

Ministers Reflect Lord Andrew Lansley



22 June 2021

Biographical details

Parliamentary history

1997–2015: Conservative MP for South Cambridgeshire

Since 2015: Member of the House of Lords

Government career

2010–12: Secretary of state for health

2012–14: Leader of the House of Commons and Lord privy seal

Andrew Lansley was interviewed by Tim Durrant and Graham Atkins on 22 June 2021 for the Institute for Government's Ministers Reflect project.

Andrew Lansley talks about his time as secretary of state for health. He reflects on the development of the 2012 Health and Social Care Act, and on its legacy on the NHS. He also discusses the balance between good policy and politics.

Tim Durrant (TD): If we can start by talking about when you became a minister. You entered government after the 2010 election as secretary of state for health. What conversation did you have with the prime minister [David Cameron] in the aftermath of that election? What did he tell you he wanted to focus on, and what was your first day like?

Andrew Lansley (AL): We had a conversation where he wanted me to focus on delivering the reforms of which we'd spoken. Remember, when I first became secretary of state for health, it was slightly unusual since we were in the midst of the process of negotiations with the Liberal Democrats for a coalition. That is inherently unusual.

So, the idea was that I was going to deliver on the manifesto, which of course was what he [David Cameron] was talking about, but it was immediately obvious that our conversation, as I remember it, was substantially affected by the fact that this was still in discussion with the Liberal Democrats. As it happened, the coalition's Programme for Government, where the health policy was concerned, significantly differed from both the Conservative manifesto and the Liberal Democrat manifesto. It wasn't even a synthesis of the two. There were things that were created for it that were completely separate and different and which frankly were more the product of the fevered ideas of one or two drafters than they were of either of the respective health teams that went into government.

So, from my point of view, while I was very clear what our manifesto was, I was at that stage not at all clear of what our final policy prescriptions would look like. But, from my point of view, of course, I think what you really need to reflect on here is the significant differences between a minister who goes into a department for the first time who has not necessarily been responsible for that in opposition, and one who has been in opposition, and in my case, for the better part of six years. So, in that sense, between David and I, there was no requirement to have a conversation about what he wanted to get out of the health policy because we'd had that conversation a hundred times previously.

What I knew, and had made clear to him a hundred times, and with which he agreed, was that we had political capital on the health service, but it would dissipate regardless of what we did. The point was that if we wanted things to change, we needed them to change rapidly. So, I made no bones about it. In my view, the only opportunity for a

Conservative secretary of state to introduce substantial health legislation would be in the first session of parliament. The moment you begin to push on later into a parliament, you lose the opportunity, because of the political risks associated with that.

I had seen how difficult it was because Alan Milburn [secretary of state for health 1999–2003], as secretary of state, had tried to get substantial changes in the operation of the NHS through in 2003, and he had practically lost the bill. He certainly had to make very substantial changes to his bill because of opposition on his own benches in addition to Liam Fox's [shadow secretary of state for health, 1999–2003] attacks. I had been the shadow to about four Labour secretaries of state, and I knew how difficult it was. I mean, Patricia Hewitt [secretary of state for health, 2005–07], I mean, the first year, she didn't know anything much about health, the second year, she'd clearly learnt what she needed to do. But it was too late by then, she'd lost the initiative.

And, as ministers and health departments, you do inevitably lose the initiative. I think that may be true in many departments. You know, you have initiative, and I think there's a general assumption, which you will no doubt have overcome, that the life of a minister is, broadly speaking, the same whatever stage in the electoral cycle you're in. And, of course, that isn't true at all. You have an initiative in the early part of parliament with a majority. If you're in Theresa May's government after 2017, you've fought an election and you have no initiative whatsoever, so you're stuffed.

What we had was the initiative, but I had the initiative with the Liberal Democrats in play, and that was going to be very difficult. As it happened, in some departments, there was intense difficulty in trying to bring the Liberal Democrat and Conservative ministers onto the same page. In my case, with Paul Burstow [minister of state for care services, 2010–12] in particular, I didn't have that. We actually managed to work it all out together. And I don't think, in our day-to-day working relationships inside the department, there was any sense of them and us, we were all one team. The trouble is, that didn't apply when it came to the broader politics.

Regarding day one, first, having been shadow secretary of state, I absolutely knew what was going on in the department. I knew what I expected from the conversations that I'd had with Hugh [Taylor], the permanent secretary, and David Nicholson, the chief executive [of the NHS, 2006–14]. I knew what I expected them to have been working on. The problem was, would I be able to implement what they had been working on by way of pre-election discussions? As far as the mechanics of a government department are concerned, of course, I walked into the department as secretary of state never having previously been a minister, but I had been principal private secretary to a secretary of state. So, the workings of the private office were no mystery to me at all. It was much more a case of this is how I used to do it, so this is how I would like it to be done for me.

TD: And were the civil servants able to adapt to that, you coming in after 13 years of Labour government? Was it a big change for the civil servants, do you think?

AL: Some things changed. I remember I said to my principal private secretary after a short while “So, how are things different?” And he said “Well, of course, secretary of state, I can’t obviously breach any confidences from your predecessors, but what I can tell you is that, firstly, meetings run to time and secondly, there is a lot less swearing.” [laughter]. I think they must have been watching *The Thick of It* too much [laughter].

But, from my point of view, if I am going to be, with the benefit of hindsight, brutally honest with myself, I think I assumed that if I got the policy right and got the processes right, that the politics were sorted by the election. And, of course, that wasn’t true at all, because Number 10 seemed completely unable to realise that they were in charge. You know that thing where newspaper editors say “Yeah, you only fight an election every five years, we have to win an election every morning”. They had that kind of attitude. You know, because they think they have to win the public debate every morning.

I think Number 10 completely failed, and to be fair to Number 10, probably Number 11 as well, completely failed to realise that, having won the election, they were in charge. They probably had three years in which to go away and do something, and not get pushed around. But they were pushed around. They were pushed around by the Liberal Democrats, they were pushed around by their own backbenchers, and they were pushed around by the media.

And I’m afraid you may find one of the ministerial reflections is that although they often feel they know what’s going on in their policy areas, they are very often deeply frustrated by the fact that Number 10 brings in people who have a partial or a very particular idea of their policy area and, because they’re in Number 10, they think they know it all. And I have to say, my experience repeatedly was that my special advisers in particular, and occasionally senior civil servants, would come and tell me I wanted to do X and Number 10 wanted me not to do X or to do Y instead. And I said “Well, who in Number 10?”, and they said “Well, Number 10 has said or well, it’s come from the private office”. And I would go and talk to David Cameron, and he would say he didn’t agree with that at all.

I mean, the central thing in the course of my period in office was I wasn’t particularly fussed about extending competition in the NHS at all. People imagined that was what I was doing, but I wasn’t doing that at all. What I was doing was extending patient choice, which is a different thing. There wasn’t external competition to NHS providers, there was a determination to hold NHS providers to account by the commissioning process. Because in the NHS, there was – and still is, frankly, and it is returning now – a dominance of the provider interest over the consumer interest. The consumer interest in the NHS is represented by the NHS Commissioners, and my only determination was

to empower NHS commissioning much more strongly, both at the local level through the commissioning groups, as they were then called, and through the NHS Commissioning Board, which is now NHS England.

The trouble is, NHS England has become so obsessed with its own powers that it's decided the only way to manage anything is to acquire control of everything. Because the civil service, and indeed public servants generally, are obsessed with control, they are not obsessed with outcomes. And what I wanted them to do was to focus on outcomes, which would mean they would hold people to account for the outcomes but not necessarily make themselves the owners of all of these providers. That's, of course, what they wanted to do.

Graham Atkins (GA): I'd like to come back to one thing you mentioned earlier. You served as shadow secretary of state for health for almost six years before you actually entered government. How did that experience prepare you?

AL: Well, as it turned out, less well than I had hoped for. Because in opposition, of course I prepared policy documents – I even prepared a draft bill, the Autonomy and Accountability Bill. And I gave all this to the department beforehand. There were also two things that I hadn't accounted for. Firstly, the Liberal Democrats and the coalition, which, of course, changed several key aspects and significantly complicated the whole process by including the abolition of strategic health authorities and the determination to convert primary care trusts into combined bodies, including lots of local government activity and so on. Anyway, the net result was that whereas I could have just changed primary care trusts, that wasn't able to happen.

The second thing that I hadn't accounted for was officials drafting bills, and parliamentary draftsmen. I think they are utterly incapable of realising that less is more. They always put more in than they need to put in. I completely understand why they do it, because they're like lawyers writing a contract, and the purposive approach to contract writing says "I wish to buy X, I wish X to be able to do Y and I am willing to pay you Z, sign here." But, by the time you've seen it come out of lawyers, it's got 75 additional clauses, because they have to deal with every eventuality. And officials and parliamentary counsel draft bills the same way, they tackle every eventuality.

Now, I think we have a fundamental problem. I mean, I work on bills in the Lords now, and I work in detail on this stuff, and I can hack my way through bills with the best of them. But that doesn't mean I think it's the best way of doing things. So, for example, on the Medical Devices Bill recently, I was hacking away at it, and I realised that all it really required was for the bill to have at the front something that said clearly what its purpose was. And everything else began to fall into place. But that wasn't how they'd done it. They had done it with taking powers, and then the powers would be used for this circumstance or that, you know, it was all process and no purpose.

And I think bills should be written in a much more purposive way, and if subsequently that causes difficulty for officials that sometimes, through judicial review, they have to demonstrate that the way they've used their powers accords to that purpose, so be it. They should be able to demonstrate that. But what of course they want to do is to write it to exclude every kind of risk or challenge, including judicial review. And that is making legislation very complex. So, my preparation in opposition only got me to a limited place. And I don't know how it would have been different if I'd come in as secretary of state with a Conservative majority rather than a coalition majority. Life might have been very different.

GA: And then, coming onto your time as health secretary. How much of your time as a minister was spent developing and passing the 2012 Health and Social Care Act, and how much was devoted to other areas of policy and the day-to-day business of governing?

AL: I mean, the first thing I would say is that, on reflection, I tried to do too much, too fast. Because I was trying to shift the whole focus of the department from the management of the NHS into becoming a department for public health. Which, actually, when you look back at it now, was the right thing to do. And I was about the only secretary of state who's ever tried to do it, and in large measure I failed because all my successors have so far been obsessed with the management of the NHS.

The point was, by creating what is now NHS England, I hoped to focus ministers on the fact that improving the health of the population was much less about waiting times and waiting lists. Although, as it happened, we got waiting lists down to their lowest ever level in late 2012. But it was much less about that, it was much more about working across government, to promote public health.

One of the things I required from David Cameron was a cabinet sub-committee on public health. The trouble was nobody else was interested. They go on about it now, and the trouble is they won't do it. The Department of Health is obsessed with health, and every other department is obsessed with their own responsibility. I mean, there is an absolutely central issue for governance now on how to do digitalisation of government, how to do climate change, how to do public health, and they are cross-departmental priorities that require senior level, continuing focus with prime ministerial leadership and cabinet-level participation. And they've never had it, and I'm afraid that continues to be a problem. And, of course, as soon as I went, they abolished the public health sub-committee because it was all too difficult, because it kept asking them hard questions about how money was being spent and other policies.

How much time did I spend? I mean, the truth is I spent most of my time, particularly in the latter part of 2010 and into the autumn of 2011, roughly a year with the bulk of my time devoted to the management of the white paper and the drafting of the legislation. Three or four weeks at least on the immensely detailed scrutiny by the chief secretary,

Danny Alexander, and [Oliver Letwin](#) [minister of state for government policy, 2010–2016] going over the bill in detail before its introduction.

There is a certain irony in the way in which people start walking away from legislation like that having participated minutely in agreeing that it was the right piece of legislation doing the right job. But, of course, what they were doing was partly making sure that it accorded with the Programme for Government rather than whether it was the right policy. So, it had complexities that were unnecessary, but there we are. But that did mean it was a more complex bill than it needed to be.

The essential proposition was that commissioning should be led by clinicians and should be the central focus of NHS activity in delivering better outcomes within budgets. There was always too much complication around that. I was aware of that. The trouble is, because I knew all the detail, people kept asking me about the detail, so I had to explain all the detail. But nobody else much understood it. Apart from Freddie Howe [parliamentary under secretary of state for health, 2010–15] in the Lords, who was very good on it.

So, how much time? I spent a lot of time on the white papers. I did a public health white paper in December 2010, and I spent a lot of time on that too. So, I mean, in a sense, if I look back, I'd probably say I spent too much time on the policy and not enough on the politics. And I kind of assumed that people who were on our side were on our side. Which, of course, Churchill admirably reminded us that the opposition are over there, but the enemy are all around you.

GA: You mentioned that you think, on reflection, that you tried to do too much, too fast. Health reforms are notoriously difficult to implement. How much time did you spend on planning implementation of the reforms, as well as the policy and legislation?

AL: Oh, loads of time. I think if you were talking to the permanent secretaries, Una O'Brien [permanent secretary at the Department of Health, 2010–16] in particular, on the implementation of the reforms, she would be able to give you chapter and verse that it operated, in the end, on time and on budget, and it delivered ever so slightly more than the total savings that were anticipated. During the course of the parliament, it delivered just over £5.5 billion net savings in administration costs. One of the fictions that have been promulgated... one was that the bill promoted the privatisation of the NHS. It didn't. The other is that that it increased bureaucracy and cost £1.5 bn to implement. Yeah, it cost £1.5bn to implement, but it saves £6.9bn, or something like that, in administration costs over five years.

So, as a major programme of transition, by April 2013 when all the new organisations came into being, I think it all worked really well. I think it all happened. And if I may say, in 2014, in advance of the next general election, NHS England published their five-year forward view, and all the main political parties signed up to it. The only argument was about how much extra money the NHS was going to get. For a Conservative

administration, that was an absolute transformation. As it was intended to be. As I intended it to be. And in truth, if you look at the 2015 election campaign, insofar as there was a major political argument, it was much more about social care than it was about the NHS. Which, if I may say so in my own defence, was an ample demonstration of the political intentions of what I was trying to achieve.

Now, the fact that in the meantime, in the first half of the parliament, the government had a rough ride was absolutely to be expected. The ride was rougher than it ought to have been, because the Liberal Democrats, every year, in advance of the local elections, had to find something that they could attack the government about, although they were members of the government. And in 2011, it was health, and in 2012, it was education.

My problem was that, in 2011, I think too many of the senior figures in our government had too little experience of what it is to be in government. And I had been in government, albeit in a senior civil service position, and I understood the electoral cycle. I mean, when I was director of the Conservative Research Department in 1989, we kept telling febrile Conservative backbenchers that we were always way behind in the middle of a parliament. We were way behind in '81, we got a big majority in '83. We were way behind in '85, we got a big majority in '87. And so it went on. The fact that we were in trouble in 2011–12 was never the issue. The issue was, had we dealt with health in the first half of the parliament and moved everybody on by the second half of the parliament. Because health would otherwise have been a toxic issue for us at the subsequent general election. And in fact, it had been quite a difficult issue for Labour at the 2010 election.

GA: You mentioned Una O'Brien, the permanent secretary at the Department of Health. What was your relationship like with the civil service, and specifically with Una?

AL: Well, I think, in the Department for Health, I always had a good relationship with the civil service. I had Hugh [Taylor] as my initial permanent secretary [Taylor was in office 2006–10]. Of course, he was retiring, so there was a slight sort of, you know, 'push the problems off a bit to my successor'. Una and I, I think, got on very well, I don't think we had any problems there. I had the same principal private secretary all the way through, whom I inherited from Andy Burnham [secretary of state for health 2009–10], and I think we got on very well. Very bright, good youngsters in the private office, and that, of course, makes an enormous difference and helps a lot.

But what you have to understand is that in the Department of Health, many senior positions were filled by NHS managers. And they, of course, had a completely different approach. They hated it all. They hated the reforms; they were the enemy within. Because they saw the reforms as handing power to clinicians, and by extension removing jobs and control from the hands of the NHS management.

So, I had to negotiate aspects of the reforms with David Nicholson in order to keep him on board, and to keep the NHS managers on board, in order to keep the programme for implementation on track. But there were things like the continuation of commissioning support units and the form that commissioning support units took that I would not have done were it not for David Nicholson protecting his own people in the NHS and in strategic health authorities.

And I personally think it's less true now, of course, because many of those have all moved out into NHS England and they're trying to turn NHS England into the Department of Health. But anyway, I think, fundamentally, the civil service should not allow other professions to come in and run policy. Civil servants should run the policy. I say that as a former civil servant, but I think there is a professional discipline to which civil servants adhere which appears not to be recognised or understood sufficiently by other professions.

GA: So, thinking back on your previous time as a civil servant, how much, if at all, do you think the civil service had changed by the time you'd got back into government?

AL: Oh, a great deal! I mean, for a start, in my day, which is of course 20 years prior to this, the strength in depth in the civil service was such that in most key policy areas, it was possible to have both a senior civil servant who knew that policy and had worked in that policy area for much of their career alongside fast streamers coming in to do policy reviews, so the two could work in harmony. By the time I came into government, there were a diminishingly small number of really bright people who had been moved around from problem to problem and were seeing it for the first time. In the old days, the combination of somebody who really understood the policy and the practicalities with somebody who was a really good policy analyst seeing it for the first time was absolutely the right combination. But I don't think the civil service has that anymore. Now, I say that having been in the Department of Trade and Industry. We used to have sponsor divisions, we used to have people who had worked in the steel industry, or the automotive industry for half of their professional lives, so understood absolutely everything that went on in it. And then, when there was a crisis on British Leyland, you had the people who really understood British Leyland, and then I would go in and... you know, I did policy reviews on regional development and on space policy, British Telecom privatisation, a whole string of things like that. But I had people alongside me who really understood this stuff, and that isn't how it seems to work now anymore.

The other things that have changed are, I detected on a number of occasions – although I never actually fell foul of it – a deep nervousness, anxiety, in the civil service about judicial review. And clearly, in the whole system. Less so amongst my own civil servants inside the department, but certainly between departments there was much less confidence because of the impact of Freedom of Information [FoI] and the risks associated with Freedom of Information. Now, I don't subscribe to the idea that FoI was Tony Blair's biggest mistake and all that. I will give you an example. I was subsequently

Fol'd, or the department was Fol'd, for my diary. When I was asked by the department what I thought about this, I said "Well, give it to them. I've got nothing to hide, I can publish the whole thing." They ended up going, I think, to the Supreme Court, trying to fight the Fol case, technically on my behalf, but it was not for me at all. It was because the Cabinet Office was so frightened by the precedent of having to publish the whole diary of a secretary of state for two years. In fact, of course, it all got published, got given to a journalist, and then there was no story. Ha! [laughter]. But I don't know that that is necessarily true for all other ministers.

TD: And that's very relevant to debates now, isn't it?

AL: Well, indeed. I should say, I was the minister responsible for the passage of the Transparency of Lobbying Act [2014], you may recall.

GA: Of course. Let's come onto your time as leader of the House of Commons in a bit. One more question about the role of the health secretary. The NHS is the largest employer in the UK, the third largest employer in the world. Do you think the sheer number of people makes the role of the health secretary slightly different to other secretaries of state?

AL: Yeah. Actually, it's the fourth largest employer in the world, after the Chinese Army, the Indian State Railways and Walmart.

GA: I stand corrected.

AL: [Laughs] The short answer is yes. I actually was really interested and really passionate about what was going on in health – public health, healthcare, life sciences, the NHS. And I immersed myself in it thoroughly. And the point is, of course, there is so much going on that you can spend all day, every day, doing things inside your departmental portfolio. And then really feeling that it was a distraction from the priorities of government. Because if I turned on the *Today Programme* in the morning, hopefully most of the health-related subjects I knew about at the very least the previous evening. But there would be three or four regulars, more than any other department. Inside government we dealt with more issues, more correspondence, more PQs (parliamentary questions), more ministerial correspondence from MPs than any other single department. So, it's no wonder that we were actually absorbed in it, deeply absorbed in it.

But the corollary of that is, and I say this now to senior civil servants, is "Understand that your heads of department should be spending a significant amount of their time engaged in the issues that are concerning the government as a whole, not just their department." And I would say, in my first two years as health secretary, I was much less interested in the other issues in other departments than I should have been. When I was leader of the House, of course, I was involved in all of them, so that was a bit different. But if I had my time again, I would say to my successors "Make sure that you

consider this”, and I did have a very good team, but we were just trying to do too much. We were all constantly engaged in managing a wide range of policy initiatives. I haven’t even begun to scratch the surface of the range of issues we were involved in. And that absorbed us all, and it absorbed too much of us really.

GA: Another notable thing about health is that it has a huge range of very vocal membership organisations. So, how did you manage relationships with those health professionals and membership bodies while you were in office?

AL: Actually, by and large, the Royal Colleges were fine, except when they were very politically motivated. Most of the heads of the Royal Colleges were fine. The problem was the British Medical Association [BMA], of course. I remember on one occasion Hamish Meldrum, who was head of the BMA at the time [2007–12], said in a public meeting – so I can repeat it – “Of course, we don’t agree with the government”. And I said to him “Hamish, when have you agreed with the government?” And he said “No, we’ve never agreed with the government, we never agree with any governments, it’s not our job to agree with the government.”

So, they always had a go, and indeed, actually, when you look back, the campaign that they waged against Ken Clarke as health secretary [1988–90] was far more vituperative than the one that they waged against me. But they were internally conflicted because, to start off with, the GPs in the BMA thought this reform was going to be good for them. The GPs had spent years saying “If only we were in charge, we would manage things so much better”, and then they were in charge, and basically half of them just walked away from it, saying it’s all too difficult. So, there are disappointments in all of that.

I don’t want to diminish the effort, because some had done really well creating commissioning groups that are really clinical champions. Setting up clinical pathways in their areas, using much of the best expertise for commissioning support and population health management. But there were others who just said “Oh, we’re going to be the patsies for cuts, so we’re walking away from this.” And, of course, looking back, if you look at the increase in health budgets year on year in the health service, the two smallest increases in health budgets ever were the two years that I was secretary of state, because I was in the midst of austerity. If I had had health budget increases anything remotely approaching those of my predecessors and successors, I’d have been able to buy my way out of an awful lot of trouble.

GA: One final question about your time as health secretary: looking back at the Health and Social Care Act now, what do you think its legacy is and will be?

AL: Well, the principal one would be NHS England. And I think, if Matt Hancock [secretary of state for health and social care, 2018–21] is foolish enough to take that day-to-day control of the NHS, his successors will swear at him. NHS England, from the government’s point of view, is an enormously successful innovation. It has taken control

of the NHS, albeit it now wants to be a monopoly operation, it actually is the commissioning side, and it does hold providers to account now in ways that the Department for Health was never capable of doing, where the providers were always playing political games. They can't play political games with NHS England because, unlike ministers, they don't come and go. They can set a 10-year strategy. In 2019, they published a 10-year plan. The NHS has never had such a thing before. NHS requires NHS workforce plans, and they've never had one before, and NHS Education, and now NHS England working with NHS Education, will develop that. A 10-year plan for the NHS will be a striking long-term change for the NHS, and that will be the principal legacy from the 2012 Act.

TD: So, you've mentioned already that after being health secretary for two years you moved to be leader of the House of Commons. Firstly, could you tell us what being reshuffled was like. What was the conversation you had with the prime minister then?

AL: It wasn't especially difficult because I know how these things work and I had anticipated this possibility. I suppose... he knew that I did not particularly want to do another policy department, so I suppose I wasn't entirely surprised about the leader of the House of Commons as well. Because he completely understood that, in terms of process and legislation and things of that kind, I was probably better equipped in that regard than almost anybody he knew. If you recall, he worked for me in the Conservative Research Department back in 1991–92, so we knew one another well. So, of course, we had 25 years' personal experience with one another, so it wasn't that difficult. Ed Llewellyn, Cameron's chief of staff [2010–16], used to work for me as well, so I think, from that point of view, it was all personally perfectly amicable, there wasn't any great difficulty. And I think, from my point of view, there was always a sense... I knew this was true, there was always a sense that if he remained in government there would be things that I wanted to do in the future that he would want me to do for him as well, that I would be very interested in doing. Now, as it happened, he didn't stay in government, and he went on to do things that I thoroughly disagreed with [laughter]. Notably the Brexit referendum. But there you are. So, things change. In politics, the bird in the hand is always better than the two in the bush. Always better.

TD: That makes sense. As leader of the House, you were there from 2012 to 2014. So, in the second half of the coalition government how did the dynamic in parliament change? At the beginning of the coalition, there was uncertainty about whether the coalition parties could work together in parliament, but they did. But by the second half, the relationships had become a bit more difficult. What was it like in terms of legislation and managing business in the House?

AL: We actually maintained substantially... I don't think we lost any bills that I recall. I think we managed to retain pretty much the majority. I don't think the management of the programme got out of hand. I would say the one serious party management problem was the Syria vote in August 2013, and, I mean, to some extent that was

because... well, it was bonkers really because the recall of parliament was a serious mistake. Because it brought people back in circumstances where you hadn't managed the issue, you hadn't managed the MPs, they were all taking up positions all over the country and feeling they couldn't get off them. I mean, it's almost a case study in how not to do it. So, we were stuffed on that. I might say I personally have written and submitted a private member's bill on the definition of war powers, because I think we've now reached a position where the time to legislate to replace the royal prerogative with a series of legislative provisions is now.

Because the idea that the government are ever going to use the royal prerogative for any major interventions overseas, I think that day has gone. We now don't have a fully formed convention, we have a half-baked convention, and you can't invent conventions. So, it's much better, actually, to formulate. Anyway, so, I've written that, but there we go.

I enjoyed myself as leader of the House of Commons, actually, to be honest, because it's strange to say, I am probably more of a policy man than I am a politician. Although I ran general election campaigns, I've fought three national election campaigns, won two and lost one, so I'm not... you know, I can do this stuff. But I think, partly, running election campaigns is better when you're not a politician, when you have the ability for objective analysis of who you are, where you are and what you're doing. As long as you understand the processes.

TD: What would you say is the difference between running a campaign and then being in government, once you've won?

AL: Almost everything is different. Government is a long game, whereas with general election campaigns every day is like one round of a boxing match. And there are only about 15 rounds, so literally, at the end of each day, you've won or lost that day. You don't approach government in the same way. Some politicians do approach that in the same way. You know, on each day, have I won or lost? Am I ahead this week? Is this a good week for the government or a bad week? No, that's not the issue.

Unfortunately, however, it is not the case – I wish it were – that you get the policy right and the politics comes with it. So, you have to get the politics right. And what that sometimes means, as, for example, Margaret Thatcher realising that she wasn't going to privatise British Airways for a long time, you have to get the politics right, you have to shift it. So, like with the privatisation programme, understanding that you've got to have a programme of public share ownership and 'Tell Sid' ['Tell Sid' was a slogan from an advertising campaign for the British Gas sale in 1986.] The politics of it have got to be got right, alongside the policy, and then the whole thing moves together.

TD: One last question about your time as leader [of the House of Commons]. You've mentioned the Transparency of Lobbying Act. Were there particular pieces of the legislation that were particularly difficult, or particularly controversial during that time? And how does the leader help the government ensure that it gets its legislative programme through?

AL: Well, my main thing was to make sure that we examined bills and changes to bills and amendments to bills and examined them thoroughly, and to provide internal challenge to government departments on bills as we went through. I think some of the most difficult stuff was to do with Home Office work on the implementation of the justice-related measures with the European Union, the Policing and Justice Cooperation Agreement.

All of that stuff was some of the most difficult. But the Transparency of Lobbying Act, of course, the point was, as Leader of the House of Commons, it was, I think in recent times, unprecedented for me to have charge of a bill. This was because the minister who should have been in charge of it was one Nick Clegg [deputy prime minister, 2010–15], who didn't really want to have anything to do with it [laughter]. Not because he didn't agree with it, but because it was so obviously a political bill and required a Conservative minister to lead it. But I would say, in my own defence, that I wasn't involved in the policy of the bill; I was merely involved in the management of taking the bill through the House. I just managed it. I don't think we should go down the path of suggesting that in-house lobbyists should join the Register. Because that would be a complete nightmare, because everybody in sight will be added to the Register. So, the Register will move from being something that tells you very little about lobbying, to something that tells you so much information that it again becomes meaningless. What I absolutely think should happen, which I think a recent Institute for Government document argued for, was for the disclosure by ministers, senior civil servants and special advisers, of those people who have approached them and lobbied, and for what purpose. Then you know what's going on, otherwise you don't.

TD: That is something we have argued, definitely. Let's wrap up with a couple of final questions. You left government in 2014 – can you tell us what the experience of leaving office is like?

AL: Firstly, it includes the prime minister. I was leaving parliament at the next election as well, so there was more of a sort of wrapping up and moving on – there is always a sort of negotiated departure, so obviously from David's point of view, he wanted me to know that I would be retiring from the Commons but entering the Lords, so that was all part of the discussion that took place, as you would expect. But, in addition, I think, from my point of view, what I really wanted to do was to go and do different things while I was still young enough to do them. I know going to the Lords, you might say, isn't different, but it is very different actually. I've managed to revive most of the things that I really enjoyed doing prior to being in the Commons, like my interest in Japan and

my interest in policy work in various areas, getting back into trade policy, which I used to do in the Department for Trade and Industry. So, I choose to do all of those different things. It's much easier to do policy in the Lords than it is in the Commons. There is a certain perversity in that there is more time and expertise on policy in the Lords, it just has so much less influence on it.

TD: Yeah, it is one of the quirks of our system, isn't it?

AL: Yeah.

TD: And finally, what advice would you give to a new minister in order for them to be effective?

AL: Well, the advice I would first give is, if you're a head of department, to reiterate that point I was making about carving out time so that you can participate in the issues of greatest political importance to the government at any time. To other ministers, I would say make sure that the whips realise that you are the engine room of that department. Because if you're not careful, your head of department will steal all the good stuff and leave you with the dross. And I think, for most junior ministers, while they have to rely on civil servants, in order to do their job properly they will have to cultivate – as I already had, being shadow secretary of state – cultivate a network of informal, literally off-the-record contacts with people in their sector who will tell them what's coming up, what's happening, what they need to know. I think it's terrifically important, and I think, actually, I always knew, often more than my civil servants knew, about what was going on in health policy matters. Just because, of course, I had a seven-year-old network of... actually, a 10-year-old network of people whom I'd met and known right across the NHS.

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