



Department  
of Health

# Tailored Review of Public Health England

Call for evidence

June 2016

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# Public Health England

## Call for evidence

**Prepared by: David Malcolm, Assistant Reviewer**

# Overview

In recent years, the health and social care system in England has undergone substantial change. The Health and Social Care Act 2012 and the Care Act 2014 have devolved functions and powers away from the Department of Health to local and arm's length bodies (ALBs).

The Department has a key stewardship and assurance role in respect of ALBs within the health and care system. The Department needs to ensure these organisations have appropriate functions and are performing to a high standard.

To support performance of this stewardship function, the Department is undertaking Tailored Reviews of its arm's length bodies, through a combination of thematic cross-cutting reviews and some individual Tailored Reviews of its larger ALBs. Public Health England, an Executive Agency of the Department, is subject to review in 2016-17.

The programme of reviews builds on the approach developed by the Cabinet Office as part of its work on public bodies reform.

## Purpose of the review

The Department of Health routinely holds PHE to account in line with the Department of Health accountability framework and, as noted above, this review is part of a wider programme that the Department has developed as part of its stewardship and assurance function. The review will look in particular at:

- Performance and effectiveness: including setting of priorities, assessment of performance, Public Health England (PHE) structure and stakeholder engagement.
- Efficiency: including digitisation, use of estate, and procurement/contract costs.
- Governance: including board effectiveness and strategic planning.

This Tailored Review will aim to take full account of any previous reviews or analysis, such as internal audits, NAO reports or Health Select Committee inquiries. The review will seek to take full account of such work and to avoid duplicating effort or imposing unnecessary burdens.

The views of stakeholders are a vital source of evidence to support analysis. This Call for Evidence seeks views from respondents to assist its consideration of the areas of focus for the review.

## About PHE

Public Health England (PHE) is an Executive Agency of the Department of Health. PHE is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address health inequalities, and executes the Secretary of State's power to promote the health and wellbeing of the nation.

PHE is primarily responsible for:

- Protecting the public's health from infectious diseases and other public health hazards.
- Improving the public's health and wellbeing.
- Improving population health through sustainable health and care services.
- Building the capacity and capability of the public health system.

The diagram below also summarises PHE's key activities:



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## Useful links

[Public Health England Website](#)

[Cabinet Office Tailored Review guidance](#)

[PHE Strategic plan - better outcomes by 2020](#)

[PHE remit letter 2015 to 2016](#)

## Timeline

The Tailored Review commenced on 20 April 2016 and is expected to conclude in autumn 2016. A copy of the final report will be published on the Department of Health pages on gov.uk.

## Responding to the call for evidence

In order to conduct the review in an open and transparent manner and ensure that the findings are rigorous and evidence-based, the review team is seeking the views of a wide range of stakeholders. We are interested in the views of individuals and organisations that engage with PHE or have a wider interest in its operations.

The call for evidence is running from 12 May to 24 June 2016. Responses can be provided by completing the online questionnaire below.

The review team will also accept responses or material in different forms provided it is relevant to the purpose of the review (detailed above) and/or the questions in this survey. The review team is unable to respond to individual cases or consider complaints other than as part of the evidence for the review where it falls within the terms of reference.

## Annex A: Call for Evidence Questions

### Confidentiality

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain why you regard the information you are providing as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

### About you

Name: Royal College of Physicians of Edinburgh
Email: <a href="mailto:policy@rcpe.ac.uk">policy@rcpe.ac.uk</a>
Telephone: 0131225 7324

Would you categorise your response as from:

- Individual
- Public sector
- Charitable/voluntary sector healthcare organisation
- Academic/Research institution
- Private sector – healthcare related
- Private sector – other
- None of the above. Please state: Medical Royal College

If your response is from an umbrella organisation representing a wider membership, please indicate the number of members consulted and the number of responses received:

Please indicate what interactions, if any, you have with Public Health England:

## Questions

There is no need to answer all of the questions unless you wish to do so. For those which you do answer, please provide evidence to support your answers wherever possible. If you wish to send us supporting documentation please email as an attachment to [TR-PHE@dh.gsi.gov.uk](mailto:TR-PHE@dh.gsi.gov.uk). Information where relevance is not demonstrable will not be accepted as evidence. The review team is unable to respond to individual cases or consider complaints other than as part of the evidence for the review where it falls within the terms of reference.

What do you think should be the key priorities and primary functions of PHE?

**The key priorities and primary functions are the correct ones, but there is significant variation in the delivery of these different functions.**

Please briefly explain your answer:

**In particular the functions of health improvement and health inequalities, supporting the public health system and supporting the NHS are not performed in a way that is as good, as for example, health protection. With the exception of the team working on obesity and nutrition there is too little reliance on sound and good science and an over reliance on messaging and potentially ill-conceived and outdated approaches to behaviour change. The evidence base on the latter is strong but not pressed into service appropriately by PHE, which remains committed to individualistic and linear and common sense thinking.**

**Likewise the approach to reducing or tackling health Inequalities is strong on rhetoric but seems to ignore the accumulated evidence about effective interventions. The links to local authorities, which should be a key part of the work of PHE seem to have made little or no progress since PHE was established and we see the proliferation of non-evidence based (and therefore non cost effective) approaches to a raft of health improvement activities by local authorities. This will inevitably lead to widespread regional and local variation as well as potentially making health inequalities worse. PHE have shown an absence of leadership in this arena. In the NHS there is arguably little understanding of what PHE does and public health therefore has a low profile in many clinical and commissioning settings.**



2. Should PHE continue to undertake all of its four main functions (as set out in the 'About PHE' section)?

**No**

Supplementary

If no, which functions do you believe could be dropped or undertaken by another organisation?

**Health improvement and health inequalities should be undertaken (as it was before 2013) exclusively by NICE.**

Are there gaps or overlaps in PHE's role which should be addressed?

Please briefly explain your answer(s):

**PHE has not demonstrated that its approach to either is properly evidence based.**

3. How well do you think PHE fulfils its functions?

Average

Please briefly explain your answer:

**It is a mixed picture. Health protection work is very good, but work on health improvement is not.**

4. Does PHE demonstrate the level of scientific/medical expertise you would expect?

Yes  
No  
Don't know

Please briefly explain your answer:

**In some areas yes the science is good, but this is not uniformly the case.**

5. Does PHE demonstrate the level of independence you would expect?

**No**

Please briefly explain your answer:

**It is hard to see the space between the Department of Health and PHE. PHE to all intents and purposes is an arm of the executive.**

6. Is PHE sufficiently accountable to the Department of Health, Parliament and/or to the public, both in terms of the work that it does and for the public money it spends?

Yes  
No  
Don't know

Please briefly explain your answer:

**It is accountable through the normal processes applying to NDPBs.**

**However this is not the real issue. The problem is that it is not independent enough, nor seen to be independent enough to challenge current government policy on, for example, alcohol pricing, alcohol consumption, the obesogenic environment, the role of the advertising industry, the food industry, housing policy, environmental pollution and a range of other areas of policy which impact on the health of the population. Instead it allows non evidence based policy arguments**

**from ministers about people making sensible lifestyle choices to go unchallenged.**

7. Does PHE prioritise effectively?

Very Well  
Well  
Average  
Poor  
Very poor  
Don't know

Supplementary

Are there particular areas of focus you would like to see given a different level of priority?

What processes should support such decision-making?

Please briefly explain your answer:

**No comments.**

8. PHE has a key role, alongside other agencies, in emergency preparedness for public health outbreaks. How effective is PHE at planning for contingencies?

**Very effective**

Please briefly explain your answer:

**This part of the organisation seems to work well.**

9. How effective is PHE's handling of public health emergencies?

**Very effective**

Please briefly explain your answer:

**However, on the basis of no evidence PHE became involved in airport screening during the Ebola outbreak. It should have made clear to ministers that this was not a good way to deploy scarce resources.**

10. In 2014-15 PHE generated commercial revenues (from the provision of laboratory and other services, royalties, and research grants) of around £170m. Do you see scope for PHE to further develop commercial opportunities to support other activities?

Yes

No

Don't know

Supplementary

Are there any specific areas where PHE could generate additional commercial revenue?

Please briefly explain your answer:

**No comments**

11. PHE works at the international, national, regional and local levels. In your opinion, are these tiers necessary for PHE to perform its functions effectively?

**Yes**

Please briefly explain your answer:

**Yes, but international and the national seem to have eclipsed local authority working.**

12. Specifically in relation to its work to improve public health, how well does PHE balance national priorities with the differing needs of local areas?

**Poor**

Please briefly explain your answer:

**There has been a failure in adhering to the evidence base and the extant NICE guideline has meant that PHE has significantly underperformed in this arena.**

13. PHE has to work effectively with partners both nationally and internationally to meet its objectives. How well do you think PHE influences and supports other bodies?

Very well  
Well  
Average  
Poor  
Very Poor  
Don't know

Supplementary

Where relevant, and in your experience, how well does PHE engage with your organisation?

Are there organisations with whom PHE engagement could be better?

Please briefly explain your answer:

**No comments**

14. How well does PHE communicate and engage with the full range of its stakeholders?

- Very well
- Well
- Don't know
- Average
- Poor
- Very Poor

Supplementary

What, if any, changes would you like to see to PHE's approach with stakeholders?

Does PHE act on stakeholder views and feedback?

How effective is engagement with the public and wider stakeholders?

Please briefly explain your answer:

**No comments**

15. How effective is PHE at operating within, and supporting, the rest of the health and care system?

**Average**

Please briefly explain your answer:

**See previous answers.**

16. PHE has a key role in influencing public attitudes and behaviours to support health improvements. To support this it has a significant marketing function. How effective is PHE's marketing function at delivering such change?

**Very ineffective**

Supplementary

How well does PHE prioritise its marketing campaigns and how effective are they?

Are approaches sufficiently innovative and do they reach the intended audience?

Are there alternative approaches?

Please briefly explain your answer:

**Societal attitudes and behaviour are not changed by marketing campaigns in isolation.**

**The marketing campaigns do not base themselves on the evidence and form is preferred to substance. A generation ago the old Health Education Authority in England and the Scottish Health Education Board did a very good job on public education, and campaigns and in many ways were world leaders – the work on HIV and AIDs being the best examples. It seems that none of the accumulated learning from these two organisations has ever been used by PHE. The flagship programme 'Change4life' is generally very poor and lacks scientific appraisal.**

17. Are there any measures you believe PHE could take to deliver further efficiencies from within its agreed budget (whether reduced costs, spend to save proposals, or improved use of resources)?

**It should only work with proper scientific evidence.**

18. Is PHE sufficiently strategic and forward-looking in its approach?

**No**

Please briefly explain your answer:

**The strategy seems to be determined by Ministers not by PHE.**

## Other Comments

Are there any other issues or evidence you think the review team should take into account?

**The Health Checks Programme for which PHE has responsibility is a waste of public money. It is not clear whether the programme is supposed to be a means of bringing about behaviour change, reducing mortality and morbidity, a system for opportunistic case finding, or a screening activity. There is widespread variation in delivery, no serious scientific appraisal, and often appears to disregard evidence. The whole programme should be subject to proper scientific analysis to determine whether or not it is cost effective.**

## Contact Details

Please send responses to these questions by 24 June 2016 either by email to [TR-PHE@dh.gsi.gov.uk](mailto:TR-PHE@dh.gsi.gov.uk) or by post to PHE Tailored Review Team, Room 220, Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.