



Public Health  
England

# Evidence Informed Leadership

15 November 2017

Richard Gleave, Deputy Chief Executive





# Public Health England

**PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services.**



Making the economic case for prevention

Working to reduce the health gap

Maximising the value from the local pound

Promoting our world-class science and evidence

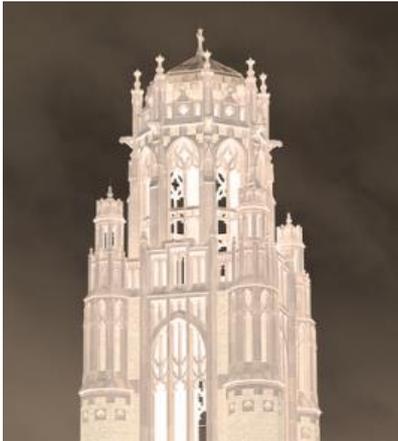
Optimising behavioural science

Building a fairer society



# What we are not

A University



A Provider



A Whitehall Department



A Regulator



A Commissioner

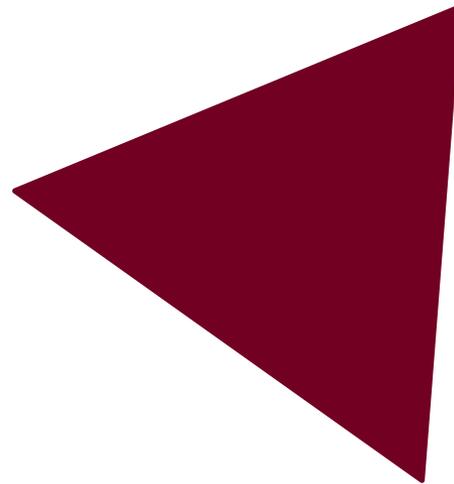




# An “unholy trinity”

**Civil  
Servants**

**Academics**



**Ministers**



# First contrasting perspective

## Academics

**“I was shocked at the level of interference of civil servants at certain points in the process of the research. Specifically they intervened at the sampling stage.”**

**“There was huge pressure to spin findings to fit their agenda”**

Academics in LSE study published 2014



# Second contrasting perspective

**Civil  
Servants**

**“ We got some really high quality papers but it was always felt that they were answering yesterday’s question tomorrow”**

Senior civil servant from 2012 workshop



# Third contrasting perspective

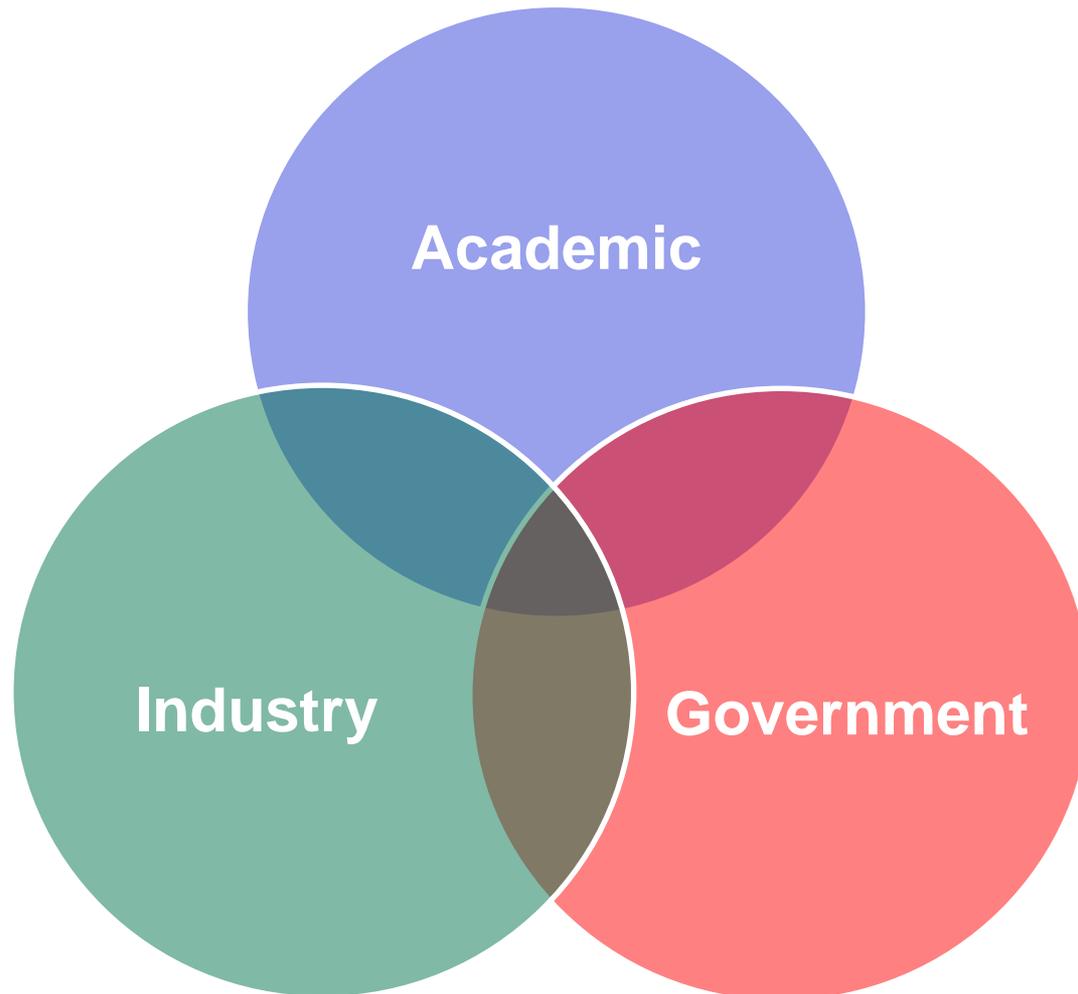
**“Do we think it will work? Sure I think it will work. And if you ask me for evidence, my evidence is the whole of history of the world. It’s not a question of getting some academic in some tower to use some absurd statistical regression to prove some point.”**

Oliver Letwin MP 2010

**Ministers**



# (1) Science





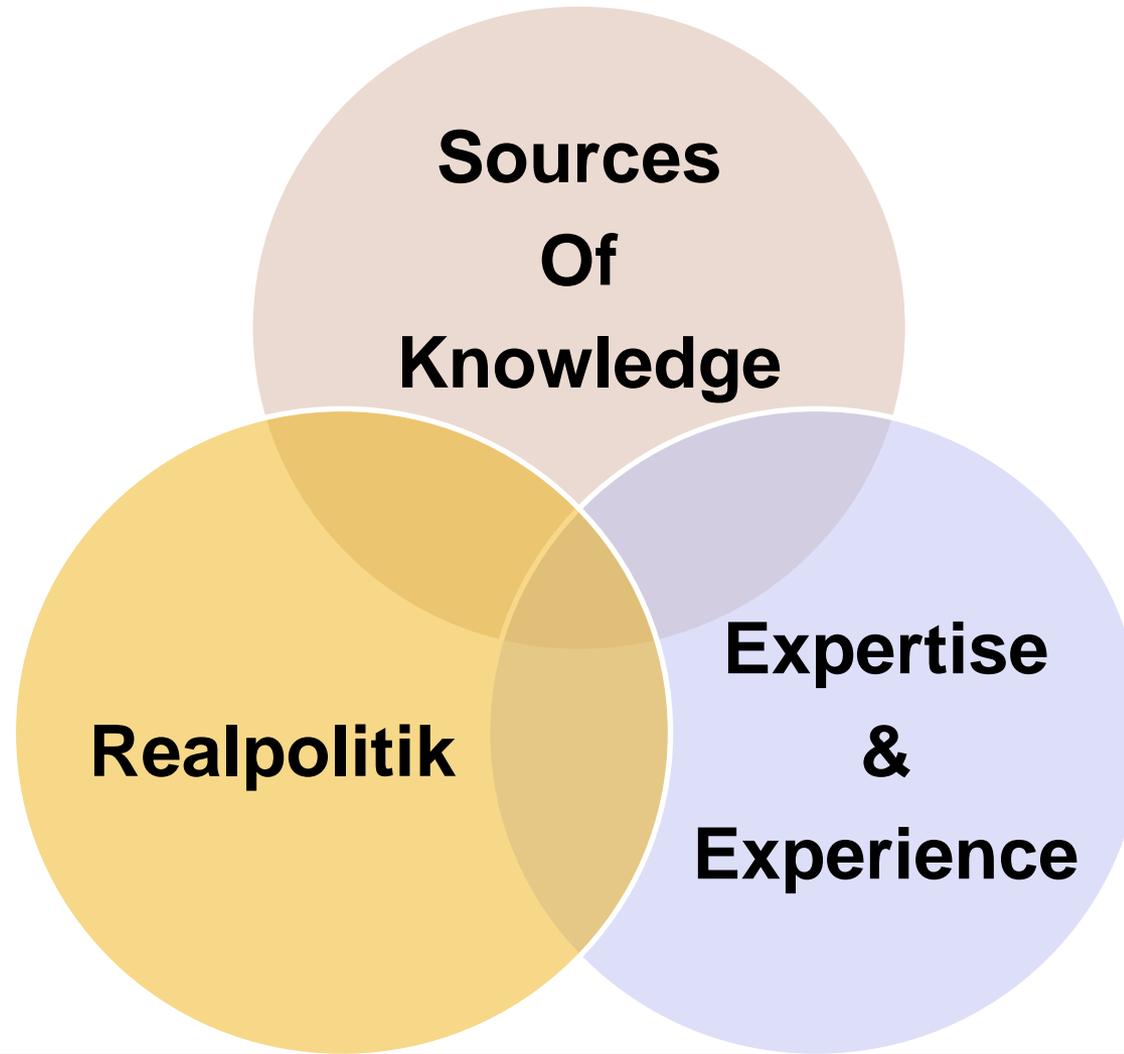
# (1) Science

## **Government Office for Science**

“We ensure that government policies and decisions are informed by the best scientific evidence and strategic long-term thinking.”



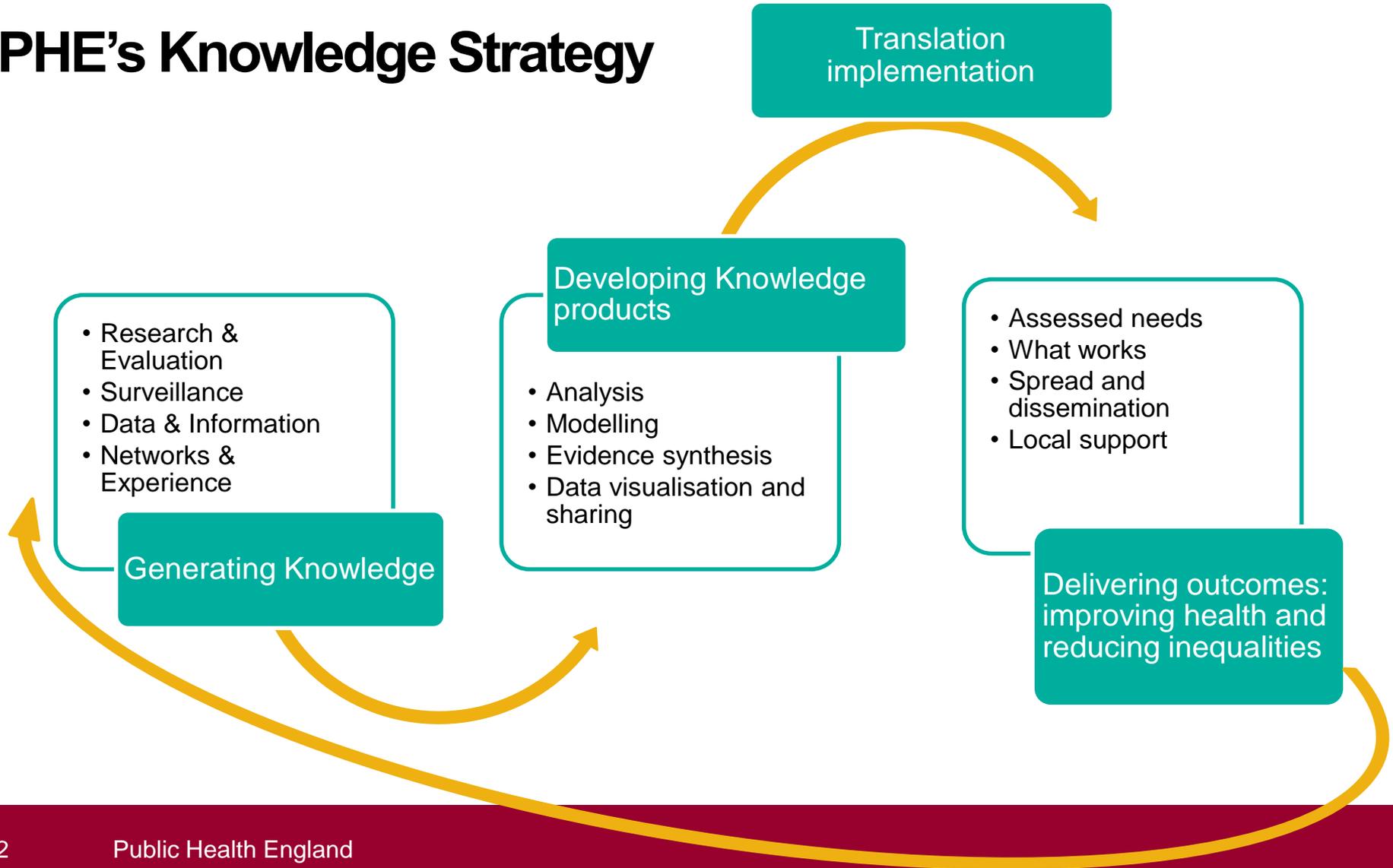
## (2) More than evidence





# 2(a) Knowledge

## PHE's Knowledge Strategy

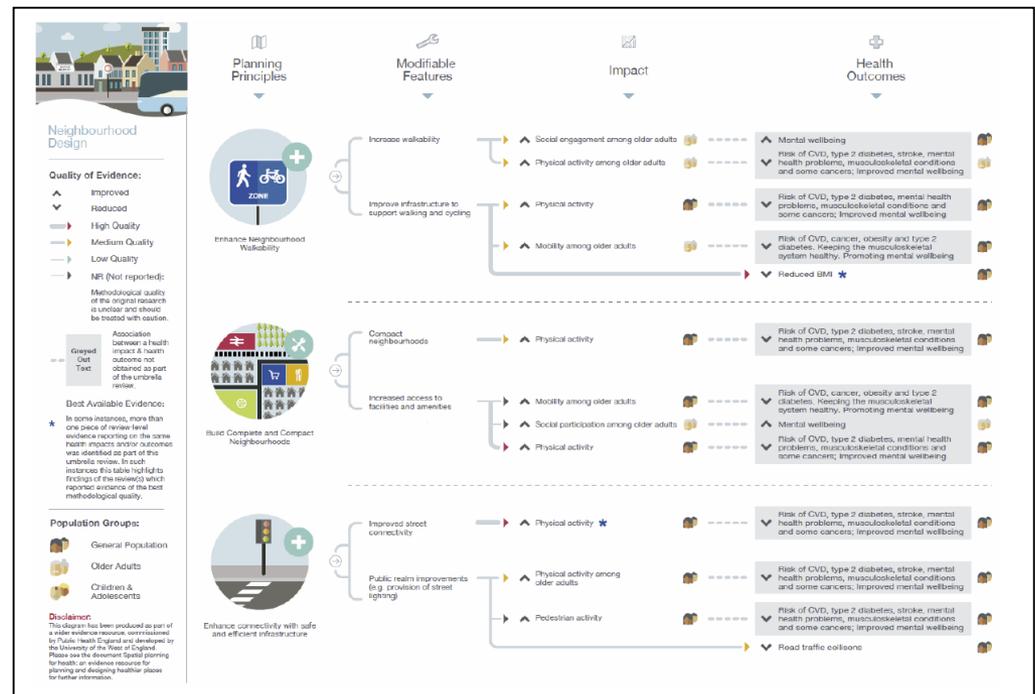
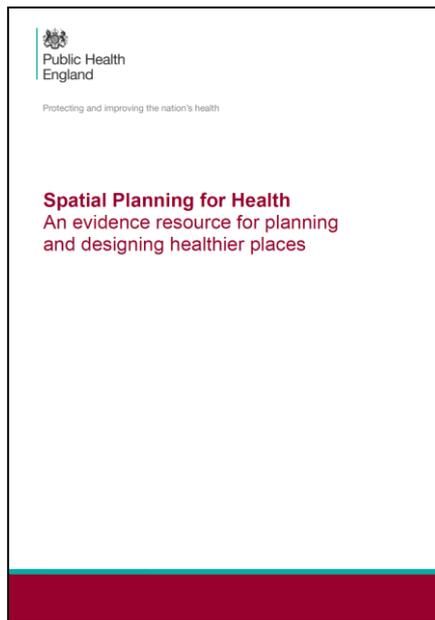




# A “Knowledge Product”

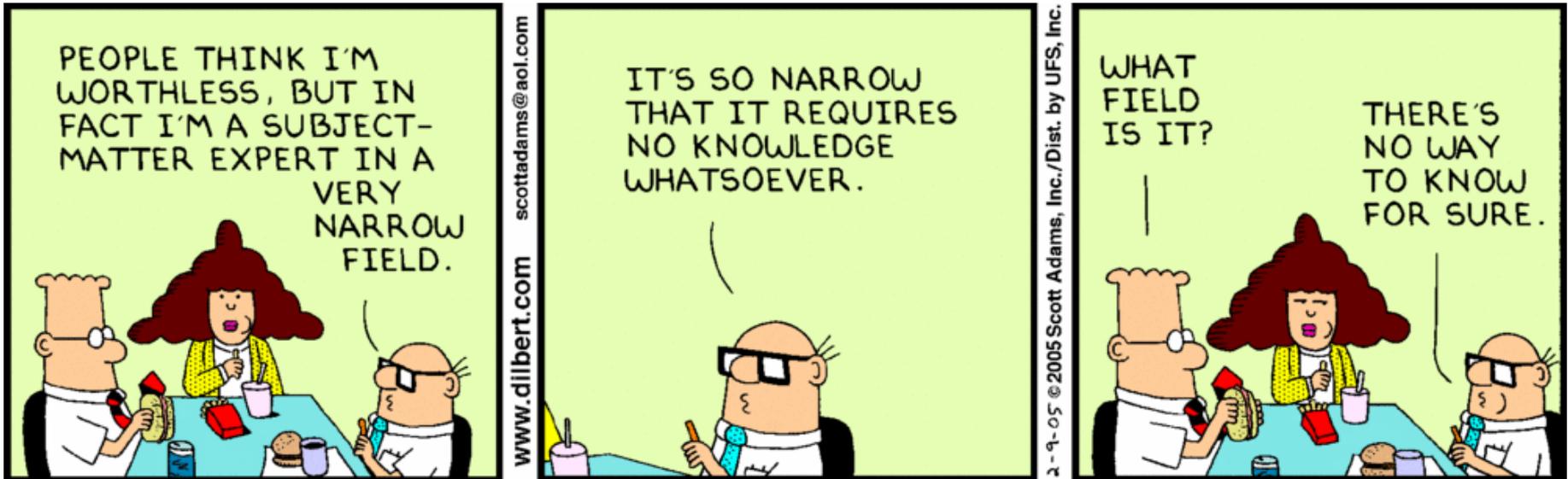
## “Spatial Planning for Health” (2017)

PHE commissioned UWE to produce a tool to communicate the associations between health and spatial planning and the strength of the evidence





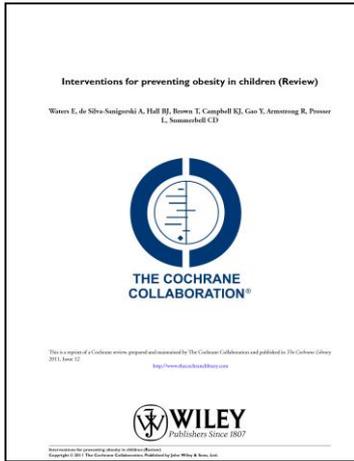
# 2(b) Expertise and Experience



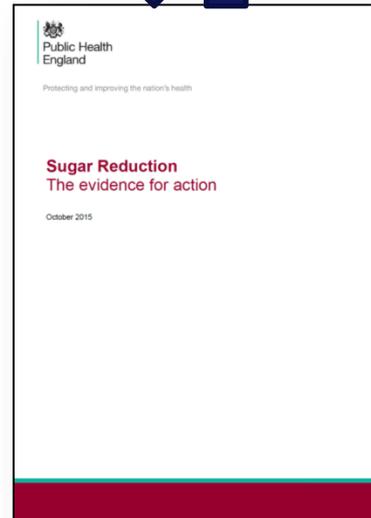
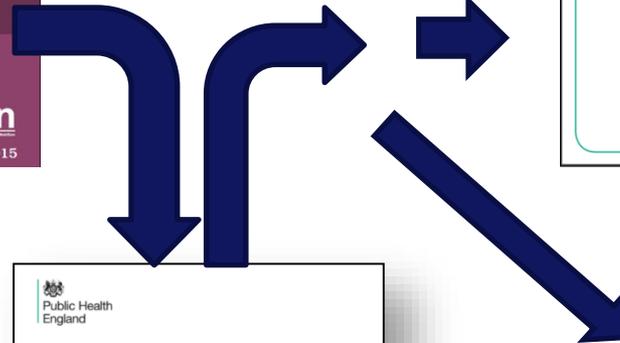
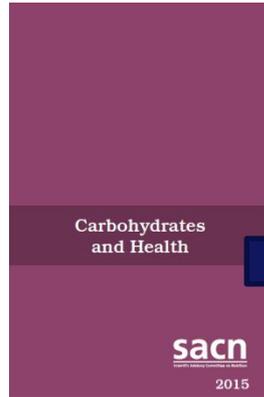
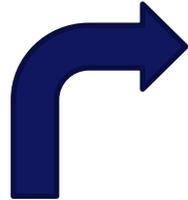


# 3(c) Sugar – “rational” process

Academic Papers



Surveillance data





# And then there's "realpolitik"

Academic Papers



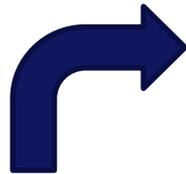
Public health cuts 'could hamper anti-obesity effort'

18 July 2016 | Health



Councils use some of the public health funding to pay for exercise schemes, weight management services and free leisure facilities

Surveillance data



## Channel 4 Dispatches



Protecting and improving the nation's health

Sugar Reduction: The evidence

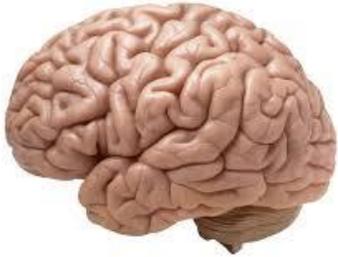
October 2015



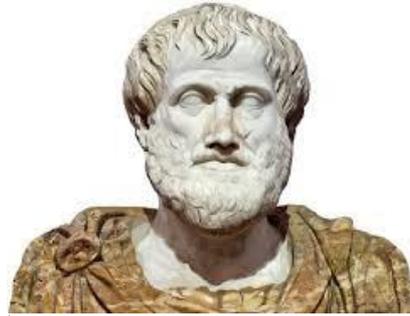


# (3) Impact

**LOGOS**



**ETHOS**



**PATHOS**



**KAIROS**



**PERSUASION**



# Aristotle gone wrong

## LOGOS

### THE LANCET

The Lancet, Volume 381, Issue 10133, Pages 637 - 641, 28 February 1998  
doi:10.1016/S0140-6736(97)1596-0

This article was retracted

**RETRACTED: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children**

Dr AJ Maitland FRCS FRCR, St March HD, A Anthony MD, J L Lovell PhD, Dr G Casson MRCP, M Ailes MRCP, M Bredlow FRCPsych, Dr Dukes MRCPsych, HA, Thomas FRCP, P Harvey FRCP, A Vajestine FRCA, S Davies MRCPsych, JA Walker-Smith FRCP

#### Summary

#### Background

We investigated a consecutive series of children with ileal-lymphoid-nodular hyperplasia and regressive developmental disorder.

#### Methods

12 children (seven age 6 years (range 2-10), 11 boys) were referred to paediatric gastroenterology with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Colonoscopy and biopsy sampling, magnetic resonance imaging (MRI), electroencephalography (EEG), and barium pancreatography were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

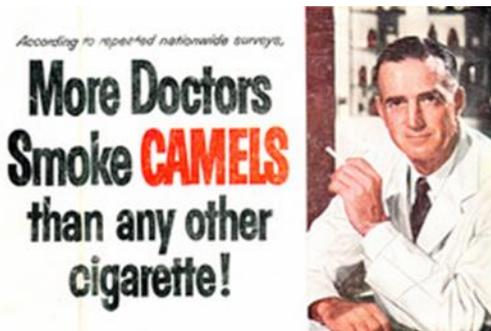
**RETRACTED**



## PATHOS



## ETHOS



## KAIROS





BMJ CONFIDENTIAL

## Michael Marmot

### Evidence based optimist



**MICHAEL MARMOT**, 70, is the doyen of health inequalities, both in research and policy. He led a groundbreaking study of Whitehall civil servants that showed, contrary to traditional thinking, that the lower their status, the worse their health—the “social gradient.” His conviction that evidence should form the basis of policy and that people can make a difference led to his chairing two WHO commissions and the English review on social determinants of health. His new book, *The Health Gap: the Challenge of an Unequal World*, sets this out. He is director of the Institute of Health Equity at University College London (UCL) and will be president of the World Medical Association for 2015-16.