Interview

In conversation with Kenneth Robinson (Minister of Health, October 1964–October 1968)

Hugh Freeman interviewed Sir Kenneth Robinson on 23 February 1988 at the College.

HF Could I ask you first how your particular interest in mental health developed? I know that you had a general interest in health, and I think it was something to do with your coming from a medical family. Why specifically mental health?

KR Well, my family background was the reason for my general interest in health. But the other was really rather a fairly deliberate decision, because when I first got into the House of Commons in 1949, I found it all fascinating so that one wanted to take an interest in almost every subject that came up. I took myself on one side and said – look, the thing to do here is to develop a special interest and concentrate on it, though not of course to the exclusion of everything else. I thought around and it suddenly dawned on me that a lot of things were going on in the mental health world that never seemed to see the light of day in the House of Commons, so it was really quite a deliberate decision.

About the same time, I was put on the North West Metropolitan Regional Hospital Board and because I showed a bit of interest, I found myself Chairman of their Mental Health Committee. It was responsible for a whole raft of hospitals for both mental illness and subnormality – Friern, St Bernard's, Leavesden, a long list. That was a very good grounding in the subject and tied in very much with my House of Commons interests.

The next thing was that in the early 1950s, I was lucky in the ballot for Private Members' motions, which meant that I could introduce a motion for debate on a Friday. This was obviously the subject that I wanted to introduce. I found it was the first general debate on mental health in the Commons for a quarter of a century, in fact since the Mental Treatment Act was going through in 1930. There proved to be a great deal of interest in the subject and it was quite a lively debate. Not very long after, in 1954, the Royal Commission was set up, and privately, I was very cross not to have been invited to be a member! My colleague Bessie Braddock was the Labour member of it.

HF Bessie Braddock was senior to you in the Labour hierarchy?

KR Oh, very much so. But she hadn't shown much interest in the subject before then. So that's how my interest began and how it was stimulated and fed by experiences on the Regional Board.

HF Could you say a little more about the Regional Board?

KR The Senior Administrative Medical Officer at the time was sympathetic to mental health. I think we managed to switch a bit of resources and make some marginal improvements in the running of these hospitals. We had one or two remarkable characters on the scene. There was Lady Archibald, who was Chairman of Friern – a very far-seeing person and very liberal minded; she brought about some quite good reforms there. At St Bernard's, there was a marvellous elderly spinster called Helen Keynes, a cousin of Maynard Keynes. Both were enlightened people and helped to drag this subject into the light of day.

HF You must have made quite a number of visits to hospitals.

KR I went round the lot several times.

HF What were your impressions of them at that time?

KR Well, I became quite fascinated with the mental hospitals proper, but I never quite got over the shock of the severely subnormal. And that really went right through to the time I was Minister. I still used to get churned up when I saw a ward full of severely subnormal patients. That was a front where one couldn't see much movement, but on the mental illness front, one did feel that things were beginning to move, which was encouraging.

HF How did you see the future of the hospitals at that time? Did you envisage the end of mental hospitals?

KR No. Not at that time. I think what I hoped for

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was to see some of the worst that were overcrowded to be closed and – in those days – some new ones to be built. We had actually planned for one in Stevenage, which never got off the ground, largely through the lack of capital money, though of course, these days, it's an out-dated concept. I am talking about the early 1950s, when one thought it was high time that we had some modern mental hospitals with proper treatment facilities. Then the chemotherapeutic revolution started, and nearly everyone regarded schizophrenia as a treatable illness and actually curable. The move to the general hospital psychiatric unit was part and parcel of this whole movement to look on mental illness as another form of illness, rather than a social problem which had little to do with medicine.

HF Did your committee have much to do with general hospitals at the time?

KR Well, the Regional Board, of course, did, but the Mental Health Committee, as far as I remember, had nothing to do with them.

HF In the House of Commons, then, and I suppose in other places, the whole subject was largely taboo.

KR Absolutely. And something which helped to break down these taboos was a couple of television programmes. There was one which the BBC did with Christopher Mayhew and one by Granada, which I had something to do with instituting. The producer of that programme was, I think, Jeremy Isaacs, who has progressed far since then. The whole angle of the two programmes was that here is another kind of illness, which should be looked at by the public at large with sympathy and understanding, rather than with fear and horror.

HF When did you first become involved with the National Association for Mental Health?

KR I suppose it must have been fairly early on, after I became Chairman of the Regional Board Mental Health Committee. It was a very valuable pressure group, and another arm of the enlightened in those days.

HF They published a pamphlet called *Patterns of Care*.

KR That arose out of Mental Health Year, which I think was 1960. The NAMH wanted to do something to mark it, and obtained some money from the Astor family in order to send somebody, and they allowed it to be me, to a number of different countries to see what they were doing in the field of mental health. So I went to France, Holland, the States and the Soviet Union, and I wrote up the result of this as the pamphlet.

HF What were your general impressions?

KR I thought on the whole, with the possible exception of parts of Holland, that we were ahead of the game. The Dutch had some very good ideas. It was rather easier in that country because of its smaller size, though that again was complicated by the fact that they had a sort of triple provision for every problem – Catholic, Protestant and secular.

HF Could we talk next about the period of the Hospital Plan and the Health and Welfare Plan, when you were Shadow Minister of Health?

KR I don't know whether he realises this, but that was Enoch Powell's great achievement – to overcome the Treasury objection to anything other than annual finance. That doctrine always made an absolute nonsense of hospital planning. When you only knew what you were going to get for the next 12 months, how on earth were you supposed to plan the building of a new hospital? Partly as a result of his time at the Treasury, Enoch Powell knew how to unlock doors that other people found difficulty in doing, and persuaded them to underwrite this five-year plan for the hospitals. That was a very considerable achievement, from which I benefited. Enoch Powell also started that discussion on the parallel Health and Welfare Five-Year Plan, but it came to fruition in Tony Barber's time, immediately before I took over. The first Health and Welfare Plan was published at the end of 1963, so I inherited those two Tory advances.

HF Criticism has been made of both plans, that in fact there never was the amount of money available that would have been needed for the objectives that were set out. Would you like to comment?

KR They were very ambitious plans, when put alongside the capital monies that were likely to be available. But I think this was most probably a conscious decision. What the Hospital Plan purported to do was to say what was needed, rather than what was likely to be feasible. So to some extent, it could be said to have been over-optimistic, but I suspect that was quite deliberate. There was doubtless a reluctance to spell out the invidious choices that would have been necessary if one had simply said – Well, this is all that we're likely to have the money to do for the next five years.

HF In the case of the Health and Welfare Plan, there were two main criticisms. One was that although local authorities said what they intended to do or what they hoped to do, there was no guarantee they would actually do it. The second was it was not co-ordinated with the Hospital Plan.

I think those are probably fair criticisms in both cases. As far as the local authorities were concerned, what was true in 1964 really is almost as true in 1988, I'm afraid. The community services at that time were beginning to be envisaged, but as we all know, have never become a reality. I think that, unlike the Hospital Plan, the Health and Welfare Plan never really had a backbone. One knew that these community services weren't going to happen the following week, or anything like that. I can't remember any specific measures taken at government level which would have stimulated changes of that kind. I suppose one felt that psychiatric nursing staff would be transferred from hospital to community as the move took place.

HF For there to have been a true system of community-based services, as an alternative to hospital services, would it not have needed vastly more money than was ever there?

KR It certainly needed greater resources, but this all tied in with the thinking, which I certainly shared at the time, that the old tripartite system was not a good way of ensuring a truly effective community service linked with the hospital. It was for that reason I started this sad series of basic examinations of the administrative structure of the Health Service. The resultant Green Paper was published just before I left office, the outcome of 18 months' hard thinking by a handful of the most brilliant minds in the Department. I think it was a feasible plan, and one which would have been a marked improvement on the old tripartite structure. This scheme was based on Area Health Boards, directly responsible to the Ministry, and getting rid of the Regional Hospital Boards, but it never stood a chance because nobody ever argued the case for it. I ceased to be Minister, Crossman came in, and he recorded in one of his diaries that, "I had a meeting with the Regional Hospital Board Chairmen and not a good word was said for Kenneth's plan!" So, naively, he said that he thought the only thing to do was to scrap it, which he did. He reinstated the Regional Boards, took away the whole *raison d'être* of reorganisation, and gave much more power to the doctors. So we had a Mark II reorganisation, but it never got off the ground, because Labour went out of Office. Keith Joseph came in as Secretary of State and commissioned McKinsey. That proved disastrous. McKinsey's Report seemed to treat the NHS as if it was no more than a vast business enterprise. Keith Joseph said to me once, 'You know, I never should have accepted their report'; that was a sad admission. And then we had, of course, Thatcherism, Sainsburyism, Rayner, the lot. I feel guilty at having started the reorganisation process, but of course it would have happened anyhow. And I still think my Green Paper was the best solution to the problem!

HF Can you say a word about the medical people in the Ministry who were important? I think there were three particularly.

KR First and foremost, George Godber was always extremely sympathetic, understanding, and progressive on the psychiatric front. We were, incidentally, both fairly active in getting this Royal College of Psychiatrists its Charter, to which there was quite a bit of resistance. Geoffrey Tooth was another great enthusiast, had a very good mind and also helped. I wasn't actually in the Ministry with Walter Maclay, who I imagine is the third of your triumvirate, and he was certainly a very remarkable person. I got to know him quite well when I was in opposition, and found that he had all the right ideas on the future of psychiatric care. It was a tragedy he left the scene as early as he did.

HF Did you find much sympathy in the Government as a whole to plans and developments in the NHS and particularly in the mental health services?

KR Funnily enough, these things didn't impinge very much on the Government as a whole. One thing I must say about the Wilson Government was that, as far as I was concerned, I was largely left to get on with it. It was only when crises arose that the Government in general was involved. This happened first of all with the general practitioners, very soon after I took office, and then over doctor's pay on at least one if not two occasions. There was Government interest in relatively trivial matters like cigarette advertising, but of course smoking and health was boiling up as an issue during those years. Then there was family planning, which was always thought to lose Catholic votes, so I had to fight very hard to get forward moves for comprehensive family planning. On the mental health front, I don't recall it impinging on the general job of the Government at all. One was just left alone, as long as one's department ran smoothly.

HF From the beginning of the NHS, of course, health spending was a fairly low proportion of the gross national product, compared with other industrialised countries. Was there ever any discussion in the Government of this fairly low level, as to whether it was right or whether it ought to be increased?

KR There was a fight every year, for more cash and this was one of the arguments one always used

with the Chancellor of the day and one which my officials would use with Treasury officials. During the four years I was in office, I think I am right in saying that we always got the standard inflationary increase and something like 2–2½% development over and above that. It seemed awfully little at the time, but health authorities would give their ears for it today, wouldn't they!

HF But, the general principle that there should be a significant change – that Britain should spend the same sort of proportion as other similar countries – this was never really on, was it?

KR No. That degree of sudden expansion in any department of government is pretty well unthinkable at any time. All you can do is to move forward by stages, and I think we moved forward a little bit. But the argument was often used that other countries' patterns of spending on health were very different from ours, and that since ours was integrated and socialised, for an equivalent standard of care, it ought to cost less. With a commendably free service at the time of use, demand was bound to continue to increase expectations. People had to understand that.

HF From the immediate post-war period, health spending, particularly in hospital building, did particularly badly in comparison with the other major areas of capital spending by the Government. Do you know why this was so?

KR Well I don't, frankly. There always seemed to be terrific pressure for new schools, for example, and the feeling was that the annual revenue expenditure of the Health Service was pretty enormous, and that money had to be found for that, whereas one could always postpone the building of a hospital. That thinking began to shift though, with the introduction of the Hospital Plan. By that time, I would have thought that more and more people had realised that capital spending on hospitals was totally inadequate. It was only then that rebuilding of teaching hospitals which was long, long overdue was contemplated. The rebuilding was only just beginning in my time as Minister, and of course it was extremely expensive. I remember the moves of St George's to Tooting, the redevelopment of the Royal Free in Hampstead, the rebuilding *in situ* of St Thomas' – all these things were quite new then. They must have involved a very considerable surge in what had been, I agree, a totally inadequate sum of capital in general for hospital building.

Then there was great emphasis on building efficient hospitals and building them economically. The architects' department in the Ministry produced some very good plans for what was seen as a standard district hospital, and I think one or two actually got built. Hospital building proved to be not only expensive but also a very slow process, largely due to the fact that everybody sought to change the plans as medical thinking and techniques developed – the doctors always wanted something new and different. I remember saying as Minister, "You will never get a hospital built unless you are prepared to accept that it is going to be out of date on the day that it opens." But apart from that, it is difficult to say why capital spending on the NHS was relatively so low.

HF One of the most important events of your time as Minister, I think, was the GPs' Charter, and of course this was obviously very crucial to community care. Could you say anything about that?

KR I think on the whole that if I achieved anything, it was that, when I came to office, general practice was in a very bad way. Primary care was beginning to break down in certain parts of the country, morale was low, medical students were not going into general practice, and clearly something had to be done. There followed the threat of strike action by the BMA. At the height of the crisis, the BMA produced what they called the GPs' Charter, which, on the face of it, looked absolutely unnegotiable. However, I was persuaded that it could at least be used as a basis for negotiation. We worked away with the BMA representatives for about 18 months, and I used to see this team on an average twice a week, often for the best part of a day. It took up an enormous part of ministerial and senior officials' time. But it was worth it. In the end, we thrashed out something which I think rescued general practice I think it was that revolution, plus the influence of the RCGP, that tended to widen the horizon of the GP. This inevitably meant that he felt a responsibility for the psychiatric well being of his patients, as well as traumatic conditions and disease generally. So I think that the GP aspect of community care did improve very considerably following the introduction of the Charter. My GP friends tell me that the essence of it is still valid today, 20 years later, though it may not be so for very much longer.

HF Several governments have taken the view that the pay of health service staff should be based on the rate at which they could be recruited, and not on any value to society attributing to their work. What would your view be of that?

KR Well, I think it is a very dangerous argument. It is very difficult to base pay on what is thought necessary to recruit. You can make great mistakes by undershooting and overshooting. Nevertheless, nurses' pay has been steadily improved over a very long period. It all started with people actually paying to be probationer nurses—my mother did. And the idea of a nurse getting a weekly wage, instead of being supposed to be satisfied with a socially useful job, died very hard. But how do you fix what is the moral value of nursing care, and how do you relate that moral value to medical care, or physiotherapy care? Equally, if people aren't coming into nursing, you can assume that the rate of pay is probably not enough, and that will be one of the factors taken into account during the next round of negotiations. Though there was a national pay policy during the whole of the four years that I was Minister of Health, we bust it every time nurses' salaries came up and I never had any trouble with them. But if one tried to be tough with the nurses one would never win because the country would side with them 100%, and always will.

HF Are there any thoughts you have about the current scene in the mental health services now that there are rather rapid and dramatic developments happening?

KR Well, it's the old old story. It looks so nice and tidy and progressive to resettle patients into the community, but if there aren't community services, the result is going to be chaotic. And I see no sign that the necessary community services are even in the process of being developed.

HF Are there any further thoughts that you have about the whole of this story, looking back?

KR I think that if we had been able to get a properly integrated health service, an integrated administration, one might then have been able to develop community services many years ago to the point at which they might have been, if not adequate, at least on the way to adequacy today. Then, I think the process that is taking place might have been satisfactorily achieved, though perhaps a little more slowly. But I have deliberately kept my distance from the service during these 20 odd years, since I ceased to be responsible for it.