



# A golden opportunity

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## BLOG

Rory Hegarty, Director of Communications and Engagement, North West London Integrated Care System, sets out the community engagement potential of integrated care.

Integrated care systems seem destined to significantly change the relationship between the NHS and local government – but the real prize is the opportunity to improve the relationship of both with people and communities.

The NHS has long viewed councillors as ‘stakeholders’ rather than partners, while local authorities saw part of their role as holding health services to account. It would be optimistic to suggest that this has changed overnight, but in many systems, including ours, one of the few benefits of the pandemic was much closer working across whole systems.

With the legislation creating ICSs now on the statute book, the move towards collaboration across the NHS and statutory partnerships with local authorities can only be a positive. The focus on tackling health inequalities – which we have all been discussing without real progress for over 30 years – can give those partnerships real focus.

If ICSs are to make a real difference to health outcomes in their populations, fundamental changes in the way they relate to local communities are needed. The NHS can learn from local authorities on this, but both can learn from local residents.

### Evaporating trust

One of the most striking things we discovered during the pandemic was how trust in public services had all but evaporated in some of our most disadvantaged communities. This has serious implications for public health. We can’t tackle rising obesity, heart disease or diabetes without developing trusted relationships with our residents.

This is not to say there has not been good public engagement in the past: its focus and its subsequent influence on policy have been bigger issues. The NHS in particular has often focused on ‘single issue’ engagement or consultation around a proposed service change, ruling anything else residents want to discuss as ‘not on the agenda today’. As one resident said to me at the height of the pandemic: “You come to us when you want to shut something. You come to us when you want us to get vaccinated. When do we get to say what we want?”

### Ongoing dialogue

The change we need is to move towards ongoing dialogue with people and communities. The agenda needs to be co-designed; issues raised unprompted will often tell us more about public health and people’s priorities than the questions we choose to ask. Open community conversations and investment in community relationships will achieve far more than posters and memes.

The vast majority of people aren’t going to attend ICS meetings, we need to go to where they are and understand what matters to them.

This will mean much closer working across health and care, but also with grassroots organisations with real links in to our communities.

Until we see the insights from our communities as qualitative data to drive our strategies and priorities – of equal value to the population health data we routinely consider – we are not going to be able to understand our communities or tackle their health challenges. ICSs present the biggest opportunity to address that in many years.

