

# Local Health Systems: Relationships not structures

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Local government either has a statutory responsibility for, or an influence on, much of what drives good health, including decent housing, environmental planning, education and skills provision, economic growth, and public health, as well as social care for adults and children. But to achieve the goals of improved long-term outcomes across communities will require a step change in the role that councils play within local systems for health. To do this, we need both renewed local leadership and an adequate supply of funding.

In the Local Government Information Unit's Local Democracy Research Centre report, [Local Health Systems: Relationships not structures](#) there are calls for a reinvigorated role for local government as leaders of local health systems, to develop and strengthen relationships of trust, transparency and cooperation.

Looking at health and care through a systems lens reveals a wealth of connections and opportunities to achieve better outcomes, as can be seen in the three case studies within the report.

Systems are also complex and changing, with multiple inputs and feedback loops, and control distributed across multiple stakeholders. The paper is a timely exploration of the strategies, skills, and toolkit for effective working within systems. It also highlights some of the key barriers towards greater integration across systems, including:

- a culture of risk aversion among many in leadership positions;
- a chronic shortage of capacity within local government;
- a broken funding system for councils; and
- institutional disconnect between agencies involved in health and wellbeing.

With a particular focus on local government's role in health and care systems, the paper includes learning points relevant to any systems leader. The breadth of local government's responsibilities, and its key role in care provision, suggests that this is where the greatest opportunities lie.

Local government is also the point at which citizens will most frequently connect with public services forming part of our health and care systems. Systems run on feedback, and so this intersection is essential to responding to needs at place.

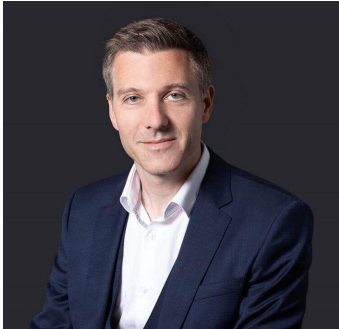
All of this has implications for leadership at all levels and in all parts of health and care systems. Leadership in systems is certainly a practice, and not a position, and through the research carried out by LGiU, made possible by funding provided by Browne Jacobson, the key features of effective leadership are highlighted.

I've spent a large part of my time in recent years with internal and external colleagues exploring what integrated care systems will look like and how to prepare for their introduction (not to mention speculating on when that would happen!). But I've always considered it essential to spend time on the 'why' too – the outcomes we're trying to achieve for citizens, service users and workforce. In my experience that's what inspires and excites and will ultimately produce a system that is understood by those working in it and using it while delivering the best outcomes.

It has been a pleasure working with LGiU, to take what feels to me like a natural next step and explore what effective leadership within these evolving health and care systems will look like, and what we can do to maximise their ability to meet the purpose for which they exist.

If you would like to discuss the key themes of the report or explore how the findings could be implemented in your organisation, [please get in touch](#).

## Contact



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