



Public Health England

Stakeholder review 2017/18



Ipsos Public Affairs

Contents

01	Background, objectives and methodology				02	03	04	05	06	07	08
01	02	Summary of key findings				03	04	05	06	07	08
01	02	03	Perceptions of PHE				04	05	06	07	08
01	02	03	04	Working with PHE				05	06	07	08
01	02	03	04	05	Performance				08	06	07
01	02	03	04	05	06	Impact				07	08
01	02	03	04	05	06	07	Looking ahead				08
01	02	03	04	05	06	07	08	Appendix			



Background, objectives and methodology

Background and objectives

Background

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

Objectives

Ipsos MORI was commissioned to undertake PHE's fifth wave of research with its stakeholders, following on from the baseline wave conducted in 2013/14. Research was required to **track movement** on the following external perceptions:

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

Methodology and reporting

Immersion

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

- Immersion meeting with PHE's core project team
- Depth interviews with four senior directors within PHE

Quantitative

- Online questionnaire emailed to 713 key stakeholders
- Telephone interviews conducted with non-responders in final 4 weeks
- Response rate of 38% achieved (269 completes)
- Fieldwork conducted 30 October to 8 December

Qualitative

- 30 telephone depth interviews with key external stakeholders
- Exploration of issues and themes in more depth
- 12 interviews with Local Authority stakeholders, others spread across different sectors (see appendix for the full list of organisations represented)
- Fieldwork conducted 13 November to 8 December

This report

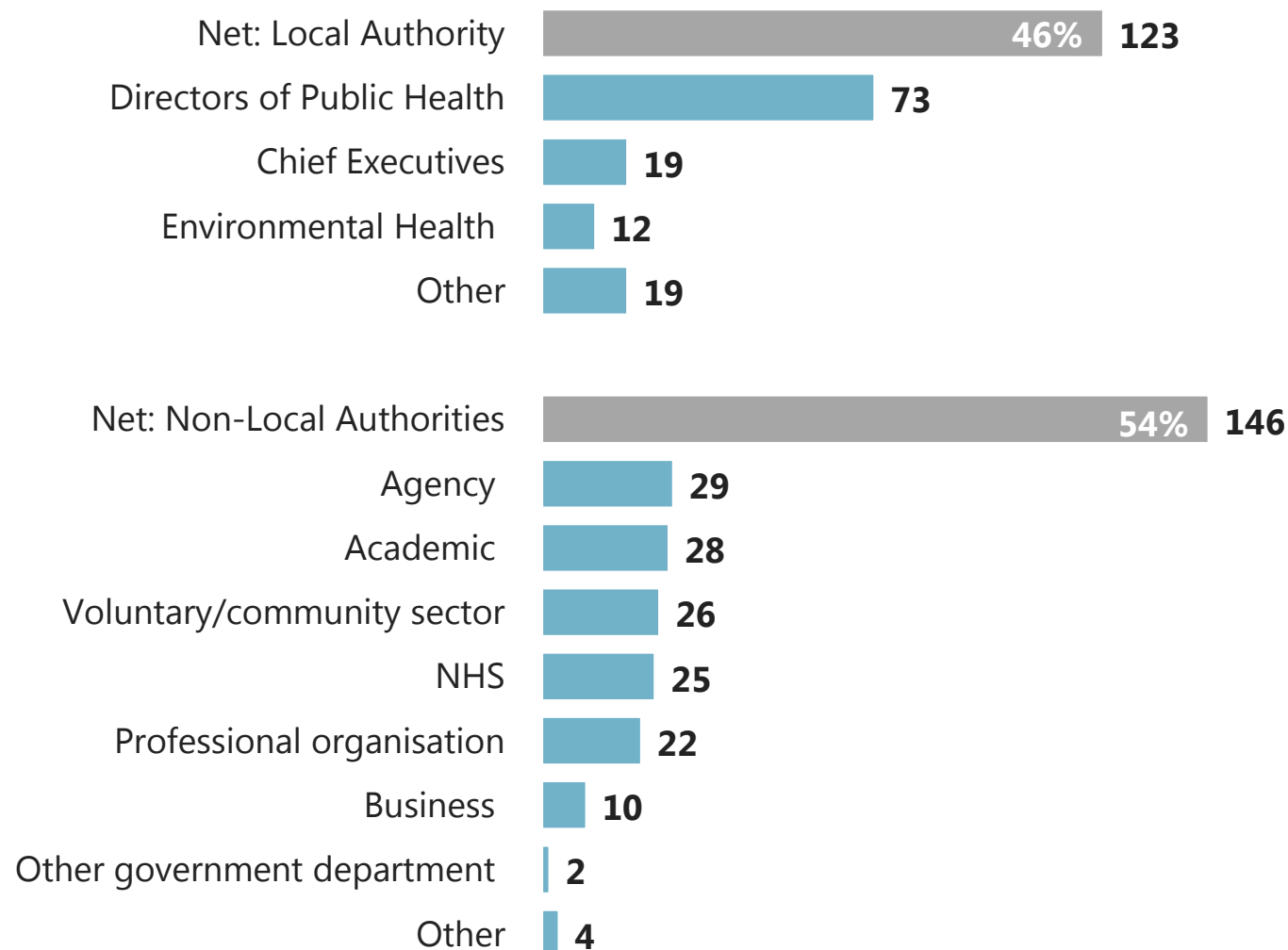
This report brings together findings from the quantitative survey and qualitative depth interviews

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

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

Quantitative sample breakdown

2017/18 breakdown by stakeholder type (Number)



Comparison to previous waves

In 2013/14 Local Authority stakeholders represented 58% of the sample. In subsequent years the distribution of Local Authority and Non-Local Authority stakeholders was similar to 2017/18.

Qualitative sample breakdown

See full list of participating organisations in the appendix. Where total number interviewed exceeds 30, this is due to some stakeholders holding multiple roles across different organisations

Stakeholder type	Number interviewed
Local Authority	12 (including 2 combined authority perspectives)
Professional body	5
Other government department	5
Agency	4
VCS	2
Academic	1
Other	2

Including:



England



Department
for Work &
Pensions



Summary of key findings

“If I had to write a report card I’d be saying ‘bloomin’ good job!’”
Other Government dept.



Summary of key findings (1 of 2)

- Following on from the positivity expressed by stakeholders last year, PHE continues to be a **well-respected organisation** with a lot of **goodwill** held towards it.
- There is much that PHE is complimented for – in particular its **health protection** functions and its critical contribution of **intelligence and data** to the sector, but mainly stakeholders talk positively about PHE's staff and senior leadership team, acknowledging the high levels of **expertise and passion** held within the organisation.
- PHE is **highly advocated** by its stakeholders, particularly so in comparison to other bodies in the public sector and, in the main, working relationships are described very positively.
- There are some constraints placed on PHE which stakeholders recognise as limiting its potential impact. These pertain to:
 - **Capacity constraints** – even though some stakeholders see PHE as being relatively resource-rich, others identify resource limitations that prevent PHE from doing more.
 - **System constraints** – many stakeholders acknowledge that PHE has to work in a politicised and fragmented environment which can minimise its impact.
- Where PHE's independence has been questioned in previous years, it seems that stakeholders are increasingly accepting the status quo, and are starting to appreciate that some of PHE's **influence is exerted behind closed doors**.
- Where PHE is seen to be most impactful is in relation to **health protection**, and its prominent work on **obesity, sugar and various lifestyle social marketing campaigns**. Stakeholders identify pressures on the NHS as detracting from PHE's ability to ensure prevention remains high on the agenda and for it to have **sway with the NHS**.

Summary of key findings (2 of 2)

- There are still calls for PHE to exert its influence at the **highest strategic levels across government** though this year there is less critique of PHE not being seen 'at the top table'. Mixed views are held as to whether PHE has been impactful on STPs to date, though some stakeholders continue to call for **more visible involvement** of PHE in this area.
- There still persists some **ambiguity over respective roles** between PHE and DH, but also at the local level between PHE, Local Authorities and the NHS in relation to issues of health protection. Greater clarity is called for, alongside a clearer **articulation of the role of PHE's centres** to stakeholders that may not have regular interaction at this level.
- As in previous years, having **clear points of contact** within PHE who are **highly responsive** is shown to be instrumental in establishing strong working relationships. An absence of this can adversely affect stakeholder relations (and some stakeholders pointed to PHE's re-structure in 2015/16 as evidence of this).
- PHE's **understanding of stakeholders and their priorities** is improving over time and is seen to be strong at the top of the organisation but this understanding does not always filter further down. Where the understanding is strong, this is developed through close collaboration, open dialogue and continuity of staff.
- Improvements can still be made to how well PHE communicates with, and understands, Local Authorities however relationships at the local level have been improving over time. There are calls from **Local Authorities for more practical support from PHE** – in terms of resource provision (staff and financial), visits on the ground, assistance in navigating and manipulating datasets, and sharing best practice examples more widely.



Perceptions of PHE

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

PHE is seen as a critical partner to many

Over the past year PHE has demonstrated clearly it's continued strength as a critical partner to stakeholders. It has moved full circle from a developing organisation, to a maturing one in 2016 and an established one in 2017.

Evidence of this can be found at the national and local level.

I feel nothing but warmth for Public Health England and think they're one of the best ALB partners we've got in the system."

Agency

The key elements of the close working relationship that PHE has built up with stakeholders are shown in the diagram here. Stakeholders highlighted PHE's ability to both be challenging and fair, ambitious and balanced. Key to this is the strength of leadership at a national level and the expertise of staff.

I find the people build good relationships, they are responsive, open to working together and honest about where we need to improve and where they need to improve."

VCS

PHE's is recognised as being passionate about the public health agenda, and with their expertise they are regarded as leading the sector.

PHE share our ambition for much clearer and useful information on the nation's health."

Other government dept.



They are fair, honest, have a lot of integrity. They really, really care about the public health agenda and the difference it can make to local communities. They really speak from the heart. They want to get you on board because of the benefits of being on board, rather than by stealth."

Agency

Source: Ipsos MORI

PHE is also seen as a key partner at the local level

PHE is regarded as very relevant for most LAs

- PHE is considered critical in addressing health protection issues.
- It is also valued for the public health intelligence and data it provides.
- The actions it takes at the national level to support local activities (e.g. on obesity/ sugar tax) are welcomed.
- Some LA stakeholders appreciate PHE's role as a critical friend.
- Recognition is given to the work that has gone in to visiting LAs (e.g. Duncan Selbie's roadshows).



We have got a very positive working relationship. We see them as part of our Work Family."

LA DPH



It feels like quite an outward looking organisation. I guess that's something that comes culturally from the top. Duncan makes a big effort to get out and meet senior people in councils all around the country and that filters down... [he] really encourages his senior team to see things for themselves."

LA Other



I think the organisation could meet its aims without much of the support of PHE, with the exception of the health protection element, but it assists and adds to the work of our organisation."

LA DPH

Where PHE is considered less relevant, concerns are raised around:

- The need for further clarity regarding the structure of PHE.
- Failure to support LAs in turning ambitions into reality (there are calls for "feet on the ground").
- Being reliant on a few individuals at PHE (the same names repeated).
- Turnover of staff – although this is seen as a problem inherent to the civil service, not just PHE.
- Lack or poor understanding of how LAs work – specifically in terms of falling budgets and accountability to local councillors.



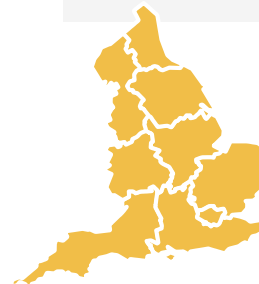
There are tensions between regional and local priorities and communication. Their priorities are not always aligned."

LA DPH



The intention, the will, the wanting to work co-operatively is there, it's the practical wherewithal to make it happen when the system is very busy."

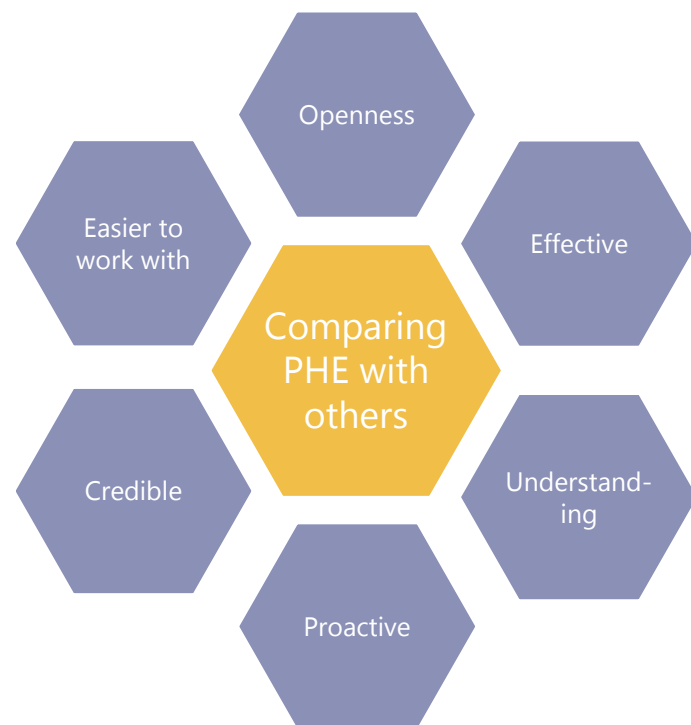
LA Other



Source: Ipsos MORI

And a favoured partner to LA and non-LA organisations

Stakeholders who participated in the depth interviews were asked to consider PHE in light of similar organisations they work with. PHE is typically regarded in a favourable light for the following key reasons:



Very few stakeholders considered PHE negatively in relation to similar organisations. In cases where this happened the key issue raised was PHE's inability to extend its support to offer resources (staff and financial) to their stakeholders, and perceived high levels of bureaucracy.

PHE is a lot easier to work with. It is really clear on its role, open, effective, encourages new ways of working."
Agency

[Our relationship] is probably better with PHE than with other national agencies, as PHE is important in what they do. We do work very much together."
LA DPH

It's better. They are credible people and they are expert in their field."
Agency

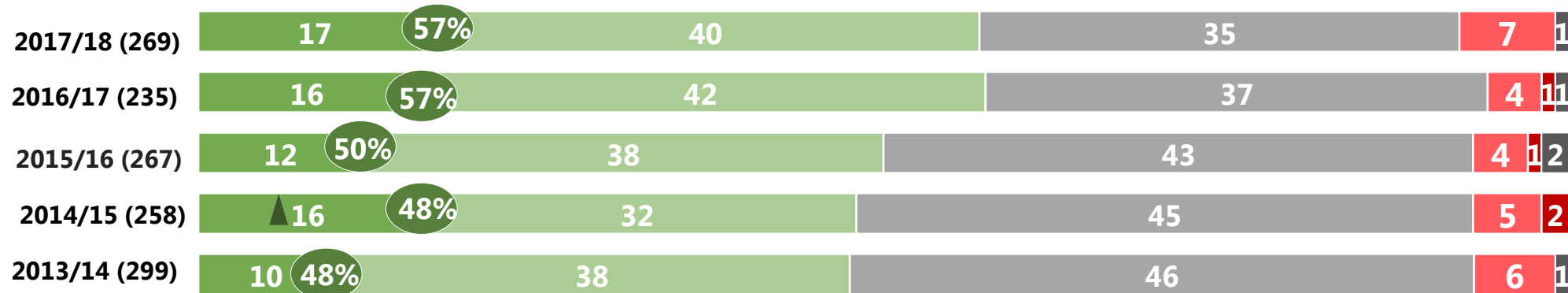
I don't find them as hierarchical as other agencies. I probably have a much more open dialogue with PHE than DH. When they are formulating policy at DH they keep their views very close to their chest. But at PHE, you get more insight."
Professional body

The relationship with PHE is definitely better than with other organisations. There is a sense that DH and NHSE don't understand councils and don't make an effort to. The contrast with PHE is stark... I think PHE is trying to do something different. It is trying to have a different relationship with local government that respects the autonomy of councils, while trying to ensure they're doing what they're required to do... PHE is trying to adopt a more mature approach."
LA Other

The majority of stakeholders would speak highly of PHE

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

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

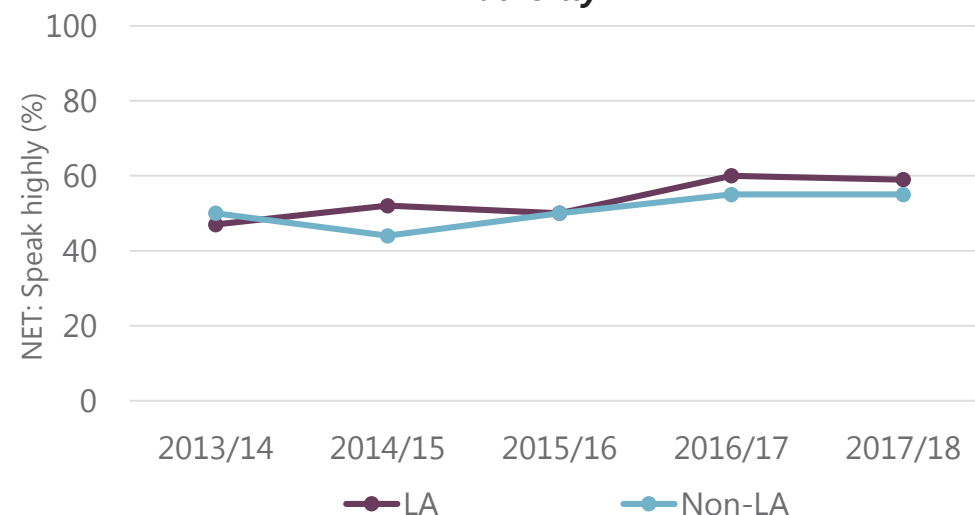


Advocacy remains high compared to 2016/17, with the majority of stakeholders (57%) saying that they would speak highly of PHE, either prompted or unprompted.

Positively, there has been an increase in the proportion of Local Authority stakeholders who would *spontaneously* speak highly of PHE since last wave. Although not statistically significant, this has increased from 12% in 2016/17 to 17% in 2017/18. Within Local Authorities, DPHs are more likely to speak highly of PHE, with Chief Executives holding a more neutral view, though this is based on small sample sizes.

As seen in previous waves, stakeholders who are in contact with PHE more often are more positive. 22% of those in contact at least once a week would speak highly of PHE without being asked, compared to 12% of those in contact less frequently.

Advocacy by Local Authority / Non-Local Authority

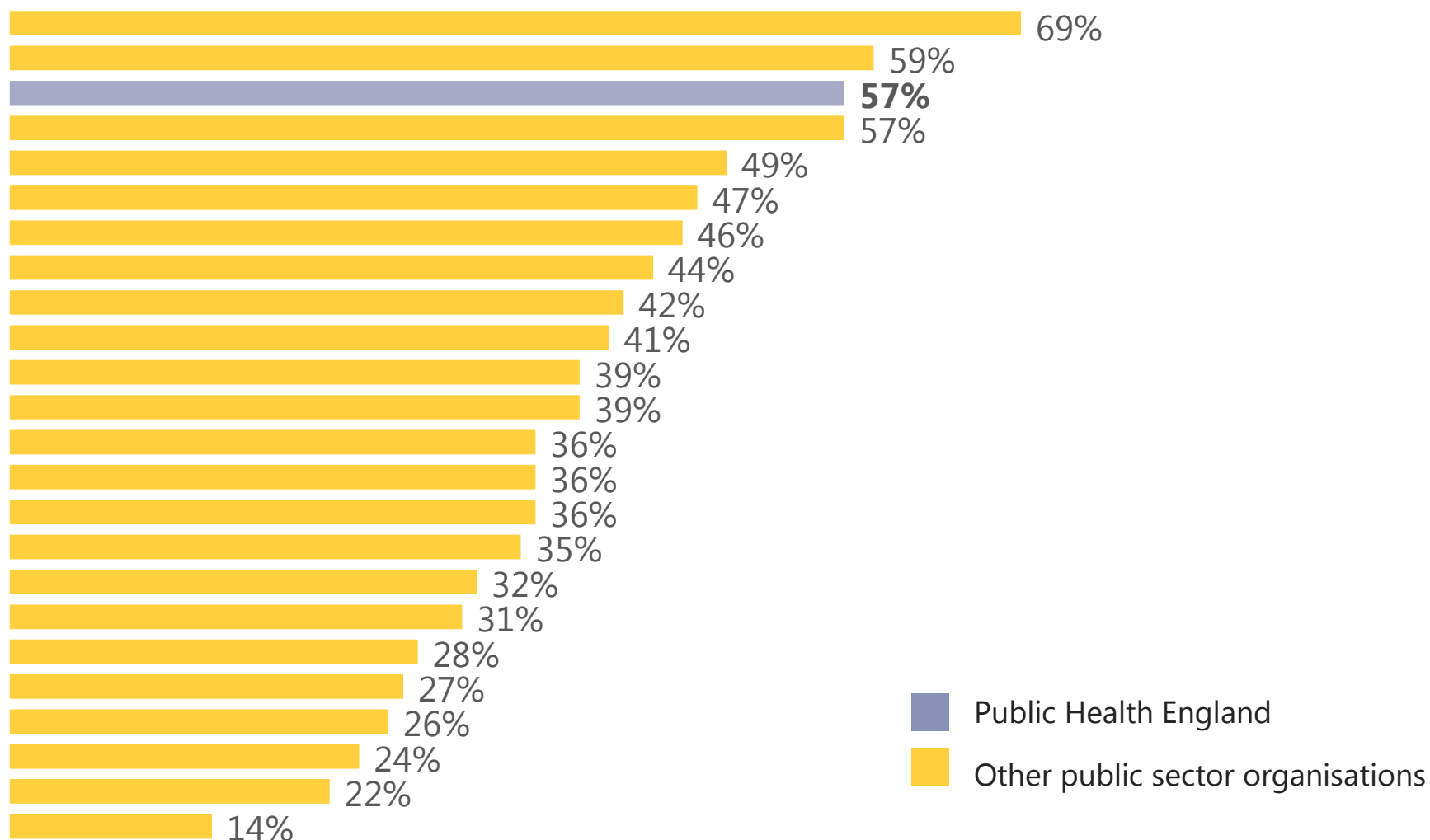


Base: All stakeholders (see above), All LA stakeholders (2017/18: 123, 2016/17: 110, 2015/16: 117, 2014/15: 105, 2013/14: 174), All Non-LA stakeholders (2017/18: 146, 2016/17: 125, 2015/16: 150, 2014/15: 153, 2013/14: 125)

Source: Ipsos MORI

Advocacy of PHE compares very favourably to other public sector organisations

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



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

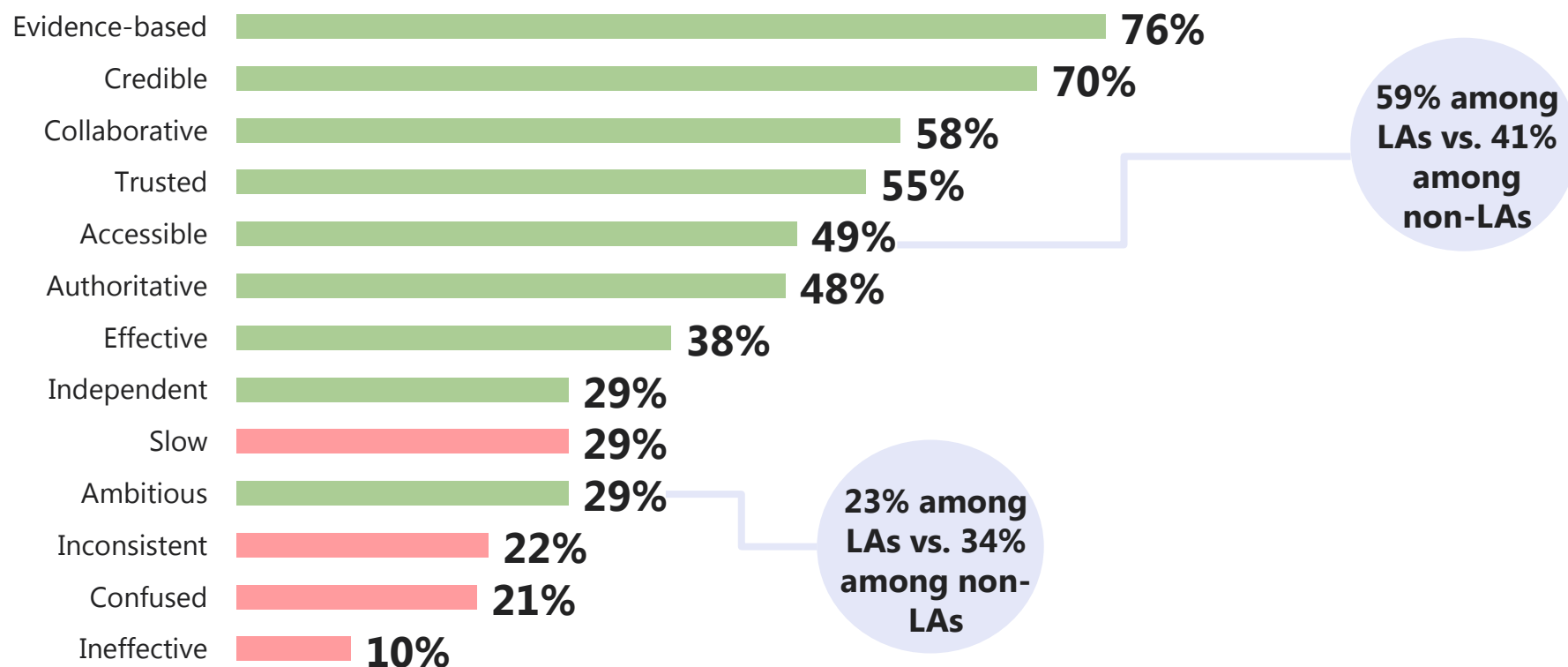
Source: Ipsos MORI

Stakeholders see PHE as evidence-based and credible

As in previous years when asked to describe PHE based on their interactions to date, stakeholders' responses are predominantly positive. Three-quarters (76%) describe PHE as 'evidence-based', 70% as 'credible' and 58% as 'collaborative'. No significant changes are evident from 2016/17.

Local Authority stakeholders are more likely to describe PHE as 'accessible' compared to non-Local Authority stakeholders, reflecting their higher levels of contact. However, they are less likely to describe PHE as 'ambitious'. Overall, under a third of stakeholders (29%) describe PHE as 'ambitious' and as 'independent' suggesting these are not descriptors which spring to mind for stakeholders.

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



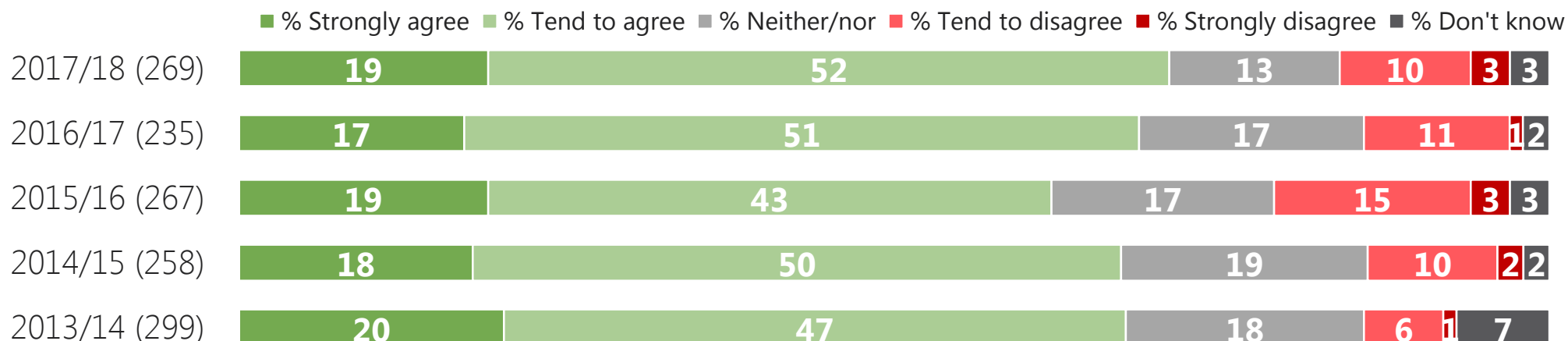
Base: All those who have contact with PHE (267)

Source: Ipsos MORI

The majority agree PHE is independent

In line with previous waves, the majority of stakeholders agree that the advice provided by PHE is independent (72%). Both Local Authority and non-Local Authority stakeholders agree similarly with this statement. However, less than one-fifth *strongly* agree, which may be reflected in qualitative findings.

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



Concerns regarding how independently PHE works are rarely voiced in the qualitative interviews, certainly less so than in earlier years. However, stakeholders acknowledge that the organisation is working within very politically sensitive areas (e.g. sugar and salt reformulation) where the government will face challenges from big business, industry and advertisers, all of which can constrain PHE's impact on these issues.

 *More is deliverable, more is doable, evidence says more would be better, but politically it's not acceptable.*
Professional body

Base: All stakeholders (see above)

Source: Ipsos MORI

Some ambiguity of roles persists

Overall ambiguity is inherent within the sector

PHE is commonly regarded as being part of a highly fragmented health landscape.

However, people are quick to say that this is not necessarily something that PHE can improve themselves.



Feels that the whole sector is highly fragmented with NHS/ LAs/ PHE etc all involved but not working effectively together. We spend a lot of time working out what each of us is doing before we move forward. PHE are not to blame they are just part of the landscape. PHE do a good job in this framework."

Agency

Clarity of roles is required in some areas

The relationship with DH, in particular, is still unclear to some and confusion over roles persist.

There also exists a perception of ambiguity in terms of the roles undertaken by PHE/ DH/ NHSE (e.g. on new models of care) which can result in the fear that agendas are not progressing or concern that PHE is taking on too much.

This uncertainty also exists at the local level (e.g. with greater clarity sometimes required over respective roles in health protection issues).



The relationship between PHE, the local authority [and] the NHS. Often gets confusing at the local level. This can be a challenge. Greater clarity would help them and us."

Other government dept.



There is some ambiguity around health protection arrangements."

Professional body

Source: Ipsos MORI

The role of PHE's centres remains unclear to some national stakeholders

Some national stakeholders felt it was not always clear what PHE's centres do. It was mentioned that this had been raised previously, however they had not seen a change.

Furthermore, some stakeholders suggested they only see PHE as a national organisation, giving the example that even some LA CEOs may be unaware of PHE centre roles.

There are a lot of things they do at the moment that LA chief execs and people beyond DPHs don't recognise the value of.
Professional body

However, the ambiguity of the role of PHE centres is not common to all. Some relationships between stakeholders and PHE centres are characterised by close working partnerships – driven by the ambition and expertise of the PHE team and a consistent presence within the stakeholder organisation.

There was some suggestion that relationships with PHE centres have improved over the last year, building on more established connections.

- It was recognised that PHE would need to reflect on how best to connect with an increasingly devolved system and the importance of PHE's centres was highlighted as part of this.
- There was also a call to better publicise the work of centres – their specialism and functions.
- Suggestions were made to make better use of PHE's centres as a source of local communications on national issues and as a conduit for information.

It would be good if I could see the join up between the national and the centres more. I do feel there is a disjunction at the moment and it's not easy to see what the centres are doing and what their added value is."

Other government dept.



Source: Ipsos MORI

Working with PHE

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

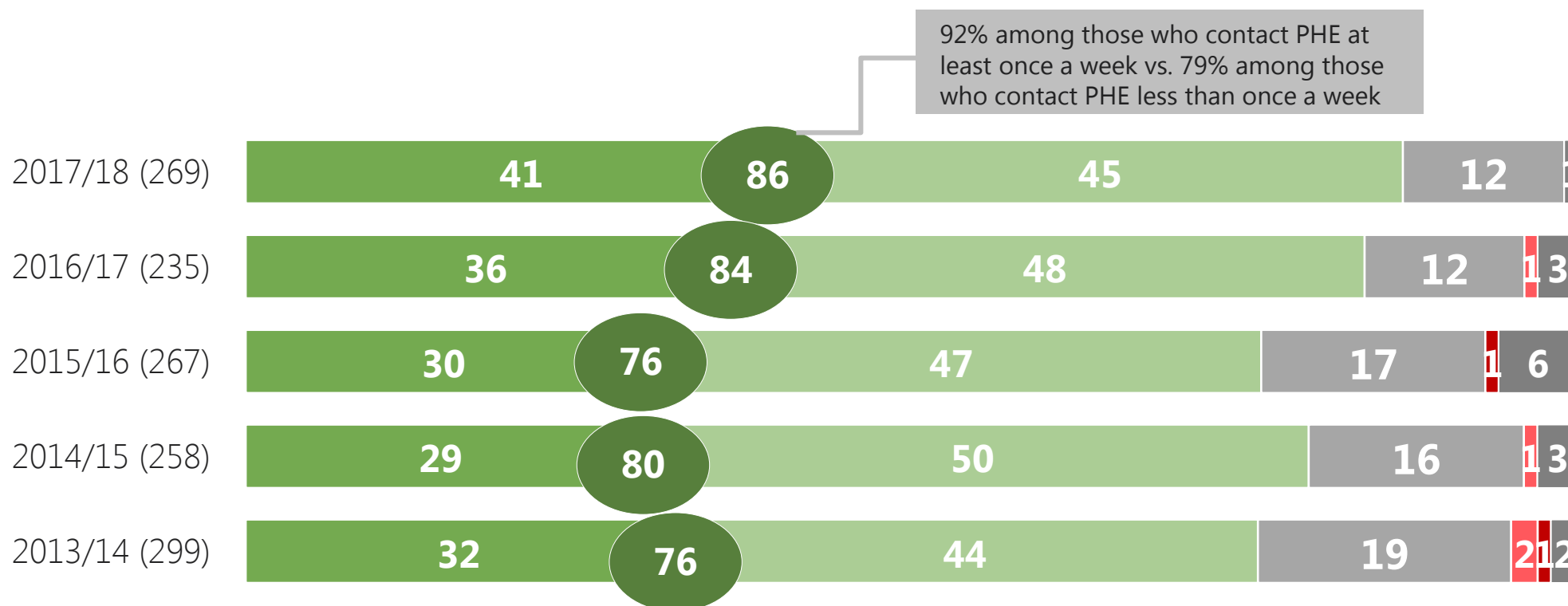


Working relationships continue to improve

A high proportion of stakeholders describe their working relationship as very good or fairly good (86%). This overall proportion is similar to the 2016/17 wave. However, stakeholders in this wave are more likely to perceive the relationship as 'very good' and less likely as 'fairly good' (though this difference is not yet considered statistically significant). Furthermore, stakeholders with more frequent contact are more likely to view relationships as *very or fairly good*. As PHE matures and relationships lengthen, this indicates a positive shift in working relationships will continue to occur.

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

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



Base: All stakeholders (see above)

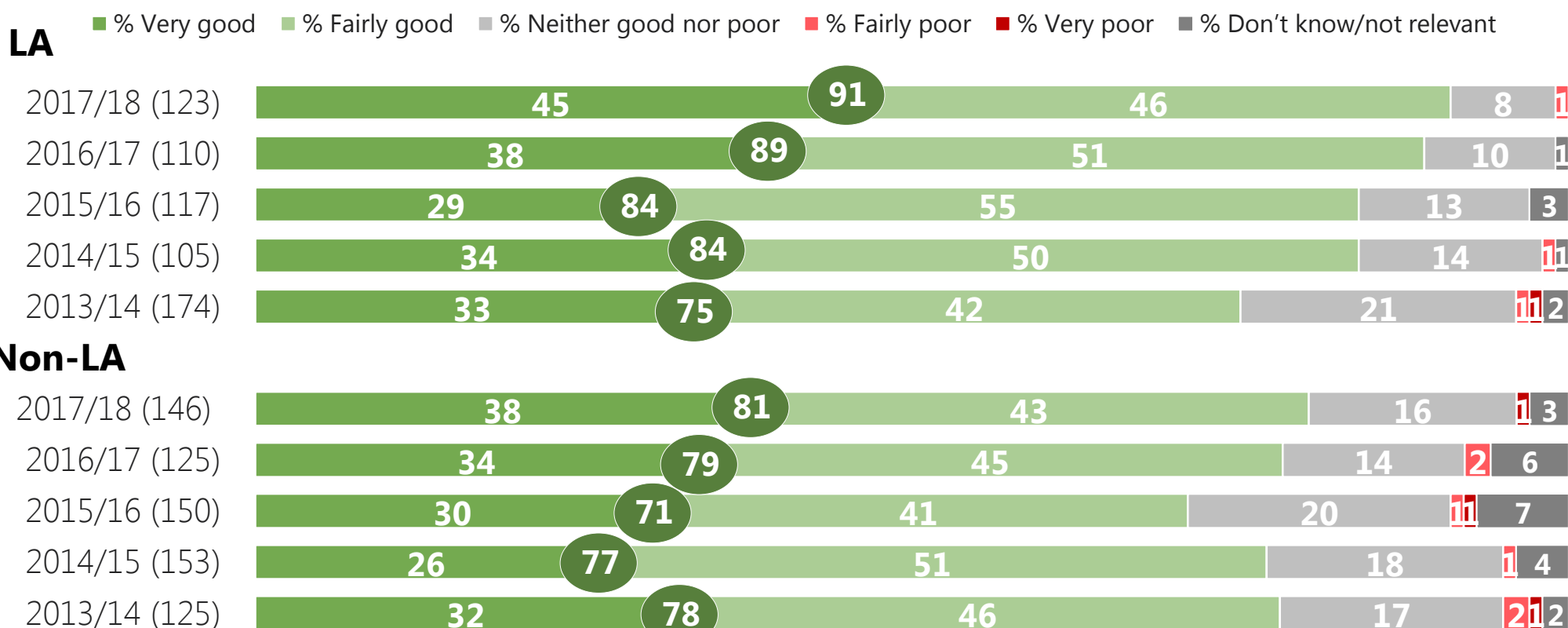
Source: Ipsos MORI

...with Local Authority stakeholders particularly

positive about working relationships

Local Authority stakeholders are more likely to report a good relationship with PHE than non-Local Authority stakeholders, as was the case in previous years. Local Authority stakeholders have reported the most positive relationship thus far, with 91% reporting very/fairly good relationships compared to 81% of non-Local Authority stakeholders. Non-Local Authority stakeholders are not negative, but more likely to be neutral, this may reflect that they have less of an established relationship to comment on and are more likely to say they don't know PHE very well.

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



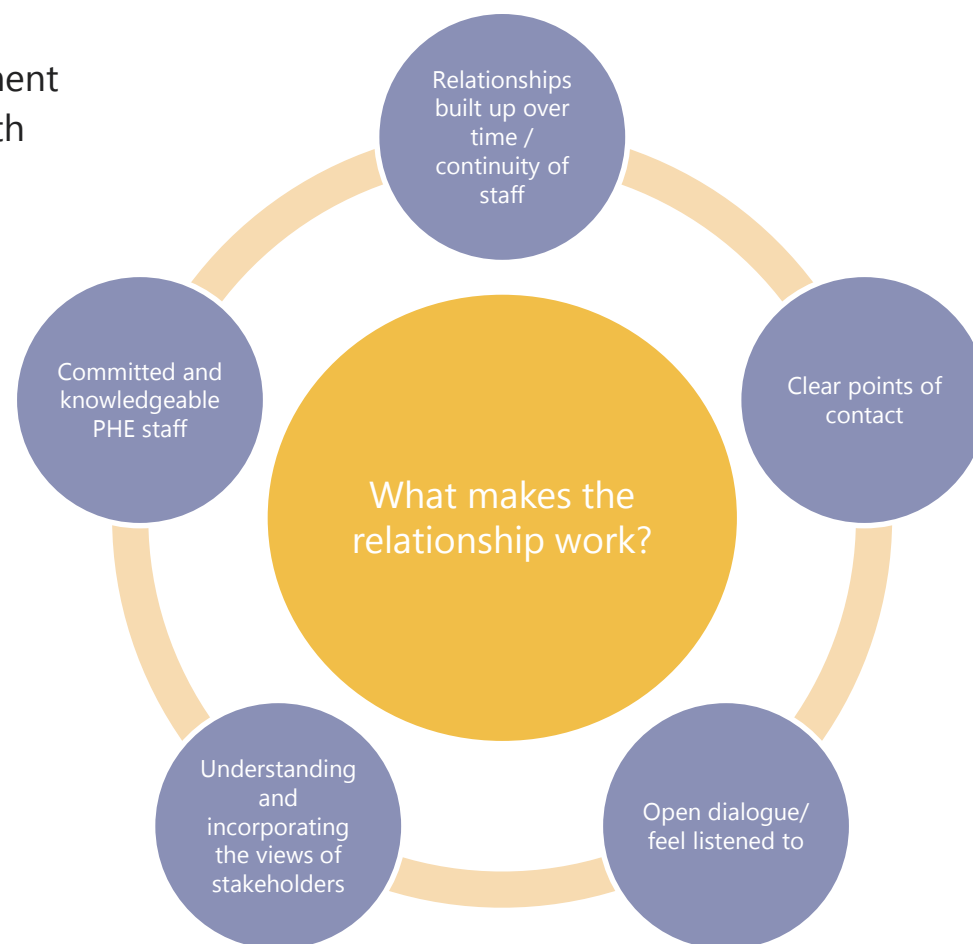
Base: All stakeholders (see above)

Source: Ipsos MORI

Most stakeholders describe relationships positively

Reflecting the quantitative findings, working relationships are, in the main, very positive

- The key drivers are the personnel at PHE and their commitment to building open and collaborative working relationships with their stakeholders.
- Good working relationships also reflect the longevity of relationships, with a mutual understanding built over time.
- PHE's increasing focus on delivery, and a stabilisation of organisational change, has succeeded in bringing about an improvement in working relationships.



As PHE has matured the relationship has probably matured. I think they are more focused on delivery now than stakeholder engagement."

Other government dept.



Now embedded. It was good 12 months ago and it is still good."

Professional body



Probably got better over time as you get to know people and how they work, you work better as a result."

LA Other

Source: Ipsos MORI

Changes in relationships have mainly been for the positive

In the quantitative survey, over half of stakeholders said their relationship with PHE had become more positive over the past year (47%), with this mostly being driven by improved communication and collaboration. Approximately one-third said the relationship had not changed, whilst one-fifth felt the relationship had become more negative, mainly citing a lack of engagement/ collaboration and communication.

Q26N. How has your relationship with PHE changed over the past year? (open-ended)

-  *Closer working relationships and greater collaborative working."* (NHS)
-  *It has improved significantly - better communication and more contact."* (Business)
-  *Maintained strong and positive relationships across most areas of interaction."* (Local Authority)
-  *It has not changed. I feel very positive about PHE and I am glad that they are there to support us. It has not got better or worse."* (Local Authority)
-  *I think it's becoming increasingly unclear what the role of PHE will be."* (Local Authority)
-  *PHE seems more remote and less like a resource with which to engage."* (Local Authority)

Base: All who have been in contact with PHE for greater than one year (254)

Source: Ipsos MORI

But whilst strong, there is still room for improvement

Stakeholders identified areas for improvement

- **Bureaucracy/ slow pace** – Be quicker to take action and publicise associated timescales. Sense of frustration from the slow pace of work – due to bureaucracy – in some areas.
- **Collaboration** – A key element of the critical partnership that many stakeholders have with PHE, but identified by some as area for improvement, is collaboration. Stakeholders want to work with PHE at the early stages of a project and not just see the end product.
- **Clarity of structure/ roles** – Staff turnover leading to a loss of a main contact/ uncertainty over who to contact or ambiguity over whether a function is undertaken at a national or local level. Feedback indicates that stakeholders do become reliant on certain individuals within PHE.

 *Responding quickly and being clear about what was and wasn't going to be done, it's the clarity of communication about what's going to happen and then delivering it."*
National body

 *It feels like PHE has a great idea, goes away and develops it, comes back with the finished piece and presents it as an *au fait complet*, an example of that is the dashboard reporting."*
Professional body

In the quantitative survey, 18 stakeholders said they would be critical of PHE (12 of these being non-LA stakeholders). A range of reasons are given for their critique including a lack of engagement, influence and independence.

-  *Our frustration with PHE is that they seem unable to 'do' more to make things happen particularly around encouraging NHS England or Local Authorities to keep or commission more services where there is robust evidence that these services are beneficial."* (Professional body)
-  *Often referred to as being independent of the Department of Health, but doesn't work like that in practice."* (Local Authority)

More practical support would be welcomed

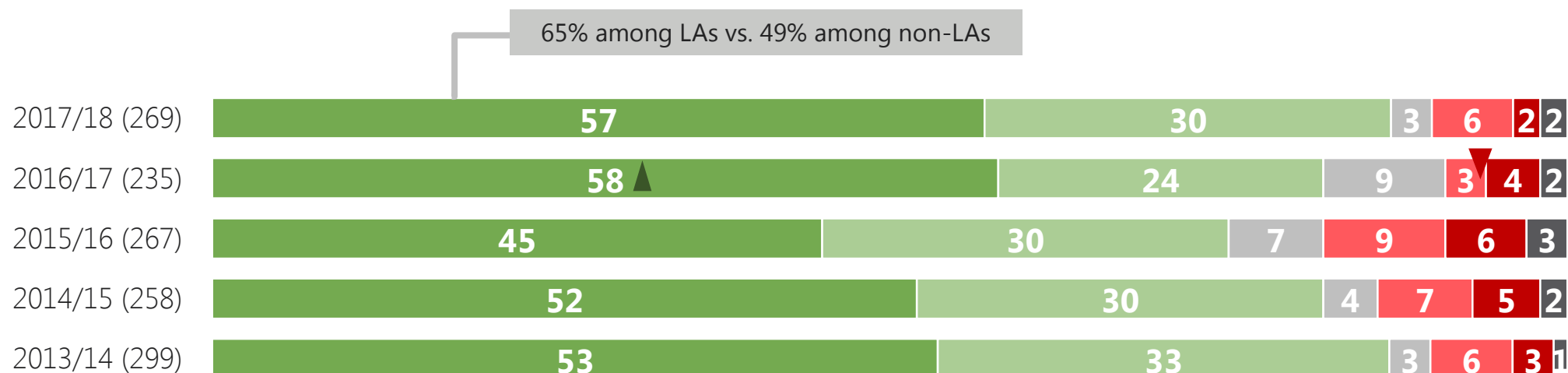
- **Sharing resources/ understanding on the ground environments** – Stakeholders from LAs would welcome a PHE secondment to provide additional resources, or more efforts from PHE to build up an understanding of the constraints within which LAs operate and to support delivery on the ground.
- **Sharing of best practice** – was sought by LA stakeholders.
- **Training and hands-on guidance** – In using toolkits/ navigating and manipulating datasets to support their use.
- **Facilitate joint working** – Between LAs where devolution doesn't exist.

Having clear points of contact is vital to good relationships

The majority of stakeholders agree that they have a clear point of contact at PHE (87% *strongly agree or tend to agree*). Unsurprisingly, stakeholders who contact PHE more frequently are more likely to agree they have a clear point of contact. As with previous years, Local Authority stakeholders are more likely to say they have a clear point of contact than non-Local Authority stakeholders.

Q.21 To what extent do you agree or disagree with the following statement about Public Health England? ...I have a clear point of contact to get in touch with Public Health England

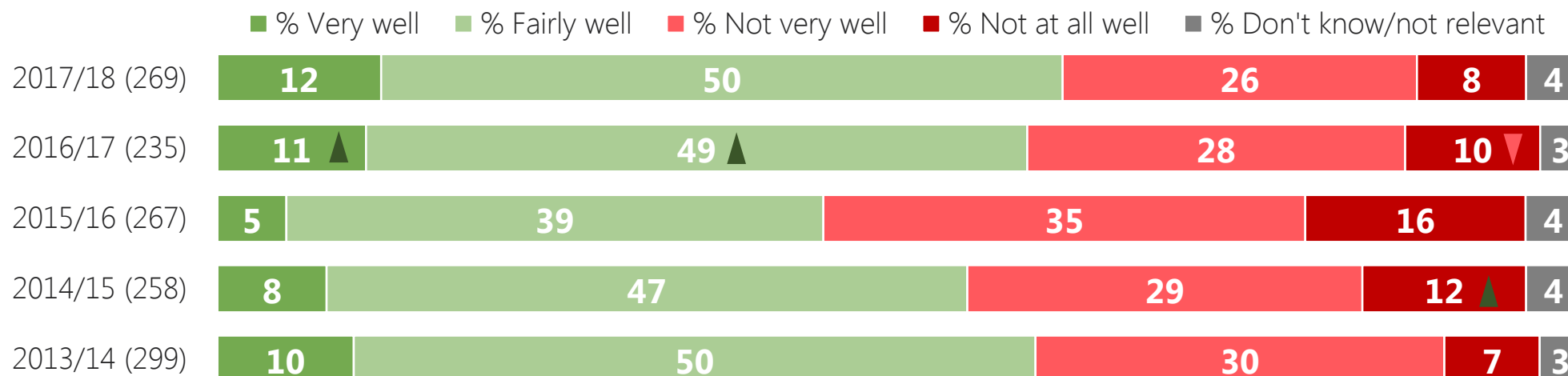
■ % Strongly agree ■ % Tend to agree ■ % Neither/nor ■ % Tend to disagree ■ % Strongly disagree ■ % Don't know/not relevant



- Stakeholders who participated in the qualitative interviews, emphasised that having a clear point of contact is a key characteristic of positive relationships with PHE.
- In turn, the reverse is also true. A lack of clarity in terms of who to contact can affect the overall relationship between a stakeholder and PHE. Previous efforts to restructure PHE are highlighted as having a negative affect on maintaining relationships.

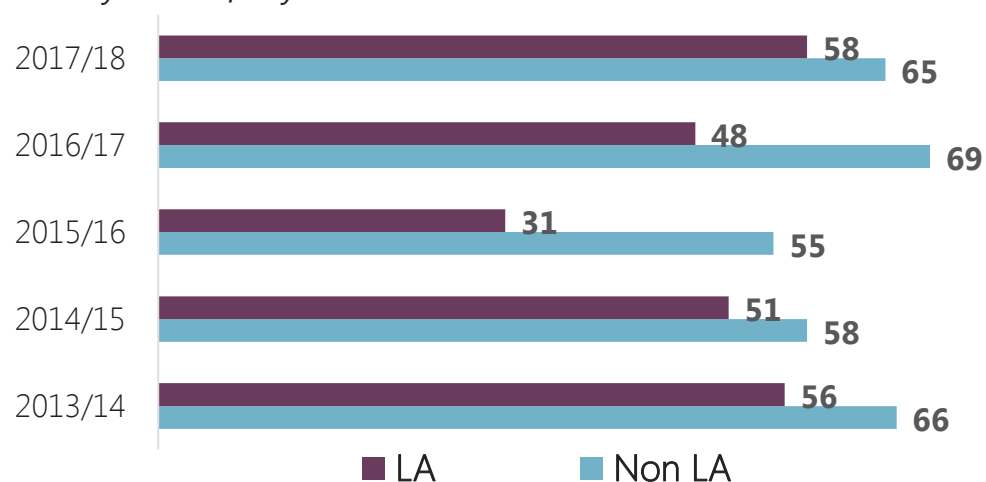
PHE has a fair appreciation of stakeholders' priorities

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



Understanding priorities Local Authority vs. Non-Local Authority

% Very well or fairly well



The majority of stakeholders continue to feel that PHE understands the priorities of their organisation *well or very well* (62%). This saw a dip in 2015/16 in line with PHE's re-structure and the CSR which impacted on overall levels of positivity.

In previous waves, Local Authority stakeholders felt less understood than Non-Local Authority stakeholders. This gap in understanding has decreased in 2017/18, although Local-Authority stakeholders are still less likely to feel their priorities are understood.

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

Source: Ipsos MORI

And its understanding of stakeholders has improved

Stakeholders' priorities are better understood by PHE

- **Legacy** – To some extent this is a legacy issue; born out of a 4-5 year working relationship which has improved over time.
- **Continuity of staff** – stakeholders appreciate the lack of restructuring and greater continuity of staff.
- **Openness** – A key element of better understanding stakeholders' agendas has been PHE's approach to open dialogue.



They understand us pretty well... we get what each other does and what we're trying to strive to achieve."

Agency



I think they understand. We have an honest dialogue, they don't shy from telling us that what we are doing is not clear."

VCS

However, there are mixed views on how well PHE understands LAs

- As with previous years, some LAs feel that PHE has a clear understanding of the nature of their work, developed through close, collaborative working relationships. However, there is some concern that this only exists at the top of PHE.
- They have appreciated efforts by PHE staff to spend time 'on their patch' and would welcome more of this.
- There is some distance between national and local priorities mentioned – links to some criticism (but not widespread) that PHE doesn't understand realities on the ground (esp. the issues around funding, accountability and the politicised environment in which they work) which could be helped by working more closely on the ground.
- There is still some suggestion (but not widespread) that PHE doesn't focus on the broader determinants/breadth of what LAs do but is too service/individual focused.
- Some stakeholders feel PHE needs to appreciate the politicised environment of LAs more and, as part of this, appeal to elected members to a greater extent.



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

Professional body



It's not perfect, but PHE is making an effort to meet people on their own on patch physically, which is very different to being summoned to a government department, which helps with relationships."

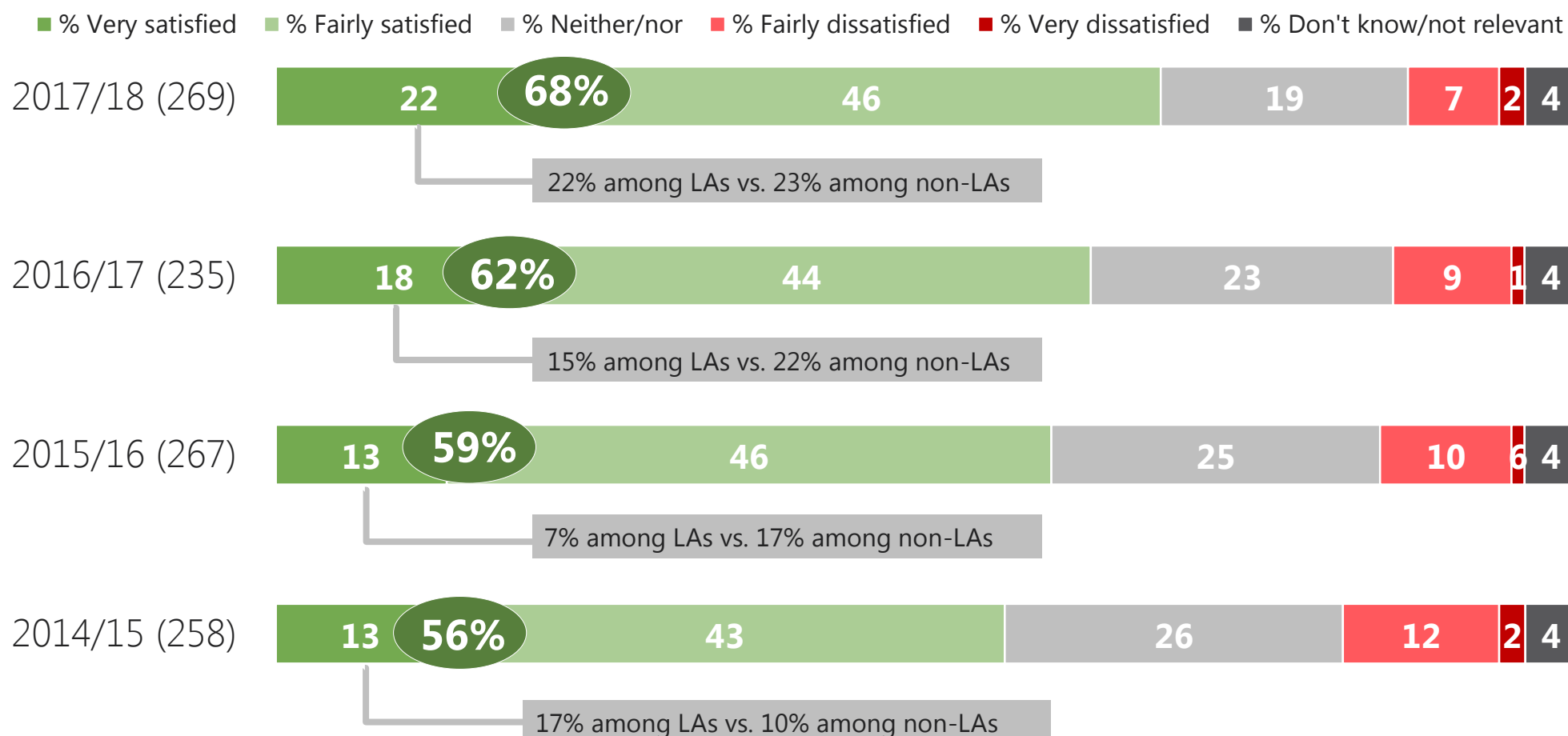
LA Other

Source: Ipsos MORI

Stakeholders are broadly satisfied with the support they receive

The extent to which stakeholders are satisfied that PHE supports them in their work has increased, although not significantly, with a majority (68%) reporting that they are very or fairly satisfied. In previous waves, Local Authority stakeholders were less likely than non-Local Authority stakeholders to say that they were *very* satisfied that PHE supports them in their work, however this difference no longer exists.

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



Base: All stakeholders (see above)

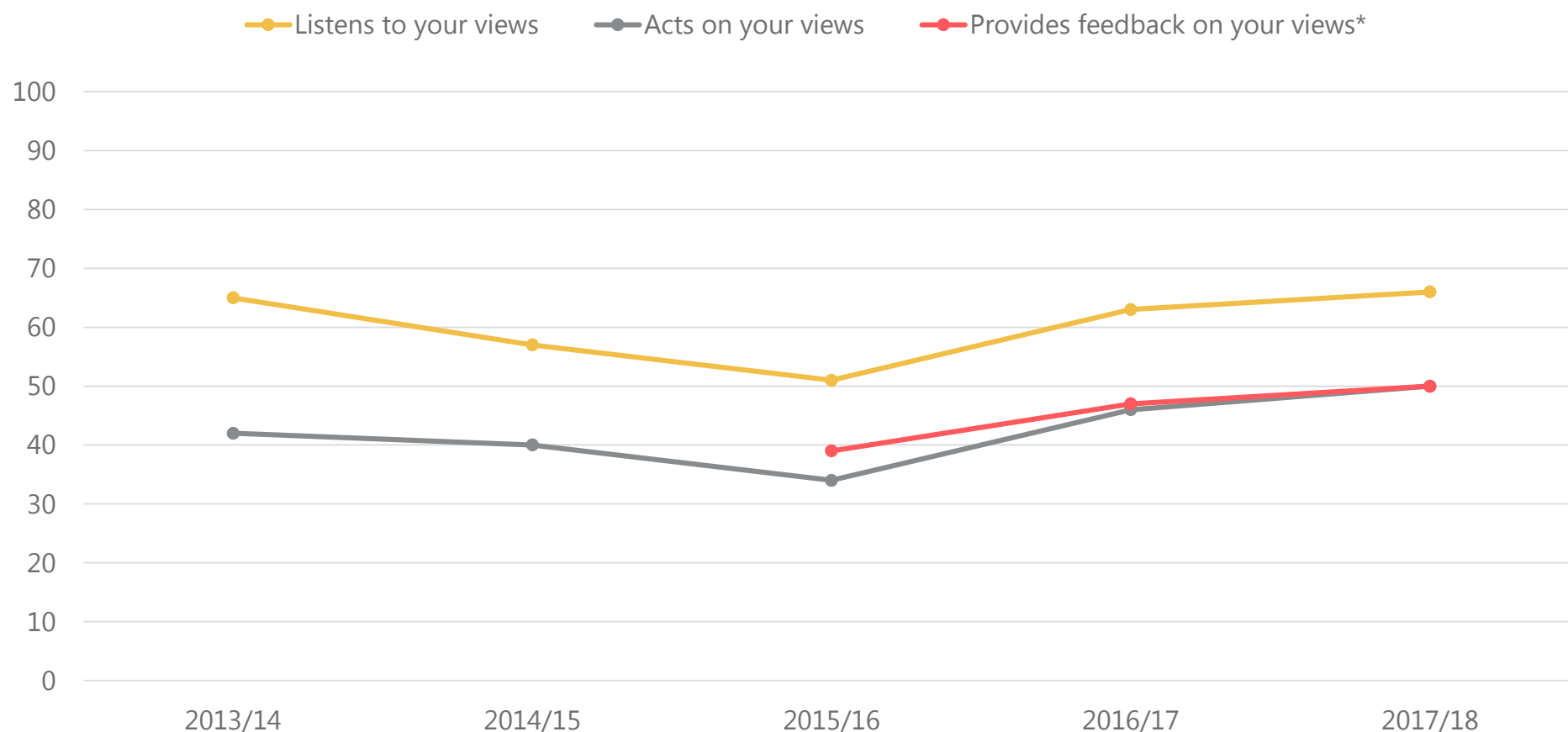
Source: Ipsos MORI

Little change seen in how PHE listens, acts and feeds back on views

Following a dip in scores in 2015/16, stakeholders remain broadly satisfied with how PHE listens to their views, acts on their views and feeds back on them. PHE continues to be stronger at listening than it does acting and feeding back.

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

% very or fairly satisfied



* Introduced to questionnaire in 2015/16 wave

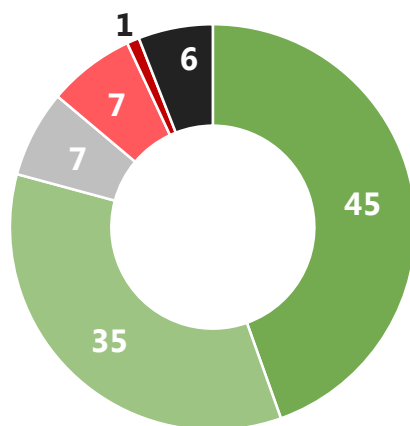
Base: All stakeholders (2013: 299, 2014: 258, 2015: 267, 2016: 235, 2017: 269))

Source: Ipsos MORI

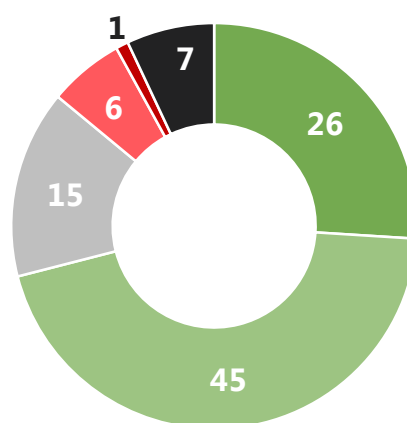
Stakeholders tend to get what they need from PHE

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

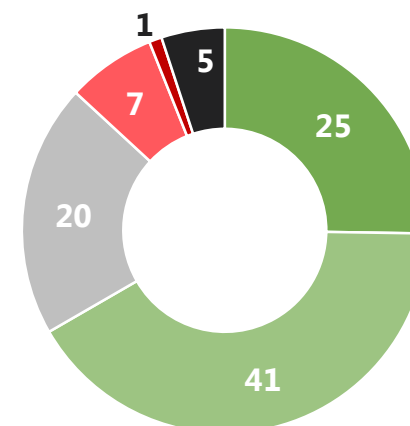
...When I contact Public Health England, I generally receive a prompt response



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



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



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

The majority of stakeholders (80%) agree that when they contact PHE they generally receive a prompt response, 71% agree that PHE's advice is consistent and 67% agree that they generally receive what they need.

LA stakeholders feel more positively than Non-LA stakeholders, although only significantly for receiving a prompt response (88% of LAs agreeing compared to 73% non-LAs). This may be due to Non-LA stakeholders less frequent contact with PHE, as stakeholders in contact at least once a week are also more likely to agree they receive a prompt response (90% compared to 70%).



Performance

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

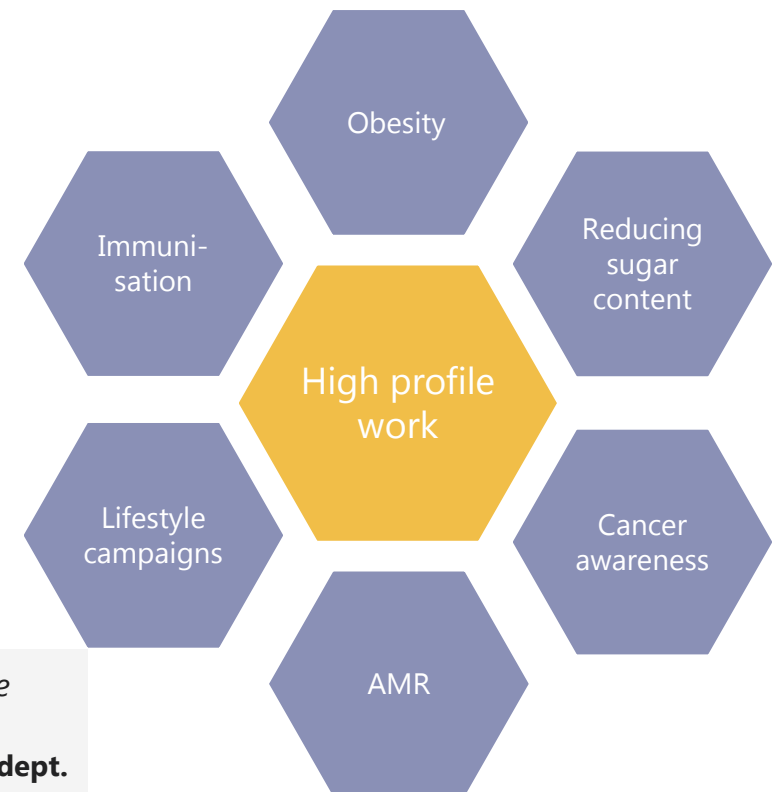
PHE's highest profile work relates to obesity and sugar

PHE's efforts to get these issues into the media – and, as a consequence, the public consciousness – are applauded

Spontaneously, stakeholders are most likely to mention PHE's work on obesity, sugar, its lifestyle campaigns (such as One You, Change4Life and Stoptober) and, to a lesser extent, AMR as having the most high profile impact.

Other mentions include diabetes and cancer awareness campaigns alongside developing programmes around mental health and influenza immunisation, vector borne diseases, TB, sexual health and tobacco control.

The development of a rapid response help team, and the focus on disease preparedness was also praised.



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

Other government dept.

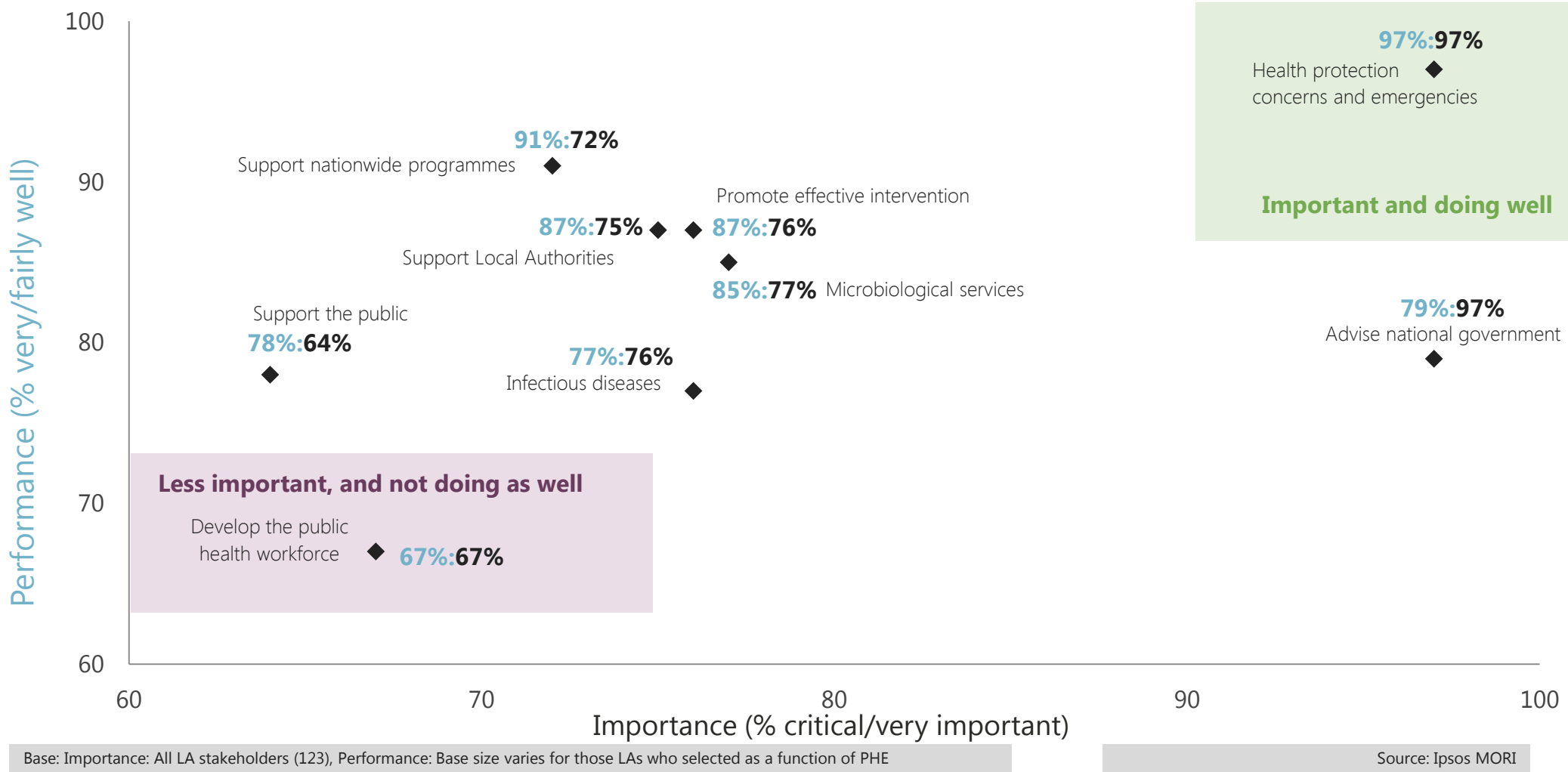
- Whilst the sugar agenda demonstrates that PHE can have influence over industry, stakeholders still expressed some frustration that the government's obesity strategy doesn't go far enough, voicing concerns that PHE is constrained by working in a politicised environment. In particular there was calls for more traction on childhood obesity.
- Workforce continues to be an area where stakeholders would like greater focus from PHE (mainly in reference to skill development), though this is not seen in the quantitative survey to be relatively as important.
- There were some (but not widespread) mentions of wanting PHE to do more on alcohol (e.g. by comparison Scotland is going ahead with minimum unit pricing) and insect borne diseases alongside tackling health issues for specific groups within society (e.g. BMEs/ people with learning disabilities).

Source: Ipsos MORI

Health protection held in high regard by Local Authorities

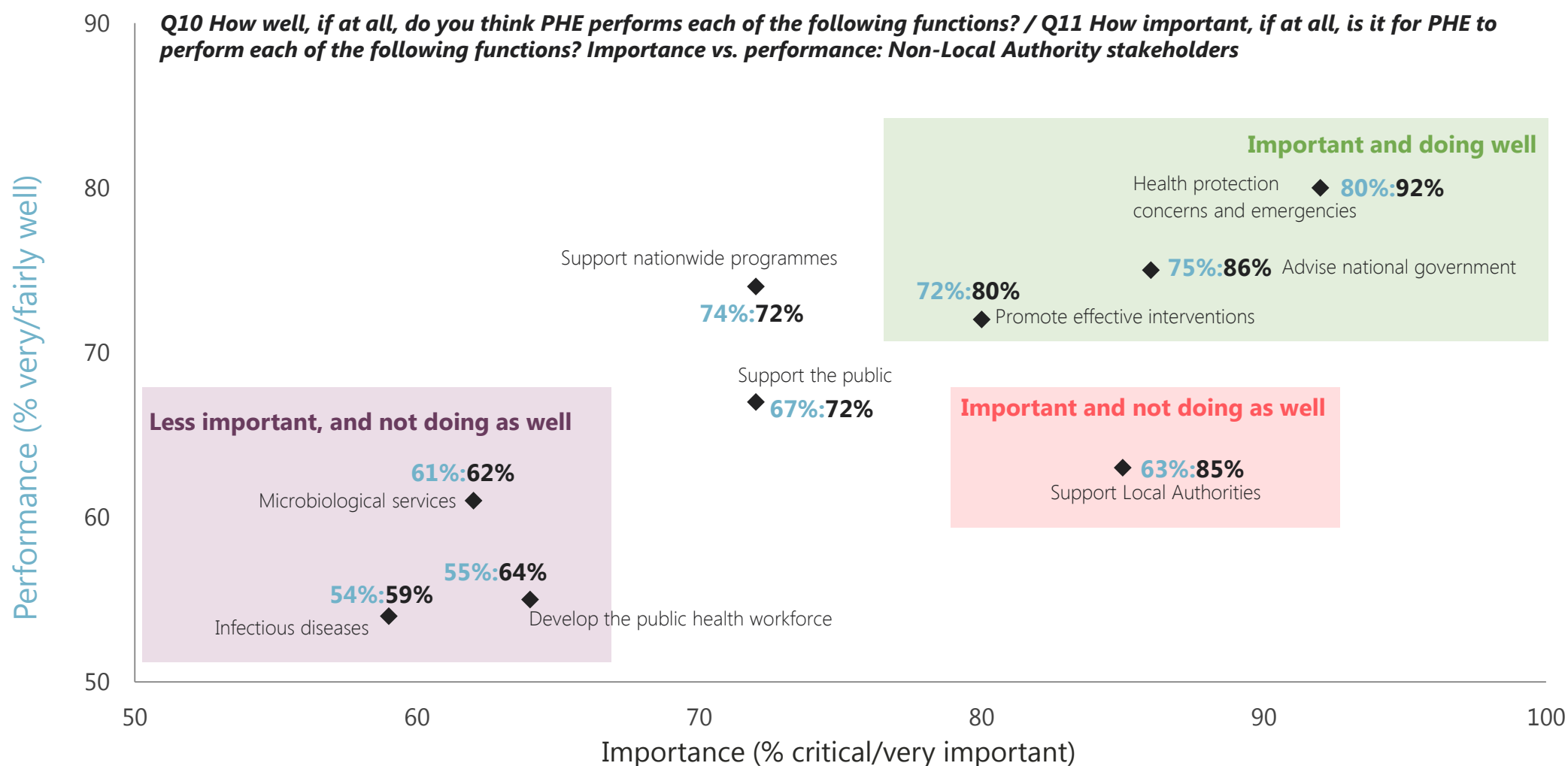
Local Authority stakeholders' perceptions of the relative importance/performance of PHE's functions remain similar to previous years, with health protection seen as both the most important of PHE's functions and the area in which it performs best. Equally important, but doing *relatively* less well in terms of performance, is advising national government on public health issues. Developing the public health workforce is the area in which PHE performs least well, although stakeholders do not perceive this function to be relatively as important. PHE's performance in most areas is improving, although not significantly, though this is an indication of moving in the right direction.

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



Non-LA stakeholders hold different views to LAs

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



Base: Importance: All Non-LA stakeholders (146), Performance: Base size varies for those non-LAs who selected as a function of PHEs

Source: Ipsos MORI

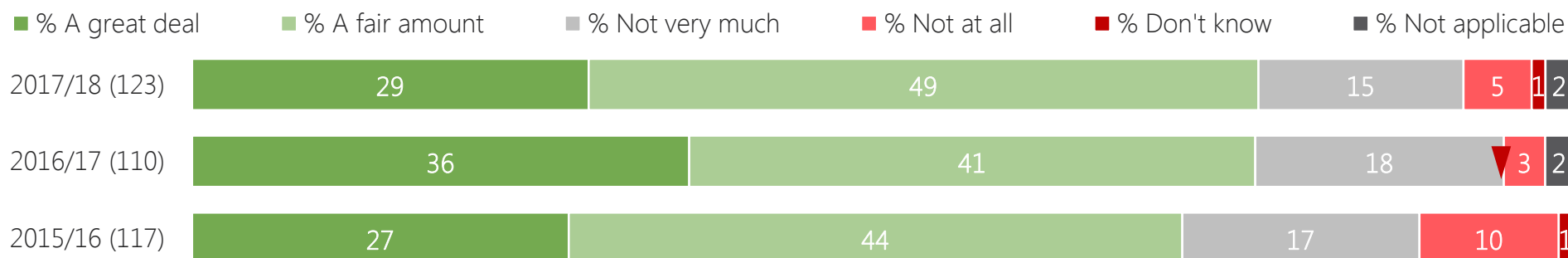
Data and analysis tools are widely used

- Feedback from the qualitative interviews demonstrated that PHE's **data tools are hugely important** to stakeholders, which is consistent with the previous waves of research. LA stakeholders talked of PHE's data and analysis tools being vital with regards to their JSNAs. And stakeholders from professional bodies talked about the value of benchmarking data and indicators that assist them in drafting publications, press releases, and infographics for social media.
- The **recent LA dashboard** was only mentioned in a handful of interviews – discussed as being a surprise for some, but also acknowledged as being a useful starting point for discussion by others.
- As with previous waves, LA stakeholders continue to **seek tools relating to ROI**. Some commented positively on the tools PHE has already provided with respect to this, others lacked awareness of them.
- Concerns with the quality of PHE data raised in 2016/17, were not evident in this wave. Instead, going forwards, users focus on the need for PHE to provide **assistance in navigating** the available data, and would welcome **greater granularity of data** as variation within boroughs is often masked.

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

Base: Local Authority stakeholders (see below)

Use of PHE's data and analysis tools is high among stakeholders overall, but this trend is mainly driven by use among Local Authority stakeholders. Among Local Authorities, over three quarters (78%) use these tools a great deal or a fair amount.



Source: Ipsos MORI

Data tools particularly useful for JSNAs

Local Authorities find these tools useful for a range of purposes, the most common of which is for developing Joint Strategic Needs Assessments (92% say the tools are useful for this activity).



The PHE datasets are our first go-to-place."

LA DPH

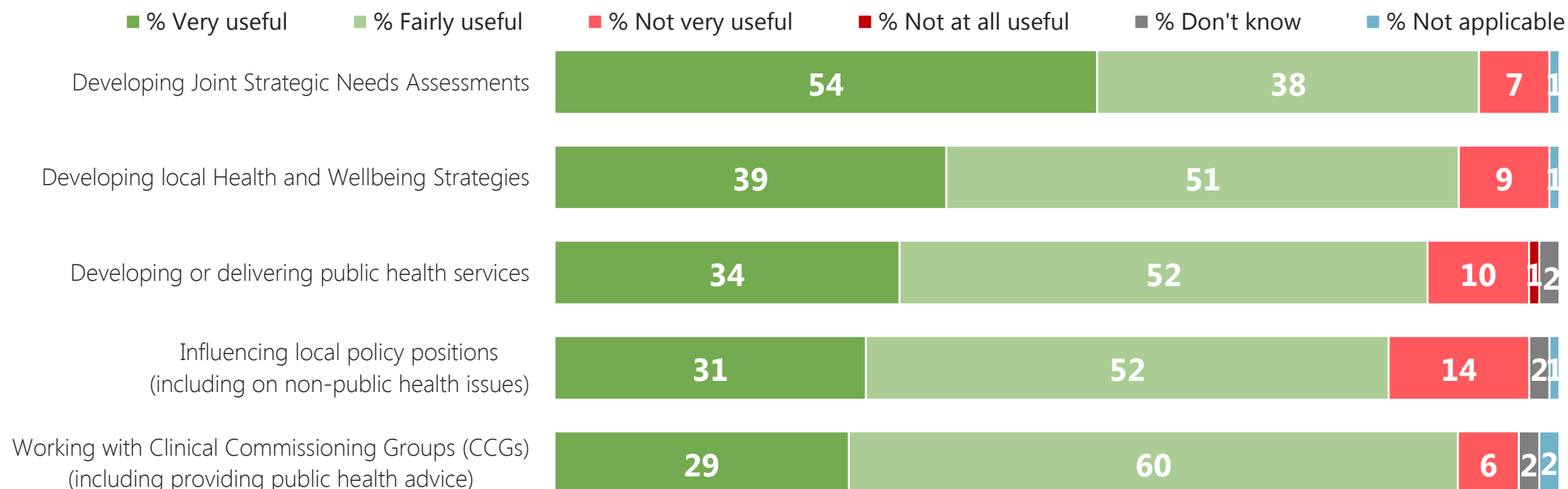


There is a lot of data within our JSNA supported by clear evidence, which says which initiatives should be invested in."

LA Other

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

Base: Local Authority stakeholders who use tools a great deal/fair amount (96)



Base: All Local Authority stakeholders who use tools a great deal/fair amount (96)

Source: Ipsos MORI

Impact

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



PHE's impact on the public health agenda continues

As illustrated in previous waves of this research, PHE offers a credible voice which has a far reaching impact on public health

Stakeholders feel that this influence is growing through PHE's use of effective collaboration at a national and local level. A high profile example was the impact PHE had on responses to terror incidents in 2017 – clarity of their role in these situations was commended “a very effective outfit”.

PHE's continued presence is vital for many stakeholders

There was general consensus among stakeholders that if PHE didn't exist, something would have to be created to take its place. Stakeholders would regret the loss of a critical partner that is:

- Dedicated to keeping public health on the agenda.
- Able to offer analytical health intelligence and evidence.
- A provider of expertise and intelligence.
- Crucial to disease control and health protection.

Some suggestion that PHE and stakeholders could work together more to maximise impact

Where PHE is constrained politically, it could leverage stakeholders' positions who are able to speak more freely (e.g. on obesity). Some stakeholders suggested that their organisation can be an asset to PHE and PHE should make better use of this.

 *They have been very influential and I think their influence has increased over the last 2-3 years quite considerably, there are recognised as a significant leading voice in public health, certainly they have had more influence this last year than in previous years.”*

Other government dept.

 *On a rising plane [in reference to cross-government working] due to more effective collaboration.”*

Other government dept.

 *I couldn't do my infection prevention work without them. They give me the information and provide me with amazing expertise.”*

Agency

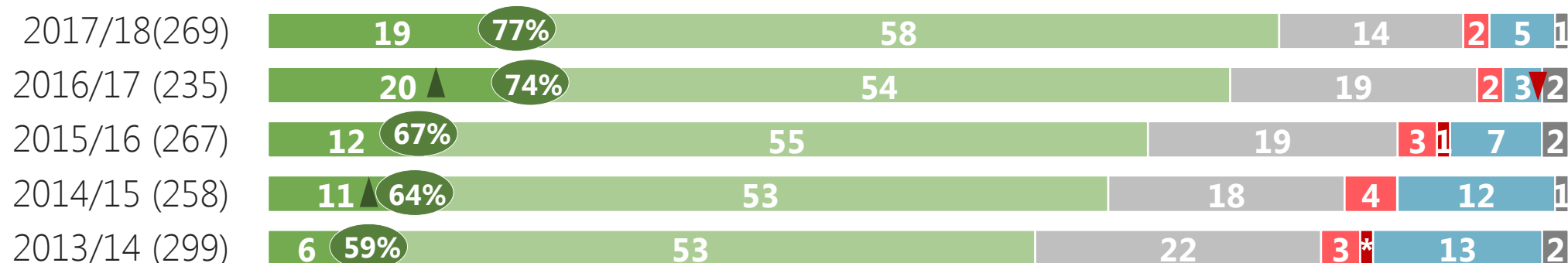
 *I would miss the collaboration, honesty, strength of the partnership, the intelligence they bring, the advice about how we can make sure we get public health into everything we do here.”*

Agency

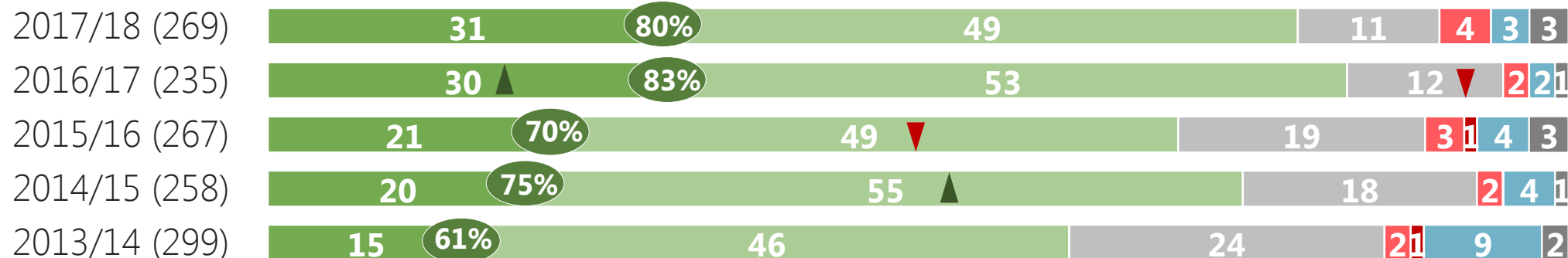
Majority of stakeholders say that PHE has had a positive impact on their work and organisation

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

...your organisation



...the work that you personally do



■ % A large positive impact
■ % A large negative impact

■ % A small positive impact
■ % Too soon to say

■ % It has made no difference
■ % Don't know/not relevant

■ % A small negative impact

...as well as a positive impact on national and local government

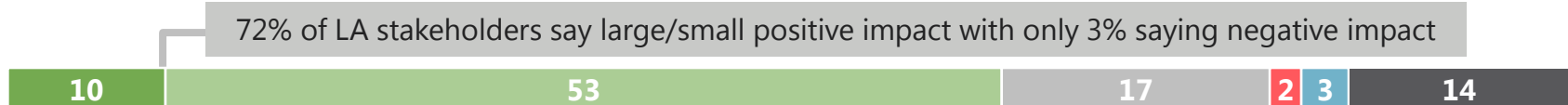
PHE is perceived to have the most positive impact on national government (71%) and local government (63%). However, positive impact on the NHS is moving in the right direction among LAs, with 62% agreeing PHE has a positive impact compared to 50% in 2016/17. Impact on the public is also shifting, with more stakeholders agreeing the positive impact is *large* compared to 2016/17. Although other sectors are viewed less positively, only a very small minority of stakeholders believe PHE has had a negative impact, with responses more commonly being no difference or unknown.

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

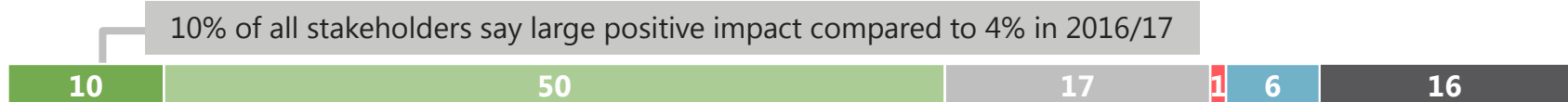
National government



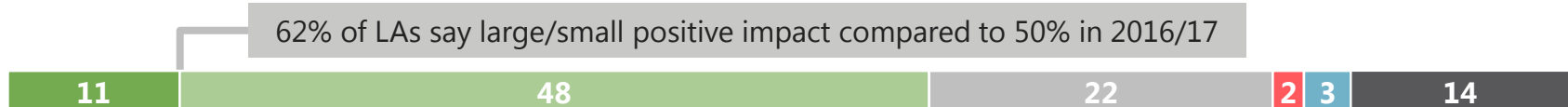
Local government



The public



The NHS



The scientific and academic community



The international community



The Voluntary and Community Sector



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

Base: All stakeholders (269)

Source: Ipsos MORI

However, factors can still limit PHE's impact

Generic issues around resources and system constraints are raised as issues that can limit PHE's impact

- There is a perceived lack of resource/capacity at PHE which can limit impact (though some stakeholders see PHE as being comparatively resource-rich). For some this explains why PHE provides advice rather than practical assistance (which is what LAs would like more of).
- System constraints are also perceived to limit what PHE can achieve (e.g. the politicised nature of work such as obesity). This is alongside continued ambiguity of roles (as mentioned previously).

Pressures on the NHS detract from prevention and public health

- Stakeholders suggest that the severe pressures on the NHS – and the continual reporting of these – serves to ensure that attention is diverted from prevention and public health. There is also concern that public health still hasn't permeated NHS thinking. PHE is therefore seen as not having enough influence on the NHS, and stakeholders stress the need to maintain the national focus on prevention.

Is PHE at the 'top table'?

- Some stakeholders feel that PHE's influence continues to be constrained by not having a strong voice at strategic levels, although this view is less widespread than in 2016/17.
- Some stakeholders call for more influence on other government departments (though it was recognised this was likely to be happening behind closed doors). For example, some stakeholders would like to see PHE making more headway in getting the Treasury to invest in prevention, and others would like PHE to raise its profile further so that it is invited to join key workstreams across other government departments.

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

 *National noise about the NHS and the health of the nation as a collective is drowning out a lot of the public health message."*
LA Chief Exec

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

Going forward PHE could still be more visible on STPs

Stakeholders continue to call for PHE to have an influence on STPs to ensure they retain a focus on public health

- Some stakeholders welcomed PHE's involvement in their STP – which has helped to ensure a much broader view than would have otherwise been the case and ensured the presence of prevention on the agenda.
- There was a suggestion that a financial argument in support of prevention might be taken greater heed of in an STP setting rather than a CCG due to combined budgets.
- However, others were less convinced that PHE had been influential and queried whether their impact had been constrained by resourcing and financial pressures. Some questioned whether the PHE leadership team had been present, alongside other ALBs, at key STP discussions. Others felt they had, but that a lot of the work had been behind the scenes.
- Going forward, there is a call for PHE to focus on the wider determinants within STPs e.g. housing, social care, worklessness, social inclusion, economic growth, rather than services (e.g. Stop Smoking).



I think PHE has been more influential [on STPs] than we think, a lot of influence probably happens behind the scenes, they are a government agency, they are part of the civil service so there is only so much they can say publicly but that's not to say the influence is not happening."

LA DPH



PHE colleagues are very keen to contribute positively to those national discussions [about STPs] but it strikes me that they are struggling to make an impact... I have seen every chief exec of every ALB in the STP discussions, I haven't seen Duncan which I think is a bit interesting really and I wonder why, it's supposed to be the game in town. If you want to impact on this particular agenda then [PHE should be present]."

LA Other

Source: Ipsos MORI



Looking ahead

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

There are opportunities for PHE to increase its relevance

Q.27 How could Public Health England increase its relevance to you and your organisation? (open-ended and coded) 5%+ mentions



Base: All stakeholders (269)

Overall, stakeholders who took part in the qualitative research are looking for more of the same from PHE:

- Keep public health on the agenda, offer high quality data and analysis tools, be a provider of expertise and a critical partner.



They are very relevant so just more of the same - independent advice, [be] a critical friend and flexibility in terms of organisation."

LA Chief Exec

Where stakeholders would like PHE to develop in order to increase it's relevance, the focus is on:

- Workforce development for the wider public health workforce
- Embedding public health into new models of care
- Build on and broaden existing collaborative working models using current relationships as a leverage – but at the same time some stakeholders warn PHE not to spread itself too thinly
- Raise the issue of health inequalities
- Ensure high visibility of itself in the public health and social care system at the local and national level
- Develop a clearer understanding of the constraints under which LAs are working (financial) and the language needed to be used in communications (appreciate the requirements of elected members and the diversity within local government)

Looking ahead stakeholders raise the prospect of relationships changing

Business rates retention and the effect on PHE/LA relationships was viewed as both a positive and negative

- Stakeholders questioned whether the move to business rates retention would make it harder for PHE to influence the work of LAs. Some concern was expressed about PHE having a continued role in local government if the statutory relationship no longer existed.
- Conversely, some viewed this move in a different way and felt that without the money being ring-fenced, LAs could spend more on prevention and it could become further embedded within LAs. Looking further ahead, some saw the prospect of PHE spending less time monitoring budgets and more time supporting LAs practically.

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

Professional body

 *I think in ring-fencing a small budget, it makes the influence harder because people say 'that's a public health issue, that's got to be paid for by the grant'."*

LA DPH

Brexit was identified as a further source of change for PHE in the future, but again, this was viewed in a mixed light

- Although this might not be a widely held view, some stakeholders hoped that Brexit could be seen as an opportunity for PHE to extend its role in disease prevention in Europe. Others simply wanted to register the need for PHE to ensure that public health gains made through the EU are protected.

The effect of STPs going forward

- Some stakeholders questioned whether STPs will mean NHS England starts to see its relationships at a local level with STPs rather than councils. These individuals felt there will be a role for the PHE Centres to keep councils relevant to NHS England.

Threats to PHE's impact are known but the future is uncertain

Political uncertainty, financial constraints, and pressures on the NHS are all known threats to the effectiveness of PHE in the future.

This is alongside continued disparity of organisations involved in health and the ambiguity of roles.

The greatest challenge going forward will be funding – both in terms of insufficient funding to PHE directly, and the squeeze on public sector funding impacting more widely on public health issues.

Stakeholders expressed some uncertainty about what the future holds for PHE, though it was clear that:

- As DH reduces in capacity, PHE may need to increasingly fill the gap in terms of strategic thinking for long-term health risks
- As health and social care are increasingly joined-up, PHE will need to engage more broadly within LAs (e.g. with non-DPH roles and with councillors)
- If PHE didn't exist, something would be created to take its place in order to take up the opportunity for building a centre of excellence to serve government and take a centre chair in post-Brexit Europe.

 *It depends on what government we end up with. There might be some rearranging of the deckchairs and I'm not sure what that means for PHE or any of us actually."*

Agency

 *As DH gets smaller, PHE will need to learn to fill the space to respond to risks due to changes like climate change, ageing population and even more so when we leave the EU."*

Other government dept.

 *The relationship needs to very clearly be with both health and social care... They need arguments that will hold sway with councillors of LAs who are not DPHs – so practicing getting the messaging right for that audience is well worth doing."*

Agency

 *PHE had an external review that concluded PHE was as good as any national public health organisation in the world, given that it's only 4 years old that's a pretty remarkable achievement. I think they could justifiably make it clear that they are an effective organisation doing important things. There are always improvements to be made and further development, but to strengthen their reputation is important."*

Professional body

 *I am a fan of PHE and I want to see it succeed. I don't want it to be marginalised. They have an important role to play and I want to help it succeed."*

LA Chief Exec.

Source: Ipsos MORI

Implications (1 of 2)

PHE should reflect very positively on the findings in this report. There is room for improvement in its stakeholder relations but, in the main, stakeholders are very positive about the organisation, its staff and its willingness to work collaboratively.

The research reveals a number of areas for potential improvement for PHE's consideration:

- Having **clear points of contact** within PHE is a driving force behind positive relationships. However it appears stakeholders can often be reliant on a small number of individuals within PHE and **broadening stakeholders' links** in to the organisation is important to ensure the stability of relationships.
- Local Authorities are calling for more **practical support** from PHE, turning ambitions into reality by extending its support to offer resources (staff and financial), greater assistance in navigating and manipulating datasets, and sharing best practice examples more widely.
- Spending **more time on the ground** with Local Authorities (at all levels within PHE and not just among the senior leadership) would also serve to build upon PHE's understanding of the breadth of Local Authorities' work, the politicised environments within which they function, and their operational constraints.
- There is still the potential to provide **greater clarity regarding respective roles** in the sector – particularly with DH, but also between PHE, Local Authorities and the NHS at the local level in relation to health protection issues.
- Stakeholders continue to call for PHE to exert its influence at the highest strategic levels across government, and whilst not to the same extent as last year, stakeholders are still looking for PHE to be **more visible in high profile system changes** such as STPs.

Implications (2 of 2)

- Looking to the future, stakeholders suggested that PHE may be required to occupy some **spaces vacated by DH** when thinking strategically about long-term health risks and, as part of this, ensure public health gains made through the EU are **protected following Brexit**.
- Stakeholders also suggested that PHE will increasingly need to **extend its presence within Local Authorities** to better engage with councillors and those in non-DPH roles in the future.

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Ipsos Public Affairs

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Appendix



Ipsos Public Affairs

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 depth interviews with four senior directors within PHE.

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

Sample selection:

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

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

52 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 30 October to 8 December 2017
- Online questionnaire emailed to 713 key stakeholders
- Telephone interviews conducted with non-responders in final 4 weeks
- Response rate of 38% achieved (269 completes)

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

Qualitative research

- 30 depth interviews with key external stakeholders
- Fieldwork conducted between 13 November and 8 December 2017
- Exploration of issues and themes in more depth
- 12 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

Qualitative sample breakdown

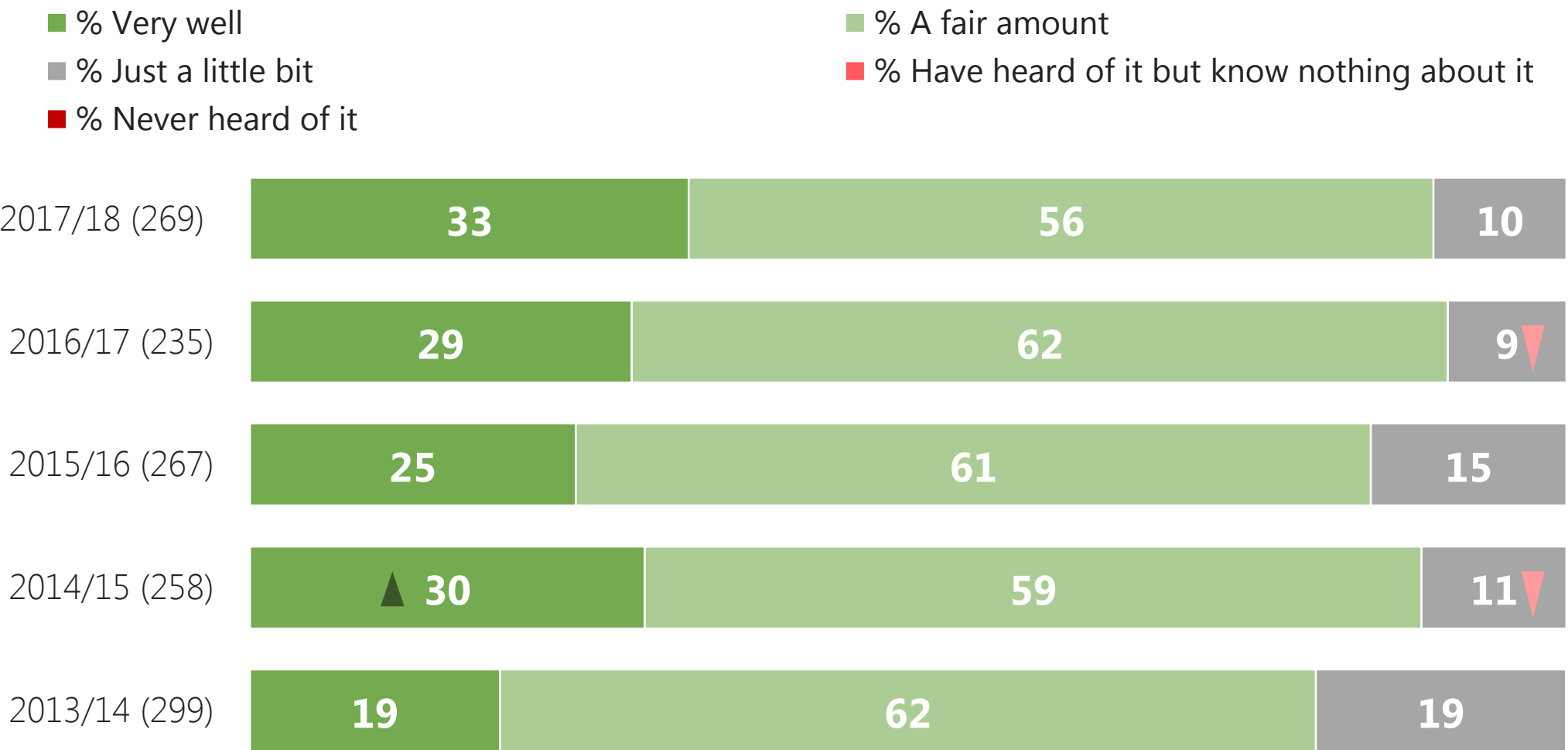
Non-Local authority

Association of Directors of Public Health
Chartered Institute of Public Finance and Accountancy
Chief Medical Officer's Office
Crown Commercial Service
Department for Environment, Food & Rural Affairs
Department of Work and Pensions
Diabetes UK
Faculty of Public Health
Health Education England
Local Government Association
Macmillan
NHS England
NHS Improvement
Office of National Statistics
Royal College of GPs
The Royal Society for Public Health
UK Centre for Alcohol and Tobacco Studies
World Health Organisation

Local Authority

Bexley Council
Central Bedfordshire Council
Greater Manchester Health and Social Care Partnership
Hackney Council
Hampshire County Council
Nottinghamshire County Council
Royal Borough of Greenwich
Sefton Council
Thurrock Council
Wakefield Council
West Midlands and Combined Authority
Worcestershire County Council

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

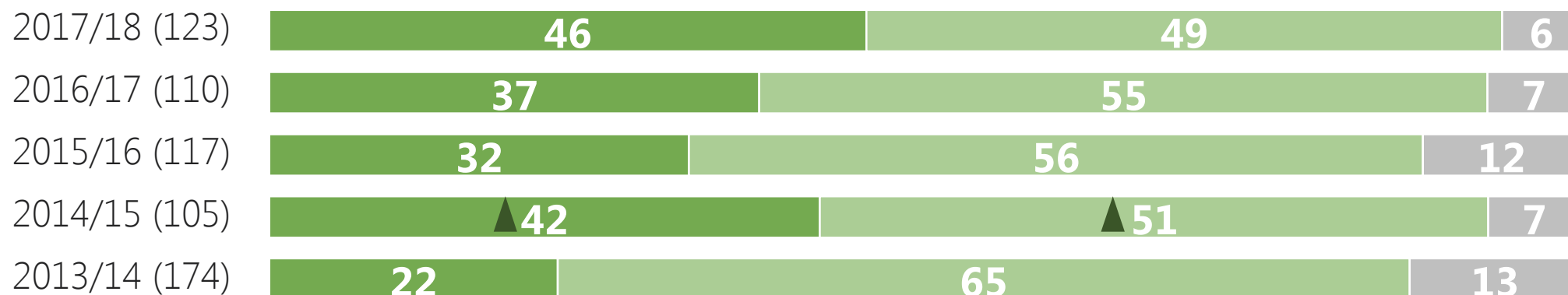


Base: All respondents (see above)

Source: Ipsos MORI

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

LA



Non LA

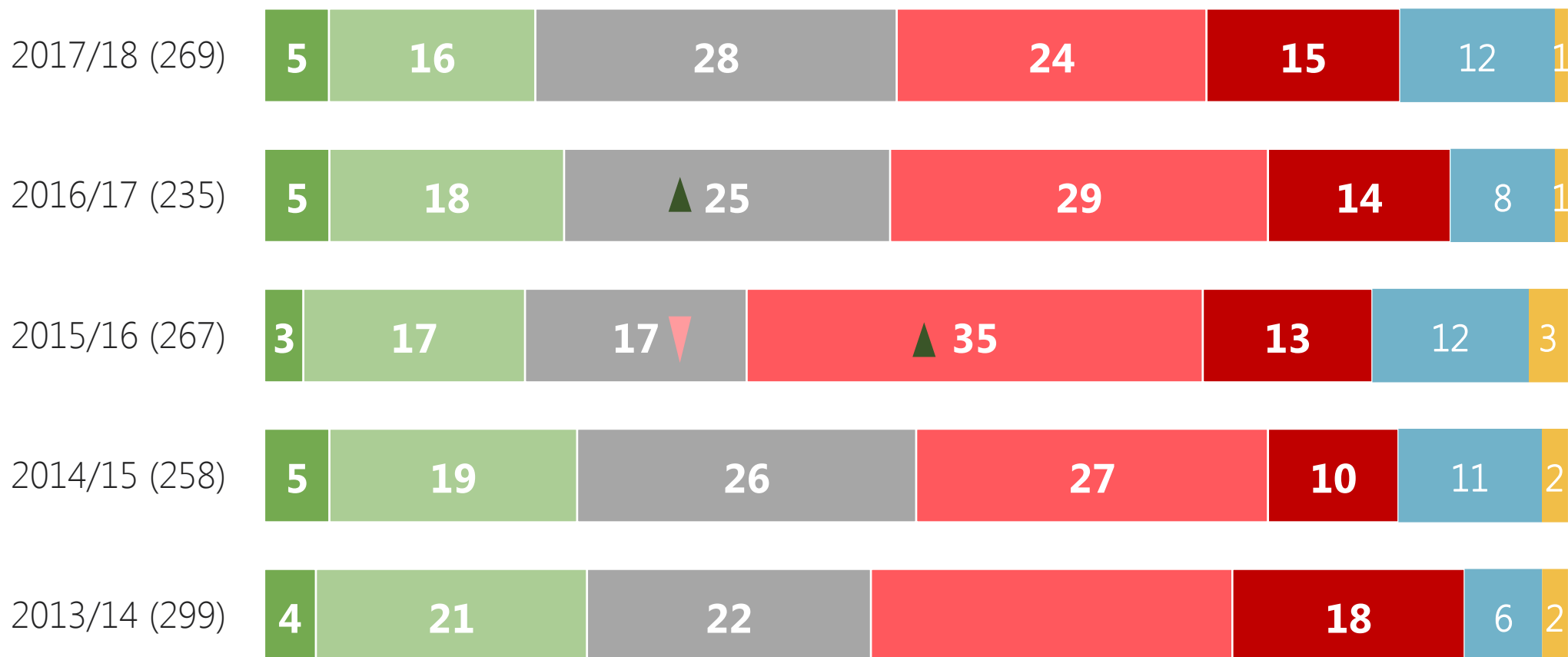


- % Very well
- % Just a little bit
- % Never heard of it

- % A fair amount
- % Have heard of it but know nothing about it

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

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

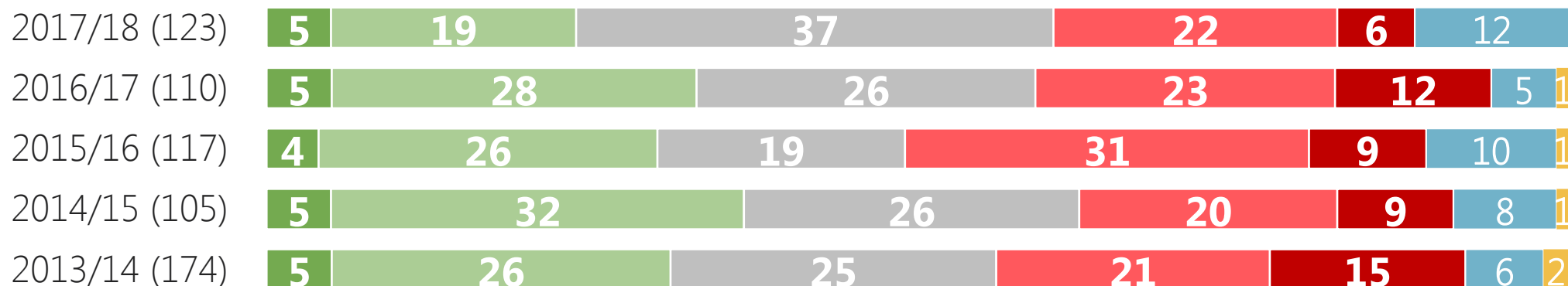


Base: All respondents (see above)

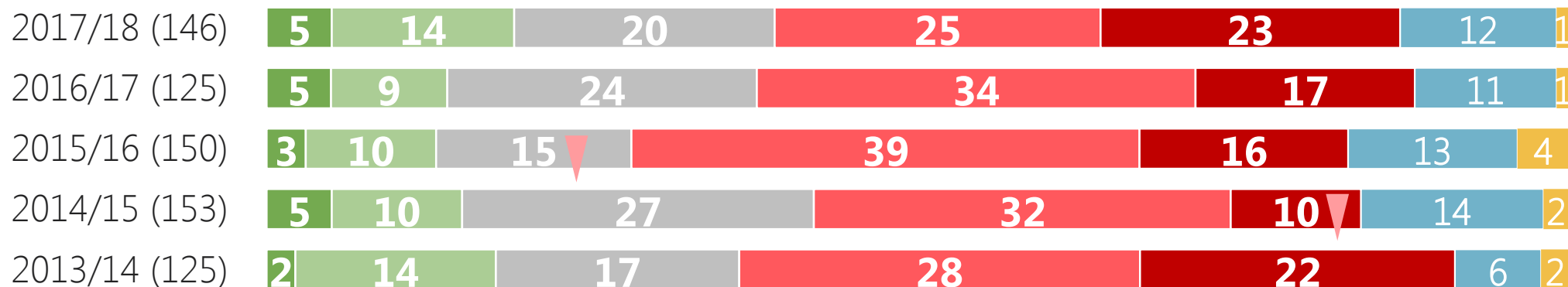
Source: Ipsos MORI

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

LA



Non LA



■ % Daily

■ % Once or twice a month

■ % Never

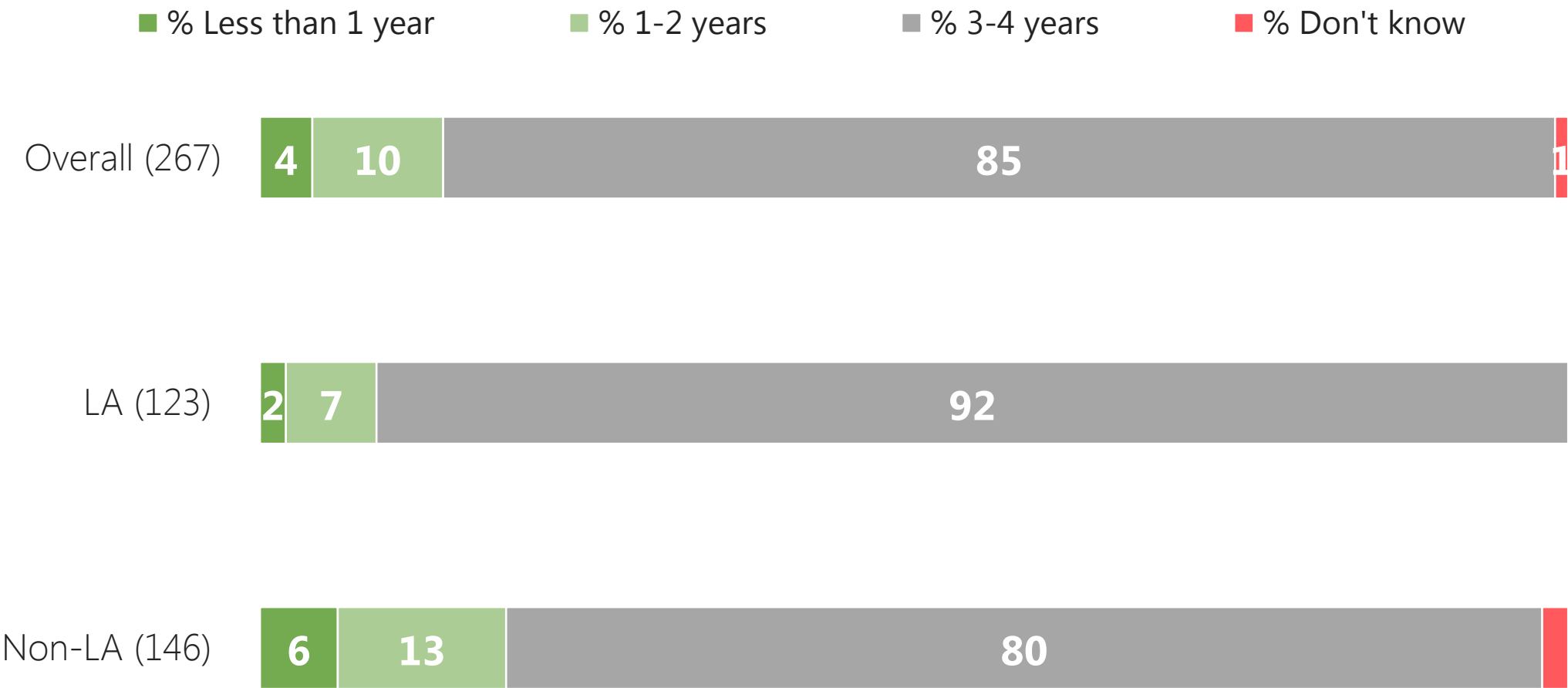
■ % 2-3 times a week

■ % Every 2-3 months

■ % Once a week

■ % Less often than this

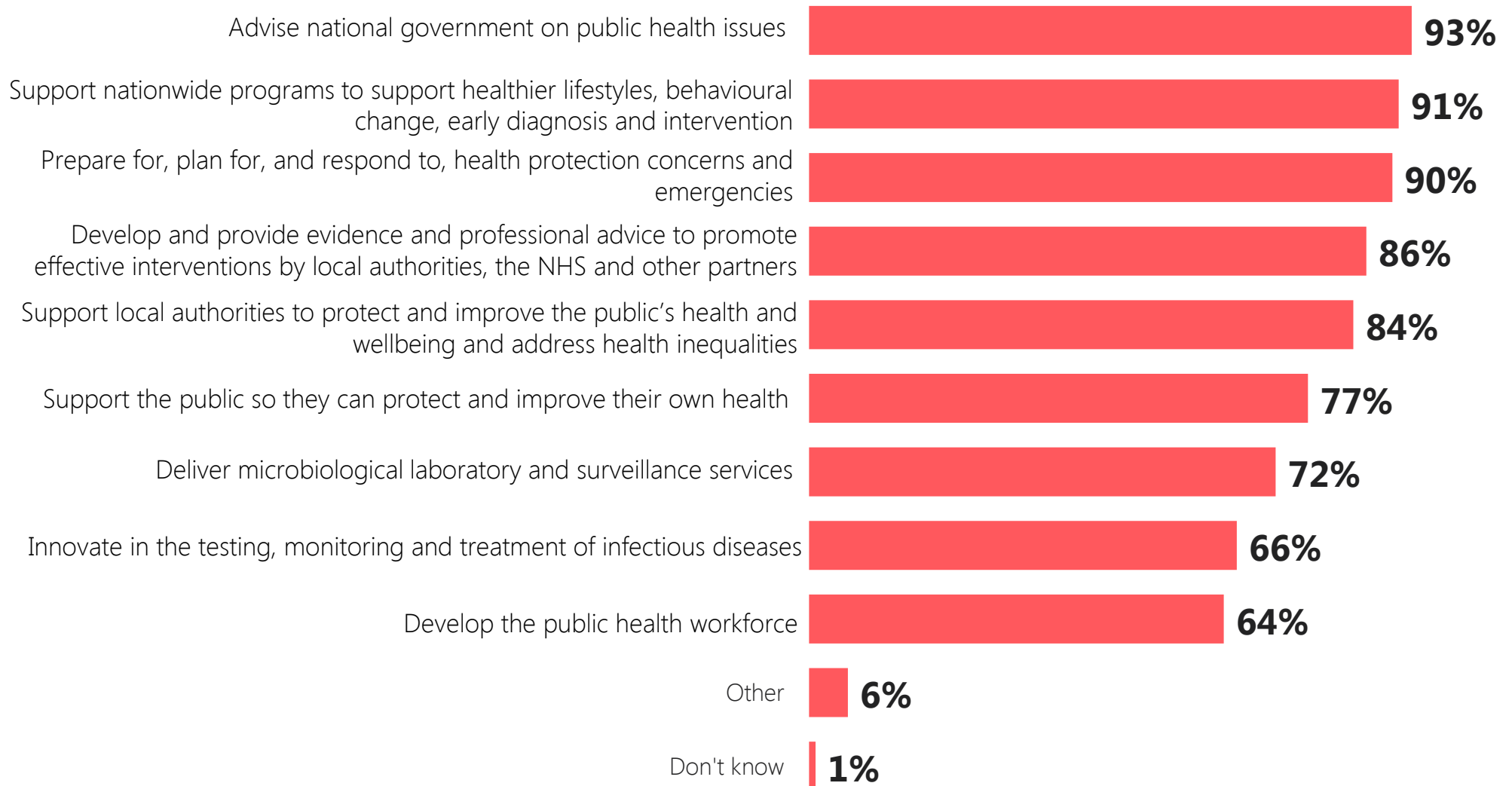
Q2N. How long, approximately, have you been in contact with Public Health England?



Base: All respondents (see above)

Source: Ipsos MORI

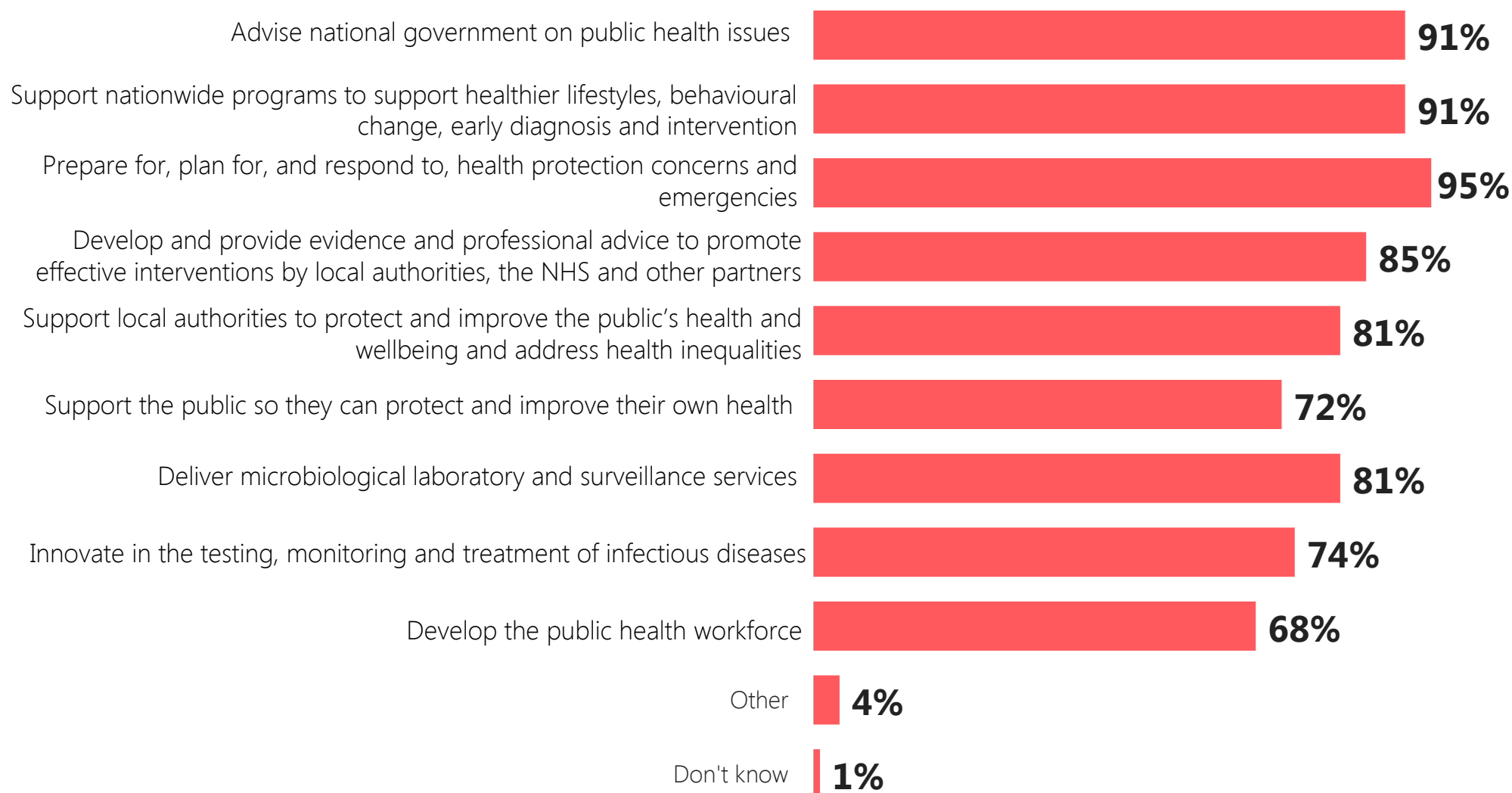
Q.9 Which of the following statements, if any, best describe the functions of Public Health England?



Base: All respondents (269)

Source: Ipsos MORI

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



Base: Local authority stakeholders (123)

Source: Ipsos MORI

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

