Health and Wellbeing Boards

One of the major innovations proposed in the Coalition's Health and Social Care Bill, currently going through parliament in the face of mounting public and professional resistance, is that the public health activities of PCTs should be transferred to Health and Wellbeing Boards, under the aegis of local authorities. This proposal is so uncontroversial that, as the PCTs are being dismantled, the vast majority of top-tier councils are already moving to establish new bodies in which senior council officials — and at least one elected councillor — take on an influential strategic role in the administration of local health services.¹

Friends and enemies of the Lansley reforms are united in their enthusiasm for Health and Wellbeing Boards. When chairs of GP consortia sympathetic to the advance of GP commissioning (and claiming to represent 1100 practices and 7 million patients) wrote to *The Telegraph* in support of the beleaguered health minister they claimed that these bodies would integrate primary, secondary, community and social care into a 'coherent and seamless whole'.² The boards are also welcomed by Guardianistas, supporters of the Labour Party and campaigning doctors who have suddenly discovered a profound antipathy to the extension of the sort of privatising and marketising initiatives that were introduced into the NHS under the previous Labour governments, with scarcely a squeak of opposition.³

No doubt it makes good sense to encourage surgeries, hospitals, and social services to coordinate their efforts to provide better care for vulnerable adults, people with dementia, learning difficulties, mental health problems, and others. While much progress has been made in these areas in recent years, it remains unclear how a new local authority committee will improve matters, given that local government bureaucracies do not appear to be any more efficient than their NHS counterparts and have an even greater weakness for political posturing.

The government's claims that the Health and Wellbeing Boards will improve the local democratic legitimacy of the NHS are richly ironic. The post-war Labour government

was forced to abandon plans to administer both general practice and hospital services through local authorities by the strength of medical (and Tory) resistance to allowing popular local councils undue influence in the NHS.⁴ One result was the formation of Family Practitioner Committees, the forerunners of the now doomed PCTs, in which medical authority was protected against democratic forces. Now that local democracy has been effectively destroyed by decades of centralisation and the elevation of executive authority over elected representatives, a coalition government (introducing reforms for which neither the Conservative nor the Liberal Democratic parties sought a mandate at the last election) considers it safe to give local council bureaucrats a voice in the NHS.

The good news about the Health and Wellbeing Boards is that they move public health some distance away from primary health care, where it has come to exert a malign influence. The bad news is that they give public health a strategic role in the wider local health economy, a role that will undoubtedly be used to dissipate resources and intensify popular anxieties by promoting pandemic panics and moralistic scare campaigns.

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