

Driving better health outcomes through integrated care systems

The role of district councils

Overview

- District councils have statutory powers over service areas including planning, housing, benefits, and leisure and green spaces, which affect many of the most significant determinants of health. Around 40 per cent of the population of England live in a district council area.
- We interviewed district council officers and integrated care board (ICB) staff in four sites from around England to better understanding the current relationships between local government and ICBs, what good practice looks like, what enables it and the outcomes it produces.
- District councils can play a valuable role within integrated care systems (ICSs) because they can influence the wider determinants of health; can act and react in fast and agile ways; and have strong, close connections with local communities.
- ICB leaders need to ensure prevention is at the heart of ICSs' mission and purpose, create opportunities for district councils to lead, and use district councils to trial new place-based projects.
- District councils need to actively promote the contribution they can make to system working, identify areas of shared priority with other councils, accept accountability for delivering agreed goals on behalf of the system, and invest in building relationships across the ICS.
- ICSs have the potential to transform the approach taken to health and care in England. District councils are indispensable strategic partners in delivering population health improvements.

Why we did the research

District councils can make a significant difference to the health and wellbeing of local residents through the various functions that they are responsible for. However, at present, district councils' role within integrated care systems (ICSs) has received limited attention, with levels of integration and the strength of relationships varying between systems. We wanted to find out what good looks like in terms of district council involvement in ICSs, and to explore the factors that underpin success. We also wanted to unearth case studies and find examples of what becomes possible when district councils are playing an active part in ICSs.

What we did

We interviewed district council leaders and officers and ICB employees in four case study sites: Lincolnshire; Leicestershire, Leicester and Rutland; Norfolk and Waveney; and Suffolk and North East Essex. We tested our findings with a workshop with participants from a broader range of ICSs and district councils, to ensure we heard from a diverse set of areas.

What we found

The value of district councils

District councils have a number of assets that make them indispensable parts of ICSs. Through these assets they make vital contributions to the health of communities.

Influencing the wider determinants of health: district councils have powers in numerous areas relating to housing conditions and local economies, and over both the built and natural environments. This means district councils are important players in areas such as managing long-term conditions, reducing obesity, improving mental health and wellbeing, combatting food and fuel poverty, assisting hospital discharge and shaping health-creating environments.

Acting and reacting in fast, agile ways: NHS leaders interviewed in our research highlighted district councils' ability to move quickly and offer strategic leadership in challenging situations as one of the main advantages of working together.

Strong, close connections to local communities: these include councillors' democratic legitimacy as local leaders and their closeness to the communities they represent, as well as the data and insights about communities held by district council services.

Principles for success

We identified five principles that underpin successful involvement of district councils in ICSs.

- creating effective local partnership structures that can drive collective action on the wider determinants of health
- aligning agendas across levels within the ICS so there is a 'golden thread' connecting work at system level and more local partnership work
- embedding district council leadership throughout the system
- investing in relationships between partners
- building shared purpose and collective accountability.

We identified a range of actions that enable integration between ICSs and district councils, and help to put the five principles described above into practice.

- identifying shared priorities and acting together on these
- promoting mutual understanding
- building an integrated workforce
- enabling data sharing
- building on existing structures or networks
- acting on all partners' priorities within the ICS
- consistent leadership and purpose over time
- positive relationships between districts and county councils
- positive relationships between districts and primary care networks.

What next?

Recommendations for ICB leaders

- **Ensure prevention is at the heart of the ICS's mission and purpose**, including a renewed focus on the wider determinants of health.
- **Create opportunities for district councils to lead** by ensuring that the voice of district councils is heard throughout key ICS governance processes, that district councils can take on leadership roles within ICSs, and their expertise is brought into decision-making and delivery.
- **Use district councils to trial new place-based projects** that support the strategic objective of shifting to a more preventive health and care system.
- **Hold district councils to account for delivery** by developing clear mechanisms for monitoring and supporting delivery that enable them to demonstrate progress.

- **Bring together data** to develop a shared understanding of what is needed to improve outcomes.
- **Aim to deepen integration over time** by moving beyond simply 'working together' and towards deeper integration and co-commissioning of services.
- **Invest in building relationships** and learning about partners in district councils and their responsibilities, strengths and priorities.

Recommendations for district councils

- **Advocate on behalf of district councils**, and for the contribution they can make to system working. Leaders need to push themselves forward, explain how their work influences population health and offer their services as testing grounds for place-based projects.
- **Identify areas of shared priority**, where district councils' priorities align with those of others – including other district councils – involved in the ICS.
- **Accept accountability** and responsibility for specific goals on behalf of ICS partners.
- **Invest in building relationships** by cultivating connections with partners across the ICS, including leaders in other districts and in county councils.

About this report

This work was commissioned by the District Councils' Network. Views expressed and any errors are those of the authors only.

To read the full report, *Driving better health outcomes through integrated care systems*, please visit www.kingsfund.org.uk/publications/driving-better-health-outcomes-integrated-care-systems-role-district-councils

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