, however they are less likely to rate PHE's performance in this area highly compared to Local Authority stakeholders, suggesting that there are perceptions held by wider stakeholders about PHE's support of Local Authorities which do not match the reality of Local Authority views.

Q10 How well, if at all, do you think PHE performs each of the following functions? / Q11 How important, if at all, is it for PHE to perform each of the following functions? Importance vs. performance: Non-Local Authority stakeholders



Base: Importance: All Non-LA stakeholders (125), Performance: Base size varies for those LAs who selected as a function of PHEs

Source: Ipsos MORI

Workforce development could be improved

Recruitment is a challenge

As shown in the previous slides, for both Local Authority and non-Local Authority stakeholders, PHE's work developing the public health workforce is perceived to be the area in which it is performing relatively less well. This was also discussed in the qualitative interviews as an area of concern for stakeholders working in local government. Councils noted that it was a challenge recruiting new DPHs into post. This view was particularly strong among Chief Executives.

"One of the biggest issues is the public health workforce - it's **incredibly difficult to recruit great public health professionals** and there are a number of vacancies...what is PHE doing to foster and develop the public health workforce?"

Local Authority – Chief Executive

Local Authority Chief Executives want greater involvement and say in workforce development

Chief Executives in Local Authorities were also dissatisfied with the current process of recruiting DPHs. There was concern that councils were not given enough autonomy when hiring and developing their own public health professionals. It was suggested that PHE could engage the council as a whole in the process of developing the workforce, and give individual councils more say in how they recruit their own staff.

"When you appoint a DPH you have **to go through this rather archaic process including the Faculty and PHE...** I just hope they recognise that councils are critical partners of the workforce of the future [and so want to be engaged on the issue]."

Local Authority – Chief Executive

"**PHE should leave the role of DPHs alone...**It's still very frustrating that they are heavily in that space of determining whether people we appoint to local government are fit to be DPHs."

Local Authority – Chief Executive

Developing the workforce in the wider community

More broadly it was felt that PHE will need to take a more comprehensive approach to workforce development in the future that focusses on the different areas in which local government works, and ensures that public health remains an influence in all these different fields.

"[PHE will need to play a role in] workforce development/advising on the workforce - that could be **workforce in the wider community** e.g. people in communities, the fire service, the roles they could play, so shaping the space, shaping what good looks like in a place based health improvement plan."

Professional Body

And there are some areas where stakeholders would like

PHE to have a greater focus...

Stakeholders recognised that PHE has a vast remit, and is working in a huge range of areas. However there were a few areas in which they would like to see PHE have more of a focus in the future.

Integration: Stakeholders felt there was a role for PHE to have a stronger voice in helping develop integrated health services that focus on keeping people healthy. Particularly this is an area in which PHE could be having more of an impact at a local level.

*"PHE is **missing a trick in understanding their role in developing integrated health and social care** services. Everybody's doing it but I don't hear a lot from PHE about their role in the system, that bit at the bottom about understanding local need and helping people to lead healthier and happier lives is key but I'm not seeing them thinking about that, but I am seeing it from CCGs, GPs etc."*

Local Authority - DPH

*"We have really **struggled locally to get prevention really at the heart of that integration agenda**, I think that's a place where PHE should be, they should be shouting from the rooftops. NHS is making all the right noises but I don't hear PHE in that space."*

Local Authority – Chief Executive

Social Care: Connected to this, it was also suggested that PHE could have more of a focus on social care, something stakeholders were not seeing at the moment.

*"They **don't speak up enough about the importance of investing in social care**. So the 'hoohah' about sugar...you don't hear that about social care. It's a debate happening in local government and they should be there."*

Local Authority – DPH

NHS Commissioning: Stakeholders also suggested that PHE could have a stronger influence in getting public health into the heart of NHS commissioning decisions. There was some concern that the 2012 Health and Social Care Act had separated public health professionals from the NHS by placing them within Local Authorities. Though this shift overall was supported, there was concern that it also split public health professionals across different employers; the NHS and Local Authorities, risking the extent to which the two could work together, pool resources, and ensure public health remains at the centre of any discussions happening about the NHS. Stakeholders were keen that this split would not happen and that public health remains a strong influence in all discussions happening about the sector.

*"The changes in 2013 that created PHE moved the local public health to Local Authorities. I can absolutely get the reasons...but I think we've lost something in the NHS about having those people in commissioning. I **don't think all commissioners have the same amount of public health input** as perhaps they used to have."*

Agency

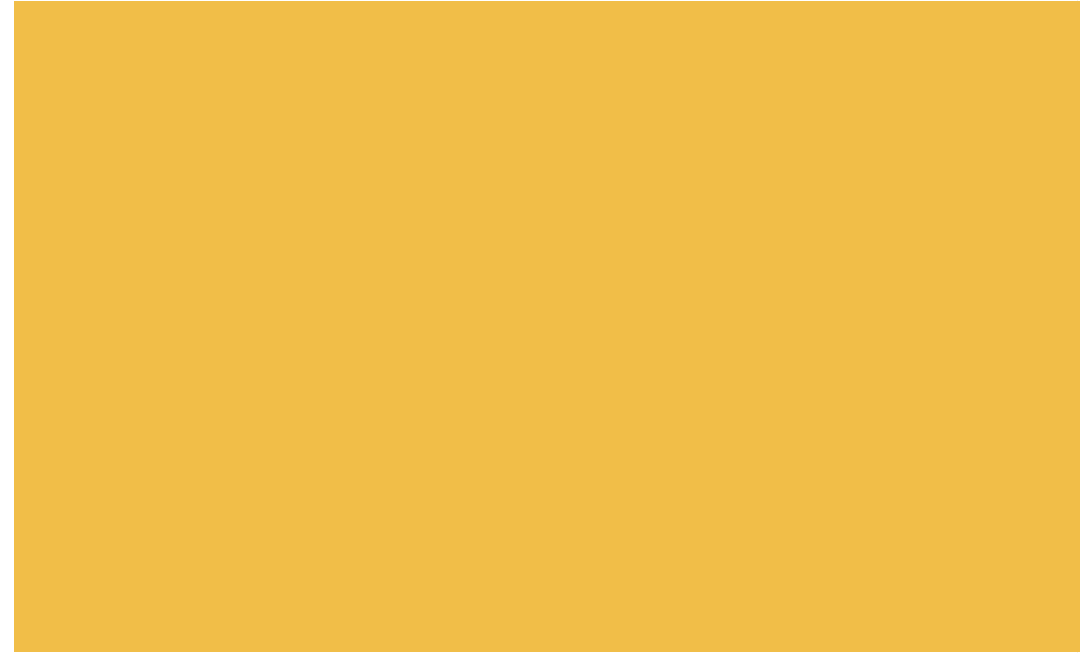
*"In the **old world your DPH was round the table at every conversation**. Now the public health voice isn't, perhaps more at a local level, but it's not in my tier, it's not a regular part of the conversation."*

Agency

Source: Ipsos MORI

Impact

This section looks at the areas in which PHE is felt to be having an impact, including areas and ways in which stakeholders feel PHE can increase its impact.



PHE's impact has been raising the profile of public health

Ensuring public health remains a focus for the sector

As discussed previously, stakeholders in the qualitative interviews felt that one way PHE had been influential was bringing more authority and credibility to the public health and prevention agenda at a national level than would be possible without an agency dedicated to it. The importance of this should not be underestimated; stakeholders were reassured that by having PHE there, the sector was encouraged to retain a focus on health and wellbeing rather than just health outputs.

"I think with the absence of PHE you wouldn't have any voice for the broader public responsibility and engagement with health. **It would just be a system that produces outputs** - you'd just talk about 7 days services, and hospital mortality."

Other

"PHE is very influential – **public health is now much better understood within government**. Prevention is always going to be the Cinderella issue but having an agency dedicated to it will always allow it to have a better sway."

Agency

"I really do think that without having an organisation like PHE I do think **public health and prevention would struggle** even more to get its place at the table."

Local Authority - Chief Executive

Influence across the sector

Stakeholders continue to see PHE have a far reaching impact across the sector. They felt that it had a good reputation with a large group of stakeholders, and was impactful both in terms of the work it has been producing over the past few years and the relationships it has been fostering. It was felt that PHE is on a positive trajectory in this regard.

"They have good personal relationships and an impressive group of stakeholders that they work with. They are **influential with that group and with government**. Their Change4Life campaign, communications on food, policy stances have been outstandingly good."

Agency

"I think **PHE has done really well in terms of its profile**, I think it continues to be on the ascendancy. I think it's done very well in its work on childhood obesity, I think there is some lovely work they've been doing around the evidence reviews - they've been enormously helpful but have also been very impactful and have raised their profile considerably and I think they should be congratulated."

Other

An authoritative, scientific and credible voice

PHE is also seen an authority responsible for providing a national oversight for public health that is scientifically robust. Stakeholders looked to PHE to bring a focus and framework to their work, and crucially an objective view of the evidence that was essential in a science driven field. This has also given PHE international recognition.

"It's a **science driven business and you need some kind of authority**, an organisation that can quickly synthesise and communicate what the latest research is saying and what is and isn't effective, we'd miss that."

Local Authority – Chief Executive

"It is considered **very solid what comes out of PHE especially on the science front**...Example is burden of disease study in the Lancet. Not many countries do these studies and if they do, they don't do it to the same level of expertise...This is a serious player."

Other

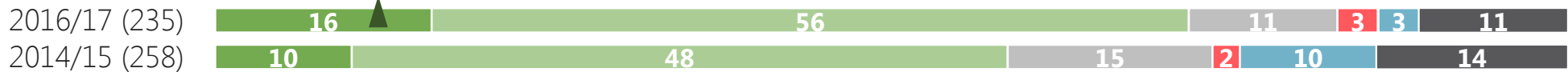
Source: Ipsos MORI

PHE's perceived impact is rising

PHE is perceived to have the most positive impact on national government (72%). This is consistent with previous waves, although like all other areas of PHE's work, it is seen to have more of an impact here this wave than it has in previous years. The greatest perceived increase in impact is on the public (59% in 2016/17 compared with 38% in 2014/15). Across other audiences, only a very small minority believe PHE has had a negative impact.

Q.15 What impact, if any, has Public Health England had on...

...National government



...Local government



...The public



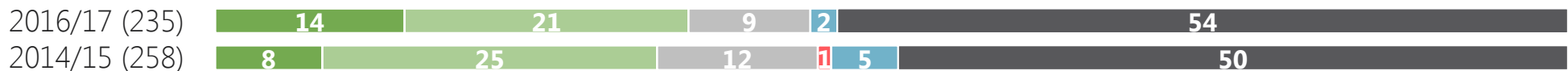
...The NHS



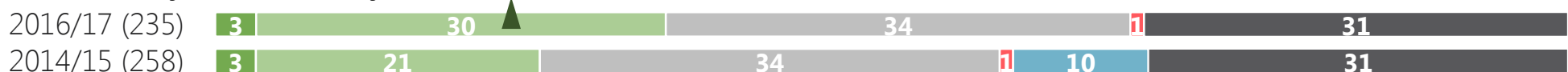
...The scientific and academic community



...The international community



...The Voluntary and Community Sector



■ % A large positive impact
 ■ % small positive impact
 ■ % It has made no difference
 ■ % A small negative impact
■ % A large negative impact
 ■ % Too soon to say
 ■ % Don't know/not relevant

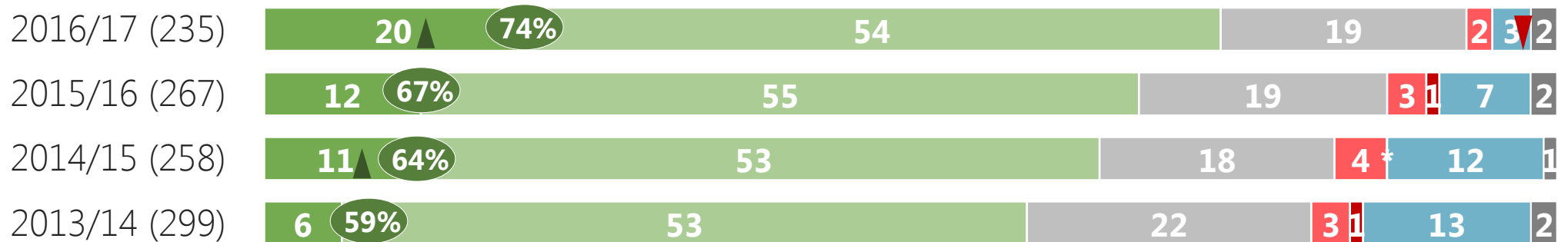
Base: All stakeholders (see above)

Source: Ipsos MORI

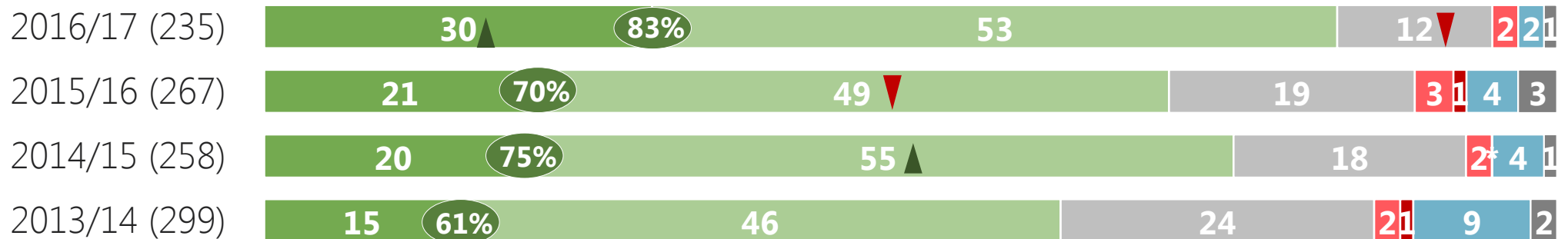
Stakeholders are also increasingly likely to say that PHE has had a positive impact on their work and organisation

Q.14 What impact, if any, has Public Health England had on...

...your organisation



...the work that you personally do



- % A large positive impact
- % A large negative impact
- % small positive impact
- % Too soon to say
- % It has made no difference
- % Don't know/not relevant
- % A small negative impact

Base: All stakeholders (see above)

Source: Ipsos MORI

PHE's impact on Local Authorities has been broadly positive

Broadly, stakeholders were positive about the transition of public health into local government, and felt that Local Authorities were making positive steps to ensure that local government policy had a public health focus. They felt that PHE had largely been having a positive influence in local areas.

*"The transition was incredibly smooth. **Local Authorities are now thinking more seriously about the health impact they have.** PHE played a role in this - respecting us, being positive about it, issues were dealt with in a quiet way. This will be very important if and when it shows its teeth."*

Other

PHE having a big impact in terms of health protection

Where PHE is seen to have had a particular impact is in the area of health protection. DPHs in Local Authorities said they were hugely dependent on PHE for its health protection function, and pointed out that this function does not duplicate any of the work that Local Authorities are carrying out themselves. Some noted that resources had been removed from health protection in the past year – and although they had not seen any shift in PHE's offer so far, they were keen to ensure that this offer remains unchanged.

*"Where they're seen as **really valuable has been dealing with health protection issues.** That is valued and recognised...their willingness to take the lead on communications - that is seen as very positive."*

Local Authority - DPH

Funding has been a challenge

However, they noted that funding had been challenging, and although progress has been good, limited resources has limited the efficacy Local Authorities feel they are able to have in the area of public health. They noted that this is something out of PHE's control, although they did suggest ways PHE could support them, as discussed previously on slide 37.

*"What's had a negative impact is the grants and the sheer level of austerity that's hit the council. So the council is very, very focussed on the bigger picture so history will say **this is a missed opportunity because of the cuts to Local Authorities.**"*

Local Authority - DPH

Flexible approach to local needs would allow greater impact

For some stakeholders, PHE's impact on Local Authorities is seen as patchy. The success of the transition of public health into Local Authorities was described by one stakeholder as a 'postcode lottery' due to funding, the council culture or strength of the DPH. They felt that PHE needed to develop a more sophisticated and flexible approach to ensuring that public health is being delivered in a way that suits local needs and resources.

*"The downside is the funding which has reduced significantly. Support needs to be **flexible, responsive, with care taken not to duplicate work** already happening at the local level. Continue to champion Local Authority public health."*

Professional Body

Source: Ipsos MORI

But PHE's impact can sometimes be limited

PHE can struggle to be at the 'top table'

Stakeholders emphasised the importance of PHE being a strong voice at a strategic level, championing the importance of population health and ensuring there is continued investment in prevention.

*"There **needs to be a strategic voice at the top table with ministers and DH** and other health leaders talking about the criticality of population health and prevention and the role of councils in terms of the wider determinants of health."*
Local Authority – Chief Executive

They noted however that it can be difficult for PHE to be part of the top level conversations when the focus is on operational priorities of the NHS. As a result, getting the voice of PHE heard was seen to be a challenge. This led some stakeholders to question how influential PHE is because of these circumstances.

*"I spend quite a lot of time in meetings with the Secretary of State and other ministers...I very very rarely see PHE in those meetings...the **opportunity to get their voice across I don't think is as high for PHE**. I do think they get put into a silo - it isn't their fault."*
Agency

*"One of the **problems of trying to get traction in this area is you've got a crying baby in the system** - the hospital/NHS sector - everybody is thinking short term and it's all about the NHS and I think that's a problem for PHE."*
Professional Body

Not enough focus on 'doing'

As discussed already on slide 24, stakeholders noted that there was sometimes a lack of follow-up from PHE, which limited the effectiveness of stakeholder engagement. Similarly, stakeholders saw PHE as good at highlighting problems through evidence reviews for example, but not as effective at being action-orientated. This was also something stakeholders noted last wave. They want to see PHE focus on turning evidence into action; going beyond strategising and towards practical implementation.

*"They're very good at writing reports and giving you insight into a particular issue that you may not have thought about or realised was important but they're **less keen about then putting that in action**...They're good at telling people what to do but less good at doing it."*
Agency

Source: Ipsos MORI

Its important for PHE to be engaging on STPs

Stakeholders expect PHE to have a voice on STPs

Stakeholders both nationally and locally were looking ahead to collaborating more with PHE as STPs come into force, particularly because of PHE's connections with local government. They felt that PHE's influence on STPs would be critical, to ensure that time and money is invested in prevention, and that the sector retains a focus on public health.

*"I can't help thinking...why we're two separate relationships [NHS and Local Authority], but that's down to legislation not anything PHE can control. Could work closer together and as we try to develop a way of **working around the STP footprints we probably could be collaborating better.**"*

Agency

*"A **PHE perspective on [STPs] matters a great deal in the national narrative** about where we spend our time and money, it's an uphill task that we have to persuade [the NHS] to invest in prevention, they get it intellectually but the practicalities of short term financial problems put it at risk and we absolutely need PHE to be round the table championing that."*

Local Authority - Chief Executive

Some stakeholders already working collaboratively with PHE

Some stakeholders in Local Authorities had already been working closely with PHE on STPs. For example, one DPH spoke about PHE providing well-received support, for example jointly chairing a prevention steering group, providing the intelligence, helping to identify priority areas for action.

*"There's more interface with other areas other than health protection. The STP...there's a **clear direction from the centre director that the STP is important** for PHE and that's been a consistent message which is helpful, and backing that up with support to me."*

Local Authority - DPH

Some stakeholders would like more engagement

However, others said that they had not seen PHE retain a focus locally on the STP after initial engagement.

*"STPs - that started with senior team in PHE playing an important role in linking with local government around it, but then it just disappeared. **I haven't heard anything in the last 6-8 months.**"*

Local Authority - Chief Executive

PHE can still influence government more visibly

Stakeholders trust the work PHE carries out

All stakeholders who took part in the qualitative interviews had trust in the work that PHE carries out. Stakeholders were very positive about the evidence reviews and the use of experts in them, and felt that that over the past 2 years PHE had demonstrated a willingness to communicate difficult messages. This is reflected in the quantitative findings; the majority (69%) agree that PHE is independent, and only one in ten (13%) disagree that PHE is independent. This is in line with previous waves. See slide 18 in the separate appendix for more detail.

*"I think they're **increasingly trusted, respected**...They were set up to be one step removed from government and independently provide the best public health evidence to government and they are doing those things."*

Voluntary and Community Sector

Be bold in pushing government

However, there are still concerns about how independently PHE works from government. Like in previous years, stakeholders acknowledged that PHE is in the difficult position of providing the evidence in a challenging political climate. However, on balance it was felt to be essential that PHE champions public health issues more vocally and maintains a strong influence on government, even though stakeholders recognised this was a difficult role to carry out.

*"They need to be in the space of **publically criticising where they believe the health of communities are not best served** by particular policies, I realise that's a really tricky thing to do so I'm not overly critical but we have to find the right path. There are times when the leadership needs to be very vocal and visible."*

Local Authority - Chief Executive

Help stakeholders understand what work is happening 'behind the scenes'

Stakeholders who were close to the internal workings of PHE noted that they were aware of the pressure it exerts on government behind closed doors. They said that PHE could communicate its role a little more vocally or explicitly to help stakeholders who were one step removed from these discussions, to reassure them that PHE is doing all it can to influence government.

*"I get the politics of it but I think PHE could do a little more with its stakeholder community **to say 'look hang on guys this is what we're doing**, this is our role, this is how we're going to hold people to account'...I think it would be helpful for the wider public health community to understand that role that PHE is playing... if you're close you know that but if you're a bit removed this is a bit hazy."*

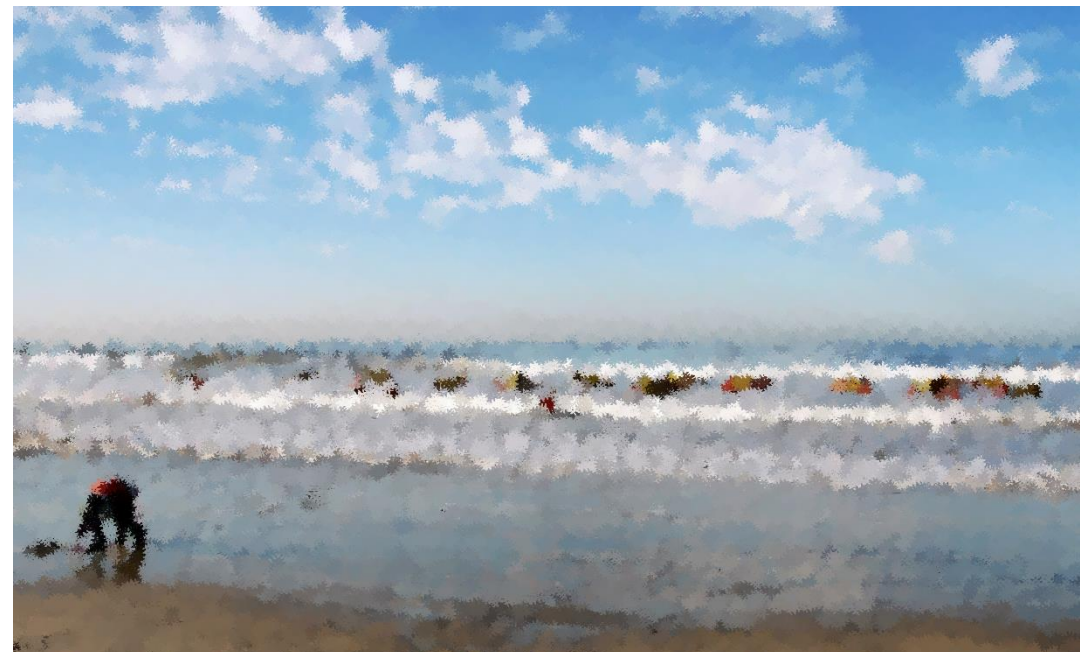
Voluntary and Community Sector

The example of the obesity strategy was given, where there was some criticism that government policy did not reflect all the recommendations outlined in the evidence review. It was suggested that PHE could do more to bring stakeholders 'behind the scenes' to demonstrate to the wider public health community what work they are doing to ensure the messages are landing in government and that the appropriate action is being taken.

Source: Ipsos MORI

Looking ahead

This final section looks to the future – exploring stakeholders' thoughts on PHE's role in the future and their relationship with PHE, as well as identifying implications from the research for PHE's consideration.



The role for PHE in future

Keeping the pressure on the system to have a prevention perspective

Overall, stakeholders were highly positive and supportive of PHE and the progress it has made since 2013. Stakeholders wanted PHE to continue along this positive trajectory, and as they have in previous waves of the research, become even more of an effective voice advocating public health nationally, standing up to government and championing the importance of prevention. They recognised this as a challenge, but as budgets are being squeezed, the importance of PHE's success was seen as more critical now than it has ever been. It is therefore a challenge that stakeholders do not want PHE to fail in; as such there is high levels of investment in PHE, and stakeholders want to see its influence broaden.

*"PHE has more of a problem when it comes to funding as **they're seen as an easy target when money is tight...**the only way that we will continue to provide a healthcare system that's affordable is focussing on a system that prevents people from being sick and not in a way that sees them as the 'fun police' - you mustn't do this and you mustn't do that, but focusses on having the debate more widely across the population."*
Agency

*"In an ideal world **PHE would become more influential and have more of a say on policy development**, certainly evaluation and implementation. As it grows in confidence it could do more of that. Build this really strong sense that PHE is holding people to account - this power house of public health expertise and that was really meaningful and influential."*
Voluntary and Community Sector

Collaborative working across the system

Stakeholders want to work together with PHE to achieve its aims. They want PHE to maintain an influence across the sector, and recognise that to do this it will need to work closely with its partners – both across Local Authorities, and the health sector. Stakeholders did not feel that PHE needed to necessarily change to ensure it was having this influence, but continue to work collaboratively with them in the future. In particular, it was suggested that closer working with other ALBs would be crucial to ensure PHE has a sector-wide influence.

*"PHE needs to **keep its profile high and actually raise it further**, work on integration to make sure we don't have a separate tribe of people working in public health in Local Authorities/NHS, make sure role and function is properly installed and communicated, and keep their key partners updated on their priorities so we can help on delivering those, and keep us all focussed on health."*
Agency

*"I think we need to **bring all of the ALBs a little bit closer**, get in the habit of working more closely together, expanding the number of staff embedded in our structures."*
Agency

*"There's something about **greater collective work with the other ALBs** at all levels."*
Agency

Future relationships with Local Authorities

Respecting sovereignty vs. holding to account

As discussed previously, Local Authorities want PHE to show respect for the sovereignty of local government but were divided on how well PHE currently does this. It was suggested by some that PHE does this effectively, but that in future PHE may begin playing more of a role holding Local Authorities to account and ensuring that its strategic aims are being delivered.

*"What does PHE do when someone is not performing as they should on their overarching strategic aims? What does PHE do that maintains respect for local government sovereignty? Fire off a letter? Use local and regional networks to come together and offer practical support? Soon its going to get to the stage where **PHE will have to show its teeth**, and show parliament money is being spent in the right way."*

Other

However, others – using the example of appointing a new DPH or managing the public health grant – felt that PHE had more control over local government than councils were happy with. They called for greater independence from PHE to do what they feel is best for their local communities.

*"Local government are fiercely independent, our boundaries are our boundaries, **our sovereignty is our sovereignty so any suggestion of someone in that space creates a tension**...it's the trappings of the relationship that can sometimes get in the way."*

Local Authority - Chief Executive

Continue with health protection and best practice

Local Authority stakeholders unanimously called for PHE to maintain its health protection function in the future; something that is already seen as a key strength of the organisation. As discussed previously, they also saw PHE as uniquely placed to share learnings from across the sector, and help local government learn from what is happening elsewhere.

Business rate retention will impact relationships

Local Authorities also expect that they will become more independent as their funding changes. Stakeholders suggested that PHE will need to re-address its relationship with local government as the grant ends and business rate retention comes into force. Local Authorities are looking ahead to a time when they are responsible for their own funding, and this is likely to change the terms of the relationship with PHE, as they will be funding and determining their own public health approaches independently.

*"If business rate retention proposals come into force **we will effectively be funding public health through locally generated income** as opposed to the grant, it still feels as though we are here to deliver what they want us to deliver in the way they want us to deliver."*

Local Authority - Chief Executive

*"One of the things that will have to be sorted out is the business rate retention, so the bucks stops with Local Authorities but the problem with that is it leaves you struggling to say **what is the role of PHE in that new environment**. When you've had the grant coming in, it was clearer. One assumes it will still be providing evidence and things, but that support, that will be much more complicated. That's something that needs to be sorted out in the next year."*

Professional Body

*"Constant reminder of **the value of health protection**. If PHE lost that contribution at a local level, I think people would ask what's the point...Also that information intelligence – **what's happening elsewhere** and what could we do better as sector indolence - that could be a very valuable role for PHE."*

Local Authority - DPH

Source: Ipsos MORI

Implications for PHE (I of II)

This research has highlighted a number of ways in which PHE can improve its relationships with stakeholders and continue along its positive trajectory:

- Stakeholders at a national level want PHE to continue their current behaviours – working closely with them and making the most of the value stakeholders can add to its work. Stakeholders are very positive about the quality of engagement they already get from PHE, but they would like more of it – in particular **engagement that comes proactively from PHE.**
- Stakeholders who are close to PHE understand its role in relation to government, and the pressures PHE exerts ‘behind the scenes’. However, stakeholders suggested that PHE could **more visibly offer constructive challenge** to government, or at least help stakeholders understand the nature of discussions had.
- PHE’s distinct and valued role in the sector is as a trusted and independent provider of evidence. Stakeholders depend on PHE’s function in this area. However, a number of stakeholders said that they would like PHE to move beyond the provision of evidence, to **a more action-orientated role**, ensuring conversations are followed through and that change is pushed through the system.
- Across the sector, stakeholders are invested in the success of the public health and the prevention agenda to relieve pressure on health services in the future. In order to ensure this happens, they **want PHE to be round the top table** more consistently than it is at present. This involves continuing to work closer with Other Government Departments and other ALBs.

Source: Ipsos MORI

Implications for PHE (II of II)

The research has also identified some areas for improvement at the Local Authority level:

- Stakeholders in Local Authorities want PHE to focus on what it uniquely can do, being sure not to duplicate work being done at the local level or elsewhere. Crucially, **they depend on PHE's health protection function**; it is here where PHE is able to add value as it does not replicate any of the work already carried out within Local Authorities. This view was particularly strong among DPHs. These stakeholders were very positive about the quality of PHE's work in health protection and do not want to see it changed; they therefore want PHE to maintain its focus here.
- They also want PHE to take **a broader and more flexible approach to local government**, to ensure that support is fit for local needs and resources:
 - Both DPHs and Chief Executives of Local Authorities want PHE to broaden the support it offers to **ensure that public health is embedded in all the areas of work that they carry out**. This will be particularly important as the public health workforce changes, and stakeholders in Local Authorities want PHE to play a greater role in shaping the future public health workforce across the different areas of local government's remit. They also want PHE to be assisting Local Authorities in establishing prevention within new models of care and changing delivery landscapes.
 - They would like PHE to **help Local Authorities use the existing resources** they have, to allow them to have an impact on the specific public health issues in their area. Support therefore needs to be more tailored to the Local Authority by helping them to maximise prevention through more creative use of their broad resources and reach.
- Stakeholders in Local Authorities are looking for PHE to identify its role following impending changes to funding arrangements. They want PHE to ensure that it does not overstep the mark in terms of its oversight of Local Authorities, and maintains its respect of their sovereignty, whilst continuing to provide the support they value.

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