

Public health and population health

Leading together

Overview

- It is clear that the health of England's population is not where we want it to be, with life expectancy stalling and wide health inequalities. While confronting this requires national effort, it is dependent on strong, effective and cohesive leadership at the sub-national level through regional and local government, the NHS and other partners. We believe there is an important opportunity to be grasped, through public health leaders with their established expertise and experience, working together more cohesively with the new cadre of emerging population health leaders in integrated care systems, who are tasked with fulfilling the principles of improving population health and tackling health inequalities.
- The King's Fund was interested in exploring how all these changes are playing out in practice and what it means for leaders in both public health and population health. During 2023 and early 2024, we ran a series of roundtables with professional groups, conducted interviews with key leaders, and explored a range of case study sites around England to explore how change is happening in practice. From this, we set out recommendations for national leaders and principles for local systems to help support the further development of strong cohesive leadership for the population's health.

Why we did this work

In 2021, The King's Fund published a report on directors of public health (DPHs) and their experiences during the Covid-19 pandemic. Since then, we have exited that period of crisis, seen the advent of integrated care systems (ICSs), witnessed the proliferation of new roles in population health within those systems, and seen significant institutional reform in national level public health policy.

As a result, The King's Fund wanted to see how things had developed since its previous report, and to explore how public health and population health leaders were navigating this period of change. We are grateful to have been supported by the Health Foundation in this work.

What did we do?

In order to explore these dynamics, we deployed a number of methods. These included:

- a series of 'position' roundtables with specific groups of people, including DPHs, national public health leaders, directors of population health, and public health officers in local government
- a series of case studies at different scales (an ICS, a local authority and a region) that aimed to understand how the dynamics of public health and population health leadership were evolving over time
- interviews with key stakeholders and leaders
- engaging with a wide range of professional organisations, networks and forums to explore their perspectives and those of their members.

What did we find?

Using these methods, we built a detailed picture of how things were developing across England. We found that there is no single blueprint for how public health and population health leaders are working together: the size, complexity and existing relationships differ significantly between systems. We set out case studies from a range of different contexts to show where leaders are working together well and why; these included clear demarcations around roles and responsibilities and a clear sense of joint objectives.

However, there remains uncertainty over definitions, roles, future funding and structural arrangements, which means that the full potential is not being reached everywhere. In particular, we encountered a lot of debate about how public health

and population health related to each other, with some people worrying about the potential for duplication or competition for limited resources. We also found a mixed picture in terms of how integrated care systems were bedding in and the extent to which they are functioning as effective vehicles for promoting public health and population health agendas.

What next?

Action is needed from national leaders in a number of areas. We recommend that they:

- provide clarity on the definition of equitable population health (and its relationship with public health) and a facilitative framework for responsibilities and roles
- provide medium- to long-term commitments on population health and public health capacity
- allow structures to mature and reaffirm the principles of ICSs around population health and tackling health inequalities
- actively share emerging practice and experience of population health and public health working effectively together
- monitor and track progress over time and intervene where appropriate.

We also set out principles for local systems. These include:

- remaining focused on the goal, leading for population health outcomes
- investing time and effort in developing shared, system-wide understandings of models of population health and public health and the contributions of all partners
- creating explicit agreements on who will lead on what at ICS and other levels
- supporting public health and population health wellbeing.

To read the full report *Public health and population health: leading together*, please visit www.kingsfund.org.uk/insight-and-analysis/reports/public-population-health-leading-together

The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

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