

The background of the slide is a photograph of a bright blue sky with large, dark, billowing clouds. Sunlight is breaking through the clouds, creating a dramatic, high-contrast scene. The text is overlaid on this background in two white boxes.

**Public Health England**

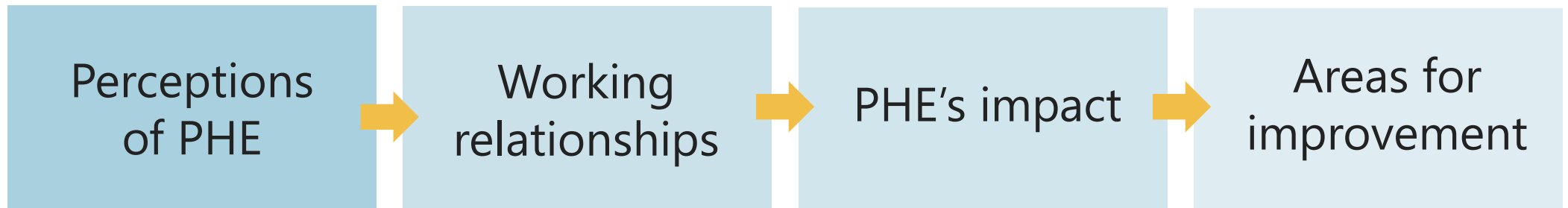
**Stakeholder review 2017/18**



**Ipsos Public Affairs**

# Objectives and methodology

## Stakeholders' views on...

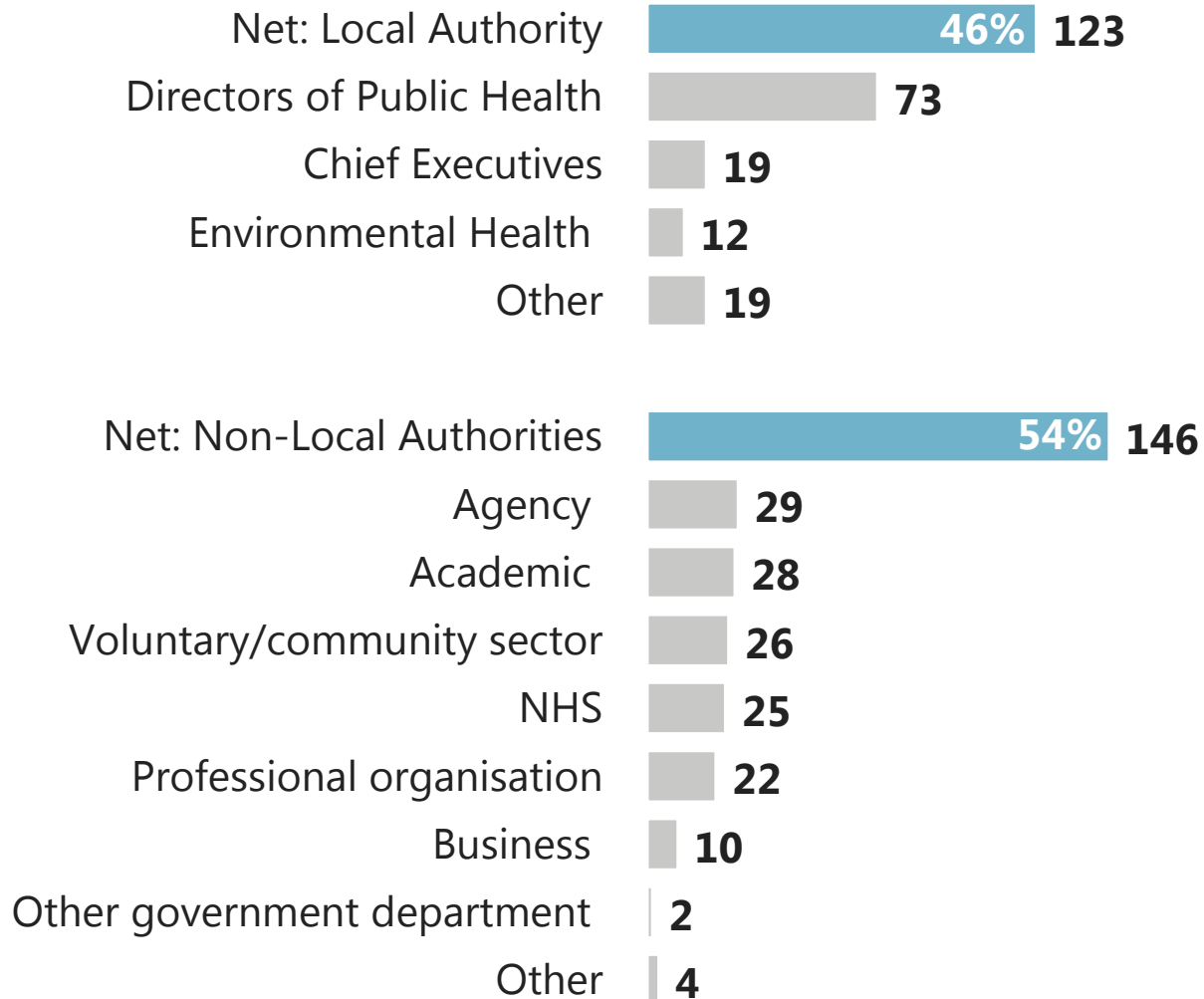


## Methodology

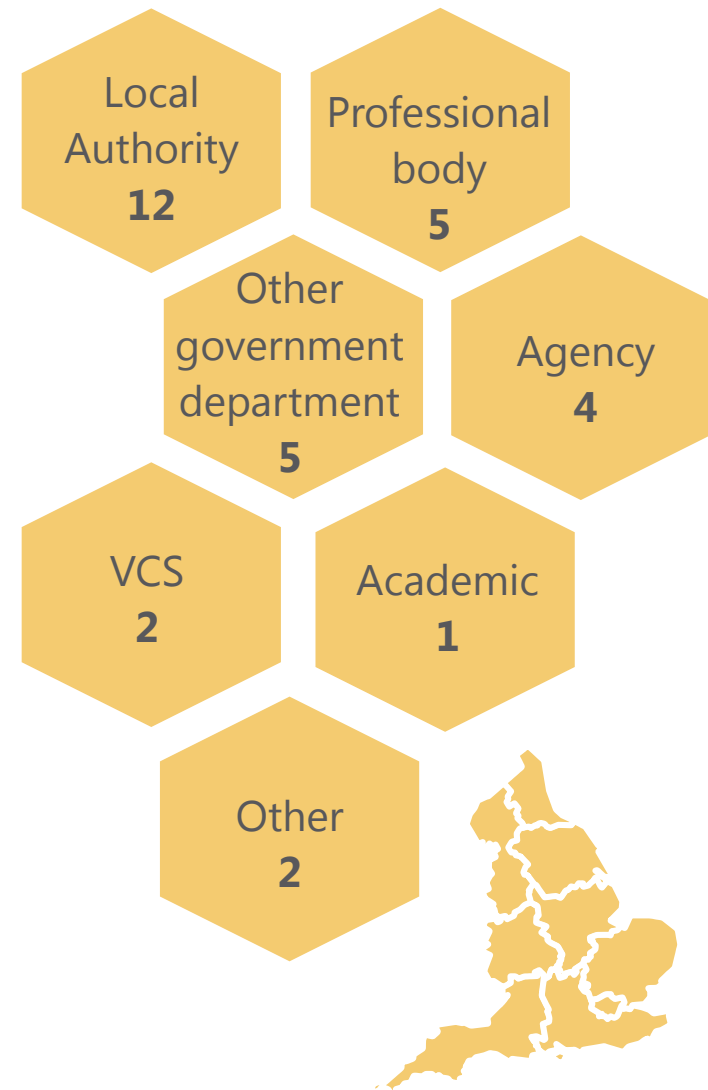
- **Immersion interviews with 4 senior directors within PHE**
- **30 qualitative depth interviews**
  - Including 12 interviews with Local Authority stakeholders
  - 13 November – 8 December
- **Online and telephone survey**
  - 269 completes
  - 38% response rate (consistent with previous years)
  - 30 October – 8 December

# Sample profile consistent with last year

## Quantitative



## Qualitative





# How is PHE perceived?

## PHE continues to be well-respected

PHE's staff and leadership team are **passionate** about the public health agenda and show high levels of **expertise**

Critical in the contribution of **intelligence** and addressing **health protection** issues

*They really, really care about the public health agenda and the difference it can make to local communities. They really speak from the heart."*

**Agency**

## Though some ambiguity of roles persists

1. Between **PHE and DH**
2. At the local level between PHE, Local Authorities and the NHS in relation to **issues of health protection**
3. Role of **PHE's centres** remains unclear to some national stakeholders

*There is some ambiguity around health protection arrangements."*

**Professional body**

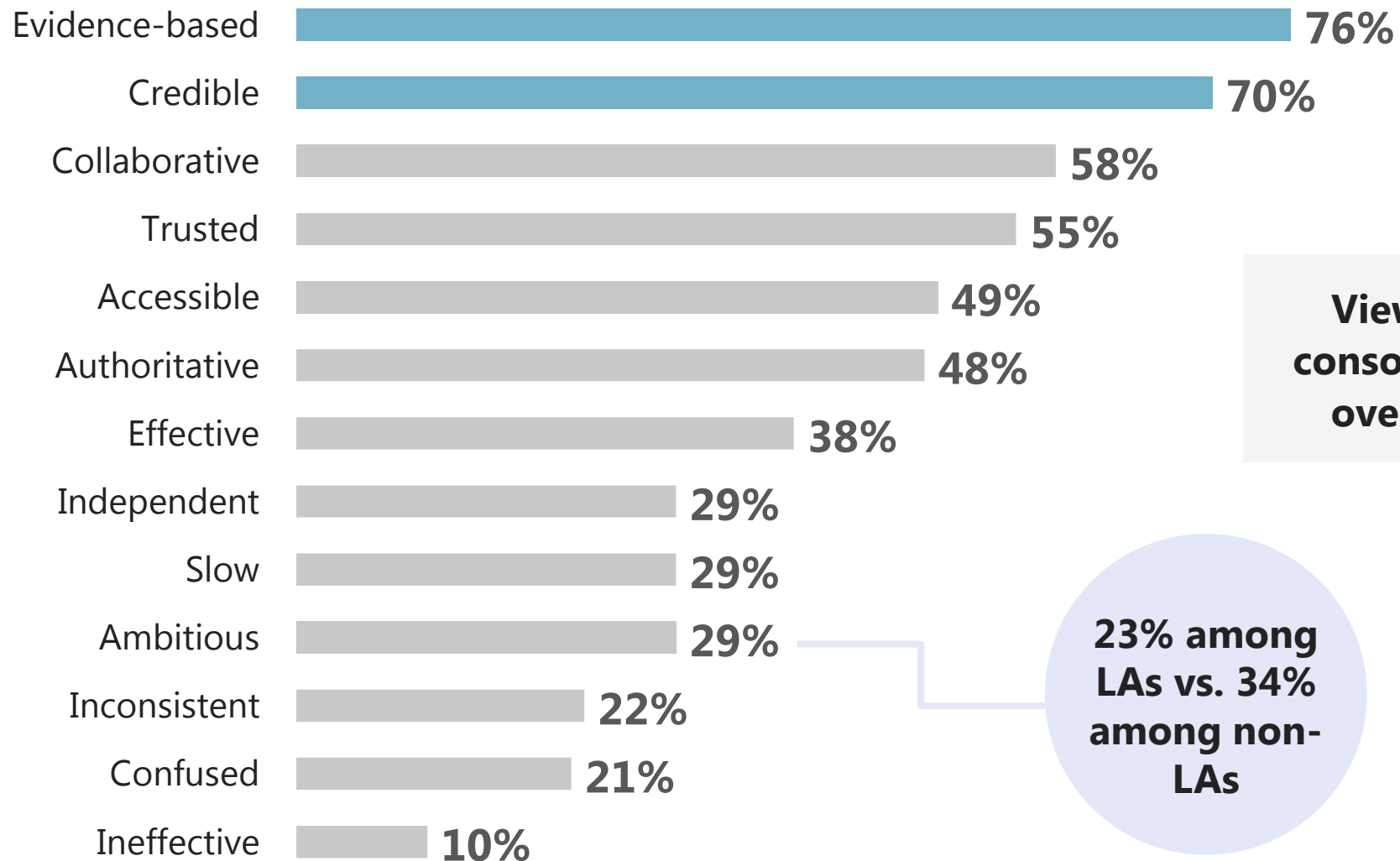
*It's not easy to see what the centres are doing and what their added value is."*

**Other government dept.**

Source: Ipsos MORI

# Stakeholders see PHE as evidence-based and credible

*Which of the following words/phrases would you use to describe PHE as an organisation?*



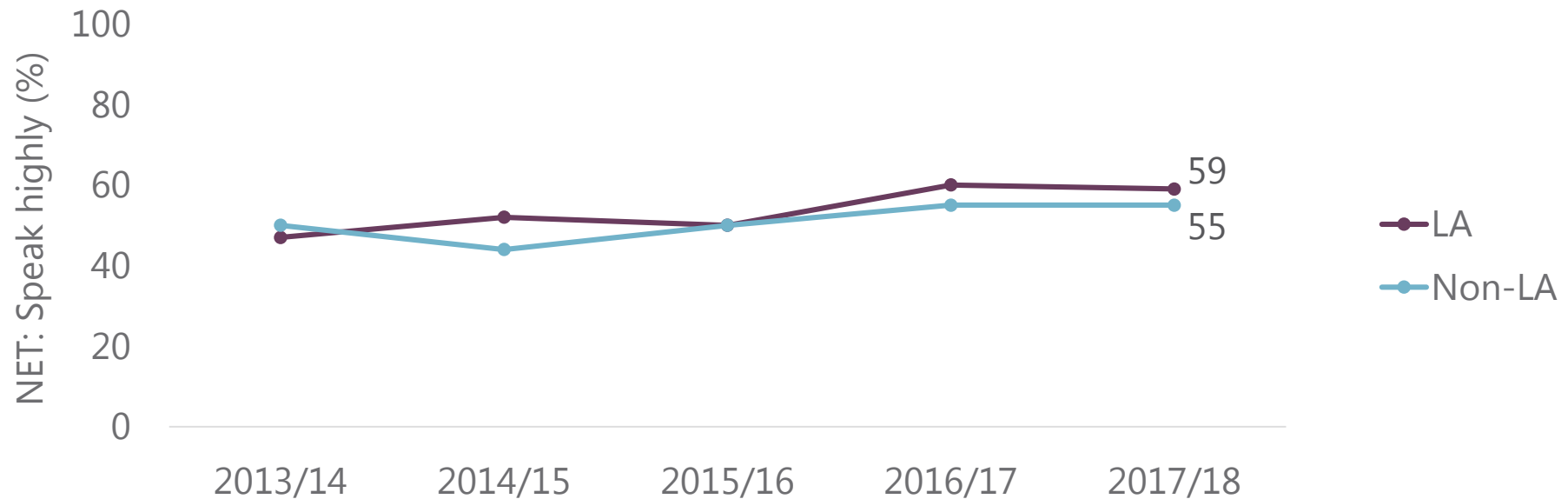
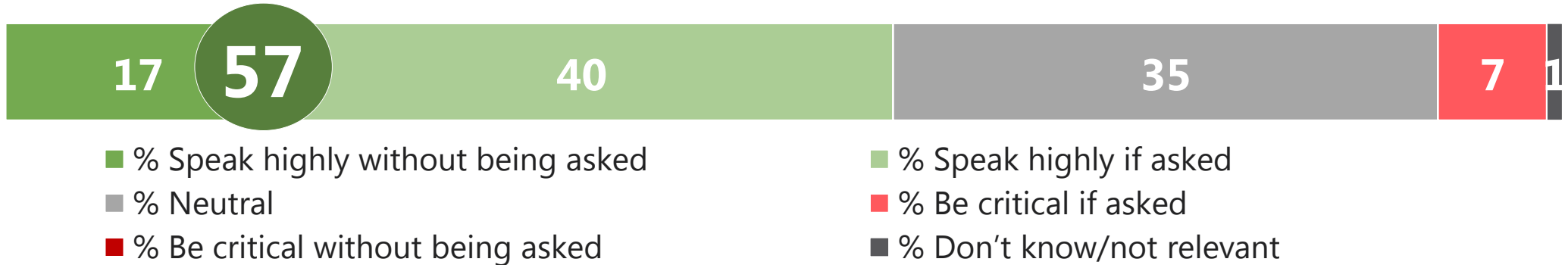
Base: All those who have contact with PHE (267)

Source: Ipsos MORI



# Advocacy of PHE is high

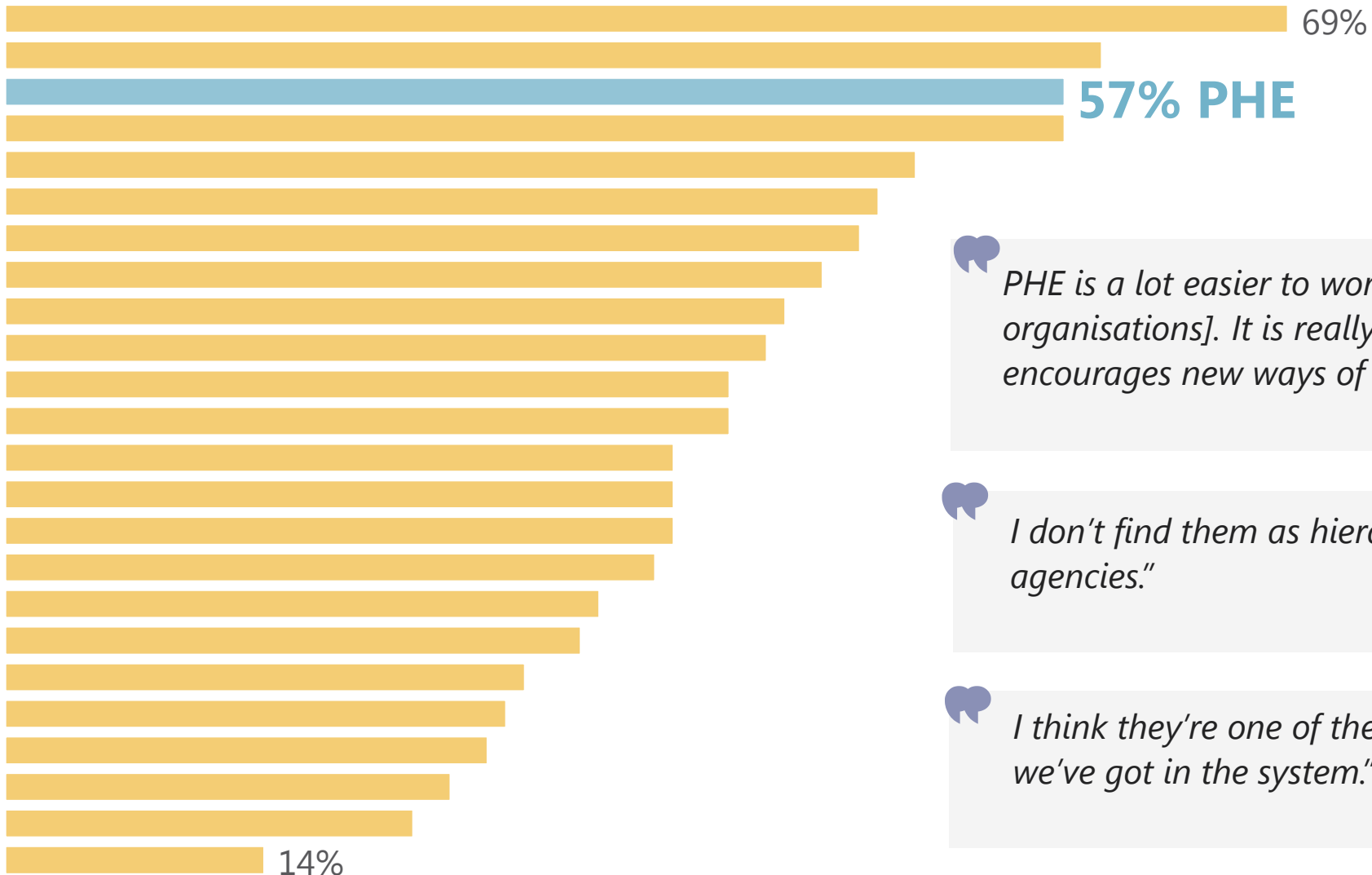
*Which of these phrases best describes the way you would speak of PHE to other people?*



Base: All stakeholders (269), All LA stakeholders (2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

# ... and compares very favourably

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



*"PHE is a lot easier to work with [than other organisations]. It is really open, effective, encourages new ways of working."*  
**Agency**

*"I don't find them as hierarchical as other agencies."*  
**Professional body**

*"I think they're one of the best ALB partners we've got in the system."*  
**Agency**

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

Source: Ipsos MORI

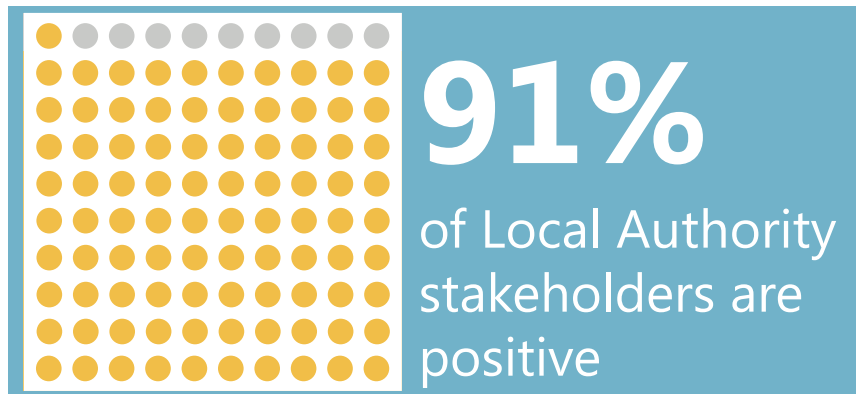
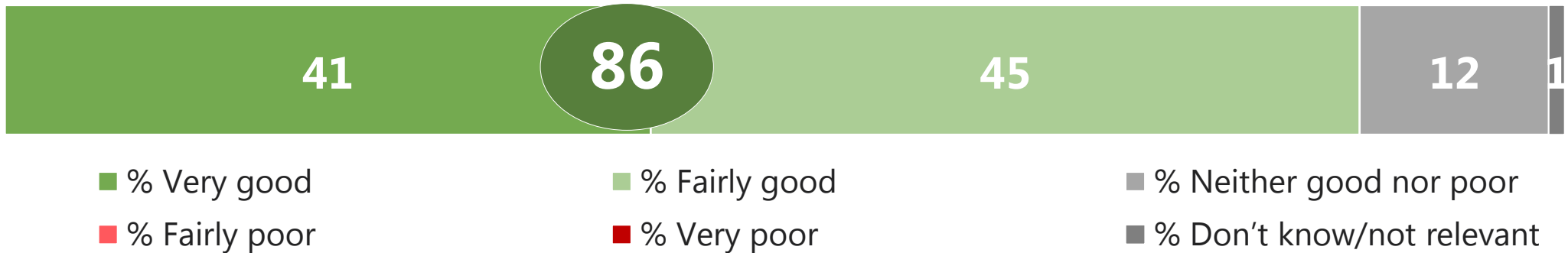


# What is it like to work with PHE?



# Working relationships are described positively

*How would you describe your working relationship with Public Health England?*



*% Very good / fairly good*

## Driven by:

1. Longevity of relationship
2. Committed and knowledgeable staff
3. Open dialogue and understanding
4. Responsiveness and clear points of contact

Base: All stakeholders (269), All LA stakeholders (123)

Source: Ipsos MORI

## ... but there is always room for improvement

### Points of contact

- Stakeholders can become reliant on certain individuals
- Staff turnover leads to loss of contact
- Absence of responsive, clear point of contact negatively impacts relationship
- PHE restructure in 2015/16 evidence of this

### LA practical support

- Resource provision (staff and financial) – *'boots on the ground'*
- Assistance in navigating and manipulating datasets
- Sharing best practice examples more widely

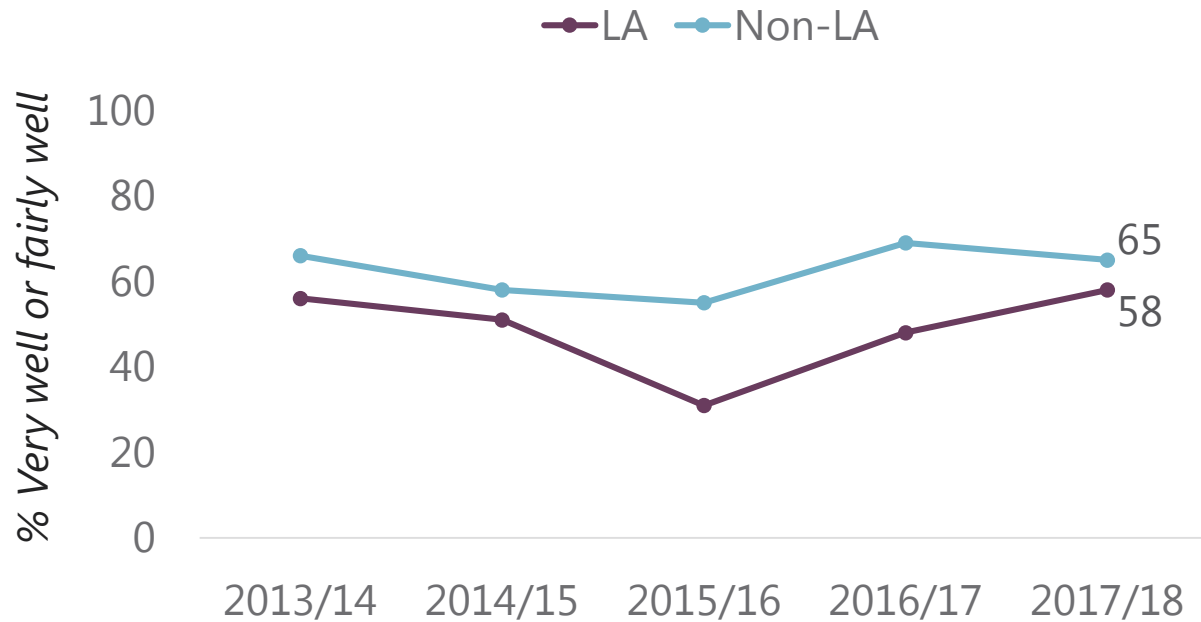
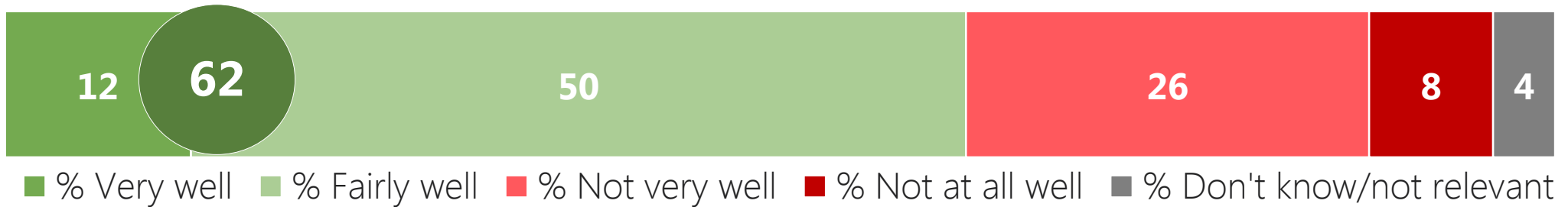
### Understanding LA's

- Some distance between national and local priorities
- Welcome PHE spending more time *'on their patch'* to better understand their world
- Need to appreciate the politicised environment of LAs

Source: Ipsos MORI

# PHE could do more to understand stakeholder priorities

**How well do you think Public Health England understands the priorities of your organisation?**



*At the top of the shop they understand our organisation very well. I think further down the organisation you have officers who don't really understand local government, who always see everything through an NHS lens not necessarily through a local government lens."*

**LA Other**

Base: All stakeholders (269), All LA stakeholders (2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

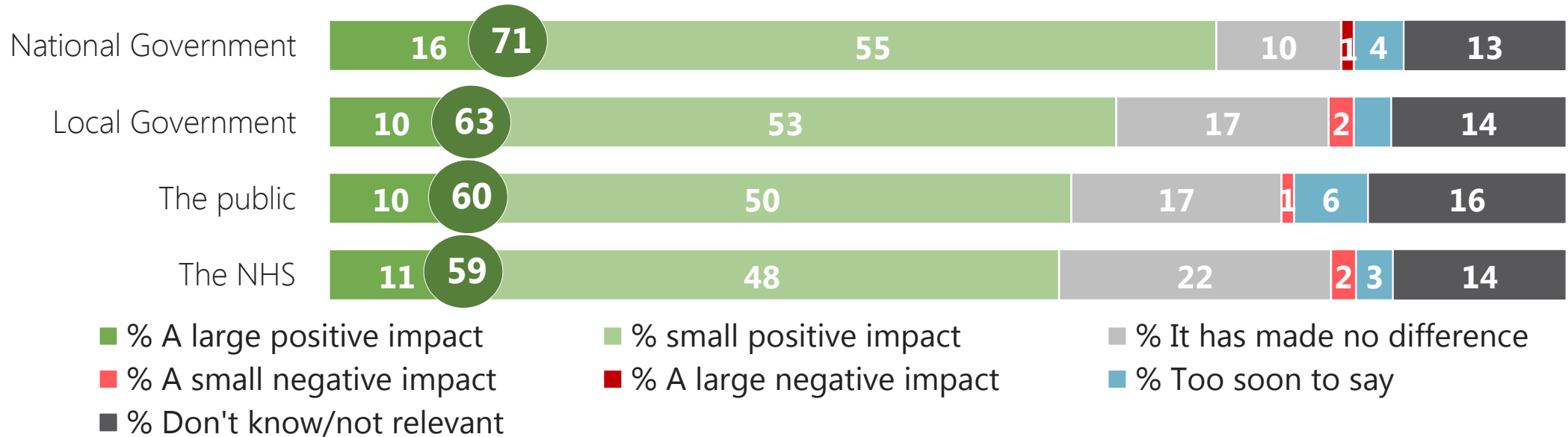


# What is the impact of PHE?



# PHE is positively impacting the sector

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



## Particularly in relation to obesity, sugar and campaigns

- Success in getting these issues into media and public's consciousness
- In spite of NHS pressures which can detract from prevention agenda

*Very strong communication social marketing campaigns e.g. Stoptober, 10 Minute Shake-Up. They really pushed One You which has been a really fabulous brand."*

**Other government dept.**


Base: All stakeholders (269)

Source: Ipsos MORI

# Though some constraints limit PHE's potential impact

## Capacity constraints

**Resource limitations** that prevent PHE from doing more

 *I would like to see a way in which PHE could release capacity for practical conversions of the research they have done."*

**LA Chief Exec**

## Lack of visibility on STPs

**Mixed views** on involvement in STPs

Calls for PHE to focus on the wider determinants within STPs and have


**more visible involvement**

## System constraints

Working within a **politicised and fragmented environment** which can minimise impact

PHE and stakeholders **could work together more to maximise impact** where PHE is politically constrained

Hard to be independent in practice but stakeholders starting to appreciate some **influence is exerted behind closed doors**

 *The arguments for investing in prevention are well known, but there is a sense that PHE is not making headway in trying to convince the Treasury about the need to invest."*

**Professional body**

Source: Ipsos MORI






**What's next?**

# Looking ahead

## Uncertainties surround business rates retention

The effect on PHE/LA relationships was viewed as both positive and negative

 *The relationship will change to providing much more support to the local government sector, rather than holding it to account. This will be refreshing for PHE as they spend so much time monitoring how money is spent, but they could be supporting councils to make the best decisions."*

**Professional body**

## There are calls for PHE to...

- Fill the gap of **strategic thinking** for long-term health risks as DH reduces in capacity
- **Engage more broadly within LAs** (e.g. non-DPH roles and councillors) as health and social care are increasingly joined-up
- Ensure public health gains made through the EU are **protected following Brexit**

Source: Ipsos MORI

# Implications

PHE should reflect positively on these findings – there is a lot of goodwill held towards it

## Clarify ways of working

- Clearer articulation of respective roles in the sector would be welcomed
- Some stakeholders require a better understanding of the role of PHE's centres
- Providing clear points of contact and broadening links into PHE will ensure the stability of relationships

## Provide LAs with more practical support

- They are looking for more resource (both financial and personnel), assistance in navigating and manipulating datasets, and greater sharing of best practice
- Time spent on the ground is appreciated

## Continue exerting your influence at the highest strategic levels

- Be more visible in this
- Overcome system constraints by leveraging stakeholders' ability to speak more freely

Source: Ipsos MORI

## For more information

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