I have always expressed myself in favour of a Ministry of Health to effect unification of health activities at the centre. If therefore I criticise this Bill it is with a view of eliminating from it the provisions which are likely to provoke acute controversy and so impede its parliamentary passage.

The introduction of Clause 4, which provides for the establishment of a Consultative Council to be attached to the Ministry of Health, raises a constitutional issue of far-reaching importance affecting the independence of Ministers and their responsibility to Parliament. This body which is to give advice and assistance to the Minister touching his powers and duties, is to consist of "persons of both sexes having practical experience of local government, of public health, of national health insurance, of housing problems, of hospital work, of general and special medical practice, of research and of pharmacy". The clause has been inserted as "an indispensable condition of the agreement of the British Medical Association and the health insurance organizations to the Bill". It is a question whether the agreement of these bodies may not be too dearly purchased. Nothing is said in the Bill about the powers of this body, which is to be a Statutory Body. The powers are left to be conferred upon it by Order in Council. But to appreciate its importance and its relationship to the Minister for Health we must look to the scheme which has been put forward by the Council of the British Medical Association and to the Bill circulated last year emanating from certain insurance organizations. The scheme of the British Medical Association sets up this Consultative Council as a Statutory Body. Its representatives are to be nominated by the general Medical Council and the British Medical Association. They are to hold office for a number of years. All, or certain members of them, are to be paid for expenses incurred or services rendered. They are to meet not less than once a month. They are to have the right not only of advising the Minister, but, in addition, of reporting to Parliament, so that when they differ from the Minister, Parliament will have "the advantage of having a reasoned statement on both sides before it". The Council "is to be made as independent as possible of the Minister and his officials"; in fact the Minister may go but the Council will remain. Moreover, the administrative functions of the Ministry are to be carried out by a staff containing members representing the preventative and clinical side of medicine.

The Bill of the Insurance Organizations provided for the constitution of a Board of Health under the Chairmanship of the Minister, comprising representatives of various bodies (including National Insurance) connected with questions of Health.
There can be no doubt that in pressing for the Consultative Council both the British Medical Association and the insurance organizations have in view not an Advisory Committee in the hitherto accepted sense of the term but an active propagandist body claiming a definite share in administration and intended to keep the Minister up to the mark which they appoint for him.

The clause in fact puts the Minister in shackles. We have seen a good deal recently of press agitations. One can readily foresee the forces which would be brought to bear on a Minister who was not prepared to accept the "advice" of his Consultative Council on any question of policy on which he did not see eye to eye with them, even when the policy had been approved by the Cabinet. His would be the responsibility and he would be the victim, theirs would be the irresponsibility and they would be free to criticize and attack. I cannot understand any Government willingly placing any Minister in such a position.

If an Advisory Committee is necessary for the galvanization of the Minister of Health, is it not equally necessary for the home Office, the Board of Trade, and other departments? The debate in the House of Commons on 18th March gave Mr. Balfour an opportunity for dealing with a proposal for a somewhat similar appendage to the Foreign Office. His arguments are in principle applicable in this case. I do not think the experience of the Insurance Commission or of the Board of Education with respect to the Advisory Committees set up under the Board of Education Act, 1898, and the National Insurance Act, 1911, is so encouraging as to warrant us attaching this Council to the Minister of Health. I feel sure that generations of Ministers of Health will rue the provision.

In my view there is no need for the clause at all. A Minister can always consult whom he will and every Minister takes frequent opportunities of gauging outside and instructed opinion on all sorts of matters both by the appointment of Committees and by informal methods of consultation and conference. Similarly outside organizations can always make representations to Ministers and they show no disinclination to do so. It certainly seems to be tactically unwise for a Government to introduce a Bill for the establishment of a new Ministry containing a clause, which is not in the least essential to it. If the Clause is in the Bill the Government are committed to it. If it be omitted and an amendment is proposed for its insertion it can then be seen whether it can be successfully resisted or in what form it should be conceded.

Paragraph 6 of Dr. Addison's Minute deals with the question of the reform of Poor Law Administration referred to in paragraph 1 of the First Schedule to the Bill. I quite agree with him in thinking that, in view of the issue of the Report of Sir Donald Maclean's Committee (which recommends that the present functions of Poor Law Authorities should be transferred to the County and County Borough Councils) it is impossible to avoid some reference to this matter in connection with
a Bill which so intimately concerns the Local Government Board, and I feel it will be necessary to make a pronouncement of Government policy on the subject, though I realize that the War Cabinet have had little opportunity of making themselves conversant with the Committee's proposals. That pronouncement might I think take the form of a guarded approval of the general lines of reform which the Committee have recommended. It is however quite evident that when legislation on the subject comes to be attempted a very considerable opposition from Boards of Guardians and their supporters will have to be faced, and it therefore seems to me that it will be wiser to let the matter be debated as it must be - on Second Reading when the suggested pronouncement could be made, and to omit from the Bill any direct reference to it. Paragraph 1. of the First Schedule is in no sense a necessary part of the Bill. It is merely a declaratory provision, and all that it enunciates can be done under Clause 2 (2). If the paragraph remains, it is certain to give rise to prolonged debate in Committee and on Report in both Houses. I am strongly of opinion that for the sake of the Bill it is desirable to omit the paragraph.

With regard to the title of Bill, it is difficult to fight about a name. But I hope that if a concession is made on this point it will not be taken as implying that the Government agree to the new Ministry being shorn of functions, not directly connected with Health, which are at present performed by the Local Government Board.

Quite apart from the practical difficulties of drawing the line between functions which are and are not incidental to Health administration, it seems to me to be most desirable that there should be one Central Department which is pre-eminently responsible for Local Government, and to which the Local Authorities can look for control and assistance in the discharge of their miscellaneous duties. It has been of great national value that the Local Government Board has been able to direct the activities of the various Local Authorities in the performance of the new duties which the war has cast upon them.

Secondly, I believe it would be a grave error and a most retrograde step to divorce Health administration from the administration of other forms of Public Assistance. Public Assistance as a whole and in its widest sense is in just as great need of co-ordination as that part of it which forms Health Administration.

Thirdly, I am convinced that, while the Ministry of Health may now be somewhat prominently in the limelight, once a Ministry of Health is established, it will, if divested of other Local Government functions, rapidly fall into the position of a second-rate public office. To what other Department, moreover, are the discarded functions to appertain?

Apart from the First Schedule the Bill does not deal in terms with questions of Local Machinery,
but although I know it to be the view of the Minister of Reconstruction that discussion on these questions can be avoided, I feel bound to warn my colleagues that in my opinion they will certainly be raised, and here again I desire to bring to their notice the proposals of the British Medical Association. The Association "are definitely of opinion that the advantages of unification at the Centre "would not be great unless a corresponding unification of local authorities were carried into effect". This change is in their view "an integral part of the scheme for a Ministry of Health" and they hold that "to delay dealing with the local part of the problem will not lessen but increase the difficulties of the new Ministry".

I fear these questions may seriously endanger the prospects of the Bill and I regret that it has not been found possible before introducing the Bill to come to some conclusion on policy and on questions of local administrative machinery. Failing that, it seems to me that the Bill should be strictly confined to the minimum necessary for securing unity of central administration by the fusion of existing Departments.

W. HAYES FISHER.

Local Government Board, 13th May, 1910.