LETTER FROM WESTMINSTER

Health authority brick by brick

JOHN WARDEN

One year ago today (21 November) the forthcoming birth was announced in parliament of the Health Education Authority (HEA). It came into the world on 1 April this year to a distinctly chill welcome from friends of the defunct Health Education Council, which the new authority supplanted.

Now a year later the dust has settled and we can begin to see what is emerging from a fusion which, in public relations terms, was so ineptly handled. The new authority is at last up and running as the main health promotion arm of the National Health Service, though it is not yet in top gear. The trauma of what its new chief executive, Dr Spencer Hagard, calls the winter of discontent left its mark. In fact, last November's announcement came at the very moment when the old Health Education Council was on the brink of a reorganisation that had already taken more than two years to plan. It was deeply unsettling. Several key staff resigned, leaving a vacuum of initiative and what is described as an emotional cauldron.

It was in these difficult circumstances that Dr Hagard took over last May, after five years as district medical officer in Cambridgeshire. He found an organisation that had been through more turmoil than was apparent from the outside.

His remit was to reconstitute the authority as a statutory component of the NHS. The old council, though wholly funded by the Department of Health and Social Security, had a semidetached status. Its demise, which DHSS officials were suspected of manipulating, came because the government needed a health authority within the NHS to take over the education campaign against the acquired immune deficiency syndrome (AIDS).

Six division authority

Last week Dr Hagard outlined to me how he has approached the task. To erect brick by brick an entirely new structure for the NHS it is as well to know how things are done elsewhere in the health service. He has therefore drawn on his own experience of 10 years in the NHS at Cambridge, the last five as a district medical officer integrating strategies for community health, with special action on drugs and AIDS. Previously he had practised for two years in Uganda, between qualifying at St Andrews in 1968 and gaining his PhD in community medicine at Glasgow.

The HEA that Dr Hagard is building will consist of six divisions. A public health division formulates policy and strategies for health promotion, as well as research, evaluation, and analysis. The programmes division manages a series of programmes and field activities. A professional and community development division aims to train professionals in health promotion, particularly to work together in their community setting. The AIDS division is devoted to one subject, which is half the budget. The public affairs division covers press, sponsorship, and publications. Finally, a corporate planning, finance, and field support division deals with ways and means as well as having a liaison function to communicate with those in the field and feed back their ideas.

At a meeting of the HEA two days ago the directors were due to present to the authority the structure plans for each division. Next week they hope to begin filling the executive posts.

"We will be putting people who have had two or three years of uncertainty into positions where they can feel more secure within the organisation," Dr Hagard says. Other posts will be advertised and the structure completed by next May, with an establishment of about 130 staff.

Dr Hagard thinks that the old Health Education Council was short on policies but busy with activities: "It seems to me that is a recipe for getting into quite needless rows with vested interests and politicians—those who feel you are not active enough and those who feel you are too active. It is better to have those arguments about policy."

The new authority has therefore decided that several policy themes will run through all its programmes. These include poverty and deprivation, the needs of black and minority ethnic groups, and the needs of women. It has also set out a simple catechism of its principles. The purpose is to lead and support the promotion of health in England. The aims are:

- To increase knowledge and understanding in society of the factors which contribute to health and disease, and how health might be promoted and disease reduced
- To influence individuals and organisations to take whatever action lies within their power to improve health and reduce disease.

Dr Hagard explains that influence is the aspect which distinguishes health promotion from health education. Health education concentrates on individuals and the possibility of changed attitudes and behaviour. Health promotion is in addition concerned with all the other factors operating in society, whether it be the tax on cigarettes or a local education authority converting to healthy food.

Priority programmes for the authority are AIDS publicity, which it took over last month, and the Look After Your Heart campaign. It is soon to develop a programme for health based exercise in schools.

Ministers have promised that the new authority will be a sturdily independent campaigning organisation. It will also have many critics on the lookout for signs that it is no such thing. For the record so far, Dr Hagard says: "Ministers are supportive and very keen. After seven months we have not been leant on except to do things that are very much in the public interest."

The divisional directors under Dr Spencer Hagard, chief executive, are Dr Jacky Chambers, formerly district medical officer, North Birmingham; Susan Perl, who was a senior director with International Planned Parenthood Federation; Donald Reid, who was with the Health Education Council for 14 years and a former teacher; John Hitchins, a former journalist; and Tony O'Neill, who was deputy director general of the Health Education Council after 25 years in top management with Esso.