Department of Health & Social Care

Public Health England

“Ways to a successful strategy for prevention and the public’s health”

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Building a Strategy

What proportion of Strategies succeed?

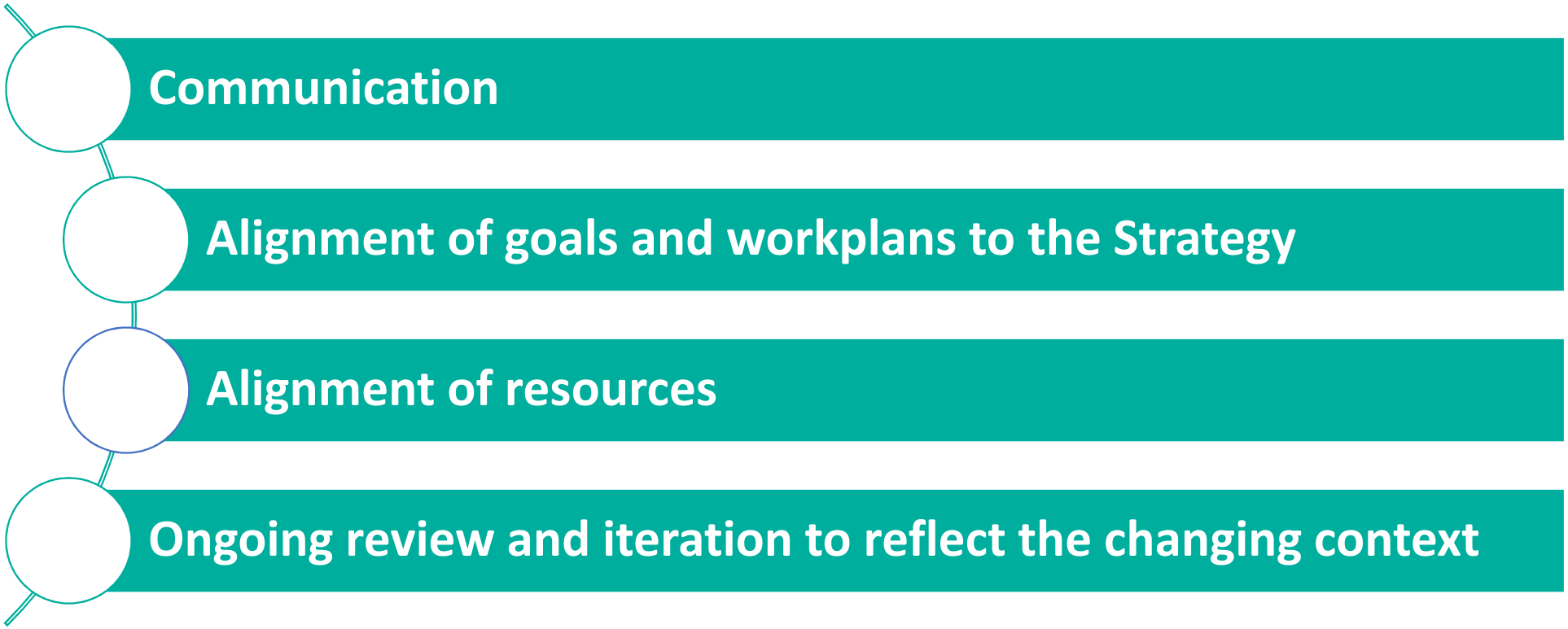
Building a Strategy: What proportion of Strategies succeed?

- The literature suggests that more than 50% of all Strategies fail to deliver their objectives
- Some studies suggest that as many as 70% or even 90% of Strategies fail to deliver
- BUT - that same literature reports that having a good, well implemented Strategy helps organisations to deliver their ambitions and overtake their competitors

Building a Strategy:
What does the evidence say contributes to success?

- **Buy in:** Involve the right people in the decision making process so they *want* to embed the strategic ambitions into their goals and plans.
- **Evidence**: For legitimacy and for impact you need to follow the evidence. BUT don't over-focus on defining the problem, look at what can be done and the costs and likely return on investment.
- **Vision**: You need to know what you want to achieve and why. You need to be able to explain your ambitions and why it's important.
- **Context:** Make sure that you understand the context you are working within and the reality of what can be delivered right now. You must be clear what is politically and publicly acceptable, what your capabilities and capacity is, where your strengths are.
- **Priorities**: Good strategy and maximum impact requires choices. Fewer areas of focus is shown to increase success
- **Measures:** If you understand what you are trying to achieve and can measure this then you can demonstrate progress and increase both focus and accountability. BUT you must measure the *right* things!

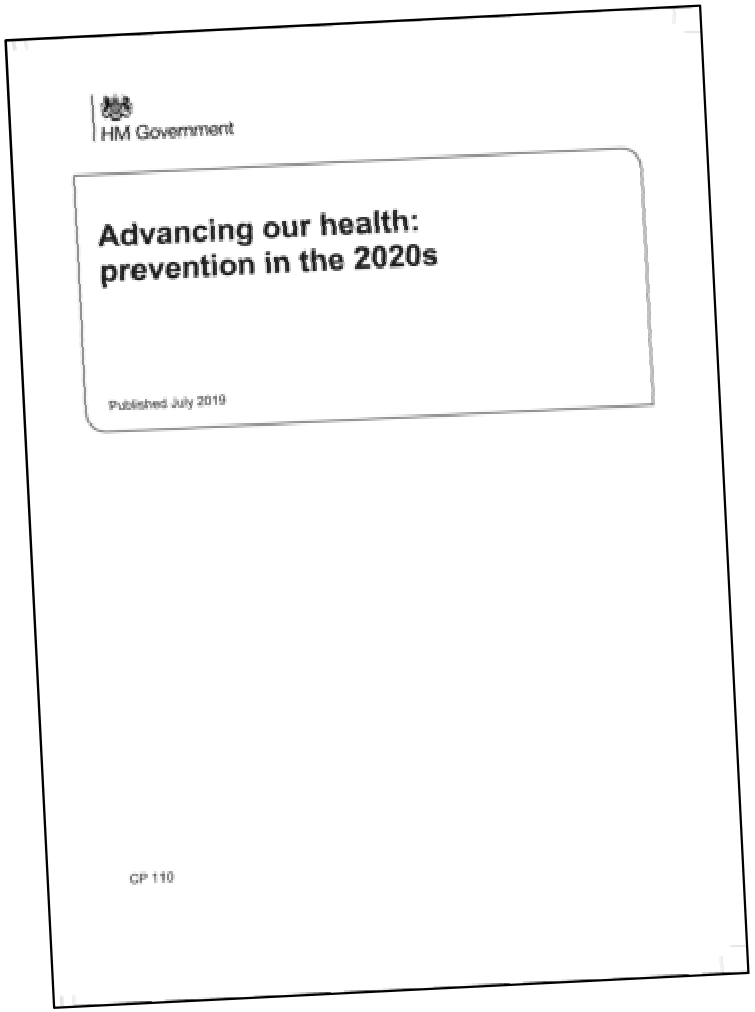
Delivering a Strategy:
What contributes to successful implementation?



Case studies

Putting the theory into practice

Advancing our health – prevention in the 2020s



- **Affirms "prevention" as a national Government priority**
- **Makes the benefit case:** good for individuals, economy, public services
- **Sets a broad scope:** services, behaviours, environment / wider determinants. Physical and mental health.
- **Identifies some cross-cutting themes:** targeting, health as an asset
- **Draws together sentinel health objectives**:
  - Deliver 5 years extra healthy life expectancy by 2035
  - Reduce childhood obesity by 50% by 2030
  - Smoke-free England by 2030 (new)
- **Commits to actions:** e.g. ban energy drink sales to children
- **Announces reviews:** e.g. of our national CVD health check
- **Asks questions:** e.g. how can we support breastfeeding?

Sets a timetable for **Government response** – spring 2020

Some key events

March 2018 – UK Prime Minister sets an "Ageing Grand Challenge" ambition – +5 years of healthy life

June 2018 – NHS long-term funding settlement

January 2019 - NHS Long-term Plan

July 2019 – New UK Prime Minister

December 2019 - UK General Election

July 2018 - Matt Hancock appointed Secretary of State for Health and Social Care

November 2018 - Prevention "vision document" *Prevention is Better than Cure*

July 2019 - Green Paper *Advancing our Health: prevention in the 2020s*

October 2019 - Green Paper consultation closes

TBC – Green Paper response and action plan

Preparing the ground, and taking the opportunity

Environment

The context:

- Concerns about growing health service **demand**, and future sustainability
- **Time** since last strategic event on prevention and public health – 2013 reforms
- Civil Service **preparedness** for changes in Government focus / priorities – "what if?"

Existing work

Prior to 2018, DHSC with support from PHE was already:

- Assessing and **marshalling the evidence**
- **Engaging** with "think tanks" and public health stakeholders to understand their views on prevention and public health strategic opportunities. "Open policy-making".
- Working on specific **prevention policy initiatives** – particularly strong focus on childhood obesity
- Preparing and testing our **narrative arguments**, to suit different political scenarios

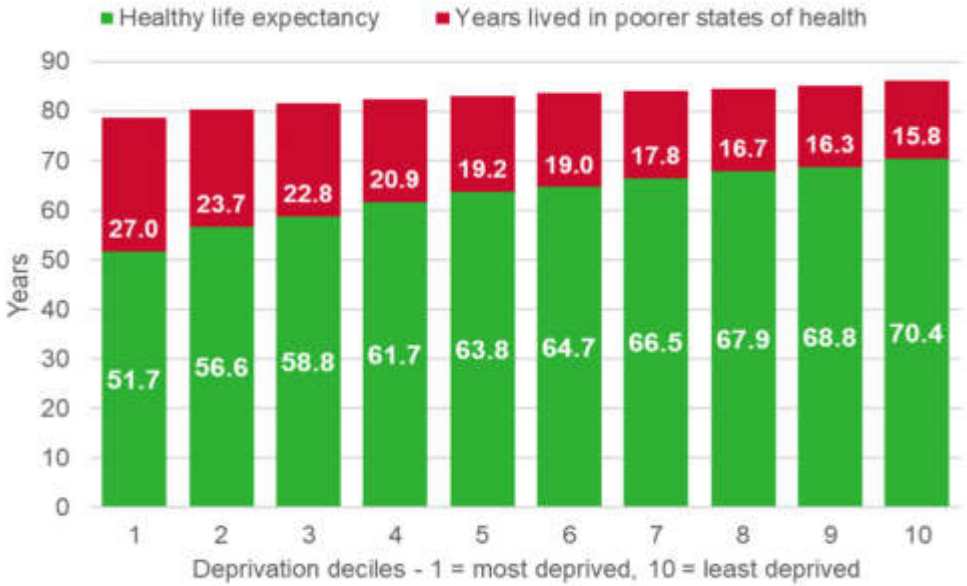
Engagement

So we could respond to a new Secretary of State for Health and Social Care - seeking advice on his agenda – with:

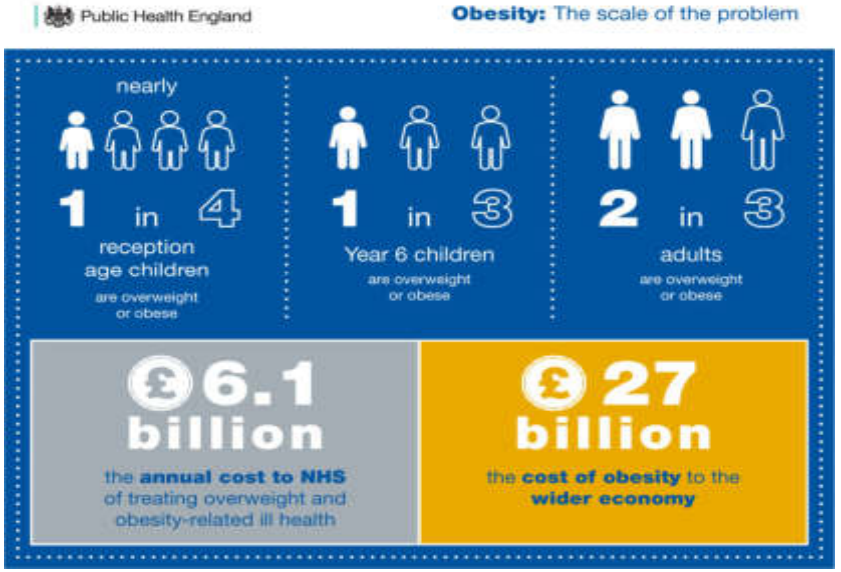
- **Evidence: - on the problem** – nature and extent
  - on potential action – breadth of action needed to tackle the problem
- **A persuasive narrative** – prevention as good for individuals, the economy and public services
- **Evidence of wider support for action** – including public reception of work on obesity

Variety of evidence

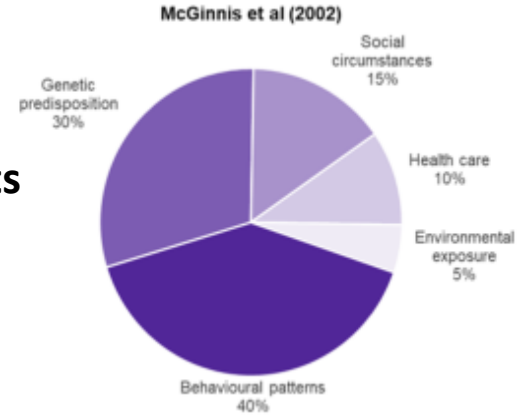
Inequalities

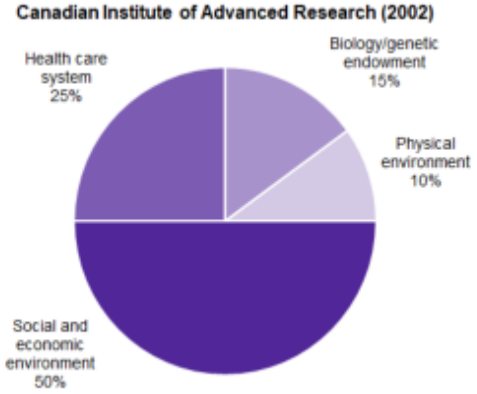


Costs



Determinants

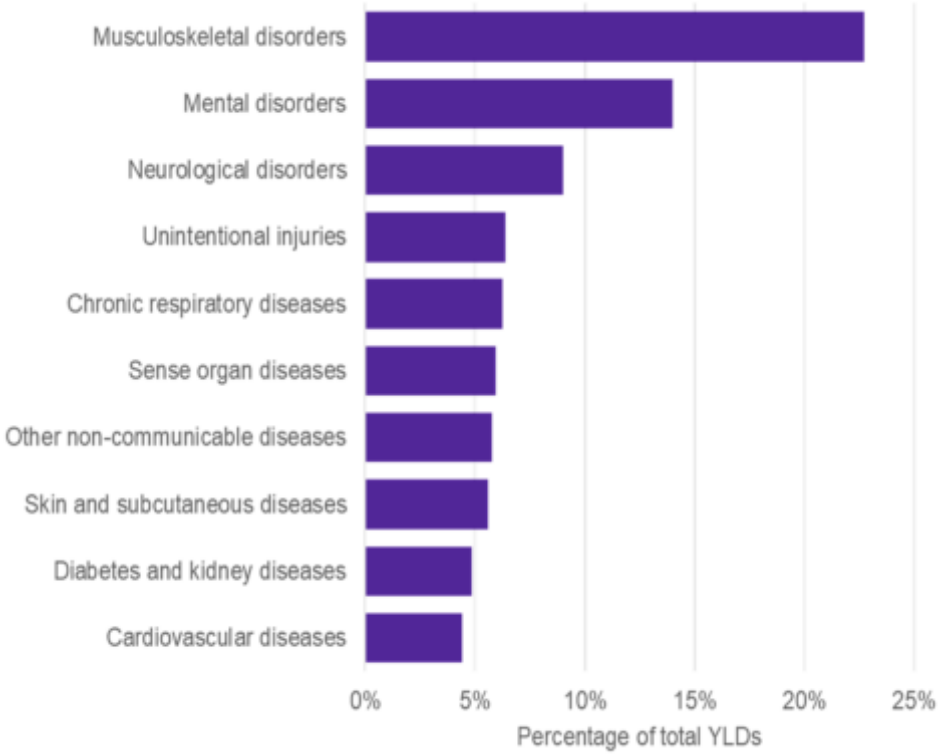




Variety of evidence (continued)

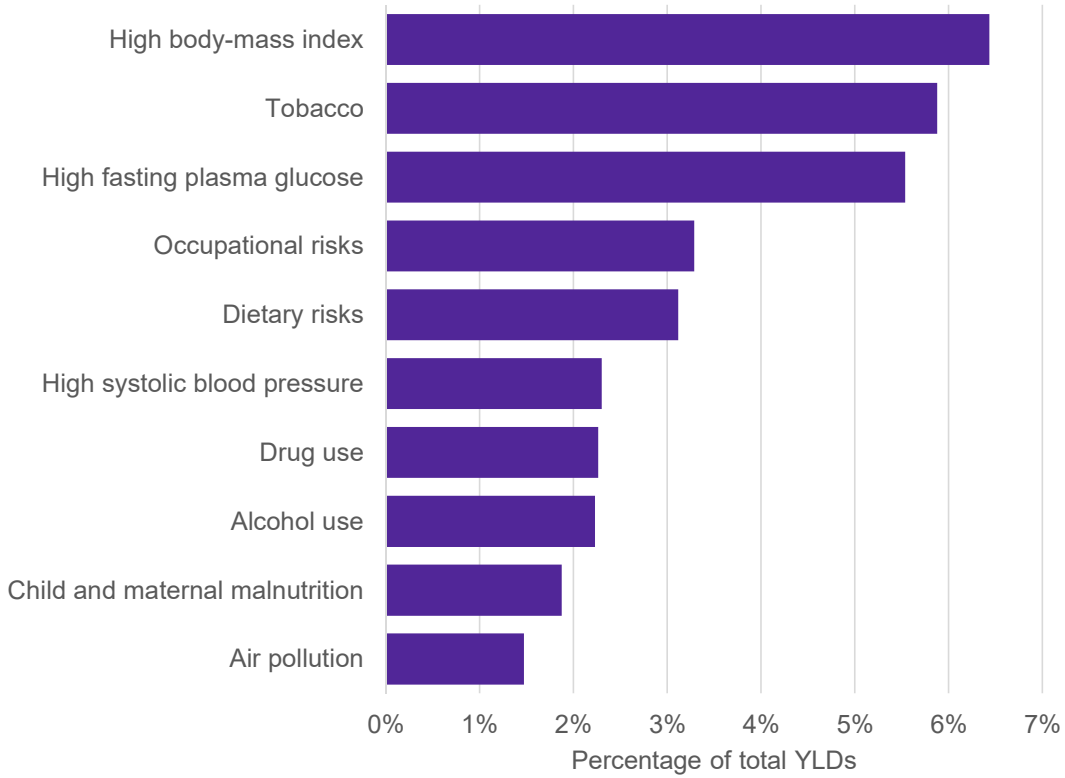
Causes of disability

Leading causes of years lived with disability, England, 2017



Risk factors for disability

Leading risk factors of years lived with disability, England, 2017



2017 Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle, WA

Developing the Green Paper

Starting out – *Prevention is better than cure* "vision document" set the stage for the problem, and the necessary scope of solutions. Allowed us to test reception, build interest, discuss with think-tanks and interest groups, gather more ideas. So the Green Paper did not have a "cold start".

Establishing a framework and a goal – spanning services, behaviours, environment. Healthy Life Expectancy

Marshalling the evidence – on the problems and solutions. PHE's vital role as Government's expert advisor, including on translation and interpretation of academic evidence. Resolving the issue of "many versions of the truth".

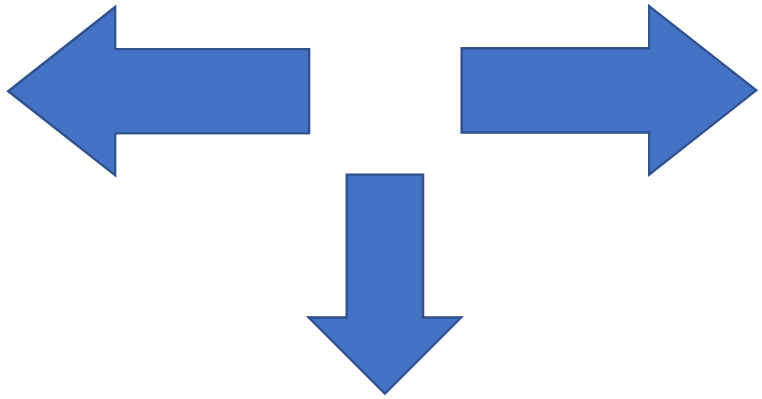
Talking to trusted stakeholders – finding out what they would like us to do, but being guarded about our plans to preserve the Government's announcements.

Establishing political appetite – where national politicians are keen to go, and where they are not. Building alignment within Government – "win wins".

Establishing the fiscal context – direct cost of Green Paper commitments very limited. Major financial decisions for future Spending Review. Healthy Life Expectancy a health & fiscal "sweet spot".

Striking a balance

EVIDENCE
- Problem
- Solutions
- Impact
- Cost
- Deliverability



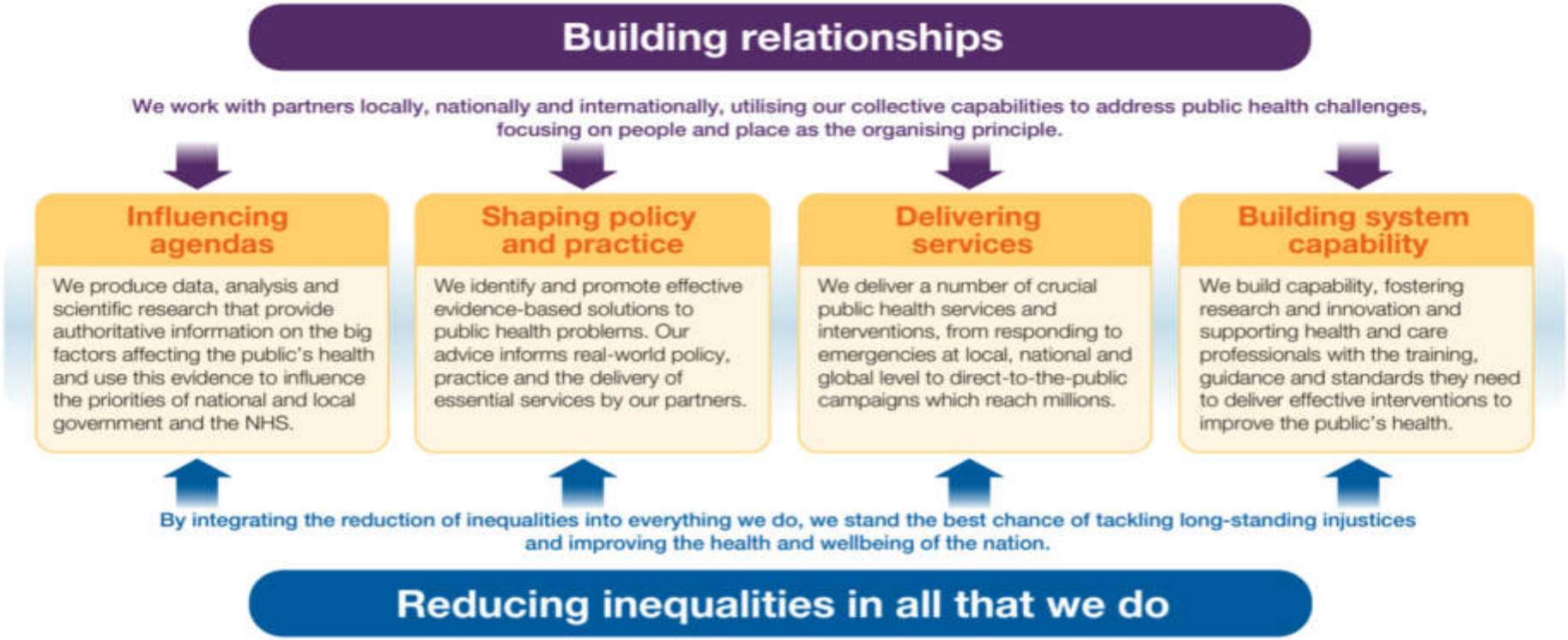
EXPECTATIONS
- Interest groups
- Experts
- Public opinion
- Services

POLITICS
- Our ministers
- Wider Government
- Prime Minister

Public Health England

Public Health England

- Our **mission** is to protect and improve England's health and wellbeing, and reduce health inequalities.
- Although part of government, we have operational autonomy and are free to publish and set out the professional, scientific, and objective judgement of the **evidence** base.
- We have five key **functions** that we carry out locally, nationally and internationally which are underpinned by a commitment to reduce inequalities in all that we do.



Our operating context

The world is ever more interconnected and complex and is changing quickly:

- new patterns of disease
- emerging diseases
- development of antibiotic resistance
- advances in technology
- increasing sources of information
- 'big data'
- developments in data science
- changing economic patterns and political arrangements
- increasing natural hazards
- reducing biodiversity

Society is changing:

- growing health inequalities
- increasing economic and social divisions
- development of social movements and informal information sharing
- improved life expectancy but more years living in ill-health
- greater awareness of health threats and behavioural and environmental drivers of disease
- rising expectations of the power of science and the ability of services to protect and treat people
- new political expectations and drivers

Public health science is rapidly developing and evolving:

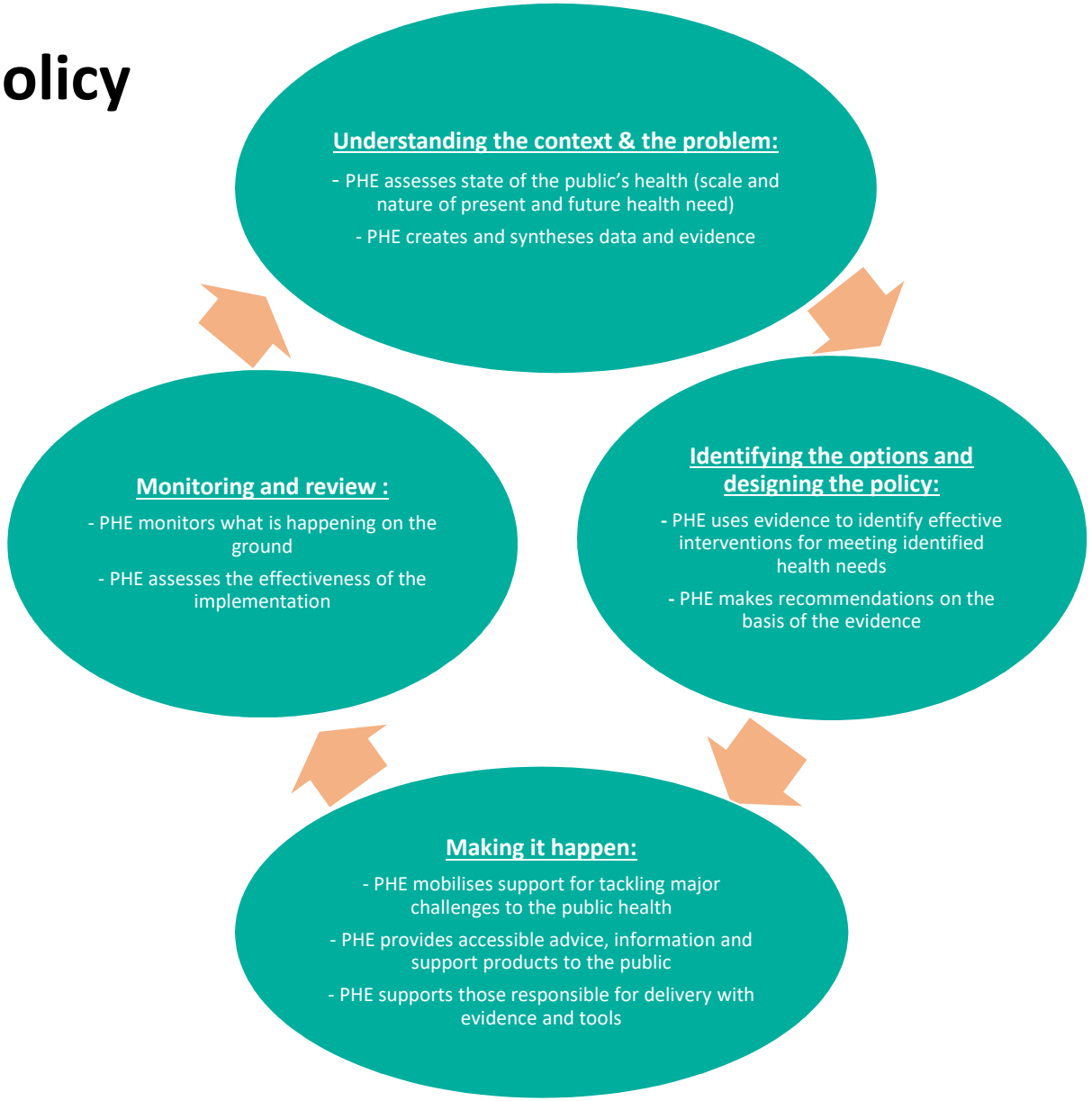
- revolution in microbiology testing with new 'next generation sequencing'
- unlocking the potential of data by improved linkages of collections, better modelling and new analyses
- improved links between disciplines (eg biomedical and behavioural sciences)
- identifying opportunities for using artificial intelligence
- new methodologies and techniques
- new vaccinations and early interventions
- improved real-time surveillance and epidemiology

There are increasing demands on PHE:

- increasing incidents and outbreaks to respond to
- global health challenges and developments
- more demands for world-class science and evidence
- local bodies looking for more help with place-based approaches
- an ageing population with multi-morbidities driving demand on the NHS and reducing productivity, increasing the focus on prevention
- meeting public sector financial challenges

PHE as an “expert voice” in policy

- Government departments develop policy and ensure it is implemented by creating the legislative framework and working with key partners to deliver change and monitor delivery
- PHE has a unique role in the Government policy cycle offering “*evidence-based contributions to the policy debate”* and providing those implementing *“the evidence and the tools to make a real difference to the health of their communities”* as part of its focus on protecting and improving the public’s health and reducing health inequalities.
- PHE is part of the wider public health system and it works with partners to support local delivery and to evaluate and share learning from local innovation. This feeds into the policy process.
- Joint working across PHE ensure the cross-fertilisation of ideas and that local system knowledge and the detailed evidence base feeds into all of PHE’s functions



Developing our Strategy: The scope was set by our Chief Executive

We would not…	But we would…
Change our mission. That would remain: to protect and improve the public's health and wellbeing and reduce health inequalities Change our ambition to be the world's most effective national public health agency Change the four functions set for us by Government in our remit letter Change our commitment to speaking to the evidence set out in our Framework Agreement	Build on what had gone before and take account of the views of others Respond to the evidence and the changing context, including financial constraints Reinforce our role within the English public health system and how we work with and through others Be clear on where we would focus our efforts so we could have the greatest impact on reducing premature mortality, increasing healthy life expectancy and reducing health inequalities

Process


Robust and inclusive approach was developed, shared and scrutinised
Senior level sponsors nominated to oversee activity
Staff at all levels of the organisation were engaged
Key external stakeholders involved throughout the process
Agreed decisions would be based on the evidence on the impact on public health and where PHE was uniquely placed to act
Senior management made recommendations to the Chief Executive
Chief Executive was final decision maker

Information gathering

Reviewing the evidence on the opportunities and challenges in the public health system to understand WHAT the system as a whole might achieve over the next 10 years

Generating ideas on HOW PHE might best respond to the opportunities and challenges and the actions that could be taken over the next 5 years

Gathering information on the ideas and options for PHE's activities and developing "fact sheets"

Agreed criteria

Attractiveness of the opportunity	Likelihood of success (for PHE)
Scale of the challenge •Size of the current health burden as a result of conditions/risk factors; •Potential future health burden or problem (including trends and risks); •Size of the health problem due to wider determinants; and/or •Impact on demand for/spending on public services and productivity	**PHE Value Added:** •Whether PHE actions have been effective in the past or are currently effective; •Whether there is a genuine gap in the system that PHE could fill; and/or •Whether PHE is best placed to take action.
Potential Health Impact: •Proportion of the problem amenable to intervention •Strength of the evidence in terms of potential actions; and/or •Effectiveness of specific interventions in health terms (including cost per QALY where available)	**Acceptability**: •Level of potential national and local political support; and/or •Extent to which key stakeholders would be supportive.
Impact on health inequalities: •Analysis of /plan to address health inequalities in proposal; •Extent to which the issue contributes to health inequalities; and/or •Availability of effective interventions to address inequalities.	**Deliverability**: •Whether PHE has, or can build, the skills and capability to deliver in five years •Whether partners likely to have resources or capacity to deliver; and/or •Level of risk / uncertainty (e.g. How complex is the proposal? How long does a proposal take to deliver? Have we or partners been able to deliver similar projects in the past?).
Wider impact: •Potential savings to public services (size/ROI); •Potential economic benefits (size/ROI); and/or •Potential contribution to public confidence in the system.	**PHE value for money**: •Overall cost of the proposal; •Cost-benefit ratio of the proposal (for PHE); and/or •Extent to which the proposal will bring financial returns to PHE.

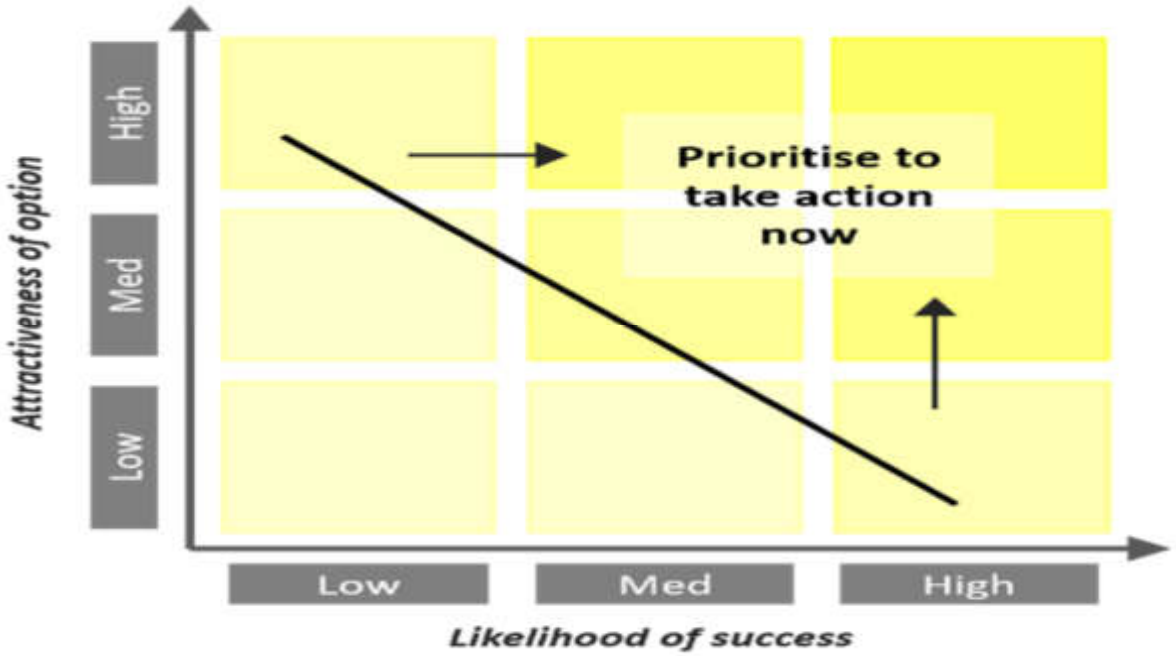
Applying the criteria

- Each option was assessed as *high, medium/high, medium, medium/low,* or *low* against the criteria
- We found that we couldn't assess against 'affordability' and 'deliverability' as the available information was generally of a poor quality or not available
- All options were then given an overall preliminary assessment for the 'attractiveness' of the option and the 'likelihood of success', in terms of *high, medium* or *low.* For example:

	Attractiveness of option				**Likelihood of options success**	
	Scale of the challenge	Potential health impact	Impact on health inequalities	Wider impact	PHE added value	Acceptability (political)
Option X against each criterion	High	High	Medium/high	Medium/high	Low	Medium/low
Overall assessment	HIGH				LOW	

Prioritisation workshops

- Workshops were held first with Deputy-Directors at a topic level and later with Directors at an organisation wide level.
- Workshops were carefully designed, to ensure that the group of attendees reached at least a majority, and preferably a consensus, view on the top options to take forward. All options were plotted on the matrix below:



We reviewed the outcomes from the prioritisation exercise against a number of lenses to ensure we had a balanced portfolio

Lens one: Customer lens. This lens groups the priorities by 'customer', it allows us to ensure that we have a good balance of work across the public health system, and is also the approach we use for our annual Business Plan. The development of PHE and our people is an underpinning consideration

- **Local government**
- **National government**
- **The NHS**
- **Directly to the public**
- **Global health**

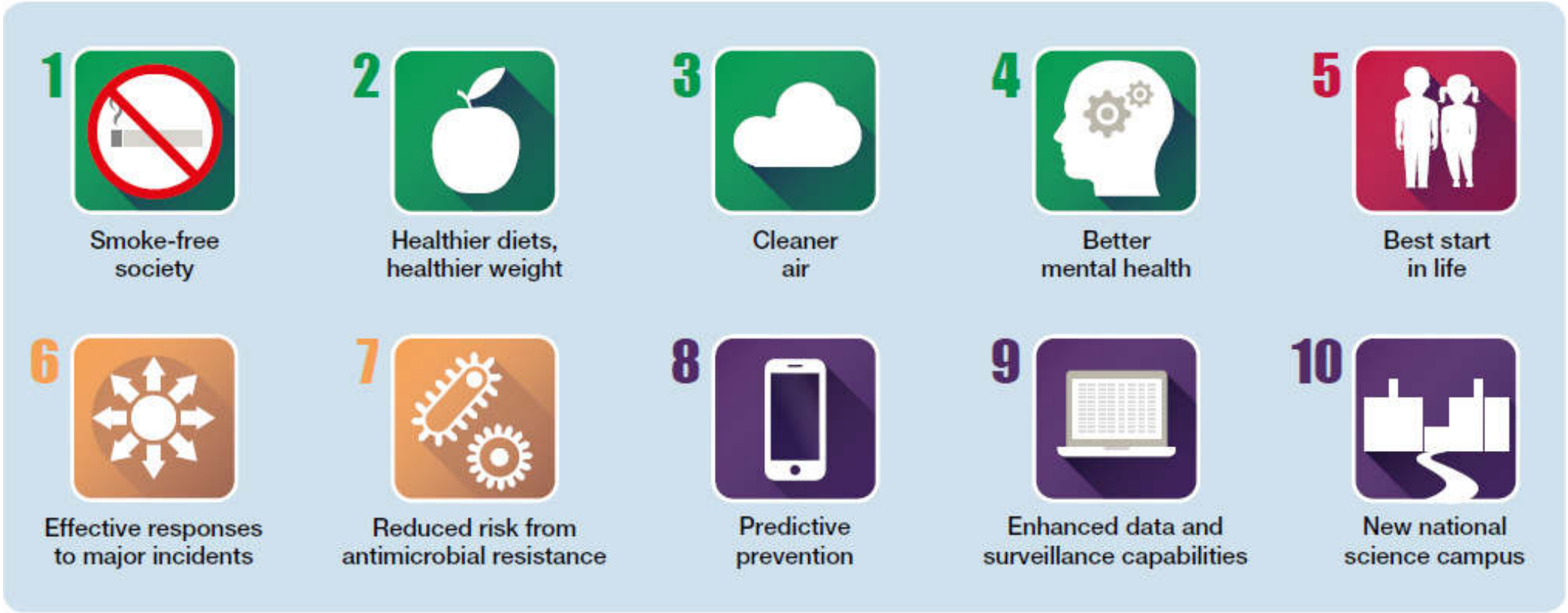
Lens two: Timescale lens. This lens groups the priorities by the timescale in which the benefits will accrue. This helps us ensure that we deliver a steady stream of benefits to the system across the lifespan of the Plan and beyond. We might also want to discuss how our role will change over time (e.g. evidence development for first few years and delivery subsequently)

- **Quick wins: Benefits accrue within a short period (? Three years?)**
- **Benefits accrue within five years**
- **Benefits accrue within ten years or more**

Lens three: Outcomes lens. This lens groups the priorities by the type pf outcome they deliver. This helps us ensure that we have a balanced portfolio of work that addresses the main challenges facing the public health system.

- **Increasing healthy life expectancy**
- **Reducing premature mortality**
- **Reducing health inequalities**
- **Strengthening the public health system**

This process generated a set of ten strategic priorities which were signed off by our Chief Executive and published



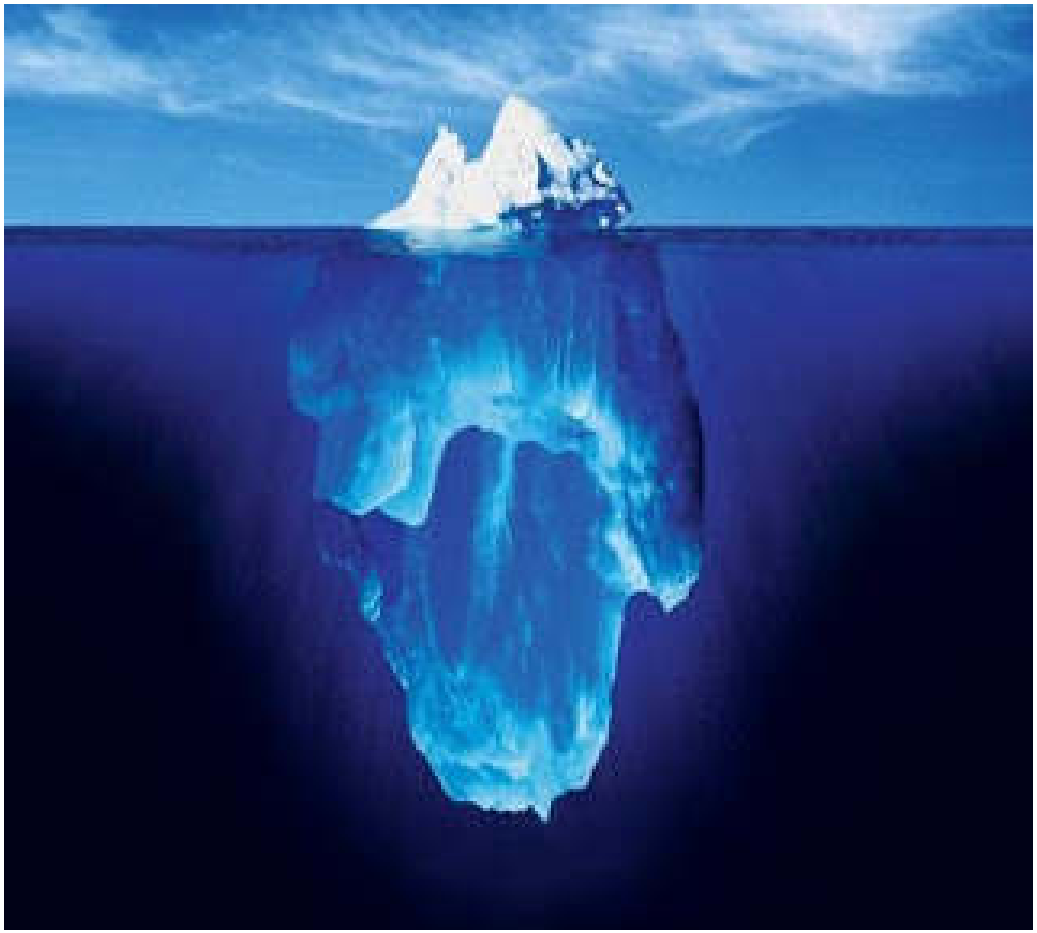
It also highlighted areas we needed to develop as an organisation

- The PHE Strategy describes how we want to develop and build capability over the next five years in order to achieve our strategic objectives.
- To underpin our commitment to developing our people, improving our processes and realising the potential of new technology we identified nine key ‘enablers’ which will be factored into team planning for 2020/21.

Some reflections: What you see of a strategy or a policy change is only part of the story

To deliver you must set out:

- your ambition
- your priorities
- contributions of key players in the system
- plans



Preparation is key:

- Know what you are trying to achieve
- Be clear what the evidence says about the solutions and impact, not just the problem
- Build consensus
- Be ready for any opportunity as it becomes available