



Health Service Journal

John Deffenbaugh: why the NHS and local government jigsaw can fit together this time

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There have been many attempts to bring the NHS and local government closer together.

In some areas their joint working is very effective; in others they have yet to achieve its potential.

There are two immediate drivers behind joint working. First, public health is going home, back to local government where it lived until 1974. Second, the new health and wellbeing boards (HWBs) provide statutory impetus for joint working.

The prize will be significant. Demand on the NHS will only be addressed by actions of local government and its partners - healthier, safer and active communities, better housing, viable neighbourhoods and businesses and effective education.

However, if history is not to repeat itself, leaders in the NHS and local government need to understand why they find it so difficult to work together, and why decision making is so tortuous.

First, there are the contrasting medical and social models of care. The NHS is led by doctors and other healthcare professionals who focus on solving problems for patients. Care providers in local government focus on the wider social context, enabling the individual to function in their circumstances and solve their own problems.

This results in a different mindset among professionals, and different cultures for the organisations. This shows up most clearly with GPs sitting on HWBs - GPs are not only NHS problem solvers but profit-focused business people.

Second, the authorising legitimacy for decision making is very different. The NHS is led by appointed boards operating in a business-like fashion, with non-execs appointed for their legal, commercial and professional nous.

In contrast, local government, as we all know as voters, functions with elected members who have to be very responsive to their electorate. When joint working gets tough, local government leaders will refer to the "democratic deficiency" in the NHS. This doesn't help, but it's not far from the truth.

Third, there is the contrasting role of NHS executives, who are equal in status on their boards, and local government officials, who serve elected members. Non-execs have largely failed to rein in NHS executives and clinicians over the past 20 years, while elected members are pretty clear in their expectations of their officials.

The power is ultimately vested in elected members, who are following a clear mandate.

Fourth, there is the sensitive issue of capability. The resource users in the NHS are doctors and other clinicians. As the doctor at Rotherham Hospital arrogantly remarked about NHS managers to Gerry Robinson: "They are managing people who have five or six degrees."

Whatever the number, doctors are highly trained and well educated. The resource allocators in local government are elected members, who represent the rich tapestry of public life. NHS leaders need to be on the top of their game to influence doctors; local government officials, equally capable themselves, need to be politically adept when dealing with demands of members.

The working of HWBs brings this contrast sharply to the fore. With greater insight to how the other thinks, acts and decides, there could be real, substantive progress on tackling the long-term priorities in their area. To achieve this, they first need to stop faffing about with the joint strategic needs assessment.

Public health already has insight to most of the needs, and can take an even broader perspective through the health and well-being framework. Public health offers the benefit of spanning the medical and social models of care. It should feel at home in local government and be able to realise the significant opportunities.

Good relationships and knowing where the other is coming from will go a long way to more effective debate and decisions.

Finally, think long term. The NHS is busy rearranging the deck chairs to cope with more and more demand. Local government has it in its power to help solve this problem. Together, they will be able not only to bring about generational change, but also to make the pound go further. Failure to do so will see history repeat itself.

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