LETTER FROM WESTMINSTER

Demise of the DHSS

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The days of the Department of Health and Social Security really do look as if they are numbered this time. The inglorious end could well come before the department's twentieth birthday in November. Its demise would be no more than the political logic of the situation in which it finds itself.

A wretched six months for the DHSS and its chief, John Moore, culminated in last week's parliamentary frisson over housing benefit. That, of course, followed seriatim on the frenzy about health funding. In the past half year there has been scarcely a week when the DHSS and its ministers were not in the line of fire, to say nothing of the flak directed at the Prime Minister.

So far, however, Mrs Thatcher has given no overt sign of displeasure with the DHSS or of any wish to dismember it. She dislikes meddling with the machinery of government or moving desks around. Activity for its own sake is not her style, and she has proved equally indifferent to the socialist origins of the DHSS. Yet the threat to the department's survival is real enough, emanating more from the Treasury, which has had to come to its rescue three times in quick succession: firstly with £100m extra for the health service last December, then with another £749m in fully funded pay awards last month and the £100m of restored welfare benefits last week.

The political cost has been just as heavy. Mrs Thatcher has been forced into two major reversals of policy. She is having to preside over a review of the NHS that she did not want, and she has made concessions on housing benefit that she had flatly refused to contemplate two weeks earlier. She was responding to the anxieties of Conservative MPs, which were assiduously fanned by Labour's harrowing recitals of dying babies and impoverished pensioners.

It was one of those situations where the government could not win. To do nothing would seem hardfaced; to concede would look like weakness. But while the government can probably survive the episode unscathed the hapless DHSS has been digging its own grave. The health row was embarrassing enough, but another on social security is inexcusable. The Conservative party is unforgiving of ministers who do not seem up to the job. Last week not only Mr Moore but his entire ministerial team were in the doghouse. In charge of a dual ministry, they had shot the government in the foot with both barrels simultaneously.

There is some sympathy for Mr Moore in so far as he was dealing with problems inherited from his predecessor, Norman Fowler, whose six years at the DHSS amply justify his reputation as the Teflon man. Now, however, most Tories think that the time has come to break up the DHSS. They are under no illusion that it has won anything more than a temporary breathing space; another relapse seems inevitable. Few believe that the funding of the health service has been solved or that all the hard cases of the social security system have been covered. A departmental budget exceeding £60 billion and problems of similar magnitude are too much for one minister to handle. In political and practical terms the arguments for separating the health and social security functions have become compelling. Mrs Thatcher has learnt the hard way.

The conglomerate DHSS was the political brainchild of Richard Crossman, who conceived it as the powerhouse of all state social services, which it has never been. Crossman was working on his

plans at this time 20 years ago and the DHSS came into being six months later. It is interesting to recall that on his first visit to its prospective headquarters at the Elephant and Castle in April 1968 Crossman noted in his diary that "the big political problem is that the doctors have been turned down in their demand for an increase of pay by the Kindersley Committee, but this is a crisis I shall certainly leave to Kenneth Robinson (the health minister)."

At the same time the Labour government embarked on a series of crisis spending cuts, health charges, and increased taxation. (By contrast, Mrs Thatcher can at least claim that her government is able to meet the extra costs for doctors' and nurses' pay only because the public finances are strong.) Meanwhile, having created the monster DHSS, later Labour administrations attempted to control it by including its two top ministers in the Cabinet.

It was not, therefore, surprising to hear opposition peers call last week for the return of the Minister for Health to the Cabinet. By a freak parliamentary coincidence the suggestion was being voiced in the Lords at the very moment when the embattled Mr Moore was digging himself out of a hole in the Commons. The peers, debating the Acheson report on public health (23 January, p 303), sighed not only for the return of medical officers of health but also for a full minister for health, a change that would restore NHS morale.

Lord Skelmersdale, the junior health minister, could do no more than promise to pass on the comments to his superiors. Nor was he able to give any insight on the government's thinking about the Acheson report. In a throwaway remark on the health risks of cigarette smoking the minister thought it necessary to reiterate as a principle of the NHS that people should not be assessed and charged according to the extent to which they had contributed to their ill health. There were many illnesses connected with people's lifestyle, he said.

No likelihood of health credit care

The remark was particularly relevant to those who, earlier the same day, had attended a parliamentary seminar of assorted health managers and thinkers arranged by Ray Whitney, a former health minister, in support of the radical reforms propounded in his recent book (5 March, p 726). There was no dissent from suggestions for bringing the customer to heel by making just such a charge for self induced illness or as a penalty for missing appointments.

Mr Whitney also won a degree of support for his proposal that hospitals should be allowed to operate as autonomous units, selling their services to the NHS. But there was less unanimity for the idea of health credits, on the lines of the long buried report by a BMA working party under Dr Ivor Jones. The system would give state vouchers for basic health care, which people could top up by voluntary insurance as they wished. The assembled experts were surprisingly sceptical, mainly on the grounds that the insurance companies' reluctance to take on risky patients would leave too many in the state's safety net.

Meanwhile, Mr Moore won back some Brownie points for his speech to the American health care conference in London last week when he said that access to health care, regardless of the ability to pay, would not be sacrificed by this government and that he rejected any system of credit card care.

Significantly, he made the speech within 24 hours before a ministerial seminar at Chequers on the NHS review, which now seems to be on target for unveiling in July.