



Public Health England

Stakeholder review 2018/19



Ipsos Public Affairs

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Background and objectives

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 sixth wave of research with its stakeholders, following on from the baseline wave conducted in 2013/14. 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?

Reporting and methodology

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 appendix.**

Summary of key findings

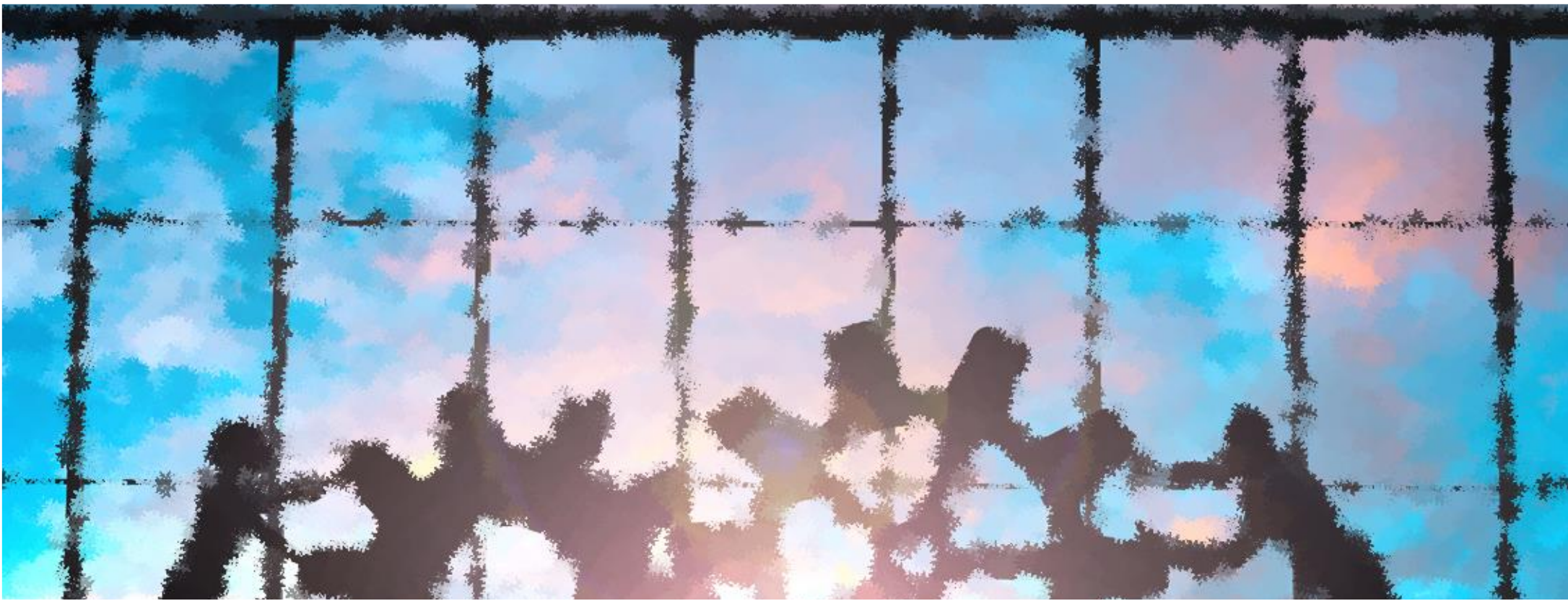


Summary of key findings (I of II)

- The **goodwill** and **positivity held towards PHE** has continued this year, with advocacy ratings remaining high and working relationships, on the whole, complimented.
- PHE is highly valued for a number of reasons:
 - **Its health protection function** which is a unique contribution to the system and which is considered its most important function
 - **Its expertise** – this was thought to be second-to-none in many instances
 - **Its data** which allows for informed decision-making
 - **Its staff** – complimented by many, both for their knowledge but also their courteous demeanour
 - Its ability to act as a **conduit to different parts of the system** – with PHE bringing local knowledge to national stakeholders and vice-versa when at its best
 - Its position as an **ally to progress the prevention agenda** in keeping with stakeholders' own missions
- Working relationships tend to be most positive where there is a mutual sense of **collaboration** and where there are **strong interpersonal relationships** meaning stakeholders have the ability to 'pick up the phone' to PHE
- There are of course, ways in which PHE can improve its relationships with stakeholders, with many of these suggestions coming from those working within Local Authorities, having been observed in previous years also:
 - PHE could improve how it **engages** stakeholders, reflecting on the difference between engagement and endorsement, and ensuring stakeholders are not 'left in the dark' but are well-sighted on upcoming announcements, publications and potential issues.
 - PHE could do more to **acknowledge the pressures and constraints** facing Local Authorities in its work with them.
 - PHE could speak more to the **wider determinants** of health reflecting the broad view of public health held by Local Authorities to avoid continued criticisms of it working on 'siloes' health issues.

Summary of key findings (II of II)

- PHE's highest profile work continues to be around **obesity and sugar**, though this year sees a greater acknowledgement of its efforts on **air pollution**.
- This year has seen PHE deal with a number of high profile or newsworthy events including PHE's partnership with **Drinkaware**. This was only mentioned spontaneously by relatively small numbers of stakeholders, with some complimenting PHE's 'bravery'. But it did elicit some strongly negative views from some, with it being used as an example of where stakeholder engagement could have been better.
- Stakeholders have recognised that **prevention is on the agenda** in a way it hasn't been previously and some credited PHE with getting prevention 'into the heart' of the 10-year plan. There is a sense of optimism about the Government and NHS's endorsement of prevention which is an **opportunity** stakeholders believe PHE must capitalise on.
- Linked to this, stakeholders not working within **ICSs or STPs** are still seeking reassurance that PHE is working to ensure public health principles underpin changes happening at the local level.
- Irrespective of whether stakeholders feel PHE has been influential on government policy or not, there will always be an appetite for PHE to do more and go further. Stakeholders are therefore looking for PHE to be more vocal around issues such as **welfare reform and austerity** and what this means for the health of our nation.



Perceptions of PHE

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

Many stakeholders place great importance on their relationship with PHE

In the qualitative work, many stakeholders felt their relationship with PHE was extremely important, both to their own work and their organisation.

This was often related to the **shared interest's** stakeholders have with PHE, for example public-health policy, healthcare support, place-based care and prevention. For many stakeholders, PHE produces evidence which **supports their own mission**.

Stakeholders also mentioned some aspects of their work **would not be possible without the existence of PHE** and the support they provide, for example advancing work in prevention and screening.

Stakeholders who placed importance on their relationship with PHE often talked about **working in collaboration** and **supporting each other** in their shared interests. For example, in co-funding and co-designing programmes.



In our organisation, in public health agencies, we really need to exchange with organisations that are doing the same type of job. (...) All of what we do is inspired by what others are doing, you don't do this work in different context.

Agency



[PHE are] extremely important to us, because it enables us access to a pool of expertise, among colleagues that have worked in the field.

International



It's pretty important actually. A lot of what my teams do would not be possible without Public Health England. They collect the data that we use as an organisation to inform our strategy. So that function is really important.


Voluntary/Community Sector

Source: Ipsos MORI


The importance of PHE to Local Authorities is more varied

However, the importance of a relationship with PHE was more varied for Local Authority stakeholders.

Some Local Authority stakeholders felt their relationship with PHE was key to improving population health and reducing health inequalities.


 Incredibly important, in terms of our priorities to improve health and wellbeing of the population and reduce health inequalities, it's up there in the top 3 along with housing and homelessness and creating a future economy that works for everyone. So PHE are a key partner.

Local Authority CEO

 We couldn't deliver our population health management intelligence function without PHE. The tools they bring in and work they do with the data/analytics – couldn't do it without PHE. It's a fantastic resource. That kind of evidence and data is exceptional/second to none.


Local Authority DPH

Whereas, when asked about the importance of their relationship with PHE, other stakeholders noted the input of PHE was somewhat important but not critical. This was not necessarily a negative point, as confidence in the Local Authority own team's ability meant they were less dependent on PHE.

 If [importance] was on a scale of 1 to 10 – probably 5-6. I say that from a confident position – I'm confident in my own team. Regionally PHE have to pay less attention to us than other places... PHE are not mission critical (but that's a good thing).

Local Authority CEO

Looking to the future, some stakeholders felt PHE could increase its importance and relevance to local areas by working out what its unique offer is.

 As we go forward it will be very important for PHE engage with stakeholders to work out what their unique offer is and what only they can deliver, because at the moment that's not clear.

Local Authority Other

Source: Ipsos MORI

PHE is a favoured partner compared to other organisations

Stakeholders who took part in qualitative interviews were asked to consider their relationship with PHE in comparison to other large national agencies.

PHE was typically favoured compared to other organisations, and some stakeholders noted their relationship with PHE was stronger. Stakeholders held this favourable view when they believed PHE had the following qualities and behaviours:

Open

Courteous

Respectful

Proactive

Collaborative

Trustworthy

Stakeholders were appreciative of these qualities, with one noting it was impressive for a government body to be viewed as trustworthy.

In addition, one stakeholder commented that politeness and respect in an arms-length body is a valuable quality which shouldn't be taken for granted.

It's a very courteous organisation, I don't know whether that comes from the top or not, but the way people behave is polite and respectful. You see that in meetings, in requests for meetings, when people ask for your help. I work with other parts of government and that's not something you can take for granted.

National Other

We're probably closer to [PHE] than to any of the others... I think that PHE have probably been more open to partnership than others and that's a good thing.

Voluntary/Community Sector

A small number of stakeholders made negative comparisons to other national bodies. One stakeholder commented that PHE felt *'light at the senior level'* compared to other organisations, and was unclear whether this was a deliberate choice as this has always been the structure of PHE.

It feels quite light at the senior level, for example compared to NHSE or DH. The senior people have much bigger spans of responsibility and there are fewer of them. Some of that is good in that they have a flat structure and it's not very hierarchal, but sometimes feels there are not enough senior people and that can put pressure on the senior people that are there.

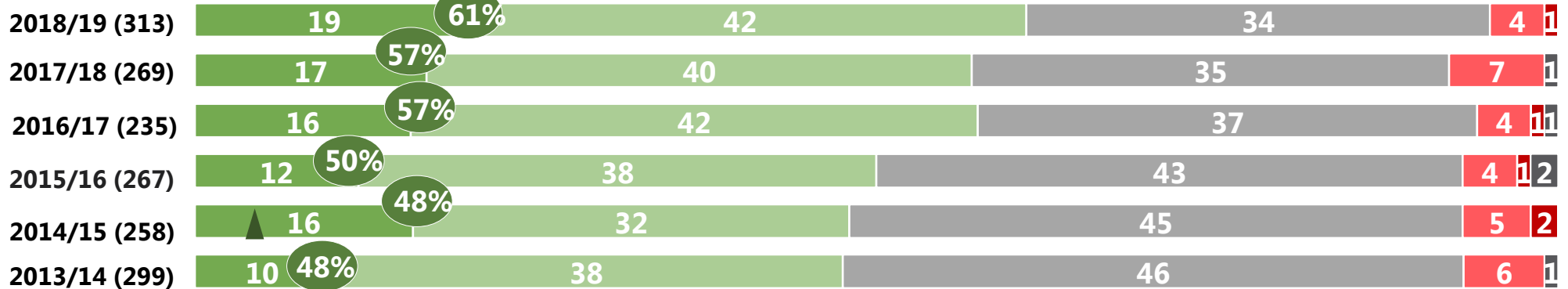
National Other

Source: Ipsos MORI

The majority of stakeholders would speak highly of PHE

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

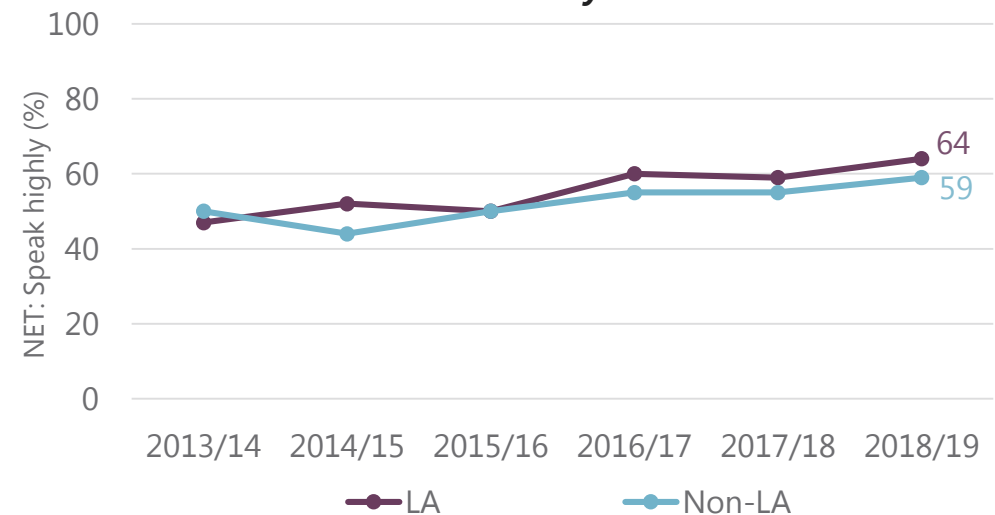


Advocacy remains consistently high compared to previous years, with the majority of stakeholders (61%) saying they would speak highly of PHE, either prompted or unprompted (57% in 2017/18).

This advocacy is high for both Local Authority and Non-Local Authority stakeholders (64% and 59% respectively). Within Local Authorities, both DPHs and Chief Executives hold positive views, though this is based on small sample sizes.

As seen in previous waves, stakeholders who are in contact with PHE more often are more positive. Of those in contact with PHE at least once a week, 68% would speak highly of PHE (either prompted or unprompted). Of those in contact with PHE less than once a week, 55% would speak highly.

Advocacy by Local Authority / Non-Local Authority

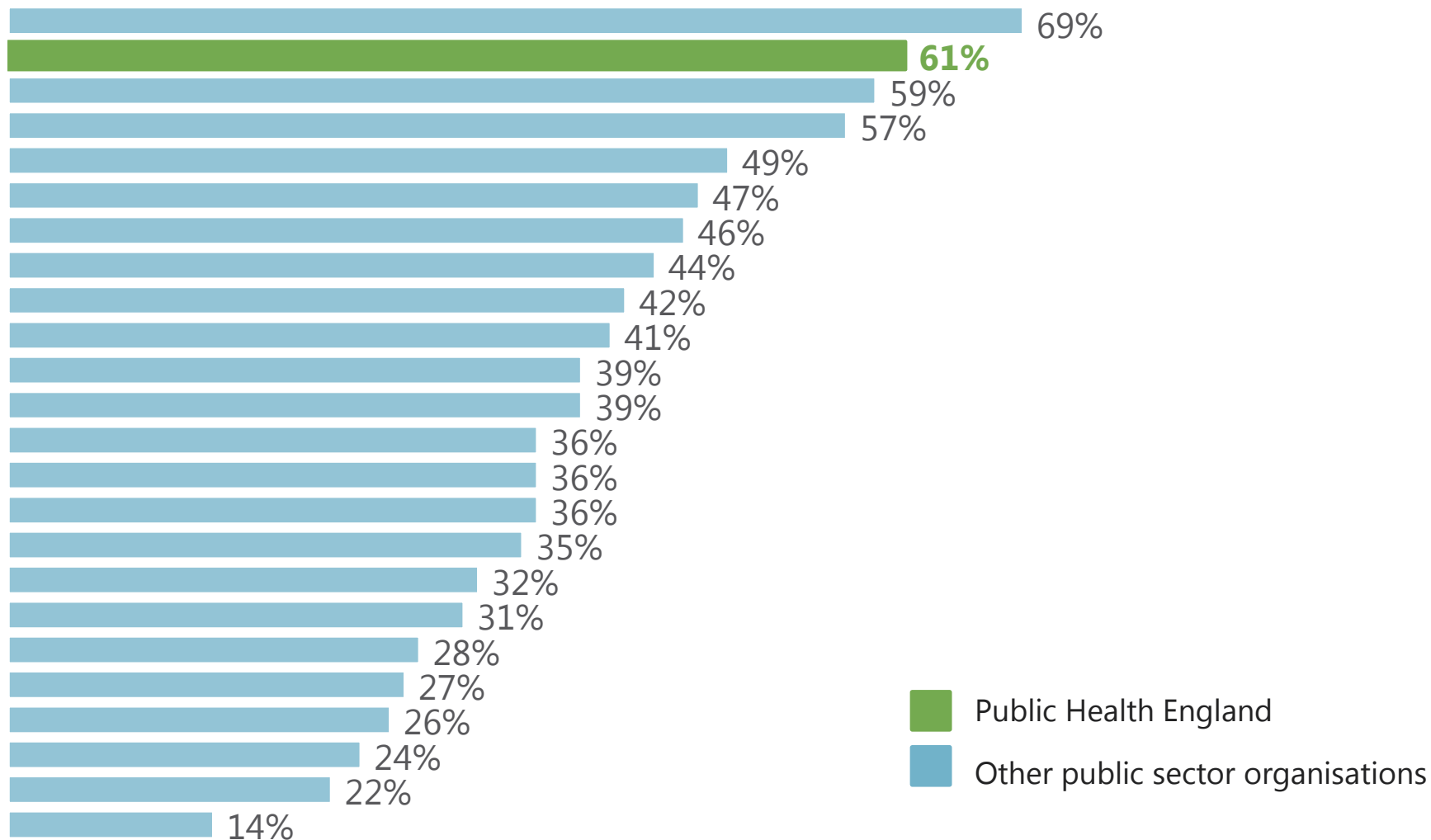


Base: All stakeholders (see above), All LA stakeholders (2018/19: 148, 2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2018/19: 165, 2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

Source: Ipsos MORI

Advocacy of PHE still 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

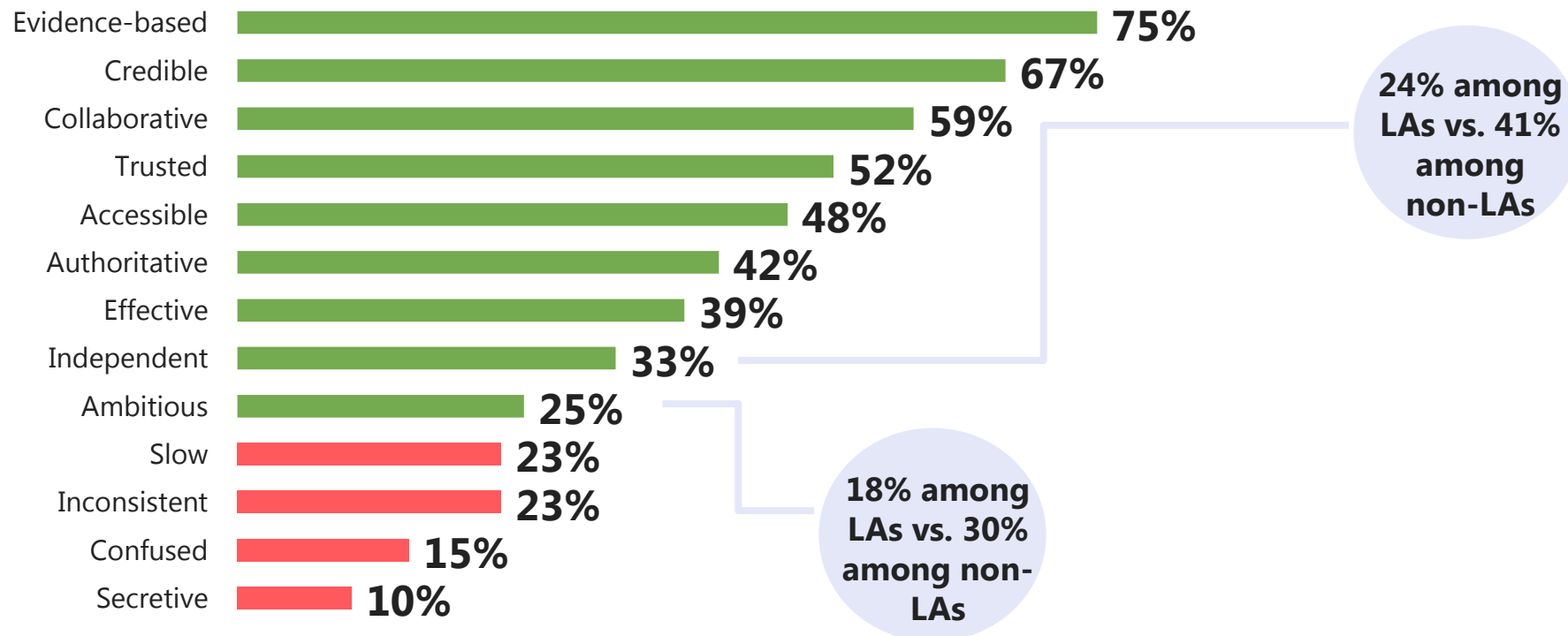
Source: Ipsos MORI

Stakeholders still see PHE as evidence-based and credible

As in previous years when asked to describe PHE based on their interactions to date, stakeholders' responses are predominantly positive. Three-quarters (75%) describe PHE as 'evidence-based', 67% as 'credible' and 59% as 'collaborative'. No significant changes are evident from 2017/18.

For the majority of these descriptions, Local Authority and Non-Local Authority stakeholders hold the same opinion. However, Local Authority stakeholders are less likely to describe PHE as 'independent' or 'ambitious'. Overall, fewer stakeholders describe PHE using these positive phrases, suggesting these are not descriptors which spring to mind.

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 (312), All LA Stakeholders who have contact with PHE (147), All Non-LA Stakeholders who have contact with PHE (165)

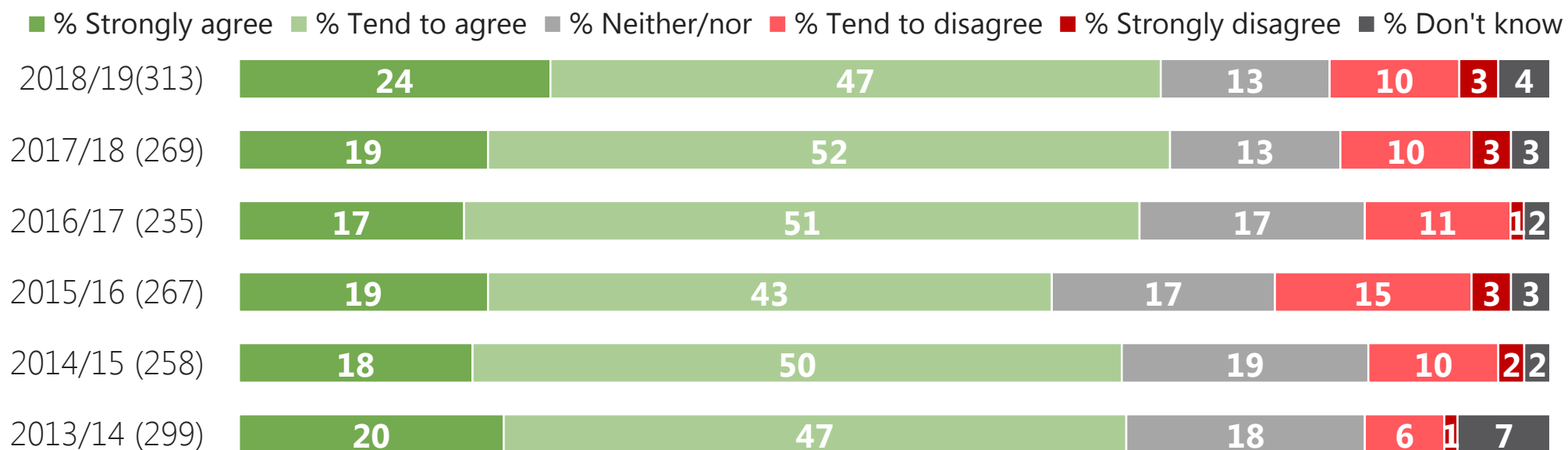
Source: Ipsos MORI

And the majority agree PHE is independent

In line with previous waves, the majority of stakeholders agree that the advice provided by PHE is independent (71%). However, just under one-quarter *strongly* agree, which may be reflected in qualitative findings where stakeholders discuss the political constraints PHE faces.

Both Local Authority and non-Local Authority stakeholders agree similarly with this statement. Within Local Authorities, Directors of Public Health were less likely to agree than Chief Executives, though this is based on small base sizes.

Q.13 To what extent do you agree or disagree that the advice provided by Public Health England is independent?



Base: All stakeholders (see above). All LA stakeholders (2018/19: 148), All Non-LA stakeholders (2018/19: 165)

Source: Ipsos MORI

Lots about PHE is valued but particularly its expertise

Q27N. What do you value most about PHE?

Stakeholders were asked an open-ended question on what they value most about PHE. Their responses were coded into five main categories:

Expertise

52%

Over half of stakeholders commented they value the expertise PHE provides, giving examples of their epidemiology expertise, laboratory services, public health campaigns and health protection function.

Working practices

33%

In line with the qualitative findings, stakeholders value PHE's team and good working practices. One-third provided examples of qualities such as collaboration, strong leadership, accessibility, openness, engagement and reliability (though they still had suggestions for how PHE could improve its working practices – as discussed later).

Focus of work

21%

Stakeholders also value PHE's focus of work, and the variety of examples given demonstrates PHE's broad remit. This includes PHE's health protection function, public health campaigns, focus on national issues/ local issues and influencing government.

Data and evidence

20%

One-fifth of stakeholders said they value the data and evidence PHE provides, commenting this provides access to valuable information and strong analysis.

Communication

13%

Fewer stakeholders commented on the communication of PHE, though 13% said they value PHE's clear communication, explanations and response to requests.

Similar themes were found in the qualitative research, with stakeholders commenting they value PHE in the following areas in particular:

- Their health protection function
- Pool of technical expertise and data
- The experience and skills of their staff



We value very highly their technical expertise. So we rely on PHE for its epidemiological forecasting, for its early warnings of fever outbreaks, and its excellent global network.

Other Government Department


Stakeholders value PHE's role as a conduit to different parts of the system

Local views

Some stakeholders with a local focus strongly valued the work PHE does at national level such as providing evidence to drive policy, campaigning on public health issues and influencing government strategy. One stakeholder commented that PHE's understanding of how the government operates is very useful for Local Authorities. Some stakeholders valued PHE's national leadership role, and felt PHE had an opportunity to think differently and innovate on public health solutions.

National views


Similarly, some stakeholders at a national level commented that PHE's local knowledge was where it added most value. For example a National Agency stakeholder valued that PHE could bring local knowledge, but also involvement of Health and Wellbeing boards, local government etc. when co-designing programmes.

 [I value] what it can contribute locally e.g. PHE brings knowledge and involvement of health and wellbeing boards and local government.

Agency

International views

The international stakeholders we spoke to felt PHE is more established and internationally orientated than other public health agencies, and could therefore provide insight from a different perspective.

 PHE's far more oriented internationally than us. I think it's part of the culture. It's also linked to the way PHE's funded and they see things in a different way and it's very interesting for us.

International Agency

Working with PHE

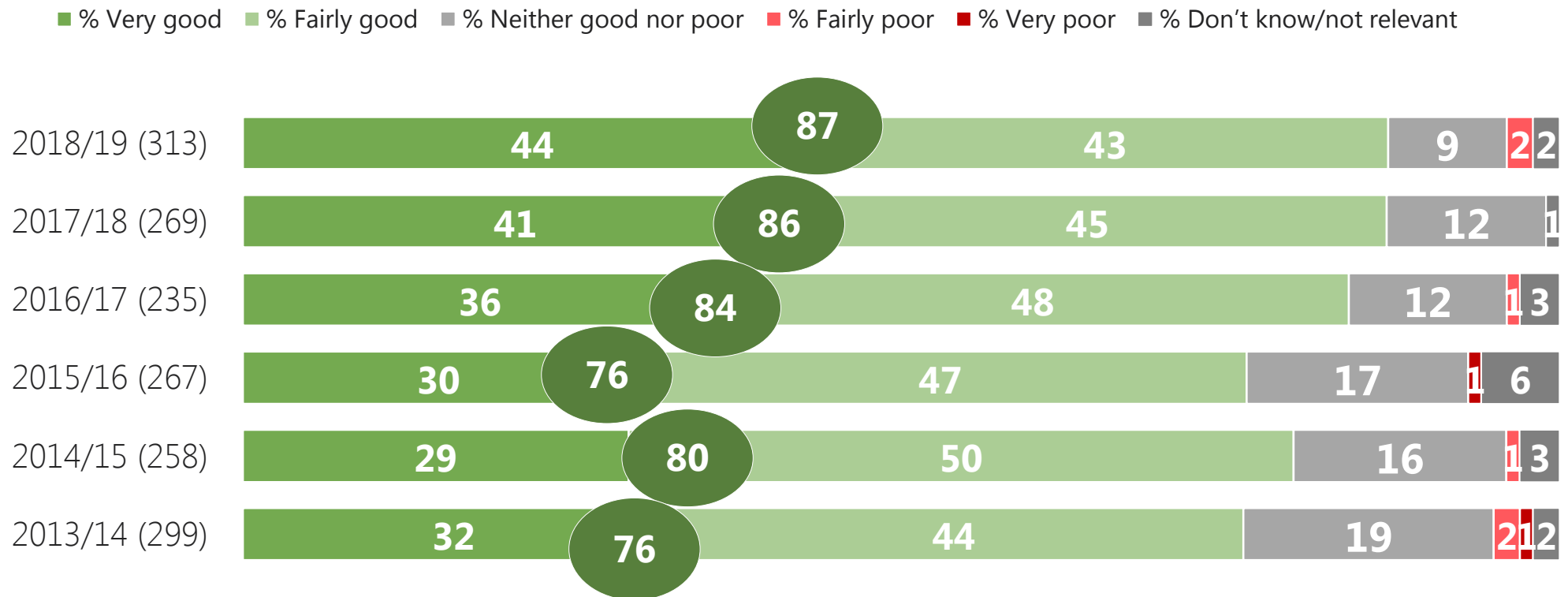
This section explores working relationships with PHE, giving consideration to how these could be further improved.



Working relationships continue to be good

Similarly to the 2017/18 wave, a high proportion of stakeholders describe their working relationship as *very good* or *fairly good* (87%). Stakeholders in this wave are also more likely to perceive the relationship as 'very good' and less likely as 'fairly good' (though this difference is not yet considered statistically significant). This suggests that PHE has been successful at building strong relationships overtime.

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



Base: All stakeholders (see above) All LA stakeholders (2018/19: 148), All Non-LA stakeholders (2018/19: 165)

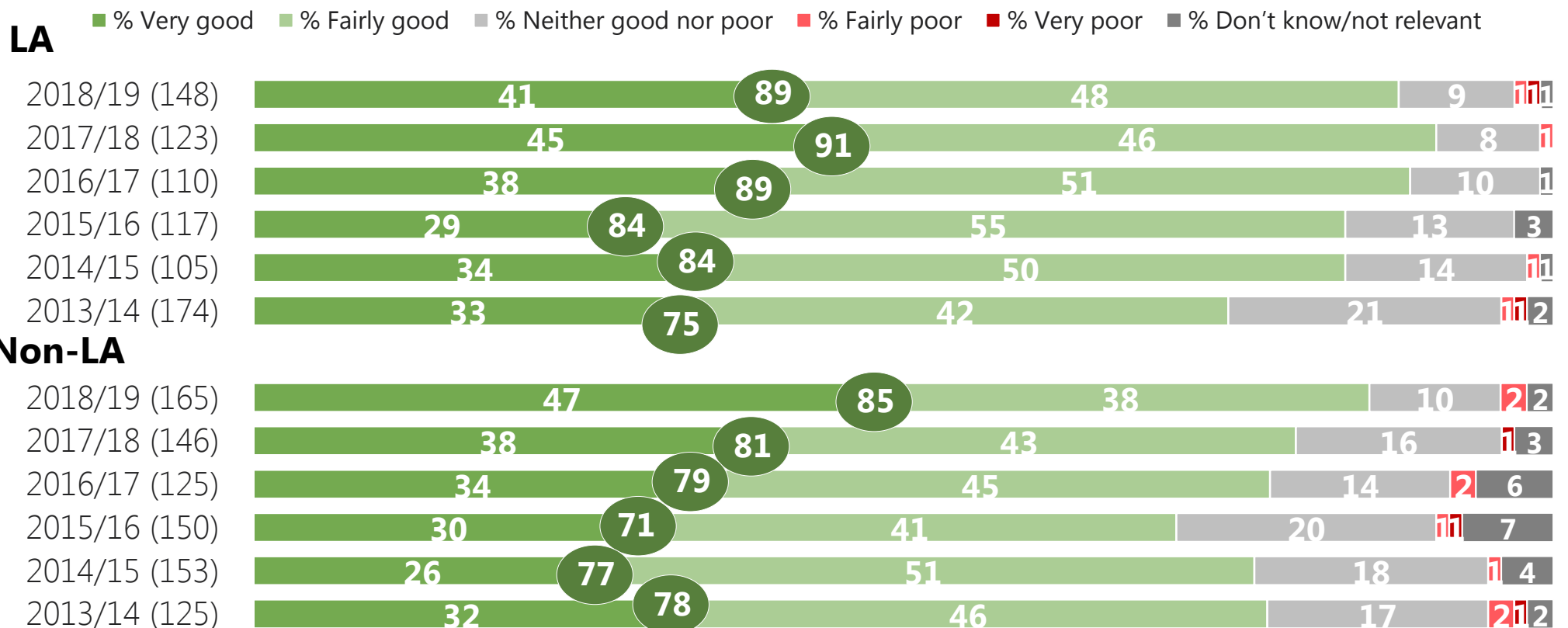
Source: Ipsos MORI

...with non-Local Authority stakeholders the most positive yet

Non-Local Authority stakeholders report the most positive relationship with PHE thus far, with 85% reporting *very/fairly* good relationships compared to 81% in 2017/18 – suggesting longer and better-established relationships.

Local Authority stakeholders remain positive overall about their relationship with PHE, with 89% reporting *very/fairly* good relationships (compared to 91% last year, although the decrease is not statistically significant). Only two per cent describe their relationship as poor or very poor – a minority view also reflected in our qualitative findings.

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




Base: All stakeholders (see above)


Source: Ipsos MORI


Most stakeholders praised their relationship with PHE

Reflecting the quantitative findings, qualitative discussions showed how working relationships are overall very positive

- Qualitatively, stakeholders also appreciated their working relationships with PHE. International stakeholders were particularly positive about their relationship citing **collaborative working and openness**.
- A key driver were the **interpersonal relationships** at the local and national level forged over the years with PHE staff, who were described as open, trustworthy, helpful and professional.
- Stakeholders were particularly positive when they felt they could just **pick up the phone** and seek help. The leadership team was highly regarded by stakeholders, in particular Duncan Selbie.
- The relationships were often described as **mutually beneficial**. Some Local Authority stakeholders praised PHE for putting effort into trying to understand places and how they work.

 They're, kind of, very neutral, very open (...) there's that much in our relationship that I think it is very useful and very inspirational.
International stakeholder

 We've always had good relations... Duncan listens even if he can't do everything.
Professional body

 On the whole it's a positive relationship, we kind of work as one team on most things.
Local Authority DPH

Relationships work best where there is...



Source: Ipsos MORI

And changes in relationships tend to be positive

- Stakeholders in the qualitative interviews explained how their relationships with PHE had stayed more or less the same over the past year. Changes noted were often positive as the relationships were more mature and working in a steady state.
- Among non-Local Authority stakeholders, it was often felt that the relationship had strengthened as PHE had increasingly engaged with them.



It's dramatically different - 2 years ago we did virtually nothing together ... [we're now] co-funding and co-designing things which has really driven the relationship forward. (National Agency)



PHE are more likely to pick up the phone now. (Agency)



On balance it's improving and that's down to I think a greater familiarity. (Other Government Department)

- Views were however more mixed among Local Authority stakeholders:
 - Some noticed their relationship had remained stable, or gotten better – helped by informal mechanisms of communication. They felt PHE had a fair understanding of the constraints and opportunities they faced, as well as the political dimensions of their world.
 - Some stakeholders felt PHE lacked empathy on the extent of the cuts Local Authorities face, whilst others disagreed and said they had noticed PHE's increasing efforts to not only acknowledge these cuts but to speak out against them.
 - A small number of Local Authority stakeholders felt the relationship had deteriorated over the last year, and worried that PHE increasingly focused on the NHS and the national government while neglecting their local partners.



Over the last couple of years...they understand the financial pressures we're under, and we're having good and honest conversations on how we will work together. (Local Authority DPH)



There have been subtle changes over time. Ironically we have less contact now than few years ago, probably as PHE are more comfortable with how public health has landed in local government. There seems to be less anxiety about how the grant is handled, less letters telling us what the rules are, they seem more relaxed. (Local Authority CEO)



I wouldn't dream of going to them. I'm not sure whether the structure allows us to do that (...) there's no direct contact. (Local Authority DPH)


Source: Ipsos MORI


No relationship is ever perfect

Whilst broadly positive about their working relationship, stakeholders named areas for improvement

Stakeholders in the qualitative interviews often connected the issues they experienced to PHE being a **large and complex organisation**. Participants identified the following problems:


- **Bureaucracy** - PHE was sometimes described as overly bureaucratic and rigid which meant it took time to progress things.
- **Accessing the right staff/team** - Because of its size, identifying the right staff/team within PHE could sometimes be challenging.
- **Ambiguity around role and resources** - Echoing last year's findings, there was some ambiguity around PHE's exact role and how far it could move beyond advice into action, but also how much resource it has.


 My frustrations around PHE are the processes – the barriers to doing work with them are tremendous. **Professional body**

 Where does PHE advisory stop and responsibility for action start? **Professional body**

A small number of Local Authority stakeholders identified issues in their relationships with PHE:

- **Lack of meaningful engagement at the local level** - although a minority view, some stakeholders highlighted how their relationship with PHE felt too hierarchical and that their views were not taken into consideration enough.
- **Lack of empathy and understanding** - while some praised PHE for being increasingly aware of the financial pressures Local Authorities find themselves under, others thought PHE didn't fully understand and appreciate the difficulties they faced - "*We can't even afford tea and coffee.*" (Local Authority DPH)

 It feels like, 'We'll tell you what we're doing and you can join if you want to' - not the most effective engagement. **Local Authority DPH**

 I remember [the regional director] saying 'you have really difficult jobs' which is helpful to hear. Does it translate to PHE demonstrating that awareness? No. **Local Authority DPH**

Stakeholders would like better engagement and ways of working

Q.26N What could Public Health do differently? (net scores above 4% shown)

Engagement 29%

Stakeholders most commonly mentioned issues around engagement as suggestions for what PHE could do differently. This included the need for more collaboration and involvement, more face-to-face visits and being more open to advice and feedback.

Working practices 28%

Working practices were also mentioned by one in three stakeholders with requests for more contact, increased responsiveness, greater consistency between departments and better transparency.

Focus of work 12%

Some stakeholders took this opportunity to mention areas of work they would like PHE to focus more on – a range of issues were raised with some requests for a greater focus nationally, or locally (depending on the stakeholder's own role) and on specific subjects such as diet and alcohol.

Understanding 12%


Some stakeholders made a plea for PHE to better appreciate the priorities and challenges faced at the local level.


Finance/ resourcing 11%

Some want PHE to address the financial concerns, budget cuts and/or a lack of resources they face.

Influence 7%

A handful of stakeholders want to see PHE being more vocal, challenging opinions and making a stronger case for prevention than it is doing presently.

 Collaborate on difficult pieces of work, ensure local teams know about work that is coming out; be open and honest about e-cigs, Drinkaware, collaborations with industry eg Lucozade etc. Share before publishing. **(Local Authority DPH in survey)**

 PHE must speak out about the impacts of austerity measures on population health and wellbeing and be stronger in influencing national policy change such as MUP. **(Local Authority DPH in survey)**

Earlier engagement would benefit some relationships

Earlier engagement should lead to meaningful engagement

- Early engagement was perceived to be the most important element to increasing collaborative and meaningful working relationships.
- While this was discussed among all groups of stakeholders, this was especially true for a small number of Local Authorities who sometimes described their relationships with PHE as 'top-down', which was seen as distracting from strengthening local systems.
- On a practical level, this means not only seeking stakeholders' input earlier on, but also facilitating their engagement - for instance by organising meetings and events outside of London.



Effective engagement would be about them showing some insight into how they're perceived. They are currently seen as people who consider themselves as 'we know best', and they need to show some insight – 'we haven't got this right and want to work differently going forward'.

Local Authority DPH



You know, often, with governmental organisations, sometimes the decisions have already been made by the time people come to talk to us. So, one of the things we've struggled with over the past year is the whole idea of engagement versus endorsement, and that people are quite happy to come to talk to us to pretend that they've engaged with us when, actually, all they were seeking is endorsement and our badge.

Professional body

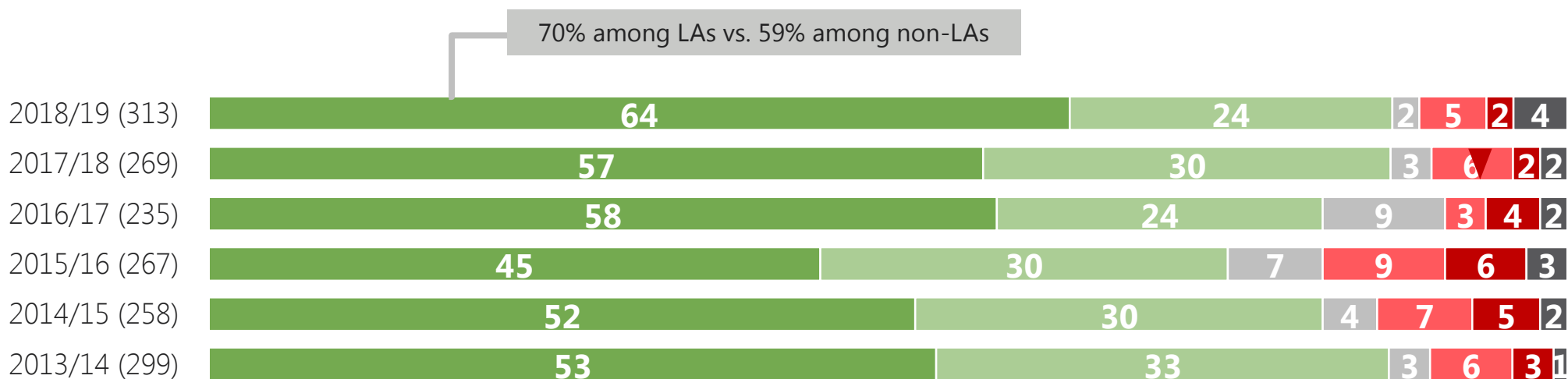
Having clear points of contact is vital to good relationships

In the quantitative survey, the majority of stakeholders agree they have a clear point of contact at PHE (88% *strongly or tend to agree*). 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

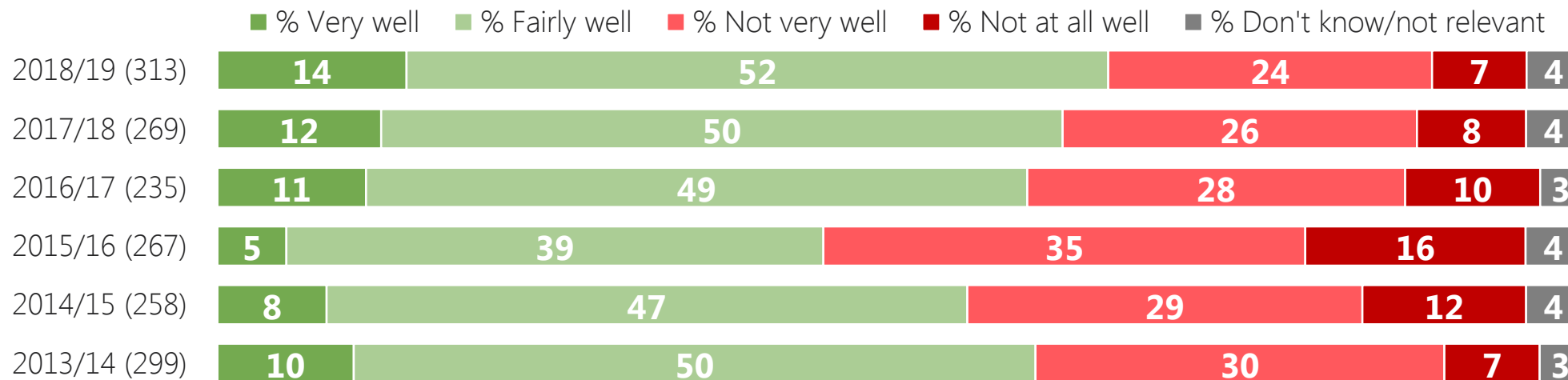
■ % Strongly agree ■ % Tend to agree ■ % Neither/nor ■ % Tend to disagree ■ % Strongly disagree ■ % Don't know/not relevant



- Like in previous years, qualitative discussions recurrently mentioned the importance of having a clear point of contact, and close relationships with the relevant PHE staff.
- Linked to this, some participants raised concerns around staff turnover and the move to Harlow, which they worried could make maintaining productive relationships challenging.

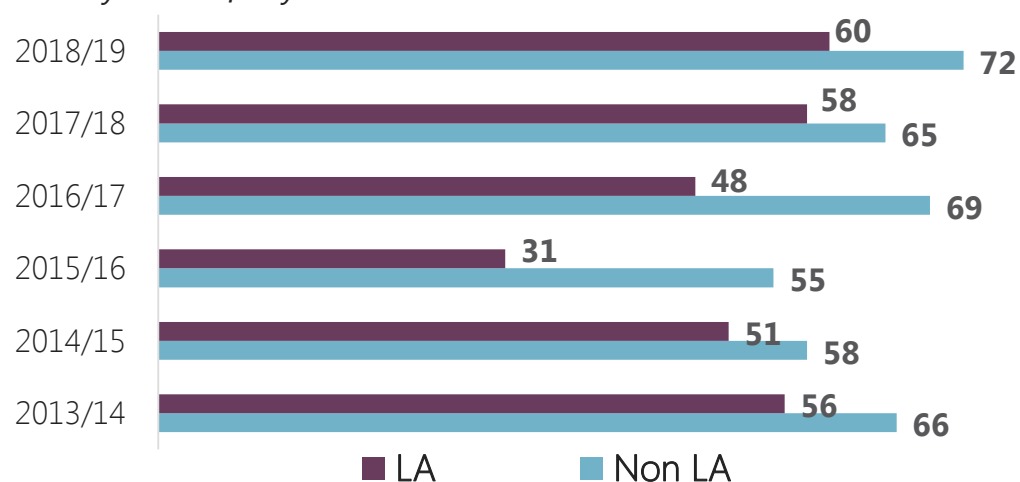
More and more, PHE understands stakeholders' priorities

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



Understanding priorities Local Authority vs. Non-Local Authority

% Very well or fairly well



66% of stakeholders feel that PHE understands the priorities of their organisation *well or very well*. This saw a dip in 2015/16 in line with PHE's re-structure and the CSR which impacted on overall levels of positivity.

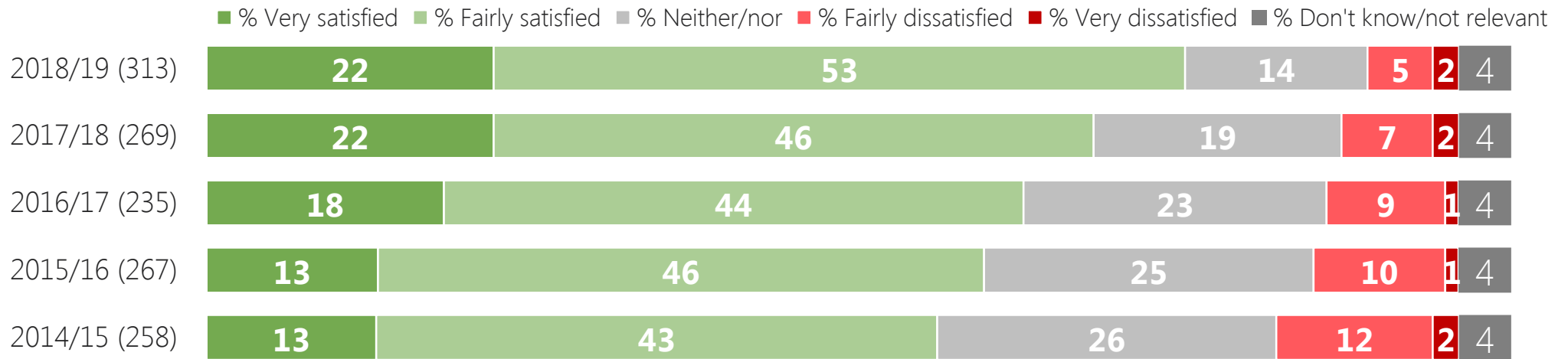
Similarly to previous waves, Local Authority stakeholders feel less understood than non-Local Authority stakeholders. 72% of Non-Local Authorities stakeholders feel that their priorities are understood by PHE, which could be linked to increased contact with the organisation and overall better working relationships.

Base: All stakeholders (see above), All LA stakeholders (2018/19: 148, 2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2018/19: 165, 2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

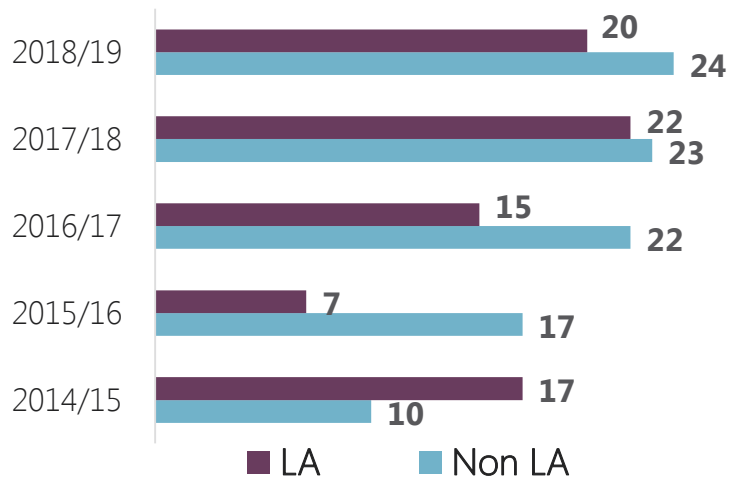
Source: Ipsos MORI

Stakeholders are broadly satisfied with the support they receive

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



Local Authority vs. Non-Local Authority % Very satisfied



Following on from the positivity expressed by stakeholders last year, the extent to which stakeholders are satisfied that PHE supports them in their work has increased, although not significantly, with 75% of stakeholders reporting that they are very or fairly satisfied.

Like in previous waves, Local Authority stakeholders are less likely than non-Local Authority stakeholders to say that they are very satisfied that PHE supports them in their work.

Base: All stakeholders (see above), All LA stakeholders (2018/19: 148, 2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2018/19: 165, 2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

Source: Ipsos MORI



Performance

This section explores perceptions of PHE's performance in each of its key areas of focus, including an examination of stakeholders use of PHE's data and analysis tools.

PHE's highest profile work continues to be on obesity

- Stakeholders praised PHE's work on a range of issues, and how it has been successful at reaching out to wide audiences.
- Its work on **obesity and sugar** especially stood out among both Local and non-Local Authority stakeholders. PHE was especially commended for its work on **Chapter 2** of the childhood obesity plan and its work with the soft drinks industry.
- PHE's work on **air quality** also appeared to stand out for several stakeholders.
- Other mentions in the qualitative interviews included cancer and diabetes awareness campaigns, sexual health transformation programmes, as well as PHE's work on mental health, cardiovascular disease and antibiotic resistance.
- One non-LA stakeholder complimented PHE's prompt response to the Salisbury poisoning incident as, *"it showed PHE can cope with a crisis"* (Professional body).



Chapter 2 is very much a step in the right direction, and that's good because there's been a lot of inertia about that (...) so, more please.

Professional Organisation

But PHE could have done better on certain issues



The first I heard about problems with national screening was national news when I was driving to work. You would expect the DPH to receive information before then. In the past, I would have known long before that happened.

Local Authority DPH

- **The breast cancer screening event** was mentioned by a handful of stakeholders. While acknowledging PHE wasn't solely responsible, they commented that the issue could have affected PHE's reputation.
 - These individuals also felt PHE had been too slow to respond to queries and communicate with its stakeholders regarding the issue.
- PHE's work on **e-cigarettes** also proved contentious: while it received praise, as per last year, it also received criticism from some stakeholders who disagree with PHE's approach.

Source: Ipsos MORI

Some of PHE's campaigns have split opinions

- There were several positive mentions of PHE's campaigns such as Change4Life, Every Mind Matters, and One You, with stakeholders talking about them having 'good traction' and reaching out to a wider audience.
- However, a couple of stakeholders also noted that some marketing campaigns could be perceived as 'preachy'. A couple of participants also questioned the effectiveness of the "What's your heart age?" test.



I like their new mental health campaign coming out, it's a good initiative and I think people want to see PHE being that independent voice.

Local Authority



[One You] was a step in the right direction but still feels a bit preachy - PHE doesn't always reward you for what you have done but tells you off for what you haven't done.

National Agency

PHE's partnership with Drinkaware prompted mixed responses

- It was spontaneously mentioned in the qualitative discussions by seven out of 33 participants, and by 14 of the 313 stakeholders in the quantitative survey. The type of stakeholders mentioning the partnership varied and included Local Authorities, professional bodies as well as academics.
- While some expressed disappointment with PHE working with an alcohol industry-funded body, others saw it as pragmatic and realistic approach to public education, praising PHE's "brave" move.
- Others saw this as an example of where PHE should have consulted with its stakeholders and those in the field to get a better appreciation of the damaging impact of the partnership.



PHE expressed support for Drinkaware, I know that was controversial, but from my point of view I need PHE to be in the space to be thinking differently and innovating on profound health problems where problems are stuck otherwise we keep having the same conversation.

Local Authority CEO



The recent Drinkaware issue has had a damaging effect on my view of PHE nationally and the process of working with Local Gov't. Engaging with Local Gov't before setting out on such issues would be better.

Local Authority DPH (in survey)



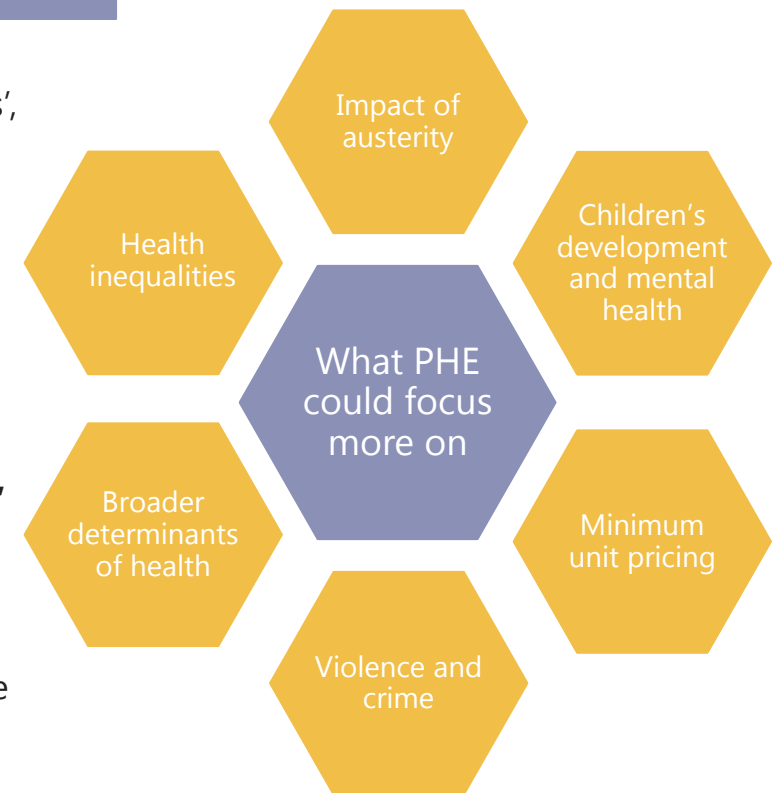
The tone deaf way in which PHE responded to legitimate concerns about Drinkaware reflects a failure to listen to constructive criticism.

Academic (in survey)


Source: Ipsos MORI

PHE could focus more on certain issues

- While recognising PHE works within political constraints and needs to 'pick its battles', it was felt that the organisation should do more work on the **broader determinants of health**, and the impact of the **austerity** reforms of the last eight years on public health.
- Stakeholders felt that, although PHE's work on specific issues such as alcohol and obesity was extremely valuable, it needed also to focus on wider public health issues, especially **childhood development**, and **child and adolescent mental health**.
- Also mentioned as areas PHE needed to engage more with were **health inequalities**, **minimum unit pricing**, **violence** and **knife crime**.
- Although one Local Authority stakeholder discussed how they would welcome more input from PHE on artificial intelligence/machine learning when prompted, it was overall felt that the organisation wasn't best placed to do so and should not prioritise this over other key issues.



The need for a more holistic approach

 They might do something on air quality, they might do something on smoking in pregnancy, they might do something on health and wealth. There's no harm in that, but I think 'Well, for me, we've got this, kind of, holistic model of public health, where do these two worlds join together? How can they join together in a way that makes sense for me?' Otherwise, I'm just going to receive a silo report and go, 'Well, there's nothing really in there for me.'

Local Authority, DPH

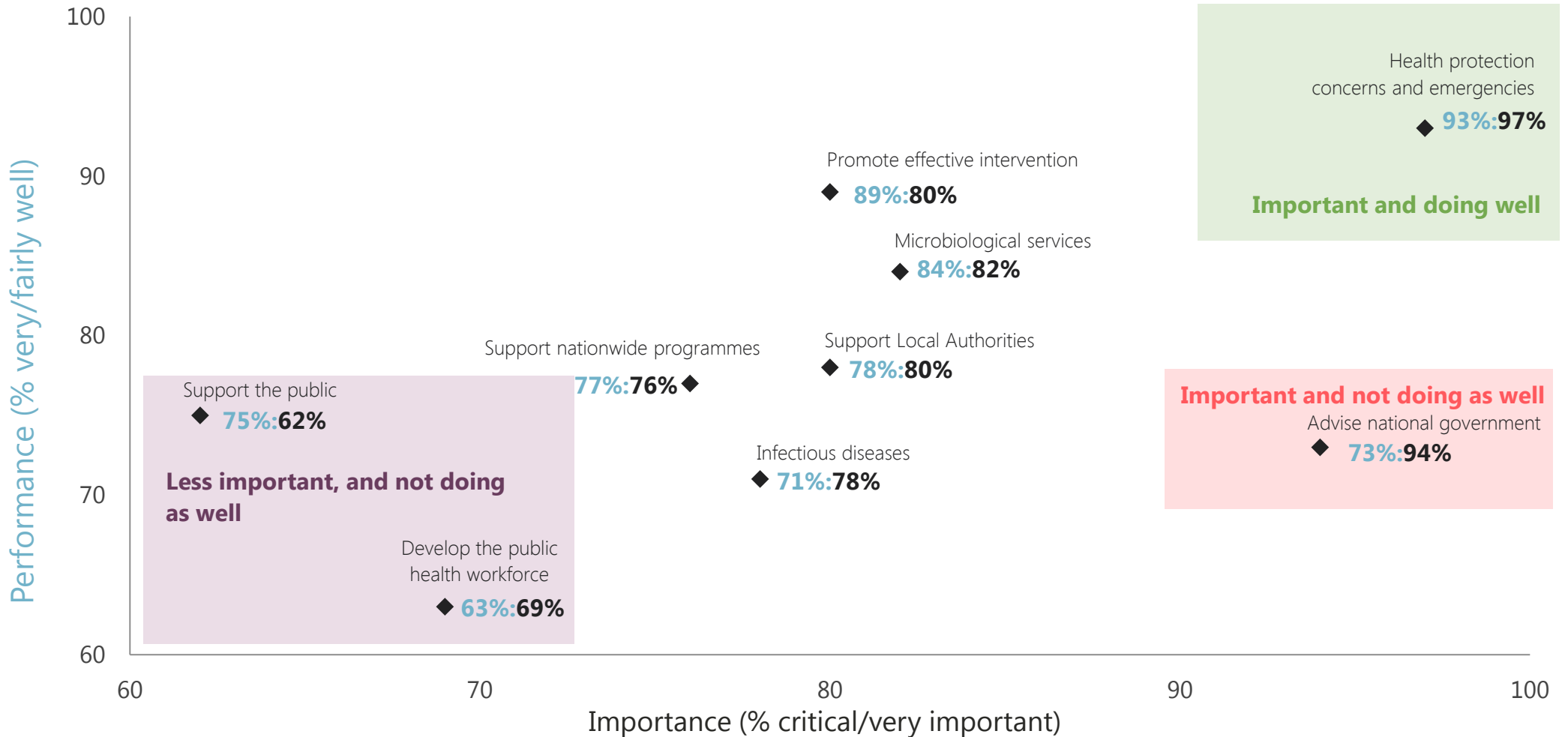
- Like in previous waves, there were some suggestions from Local Authority stakeholders that PHE focused on different public health issues in isolation, and that there was a need for its approach to be more joined up, and take a more **holistic approach**.
- Linked to this, a non-Local Authority stakeholder believed that PHE's role in addressing the broader determinants of health was key to boosting multi-agency work.

Source: Ipsos MORI

Health protection is still what PHE does best according to LAs

While Local Authority stakeholders' perceptions of the relative importance/performance of PHE's functions remain similar to previous years with health protection seen as both the most important of PHE's functions and the area in which it performs best, there have been some notable (although not statistically significant) changes. Markedly, Local Authority stakeholders think that PHE is doing less well in terms of performance in supporting nationwide programmes, and advising national government. Though not a statistically significant decline, 78% of the Local Authority stakeholders thought that PHE performed well in supporting them to protect and improve the public's health and wellbeing and address health inequalities, compared to 87% last year.

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

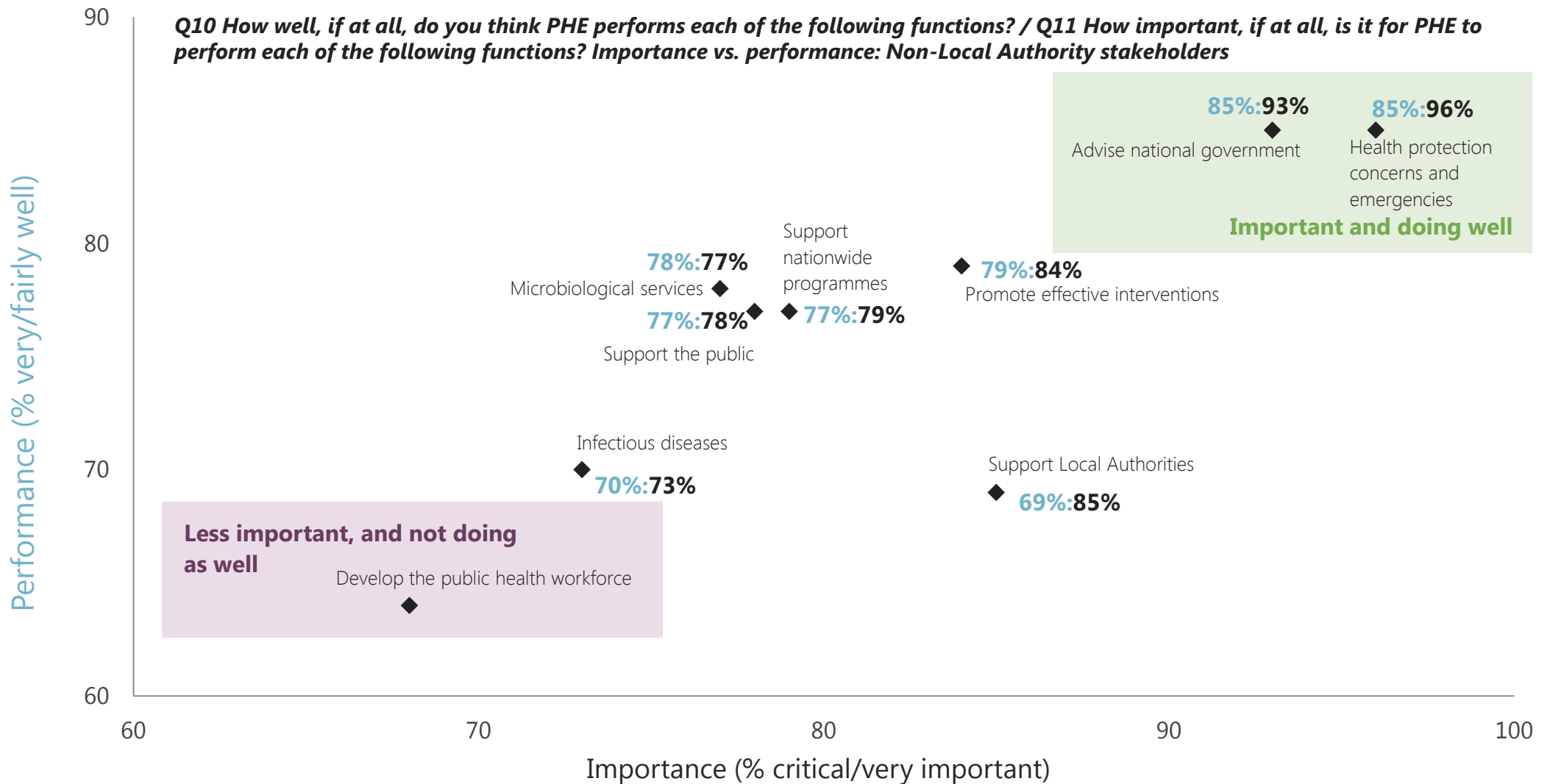


Base: Importance: All LA stakeholders (148), Performance: Base size varies for those LAs who selected as a function of PHE

Source: Ipsos MORI

Non-LA stakeholders are increasingly happy with PHE's performance

As in previous waves, non-Local Authority stakeholders feel that PHE's health protection role is important, as well as advising national government. PHE is perceived as performing better in these functions compared to last year (although the increase is not statistically significant and may reflect fewer non-Local Authority stakeholders saying they 'don't know'). Non-Local Authority Stakeholders place more emphasis on the importance of PHE supporting the public so they can protect and improve their own health than Local Authority stakeholders. They also think that its function to support nationwide programmes to support healthier lifestyles, behavioural change, early diagnosis and intervention has become increasingly important.



Base: Importance: All Non-LA stakeholders (165), Performance: Base size varies for those non-LAs who selected as a function of PHEs

Source: Ipsos MORI

Data and analysis tools are highly regarded

- Half of all stakeholders say they use PHE’s data and analysis tools a great deal/fair amount (50%). Usage remains much higher among Local Authorities (66% vs 35% of non-Local Authorities) though there does appear to be a slight decline in usage among Local Authorities from 78% in 2017/18.
- Similarly to previous waves, PHE’s data and analysis tools were praised in the qualitative discussions. Stakeholders were appreciative of the wealth, quality and also reliability of the data and resources provided by PHE. Fingertips and health impact data were among the resources mentioned by participants.
- In addition to the provision of data and analysis tools, the expertise on the production of high quality and reliable data was highly regarded, with one Local-Authority stakeholder praising PHE for helping them to produce peer reviews.
- One Local Authority stakeholder however mentioned the lack of data on specific geographic areas, and linked to this, the need for PHE to provide a nuanced view on health inequalities.

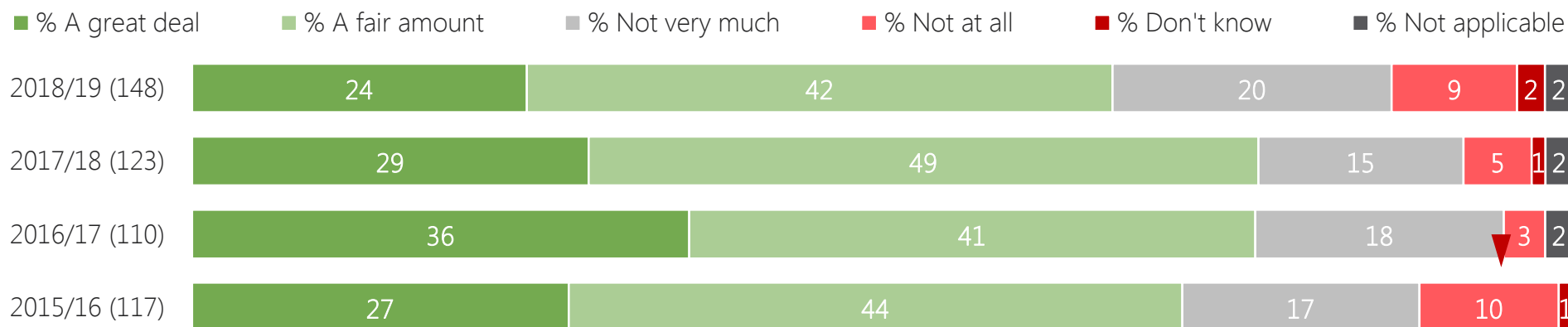


PHE are also really good on knowledge and intelligence – we have much better data because of them.

Professional body

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

Base: Local Authority stakeholders (see below)




Base: All Local Authority stakeholders (see above)

Source: Ipsos MORI

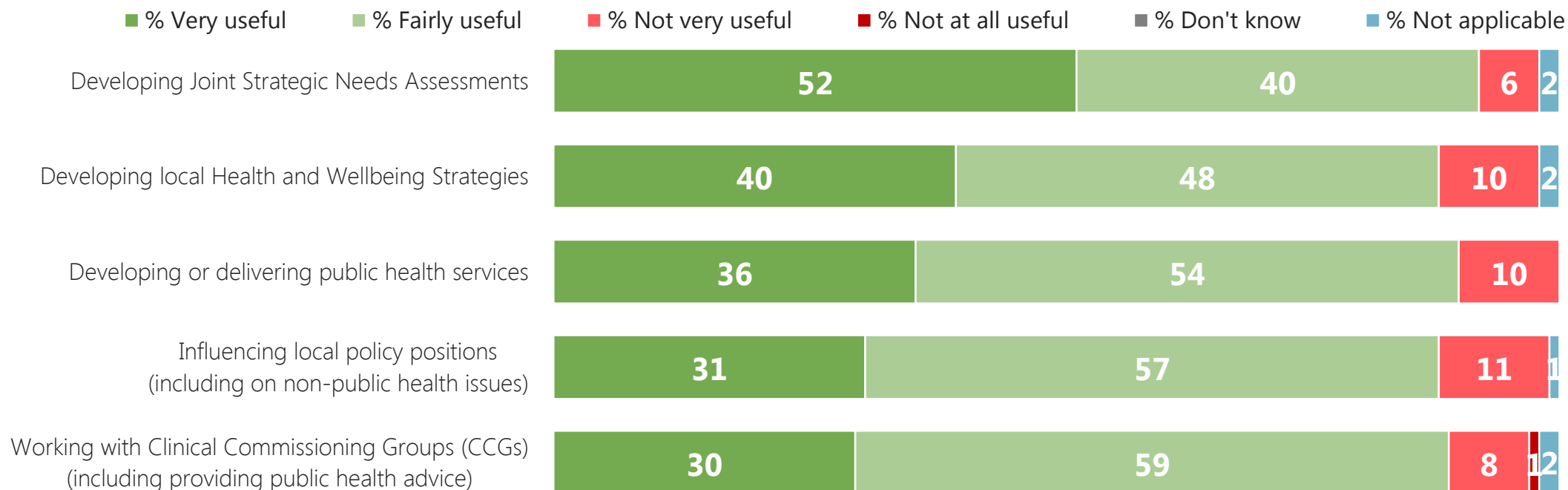
LA stakeholders use PHE's data and analysis tools for a range of activities

Local Authorities find these tools useful for a range of purposes. Similarly to previous waves, the most common reason data tools are used is for developing Joint Strategic Needs Assessments. An increasing proportion of Local Authority stakeholders use the tools for influencing local policy positions with 88% this year, compared to 83% last year.

 We couldn't deliver our population health management intelligence function without PHE. The tools they bring in and work they do with the data/analytics (...) It's a fantastic resource. That kind of evidence/ data is exceptional.
Local Authority DPH

Q.12b How useful, if at all, do you find these data analysis tools for the following activities?

Base: Local Authority stakeholders who use tools a great deal/fair amount (98)



Base: All Local Authority stakeholders who use tools a great deal/fair amount (98)

Source: Ipsos MORI

Impact

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



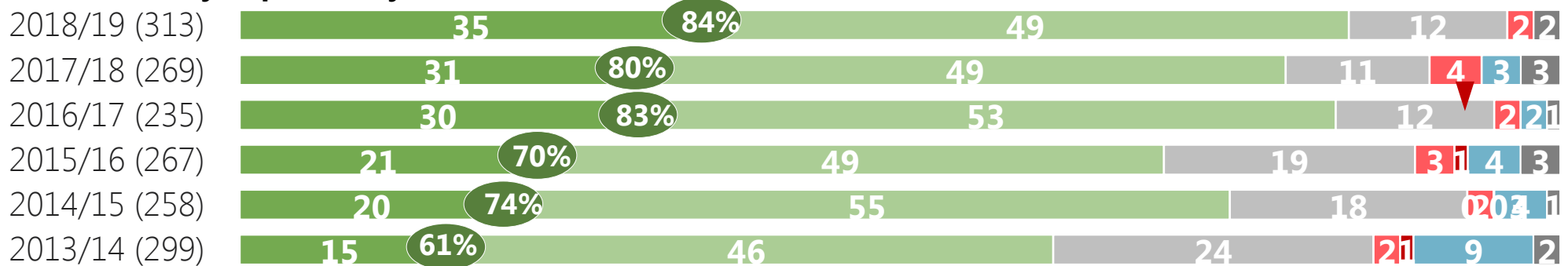
Majority of stakeholders say that PHE has a positive impact on their work and organisation

Over time, both non-Local Authority and Local Authority stakeholders think PHE is having a greater positive impact on their organisation and their work, while very few think it has a negative impact. However, Local Authority stakeholders are marginally more reserved in their judgement, being more likely to say *fairly* positive rather than *very* positive compared to non-Local Authority stakeholders.

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



...the work that you personally do

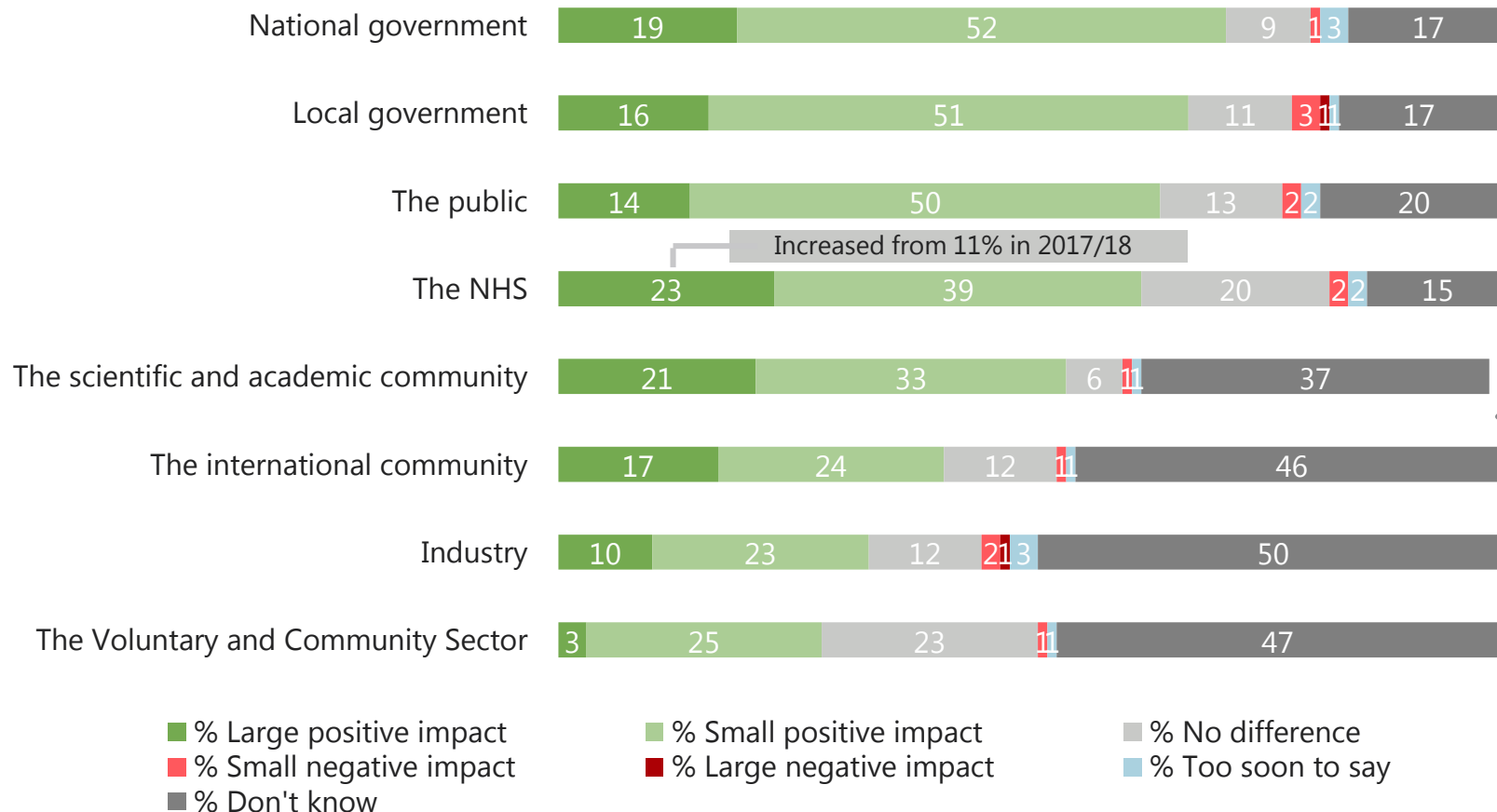


■ % A large positive impact
 ■ % A small positive impact
 ■ % It has made no difference
 ■ % A small negative impact
■ % A large negative impact
 ■ % Too soon to say
 ■ % Don't know/not relevant

PHE's impact on the NHS is increasingly being recognised

As in 2017/18, PHE is seen to have the greatest impact on national government, local government and the public (though stakeholders are not able to comment as well for many of the other bodies). However, this year sees a marked increase in both Local and non-Local Authority stakeholders thinking PHE has a positive impact on the NHS - this is in line with some of the qualitative discussions which highlighted PHE's influence in getting prevention into the heart of the NHS 10-year plan.

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



Removing 'Don't knows' reveals PHE to be most impactful on the scientific/ academic community (34% large positive impact) and internationally (31%)

PHE's influence has been most notable on the NHS and internationally

Stakeholders have noticed PHE's influence on the NHS

- Some stakeholders acknowledged that getting purchase with the NHS and ensuring prevention remains at the forefront of policy was a challenge.
- But, this year there was greater recognition of PHE exerting a greater influence on the NHS, with some saying PHE could take credit for getting prevention 'into the heart' of the 10-year plan.
- However, the views were somewhat nuanced with some saying there was more to be done in securing meaningful engagement with the NHS which didn't amount to lip service.



They have influenced the NHS a lot on the prevention agenda – my 30th year working in public health and they've done that in a way we've never been able to do.

Local Authority DPH



I think PHE have struggled to get real purchase in this area with the NHS, though everyone finds them hard to deal with.

Professional body

PHE is seen to be particularly effective internationally



They are impactful globally, internationally they have been really helpful to developing countries, the UK is punching above its weight internationally.

Professional body

- PHE's work on improving health and achieving health equity for all people worldwide had not gone unnoticed. In addition, the international stakeholders we talked to praised PHE's work with other countries and its endeavour to share its skills, knowledge and experience.
- However, one stakeholder raised concerns about PHE's growing international responsibilities with limited resources which meant it needed to prioritise its efforts.



I get the sense that they're trying to stretch their existing human resources over quite a large number of different issues, and countries, and regions.

Other Government Department

Source: Ipsos MORI

There is appetite for greater influence over policy and ICSs/STPs

PHE could do more to influence government policy

In general, most stakeholders felt PHE did well to advocate against government given the constraints of being an arms-length body. Indeed some stakeholders commented that PHE got the balance right between pushing its agenda and remaining in favour. Others however would like for PHE to exert greater influence over government policy and felt that it was constrained in its ability to do this, both politically and also due to limitations in resources and capacity.

“If PHE was constantly berating the government and saying it wasn't doing enough to improve public health, it would become very quickly unpopular and lose the influence it has. You have to know when to push and when to back off. I think in doing that you will disappoint some people and might not always get it right.

National other

“What I value about them is when they are able to influence stuff and make a difference to public health. But they are limited by their budget, they're limited by their mandates and what they're allowed to do.

Professional body

“Education reforms, reforms to children's social care, policing reforms – has anyone challenged the health impact of those reforms? At the local level we have to pick up the pieces.

Local Authority DPH

Still calls for more visible work with ICSs/ STPs

Although there was some recognition that PHE had been more influential with STPs and ICSs, some stakeholders suggested that its involvement remained too limited and it needed to do more to ensure prevention was on their radar, given the opportunity for public health principles to inform their work.

“PHE need to be more vocally and visibly championing prevention and population health. I haven't heard any commentary from Duncan in the last two years on STPs, I don't read the HSJ, I read local government journals... Simon Stevens has a national view and bangs the table about what he wants, I don't see that from Duncan.

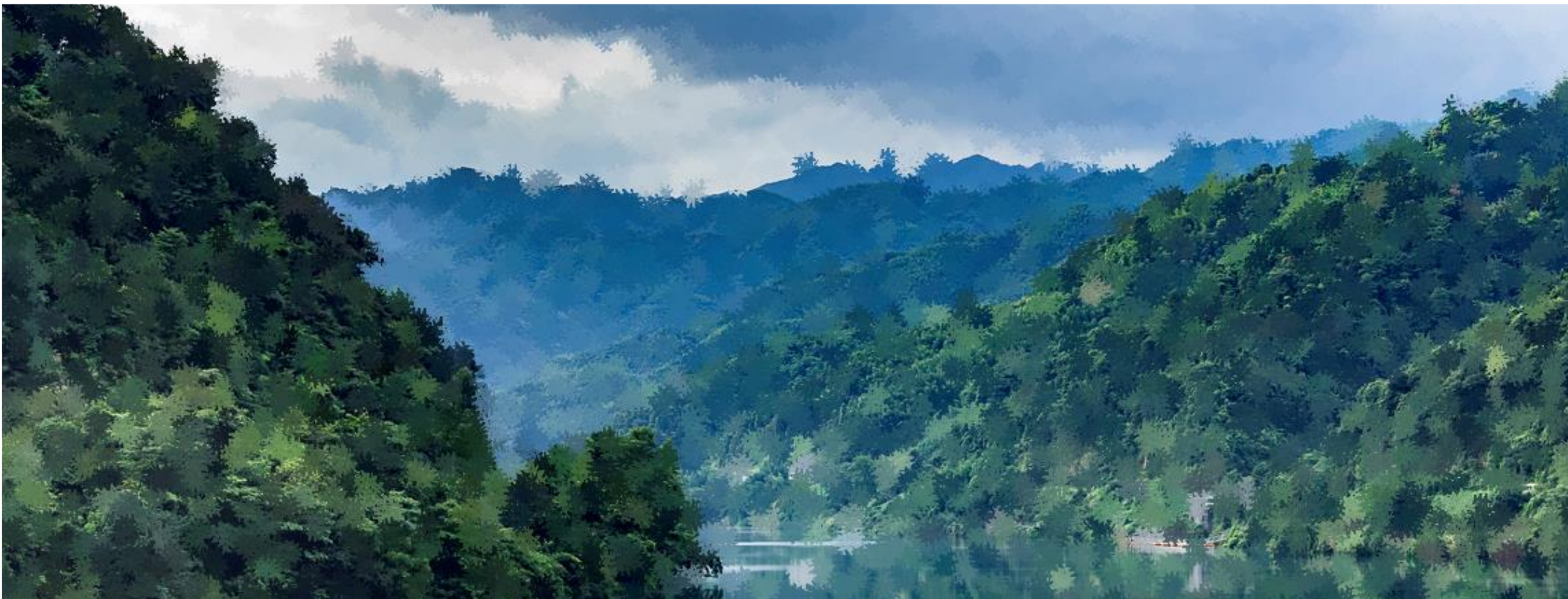
Local Authority CEO

There was some acknowledgement that stakeholders might simply not see the work PHE is doing with ICSs/ STPs though a number of stakeholders had direct experience which they could comment upon. One stakeholder praised the support provided by PHE to their ICS, whilst one STP lead could not see the benefit of PHE's advice, but rather wanted more 'troops on the ground' to assist in delivery.

“I don't know what they could offer that would help... What we need is not advice and influence, we need troops on the ground.

STP lead

Source: Ipsos MORI



Looking ahead

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

There is uncertainty ahead but prevention is on the agenda

Stakeholders identified a number of key challenges facing PHE:

PHE's funding

Some stakeholders talked about the need for PHE to get a good settlement from the Spending Review. They reflected that PHE may have to do more with less, become smaller, work more in partnership or, as one stakeholder put it, there could be a 'conglomeration' of PHE, NHSE and NHSI.

Austerity

Austerity was named by a handful of stakeholders as a challenge to PHE's ability to have a positive impact on the health of the nation. There were calls for PHE to comment more noticeably on the potential impact of continued austerity measures.

"How effective can a public health agency be at making further gains in a period of austerity?" **Voluntary and Community Sector**

Funding for Local Authorities

Stakeholders want to see PHE make a strong case for the protection of Local Authority budgets and the continued investment locally. Without which, some stakeholders felt that the relationship between PHE and Local Authorities would be put under considerable strain, particularly if Local Authorities were unable to deliver what was asked of them.

"There is the risk of funding/ the ring-fence and the pressure this will put on its relationship with Local Authorities." **Local Authority CEO**

The uncertainty of Brexit

A number of stakeholders mentioned Brexit as a potential challenge for PHE to navigate though they were uncertain of its implications. Some mentioned potential impacts on the health of populations if the economy is negatively affected, others felt Brexit could lead to workforce challenges. International stakeholders worried about not being able to access the public health expertise held in the UK.

"If Brexit goes really badly and the economy goes badly, then that's going to have a really major impact on health in the UK." **Professional Body**

Prevention is increasingly on the agenda which is a significant opportunity for PHE

A number of stakeholders felt PHE has significant opportunities to progress its agenda given the greater emphasis placed on prevention in both the 10-year plan/ NHS and by the new Secretary of State.



They have a health secretary that cares about prevention, this green paper is a big opportunity not to be lost. **Professional Body**

Source: Ipsos MORI

Implications

- PHE should **reflect positively** on the findings of this report. Despite an increasingly pressurised environment and ever-tightening budgets both locally and nationally, advocacy scores and assessments of working relationships remain remarkably positive.
- There are however some indications that the **pressurised environment** Local Authorities are working in could negatively impact on PHE's relationship with local areas as their ability to do more with less reaches its limits.
- PHE can do more to engage its stakeholders meaningfully and crucially this requires **earlier engagement** so that announcements/ publications and issues do not take stakeholders by surprise.
- Momentum is behind the **prevention agenda** with the 10-year plan and support of the Secretary of State which stakeholders are willing PHE to capitalise on. Though its efforts have been recognised and are received positively by its stakeholders, they are looking for PHE to ensure that prevention is not just paid lip-service to.
- There are still calls from those working outside of **ICSs/ STPs** for PHE to provide reassurance that it is working to ensure that public health principles underpin local plans and their delivery.
- Stakeholders have a range of issues they would like to hear more from PHE on: childhood development, child and adolescent mental health, health inequalities, minimum unit pricing, violence and knife crime. Though underpinning much of these, stakeholders are looking for PHE to assert its influence more vocally in relation to the consequences on health of **austerity and policy reform**.

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Ipsos Public Affairs

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Appendix



Ipsos Public Affairs

Methodology details (I of II)

Questionnaire and discussion guide development:

The questionnaire and discussion guide were developed following an immersion meeting with PHE's core project team to review the research objectives, followed by depth interviews with four senior directors within PHE.

Before going into field the questionnaire was reviewed by Ipsos MORI's Polls for Publication team which comprises the company's most senior directors with expertise across a wide range of sectors, who review all research materials destined for the public domain.

Sample selection:

The sample was requested by PHE to include all Local Authority Directors of Public Health and Chief Executives, and to cover an array of non-Local Authority stakeholders, as follows:

- Voluntary/community sector
- Professional organisations
- Academic (e.g. universities)
- Business
- Other government departments
- National agencies
- NHSE regional teams
- CCGs

The initial sample for the 2013/14 research was developed in collaboration with internal colleagues across PHE's directorates and at the national, regional and centre level. The sample is refreshed each year to reflect changes in the stakeholders PHE works with and to update individual contacts.

63 stakeholders were identified by PHE as potential participants to complete a qualitative interview. These stakeholders were selected based on their role, as well as their familiarity and knowledge of PHE's work. The stakeholders chosen to take part in the qualitative interviews represent a cross section of the stakeholders PHE works with, both at a national and local level.

For both the quantitative and qualitative elements of the research, it was possible for stakeholders to refer participation on to other colleagues if they deemed it appropriate to do so.

Source: Ipsos MORI

Methodology details (II of II)

Fieldwork:

Quantitative research

- Completed between 29 October to 7 December 2018
- Online questionnaire emailed to 793 key stakeholders
- Telephone interviews conducted with non-responders in final 4 weeks
- Response rate of 34% achieved (313 completes)

Unique links to the online survey were created for all participants to ensure no individual could take part more than once. A number of measures were taken to boost response rate, in order to reduce non-response bias: telephone chasers to those who had not responded; 2 reminder emails; advance email and introductory email signed by Duncan Selbie; short survey length of 12 minutes; and a commitment from PHE to publish the results (as done in previous years).

Qualitative research

- 33 depth interviews with key external stakeholders
- Fieldwork conducted between 12 November and 7 December 2018
- Exploration of issues and themes in more depth
- 14 interviews with Local Authority stakeholders, others spread across different sectors

All interviews were recorded (with the participant's permission), and comprehensive notes were written up into an analysis matrix in Microsoft Excel. Multiple analysis sessions were held during and after fieldwork to discuss the main themes, commonalities and divergence across the stakeholder groups. These discussions were structured around the research objectives.

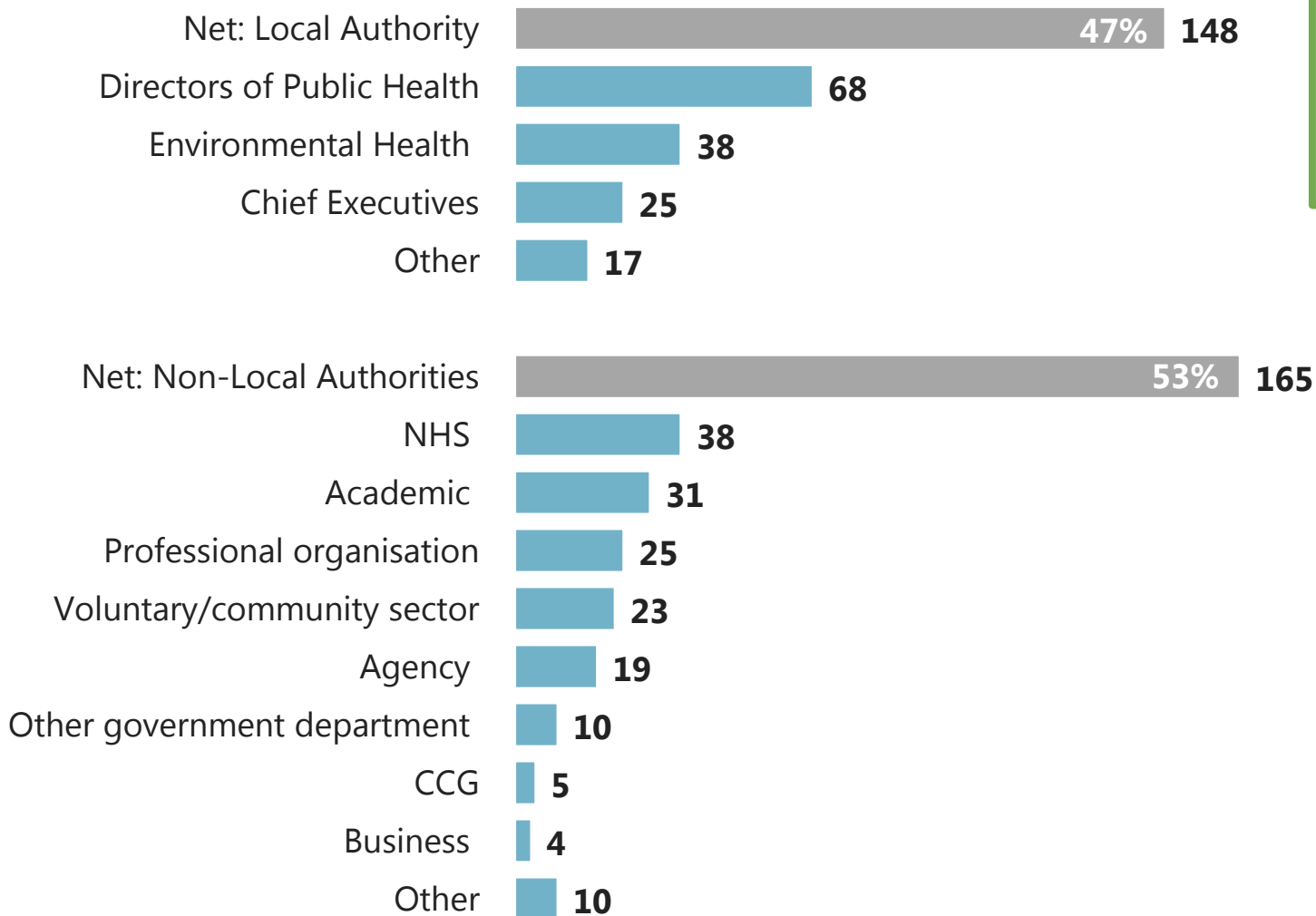
Quality assurance:

This work was carried out to a number of industry standards; Ipsos MORI is a company partner of the Market Research Society (MRS) and all our operations and researchers abide by the MRS Code of Conduct. Our work meets a number of quality standards set by the market research industry, including ISO 20252, the international standard for Market Research.

Source: Ipsos MORI

Quantitative sample

2018/19 breakdown by stakeholder type (Number)



Comparison to previous waves

In 2013/14 Local Authority stakeholders represented 58% of the sample. In subsequent years the distribution of Local Authority and Non-Local Authority stakeholders was similar to 2018/19.

Qualitative sample

Stakeholder type	Number interviewed
Local Authority	14
Professional body	5
Other government department	3
Agency	6
VCS	2
Academic	1
Other	2

Breakdown

Non-Local authority

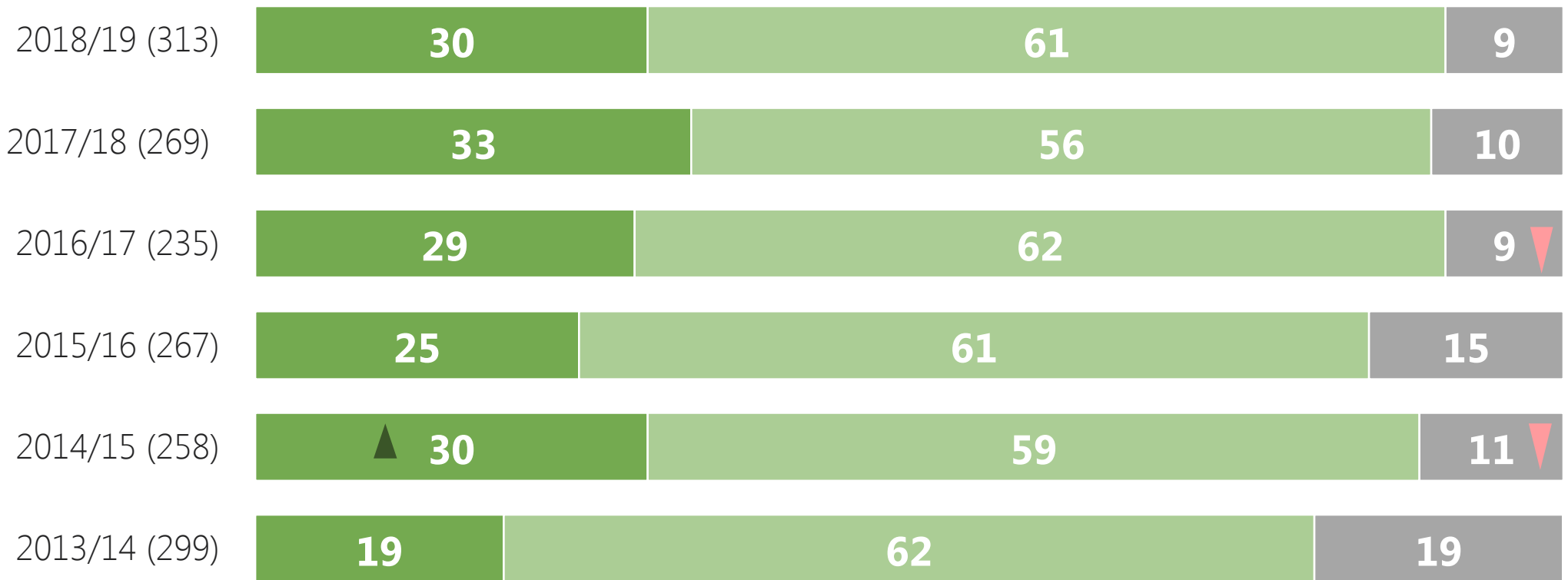
- NHS England
- National Institute of Public Health, France
- National Association of Primary Care
- Nigeria CDC
- Sport England
- DFID
- DEFRA
- The Royal Society for Public Health
- Faculty of Public Health
- Royal College of Physicians
- The Association of Directors of Public Health
- Local Government Association
- Diabetes UK
- Cancer Research UK
- 6 organisations wished not to be disclosed

Local Authority

- Nottinghamshire County Council
- Worcestershire Council
- Cheshire Council
- Surrey Council
- Camden Council
- Middlesbrough Council
- Isle of White Council
- Coventry City Council
- Devon County Council
- Greater Manchester Health and Social Care Partnership
- Greater London Authority
- West Midlands Combined Authority
- 2 authorities wished not to be disclosed

Q.1 How well, if at all, do you feel you know Public Health England? Would you say you know it...

- % Very well
- % A fair amount
- % Just a little bit
- % Have heard of it but know nothing about it
- % Never heard of it

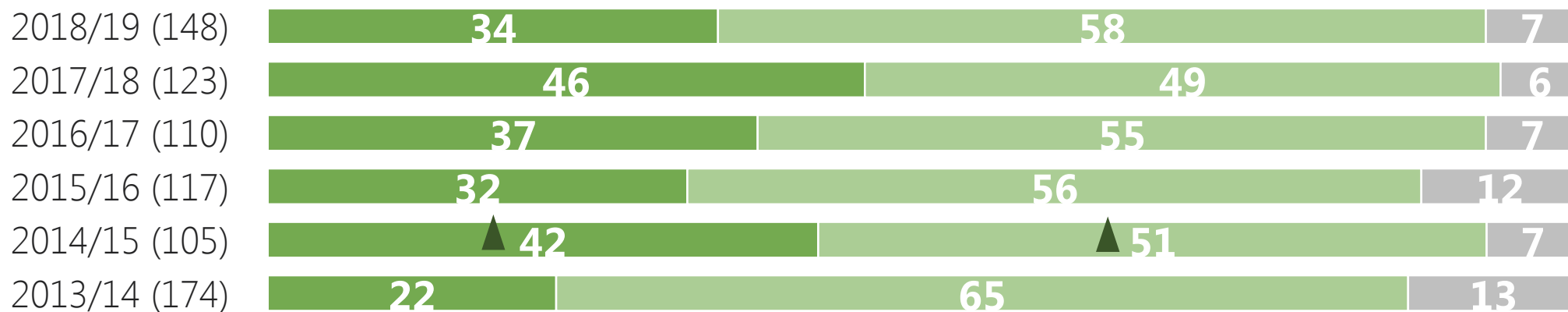


Base: All respondents (see above)

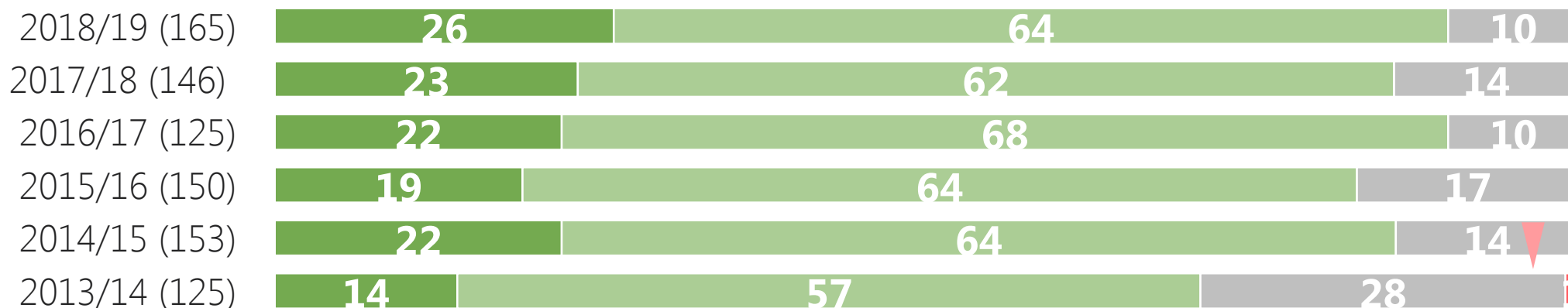
Source: Ipsos MORI

Q.1 How well, if at all, do you feel you know Public Health England? Would you say you know it...

LA



Non LA



■ % Very well

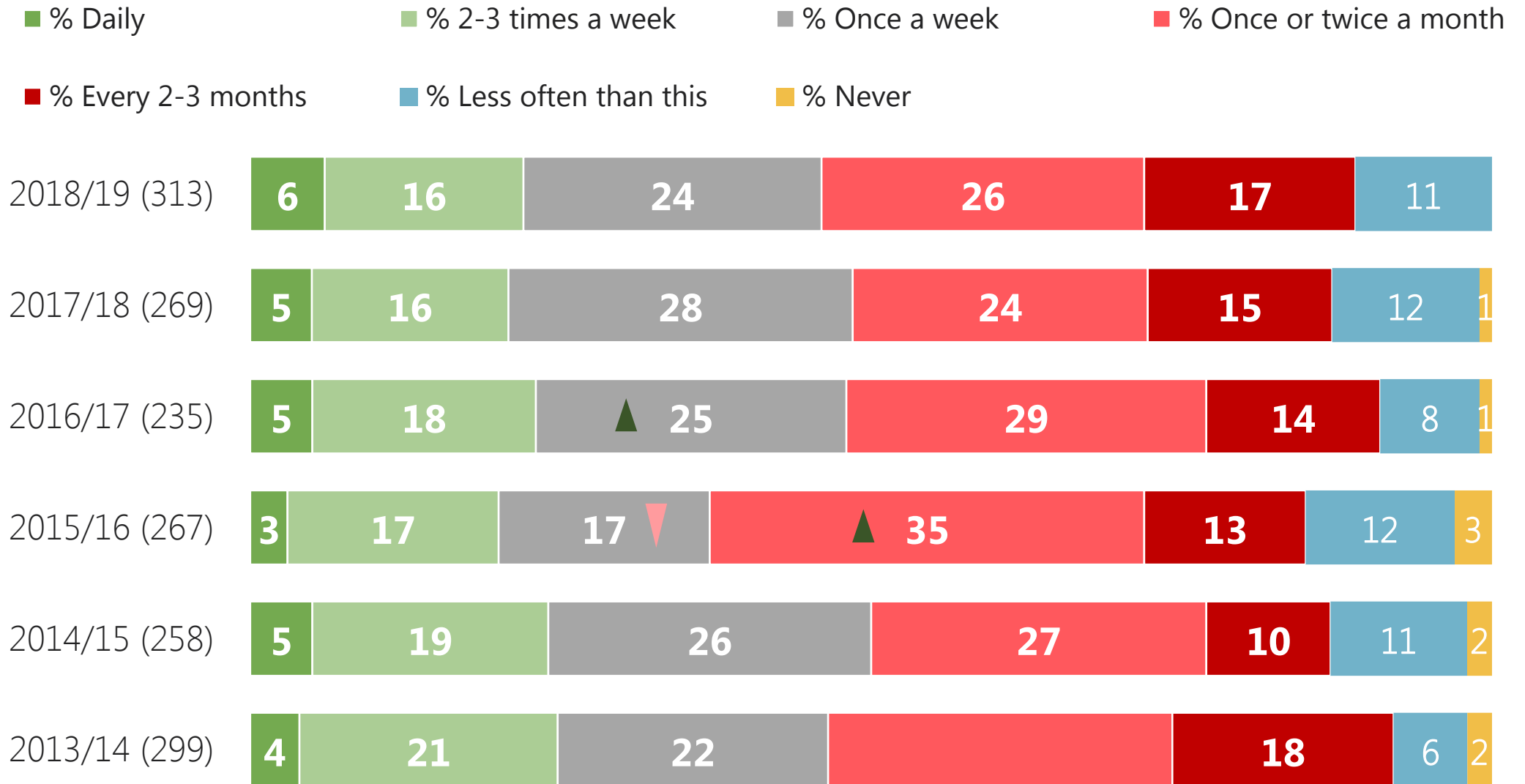
■ % Just a little bit

■ % Never heard of it

■ % A fair amount

■ % Have heard of it but know nothing about it

Q2. How often, approximately, would you say you are in contact with Public Health England?

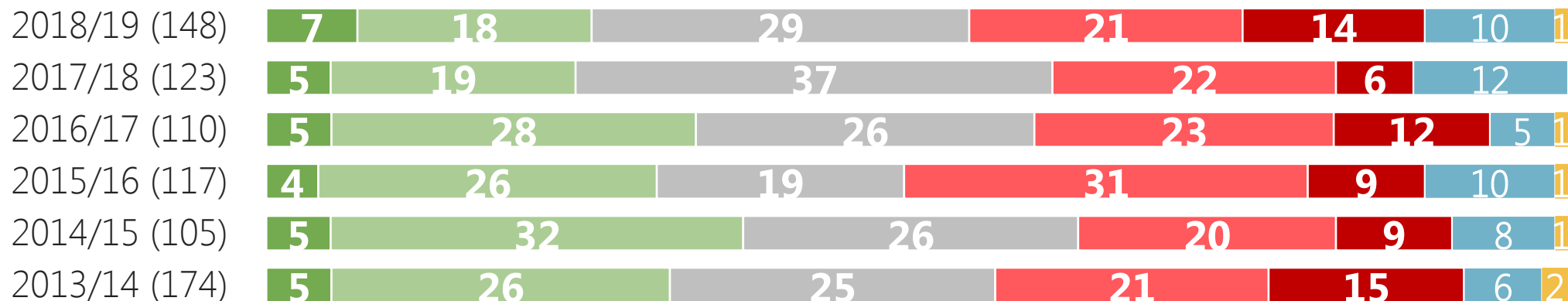


Base: All respondents (see above)

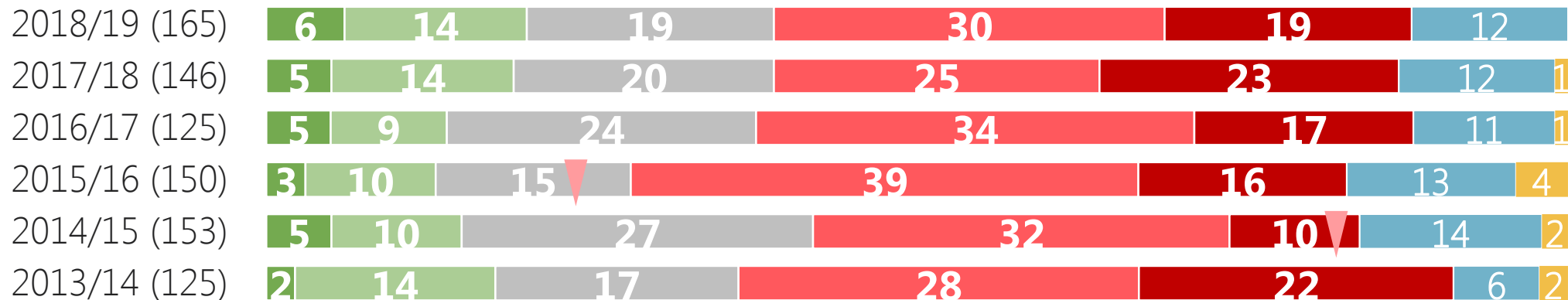
Source: Ipsos MORI

Q2. How often, approximately, would you say you are in contact with Public Health England?

LA



Non LA



■ % Daily

■ % Once or twice a month

■ % Never

■ % 2-3 times a week

■ % Every 2-3 months

■ % Once a week

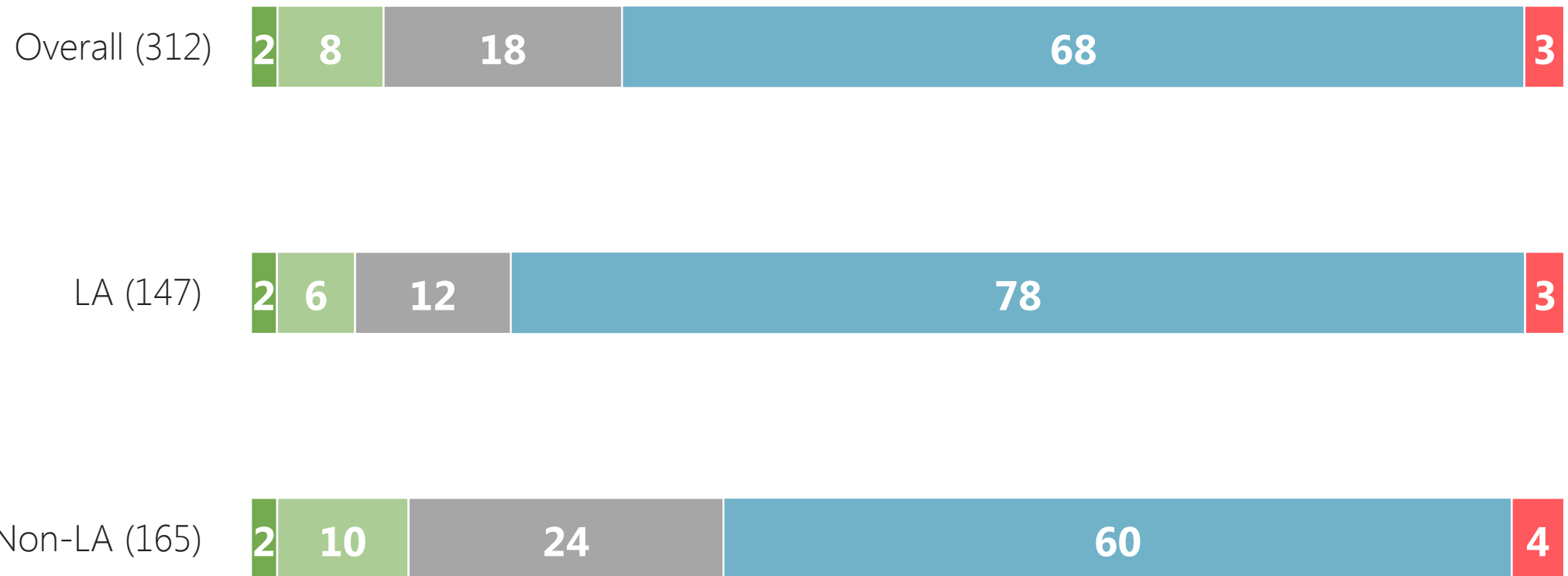
■ % Less often than this

Base: All respondents (see above)

Source: Ipsos MORI

Q2N. How long, approximately, have you been in contact with Public Health England?

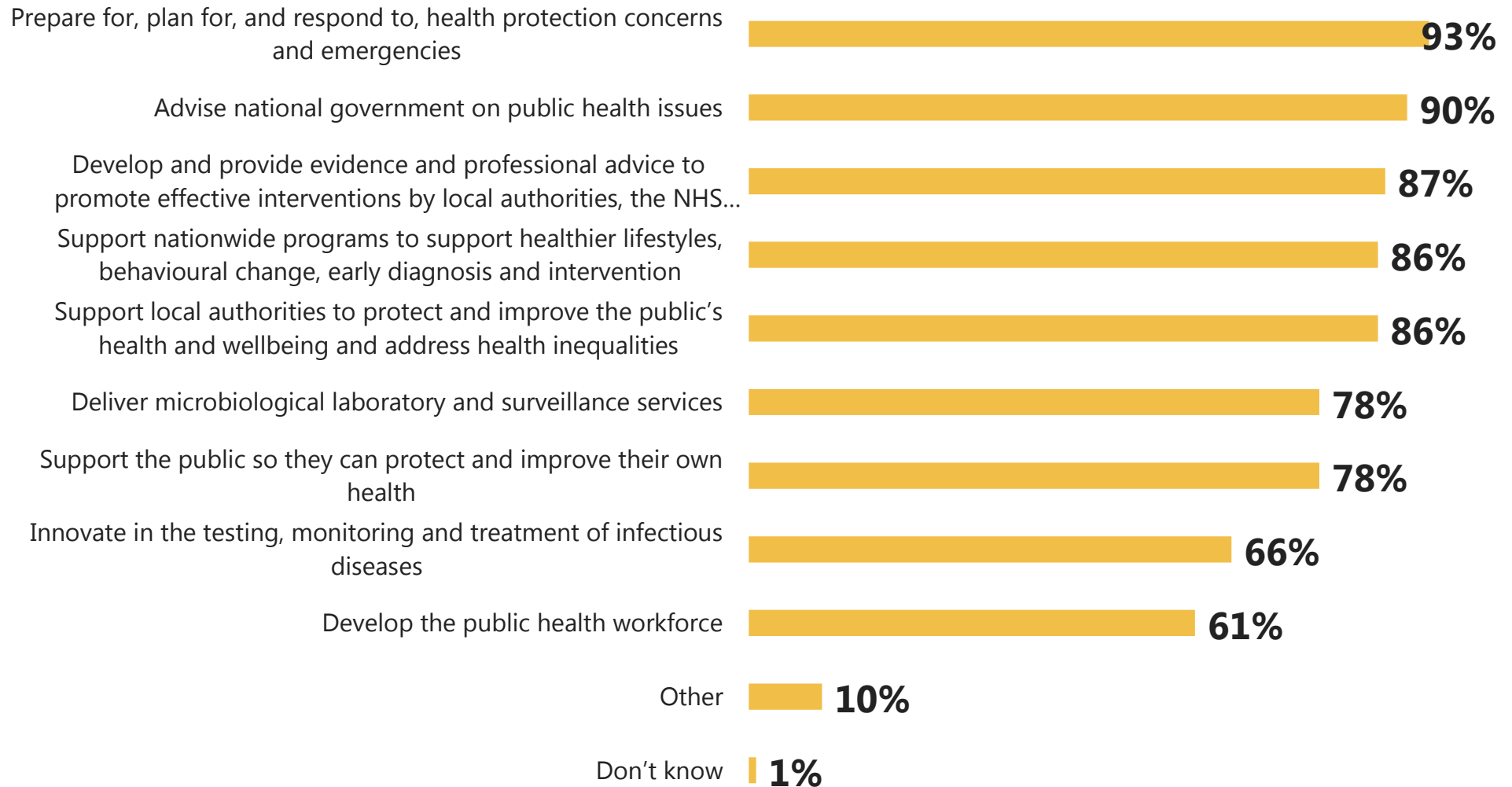
■ % Less than 1 year ■ % 1-2 years ■ % 3-4 years ■ % 5-6 years ■ % Don't know



Base: All respondents who contact PHE (see above)

Source: Ipsos MORI

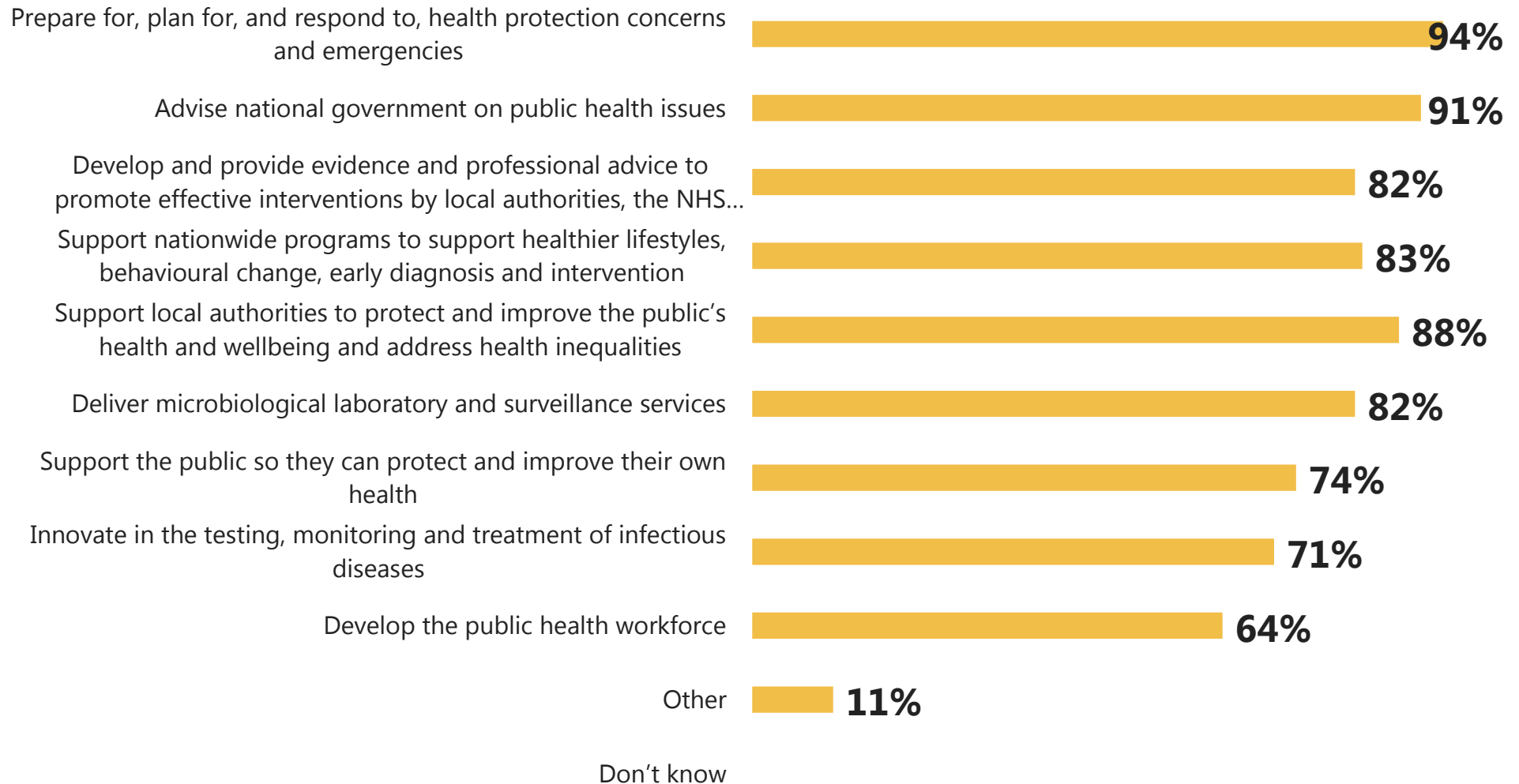
Q.9 Which of the following statements, if any, best describe the functions of Public Health England?



Base: All respondents (313)

Source: Ipsos MORI

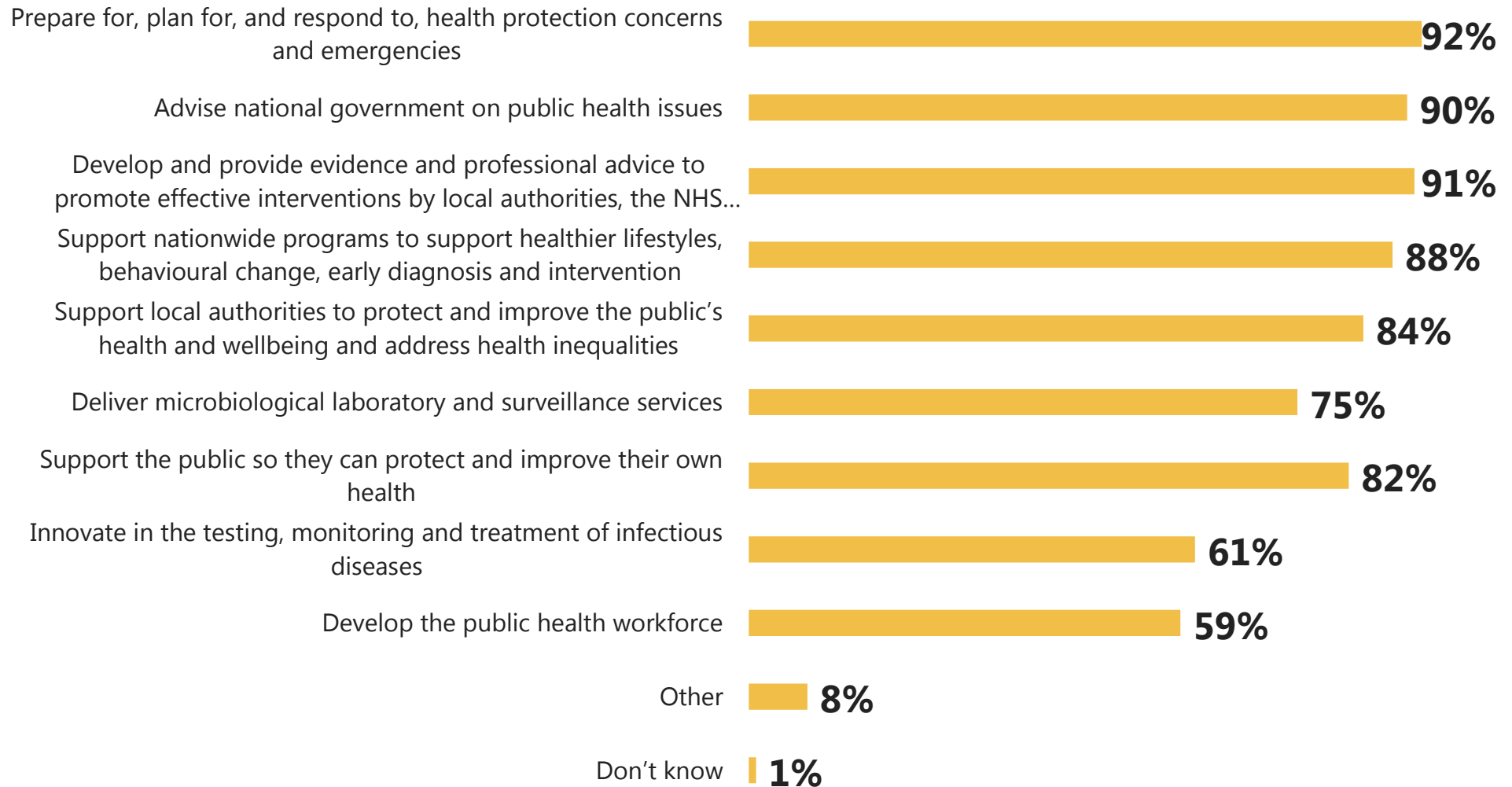
Q.9 Which of the following statements, if any, best describe the functions of Public Health England?
Non-Local Authority stakeholders



Base: All respondents (313)

Source: Ipsos MORI

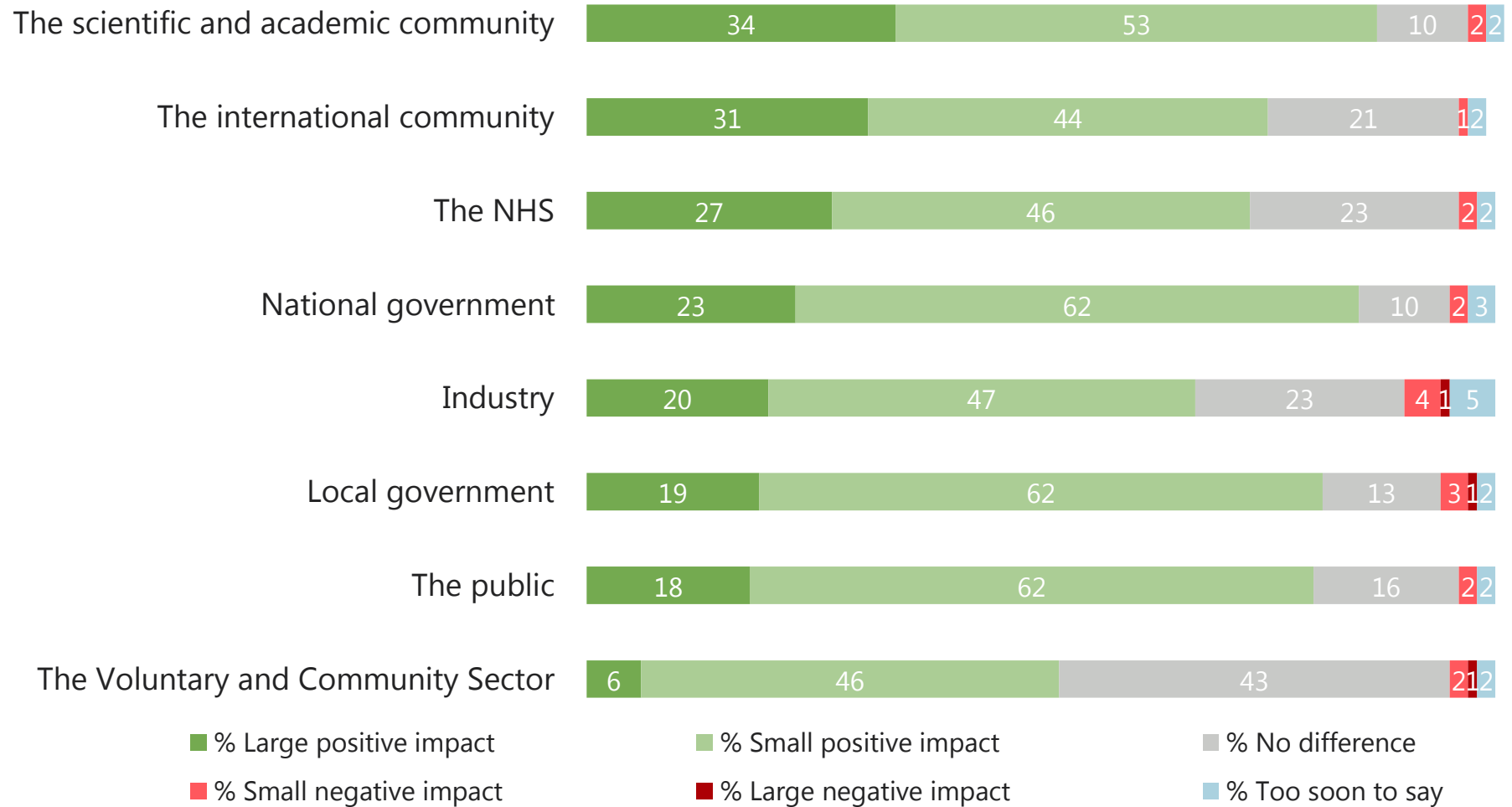
Q.9 Which of the following statements, if any, best describe the functions of Public Health England?
Local Authority stakeholders



Base: All respondents (313)

Source: Ipsos MORI

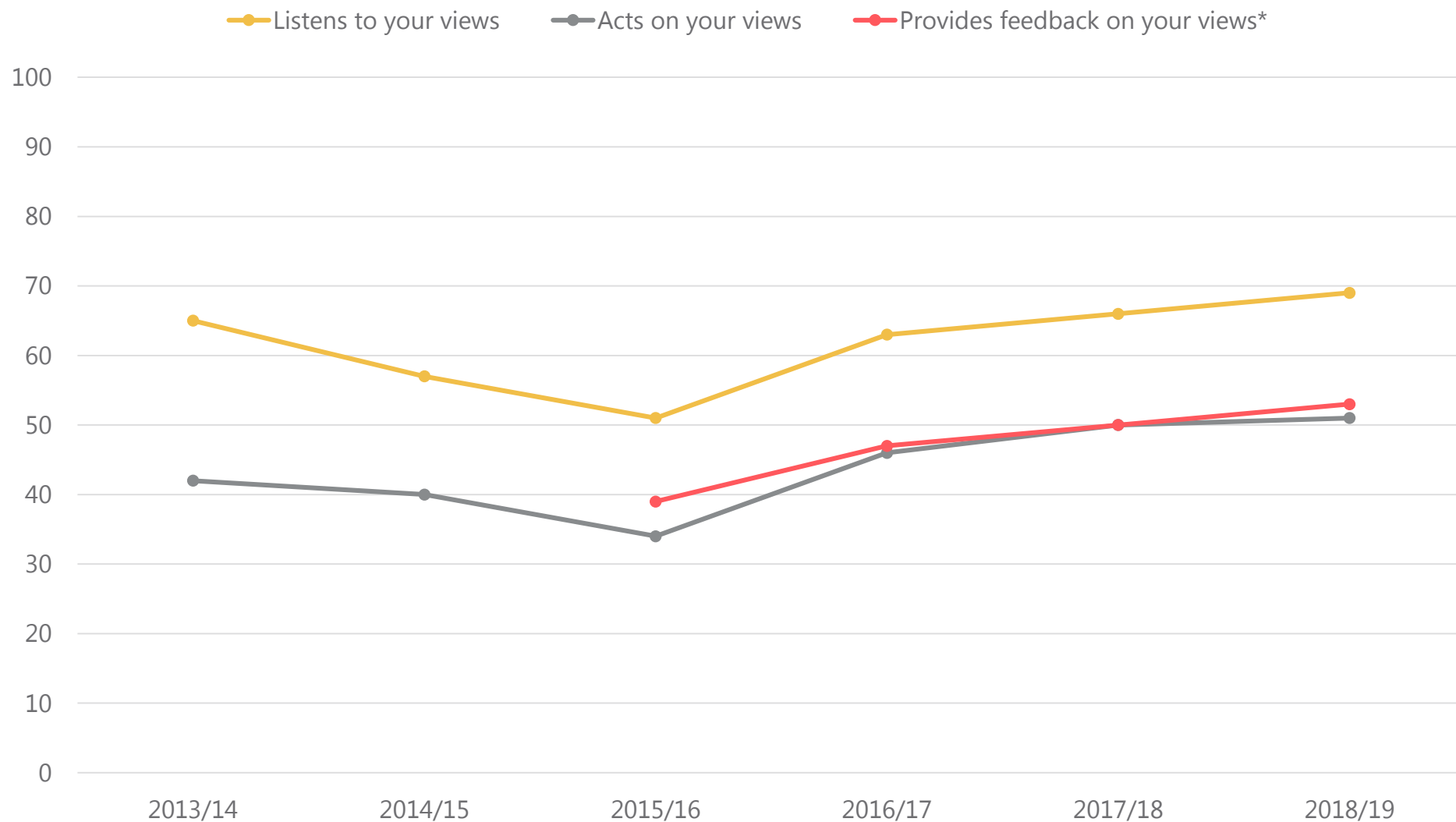
Q.15 What impact, if any, has Public Health England had on...



Base: All stakeholders excluding those who answered don't know: The scientific and academic community (198), The international community (170), The NHS (266), National government (261), Industry (156), Local government (260), The public (251), The Voluntary and Community Sector (167)

Source: Ipsos MORI

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



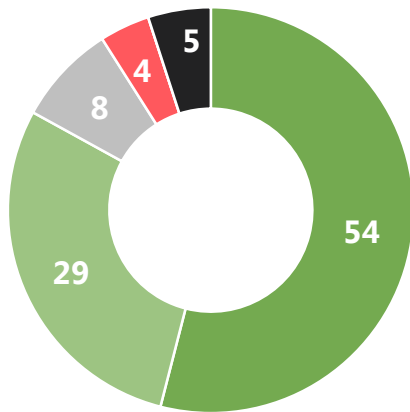
* Introduced to questionnaire in 2015/16 wave

Base: All stakeholders (2013: 299, 2014: 258, 2015: 267, 2016: 235, 2017: 269, 2018: 313)

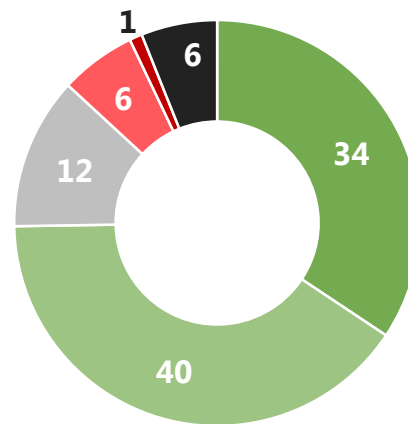
Source: Ipsos MORI

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

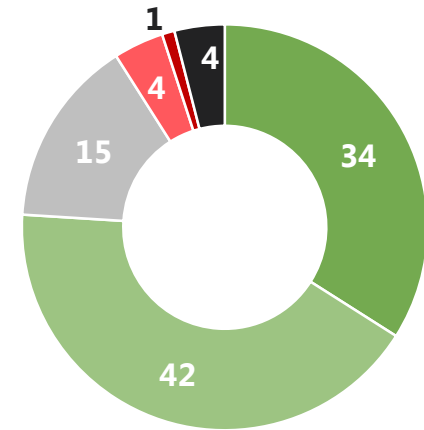
...When I contact Public Health England, I generally receive a prompt response



...The advice I receive from Public Health England is consistent



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



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