Ipsos MORI
Social Research Institute

Public Health England 2013 Stakeholder Research

A qualitative review of working relationships

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Background and introduction

Public Health England (PHE) recognises that 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.

PHE has therefore commissioned Ipsos MORI to undertake a programme of research designed to assess how PHE is perceived externally and how well stakeholder relationships are developing at this early stage in its own progression.

This report details the findings from an initial qualitative phase of research conducted in July and August 2013. It synthesises the feedback provided in 16 depth interviews with senior PHE staff and the views of 15 key external partners represented by their Chief Executive or another senior member of staff. This research will be followed by a quantitative phase, designed to provide baseline metrics from which PHE's progress over time in stakeholder perceptions and relations can be benchmarked.

The findings presented here are based purely on qualitative research and thus should be taken as illustrative and exploratory in nature. Feedback provided by PHE staff on the internal workings of the organisation is reported separately, with the focus of this report being the development of PHE's relationships with its key stakeholders.

Early perceptions of PHE

Stakeholders on the whole talked positively when describing their early impressions of PHE, describing it as an organisation with great promise, energy and ambition. They are keen to see PHE succeed, though stakeholders were quick to recognise it faces a number of challenges.

A recurrent theme throughout the interviews was the extent to which PHE could provide support and advice that was truly independent in light of its relationship with the Department of Health. Demonstration of this independence was considered paramount if PHE is to have a credible voice in the new health and social care sector.

PHE's success will be measured, not only on its ability to demonstrate its independence, but on the extent to which it is valued and respected by local authorities. Concerns were raised that the positive relationships and intentions evident at the national executive level were yet to be established at the local level. There was some recognition that the development of constructive local relationships would be slowed by regions and centres being understaffed in places.

That said, it was recognised by participants that PHE is in its infancy. As a consequence, stakeholders seemed willing to watch and wait, with the perception that only time will tell if PHE can capitalise on its promising start.

Delivering PHE's vision, priorities and values

As with many organisations newly formed since April 2013, PHE's role was not always seen as clearly delineated from other bodies in the sector. However, its national role was thought to be far clearer than its role at the local level between centres and local authorities.

Similarly, its role in relation to health protection was more evident than that concerning health improvement.

Most stakeholders had some familiarity with PHE's vision. Those that felt unable to articulate its vision were also those individuals who saw there being ambiguity over PHE's role in the revised sector. In general, stakeholders felt the vision was entirely appropriate for an organisation with PHE's remit.

Most stakeholders interviewed had seen PHE's priorities document for 2013/14 or were at least aware of its existence. There was a general sense however, also reflected in the internal staff interviews conducted, that the priorities were hard to recall due to their lack of specificity. The priorities were therefore seen as acceptable interim measures – fine to indicate direction and get behind as an organisation – but that they needed to be refined through local consultation to become measurable goals. For some, the priorities lacked explicit reference to equalities, and to working with healthcare services and the NHS, and they would expect this to be rectified in the process of refinement.

Perceived progress to date and stakeholders' expectations

Stakeholders saw it as a significant achievement that PHE had navigated the transition period without incident. Similarly, given the scale of organisational mergers, some felt PHE had done well to be functional in parts (if not in whole). These stakeholders tended to comment that PHE had progressed as far as could be expected given its infancy. However, this view was not shared by all and some stakeholders commented that PHE was slower to get off the ground compared to other newly formed organisations in the sector.

A number of specific actions were named by participants as evidence of PHE's progress. These included the efforts senior staff have made to build stakeholder relationships in person, PHE's response to MMR and MERS which contributed to raising its profile, and its principled stance on minimum unit price for alcohol and standardised cigarette packaging.

Stakeholders talked extensively about the challenges faced by PHE in progressing further. Nearly all mentioned the risk of its credibility being eroded through a lack of perceived independence from government, and the difficulty of establishing the right relationships with local authorities. Stakeholders also talked about the need to avoid duplication of purpose through greater clarity of PHE's role in relation to the Department of Health and NHS England. It was also apparent to stakeholders that PHE faces some challenges in streamlining its internal processes, particularly in relation to recruitment, IT and budget allocation. Stakeholder awareness of these administrative challenges came through speaking with PHE staff, experiencing inefficiency first-hand or through the anticipated difficulties faced when bringing multiple organisations together.

The expectations placed on PHE by its key stakeholders are high. PHE will be expected to achieve traction on measures such as the uptake of health checks. Its work will be scrutinised for the implementation of advice provided by specialist practitioners in the fields of health equity and environmental health. The continued investment in relationship building at the local level is considered a priority for PHE which demands increased face-to-face contact with staff from PHE's centres. PHE is also expected to raise its profile, both within industry and also with the general public. Some stakeholders felt PHE was not always present at the meetings and conferences it needed to be and therefore PHE was advised to push its agenda forward where its salience may not be evident as yet. Though PHE was expected to have a low awareness amongst the general public at present, stakeholders felt it was critical over the coming months for PHE to connect with the general public on pressing health issues, establishing itself as a credible source of advice.

Overall, with the health protection function being inherited relatively intact from the Health Protection Agency, stakeholders had greater confidence in PHE's ability to deliver in this domain.

Stakeholder relationships

Broadly, stakeholder relationships were thought to be developing well. Where relationships previously existed with an organisation now located within PHE, little had changed in the workings of those relationships. High praise was given to Duncan Selbie and the national executive, with the relationships being described as 'open' and PHE being thought of as a 'listening organisation'. Where parties were not in complete agreement, stakeholders felt their views had been considered and the exchanges had been positive, despite an inability to reconcile opinion.

Many of the stakeholders interviewed did not feel well placed to comment on the relationships developing further down the organisation. However, they identified it as a risk that the values and positivity demonstrated at the top may become diluted at the local level. Stakeholders representing local government were less positive in their description of relationships at present, though this view was not universal. Despite the provision of reassurances by PHE that it would not performance manage local authorities, concerns were raised over the tone and language used in communications by PHE. Making use of PHE staff who have previously worked within local government was thought to be important in communicating with the right voice with local authorities. PHE was also advised to make sure it was inclusive of Chief Executives and not to focus its communications largely on Directors of Public Health.

The publication of Longer Lives, whilst praised by many as an achievement, was not welcomed by some local authorities so soon after the transition. Feeling apportioned with the blame for problems inherited from the NHS resulted in some stakeholders feeling defensive. Sensitivity to the issue shown by senior management in PHE was not replicated at all levels in the organisation.

Implications for PHE

Three broad areas were repeatedly and fervently mentioned by participants throughout the interviews. These relate to how PHE can:

- Demonstrate the advice and guidance it provides is independent and therefore credible;
- Build relationships at the local level that are sensitive, open and constructive with clearly defined roles – emulating the success seen at the national executive level; and
- Streamline its internal processes to better support staff in their successful development of working relationships.

Though stakeholders and PHE staff will expect progress to be made on the areas mentioned, the vast majority of stakeholders interviewed were positive about PHE, recognising it is well positioned, and has the right leadership, to progress against its aims.

1.0 Introduction

1.0 Introduction

As Public Health England (PHE) moves into uncharted territory, its success as an organisation rests heavily on establishing productive relationships with its stakeholders. This report forms the first deliverable to PHE from a programme of research designed to assist it in the development of these stakeholder relationships.

1.1 Background to the research

As of April 2013, PHE brought together over 70 organisations to form a single public health service. Its remit is broad, with an overarching mission to protect and improve the nation's health and reduce the inequalities experienced in health and wellbeing outcomes.

Within this remit, 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.

The importance of close collaborative working with external partners is recognised by PHE as being critical to the successful delivery of its objectives. It has therefore commissioned Ipsos MORI to undertake a programme of research designed to assess how PHE is perceived externally and how well stakeholder relationships are developing at this early stage.

1.2 Research objectives

There are a number of specific objectives for this first stage of research. Both internal and external views of PHE have been canvassed to:

- Understand how PHE is perceived as an organisation and identify early indications of its performance to date;
- Explore the extent to which PHE's role, vision, priorities and values are understood by its key stakeholders;
- Provide an understanding of how stakeholders find working, and communicating, with PHE; and
- Learn what stakeholders expect from PHE going forward.

The timing of the research has been designed so that the future development of stakeholder relationships can be guided by the early feedback provided. A second, quantitative, stage in the research programme will be developed to provide baseline metrics from which progress over time can be tracked.

1.3 Overview of methodology

In order to meet the research objectives above, a qualitative stage of research has been completed between 12th July and 16th August 2013. This has comprised:

- 16 depth interviews with PHE staff in a number of senior internal positions such as directors of centres, regions and specific programmes; and

- 15 depth interviews with key external partners. In the main, these individuals were Chief Executives or senior members of staff.

The stakeholders selected to take part in the research were put forward by PHE on the basis that they represented key delivery partners and priority organisations with a high level of influence over the work of PHE. It is recognised that the participant organisations do not represent the full spectrum of PHE's stakeholders but that the spread of organisations included was sufficient to provide a broad overview of stakeholder perceptions within a limited number of interviews. A list of participating organisations can be found in the appendix to this report.

The external stakeholders were sent a letter, signed by the Chief Executives of both PHE and Ipsos MORI, advising them of the research. This was followed-up with contact from a specialist Ipsos MORI recruiter to confirm participants' willingness to take part and arrange an interview time.

Internal PHE staff were contacted directly by a member of the Ipsos MORI research team. Again PHE provided a list of individuals to approach.

Each interview lasted approximately 30-40 minutes and was conducted over the telephone, following a discussion guide developed by Ipsos MORI in conjunction with PHE.

The research programme will be completed with a quantitative stage. This is likely to happen in the final quarter of 2013 or the first quarter of 2014.

1.4 Content of the report

This report combines feedback from both the internal and external interviews such that the issues discussed can be presented in the round. Feedback provided by PHE staff on the internal workings of the organisation is reported on separately, with stakeholder relationships being the main focus of this report.

The remainder of this report is structured as follows:

- Chapter 2: This chapter provides an overview of how PHE is perceived externally, the progress it has achieved to date and stakeholder expectations going forward;

- Chapter 3: The extent to which stakeholders are aware of PHE's vision, priorities and values is given consideration in this chapter, alongside the extent to which stakeholders believe these are appropriate and achievable objectives;

- Chapter 4: This chapter investigates the working relationships between PHE and its key stakeholders, focusing on communications and the extent to which PHE understands its stakeholders' needs; and

- Chapter 5: The final chapter pulls together findings from the report, indicating a number of implications for PHE to consider.

The findings reported here are based purely on qualitative research. As such, the findings should be taken as illustrative and exploratory, giving PHE a deeper understanding of stakeholder responses rather than providing quantitative metrics on the scale of opinion. Where verbatim comments have been included in the report, they should not be interpreted as defining the views of all participants, but have been included to illuminate a particular issue or topic.

1.5 Publication of the data

As PHE engaged Ipsos MORI to undertake an objective research programme, it is important to protect its interests by ensuring that the research is accurately reflected in publications of the findings. As part of our standard terms and conditions of contract, the publication of the findings of these results is subject to the advance approval of Ipsos MORI. Such approval would only be refused on the grounds of inaccuracy or misrepresentation.

2.0 Early perceptions of PHE and its value

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This chapter gives an overview of how PHE is perceived externally. It touches upon the understanding of PHE's role within the sector, the progress PHE has made at this early stage of its development, and what stakeholders expect from PHE in the future.

2.1 Overview of stakeholder perceptions of PHE

On the whole, stakeholders were very positive about their early perceptions of PHE, describing the organisation as having a lot of promise, energy and ambition. Alongside these positive attributes, PHE was thought externally to have considerable resources in place to meet its organisational objectives.

Stakeholders were keen to see PHE succeed in its role. They want it to maintain its early momentum and deliver on what it promises. However, there was external recognition of the scale of organisational integration facing PHE. This was described as daunting and stakeholders thought that it would take a long time to establish itself as one unified organisation. As external partners close to PHE, participants also named a number of other challenges the organisation would have to overcome, many of which were significant. These are explored fully in chapter three.

A number of common themes emerged in the interviews and these will be returned to in later chapters in the report. For example, a frequent query to arise in both internal and external interviews, was the extent to which PHE would be able to provide advice and guidance that was truly independent of the Department of Health and the Secretary of State. This theme reappears throughout the report as one of the key criteria against which PHE's success will be measured.

Another common query for stakeholders was the extent to which the positive relationships and intentions evident at the national executive level can filter down to PHE's regions and centres. There was some concern that the development of local relationships could be hindered by insufficient staffing levels at regions and centres, The seniority of stakeholders interviewed meant many felt unable to comment on the development of relationships at the local level. However, it was raised as a potential risk that regions and centres could not replicate the relationships being developed at the national level.

Participants recognised that PHE is a young organisation and as such, they were willing to watch and wait, giving PHE the time it needs to capitalise on its promising start before exercising judgement.

2.2 PHE's role within the sector

In general, the new health and social care system is perceived as somewhat confused, with roles not always clearly delineated between organisations. PHE is no exception to this. Some stakeholders talked of there being too many players in the sector, leading to an overlap in roles which led to inefficiencies in communication and uncertain dynamics about leadership.

Within the new health and social care landscape, some stakeholders called for PHE to raise its profile, ensuring it is present and actively contributing at all relevant conferences and meetings. This was thought to be particularly important in order to ensure that public health

was on the agenda of all relevant organisations as this was not thought to be the case at the moment.

There are some areas where PHE's role was thought to be clearer than others:

- Its national role was perceived more clearly than its relationship at the local level between centres and local authorities. This stems from an uncertainty about the extent to which PHE has a supportive or managerial role with local authorities. This uncertainty existed even where there was awareness of PHE's stated official position;

> *"It's very clear what their national role is, for instance around immunisation, but in terms of, you know, their regional management, managers and what their role is, and how they relate to local government, I think some of that is unclear."*
>
> External stakeholder

- Connected to this, stakeholders felt that the national executive probably had a much clearer idea of PHE's role compared to those positioned in the regions and centres; and

- PHE's role in relation to health protection was thought to have much greater clarity than for health improvement. For many this was to be expected given the maturity of the health protection function inherited by PHE.

The greatest ambiguity surrounding PHE's role was how its relationship with the Department of Health would play out. Stakeholders are looking for reassurance that PHE can act and advise independently. Some expressed concerns that there may be a lack of autonomy. One stakeholder in particular noted the increased focus on preventable mortality, which they felt had not existed previously. This stakeholder attributed this shift in emphasis as being the result of pressure from the Secretary of State. The need for demonstrable independence is particularly important as stakeholders felt it was key to the credibility of the PHE locally – in local political climates.

2.3 PHE's perceived progress to date

Acknowledging the difficulties faced by PHE, some stakeholders felt that the organisation had progressed as far as could be expected given the time that had elapsed since it came into being. Others felt, that in comparison to other newly formed bodies in the sector, PHE was much slower to get off the ground. This translated into a perception that it was perhaps not as proactive as it could have been in every aspect. For example, one stakeholder noted they had not been approached for assistance despite being in a position to offer it. It was also commented that PHE took longer than expected to get its leadership in place.

However, the fact that PHE has avoided major calamity in the process of transition was considered a significant achievement by many stakeholders. Equally, to be functional as an organisation (in parts, if not in whole) was mentioned by some as PHE's main form of progress to date.

Though PHE has not been in existence for long, participants were able to identify some specific actions as indicative of good progress:

- It was recognised that Duncan Selbie and the senior team have spent a considerable amount of time visiting their key stakeholders in person. This has been well received by those with experience of it;

- Work has been undertaken to raise the organisation's profile – reference was made to PHE's response to MMR and MERS as examples of this. Although, as previously noted, it was suggested that PHE could do more with regards to heightening its profile further;

- It was felt that PHE had done reasonably well in securing media coverage and this was important in building awareness of the organisation amongst the general public;

- One participant identified the publication of the Global Burden of Disease study whilst still in shadow form as an impressive achievement; and

- The general perception of PHE's position on the minimum unit price for alcohol and standardised cigarette packaging was praised. There was disappointment in the outcome of discussions around these two policy areas, and stakeholders acknowledged many would have liked to see PHE do more. However, it was felt PHE took a principled stance and this was viewed positively externally.

> *"I think the fact they have still stood firm by it [minimum unit price for alcohol and standardised cigarette packing]… and they have stuck very publically by that professional advice… I think that has enhanced the reputation of the organisation."*
>
> External stakeholder

Though a number of actions could be named as achievements, the extent to which PHE is demonstrating *value* in its actions is, for many, too early to say.

> *"They are still settling – their place and value are yet to be proven but I say that as someone optimistic they will get there."*
>
> External stakeholder

2.4 Stakeholders expectations of PHE

As noted earlier, stakeholders have high expectations for PHE, stating that they believe it promises a great deal. They think that it has a unique opportunity to have a greater impact than has been achieved to date on public health, due to the consolidation of resource and expertise. The holistic approach it can take, its scale and the weight behind it is thought to offer real potential to make a difference. The engagement activities (which started many months before April 2013) and the visible and credible leadership have added to these high expectations. In order to deliver on this promise, stakeholders suggest that PHE will, above all, need to:

- Establish itself as a credible voice independent of government; and

- Forge a productive relationship with local authorities at the local level. The main marker of success will be that local authorities turn to PHE for advice and support, and make full use of PHE's skill-sets. Additionally stakeholders are expecting PHE to be flexible to the local needs of authorities. One stakeholder talked of neighbouring Directors of Public Health with distinctly different personal views on the remit of their work. As such, PHE centres must build relationships that are appropriate to particular individuals, and not just places.

> *"The success of PHE is going to be whether they are seen to be valued by local government."*
>
> External stakeholder

PHE's key stakeholders will be looking for a number of specific actions. They are expecting the development of local relationships (particularly between PHE's centres and the local authorities) to be prioritised, with regular contact and face-to-face visits. Stakeholders in local government talked of the need for PHE centres to fully grasp the particular issues they, as a council, face and to provide advice and support that is appropriately tailored. For this to occur, stakeholders are keen for the centres to be well resourced; recognising that posts need to be filled for centres to deliver against their expectations.

Stakeholders were keen for PHE staff to act as clear advocates for the organisation. For individuals particularly close to PHE, a number of internal issues were evident in relation to recruitment and increased bureaucracy. Aligning staff behind the organisation, and streamlining systems within it, was therefore a key expectation from many of the participants.

Part of demonstrating its worth will be for PHE to achieve traction on measures such as the uptake of health checks. Amongst particular groups of stakeholders, PHE's work will be scrutinised for the inclusion and implementation of particular approaches towards public health and the use of specialist practitioners in the fields of health equity and environmental health.

Whilst acknowledged as not being an immediate priority, with time, PHE is expected to gain a higher profile amongst the general public. The general public are thought to have a low awareness of PHE at present and participants felt work needs to be done to engage the public about pressing health issues. Doing this successfully will depend, in part, on PHE's ability to establish itself as credible voice to take heed of.

> *"I think most members of the public wouldn't have a clue what it is or what it does. I'm not sure that that totally matters at this stage but in six months time, I think it's really important they have established a clear voice for themselves which the public have confidence in."*
>
> External stakeholder

3.0 Delivering PHE's vision, priorities and values

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In this chapter, consideration is given to the external awareness, and appropriateness, of PHE's vision, priorities and values. The confidence PHE's stakeholders have in its ability to deliver against its stated objectives, and the challenges it faces to do so, are also discussed.

The PHE's vision is to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes. It is focusing specifically on the following priorities:

- Reduce preventable deaths;
- Reduce the burden of disease;
- Protect the country's health;
- Give children and young people the best start in life; and
- Improve health in the workplace.

Underpinning these priorities, PHE will:

- Promote place-based public health systems; and
- Develop its staff's capacity and capability.

PHE has a number of behaviours, or values, which should permeate through the work of PHE at all levels. These are:

- Consistently spend time on what we say we care about;
- Work together, not undermine each other;
- Speak well of each other, in public and in private;
- Behave well, especially when things go wrong;
- Keep our promises, small and large; and
- Speak with candour and courage.

3.1 External awareness of PHE's vision, priorities and values

Though participants were asked to comment separately on PHE's vision, priorities and values (also referred to as behaviours), they tended to conflate these concepts together and thus their answers were not always distinct.

In general, most could name PHE's vision in their own words. For some, PHE's vision and role were confused so that individuals unable to articulate PHE's vision were also those who saw there being ambiguity over PHE's role in the new health and social care sector.

The majority of stakeholders interviewed were aware PHE had set out priorities for 2013/14. Many referred to having seen the priorities document though struggled to spontaneously recall any specifics concerning the priorities. There was a general sense, also reflected in the internal staff interviews conducted, that the priorities were hard to recall due to their lack of specificity.

While external stakeholders on the whole were not aware of the behaviours that PHE has laid out for itself, they described the organisation and its values in positive terms. Specific

adjectives used included: passionate, honest, listening, collaborative, ambitious, exciting and open.

3.2 Appropriateness of PHE's vision, priorities and values

In general, the vision as set out by PHE generated little discussion amongst its stakeholders. It is what they would expect of an organisation in PHE's position.

The priorities generated more discussion. It was felt that they were broadly fine as an indicative direction and something for the organisation to get behind in its early days. But they were very much seen as an interim measure which needed to be developed into specific and measurable goals. It was felt that this process of refinement must take place alongside extensive local consultation to ensure the priorities reflected local needs.

Whilst most stakeholders commented only broadly on the priorities, a few felt able to provide additional commentary on them. It was mentioned by some that the priorities do not make explicit reference to equalities and this was an oversight to be rectified. For a handful of participants, the priorities lack reference to the role of healthcare services and the NHS within PHE's vision and it needed greater mention of 'making every contact count'.

The priorities as stated at present are unlikely to be refuted as noble aims. However, some felt that the balance was not quite right, referring particularly to the fact that 'health in the workplace' was placed on an equal footing alongside the other priorities.

Stakeholders also suggested that the behaviours displayed by PHE to date were entirely appropriate for the organisation at this stage, and necessary if it is to succeed in its role.

3.3 External confidence in PHE's ability to deliver its vision, priorities and values

It was generally acknowledged that the vision and priorities PHE has set out for itself are ambitious and laudable. Some felt that making headway on the priorities will be extremely challenging given the limited progress made in this arena for decades previously, but that it was the right ambition to have as an organisation.

> *"I expect that they'll be able to do something to improve health… maybe it will be a lot, maybe it won't, but they'll still have achieved their ambition. They have the potential to do it and they've got enough staff to do it and to make an impact. They'll only ever do it through working through other people so they need to develop their more focused ambitions and drive those really hard."*
>
> External stakeholder

As noted in the previous chapter, there was optimism amongst many of the stakeholders that PHE was positioning itself well, and that it certainly had the right leadership in place, and the right spirit, to make progress against its priorities.

With the inheritance of the Health Protection Agency (HPA) as a mature organisation, stakeholders had far greater confidence in PHE's ability to deliver within their health protection directorate as opposed to the health improvement work. Many felt the functions previously administered by the HPA had been left relatively untouched in the transition into PHE.

So whilst there was optimism about PHE's ability to perform, stakeholders were quick to refer to the challenges which threaten PHE's success. The challenges listed below were all, to some degree, evidenced by the stakeholders who discussed them:

- It was commented that getting productive relationships in place with local authorities and related bodies was going to be difficult for PHE. It was suggested that the frequency of interaction between local authorities and PHE centres needed to increase (though stakeholders appreciated there would be an array of experiences across the country to date). Crucial to the development of strong relationships was using the right language and tone in all interactions, being mindful of the stated relationship between PHE and local authorities;

  > *"There is also a concern that PHE, in spite of what Duncan Selbie has said, will at some point in time start to performance manage local authorities… Their business plan, their strategy, it uses some really unfortunate verbs related to local authorities. It's all about talking down to them and measuring things which is not what they are supposed to be doing, that's not what was sold to local government."*
  >
  > External stakeholder

- As mentioned previously, a serious barrier for PHE to overcome is the extent to which it is seen as independent – an inability to demonstrate this will severely diminish its credibility;

- Some stakeholders felt PHE must establish clearly delineated roles from the Department of Health and NHS England to avoid duplication of purpose; and

- Stakeholders were aware of the difficulties faced by PHE in streamlining its internal processes to engender efficiency in its work. This awareness came through speaking with PHE staff, experiencing administrative inefficiency first-hand or, in some cases, through their own experience of organisational mergers which heightened their understanding of the difficulties they present.

  There was recognition amongst participants that all organisational mergers inevitably take time for revised structures to bed-down and become co-ordinated. Some flagged the possible risk that the HPA's culture would remain untouched and would permeate across the organisation. HPA's culture was repeatedly described as 'risk-averse', and so there was a sense that a new culture needed to be established.

  The issues faced internally (mainly in reference to recruitment, IT and budget allocation) were evident to some stakeholders, with the result being an increased sense of annoyance and frustration.

  > "[In reference to bureaucracy], *people outside the organisation trying to get help, and people inside the organisation trying to give help, are finding it incredibly frustrating."*
  >
  > External stakeholder

There were two further challenges raised by stakeholders as *potential* areas for concern:

- Some worried that PHE would remain too nationally focussed, unable to respond locally to local issues; and

- There was the potential for the national executive to become misaligned with PHE's regions and centres.

While stakeholders had not seen concrete evidence of either of these challenges yet, there were early warning signs of both – linked to concerns about how well PHE is working locally in these early stages.

4.0 Working, and communicating, with PHE

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This chapter covers the working relationships in so far as they have developed between PHE and its key stakeholders. A focus is placed on communications and the relationships being built at both the national and local level. The chapter concludes with a consideration of the extent to which PHE understands its stakeholders' needs.

4.1 Overview of working relationships with stakeholders

The general perception amongst stakeholders was that relationships were developing well (or continuing in a positive vein if there were pre-existing relationships in place). It should be noted that, almost all those spoken to as part of the qualitative research process had very regular contact with senior staff within PHE. In the main, frequency of contact varied from daily to every six weeks. This level of contact was welcomed and thought to be appropriate.

The relationships developing with the vast majority of stakeholders interviewed were described as being 'open', where feedback could be provided honestly. PHE was referred to as a 'listening' organisation by many. This remained the case even when parties were not in complete agreement – stakeholders felt their views had been taken on board and not simply disregarded.

> *"I think [the relationship] has been very constructive…Duncan Selbie is very open and welcoming of reasoned arguments and, as far as I'm concerned, happy to take on board issues and tell me when he agrees and when he doesn't. I think it's been very positive, and similarly with his executive board."*
> External stakeholder

It was noted in both internal and external interviews that many stakeholders and PHE staff have maintained previous relationships which existed before the advent of PHE. These relationships have remained largely untouched, with points of contacts remaining the same. This was welcomed by stakeholders as it had ensured that the transition did not disrupt relationships too much.

For a very small minority, it was thought their relationship had improved, as dealing with PHE meant they only needed to liaise with one organisation, as opposed to many. However, some pre-existing relationships have experienced repercussions of the increased bureaucracy faced internally. This had led to confusion and annoyance at times, and staff internal to PHE highlighted this as a serious reputational risk.

PHE staff also noted that they had witnessed increased questions and concerns from stakeholders about PHE's intentions, for example from academic stakeholders who were worried about PHE's research budget and plans. While these types of questions may be inevitable during a transitional period and at the start of a new organisation, they thought that some clarification would be beneficial.

For some pre-existing relationships there has been a slight shift in dynamic with stakeholders questioning the position of PHE in relation to the Department of Health, and the extent of their 'true' independence.

> *"I guess, the trickiest question I get asked when I go out, or that comes up, is about is PHE truly politically independent?"* Internal stakeholder

4.2 National and local relationships

Stakeholders gave high praise to the national executive and leadership shown by Duncan Selbie. The willingness to work closely with its key stakeholders has been evident.

There is some uncertainty though on the reach of these positive attributes throughout the organisation. Some felt it was inevitable that the passion and energy shown at the top of PHE would become 'diluted' further down the organisation. However, given the level of seniority of stakeholders interviewed, the reality of the culture experienced lower down PHE was not something they had much experience of.

> *"Duncan has made a lot of headway himself but this needs to be translated to the relationship PHE centres are able to have in his shadow with local government."*
>
> External stakeholder

For those stakeholders better able to comment on the development of local relationships, they talked of the need for PHE to spend more time and energy building these. Concerns were raised that staff in the PHE centres do not, or will not, have experience of working in local government. This was thought to be important in avoiding miscommunication and fostering the most productive relationships possible.

These same stakeholders talked of the need for centres to be fully staffed and out in the field talking to their new partners. In some cases, it was felt that the slow recruitment process for centre posts had limited the development of relationships locally.

The interviews also revealed that the relationship with local authorities and associated bodies is an area needing greater investment of time and thought. The publication of Longer Lives, whilst recognised as an achievement by some stakeholders, was not welcomed by many in local government at such an early stage in the transition. Stakeholders within local government felt their relationship with PHE had suffered as a result of being, as they saw it, apportioned with the blame for inherited problems. Even if senior management at PHE were sensitive to this issue, that sensitivity was not felt at all levels throughout the organisation.

> *"We had only had the responsibility for almost a week and yet we were all immediately being blamed for the fact that some places had poor mortality rates than others when actually that was entirely the responsibility of the NHS so that went down really, really badly."*
>
> External stakeholder

When asked to comment on their relationship with PHE, some stakeholders felt it was uncertain at times whether they should be talking to PHE, the Department of Health, NHS England, the Local Government Association or another body. Greater clarity was sought on the communication channels and the roles of each.

4.3 Keeping stakeholders informed

Stakeholders were broadly positive about the communications they receive from PHE though they identified a number of suggested improvements:

- It was stipulated that PHE needed to ensure it was inclusive of local authority Chief Executives, and not just Directors of Public Health, in its communications with local authorities;

- Directors of Public Health and Chief Executives need to be given longer lead-times wherever possible – the response required by PHE concerning MMR was too short for adequate preparations to be made;

- Duncan's Friday message was well received by many, who often mentioned it spontaneously as being a useful engagement and information tool. However, for some it could be improved if it focused more explicitly on relationship development and less on specific visits. One stakeholder in particular thought some of the content was not as well researched as it could have been, which undermined its credibility;

> *"Duncan's weekly letter tells everybody what nice things he's seen is a good effort at communicating with his staff and further afield. But on the other hand, I know a lot of people find it very grating and it does sometimes demonstrate that he's just gone and listened to people who are telling him lines which he hasn't actually checked out with others. So he'll come back and say x is a brilliant place and it isn't always, or at least other people will say why did he choose x?"*
>
> External stakeholder

- Meetings with PHE should result in feedback which details the next steps to be taken; and

- Local relationship building needs to be done on a personal level – there is a risk that organising large-scale meetings focused around centres or regions will result in discontented stakeholders unable to have, what they term, a 'sensible conversation'.

4.4 Understanding stakeholder needs

Where stakeholder relationships have existed previously and been transferred into the PHE remit, stakeholders felt their needs were very well understood by PHE. For other stakeholders, they felt that, as of yet, PHE did not have a firm grasp of their particular needs. However, these stakeholders tended to be very accommodating, suggesting that their needs were not particularly well understood by PHE because:

- They, alongside PHE, were a new organisation or had a modified role within the health and social care landscape and therefore more time was required before the needs of respective parties were fully understood;

- There have been more immediate priorities for both themselves and PHE, which understandably meant their own needs were not yet understood fully by PHE; or

- They themselves had not been explicit enough to PHE about their own needs.

As discussed throughout this report, there was a greater confidence that stakeholders' needs were understood well by the national executive but a question mark was placed over the extent to which PHE's regions and centres had the same understanding.

These discussions led stakeholders from the local government sector to reiterate that PHE was at risk of not fully understanding or supporting their needs, and the importance of ensuring – at all levels – that the tone and language used by PHE was appropriate.

> *"PHE have said to local authorities we want to work with you to which we say that's all well and good, then they start talking about this is what we can do for you and then they give the impression, rightly or wrongly, they want to tread on the territory of local public health."*
>
> External stakeholder

Having individuals within PHE that have worked in local government previously was highlighted as incredibly beneficial to ensuring PHE has a deep understanding of the sector's needs and expectations.

A handful of stakeholders commented that many PHE staff have come from positions of leadership and that their new advisory role could be unfamiliar to them. Reverting to 'command and control' was raised as a potential risk in PHE's ability to best support its stakeholders' needs.

5.0 Key findings and implications

5.0 Key findings and implications

This final chapter recaps the main findings from this first qualitative stage of the research programme, and discusses the implications these findings have for PHE's consideration.

5.1 Summary of key findings

- Stakeholders' response to PHE as an organisation was broadly very positive – it is described as having the energy and passion it needs to succeed – and there is a strong desire to see it do so;

- To some extent, stakeholders are still forming their opinion of PHE – given the infancy of the organisation, many stakeholders recognise that time is needed before a more informed judgement can be made. It is too early to provide commentary on the *value* PHE offers;

- Stakeholders and PHE staff repeatedly returned to the issue of PHE's position in relation to the Department of Health and how, externally, the closeness to government risks a loss of credibility in the advice and support PHE provides to its stakeholders;

- The national executive is largely praised by its stakeholders though there are some concerns that the relationships developing at the regional and centre level may not be able to emulate those being forged at the top of the organisation. This reflected concerns that PHE's role at the local level was not clearly defined enough and its relationship with local government is fragile;

- Stakeholders have a better grasp of PHE's role in relation to health protection and are more confident in PHE's ability to deliver on the work within this directorate;

- Despite only being in existence since April 2013, stakeholders identified a number of achievements made by PHE which included management of the transition period, spending time visiting stakeholders in person, securing media coverage, and presenting a principled stance on minimum unit price for alcohol and standardised cigarette packaging;

- Stakeholders were broadly able to describe PHE's vision and priorities. However, describing either in detail presented difficulties due to what they perceived as a lack of specificity. There is an expectation that the priorities will be refined, in part through local consultation, to provide the organisation with measurable goals;

- There are calls for PHE to raise its profile both with the public, and also within the health and social care sector; making sure other bodies recognise the importance of placing public health on their agendas;

- Streamlining internal processes was cited as a priority for PHE to ensure constructive relationships continue to be built with stakeholders and that PHE's staff remain advocates for the organisation. There was some acknowledgement that the scale of integration would invariably need time to bed-down but the timeline to do so was not infinite; and

- Where stakeholders had regular contact with PHE, the relationships were described as being 'open' with PHE complimented for being a 'listening organisation'.

5.2 Implications for PHE

The findings from this initial stage of the stakeholder research programme have identified three broad areas which warrant further consideration by PHE:

- How to clearly demonstrate its ability to provide support and advice that is independent and thereby credible;
- How to ensure the relationships forged at a local level are strong, open and constructive; and
- How to streamline internal processes to support the development of productive stakeholder relationships.

These three themes were repeatedly mentioned throughout the interviews with both stakeholders and PHE staff, and were the most fervently discussed.

The demonstration of independence will most likely come through handling of further contentious issues similar to the minimum unit pricing for alcohol and standardised cigarette packaging. PHE is expected to be clear in its stance which should at all times be rooted in the evidence-base and expertise to which it has access.

The relationship with local authorities is arguably the most important relationship for PHE to develop, yet some of the local government stakeholders spoken to as part of this research have indicated some fragility at present. The timeframe afforded for PHE to develop these relationships is limited – more (and more timely and inclusive) engagement is being called for by stakeholders within local government, and this requires fully operational PHE centres. Harnessing the experience of individuals within PHE who have a more intimate understanding of local government will assist in ensuring the right language and tone are taken in communications.

To some extent, PHE's ability to progress and continue developing constructive relationships locally is dependent on enabling staff with the personnel and tools they require. Whilst it was acknowledged improvements have been made internally, it was clear from both staff and stakeholders that there is room for further improvement.

Whilst there are clear areas requiring greater investment of time and energy for PHE, it is also evident that PHE has made strong headway in setting out its stall for achieving its ambitions. The general perception that PHE shows much promise suggests it has done well to survive a challenging transition period and has actively demonstrated its intent to key stakeholders.

Appendices

Appendices

Participants in the qualitative research

Qualitative depth interviews were conducted with senior representatives from the following organisations:

- Department of Health
- NHS England
- Local Government Association
- Leicestershire County Council
- East Sussex County Council
- Association of Directors of Public Health
- Royal Society for Public Health
- Faculty of Public Health
- Chartered Institute of Environmental Health
- UCL Institute of Health Equity
- Health Education England
- NHS Confederation
- Care Quality Commission
- National Institute for Health and Care Excellence
- Race Equality Foundation

For reasons of anonymity, a list of participating internal staff is not presented in this report. The individuals interviewed were predominantly in senior positions with influence over centres, regions and specific programmes.