

A group of five runners is captured in a park setting during a sunrise or sunset. The runners are silhouetted against the bright sky, with long shadows cast across the grass. The background features several trees and a clear blue sky. The overall mood is active and healthy.

**Public Health England**

# Stakeholder research 2015/16

February 2016

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**Ipsos Public Affairs**

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# 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 reduce the inequalities experienced in health and wellbeing outcomes.

## Objectives

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

- **Working relationships:** How do stakeholders find working and communicating with PHE?
- **PHE's priorities, ambitions and focus:** How well do stakeholders understand PHE's goals? And how well do they think PHE is performing against these?
- **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

Quantitative research completed 20 October to 27 November 2015. Fieldwork was moved forward compared to 2013/14 and 2014/15 to account for the Spending Review (25 November 2015).

- Online questionnaire emailed to 686 key stakeholders
- Telephone interviews conducted with non-responders in final 3 weeks
- Response rate of 39% achieved (267 completes)

## Qualitative

Followed by 20 depth interviews with key external stakeholders

- Fieldwork conducted between 30 November 2015 – 4 January 2016 (following the Spending Review )
- Exploration of issues and themes in more depth
- 5 interviews with Local Authority stakeholders, others spread across different sectors (see appendix for a list of organisations represented)

## 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 on in the text are statistically significant at the 95% confidence interval unless otherwise stated. A pale box within a chart represents a statistically significant difference between the two figures enclosed.
- Throughout, an asterisk (\*) in a chart represents a figure that is less than 0.5% but greater than zero.

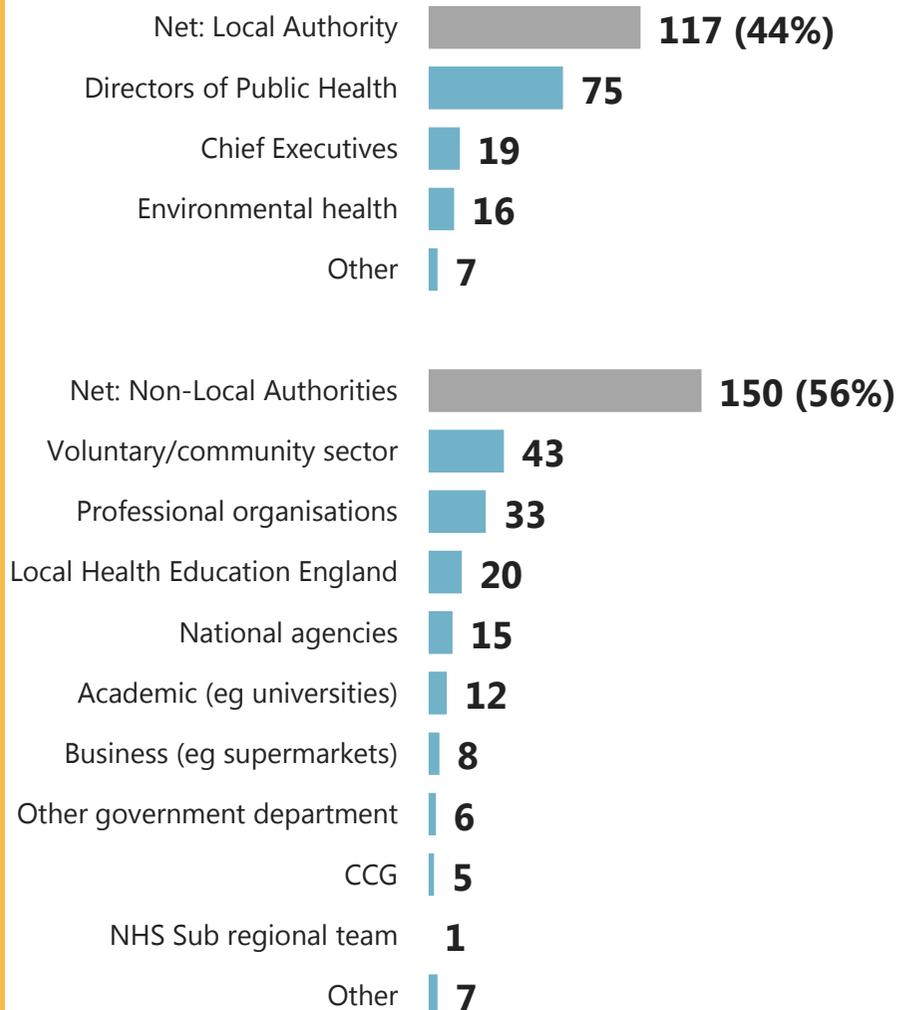
*More details on the methodology can be found in the appendix.*

Source: Ipsos MORI

# Sample breakdown

Below is a breakdown of participants according to stakeholder type, and a table to illustrate how this compares to participant profiles in previous waves of the research. There have been some fluctuations in the profile of participants over time; 2015/16 sees in particular higher proportions of participants from the Voluntary and Community Sector, professional organisations and Local Health Education England teams and a smaller proportion from regional NHS England teams. This reflects the changes in profile of PHE's stakeholders, as well as changes in the sector itself.

## Breakdown by stakeholder type (Number)



## How this compares to previous waves

Stakeholder type	2014/15	2013/14
<b>Local Authority</b>	<b>105 (41%)</b>	<b>174 (58%)</b>
Directors of Public Health	64	80
Chief Executives	17	49
Other	24	45
<b>Net: Non-Local Authorities</b>	<b>153 (59%)</b>	<b>125 (42%)</b>
Voluntary/community sector	38	32
NHS Local Area Teams	29	8
Professional organisations	26	21
Environmental Health	16	22
Academic	15	5
Business	13	11
National agencies	11	18
Local Health Education teams	N/A	5
CCG	5	N/A
Other	N/A	3

Source: Ipsos MORI

# Summary of key findings (I of II)

- There is much for PHE to be encouraged by in this report. On the whole, stakeholders are **positive about their relationship** with PHE and **levels of advocacy are high** – particularly in comparison to stakeholder reviews for other public sector organisations. This is especially notable given the infancy of PHE as a body
- Stakeholders can name **positive changes** to their relationship, are satisfied that PHE **works in partnership** with them, and PHE is increasingly seen to have a **positive impact** on stakeholders' organisations
- PHE's strengths continue to be most closely associated with its **health protection role**, but the organisation's **culture, impact and responsiveness** were highlighted in the qualitative interviews as key assets
- Increasingly PHE is perceived as an **influential and credible organisation**, notably having a significant impact this year on Ebola, e-cigarettes, sugar, and the prevention agenda. A minority still call into question PHE's independence, however stakeholders are largely satisfied PHE **acts independently and in the public's interest**
- PHE's structure and diversity of functions can make it hard for stakeholders to judge PHE as one organisation – the findings hint at the **complexity of these views** and whilst stakeholders have suggestions for where PHE needs to improve, overall the organisation is **highly valued** and stakeholders **welcome its presence and impact** in the public health community

# Summary of key findings (II of II)

- Local Authority stakeholders report **improving relationships at centre level**, and there is a reliance on PHE for health protection advice. Furthermore, high numbers agree that they get a prompt response from PHE, get what they need and receive consistent advice
- However, **shifts are beginning to emerge in Local Authority stakeholder views** with some declines in positivity seen. There are a number of potential explanations for this:
  - This year there is quite a marked drop in Local Authority stakeholders who feel PHE understands their priorities (with this being an important driver of overall positivity). Currently two-thirds of Local Authority stakeholders **do not feel PHE understands their priorities**
  - Stakeholders are less likely to agree this year that they have **a clear point of contact at PHE** – particularly so for Local Authorities which may relate to the re-structure of PHE's Centres
  - Stakeholders are in **less frequent contact** with PHE this year compared to last. Typically those in more frequent contact are more positive towards PHE so this may, in part, explain the shifts in results however frequency of contact has fallen for both Local Authority and non-Local Authority stakeholders
- Qualitatively, Local Authority stakeholders continue to **feel remote from what is happening at a national level** and they are looking for PHE to consult more widely on their views, champion the work they are doing locally, and support local teams through the funding challenges they face
- Going forward, it is clear that PHE needs to work closely with Local Authority stakeholders to **support them through challenging times** but stakeholders also have a number of expectations of PHE at the national level. They are expecting PHE to continually **push the prevention agenda**, moving beyond the Five Year Forward View and influence government departments to consider their impact on the wider determinants of health. They are also looking for PHE to continue publishing evidence reviews, however controversial, consulting widely and **leveraging its unique position** in the sector to draw together and balance disparate views

Source: Ipsos MORI

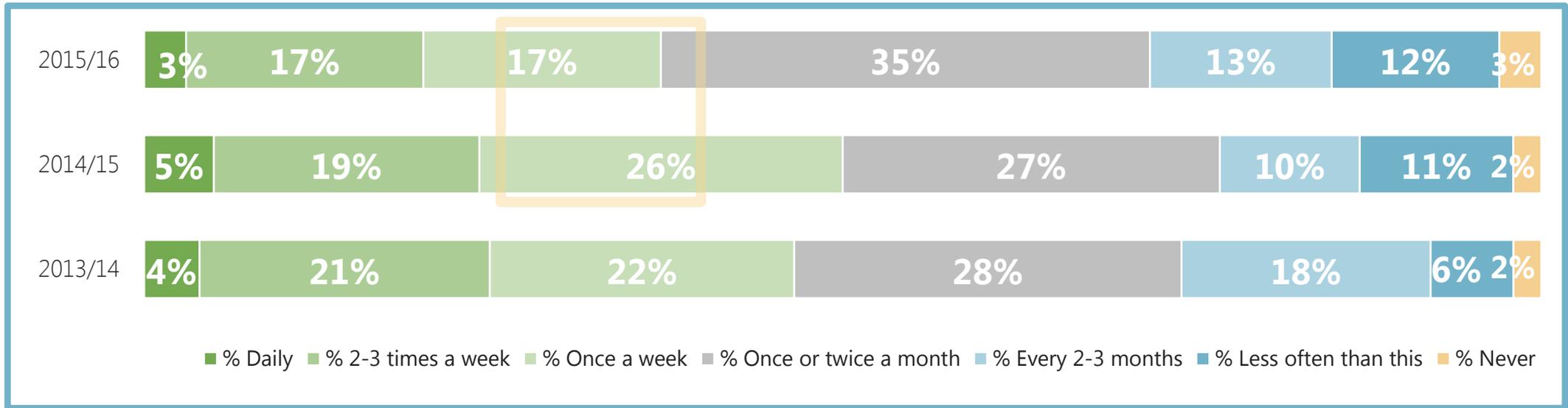
# Current context

The report begins with an examination of current levels of contact and familiarity with PHE, to provide context to subsequent results.



# Stakeholders are in less frequent contact with PHE

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



Frequency of contact with PHE has reduced this year, with fewer stakeholders having contact with PHE at least once a week (37% have this level of contact compared to 50% in 2014/15 and 47% in 2013/14). Increasing numbers instead have contact with PHE once or twice a month.

Local Authority stakeholders continue to be in more frequent contact than non-Local Authority stakeholders, however those in contact at least once a week has dropped by fourteen percentage points for both these types of stakeholder. For non-Local Authorities, some of the changes in levels of frequency of contact might reflect fluctuations in the profile of respondents (see slide 5 for detail).

Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

# It is possible that the re-structure of PHE means fewer stakeholders have a clear point of contact, particularly so for Local Authorities

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

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



The majority of stakeholders have a clear point of contact with PHE, however the proportion saying this has declined year on year.

Agreement with this statement has declined across all types of stakeholder. However, although agreement is higher among Local Authority stakeholders overall, the proportion strongly agreeing has fallen by fifteen percentage points. Participants in the qualitative interviews stressed their reliance upon individuals within PHE and their relationships with them; the drop in positivity may be due to some stakeholders having lost key relationships during the re-structuring of PHE, with new relationships still becoming established.



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

Base: All participants (Overall: 2015/16: 267; 2014/15: 258; 2013/14: 299. LA: 2015/16: 117; 2014/15: 105; 2013/14: 174. Non-LA: 2015/16: 150; 2014/15: 153; 2013/14: 125).

Source: Ipsos MORI

# More assistance navigating the organisation is needed

In the qualitative interviews, stakeholders pointed out that the size and complexity of PHE can sometimes create **problems of knowing who to go to about issues**, or work not being joined up across the organisation.

*How do we draw on the right people within PHE?...The risk is that it can be **hard to keep track of various elements of work**, and the right hand not knowing what the left hand is doing...That's the challenge of managing a large and complex organisation.*

Agency

This wasn't seen as a significant problem, and was one stakeholders were confident would be resolved over time.

They discussed the need for internal communications to be improved, or a **key contact to work closely with stakeholders** to ensure their needs were being met. Such approaches had resolved issues for some stakeholders already.

*Sometimes the **connections aren't always made across the organisation**. I think that it would be good for organisations like my own - that are quite high profile in the public health world - to have a key sponsor like we used to have like the civil service. It would be helpful to have someone who keeps a check on my organisation and help champion my organisation across the matrix.*

Local Authority

*PHE feels as if it is becoming a more coherent organisation over the last year, although it can **still feel as if there are a variety of different 'entry points'** to PHE rather than a single route in.*

Local Authority

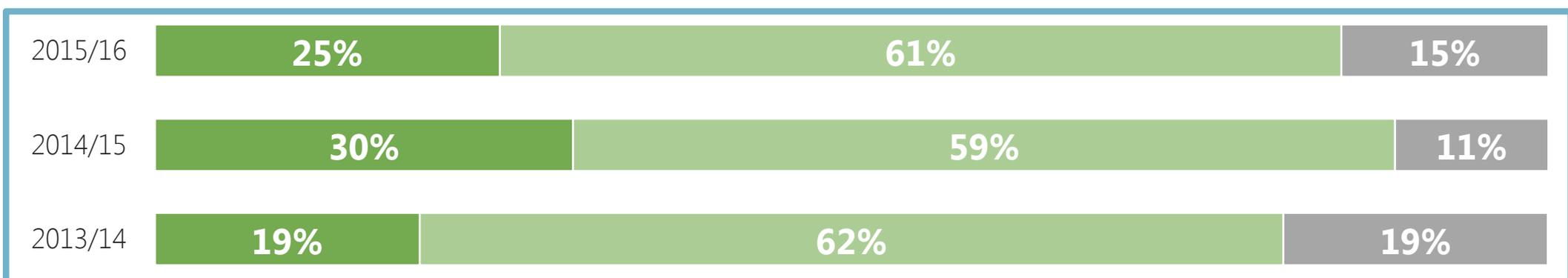
*The problem in the past has been finding the right person to talk to, but the **thematic groups have been good in helping us identify the right people**.*

Local Authority

Source: Ipsos MORI

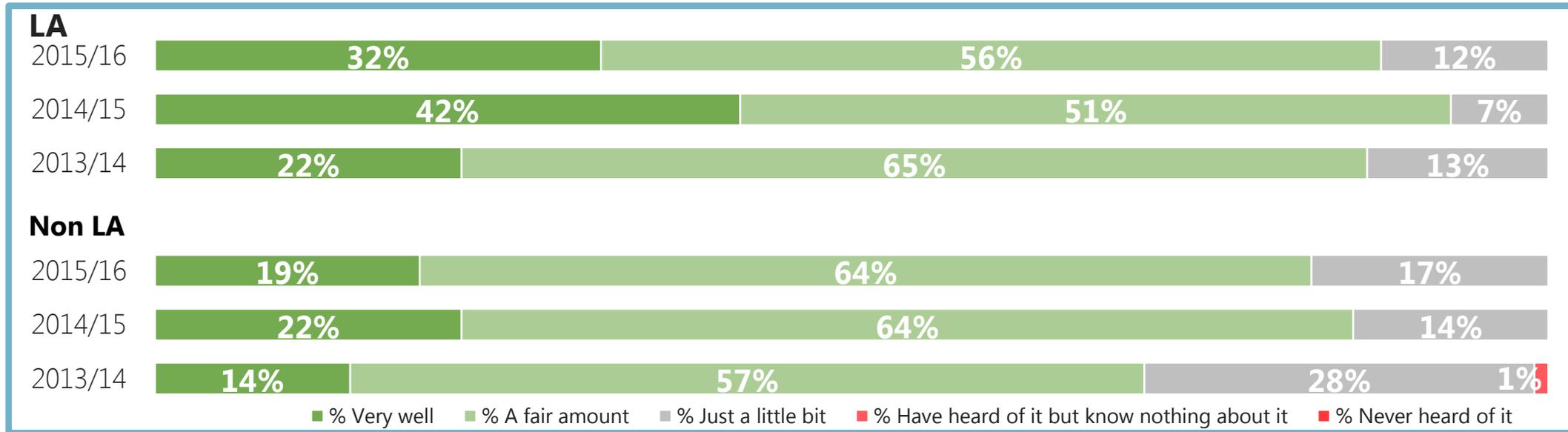
# Given the reduced contact, familiarity with PHE has fallen slightly

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



The number of stakeholders saying they know PHE (at least a fair amount) remains high, with the majority (85%) saying this. Again this has dropped since last wave; in particular the number of stakeholders saying they know PHE 'very well' has fallen by five percentage points\*.

This shift is particularly evident among Local Authority stakeholders; around a third (32%) feel they know PHE very well, dropping from 42% last year\*. This reflects the fact that, compared to previous years, this group are in touch with PHE less frequently.

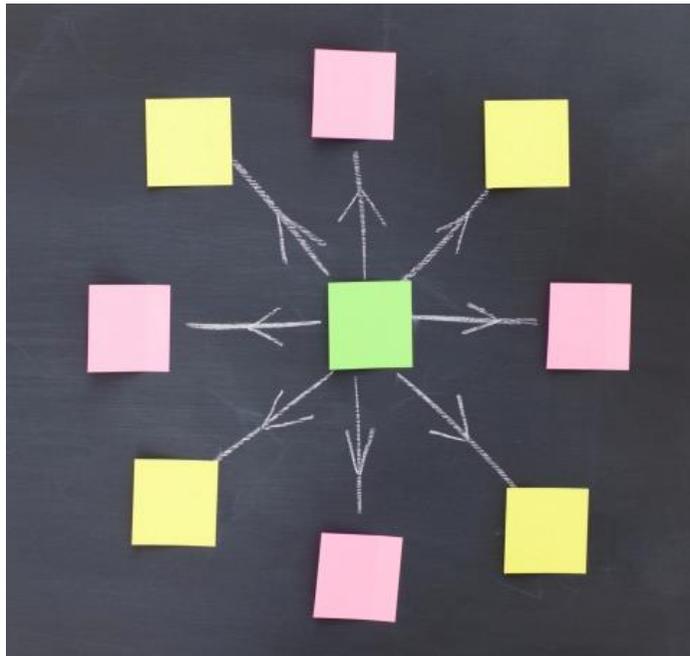


Base: All participants (Overall: 2015/16: 267; 2014/15: 258; 2013/14: 299. LA: 2015/16: 117; 2014/15: 105; 2013/14: 174. Non-LA: 2015/16: 150; 2014/15: 153; 2013/14: 125). \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

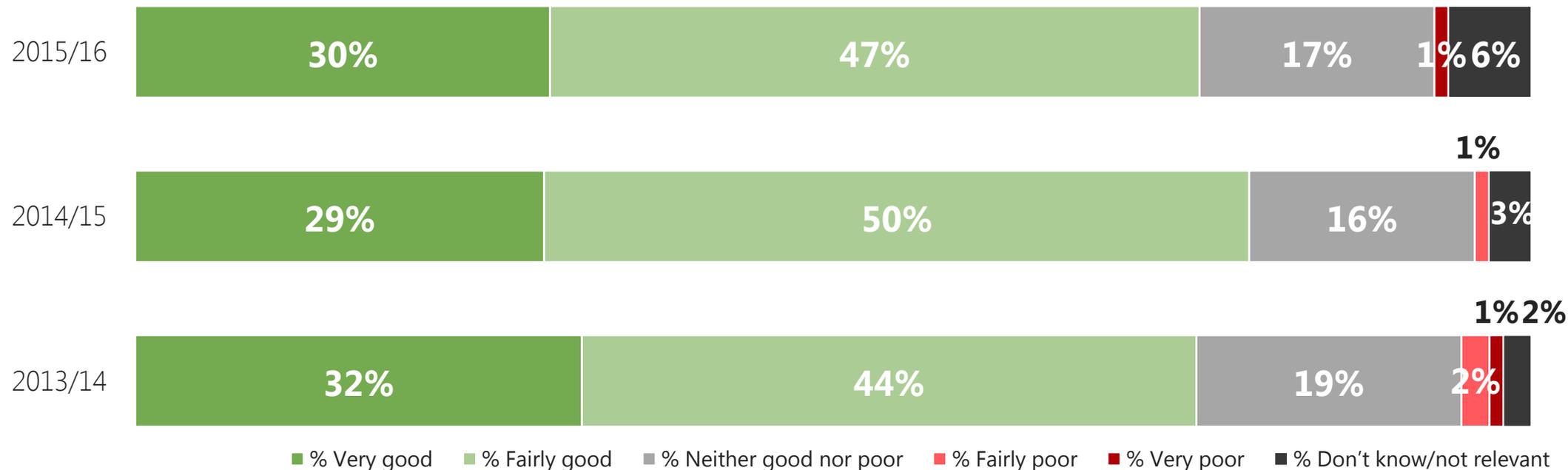
# Working relationships

This chapter explores how stakeholders find working with PHE, how likely they are to advocate PHE to others, whether stakeholders get what they need from the relationship and how well stakeholders feel PHE demonstrates an understanding of their organisation. It also looks changes in working relationships in the past year; the extent to which they feel PHE works in partnership with them; how satisfied they are with how PHE engages them and how much of a priority PHE is for their organisation.



# Working relationships remains positive at an overall level

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



Three quarters (76%) of stakeholders describe working relationships as good. This is broadly consistent with previous years.

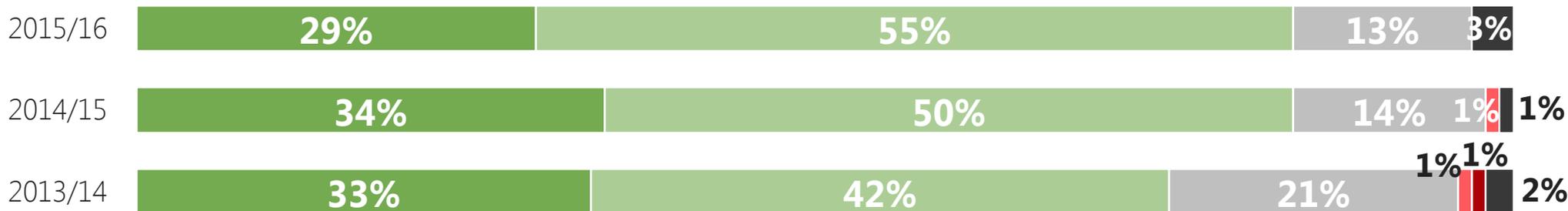
Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

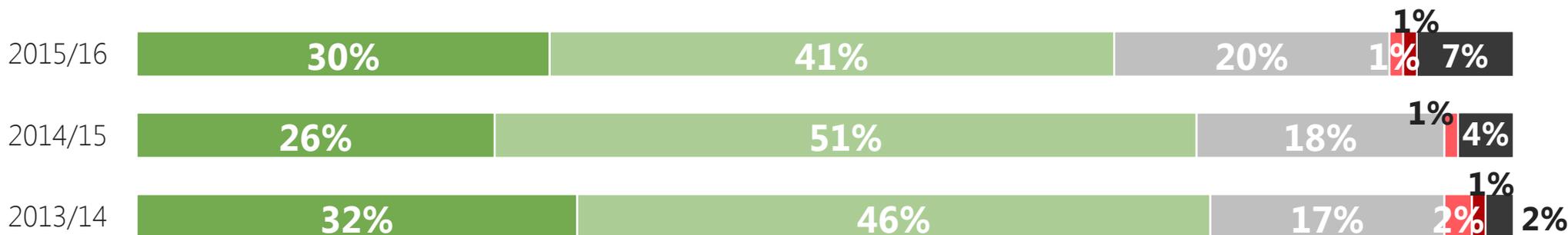
# Though Local Authority stakeholders are a little less positive compared to last year

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

On the whole Local Authority stakeholders continue to describe their working relationship with PHE as good. However the numbers saying it is 'very good' has dropped by five percentage points.\* This may be accounted for by fewer stakeholders saying they have a clear point of contact with PHE, combined with their frequency of contact declining.

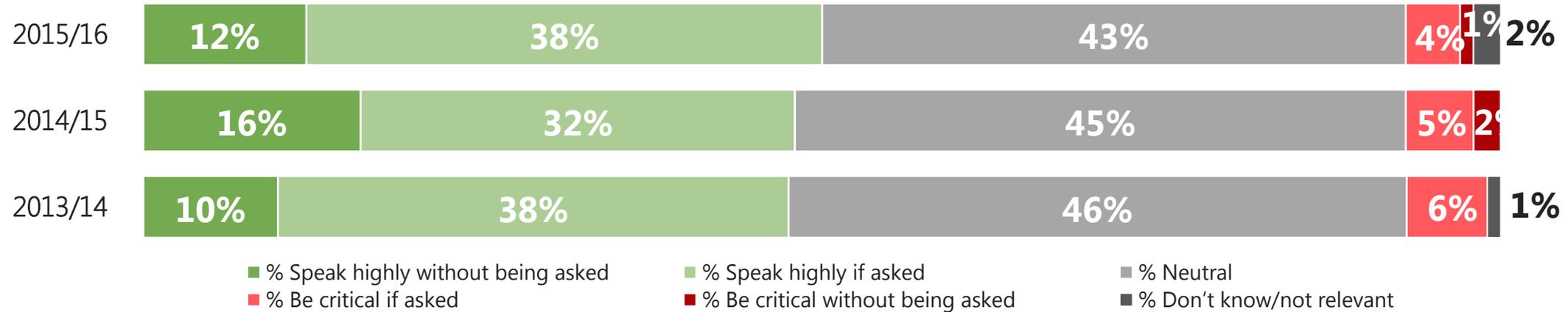
Greater numbers of Non-Local Authority stakeholders on the other hand describe their relationship as 'very good', although the numbers saying 'neither good nor poor' and 'don't know/not relevant' has increased\* suggesting more of these stakeholders do not have a relationship with PHE to comment on. When removing those who say 'don't know', Local Authorities are still more positive than non-Local Authorities about their relationship.

Base: All participants (LA: 2015/16: 117; 2014/15: 105; 2013/14: 174. Non-LA: 2015/16: 150; 2014/15: 153; 2013/14: 125). \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Advocacy of PHE remains high and fairly stable overall

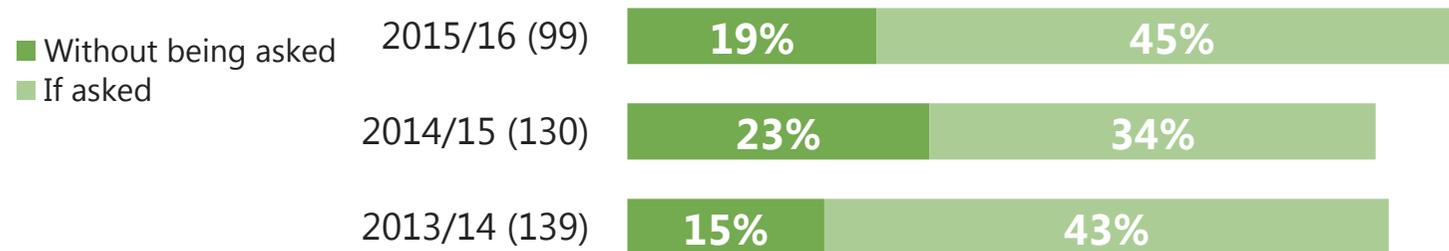
Q4 Which of these phrases best describes the way you would speak of Public Health England to other people?



Overall, the proportion of stakeholders who say they would speak highly of PHE remains in line with 2014/15 and 2013/14, with half (50%) of stakeholders saying this. However, compared with 2014/15 results, there has been a slight drop in the proportion who would spontaneously speak highly of PHE to 12%\*.

As with previous waves, stakeholders who are more familiar with and have closer relationships with PHE are more likely to act as advocates; one in five (19%) of those who are in touch with PHE at least once a week say they would speak highly of it without being asked, compared to eight per cent of those in touch less often. Last wave saw a rise in spontaneous advocacy among these stakeholders in more frequent contact (15% in 2013/14 up to 23% in 2014/15)\*, suggesting there was a greater level of positivity towards PHE irrespective frequency of contact. This increase has not been replicated this wave, however.

## Advocacy among those in touch at least once a week (Would speak highly of PHE):



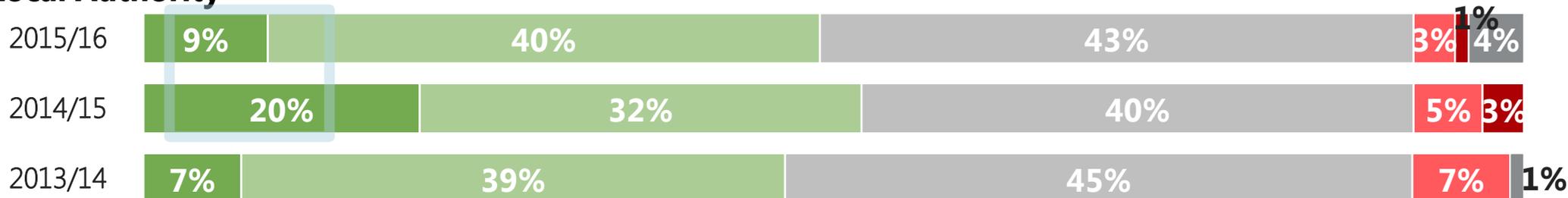
Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299). \* Changes not considered statistically significant; to be interpreted as indicative only.

Source: Ipsos MORI

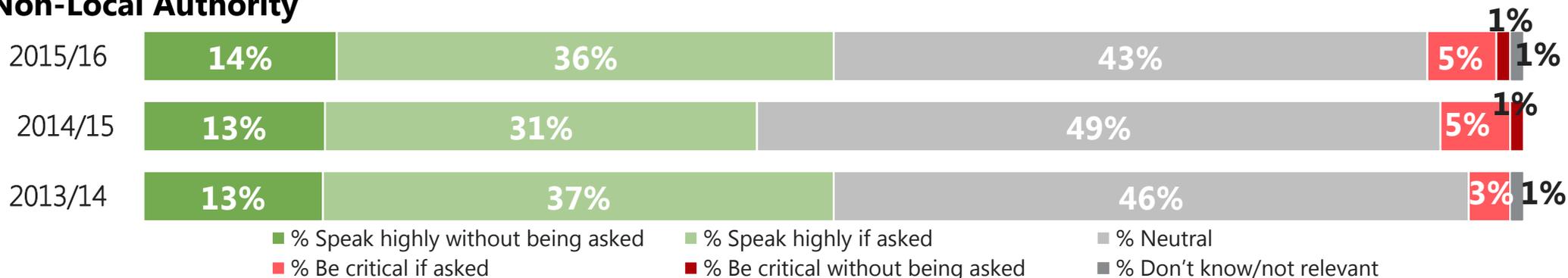
# Though Local Authority stakeholders are less likely to spontaneously speak highly of PHE

Q4 Which of these phrases best describes the way you would speak of Public Health England to other people?

## Local Authority



## Non-Local Authority



There are only minor differences between Local Authority stakeholders and other stakeholder groups, in terms of their likelihood to advocate for PHE. Advocacy among Non-Local Authority stakeholders has increased by six percentage points.\* However, having seen a positive shift in 2014/15, spontaneous advocacy among Local Authority stakeholders has fallen by eleven per cent – in line with the level seen in 2013/14.

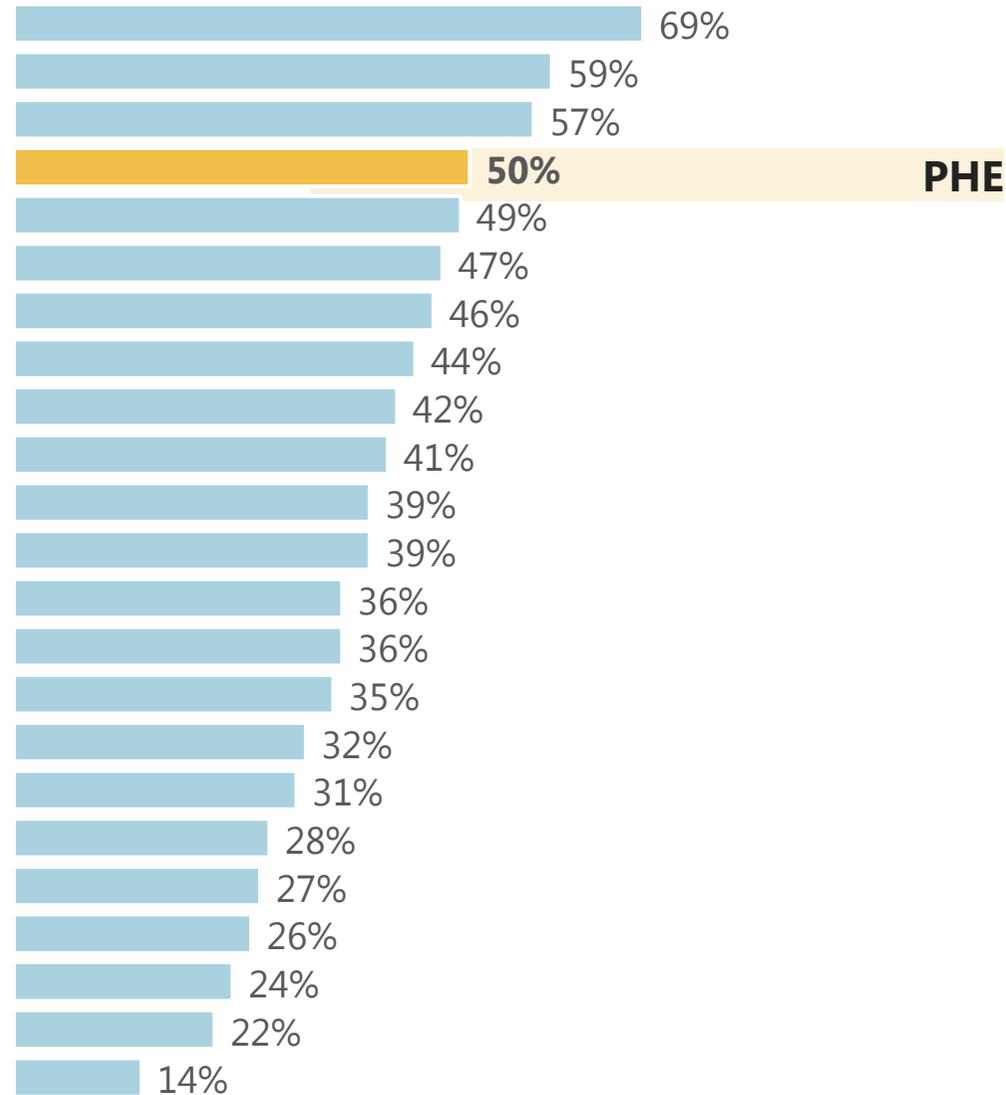
Base: All participants (LA: 2015/16: 117; 2014/15: 105; 2013/14: 174. Non-LA: 2015/16: 150; 2014/15: 153; 2013/14: 125) \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Despite this drop in advocacy among Local Authorities, advocacy still compares very favourably to other public sector organisations

Q4 Which of these phrases best describes the way you would speak of ...to other people?

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



Base: Various stakeholder surveys of public sector organisations

Source: Ipsos MORI

# PHE's understanding of stakeholders' priorities is declining – markedly so for Local Authorities

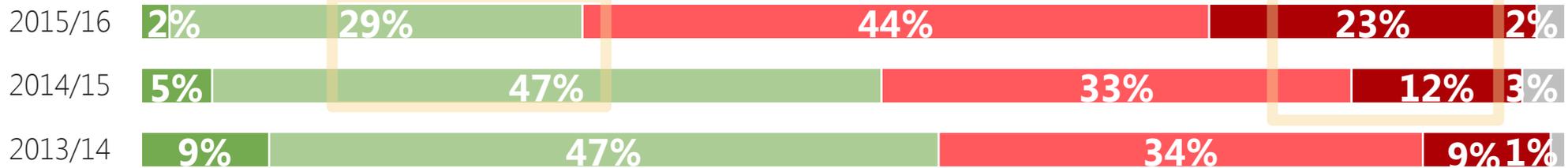
Q.19 How well do you think Public Health England understands the priorities of your organisation?



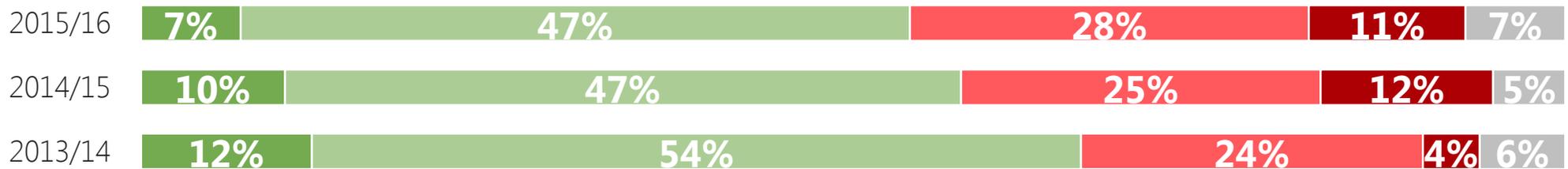
The proportion agreeing that PHE understands the priorities of their organisation has fallen.

In particular the number of Local Authority contacts who say PHE understands their priorities has dropped by twenty one percentage points.

## LA



## Non LA



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

Base: All participants (Overall: 2015/16: 267; 2014/15: 258; 2013/14: 299. LA: 2015/16: 117; 2014/15: 105; 2013/14: 174. Non-LA: 2015/16: 150; 2014/15: 153; 2013/14: 125)

Source: Ipsos MORI

# PHE could demonstrate a better understanding of Local Authorities

## Local Authority stakeholders had mixed views

Local Authority stakeholders taking part in the qualitative interviews had mixed views of PHE's understanding of their sector. On one hand there was recognition that PHE's understanding of their sector was developing, but it was felt that PHE still had some way to go.

In particular stakeholders felt that PHE local teams' understanding of local government was improving; however there was the suggestion that PHE's understanding at a national level could be better. PHE was not seen as a visible advocate of Local Authorities at national level; for example there was some mention that Local Authorities could not see how PHE was standing up for them in facing budget cuts.

*It's been a growing awareness, and **now they're pretty well embedded, and they do understand the wider context of the council** and how it can help towards some of the plans that they wish to make.*

Local Authority

*They need to be very thoughtful about their relationship with local government; how to engage and how to find out what people want...**I'm not sure they've got it right yet** but that's not a criticism; I'm sure they're thinking about it.*

Local Authority

*People at the top in PHE are aware of how key local government is to them achieving what they want to, but there's **no-one in that specific role, Director of Local Government...** to hold all those relationships because there's too many local authorities - that's left to the regional centres but that needs to be there at a national level too.*

Local Authority

It was also felt that PHE's areas of focus (obesity, smoking etc.), while the right ones, were quite siloed; and that PHE was not currently approaching public health in a way that complimented Local Authority approaches or reflected Local Authority thinking. This is discussed further in the chapter on PHE's focus and influence.

*They understand our statutory duties but it is translated into their world; **Local Authorities don't think in this way**... for example, we had a conversation with PHE about the problem of fatty liver disease, but from a Local Authority perspective this doesn't get traction as is quite medical, it would be better to talk about obesity and drinking as people get that.*

Local Authority

Stakeholders at the national level were broadly confident that PHE understands the priorities of their organisation.

However, those working in the voluntary and charity sector suggested that PHE could do more to understand how these organisations operate, specifically in relation to procuring their services.

*Some longer terms planning would be useful and some **understanding about the way in which the sector operates** - we can't just wait for PHE to commission work at the end of the financial year.*

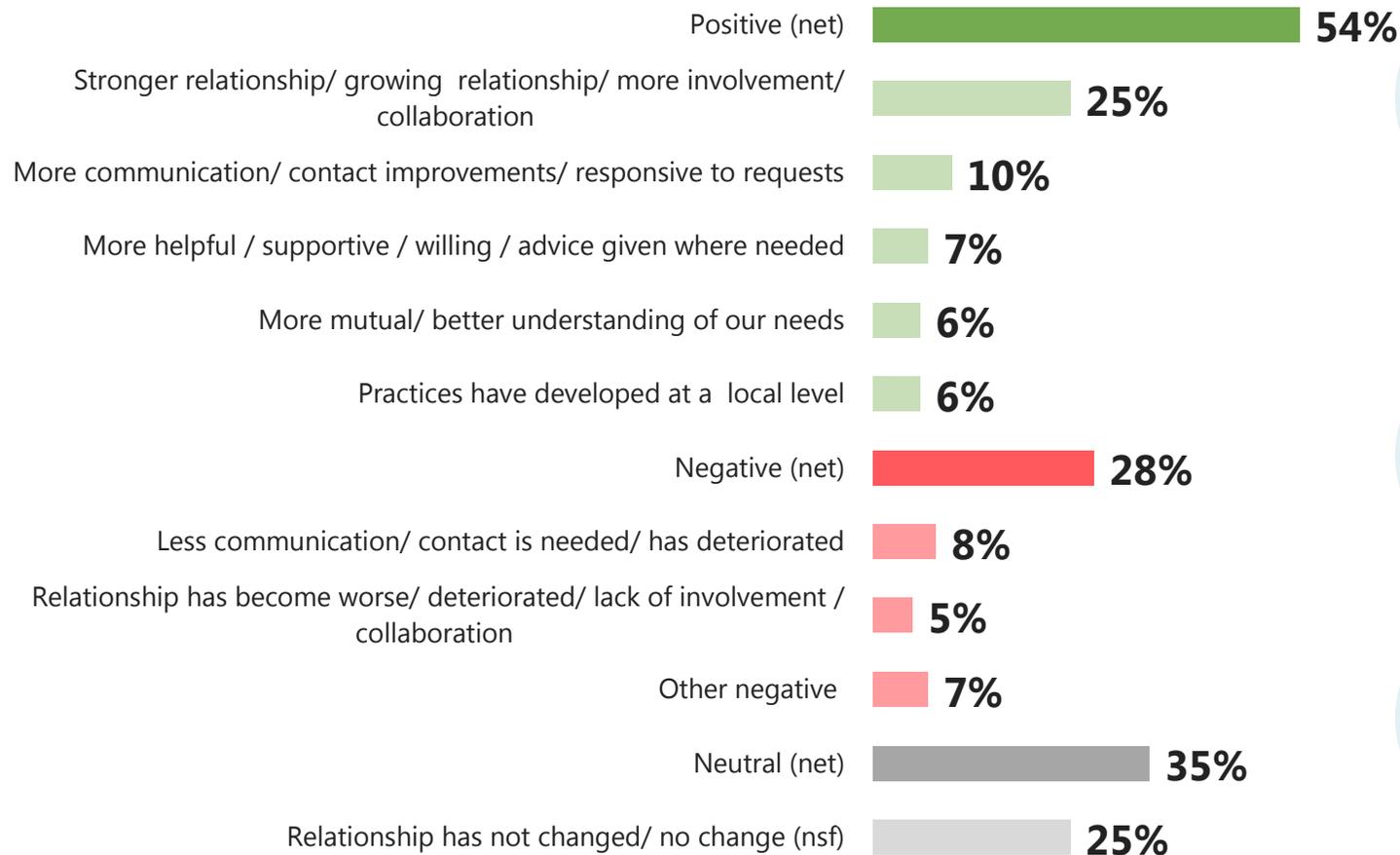
Voluntary & Community Sector

Source: Ipsos MORI

# Stakeholders hold mixed views about changes to their relationships with PHE

Q.26 How has your relationship with Public Health England changed over the past year? Open ended

Stakeholders were asked to describe how their relationship with PHE has changed over the past year. These open-ended responses have been grouped into different themes below. Overall, stakeholders' comments are predominantly positive. However, looking in more detail at the verbatim responses suggests that many stakeholders – particularly Local Authorities – have had mixed experiences and hold more nuanced views. These stakeholders tend to discuss developing relationships at the local level, they are less satisfied with PHE's practices at the national level, often feeling somewhat remote from this.



**Varies ENORMOUSLY.** Local Health Protection remains excellent and is the key positive for me. They are the essential partner...This expertise is not available elsewhere; however at the same time the PHE local Centre is investing in less useful Health Improvement and healthcare commissioning posts that duplicate existing Local Authority services. This simply makes no sense.

Local Authority

On a personal level, a good relationship has continued with great individuals/colleagues. **PHE cannot be properly judged as one organisation;** bits work well and others do not, and the whole feels too big and forced together.

Local Authority

This **varies between the various directorates and teams** we work with. There have also been staff changes across most of these which has negatively impacted on joint work. Overall our relationships have developed, which we welcome.

Voluntary & Community Sector

Base: All participants (267). It is possible for stakeholders' responses to fall into multiple net categories

Source: Ipsos MORI

## There are some exemplary relationships, particularly with individuals, but this is not experienced by all

Stakeholders in the qualitative interviews described **maturing relationships**, with many citing closer, more collaborative working with PHE. Relationships were also described as **responsive and cordial**. Furthermore, for many when describing relations at a very senior level, the relationship was seen as exemplary; among the best stakeholder relationships they have.

*The **relationship with PHE is better than virtually any other government department** due to mutual regard, clear understanding as to what PHE is set up to do on our part and a clear understanding on PHE's part as to what the local boots on the ground look like.*

Professional Organisation

*Improved. We spent a lot of time during Purdah discussing what worked well and less well and have put clearer processes in place*

Other Government Department

However many stakeholders emphasised **the importance of individual relationships** rather than established organisational links.

*I think we have an excellent relationship with individuals- but organisationally I feel that we are invisible to PHE.*

Local Authority

*Positive working relationships are a result of long term professional relationships with particular individuals.*

Local Authority

### Local Authority stakeholders' views were particularly divided

**They were split on the contact they have with PHE on health protection on one hand, and improvement issues on the other:**

*On prevention issues, contact has been regular and increasingly supportive. On **health and wellbeing issues it has been less so.***

Local Authority

**The reorganisation may have hindered the good progress being made in relationships:**

*We were beginning to establish an understanding, and moving to a point where we thought we could establish a productive partnership. **Then they re-organised.** That's not their fault, but it really didn't help.*

Local Authority

**It was felt that an understanding of Local Authorities at national level was not being demonstrated:**

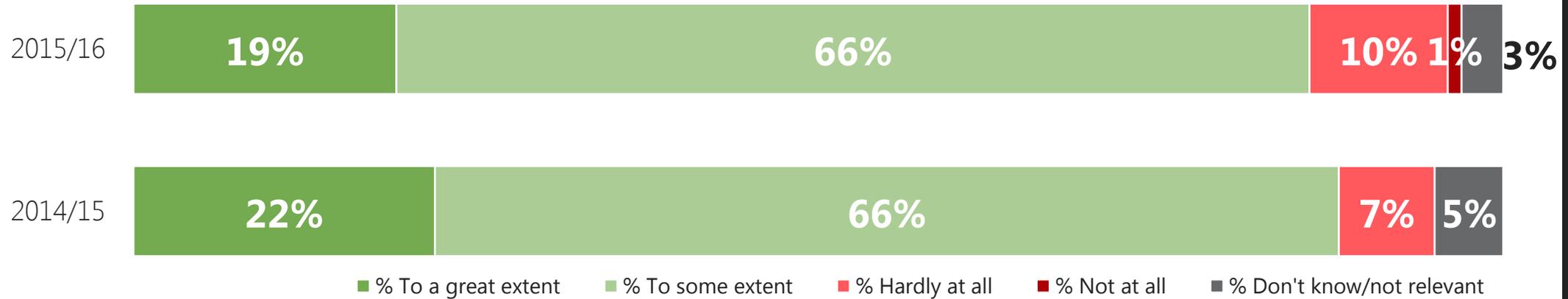
*Working with the Centre has been absolutely fine, and they have been very helpful on some issues. **Nationally, however, things feel less satisfactory...**it doesn't seem to have fully understood the idea that Local Authorities are in the lead. It should stop trying to dictate schemes from London and let local configuration work.*

Local Authority

Source: Ipsos MORI

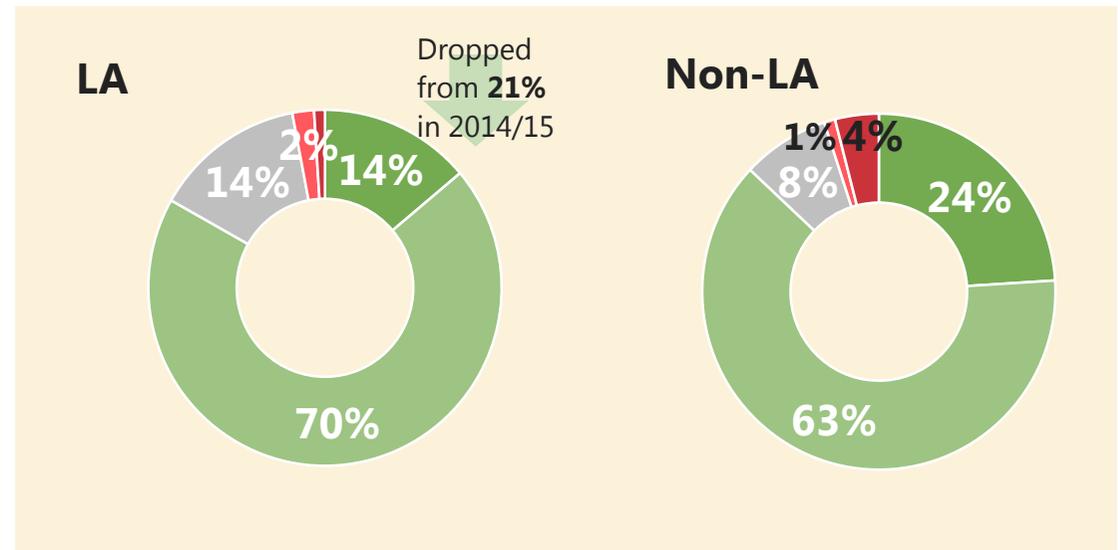
# The majority feel PHE works in partnership with its stakeholders

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



The majority (85%) of stakeholders feel that PHE works in partnership with stakeholders.

However, fewer Local Authority stakeholders think PHE does this to a great extent compared to non-Local Authority stakeholders. They are also less likely to think this than last wave\*.



Base: All participants (**Overall:** 2015/16: 267; 2014/15: 258). **LA:** 2015/16: 117; 2014/15: 105. **Non-LA:** 2015/16: 150; 2014/15: 153). Note this question was not asked in 2013/14 \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# And that PHE is more open to joint working

In the qualitative interviews, stakeholders working with PHE on national issues were satisfied that it continues to make positive steps towards working in partnership, and had seen **PHE being more open to working jointly** with them in the past year.

“More transparency in what they're doing, **more interest in talking to stakeholders and meaning it**. One thing – the arrogance of PHE – I've found that less and less over time, and a real interest of wanting to work together on things.

Professional body

“Yes we achieve this partnership; there is a **good understanding and mutual respect of each other's positions**...We try to synchronise our work in the public domain so we don't fall over each other, and we work on a 'no surprises' basis.

VCS & Community Sector

Stakeholders working in the NHS were particularly positive about **close working and shared goals bringing organisations together**. Stakeholders discussed PHE working closely with their local team, the creation of working groups, producing joint documents, and the centrality of prevention in the Five Year Forward View that had meant they had developed joint ways of working that were beginning to operate effectively.

“This year our links with PHE colleagues have become immeasurably better... It's **a sea of change in linking us together**...we are much much much closer in terms of having a shared understanding of what needs to be done.

Agency

Local Authority stakeholders were also positive that PHE attempts to take a partnership approach to working with them. This was **contrasted to the 'command and control' approach** other government departments take.

Very **constructive relationship, much more than Local Gov has had with some of the other Central Gov agencies**, where dealings are a lot more 'you must do this', shouting at you and hammering government targets and things. PHE, because it's a new organisation, has been able to start with a different culture.

Local Authority

However, again they felt **remote from what was happening at the national level** which suggested to some that nationally, PHE is not fully working in partnership with Local Authorities, and could do more to acknowledge Local Authorities in national announcements.

“The lack of notice in relation to national announcements (e.g. e-cigs) is very frustrating. PHE does not appear to be working in partnership with Local Authorities.

Local Authority

Source: Ipsos MORI

# Around half believe PHE listens to their views

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

As with previous waves, stakeholders are more likely to feel that PHE listens to their views (51% are satisfied it does) than acts on them (34% are satisfied).

The proportion satisfied that PHE listens and acts on their views has fallen since 2013/14.

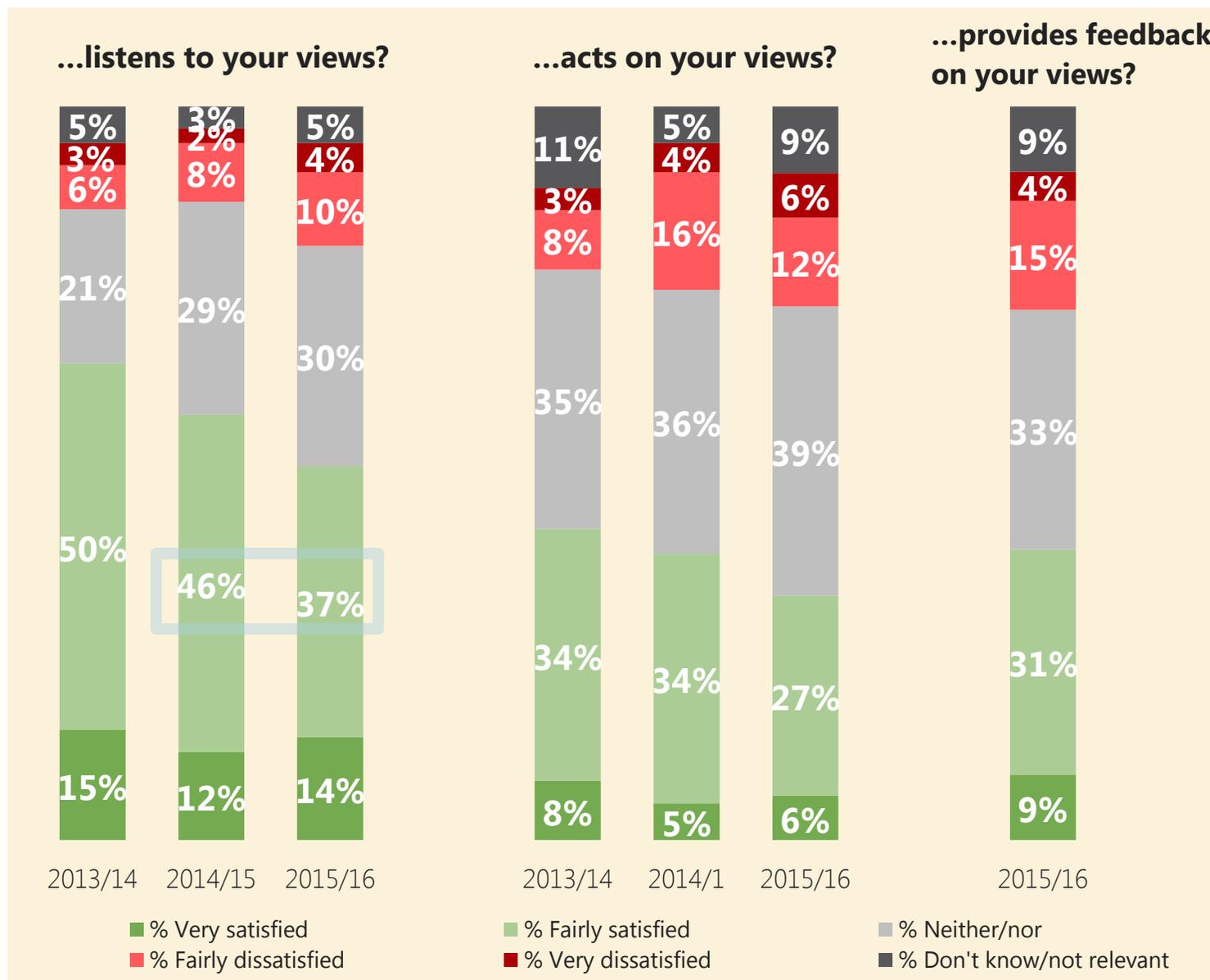
In the qualitative discussions, opinions were mixed. On one hand stakeholders recognised that PHE had done a good job of getting the right people around the table on particular issues. However others felt that not all voices are engaged with and heard before announcements are made.

“They've done a lot of good work - doing a **good job engaging the right people**, and getting prevention on the NHS agenda. Duncan is very good at engaging people.

Agency

“PHE's brand image is more about telling people what they should do and **expressing PHE's view than it is about inviting other people to comment** and building a shared agenda.

Agency

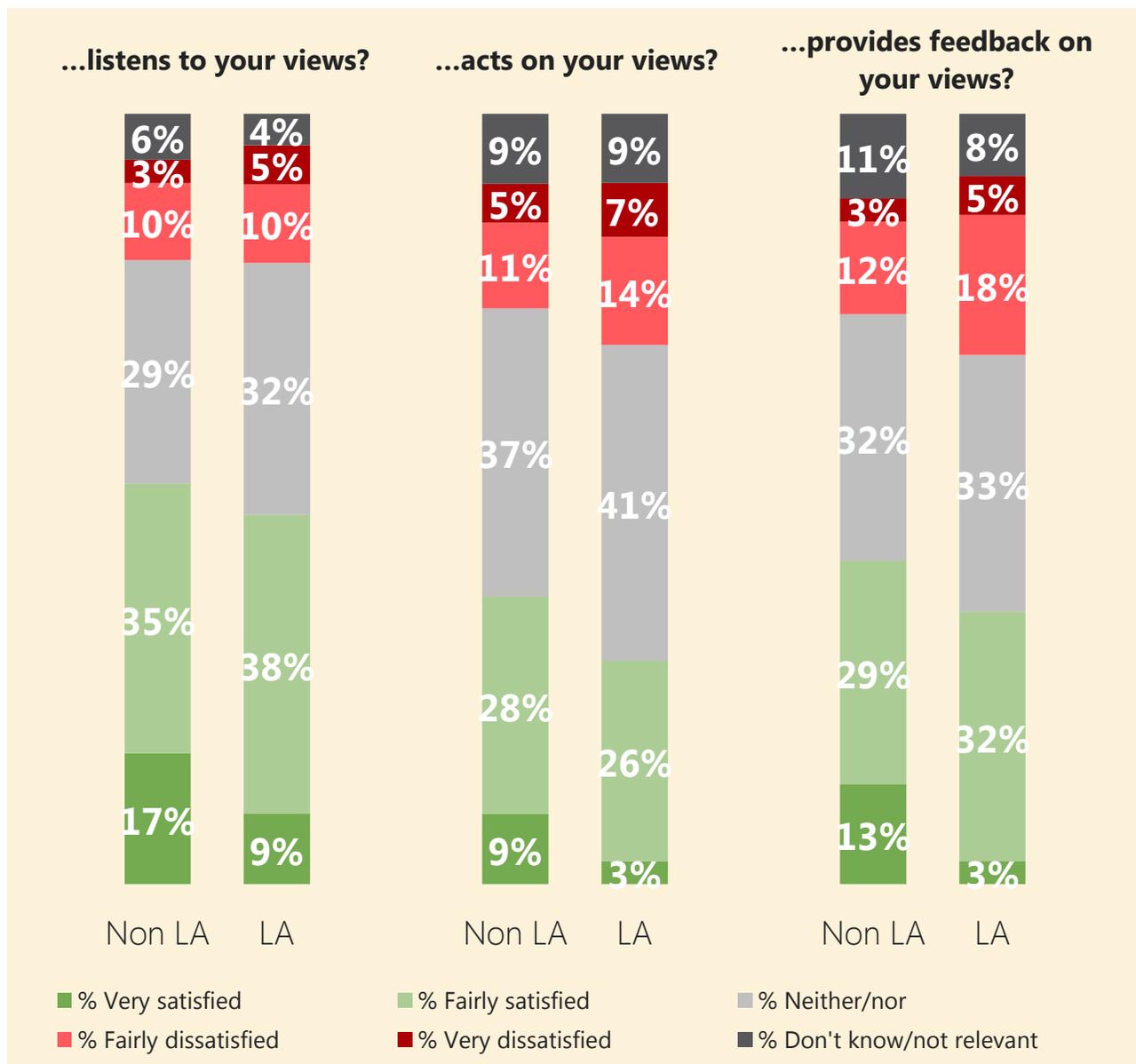


Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

# Local Authority stakeholders are less likely to feel PHE listens and acts on their views

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



**Non-Local Authority stakeholders** are more likely than Local Authority stakeholders to feel PHE listens, acts and provides feedback on their views. They are also more likely to be very satisfied that PHE listens to their views than they were last wave, however the number agreeing that PHE acts on its views has dropped from 44% to 37%\*.

**Local Authority stakeholders** are less likely than they were last wave to be satisfied that PHE listens to their views (dropping fourteen percentage points to 47%).

In the qualitative discussions there was the suggestion that at a national level, PHE can speak for Local Authorities without consulting them properly.

*There's an assumption by PHE nationally that they've consulted on our behalf but actually they haven't spoken to us. So there's been a couple of run-ins around e-cigs, reductions, where **Directors of Public Health (DPHs) have felt 'well, that's not in my name really'.***

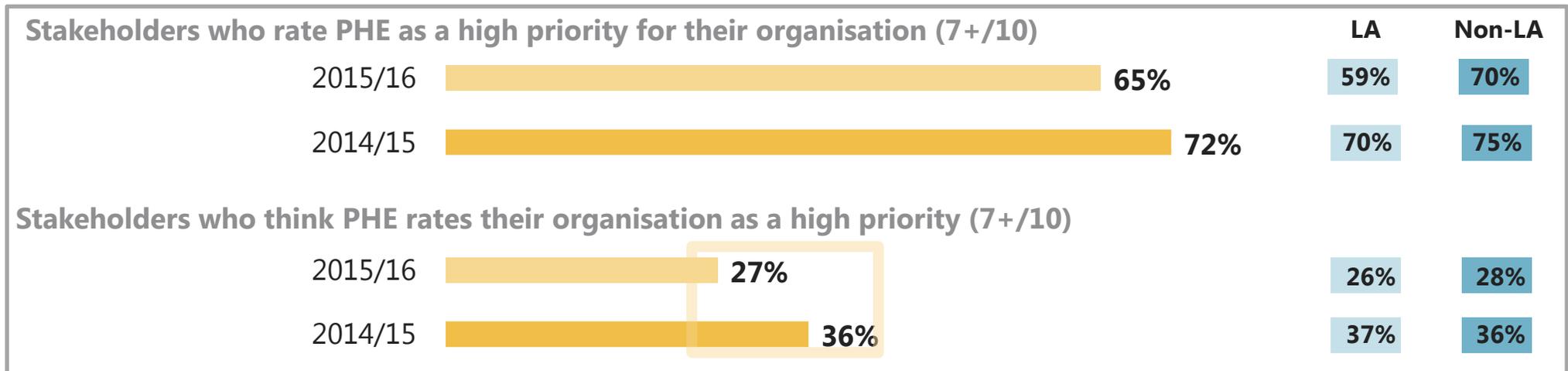
Local Authority

Base: All participants : LA (117); Non-LA (150). \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Stakeholders prioritise PHE more than PHE prioritises them

Q.24. Thinking about all the organisations that you will be working with over the next couple of years, how much of a priority do you place on your relationship with Public Health England? Q.25. And thinking about all of the organisations that Public Health England will be working with over the next couple of years, how much of a priority do you think your organisation is for Public Health England? Please answer on a scale of one to ten, where one is not a priority at all, and 10 is an extremely high priority.



Similar to previous waves, stakeholders are more likely to feel that PHE is a priority for them, than feel their organisation is a priority for PHE. Notably, fewer stakeholders this year feel that their organisation will be a high priority (between 7-10 out of 10 where 10 is an extremely high priority) for PHE, or say that their organisation will be a high priority for PHE.

For both groups of stakeholders the number saying PHE will be a high priority for their organisation in the next few years has fallen slightly since last wave but is particularly prominent among Local Authority stakeholders.

Stakeholders who took part in the qualitative discussions did not highlight this as a particular issue. It was suggested that because of PHE's wide remit, it could not prioritise all stakeholders to the same extent that it was prioritised by them.

“PHE are absolutely one of the key organisations we work with - **in terms of public health it's the most important.** They have a big reach in terms of size so there's lots they can do, and have a lot of expertise we need to draw upon...Us a priority for them? Less so - they're a much bigger organisation.

Agency

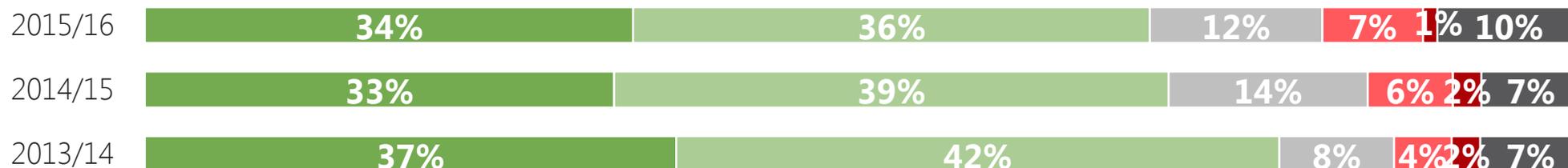
Base: All participants (2015/16: 267; 2014/15: 258; Local Authority 2015/15: 117; 2014/15: 105; Non- Local Authority 2015/16: 150; 2014/15; 153). This question was not asked in 2013/14

Source: Ipsos MORI

# Stakeholders generally receive a prompt response from PHE

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



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



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



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

On the whole stakeholders agree that they receive a prompt response when they contact PHE (70%); that they get what they need (59%) and that the advice they receive is consistent (64%).

Where stakeholders are in more frequent contact with PHE, stakeholders are more positive about each of these.

Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

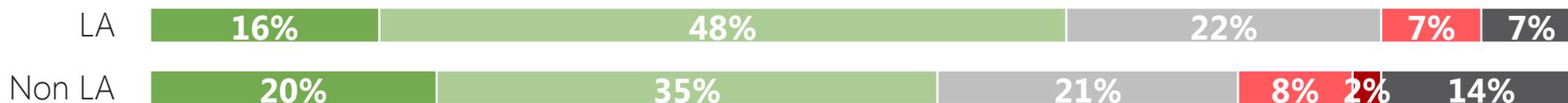
# ...and this is particularly so for Local Authority stakeholders who are better able to comment

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

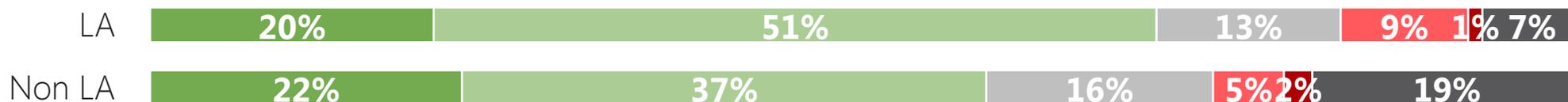
## ...When I contact Public Health England, I generally receive a prompt response



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



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



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

Local Authority stakeholders are more likely than non-Local Authority stakeholders to agree that they get a prompt response from PHE, they receive what they need and that advice from PHE is consistent. Notably a greater number of non-Local Authority stakeholders say they don't know about each of these areas. However, even when removing those who say don't know, Local Authorities are still more positive.

However, the number of Local Authority stakeholders saying they **strongly agree that they get what they need** from PHE has dropped from 21% in 2014/15 to 16% this wave, and is more in line with the 2013/14 figure (17%)\*. Similarly the overall proportion of non-Local Authority stakeholders agreeing they get what they need has dropped by five percentage points; accounted for by a drop in the number who 'tend to agree' that they get what they need (40% in 2014/15 to 35% this wave)\*.

Base: All participants : LA (117); Non-LA (150). \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Impact on stakeholders' organisation

This chapter looks at the impact stakeholders feel PHE has had on their work and organisation, the extent to which stakeholders feel supported by PHE, and what more PHE can do to support stakeholders, Local Authority stakeholders in particular.

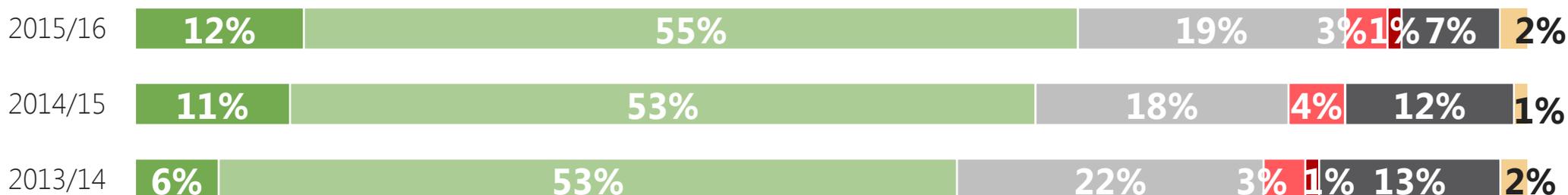


# PHE continues to have an increasingly positive impact on stakeholders' organisations and work

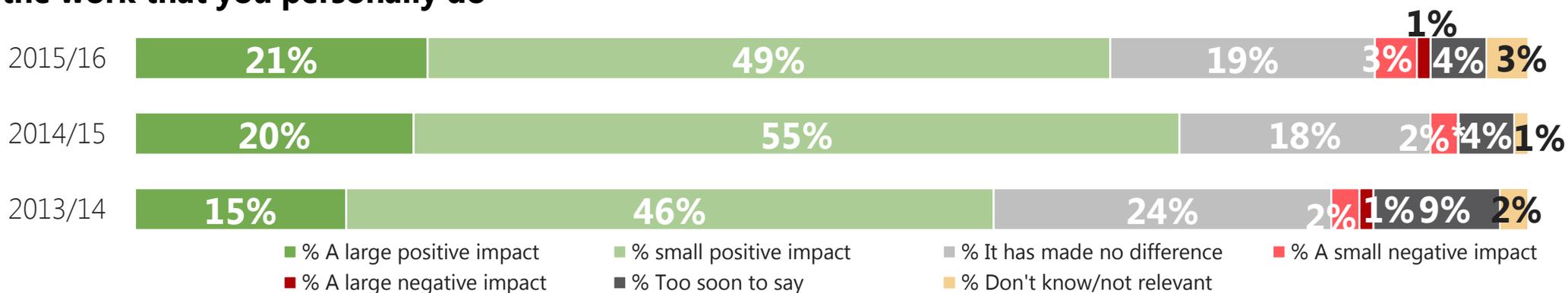
Q.14 What impact, if any, has Public Health England had on...

PHE is seen to be having an increasing impact on stakeholders' organisations, and continues to have an impact on the work stakeholders are personally carrying out. In line with previous years, only a small proportion feel PHE has negatively impacted their organisation or work. As seen throughout, where closer relationships exist, stakeholders are more positive about PHE's impact on their organisation and work.

## ...your organisation



## ...the work that you personally do



■ % 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

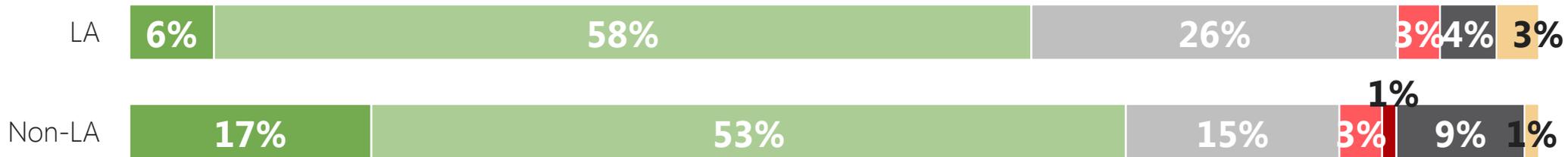
Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

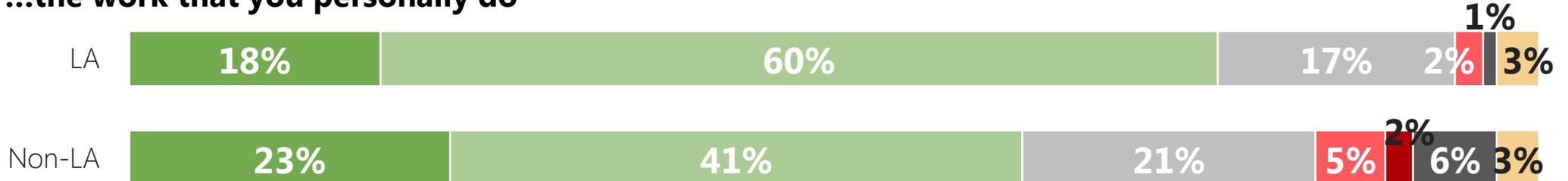
# Non-Local Authority stakeholders are more positive about PHE's impact

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

## ...your organisation



## ...the work that you personally do



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

Compared to Local Authority stakeholders, non-Local Authority stakeholders are more broadly positive about the impact PHE has on their organisation, whereas Local Authority stakeholders are more positive about the impact PHE has on the work they personally do. In both cases, there is more strength of feeling from non-Local Authority stakeholders, who are more likely to say PHE is having a large positive impact. There are no significant changes since 2014/15.

Base: All participants: LA (117); Non-LA (150).

Source: Ipsos MORI

# PHE is having a variable impact on Local Authorities

## Improvements in relationships at Centre level are not matched at national level

In the qualitative discussions, productive relationships developing at Centre level were highlighted as a particular strength by some Local Authorities.

However as relationships were developing here, many Local Authority stakeholders felt that their **relationships at a national level were still in their infancy**.

*The local PHE Centre relationship has greatly improved and there is genuinely a commitment to work together in a more effective way. Unfortunately this doesn't extend to South Region or National Teams.*

Local Authority

*There continues to be a strong support from the regional team. The **national team and its directorates remain relatively remote**.*

Local Authority

## PHE may have less to give locally

But stakeholders raised some concerns that a **lack of resources and restructuring locally** might limit the impact PHE could continue to make in local areas.

*As capacity diminishes within public health, it's not that they're less accessible but they have less to give. **They have less in their toolkit to support Local Authorities...** It feels that when PHE talk to me they're often consulting on cuts they're making as oppose to enhancing health locally.*

Local Authority

*I am concerned that despite very good intentions and efforts from PHE staff, the loss of the local centre into a giant region-sized centre will **lessen PHE's local presence**.*

Local Authority

## More established DPHs are in less need of PHE's support

Furthermore, as a small group of DPHs become more confident in their roles and are starting to work more effectively together, questions were raised about what value PHE Centres add locally, and how relevant they would remain going forward.

For example, the question was posed; **would some of the resource within Centres be better distributed elsewhere (i.e. within Local Authorities themselves)?** It was suggested that local specialist health protection and local knowledge and intelligence were key, but the other work of the Centres could be done in-house by Local Authorities if it was needed.

*There was value [in the Centres] in the transition, they smoothed the employment stuff but as DPH networks get stronger, they could get together to smooth stuff out...the **Centres are less useful now Local Authorities are working together more**.*

Professional Organisation

*PHE are becoming less important as we become more established in our role... as directors in our teams **we've become more comfortable within the council...** and PHE has lost some capacity – or is it that we don't need our hands holding? But those two things probably go hand in hand. I'm less likely to need support and advice from PHE than I would have been 2 years ago.*

Local Authority

Source: Ipsos MORI

# Local Authority stakeholders are not as strongly satisfied they get enough support

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



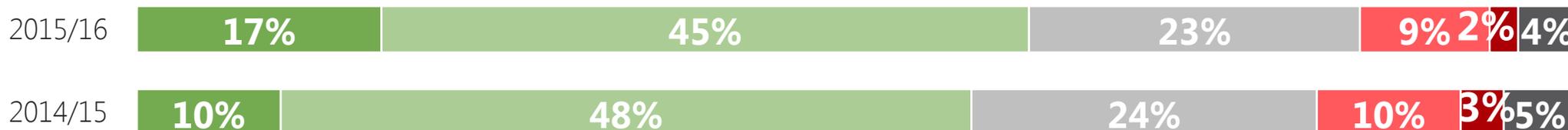
Over half (59%) stakeholders feel PHE supports them in their work. This remains consistent with last wave.

Local Authority stakeholders however are less likely to be 'very satisfied' that PHE supports them in their work, whereas Non-Local Authority stakeholders say the reverse.

## LA



## Non LA



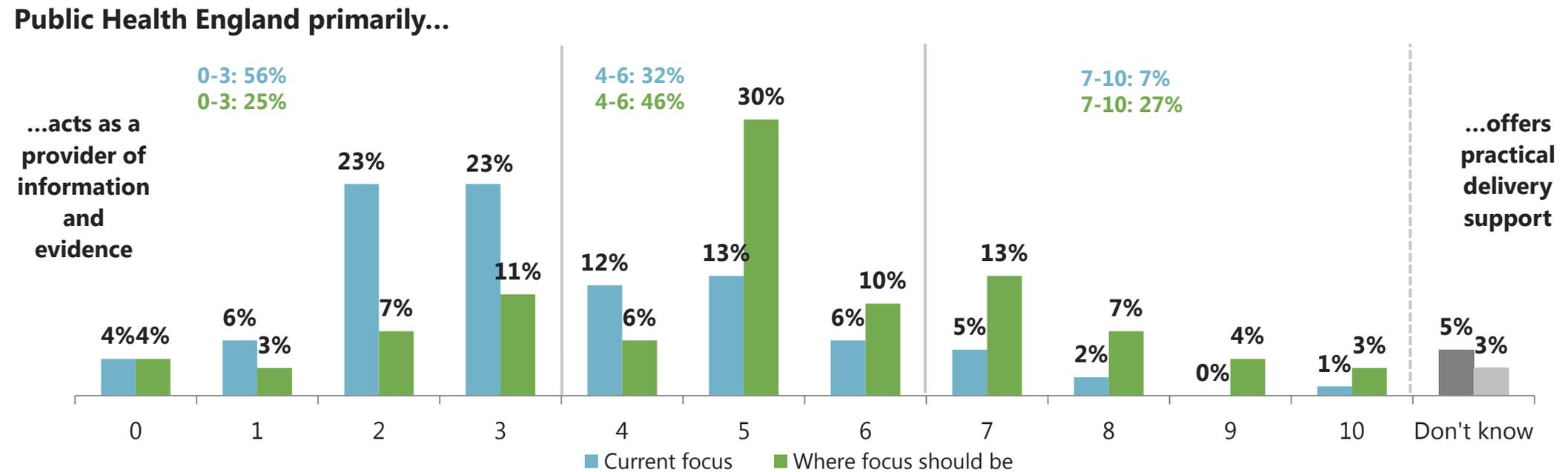
■ % Very satisfied ■ % Fairly satisfied ■ % Neither/nor ■ % Fairly dissatisfied ■ % Very dissatisfied ■ % Don't know/not relevant

Base: All participants (**Overall**: 2015/16: 267; 2014/15: 258. **LA**: 2015/16: 117; 2014/15: 105. **Non-LA**: 2015/16: 150; 2014/15: 153) Note this question was not asked in 2013/14

Source: Ipsos MORI

# PHE' focus should shift towards more practical support

Q.17a Below are two statements representing either end of a scale, from 0 to 10, concerning the focus of Public Health England's work. Statement A=0 and Statement B=10. Please indicate where your view of Public Health England's work currently sits on this scale./Q.17b Using the same scale, please indicate where you think Public Health England's focus should be.



Stakeholders continue to feel that PHE's work is primarily focussed on information and evidence provision, and should be more balanced with offering practical delivery support. This reflects findings from previous waves.

Similar to last wave, it is clear from the open ended comments and qualitative interviews that Local Authority stakeholders would benefit from **more practical support in putting evidence into action**; for example by sharing best practice, and providing evidence on the cost-effectiveness of certain interventions, to help them make decisions in their local area.

*"We need top quality evidence and advice on **interventions with the most cost-effective beneficial health impact.**"*  
Local Authority

*"There is **not enough good practice or 'what works' being shared across the sector.** PHE could do more to support and facilitate this."*  
Local Authority

*"We need **practical support in the implementation of evidence** into practice both at a government level and a local level."*  
Professional organisation

Base: All participants (267)

Source: Ipsos MORI

# PHE could do more to engage Local Authorities at the national level

It was felt that Local Authorities are currently **remote from the good and influential work PHE carries out nationally**. While it was acknowledged that engaging with a large number of separate organisations would be challenging, it was felt PHE could do more to acknowledge and push forward the Local Authority perspective a national level.

*I have a less positive viewpoint which I think reflects the combination of the internal focus of PHE as it restructures, the **lack of local engagement with the delivery of PHE products**, and the poor consultation record on both policy direction and development of the workforce. In summary it doesn't provide a strong sense of PHE supporting and enabling the local system.*

Local Authority

*At a local level the relationship works very well and is collaborative. **We have no support from a national level** or none that I am aware of to the whole of the Public Health system, surrounding policy and advice.*

Local Authority

## At a national level, PHE could more to:

### Champion and advocate on behalf of DPHs:

*We are a part of the health service. We want them to hold Local Authorities to account if the DPH feels they are not being supported locally...a big brother role...but **I don't see them anymore as our protectors**.*

Local Authority

### Involve Local Authorities more in the wider system:

*Nationally, it feels that there is a **separate world called PHE Public Health which seems to be operating semi-independently** and not pulling the system together to best effect - locally its better as local office/PHE people try to do their best.*

Local Authority

### Promote the role of Local Authorities in public health:

*Can sometimes feel that **PHE talks nationally about the work they do**, and on a bad day I feel they have forgotten Local Authority public health is out there doing public day-to-day. I need PHE to talk up what we do and not just concentrate on what they do.*

Local Authority

Source: Ipsos MORI

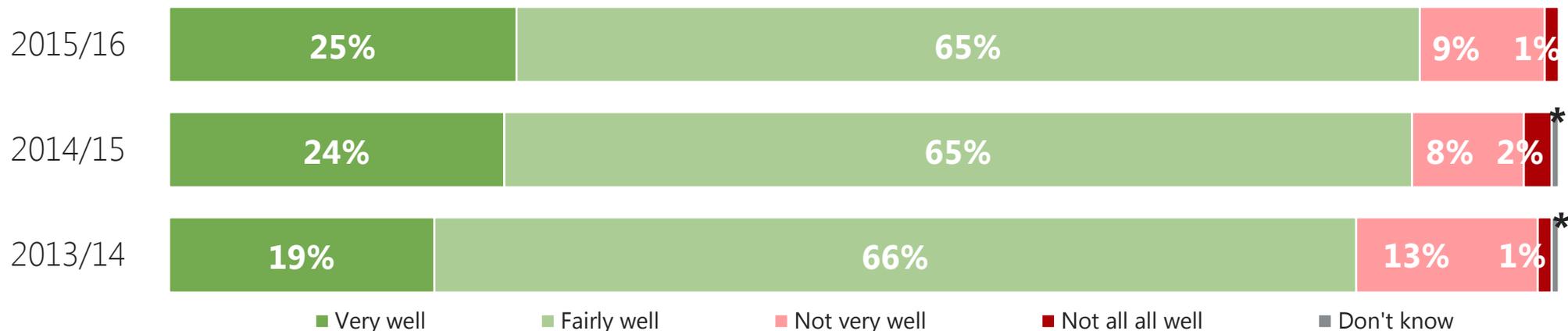
# PHE's role and functions

This section explores stakeholders' understanding of PHE's role, including how well stakeholders feel PHE has performed in its various functions. It also looks at what advice stakeholders are most likely to turn to PHE for, and how useful they find PHE's data and analysis tools.



# Understanding of PHE's role remains very high

Q7 How well would you say you understand Public Health England's role?



2015/16 sees little change in stakeholders' understanding of PHE's role. In line with 2014/15 results, nine in ten say they understand PHE's role *very* or *fairly* well. Very similar proportions of Local Authority and non-Local Authority stakeholders say this (88% and 92% respectively), and there are no significant differences in results for each of these groups compared with 2014/15.

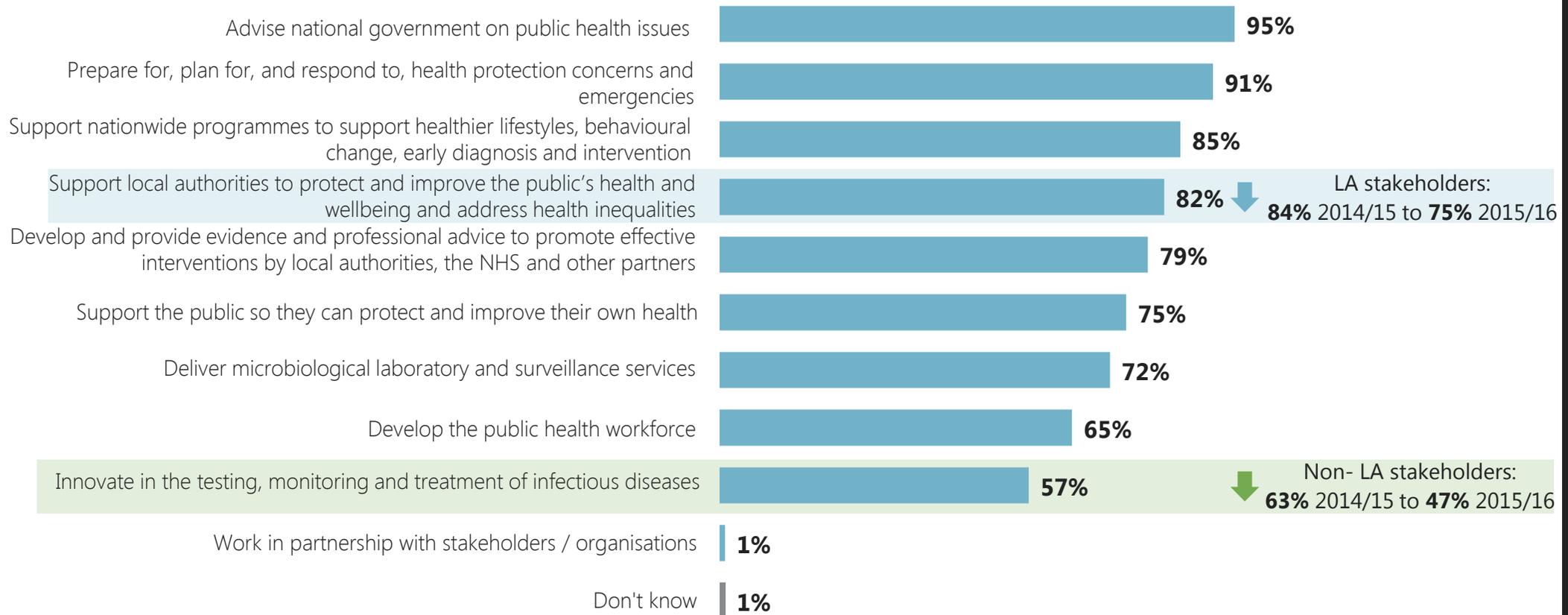
As would be expected, stakeholders who contact PHE more frequently are more likely to have a stronger understanding of its role; the vast majority (95%) of those who contact PHE weekly or more often understand PHE's role very or fairly well, compared to 88% of those who are in contact less often.

Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

# There is little change in stakeholder perceptions of PHE's functions

Q9 Which of the following statements, if any, best describe the functions of Public Health England?



Stakeholders continue to see PHE's government advisory role as central, as well as its health protection role. Increasing proportions say PHE has a role in supporting the public to protect and improve their own health; three quarters (75%) say this, compared to 73% in 2014/15 and only 60% in 2013/14.

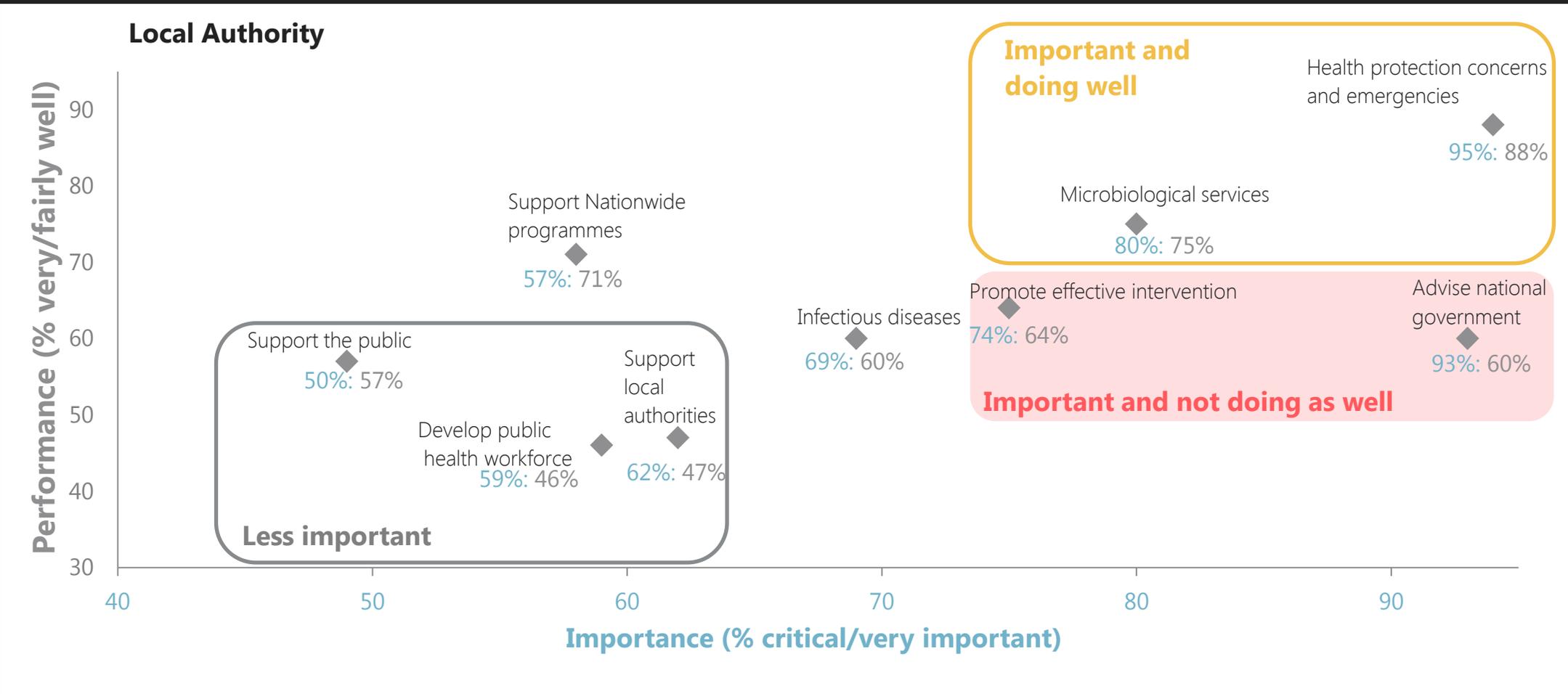
Local Authority stakeholders are less likely this wave to say PHE has a function to support Local Authorities (this has dropped nine percentage points\*). Fewer non-Local Authority stakeholders say PHE has a role in innovating in the testing, monitoring and treatment of infectious diseases, although this may be due to a change in this stakeholder profile meaning they lack an awareness of this function.

Base: All participants (267) \* Change not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Local Authority stakeholders place emphasis on health protection functions

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



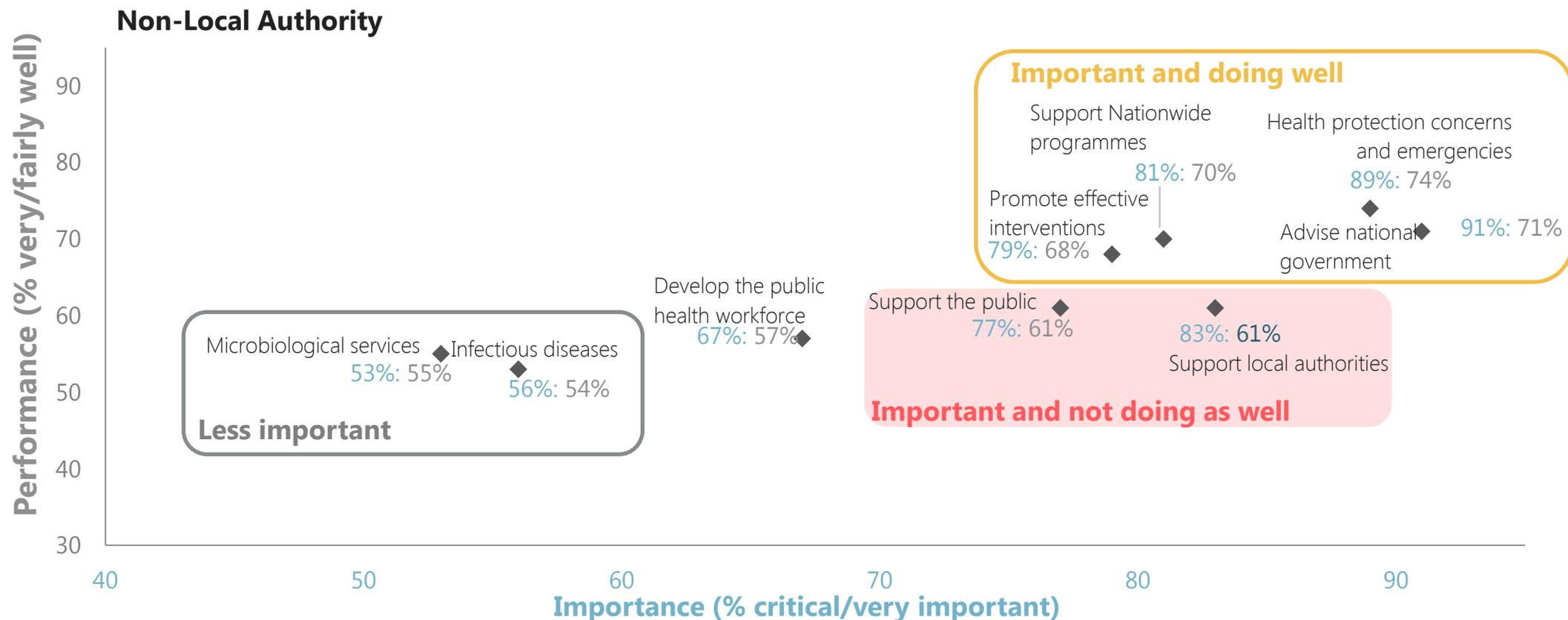
Local Authority stakeholders' perceptions of the relative importance/performance of PHE's functions remain similar to previous years. The organisation's health protection, government advisory, and microbiological services are considered the most important. Of these, stakeholders think that PHE is performing particularly well in its health protection role, and in delivering microbiological services. PHE is seen as performing relatively less strongly in the important roles of advising national government and providing evidence and advice to promote effective intervention (as shown by the area shaded in pink on the chart).

Base: All participants: Local Authority stakeholders (117).

Source: Ipsos MORI

# Non-Local Authority stakeholders hold different 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



Non-Local Authority stakeholders hold very different views to Local Authority stakeholders. They also consider PHE’s health protection and government advisory functions to be the most important., but are more likely than Local Authority stakeholders to emphasise the importance of supporting nationwide programmes to promote healthier lifestyles, promoting effective intervention, supporting Local Authorities, and supporting the public to protect and improve their own health, however they are not as positive about PHE’s performance in these latter two functions compared to other functions.

These stakeholders are also increasingly positive about PHE’s performance in developing the public health workforce (increased from 42% in 2014/15 to 57% in 2015/16). This year also sees a small (although not statistically significant) increase in the proportion who consider PHE to be performing well in its government advisory and evidence/advice provision roles, as well as in supporting Local Authorities and supporting nationwide programmes to promote healthier lifestyles.

Base: All participants : Non-Local Authority (150).

Source: Ipsos MORI

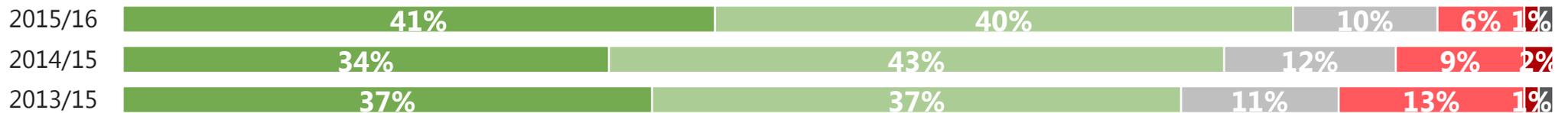
# The majority of stakeholders consider PHE their first port of call for advice on health protection, information and evidence

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..."

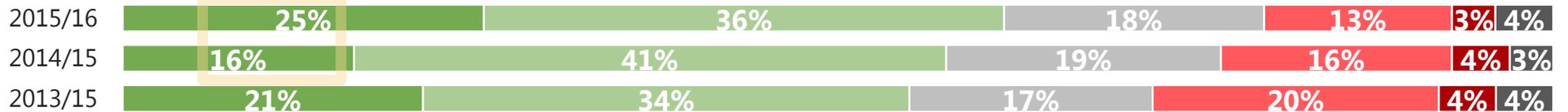
## Health protection



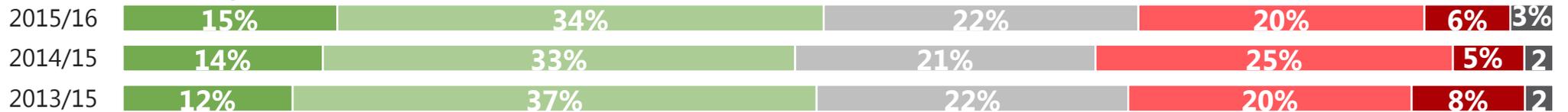
## Public health information and evidence



## Population healthcare



## Health and wellbeing



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

Overall, stakeholders are more likely to consider PHE as a first port of call for advice about health protection and/or for information and evidence on public health.

This remains largely stable compared to previous years, although 2015/16 sees a slight (not statistically significant) increase in the proportion who would look to PHE for public health information and evidence and population healthcare. The proportion who *strongly agree* that PHE would be their first port of call for population healthcare advice has increased significantly compared with 2014/15; from 16% to 25%.

Base: All participants (2015/16: 267; 2014/15: 258; 2013/14: 299).

Source: Ipsos MORI

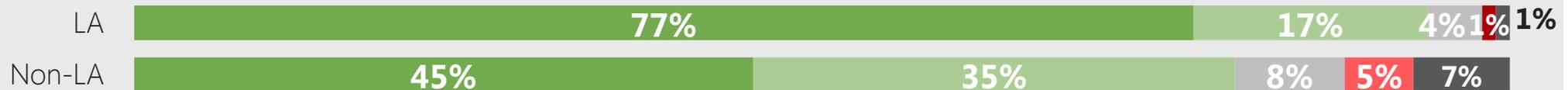
# Local Authority stakeholders are particularly reliant on PHE for health protection advice

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..."

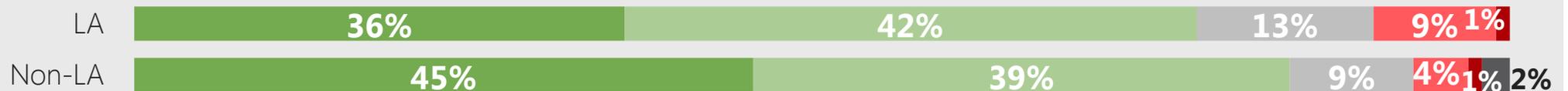
Local Authority stakeholders are particularly likely to consider PHE their first port of call for advice about health protection. Non-Local Authority stakeholders on the other hand are more likely than those in Local Authorities to go to PHE for Public Health information and evidence, advice on population healthcare, and health and wellbeing.

These findings remain in line with those from previous years.

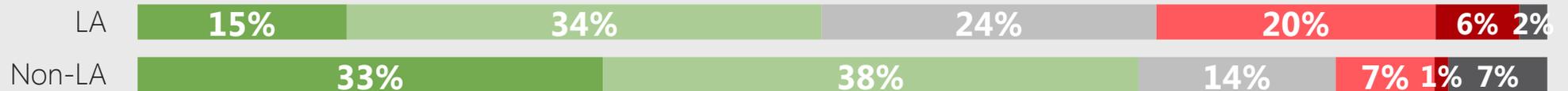
## Health Protection



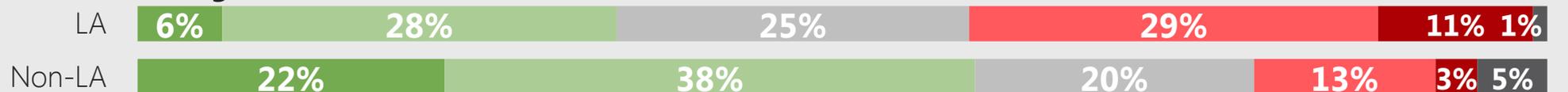
## Public Health information and evidence



## Population healthcare



## Health and wellbeing



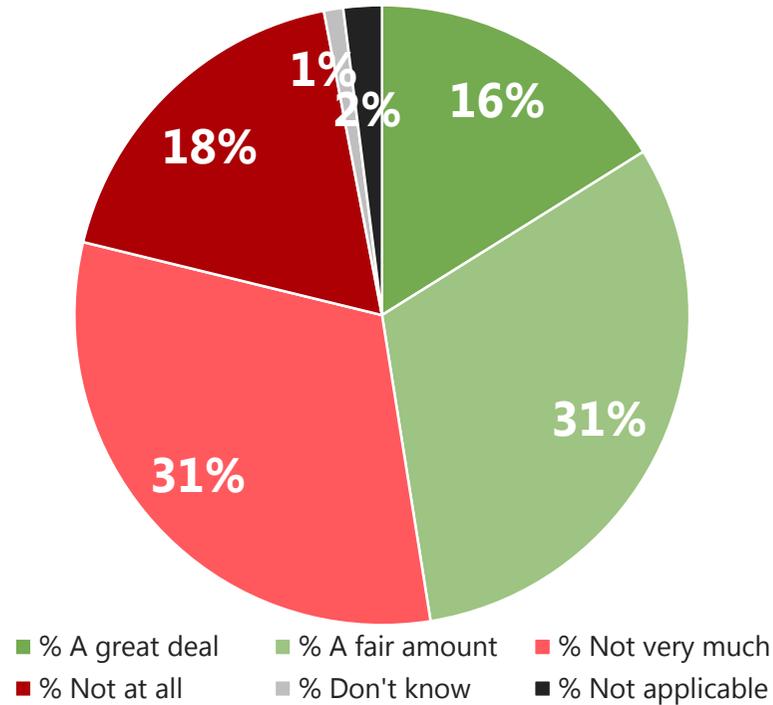
■ % Strongly agree ■ % Tend to agree ■ % Neither/nor ■ % Tend to disagree ■ % Strongly disagree ■ % Don't know/not relevant

Base: All participants: LA (117); Non-LA (150)

Source: Ipsos MORI

# Three quarters of Local Authority stakeholders use PHE's data and analysis tools

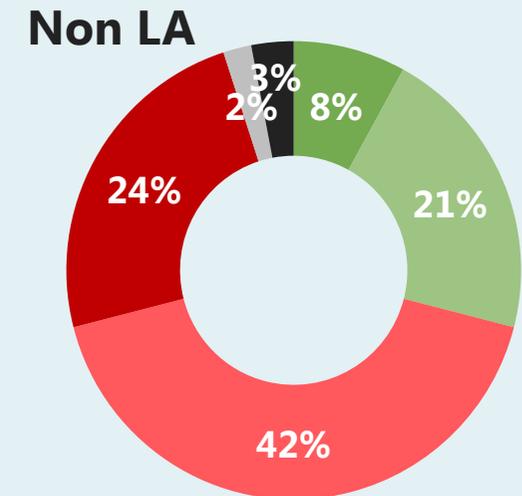
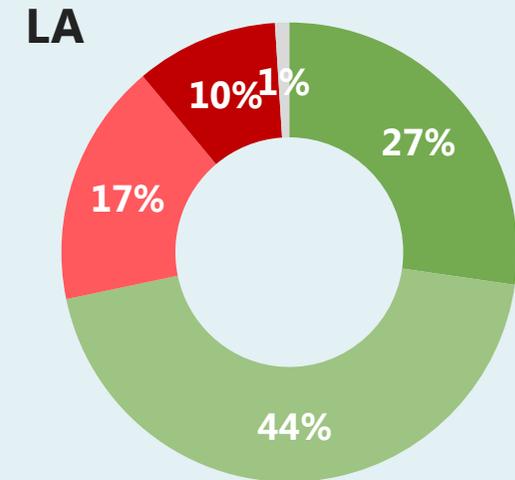
Q.12a PHE provides a number of data and analysis tools such as atlases, profiles and ready reckoners on a range of topic areas. How much, if at all, do you use the data and analysis tools provided by PHE?



Around half (48%) stakeholders use PHE's data and analysis tools. Local Authorities are the heaviest users, particularly DPHs, 85% of whom use them.

Use is highest among stakeholders who know PHE 'very well'; 68% use them a great deal/fair amount compared to 41% who are less familiar with PHE.

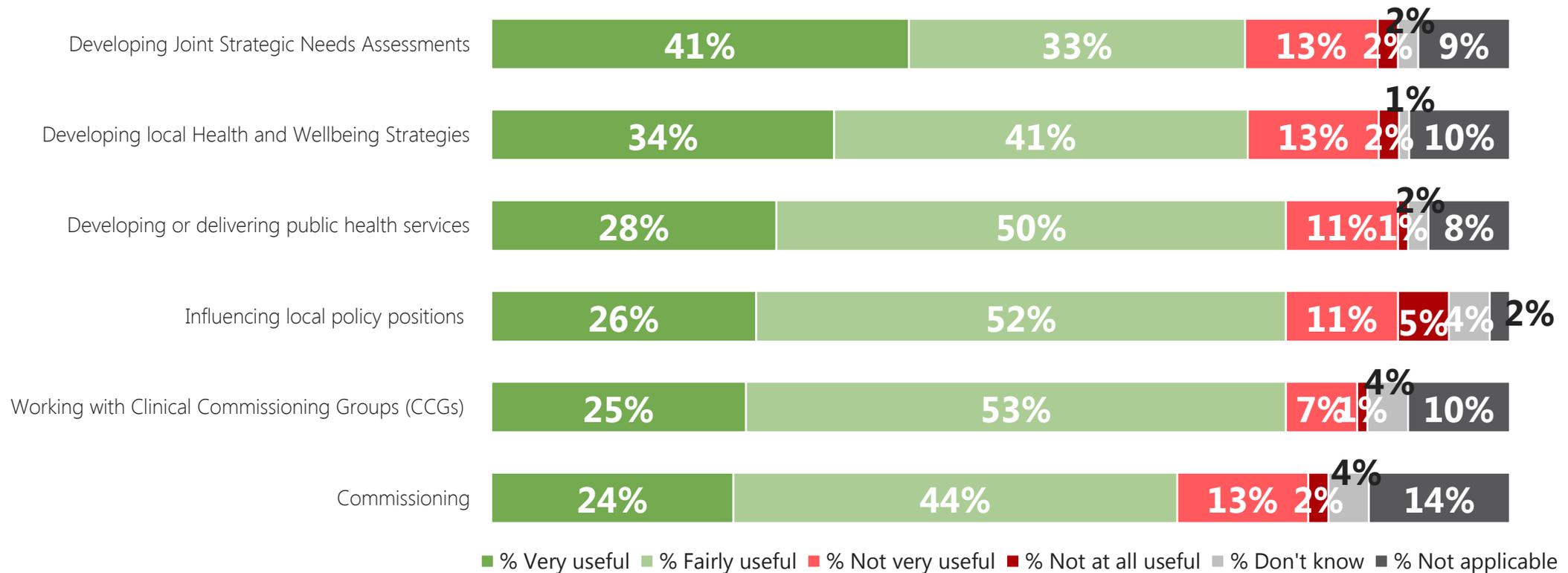
Source: All participants: overall (267); LA (117); Non-LA (150).



Source: Ipsos MORI

# PHE's tools are useful for a range of activities, particularly developing Joint Strategic Needs Assessments and strategy development

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



Stakeholders use PHE's data and analysis tools for a range of activities; particularly for developing Joint Strategic Needs Assessments and local Health and Wellbeing strategies.

There is little difference between Local Authority and Non-Local Authority stakeholders in the proportion finding the tools 'very useful'. However Local Authority stakeholders are more likely to use the tools across a range of activities; 90% find them useful for 3 or more activities, compared to 79% of Non-Local Authority stakeholders.

Base: All participants who use tools a great deal/fair amount (127)

Source: Ipsos MORI

# On the whole, the tools are highly regarded

In the qualitative discussions, PHE's data and analysis tools were, on the whole, **welcomed and highly regarded**.

*Very **useful, tremendously interesting**, those things always catch people's imagination: population change statistics, diabetes stuff - information like that really helps us to drive forward why we make decisions.*

Local Authority

Among stakeholders working in the NHS, there was a desire to see more use of the data and resources provided by PHE; something that had been limited to date as organisations were still bedding down.

*PHE have **access to a range of really good data** - both sources and interpretation...now we are starting to know the value PHE colleagues can bring to us with data.*

Agency

## However, how important are these tools?

There was a question about how important these tools were for some DPHs, particularly those who were established in their roles. It was suggested that they may be more relevant for those new to their roles.

*Some tools are useful...but I've heard a few **DPHs say they don't want any more tools and tricks, they've got enough now**; but that could be true of experienced DPHs, possibly not true for new ones.*

Professional Organisation

*If you ask people 'do they want these tools' they'll say yes, but I wonder if they'd be that bothered if they didn't provide them. I'm **not sure when money is tight whether that's what people need.***

Local Authority

## Some issues with the data itself

Some stakeholders also mentioned problems they had experienced with access to the data, or it not always being up to date.

*Our analysts look at the data on a day-to-day basis...we find this kind of thing very useful. We are sometimes **limited by national databases not being the most up-to-date.***

Local Authority

*Sort out the data issues... **three years on and we still don't have access to the data we need** at Local Authority level.*

Local Authority

## Tools could be more targeted

It was also suggested that the tools could be more targeted towards what different audiences need and use.

*The one thing is **look at who the audience is and tailor accordingly** so think about what needs to go out nationally, and then which tools really need to go to Local Authorities... **prioritisation is necessary; target audiences.***

Local Authority

Source: Ipsos MORI

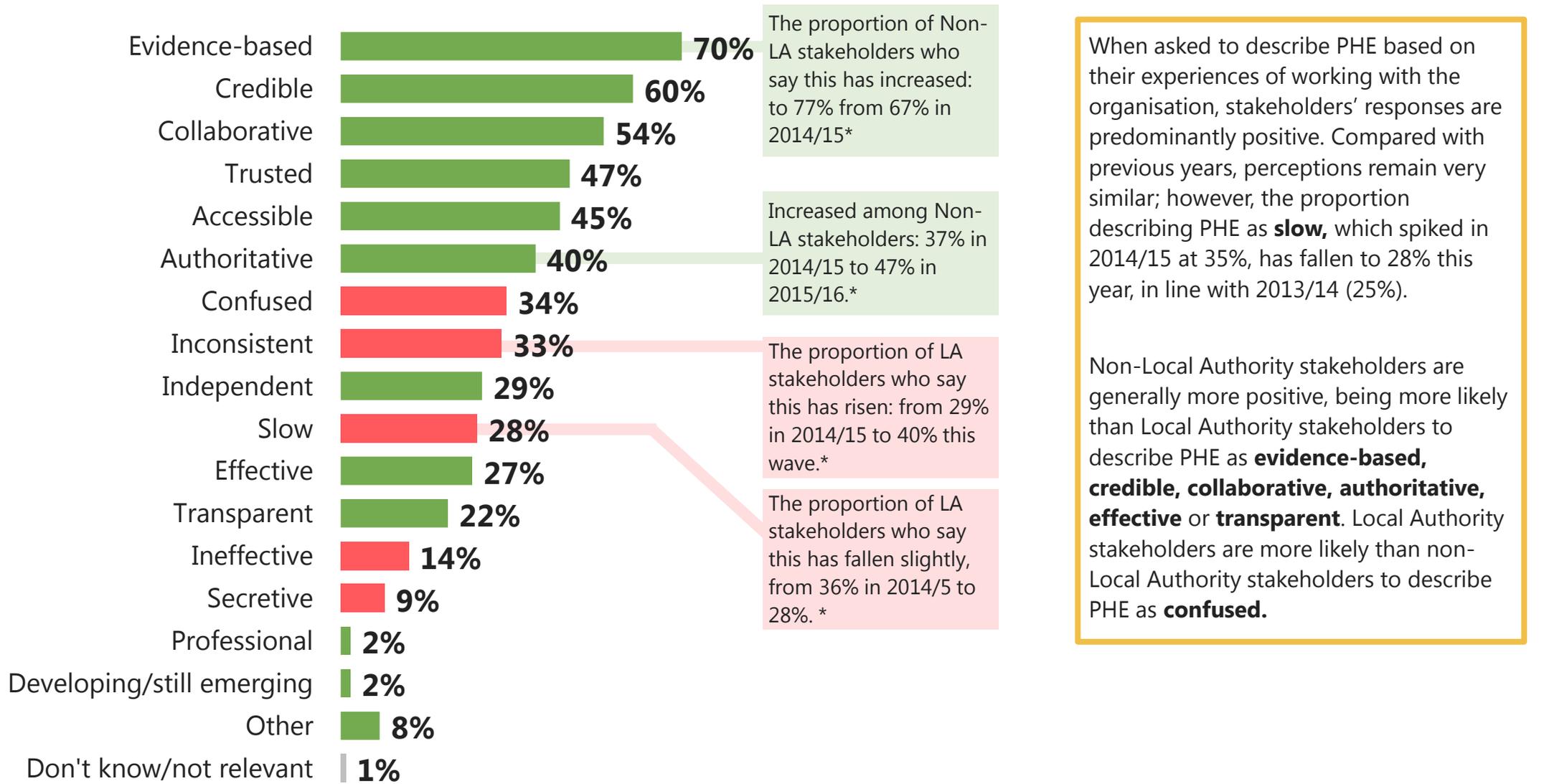
# Perceptions of PHE

In this section, the words stakeholders use to describe PHE is explored, as well as PHE's perceived strengths, and the extent to which it is seen as independent.



# Descriptions of PHE are predominantly positive

Q12 From your interactions with Public Health England to date, which of the following words/phrases would you use to describe Public Health England as an organisation? 5%+ mentions



Base: All participants who have contact with PHE (260) \* Changes not considered statistically significant; to be interpreted as indicative only.

Source: Ipsos MORI

# PHE is highly valued

In the qualitative interviews, PHE was described as **the go-to organisation for public health expertise and advice**; it was a relationship that they depended on. For some, it was the only public health body they had relations with, and a crucial stakeholder as a result.

*If PHE disappeared I'd have to find support and advice elsewhere e.g. another organisation I could buy advice from. It would be very difficult and there's no one off the shelf. **There are very practical things that PHE do that I couldn't manage without.***

Agency

*PHE are very important - we... don't have public health experts within our organisation. **Their advice and guidance is important when commissioning.** They are our key relationship.*

Agency

*PHE are critically important - **they are the experts** and hold the evidence base.*

Other Government Department

In particular, for organisations responsible for transforming services locally, this advice and support was seen as indispensable.

*As far as I'm concerned the education that they provide and the help that they bring, helping to inform what we commission through our local health and wellbeing boards, is vital. **If we're trying to reduce demand (on services) - we cannot do that without PHE.***

Professional Organisation

*Genuinely it is **up there with the top 3 stakeholder relationships** - important to the council and where we're going with liveability and wellbeing. It is absolutely central to our transformation journey and how public services are delivered in the future.*

Local Authority

Source: Ipsos MORI

# PHE has a number of strengths

Some of the key strengths participants discussed in the qualitative interviews were:

**PHE being evidence-based and impactful:** Stakeholders highlighted PHE's robust, evidence-based approach as a major strength. They gave examples of PHE's work on screening and immunisation, smoking, E-cigarettes and sugar, as areas in which PHE has been able to use its strong knowledge base to make 'bold' steps forward and have an impact at both the national and local level. This has built its reputation as a professional and credible national body.

**Organisational culture:** For some, a major strength of PHE was the organisation's culture, described as polite, professional and approachable. This outlook was contrasted positively with the 'hierarchical' culture perceived to exist within other government bodies.

**Health protection:** Stakeholders spoke very positively about PHE's performance in its health protection role, describing this as 'what it does best', and giving examples such as its work on Ebola to highlight its successes in this area over the past year.

**Ability to juggle a wide remit:** It was also noted that PHE has a vast and wide ranging remit, but PHE is seen as responsive and able to work effectively to deliver these multiple priorities. However some stakeholders felt that PHE's broad remit, as well as its structure of National, Regional and Local teams posed significant challenges for delivering on its overall goals. For some this meant they were not yet seeing the same impact from PHE on health promotion issues as they had seen in health protection.

*It raises the profile and status of public health locally just by existing. **Issues like sugar, mental health, obesity are now under the care of a credible national organisation**, getting out the evidence on these issues and driving the debate.*

Local Authority

*Duncan Selbie has operated in the first couple of years has been actually getting out there, and getting people to feel that they can pick up the phone to them. And there's a **huge sense of politeness and emphasis on manners with PHE**; for example after an event, the next day they'll send letters thanking everyone who took part. It sounds like a small thing but I think as a culture that's incredibly positive.*

Local Authority

*They're **good at rising to the challenge**. With Ebola, they managed to have a big international impact and keep the show on the road, and continue to support us, so their ability to juggle is a strength. And senior staff - individuals are good advocates for the organisation.*

Agency

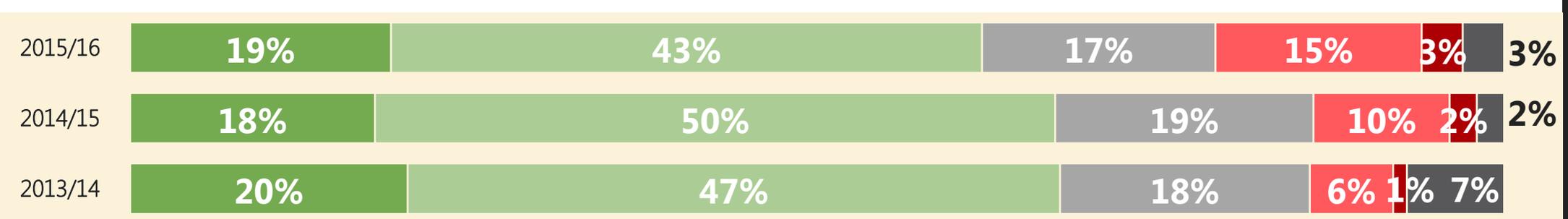
*Their core organisation, health protection, is pretty solid. The **challenge has been merging the other parts together**: health improvement and the knowledge and information parts, and working with local teams. Health protection has a clear focus, but all the other things give it a huge remit, and the challenge is the national focus plus the delivery teams and big structure of the local team.*

Agency

Source: Ipsos MORI

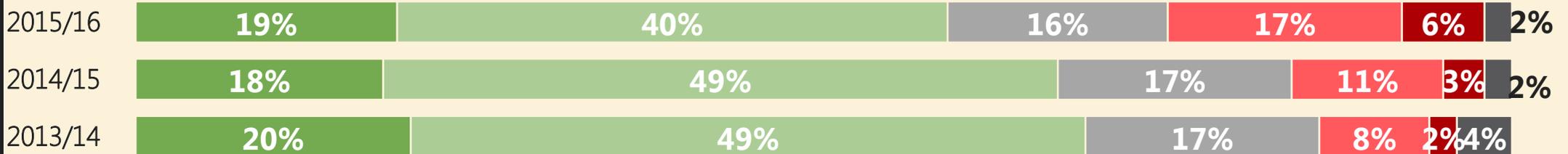
# Mixed views on the independence of PHE's advice

Q13 To what extent do you agree or disagree that the advice provided by Public Health England is independent?

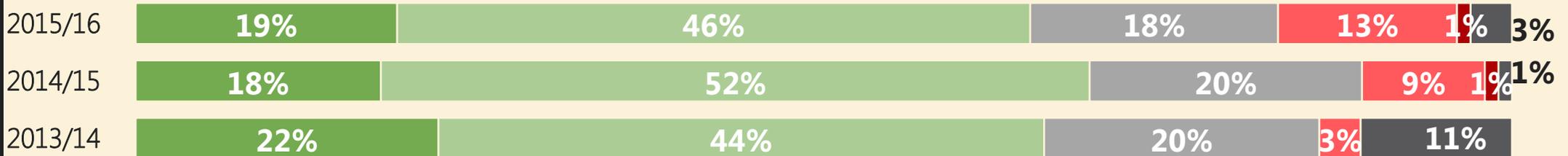


Two thirds (62%) of stakeholders believe that PHE is independent. This represents a slightly lower proportion compared to previous years, though this change is not considered statistically significant. However, compared to 2013/14 there have been significant increases in the proportions of stakeholders who *disagree* that PHE is independent. This trend is seen more strongly among Local Authority stakeholders.

## Local Authority



## Non-Local Authority



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

Base: All participants (**Overall:** 2015/16: 267; 2014/15: 258; 2013/14: 299. **LA:** 2015/16: 117; 2014/15: 105; 2013/14: 174. **Non-LA:** 2015/16: 150; 2014/15: 153; 2013/14: 125)

Source: Ipsos MORI

# And split views on the independence of PHE's key evidence reviews

On the whole, the stakeholders taking part in the qualitative discussions had confidence and trust in the work PHE does.

*The **work they do is very honest**, as with all reports, people will criticise it in general terms, but the people at the top are doing the right thing... I've seen no evidence or examples of that trust being misplaced.*

Professional Organisation

The **sugar and e-cigarette** evidence reviews, both controversial areas of work, were given as examples by stakeholders of PHE's independence and partiality; and PHE willing to be bolder than before.

For many the work on e-cigarettes and sugar challenged existing views and was seen as an example where PHE was working independently in the public interest.

However, for a minority, PHE still demonstrates a lack of independence. It was felt that PHE did not allow enough time for all stakeholders to feed into the work on e-cigarettes for example, and was not willing to acknowledge some of the issues expressed with this review and others. PHE's connection to government also continues to be seen as a barrier to it being seen as truly independent; the timing of the sugar report being given as an example of PHE cowing to government pressure.

*They've shown their independence very well this year through their independent evidence reviews. They handled the e-cigs and the sugar stuff incredibly...they stuck to what the evidence showed, which was not necessarily what everybody in public health [believed] - certainly in e-cigs it **challenged some of the established views but it was absolutely the right thing to do in the public interest**...I think in a few years' time because of their action they'll be seen to be the model country.*

Voluntary & Community Sector

*There was quite an extraordinary reaction from PHE, defending its [E-cigarette] project to the hills without actually stopping and thinking maybe we've made a mistake here...I sense a **reluctance within PHE to recognise and admit when they've made a mistake**...PHE has not dealt with the conflict of interest issues or adding maturity to the debate that I would have expected...The issue isn't the competence of the people who are there [at PHE], it's the political nature of the organisation and lack of independence.*

Professional Organisation

*PHE has started to up its game and **to be braver**... I **respect** the fact that they took a judgement [in relation to e-cigarettes].*

Academic

*There's concern about the independence bit again - evidence review on the sugar was a problem - that's a great report and it should have landed brilliantly.*

Professional Organisation

Source: Ipsos MORI

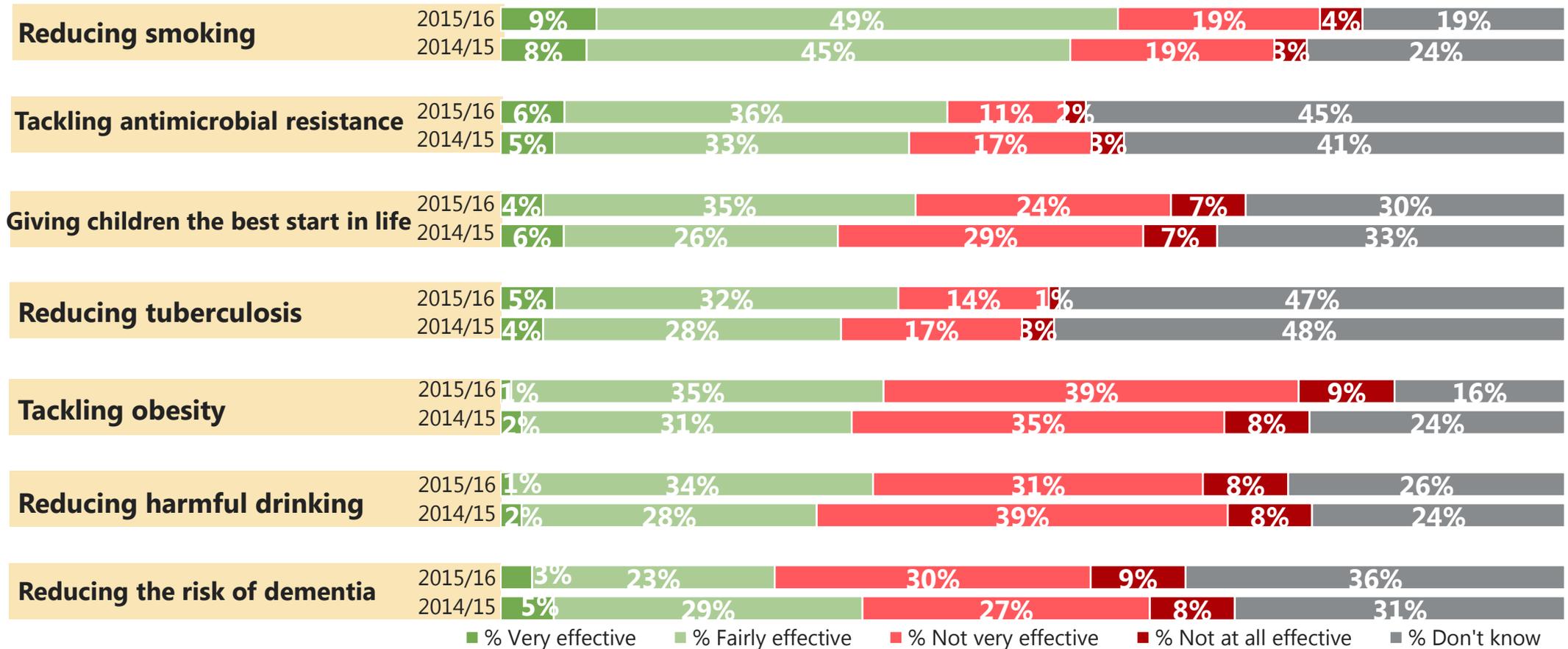
# PHE's focus and influence

This section explores stakeholders' perceptions of PHE's performance in each of its key areas of focus, and the impact stakeholders feel PHE has had over the past year, including where stakeholders would like PHE to have more of an impact.



# PHE is seen as having the biggest impact on reducing smoking

Q8c 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?



As with last wave, of PHE's seven key areas of focus, stakeholders perceive PHE to have been most successful in its work to reduce smoking, and are less positive about PHE's impact in tackling obesity, reducing harmful drinking and reducing the risk of dementia; in each a higher proportion feel PHE is not effective than think it is effective.

Notably, there are large proportions of stakeholders who are unsure how effective PHE has been in many of these areas; particularly in tackling antimicrobial resistance, reducing tuberculosis, reducing the risk of dementia, and giving children the best start in life. However, amongst those in the know stakeholders are particularly positive about PHE's performance in tackling anti-microbial resistance (77% say it is effective); reducing smoking (72%); and reducing tuberculosis (70%) – see appendix for more details.

Base: All participants: 2015/16: 267; 2014/15: 258. \*Changes not statistically significant; treat as indicative only.

Note that the wording of this question in 2014/15 was; "How effective, if at all, do you think PHE has been in relation to each of its priorities?"

Source: Ipsos MORI

# Local Authority and Non-Local Authority stakeholders have differing views on PHE's performance

Q8c 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?

## Tackling antimicrobial resistance



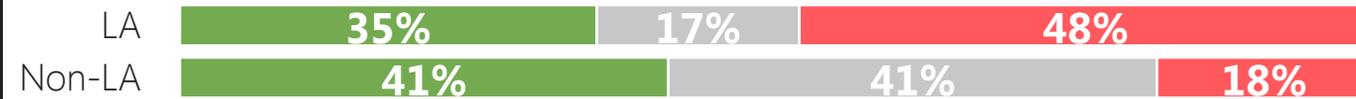
## Reducing smoking



## Reducing Tuberculosis



## Giving children the best start in life



## Reducing harmful drinking



## Tackling obesity



## Reducing the risk of dementia



■ Very/Fairly effective    ■ Don't know    ■ Not very/Not at all effective

**Local Authority stakeholders** hold different views to other stakeholder groups regarding PHE's effectiveness in many of its areas of focus. They are more likely to say PHE has been effective in tackling antimicrobial resistance and reducing tuberculosis than non-Local Authority stakeholders. They are also more positive than last wave about PHE's effectiveness in tackling antimicrobial resistance (51% say it is effective compared to 40% last wave).

**Non-Local Authority** on the whole are less able to give an opinion on each of these areas compared to Local Authority stakeholders; large proportions say they don't know how effective PHE has been.

However by removing this group saying 'don't know', these stakeholders are more positive about each of PHE's key areas of focus suggesting that **those in the know feel PHE is doing a better job.**

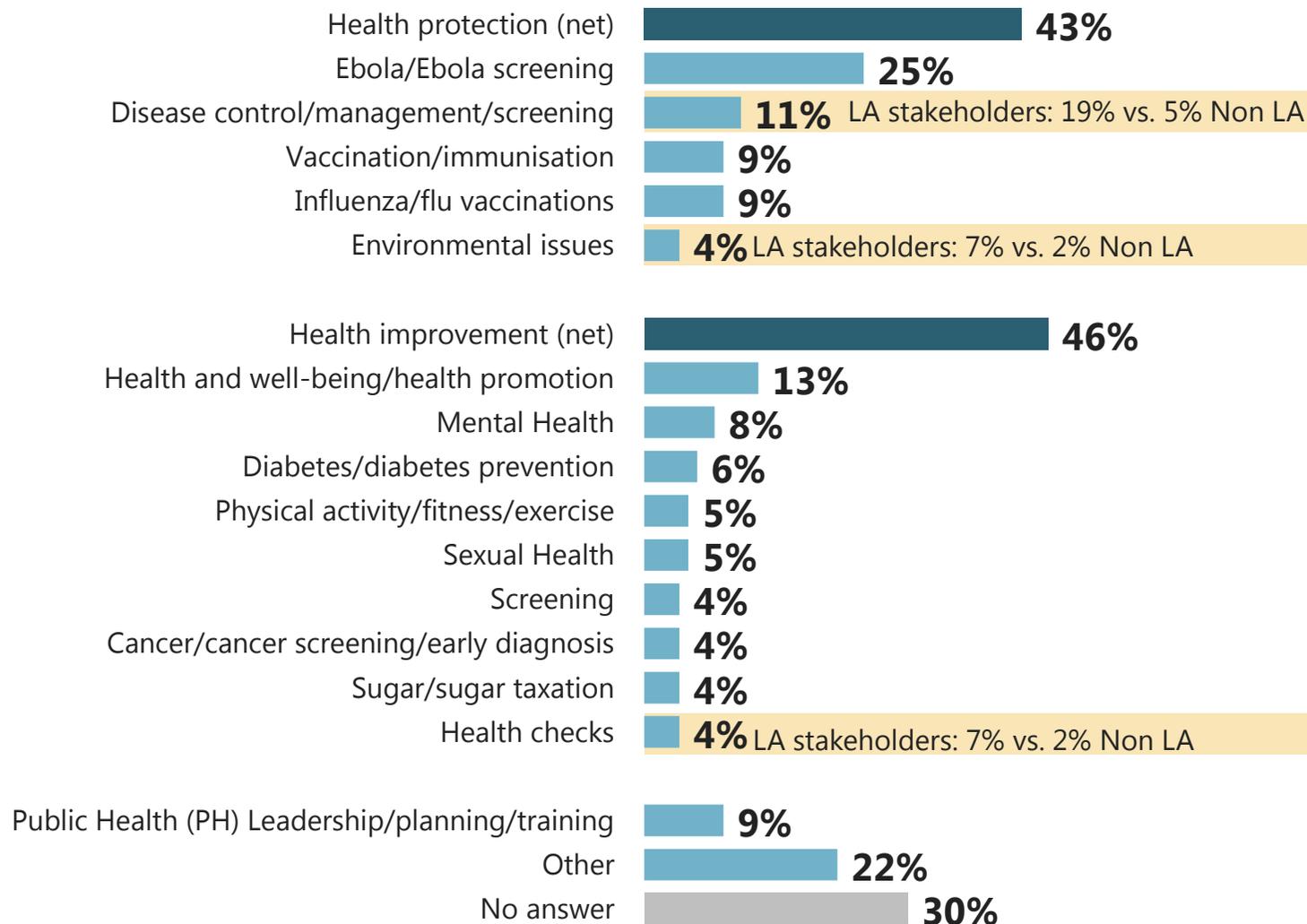
Base: All participants: LA (117); Non-LA (150). \*Changes not statistically significant; treat as indicative only. Note that the wording of this question in 2014/15 was; "How effective, if at all, do you think PHE has been in relation to each of its priorities?"

Source: Ipsos MORI

# Ebola is top-of-mind as a key area PHE has focused on over the past year

Q8d Please list up to 5 issues that you think PHE has focused on over the past year aside from obesity, smoking, alcohol, giving children the best start in life, dementia, antimicrobial resistance and tuberculosis.

## Mentions 4% and above:



When asked to name up to five additional areas on which PHE has focused over the past year, the issue mentioned most frequently is Ebola. The vast majority of stakeholders (95%) who name Ebola or Ebola screening as an issue PHE has focused on in the past year, think that PHE has been effective in this work; just over half (53%) think PHE's work on Ebola has been *very effective*. Just two per cent say that PHE has not been at all effective in tackling Ebola.\*

Those who are in contact with PHE at least once a week are more likely to name Ebola (34% do so vs. 19% of those in contact with PHE less often), vaccination/ immunisation (15% vs. five per cent), mental health (14% vs. four per cent) and diabetes (13% vs. two per cent).

Base: All participants (267) \* Due to the small base size for this question (n=66), these findings should be considered indicative only.

Source: Ipsos MORI

# 2015 has seen PHE have a big impact in some key areas

In the qualitative interviews, the areas where PHE was seen to have had the greatest impact in the past year were:

## The Five Year Forward View

The visibility and importance of public health, and the prevention agenda, in the Five Year Forward View, continues to be seen as a sign of PHE's influence and impact.

*Their main impact has been their influence in the Five Year Forward View - **before it was difficult to get prevention into the NHS management.***

Agency

## Ebola

PHE's work around Ebola was seen as PHE performing at its best; stakeholders were particularly impressed that PHE's regular day to day responsibilities were not adversely affected by its work here.

*The **stuff they did around Ebola was quite amazing really**; we did have questions in our council, it was very useful to tap into both the local team and also what was going on nationally, to respond to local concerns around that.*

Local Authority

## E-cigarettes

The evidence review on E-cigarettes, though controversial, was seen as a highly visible and influential piece of work that has shaped and focussed thinking in the public health community.

*The report was **extremely influential in terms of influencing thinking around the problem.** I thought that report, despite all the people that knocked it, was very balanced and helpful. It changed our policy following a huge debate internally.*

Professional Organisation

## Sugar

Similarly, PHE's work on sugar – again controversial - demonstrated the uniqueness of PHE's reach, expertise and clout.

*Publicising how serious a challenge we face, means that the government will struggle to get away with an obesity strategy that isn't really, very bold. If and when that happens, that will be huge in terms of perceptions of PHE. **PHE deserves a lot of credit** for that.*

Local Authority

Continuing to **work in partnership was seen as crucial to ensuring PHE has impact**, bringing the public health community together and uniting stakeholders around a single position as far as possible. Particularly, PHE has demonstrated, through E-cigarettes for example, its ability to focus the public health community, allowing controversial or difficult messages to have greater impact and traction. Furthermore, **PHE is seen as in a unique position** to play this facilitating role.

*PHE this year **have tried really hard to get all stakeholders together around key issues** as its much more palatable for the public when everybody's saying the same thing. There is that recognition that they need everybody in the sector to be supporting them.*

Professional Organisation

Source: Ipsos MORI

# But PHE could do more to link public health issues

There was broad agreement that PHE has been focussing on the right things over the past year.

Those close to PHE believed that PHE's focus is driven both by research into disease and health patterns as well as being politically determined. Others felt it was important that PHE's focus is driven by factors that have the biggest public health benefit.

*Their [focus is driven] in terms of analysing the epidemiology and the future epidemiology...So **their priorities are very rationally set but also determined by what the government wants** - government has these few priorities but PHE is moving the agenda forward in all of the areas of public health.*

Voluntary & Community Sector

*It has to be about reducing impact on the health service. It's got to be about trying to improve life chances.*

Professional Organisation

*[Their focus] **should be driven by the public health impact** (in terms of frequency of impact and scale) not by local political agenda.*

Professional Organisation

However, as with last wave, there was the suggestion that PHE's current focus on individual issues was quite siloed, and there was a need for its approach to public health issues to be more joined up.

*One of the things we've talked about with them is **the need to join things up and not to have such a siloed approach** in public health...[because] the person whose smoking and drinking too much and got a mental health condition are one and the same, and we need to find a way of joining those up. PHE are receptive - just trying to figure out a way of how do we do that.*

Professional Organisation

*PHE tends to do things in silos, they haven't joined things up, they can't do alcohol or obesity without mental health. **People have multiple bad behaviours there is something about tying these all together**, that cross impact would be useful.*

Professional Organisation

For these stakeholders 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 isolated medical issues, and taking a more holistic approach to public health.

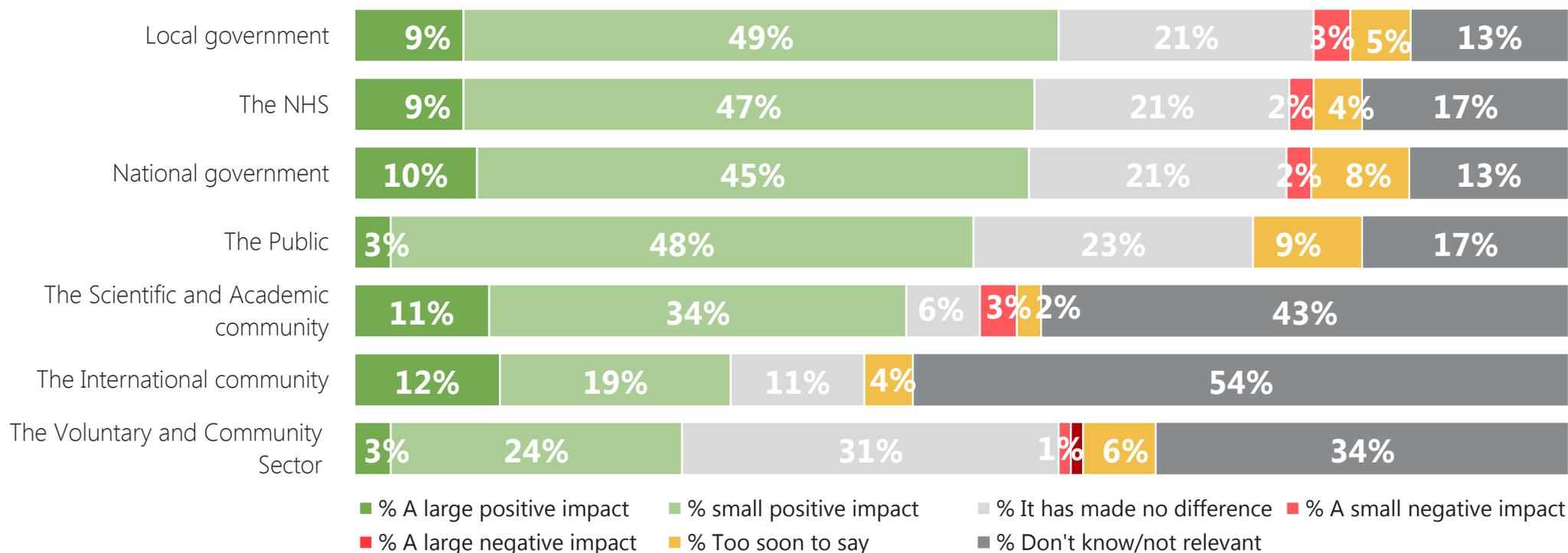
*They have a definition of public health which is straight such as smoking, obesity, but **Local Authorities are managing things in a different way** by looking across the whole of the council to look at positives to affect change.*

Local Authority

Source: Ipsos MORI

# PHE is perceived as having the most positive impact on local government, the NHS and national government

Q15 What impact, if any, has Public Health England had on...



Overall, stakeholders are most likely to perceive PHE to have had a positive impact upon local government, the NHS, and national government. High proportions are unable to say what impact PHE has had upon the scientific and academic community, the international community and the Voluntary and Community Sector.

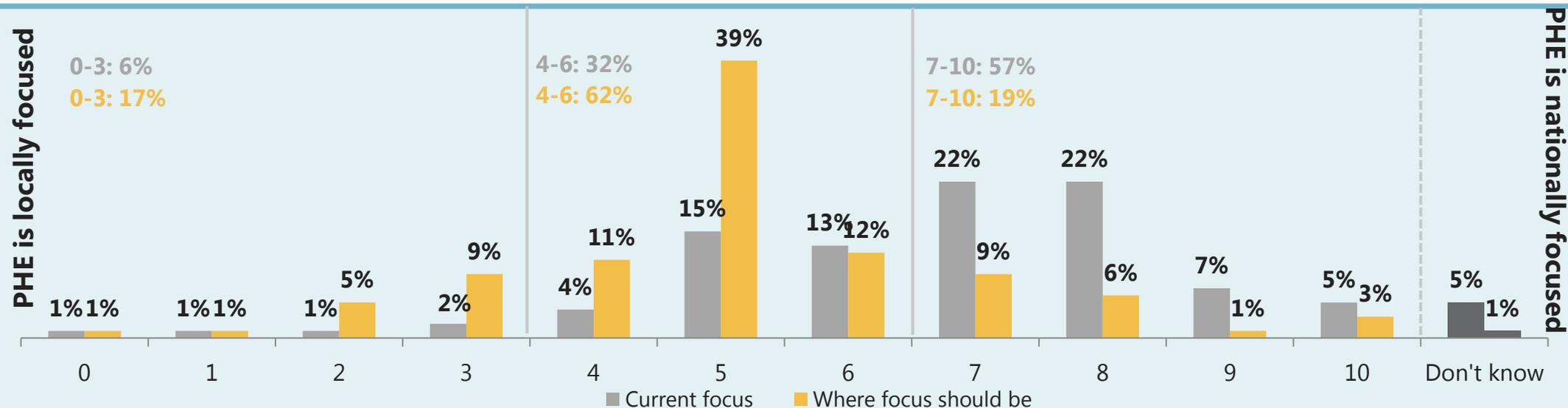
Stakeholders are now more positive about PHE's impact on the Public; half (51%) say it has had a positive impact, an increase of 13 percentage points compared with 2014/15 results.

Base: All participants (267).

Source: Ipsos MORI

# PHE could have a more balanced focus

Q.18a Below are two statements representing either end of a scale, from 0 to 10, concerning the focus of Public Health England's work. Statement A=0 and Statement B=10. Please indicate where your view of Public Health England's work currently sits on this scale./Q.18b Using the same scale, please indicate where you think Public Health England's focus should be.



The majority of PHE's stakeholders feel that it's work is more nationally focused than locally focused at present. As with previous waves, the majority of stakeholders would like to see PHE take a more balanced approach.

A greater proportion of Local Authority stakeholders than other stakeholders say PHE is nationally focused, with 72% rating it at 7-10, vs. 45% of other stakeholders, and this has increased slightly since last wave (increased from 64%).

## Local Authorities less aware of the impact PHE has nationally

Though they see PHE as being more nationally focussed, Local Authorities in the qualitative interviews described a lack of awareness about the role PHE was playing nationally, as they did last wave.

*I don't know how influential PHE is in terms of national policy; I don't know how close they are to what's happening in national government. I'd like to think that's what a lot of their energy and time goes into.*

Local Authority

Base: All participants (267). \* Changes not considered statistically significant; to be interpreted as indicative only

Source: Ipsos MORI

# Stakeholders want to see PHE having a more tangible impact

## Support the implementation of public health policies

Stakeholders want to see PHE focus on turning evidence into action; the need to go beyond strategising and towards practical implementation of public health measures.

*Sometimes we do really well in the strategy documents...[but] how do we implement it? ...we're terribly good at intellectualising things but **its about implementation and not being frightened to get on with it.***

Professional Organisation

There were two areas in particular where it was seen as vital for PHE to have a practical impact:

- supporting public health professionals locally who have responsibility for implementing policies on the ground;

*What's the added value (in Local Authorities)? **They ought to be providing really added value to Local Authorities who have this responsibility on the ground.***

Professional Organisation

- advocating a prevention slant throughout the NHS.

*They should be **lobbying in terms of CCGs and hospitals having to have prevention strategies in place** and of the additional resource that's been allocated to the NHS a proportion of that needs to be spent on prevention. Because that's where their strengths are – to lobby at national level to change policy that shapes how the NHS works.*

Local Authority

One example given in the qualitative discussions, where stakeholders had begun to see PHE taking a lead on implementing public health approaches was in the area of dementia.

*Dementia - they're **leading the way in terms of getting people to understand the prevention angle**; steps you can take to reduce risk, when it affects you...and explaining what that means in practical terms, in terms of how local areas and individuals can respond to that new information. That's really positive.*

Local Authority

## Influencing across government

Stakeholders would also like to see PHE working with and having an impact across government. There was some uncertainty about what mechanisms PHE currently has to have this kind of impact in other government departments, but stakeholders were keen to see PHE taking a lead on this.

*PHE could do with running **interference across government departments** as the determinants of health is about housing, about transport, green spaces, education. All these things that are in the gift of other departments. That kind of lobbying is really important...they would be supported by the rest of us but would be good if they were taking a lead on it.*

Professional Organisation

*Drive the **public health agenda across other government departments and get other departments leading.** I think its early days - I'm not familiar with the structures they have...of course they don't have any authority in these other departments and one of the ways they'll be doing that will be through this Office of Public Health Responsibility to provide much more of a technical resource across government.*

Voluntary & Community Sector

Source: Ipsos MORI

# Future directions

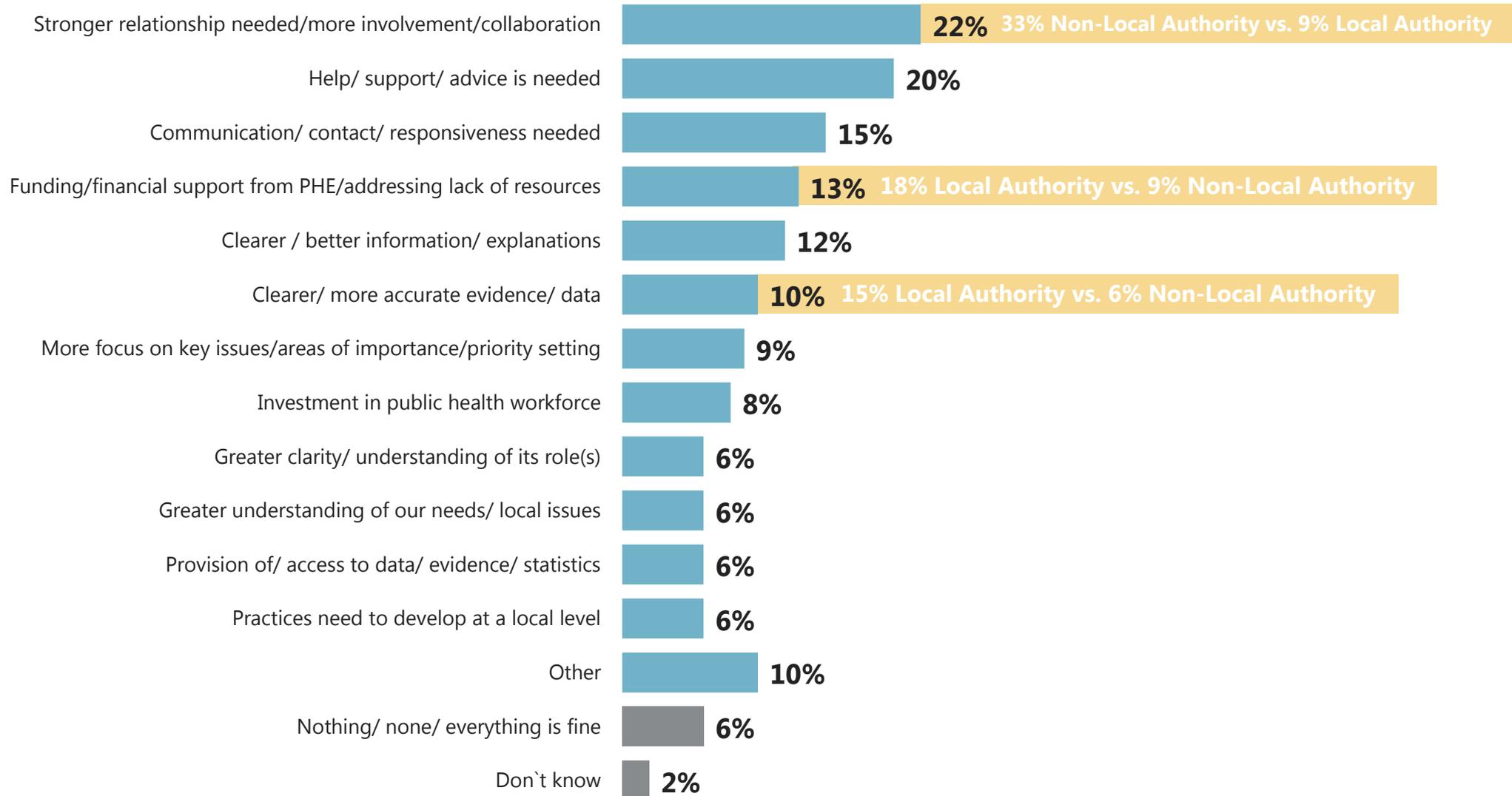
This section looks at the things stakeholders need from PHE in the next year, and ways they would like to see PHE develop going forward.



# National stakeholders are looking to work more collaboratively with PHE in the future; funding is a key concern for Local Authorities

Q27 What, if anything, will you need from Public Health England in the next year to support you in your work? Open ended (Mentions 5% and above)

Stakeholders were asked what they would need from PHE in the next year to support them in their work. These open-ended responses have been grouped into different themes below:



Base: All participants (267)

Source: Ipsos MORI

# Pushing forward the public health agenda

## Continue to champion public health issues

When discussing the future in the qualitative interviews, stakeholders want to see PHE acting as a strong advocate for public health nationally, standing up to government and championing the importance of public health and the prevention agenda as a key facet of the Five Year Forward View. For many this meant seeing PHE continue on the trajectory it had set this year through the e-cigarettes and sugar reports; providing evidence and driving government to act based on this evidence.

*I want to see **more evidence reviews and PHE pushing government** to do whatever will affect the public's health. They're going that way we just need to say good on you and we'll support it. It shouldn't be the Cinderella issue.*

Professional Organisation

*They need to **articulate very clearly the fact that Public Health is a part of the Health Service**. They need to fight really hard against the removal of resources from prevention. They need to emphasise that prevention is the center-piece of the Five Year Forward View.*

Local Authority

Local Authority stakeholders in particular want to see PHE championing local issues at a national level:

*Our aspiration in local public health is that PHE would **push for the major issues which need to be done at a national level that directly impact at a local level**. An example of that is the obesity national strategy and work force and the impact of devolution on local public health.*

Local Authority

## Continue to develop collaborative relationships

Stakeholders, both locally and nationally, also mentioned a desire to work more closely and collaboratively with PHE, maintaining a dialogue and meeting regularly to ensure both sides remain up-to-date on current and emerging issues.

In particular it was suggested that PHE could exploit the resource in the system more – not doing everything itself and outsourcing to other organisations.

Stakeholders would also like to see PHE bring the public health community together to work towards shared aims and maximising its impact, as they saw it do with Ebola.

*They **don't have to do everything themselves** why don't they outsource more things to people like us?*

Professional Organisation

*Making sure that PHE works well with the local public health teams to maximise the impact of their work. **We have to join up so we are giving the same messages.***

Local Authority

*If you create a maypole everyone can dance round then people will dance round it and that is what happened with the Ebola exercise, it **brings a lot of good people together and produces the front going forward**. In a sense we have that with obesity but it is less defined. I think there needs to be a clarion call that says this is the main priority that we should be addressing together.*

Professional Organisation

Source: Ipsos MORI

# Re-thinking support to Local Authorities with reduced budgets

Reductions in public health funding was a key issue highlighted by Local Authority stakeholders. They would like PHE to lobby to protect public health budgets from further cuts, and also have greater clarity on PHE's plans in light of these cuts.

*It would be very damaging to lose the Public Health budgetary ring fence while budget pressures on councils are so great; I **hope PHE will really lobby to maintain it for the next two years, and reverse the in-year cut.***

Local Authority

*Clarity on PHE priorities and **how they plan to nationally support local public health intelligence/best practice/evidence** in light of the cuts to public health funding. What is PHE doing in light of local cuts?*

Local Authority

## Ways PHE can support Local Authorities with reduced budgets:

### Focus support on priority areas:

Local Public Health teams might start to find that they need **more support around certain issues - depending on where the funding falls**. They need to think about how they can support us as we shrink and have fewer resources to spend on various things. [Local Authority](#)

### Bring organisations together:

Brigading together Local Authority public health people and try to help them establish **shared priorities and ways of working with organisations on [specific] issues**...there is an opportunity and need for PHE in facilitating in joining up the over-stretched system. [Professional Organisation](#)

### Promote and demonstrate best practice:

It's about **helping us prioritise so that we get maximum benefit from what we have**. Helping us to know what we're doing is effective, demonstrating how we save funding, looking at future directions of working with ever-reducing resources. [Local Authority](#)

[Our challenges]: everything that comes with the higher levels of deprivation of being [in an area like ours]. They can help by giving information, and **linking us up with other people who have tackled some of these challenges successfully, sharing some good news**. How people are overcoming some of the challenges we face, that's very helpful. [Local Authority](#)

However, for some Local Authorities a fundamental rethink of the role PHE plays locally is needed. As DPH networks become more established and effective, there was a question for some on whether public health resources were in the right place. These more established DPHs suggested that they weren't missing anything from PHE beyond local health protection activities and national campaigns, although recognised for struggling Local Authorities there was a supportive role PHE could play.

*With the financial reductions and capacity reductions, plus the fact that we're feeling more established in local government...how do we re-frame it? It would need wider consultation – PHE to think about **what their core purpose is, and what's their core relationship with local DPHs** and perhaps some round table focus group work with the LGA and Association of DPHs to say how would this work together. ..fundamentally looking at how to work together...*

[Local Authority](#)

*Their regional presence should focus more on health protection stuff; health promotion side of things needs to come from the national level.*

[Local Authority](#)

Source: Ipsos MORI

# Conclusions and implications



## Conclusions (I of II)

The findings this year remain encouraging, and there continues to be a great deal of good will towards PHE. Working relationships remain positive and stakeholders note the impact PHE is having in the public health community and beyond. However, some shifts are beginning to emerge.

Stakeholders are **not in contact with PHE as frequently as they have been** in previous years, and fewer have a clear point of contact with the organisation, particularly Local Authority stakeholders (although the vast majority still say they do). Though remaining very high, familiarity with PHE has dropped slightly, particularly among Local Authority stakeholders. Previously frequency of contact has been a driver for positive perceptions of PHE, and continues to be so this wave. However stakeholders are slightly less positive overall than they were previously.

Nevertheless, stakeholders note **positive changes to their relationship over the past year and are satisfied that PHE works in partnership** with them. In the qualitative interviews, stakeholders working at a national level were particularly satisfied that PHE continues to show a greater willingness to work collaboratively. Furthermore, the impact PHE is having on its stakeholders' work and organisation remains high.

However, **Local Authorities are less positive overall**, and spontaneous advocacy has fallen this wave among this group. Significantly less Local Authority stakeholders this year feel that PHE understands the priorities of their organisation, and these stakeholders continue to feel **remote from what is happening at a national level**, noting a lack of consultation and partnership working. This is both in terms of their relationships with individuals and teams at a national level, and the visibility of the work that PHE undertakes nationally on behalf of local government.

Local Authorities are also less satisfied than other stakeholders that they get enough support from PHE, and as they did last wave, **call for more practical support from PHE** to help them carry out their roles. Finally, due to a lack of a resources locally, as well as local teams becoming more confident and autonomous in their roles, the value PHE adds locally is beginning to be called into question.

Source: Ipsos MORI

## Conclusions (II of II)

Stakeholders are most **positive about the impact PHE is having on smoking**. In the qualitative interviews, it is clear that PHE is increasingly perceived as an influential and credible organisation, notably having a significant impact this year in the areas of Ebola, e-cigarettes, sugar, and the prevention agenda in the Five Year Forward View. A minority still call into question PHE's independence, however stakeholders are largely satisfied PHE acts independently and in the public interest.

Going forward, stakeholders want to see PHE continue on the trend it has already set; providing **robust evidence and influencing government**, and continuing to work jointly with stakeholders to unite the public health community. They would particularly like to see strategies beginning to be **implemented on the ground**, and would like PHE to focus its attentions on supporting this. Stakeholders in Local Authorities would like to see PHE taking steps to consult them more effectively, and to champion the public health work that is achieved locally. Furthermore, for these stakeholders, PHE needs to turn its focus towards **supporting local teams through funding challenges**. This can be through focussing attention to priority areas, joining up resources locally to avoid duplication, and showing local teams what works.

Source: Ipsos MORI

# Implications

This research suggests there are a number of key ways in which PHE can improve its relationships with stakeholders and retain its relevance to them:

- Relationships at the Local Authority level need further scrutiny. There is clearly a demand to better connect Local Authorities to the **national public health agenda** – through **consulting on their views, advocating on their behalf and promoting their role** in improving the health of the public and reducing health inequalities. More subtly, it seems relationships would benefit from PHE 'fighting' and 'standing up' for Local Authorities in recognition of the significant contribution they make to public health and in doing so, show a deeper understanding of Local Authorities and the challenges they face.
- At the national level, PHE has the opportunity to **leverage its unique position** in the sector. Stakeholders are calling for PHE to:
  - **Push the prevention agenda further:** Stakeholders see the Five Year Forward View as only the beginning and PHE should make clear it shares this ambition. There are expectations that PHE should be strongly **influencing government departments** to embed and consider the public health impacts of their work. Furthermore, stakeholders want PHE to focus its efforts on **supporting the implementation** of strategies.
  - **Continue to be bold** in publishing evidence reviews which bring together and balance disparate views. Stakeholders are keen for PHE to do this alongside other public health bodies, recognising that its role should, at times, be one of facilitation.

Source: Ipsos MORI

# Appendix



# Organisations that took part in the qualitative interviews

## Local Authority

Southend on Sea Borough Council

Hackney Council

Coventry City Council

## Non-Local authority

Type	Organisation
Professional organisation	Association of Directors of Public Health
	Chartered Institute of Environmental Health
	The Faculty of Public Health
	The Food Standards Agency
	The Local Government Association
	The Royal Society for Public Health
Agency	NHS England
	NICE

## Some organisations wished to remain anonymous:

- 1 Academic
- 1 Agency
- 2 NHS Sub Regional Team
- 1 Professional Organisation
- 1 Voluntary & Community Sector
- 1 Other Government Department
- 2 Local Authority

Source: Ipsos MORI

# Methodology: further 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 three depth interviews with 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 from the following sectors:

- Voluntary/community sector
- Professional organisations
- Academic (eg. universities)
- Business
- Other government departments
- National agencies
- NHS Sub regional teams
- Local Health Education England
- 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.

56 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: further details (II of II)

## Fieldwork:

### **Quantitative research**

- Completed between 20 October to 27 November 2015. Fieldwork was moved forward compared to 2013/14 and 2014/15 to account for the Spending Review (25 November 2015)
- Online questionnaire emailed to 686 key stakeholders
- Telephone interviews conducted with non-responders in final 3 weeks
- Response rate of 39% achieved (267 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 15 minutes; and a commitment from PHE to publish the results (as done in previous years).

### **Qualitative research**

- 20 depth interviews with key external stakeholders
- Fieldwork conducted between 30 November 2015 – 4 January 2016 (following the Spending Review)
- Exploration of issues and themes in more depth
- 5 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

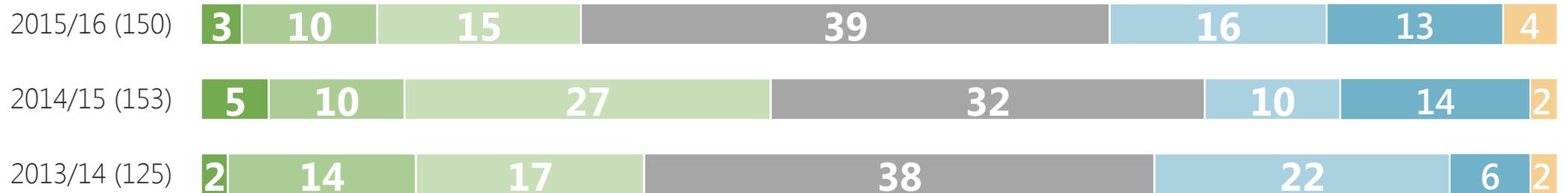
# Contact with PHE: LA vs. Non LA

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

## LA



## Non LA



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

Base: All respondents (see above)

Source: Ipsos MORI

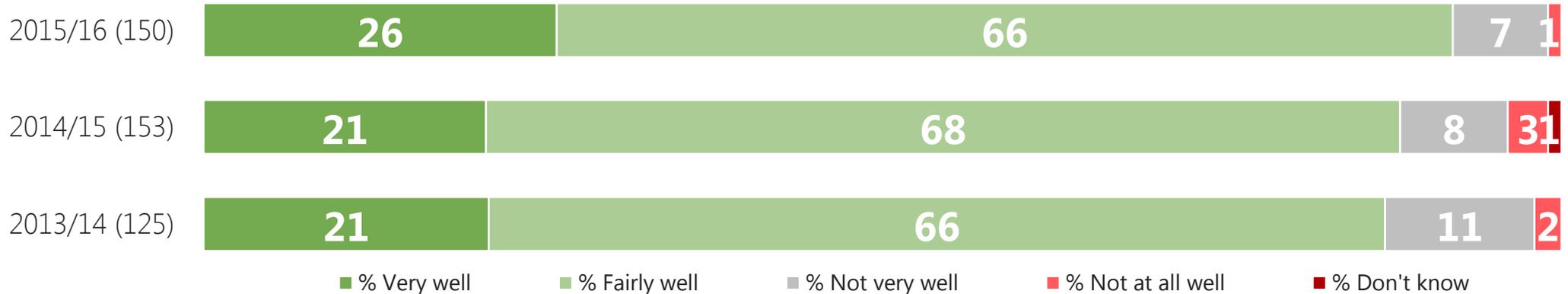
# Understanding of role: LA vs. Non-LA

Q.7 How well would you say you understand Public Health England's role?

## LA



## Non LA



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

Base: All participants (see above)

Source: Ipsos MORI

# Directorates in contact with

Q.3 Which of the following centres or directorate within Public Health England do you currently interact with?



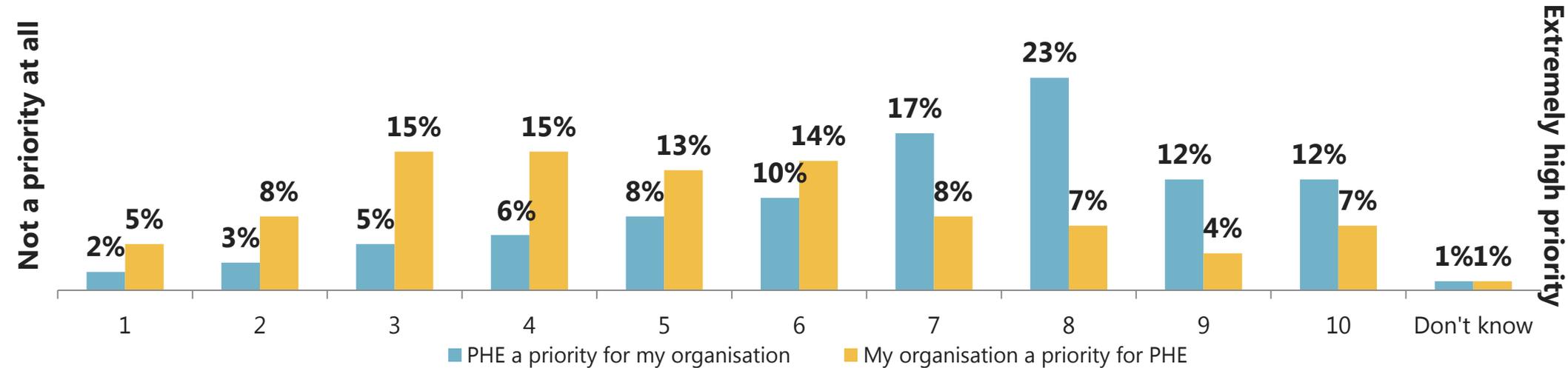
\* NB: wording previously 'The national executive/Public Health England headquarters'

Base: All those who have contact with the PHE : 2015 (260). \*Formerly 'the National Executive'.

Source: Ipsos MORI

# Prioritisation

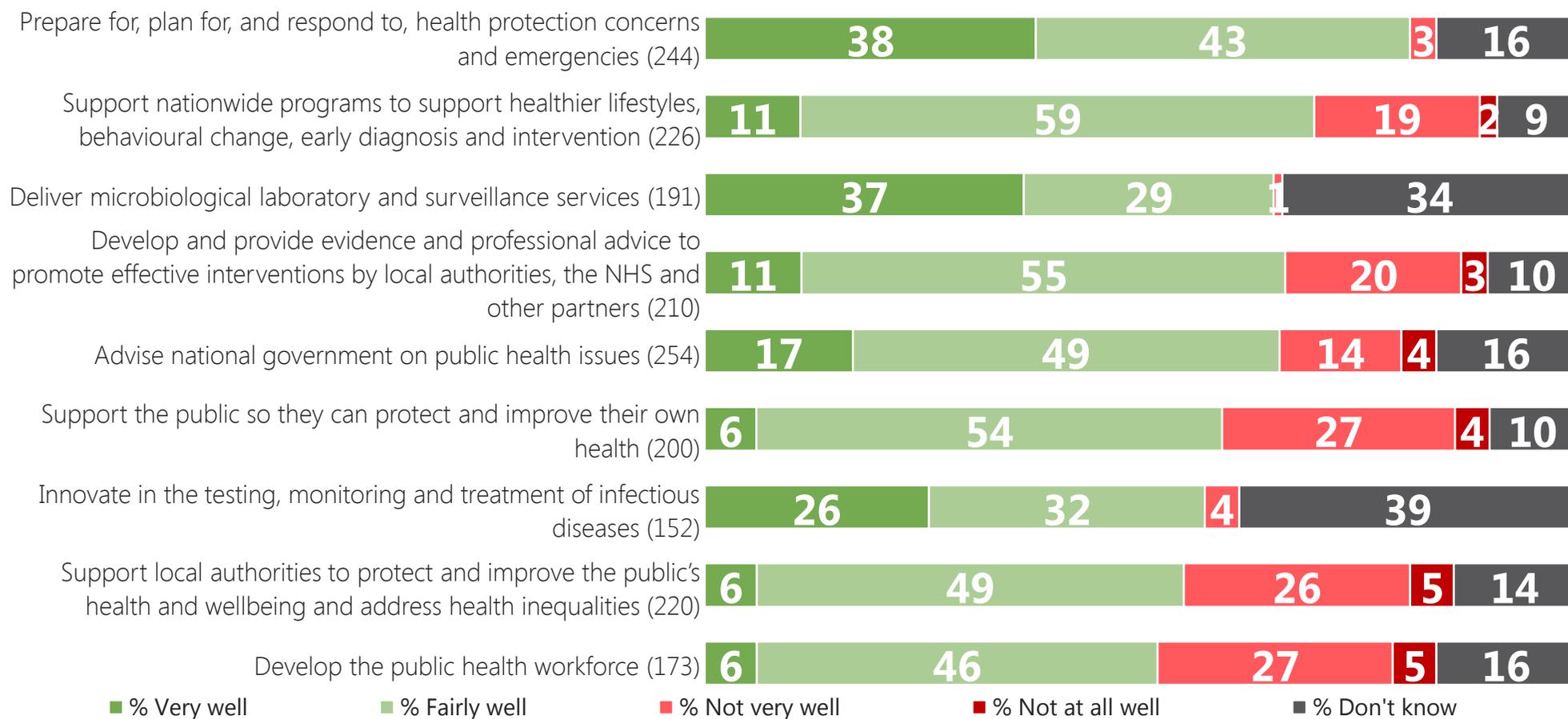
Q.24. Thinking about all the organisations that you will be working with over the next couple of years, how much of a priority do you place on your relationship with Public Health England? Q.25. And thinking about all of the organisations that Public Health England will be working with over the next couple of years, how much of a priority do you think your organisation is for Public Health England? Please answer on a scale of one to ten, where one is not a priority at all, and 10 is an extremely high priority.



Base: All participants (267)

# Performance in functions

Q.10 How well, if at all, do you think Public Health England performs each of the following functions? Overall

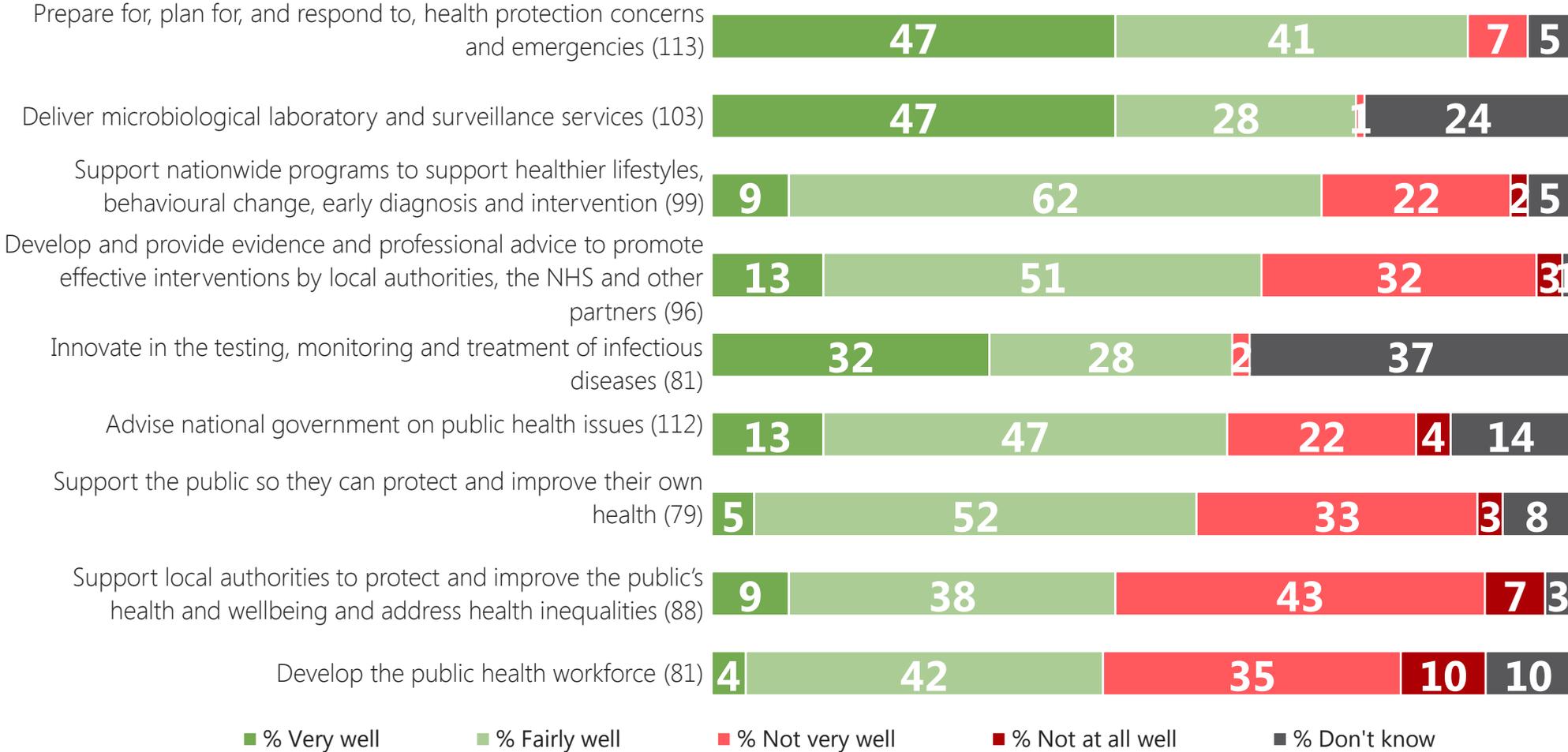


Base: All who selected statement in Q9 (see above)

Source: Ipsos MORI

# Performance in functions: LA

Q.10 How well, if at all, do you think Public Health England performs each of the following functions? LA

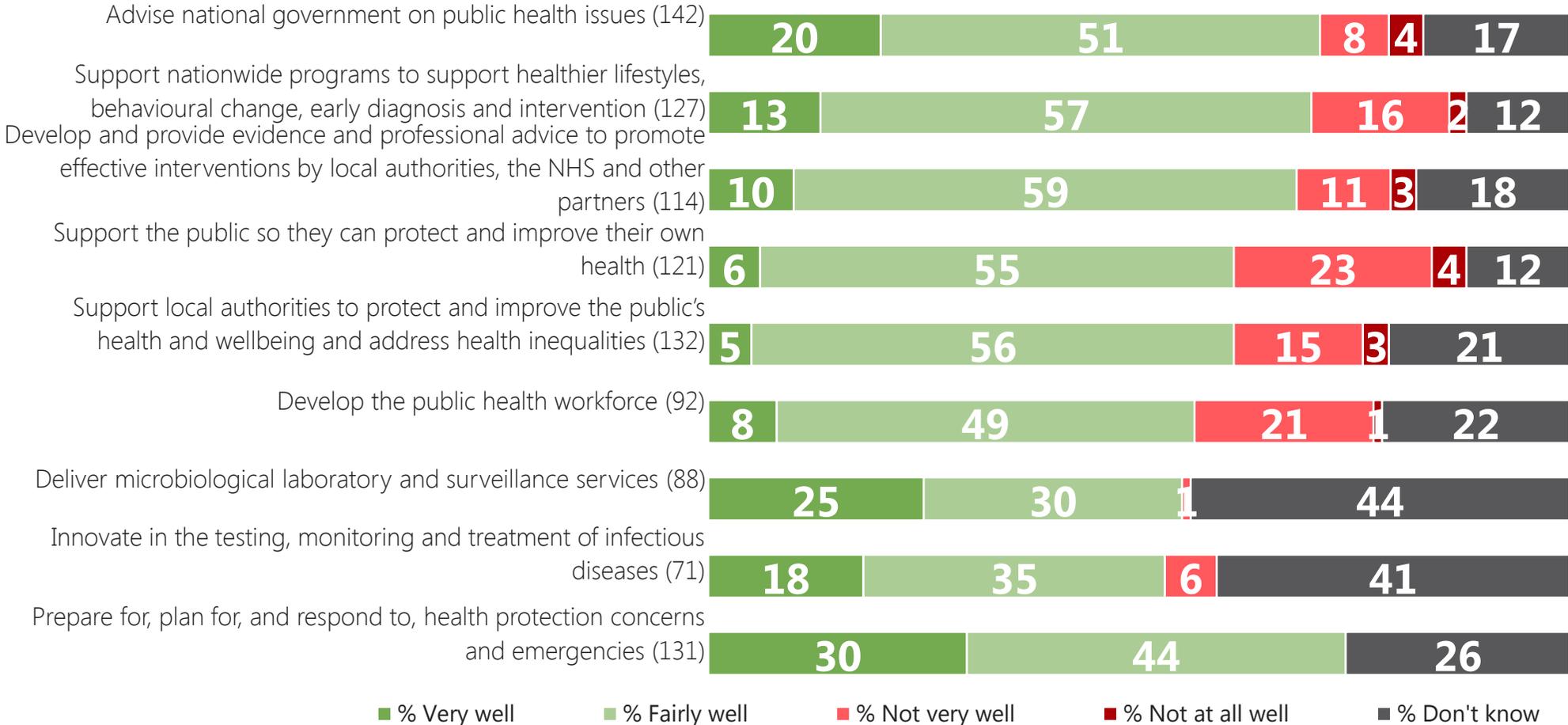


Base: All who selected statement in Q9 (see above)

Source: Ipsos MORI

# Performance in functions: Non-LA

Q.10 How well, if at all, do you think Public Health England performs each of the following functions? Non-LA

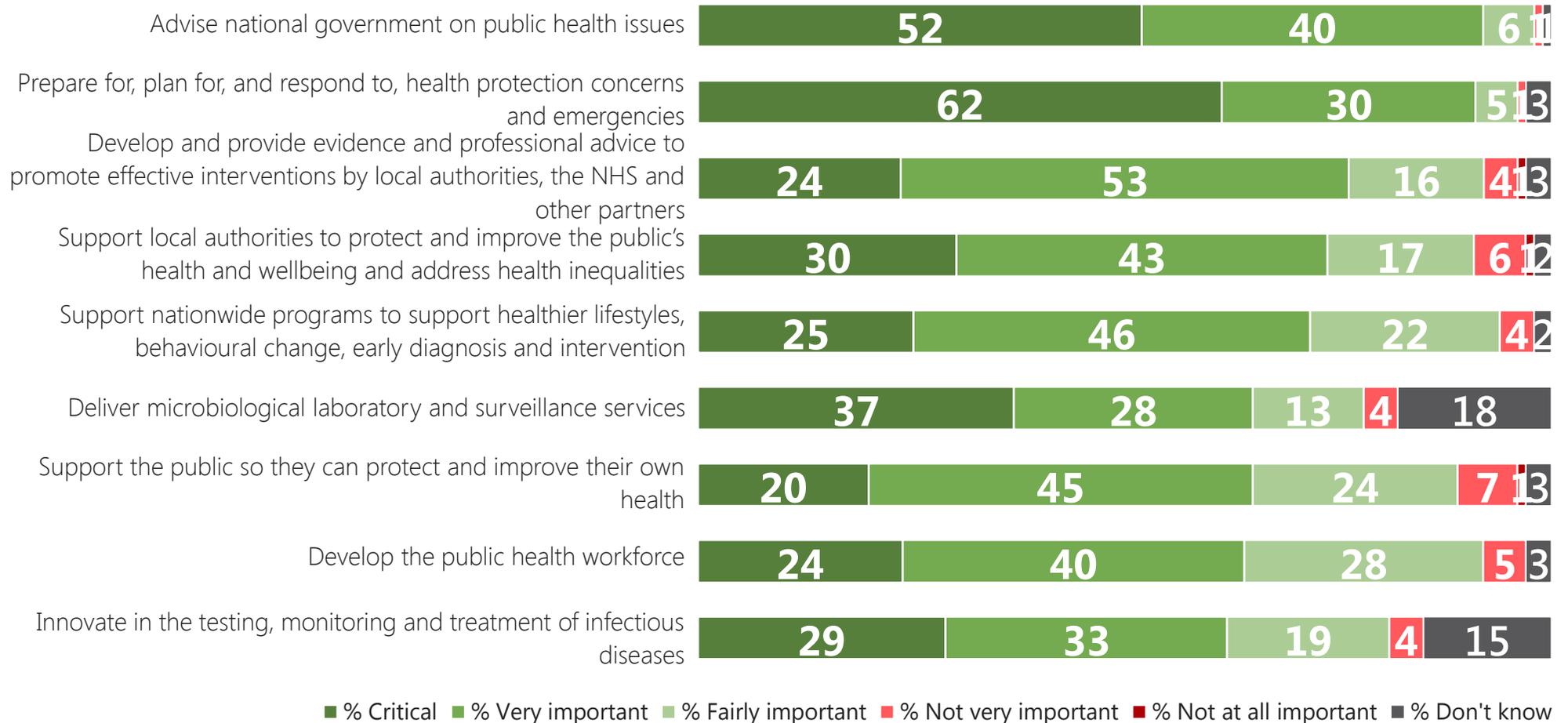


Base: All who selected statement in Q9 (see above)

Source: Ipsos MORI

# Importance of functions

Q.11 How important, if at all, is it for Public Health England to perform the following functions? Overall

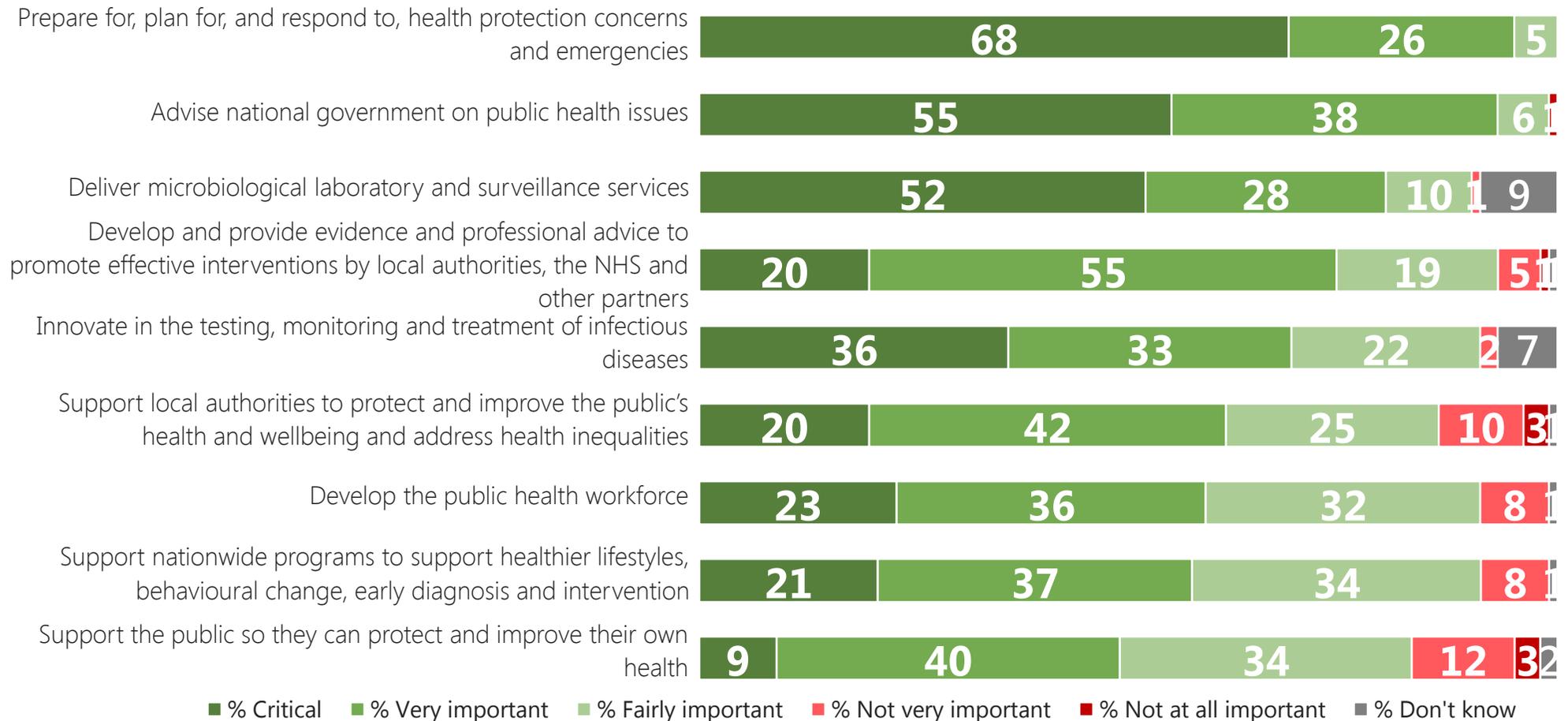


Base: All participants (267)

Source: Ipsos MORI

# Importance of functions - LA

Q.11 How important, if at all, is it for Public Health England to perform the following functions? LA

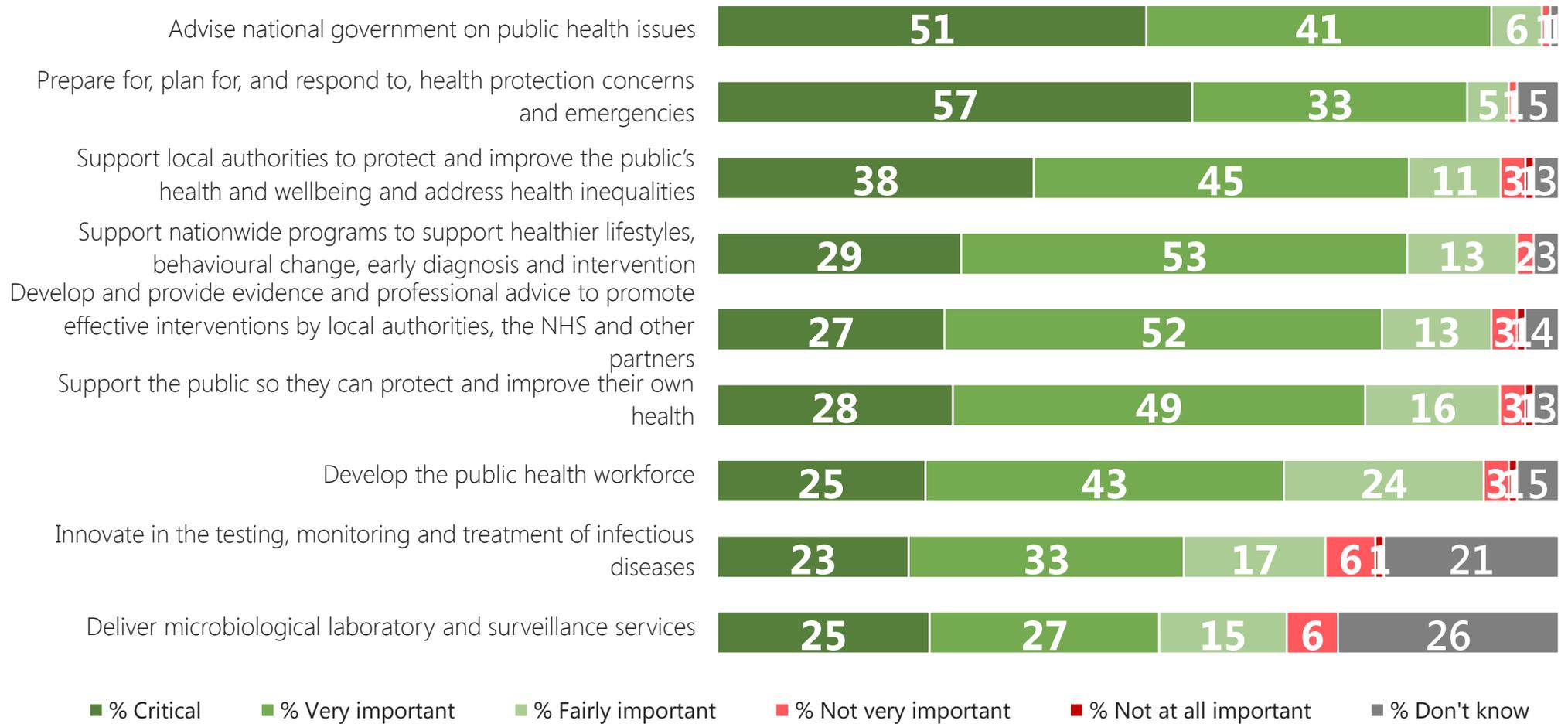


Base: All LA (117)

Source: Ipsos MORI

# Importance of functions – Non-LA

Q.11 How important, if at all, is it for Public Health England to perform the following functions? Non-LA

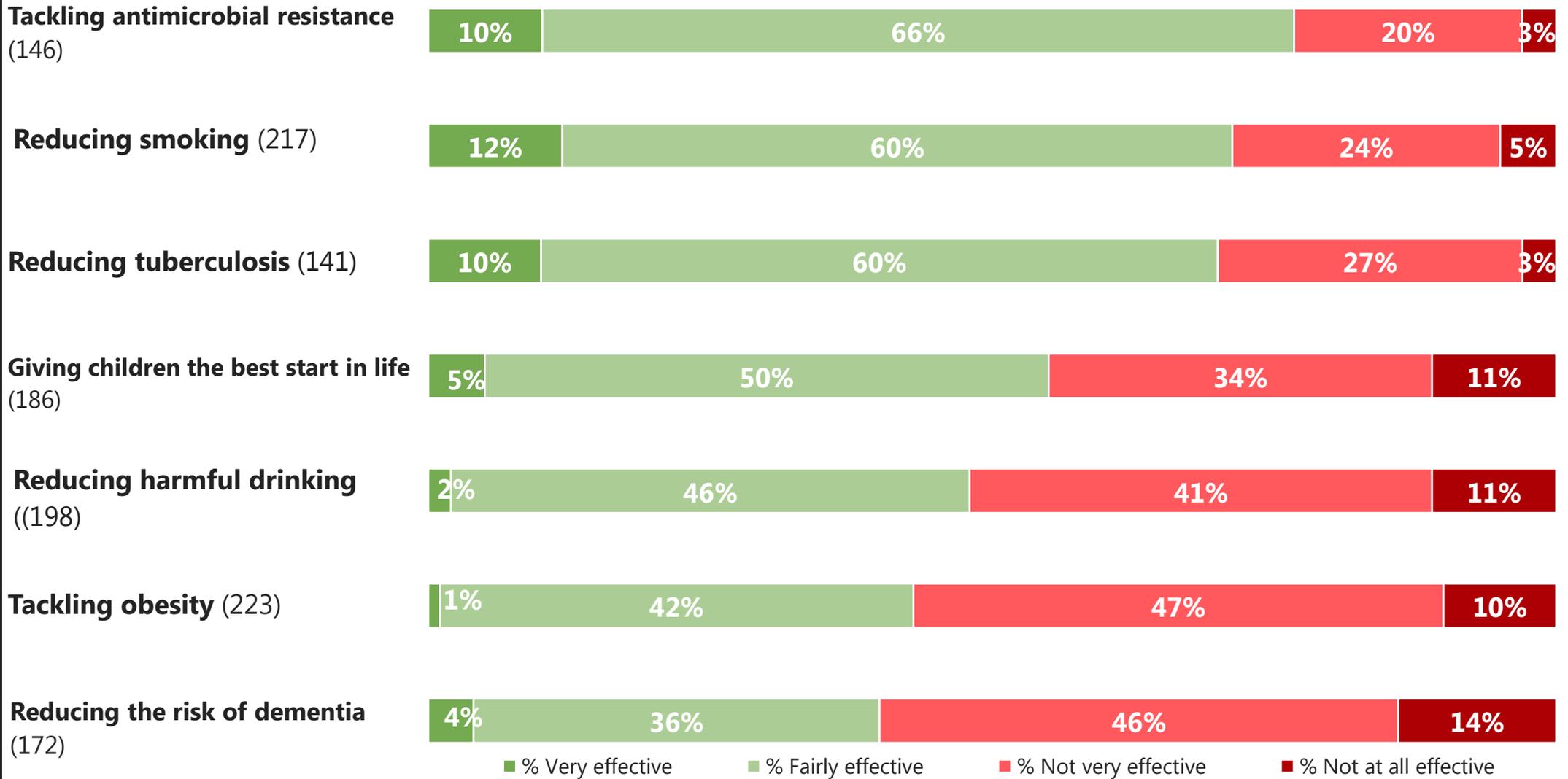


Base: All Non-LA (150)

Source: Ipsos MORI

# PH's key areas of focus – rebased to exclude 'Don't know'

Q8c 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 participants excluding don't know (see above). \*Changes not statistically significant; treat as indicative only.  
 Note that the wording of this question in 2014/15 was; "How effective, if at all, do you think PHE has been in relation to each of its priorities?"

Source: Ipsos MORI

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