

Report

The Liberal Party, health policy and the origins of the NHS

Fringe meeting at Liberal Democrat conference, Bournemouth, 15 September 2019, with Lord Morgan and Chris Renwick; chair Baroness Judith Jolly
Report by **David Cloke**

THE CHAIR OF the meeting, Baroness Judith Jolly opened the proceedings by recalling that, during the seventieth anniversary of the NHS in 2018, she had to remind her Labour colleagues of the role of the Liberal Party in its birth. She argued that Beveridge's evils of poverty, ignorance, squalor and idleness still resonated today, as had been reflected in a debate that very morning.

Taking the speakers in reverse order so we move from the general to the particular, Chris Renwick gave a very crowd-pleasing speech without any loss of sincerity in his arguments. His aim was to try and escape 'socialist nostalgia' regarding the birth of the NHS: to put the events of 1945–8 into context and to understand why it happened and the form it took. To do that, he believed that it was important to understand the institutions of the previous 100 to 150 years. He also argued that Liberals and Liberalism were most important to achieving that understanding of the welfare state, except for the NHS.

Renwick started by asking where the NHS fitted into the wider welfare state. He noted that Beveridge mentioned health, but not in detail, though he appeared to assume that action would be taken on the issue. We now seem to believe that the way the NHS was eventually created was the only way, however Renwick argued that there were other proposals worth considering. These were part of a coherent story from the late nineteenth and early twentieth century. To understand and reconnect with that, it was important to understand the emergence of 'New Liberalism'.

Renwick argued that 'New Liberalism' emerged out of the failings of classical Liberalism. In the 1830s the pure form of Liberalism had been tried out with the reform of the Poor Laws. Those

reforms declared that if an individual wanted poor relief it had to be set at less than the earnings of the poorest paid person. Essentially this didn't work and ultimately proved to be more expensive than the system it had been designed to replace. New Liberalism, Renwick argued, emerged from an attempt to understand how classical liberal solutions had failed.

New Liberalism still believed in the freedom of the individual, they just argued that things needed to be organised differently. This led, for example, to the reform of educational provision.

Health had been identified early on as factor that made people more eligible for support. In trying to understand why more people were claiming poor relief, Edwin Chadwick went out into the country to find out. His conclusion was that more people were claiming because they were ill – and they were ill because of their environment and food. This led to the rise of the sanitary movement and ultimately to slum clearance programmes. The argument being that spending money of these things meant that there would be savings elsewhere. Renwick noted that housing was part of the mission of the post First World War Ministry of Health, and that it introduced legislation for free school meals.

Nonetheless, Renwick acknowledged that there were tensions in these developments: between the individual and the state and between local and national government. The New Liberal thinker Hobhouse argued that there were problems that only the state can solve but, conversely, other problems that it shouldn't try to solve: more local and smaller organisations being better placed to do so. Interestingly, Poor Law Reform had led to mass centralisation and the loss of local knowledge.

In the New Liberal period two kinds of legislation therefore emerged. First,

that on coordinating large-scale problems and, second, devolving responsibility to local authorities, which importantly included devolving tax-raising powers.

An example of the former was the 1911 National Insurance Act which provided access to sick pay, a panel doctor and a maternity system. What the Act did not cover was access to hospitals and why not, Renwick asked? He proposed that it was because there was a whole range of mutual schemes that provided access to hospital care and that such schemes were an important part of the identity of the Labour movement. He also noted that there were stories of local successes with the system being responsive to the needs of the local workforce. Hospitals also responded to the increased prevalence of road traffic accidents and other developments. The issue was identifying good practice and making it standard. One of the attractions of the NHS was the simplicity of the idea and the belief that it could meet the aim of standardising care. Renwick, however, questioned whether it had achieved that. He also noted that the NHS picks up problems caused by failings elsewhere. Throwing money at the NHS, therefore, won't solve those underlying problems.

Lord Morgan's address was on Christopher Addison, who, he argued, was a major pioneer of the welfare state and who bridged the new Liberals and the post-war Labour government. Indeed, he argued that he was the most important Liberal in this area as well as being the most important and distinguished doctor in the House of Commons, having been professor of anatomy in Sheffield.

Addison moved into politics in the mid-1900s and in 1907 was adopted as the Liberal candidate for Hoxton and Shoreditch. He emerged as a major figure when he was introduced to Lloyd George by Masterman. Lloyd George was impressed by Addison and his expertise. He defended the National Insurance Bill in the House of Commons and was much attacked for it by the British Medical Association. The association was very hostile to national insurance/national health insurance, but despite that Addison proved to be an effective spokesman for both sides, challenging Lloyd George when he thought that the doctors had a point and helping the BMA regarding remuneration. Lloyd George went as far as allowing him to move an amendment against the government which was

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carried. In Morgan's view Addison's role was not fully recognised.

Addison continued to collaborate with Lloyd George on welfare matters including on the 1914 budget and on further welfare reforms in preparation for the 1915 general election. The team of Masterman, Montague Isaacs and Addison were anxious that the election be fought on a radical programme including using the panels of health insurance as a basis for a national health service.

With the First World War, Addison went with Lloyd George to the Ministry of Munitions and then followed him in that post when Lloyd George became prime minister. Indeed, during the events of December 1916 Addison was regarded as the kingmaker.

As Minister of Munitions, Addison was concerned about the needs of the workers, including women workers. He was able to develop his thinking further as Minister of Reconstruction from 1917. The aim of the post was to be forward thinking, with health as a particular priority. He then became the first Minister of Health in 1919 and, whilst setting an important precedent, was not, in Morgan's view, as efficient as he could have been. He had to deal with a range of competing interests, the Conservatives were very obstructive (notably William Hayes Fisher) and the old Poor Law continued which itself caused obstructions and conflict.

Indeed, Morgan suggested that one of his more important contributions was in fact the creation of the Medical Research Council. He also noted that he made an important contribution to Welsh devolution through the establishment of the Welsh Board of Health which took over the work of the National Insurance panels. He also worked on issues like the training of nurses.

His main area of work, however, was housing. He was a great proponent of subsidised public housing and took it very seriously as a part of social policy. Unfortunately, in Morgan's view, the programme didn't go very well, with finances getting out of control and the government ending up subsidising the builders. Nonetheless, 210,000 publicly supported houses were built, the first marked by the planting of Addison's oak in the Sea Mills Estate in Bristol on 4 June. Overall the programme made a significant difference in a number of towns and cities including Swansea and Wrexham. For Morgan he was the



From left: Chris Renwick, Lord Morgan, Baroness Jolly

embodiment of the policy ideal of creating a land fit for heroes.

Despite all this achievement he broke with Lloyd George and subsequently joined the Labour Party. The reasons for this were not made clear: whether it was personal estrangement, a change in his views over time, or a practical belief that the Labour Party represented a better vehicle for his policy ambitions.

Whilst Addison served as Minister of Agriculture in Macdonald's second government, he was largely a secondary figure in the 1930s. He did, however, lead the attack on Macdonald on welfare grounds and was the only middle-class rebel against him in 1931, helping to remove him as Labour leader. After that he was active in the Socialist Medical Association, an important body in the creation of the NHS. He regained importance as the Lead of the House of Lords in the post-war Labour government. Indeed, Morgan noted that he was the only man to serve on both post-war governments.

In the cabinet debate of December 1945, he strongly supported Bevan against Morrison on the public ownership of hospitals, believing that it would lead to a broad improvement in standards. He then helped to steer the NHS Act through the House of Lords. He proved to be close enough to Bevan to be one of the ministers that tried to persuade him not to resign over health service charges.

In summing up, Morgan argued that Addison was a very important figure and

Liberals could be proud of his role. He was a modest man who told the truth. In a way it seems that Addison embodied the shift from a localised mutual insurance model of healthcare provision to a national state one.

With that in mind, one of the questions from the floor was the extent to which Liberal and Labour policy differed on the subject during the 1920s and 1930s. There seemed to be a consensus round the 1911 settlement which, as Renwick noted was rooted in Liberal ideas. He added that, practically, some saw the Labour Party as the route to achieving their policies rather than the Liberal Party. Morgan added the importance of 'war socialism' on changing attitudes.

Another questioner asked about the social determinants of health, and Chris Renwick argued that, in public health terms, behaviour was a key issue and was hard to change. The NHS did not recognise social determinants and so had no effect on them. He noted, as a neat rounding off of the discussion, that the annual health needs assessment in the Lansley reforms was in fact from the Liberal Democrat health minister, Paul Burstow.

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